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D.I.S.C.O.P.M.B.

DIVERSITY SENSITIVE CARE OF OLDER PEOPLE WITH
MIGRANT BACKGROUND AND THEIR FAMILIES

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Six principles

to enhance health and social care for older migrants



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Scientific literature review

Context and Challenge



- ◎ Older people with a migration background often experience poorer health yet make less use of health and social care services (Iwuagwu et al., 2024).
- ◎ Barriers to access include:
 - Legal restrictions
 - Language and communication challenges (Lebano et al., 2020)
 - Affordability, low health literacy, lack of system knowledge
 - Limited cultural and religious competence among staff (Ahhadour et al., 2016)
 - Different health beliefs and distrust from past experiences (Priebe et al., 2011)
- ◎ Health inequalities widen with age between migrants and native populations (Kristiansen et al., 2016)

International references for the standards

- ◎ The WHO, UN and EU Pillar of Social Rights affirm that health and care services must be:
 - Accessible
 - High quality
 - Equitable
 - Culturally appropriate
- ◎ A person-centred, diversity-sensitive approach is essential.





DI.S.C.O.P.M.B. Co-creation workshop methodology

- ⦿ Workshops held in: Austria, Sweden, Italy, Finland, Belgium
- ⦿ **Participants:** 31 individuals (older people with migration backgrounds and health & care professionals)
- ⦿ **Origins:** Partners countries, Iran, Bosnia- Herzegovina, Tunisia, China, Iraq
- ⦿ **Professions** psychiatry, midwifery, radiology, memory work, cultural mediation, social work, etc.

DI.S.C.O.P.M.B. Co-creation workshop methodology



Key Methods:

Photo elicitation: participants discussed photos representing their care experiences

Group discussions on barriers, best practices, training needs, and ideas for improvement

Focus on biographical experiences, person-centred approaches and cultural perspectives



DI.S.C.O.P.M.B. Co-creation workshop methodology

- **Goals:**
 - **Identify** everyday barriers to care
 - **Explore** needs, preferences, and views on care delivery
 - **Co-create** six principles for person-centred and diversity-sensitive care





Principle 1: Addressing care receivers as individuals

- **Avoid generalisations** people within the same group may differ significantly.
- **Biography-based approaches** help tailor care to lived experience.
- **Require time and documentation** to understand the whole person.

"We often rely on generic approaches that don't account for the person's specific needs, which can lead to a superficial understanding of their situation."

Workshop participant, Italy

Principle 2: Openness in interactions with care receivers



- **Build trust** and personal relationships.
- Address **power dynamics** and intersectionality (e.g. age, gender, ethnicity, status).
- Ensure **continuity in care** and offer choice (e.g. keeping the same GP after moving to a care home).
- Promote creative and non-standardised **solutions**.

"To build a strong relationship with care users, we need to understand how different cultures perceive illness and treatment. Sometimes, a person's culture might have different beliefs about healthcare or follow alternative medical practices, and we need to be aware of that."

Workshop participant, Italy

Principle 3: Outreach and adaptation of offers to diverse older migrants



- Services must actively reach out to older migrants.
- Adaptations should consider:
 - Cultural preferences
 - Languages spoken
 - Socioeconomic realities
- Group activities tailored to migrants should remain inclusive to all.

"You have to be creative and "work around" barriers. It helps a lot to work together with other local organisations, use existing physical locations, and "go to" the clients instead of waiting until they find the way to your organisation."

Workshop participant, Belgium



Principle 4: Working with diversity of languages

- ☉ Translate materials into multiple languages, in simplified formats.
- ☉ Involve cultural mediators, interpreters, bilingual staff or digital tools.
- ☉ Be mindful of the limits of informal carers as interpreters (e.g. emotional strain, lack of technical language).
- ☉ Translation is not person centred care, in it self but enables it.

"There's very little collaboration between colleagues, and cultural mediators are not as involved as they should be. These professionals don't just translate; they facilitate an exchange of knowledge, which is crucial for understanding the unique situation of each person."

Workshop participant, Italy

Principle 5: Developing staff competences on person -centred , diversity -sensitive care



- Staff training should include:
 - Cultural and religious literacy
 - Migration history
 - Communication skills (empathy, listening)
- Supervision and peer exchange are key to reflective practice.
- Diversity-sensitive care is everyone's responsibility, not just “diverse” team members.

"In training, it's essential to include topics like cultural history, anthropology and migration flows, and to focus on developing skills like listening, empathy, and welcoming. These are key to better care."

Workshop participant, Italy

Principle 6: Resources to develop person - centred, diversity -sensitive care further

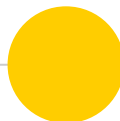
- More resources are needed for:
 - Employing qualified staff
 - Interdisciplinary coordination
 - Time to engage with clients
- Development of supportive digital tools
- More participatory research is recommended, especially on diagnosis and translation in care.

"Every professional brings their own unique traits and perspective, so it's important to encourage exchange and mutual learning among colleagues. Supervision also plays a critical role, and it's something that should be included in training programs, as it often isn't right now."
Workshop participant, Italy



Key policy messages

- Lack of training and policy attention leads to worsened outcomes for older migrants.
- Policymakers must act by investing in:
 - Staff training and curricula
 - Tailored service design
 - Intercultural competences across systems
- A multi-level approach is essential, by involving individual, organisational and structural.





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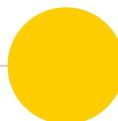
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