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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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**Improving education and training
for health and social care staff to provide person-centred, diversity-
sensitive care**



Improving education and training for health and social care staff to provide person-centred, diversity-sensitive care

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Scientific literature review

Context and Challenge

- ☉ Older people with a migration background face various barriers to accessing health and social care
- ☉ Informal carers report on culturally insensitive practices by professional carers (Claeys et al. 2025)



What is needed?

Improved intercultural competence on the national, organisational and professional level (WHO 2020)

Education and training to improve the cultural competence of health and social care staff (Gradellini et al. 2021)

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 & social 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 recommendations for education and training to support person-centred, diversity-sensitive care



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

- **Goals:**
 - **Identify** education and training needs
 - **Explore** experiences with training and education on person-centred, diversity-sensitive care
 - **Co-create** recommendations on education and training



● The concept of person - centred , diversity - sensitive care

- **Transcultural care** developed by Madeleine Leininger in since the 1950s
- Implemented in the United States in **training** for health and social care staff since the 1970s
- **Cultural competence** (cultural awareness, cultural knowledge, cultural skills, cultural encounter and cultural desire) by Campinha Bacote (2002)

The concept of person-centred, diversity-sensitive care


- ◎ **Shift towards the concept of person-centred, diversity sensitive care**(Diaz et al. 2024)
- ◎ **Intergroup diversity and intersectionality**
- ◎ **Systemic aspects of discrimination through cultural safety (including allyship, sensitivity, self-awareness and cultural humility)** (Lauwers et al. 2024)

Person-centred, diversity-sensitive care requires health and care professionals who (1) are aware of different cultures, (2) include this awareness in the delivery of care and (3) view diversity itself as potentially positive contribution to society (WHO 2020)



What should be included in education and training for person -centred and diversity - sensitive care?

- ◎ Cultural and religious **knowledge**
- ◎ Diversity- sensitive **skills**:
 - Empathetic approach of listening without judgement
 - Exchanges about reflection
 - Awareness on the impact of power inequalities
 - Identification of potential barriers in the use of health and social care
 - Language barriers >working with translators and using translation tools



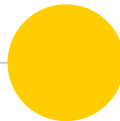
Which formats should be used in training for person -centred and diversity -sensitive care?

- ◎ Formal education and training: face-to-face teaching or online training
 - Combination of combine theoretical input, reflection and roleplaying exercises
 - Active learning methods and foster interaction among students
 - Reflection days
- ◎ Interdisciplinary approach



Key policy messages

- Diversity- sensitivity should be part of core education across health and care and simultaneously taught in specialized courses.
- Person-centred, diversity- sensitive care includes certain skills (e.g. listening, analysis, reflection) and certain forms of knowledge (e.g. about different cultures).
- Competences in person-centred, diversity- sensitive health and social care can be fostered through formal learning activities, face-to-face courses including theoretical input, reflection and roleplaying exercises, through online trainings and online resources.





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