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INTERCULTURAL CARE IN THE SOCIAL AND HEALTHCARE SECTOR

IO1. TRANSNATIONAL SITUATIONAL ANALYSIS REPORT

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EXECUTIVE SUMMARY

Linguistic and ethnic barriers, stereotypes, frustrations and the uncertainty of healthcare staff, lower the quality of health care provision for different ethnic groups. Problematic relationships between operators and patients is an area of concern revealed by the I-CARE Transnational Situational Analysis. In this project output, partners from Austria, Germany, Italy, Denmark, Greece and the United Kingdom investigated their social and health care systems in order to identify the specific needs and challenges faced by operators and target groups working within multicultural societies.

The Transnational Situational Analysis Report provides an in-depth analysis of good practices, pedagogical approaches and the specific training needs of three cross cutting target groups: VET providers/teachers/trainers that offer training in the social and health care field; employees of this sector (more specifically: home care, residential care and community care), whose educational programs show a lack of specific learning objectives; managers and decision makers. The report therefore aims to play a central role in public health planning and in the delivery of health care training services.

The present analysis has been developed using desk research and more than 70 online or phone interviews with operators belonging to the above-mentioned target groups.

Initially, the organisation of an ad hoc focus group was also foreseen, but the outbreak of the COVID 19 pandemic during the first months of 2020 and the subsequent implementation of severe containment measures did not allow the organisation of such gatherings.

The results of both the desktop research and the individual interviews highlight a pressing need for professionals to be able to operate in increasingly diverse and multicultural environments, in order to effectively break down barriers in the social and healthcare sectors. The I-CARE project intends to deal with these challenges by introducing intercultural competences in VET training courses.

More specifically, the following skills are deemed to be necessary to support clients from different backgrounds:

- *Knowledge about different cultural traditions, values, rituals, habits etc.*
- *Non-judgmental and open-minded attitude*
- *Openness and interest*
- *Self-reflection and the perception of own cultural biases and stereotypes.*
- *Intercultural communication including active listening and non-verbal language*
- *Respect and empathy*
- *Intercultural competences are gaining increasing importance because they can:*
- *improve attentiveness to the patients' prior experiences and understanding of their culture,*
- *enhance the consideration of the social, economic, political and structural factors influencing the social and healthcare system*
- *reduce misunderstandings and communication problems, thus facilitating the daily work routine in the long term*

- *improve patient/client outcomes: physical and mental health, wellbeing, satisfaction…*
- *reduce the disparity in the quality of services*
- *allow a better delivery of services*
- *enhance the effectiveness of the social and healthcare sector thus reducing social spending*
- *boost the Adoption of common guidelines for intercultural competences in training social and healthcare workers*

This report represents an important milestone at the beginning of the project. It guides the work of the next intellectual outputs, by giving inputs for developing, testing and implementing guidelines, training modules, action sheets and digital instruments supporting the development of ICARE project.

ZUSAMMENFASSUNG

Sprachbarrieren, Stereotypen, Unsicherheit im Umgang mit multikulturellen Personengruppen und die daraus resultierende Frustration der Fachkräfte – diese und andere Faktoren mindern die Qualität der Versorgung und Betreuung von Menschen aus anderen Kulturkreisen.

Herausforderungen in der Beziehung zwischen Fachkräften und den zu versorgenden Menschen sind ein Aspekt, für den die transnationale Situationsanalyse des I-CARE-Projekts Handlungsbedarf aufzeigt. Im Rahmen der Analyse untersuchten Partner aus Österreich, Deutschland, Italien, Dänemark, Griechenland und dem Vereinigten Königreich ihre nationalen Sozial- und Gesundheitssysteme, um die spezifischen Bedürfnisse und Herausforderungen zu ermitteln, mit denen das Pflege- und Betreuungspersonal in multikulturellen Gesellschaften konfrontiert ist.

Der Bericht über die Situation auf transnationaler Ebene bietet eine eingehende Analyse bewährter Verfahren, spezifischer Ausbildungsbedürfnisse und pädagogischer Ansätze in der beruflichen Qualifikation. Dabei stehen drei Zielgruppen im Mittelpunkt:

- *Aus- und Weiterbildungsinstitutionen bzw. deren Mitarbeiter/inn/en, die Qualifikation im Sozial- und Gesundheitsbereich anbieten;*
- *Fachpersonal in der Gesundheits- und Sozialberufen*
- *Leitungspersonal und Entscheidungstragende im Gesundheits- und Sozialbereich*

Der Bericht konzentriert sich auf eine mögliche Angebotsgestaltung von Pflege- und Sozialdiensten sowie auf die Weiterentwicklung von Ausbildungsangeboten in diesem Bereich.

Die Situationsanalyse basiert auf Sekundärforschung und mehr als 70 Online- oder Telefoninterviews mit Mitgliedern der oben genannten Zielgruppen.

Ursprünglich war auch die Organisation von Fokusgruppen vorgesehen, die aber aufgrund des Ausbruchs der COVID-19-Pandemie in den ersten Monaten des Jahres 2020 und der darauffolgenden Eindämmungsmaßnahmen nicht durchgeführt werden konnten.

Die Ergebnisse sowohl der Recherche als auch der Einzelinterviews machen deutlich, dass Fachkräfte im Sozial- und Gesundheitssektor in immer vielfältigeren und multikulturelleren Umgebungen arbeiten und für diese Rahmenbedingungen qualifiziert werden müssen.

Das I-CARE-Projekt will diesen Herausforderungen begegnen, indem es Maßnahmen zur Stärkung der interkulturellen Kompetenzen in der beruflichen Qualifikation entwickelt und umsetzt.

Dabei werden folgende Kompetenzen im Umgang mit einer multikulturellen Klientel als besonders notwendig erachtet:

- *Kenntnis unterschiedlicher kultureller Traditionen, Werte, Rituale, Gewohnheiten usw.*
- *Aufgeschlossenheit, Offenheit und Interesse*
- *Selbstreflexion und Bewusstsein der eigenen kulturelle Vorurteile und Stereotype*
- *Interkulturelle Kommunikation einschließlich aktivem Zuhören und Körpersprache*
- *Respekt und Einfühlungsvermögen*

Interkulturelle Kompetenzen gewinnen zunehmend an Bedeutung da sie:

- *das Bewusstsein dafür schärfen, auf die persönlichen Erfahrungen und die Geschichte der zu versorgenden Personen einzugehen und so das Verständnis für ihre Kultur zu verbessern;*
- *zu einem Verständnis sozialer, wirtschaftliche, politischer und struktureller Faktoren beitragen, die das Sozial- und Gesundheitssystem beeinflussen;*
- *Missverständnisse und Kommunikationsprobleme vermeiden und verringern können und damit den Arbeitsalltag für alle Beteiligten nachhaltig erleichtern;*
- *zur Verbesserung des Wohlbefindens, der körperlichen und geistigen Gesundheit und der Zufriedenheit der zu versorgenden Personen beitragen;*
- *zu einer Steigerung der Qualität der Leistungserbringung führen und Qualitätsunterschiede verringern;*
- *die Wirksamkeit des Sozial- und Gesundheitssektors erhöhen und dadurch zu einer Verringerung der Sozialausgaben beizutragen;*
- *die Ausbildung von Fachkräften im Sozial- und Gesundheitssektor aufwerten.*

Der Bericht zur transnationalen Situationsanalyse stellt einen wichtigen Meilenstein zu Beginn des Projekts dar. Er bildet die Grundlage für die weitere Arbeit im Projekt, indem er Anregungen für die Entwicklung, Erprobung und Umsetzung von Richtlinien, Schulungsmaterial, Handreichungen und digitalen Tools gibt, die im Rahmen des I-CARE Projekts erarbeitet werden.

SINTESI

Barriere etniche e linguistiche, stereotipi, frustrazione e l'incertezza degli operatori socio sanitari, riducono la qualità dei servizi per gruppi etnici diversi. Una delle aree problematiche emerse dall'analisi transnazionale del progetto ICARE riguarda le relazioni difficili e problematiche tra operatori e pazienti. Con questo output di progetto, i partner di Austria, Germania, Italia, Danimarca, Grecia e Regno Unito hanno effettuato un'analisi approfondita del proprio sistema socio sanitario nazionale, allo scopo di identificare i bisogni specifici degli operatori del settore e le sfide che i professionisti e i gruppi target di progetto devono affrontare lavorando con società sempre più multiculturali.

Il Report propone un'analisi approfondita delle buone pratiche, degli approcci pedagogici e degli specifici bisogni formativi dei tre target group trasversali coinvolti nel progetto: educatori, formatori e promotori della formazione professionale (VET) nel settore sociale e sanitario, lavoratori del settore sociosanitario (operatori in case di riposo o per anziani, centri diurni, comunità…), i cui programmi educativi mostrano una carenza negli obiettivi specifici; manager e amministratori. Il documento punta a giocare un ruolo centrale nella pianificazione della salute pubblica e nella fornitura di servizi di formazione per il settore sociale e sanitario

L'analisi è stata sviluppata attraverso attività di ricerca on line e più di 70 interviste con diversi operatori. Inizialmente era prevista anche l'organizzazione di focus group dedicati, ma l'irrompere della pandemia di COVID 19 nei primi mesi del 2020 e la conseguente crescita di misure di contenimento sempre più severe, non ha consentito lo svolgimento di tali incontri.

I risultati della ricerca e delle interviste evidenziano un pressante bisogno dei professionisti di essere in grado di operare in ambienti sempre più multiculturali, rompendo quelle barriere spesso invisibili che si possono creare tra paziente e operatori. Il progetto I-CARE vuole quindi interfacciarsi con queste sfide, introducendo alcune competenze interculturali nei corsi di formazione professionale.

Più nello specifico, le seguenti abilità sono ritenute necessarie per sostenere pazienti dai diversi background culturali:

- *conoscenza delle diverse culture, tradizioni, valori, rituali abitudini*
- *Atteggiamento open mind e non giudicatorio*
- *Apertura e interesse all'altro*
- *Riflessione e percezione dei propri pregiudizi e stereotipi*
- *Comunicazione interculturale che includa ascolto attivo e linguaggio non verbale*
- *Empatia e rispetto*
- *Le competenze interculturali stanno guadagnando un'importanza sempre maggiore perché possono:*
- *aumentare l'attenzione verso le precedenti esperienze del paziente e verso la comprensione della sua cultura;*
- *aumentare la considerazione data agli aspetti sociali, economici, politici e strutturali che possono influenzare il sistema socio-sanitario*
- *ridurre i fraintendimenti e i problemi di comunicazione e di conseguenza facilitare la routine giornaliera nel lungo periodo*

- *aumentare l'esito positivo del rapporto paziente/cliente dal punto di vista della salute fisica, mentale e del benessere generale*
- *ridurre la disparità nella qualità dei servizi offerti*
- *permettere una migliore offerta di servizi*
- *aumentare l'efficacia del settore sociale e/o sanitario attraverso una riduzione della spesa pubblica*
- *spingere verso l'adozione di Linee guida comuni per l'inserimento delle competenze interculturali nei percorsi formativi dei lavoratori del settore*

Il report rappresenta un'importante milestone di progetto: costituirà infatti il punto di riferimento e di guida per i successivi output intellettuali, fornendo input per lo sviluppo, il test e lo sviluppo di linee guida, moduli formativi e strumenti digitali per supportare la diffusione e lo sviluppo del progetto ICARE.

ΣΥΝΟΨΗ

Τα γλωσσικά και εθνοτικά εμπόδια, τα στερεότυπα, οι απογοητεύσεις και η αβεβαιότητα του προσωπικού υγειονομικής περίθαλψης, μειώνουν την ποιότητα της παρεχόμενης υγειονομικής περίθαλψης για τις διαφορετικές εθνοτικές ομάδες. Οι προβληματικές σχέσεις μεταξύ των επαγγελματιών και των ασθενών αποτελούν ένα τομέα ανησυχίας που αναδείχθηκε από τη Διακρατική Καταστασιακή Ανάλυση του έργου I-CARE. Σε αυτό το παραδοτέο, οι εταίροι από την Αυστρία, τη Γερμανία, την Ιταλία, τη Δανία, την Ελλάδα και το Ηνωμένο Βασίλειο διερεύνησαν τα συστήματα κοινωνικής πρόνοιας και υγειονομικής περίθαλψης, προκειμένου να εντοπίσουν τις συγκεκριμένες ανάγκες και προκλήσεις που αντιμετωπίζουν οι φορείς και οι ομάδες στόχοι που εργάζονται σε πολυπολιτισμικές κοινωνίες.

Η έκθεση Διακρατικής Καταστασιακής Ανάλυσης παρέχει μία εις βάθος ανάλυση των καλών πρακτικών, των παιδαγωγικών προσεγγίσεων και των ειδικών ανάγκες εκπαίδευσης τριών οριζόντιων ομάδων-στόχου: πάροχοι/ καθηγητές/εκπαιδευτές Επαγγελματικής Εκπαίδευσης και Κατάρτισης (ΕΕΚ) που προσφέρουν εκπαιδεύσεις στον τομέα της κοινωνικής πρόνοιας και της υγείας; υπάλληλοι σε αυτούς τους τομείς (κυρίως εκείνοι που απασχολούνται στη φροντίδα στο σπίτι, εργάζονται σε γηροκομεία και στην κοινοτική φροντίδα) των οποίων τα προγράμματα σπουδών παρουσιάζουν μία έλλειψη σε συγκεκριμένους μαθησιακούς στόχους; διευθυντές και φορείς λήψης αποφάσεων. Ως εκ τούτου, η έκθεση στοχεύει να διαδραματίσει κεντρικό ρόλο στον σχεδιασμό της δημόσιας υγείας και στην παροχή υπηρεσιών κατάρτισης στον τομέα της υγειονομικής περίθαλψης.

Η παρούσα ανάλυση αναπτύχθηκε χρησιμοποιώντας έρευνα γραφείου και περισσότερες από 70 διαδικτυακές ή τηλεφωνικές συνεντεύξεις με φορείς που ανήκουν στις προαναφερθείσες ομάδες- στόχους.

Αρχικά, προβλεπόταν επίσης, η διοργάνωση μίας ομάδας εστιασμένης συζήτησης, αλλά το ξέσπασμα της πανδημίας του Covid-19, κατά τους πρώτους μήνες του 2020 και η επακόλουθη εφαρμογή αυστηρών μέτρων περιορισμού, δεν επέτρεψαν τη διοργάνωση τέτοιων συγκεντρώσεων.

Τα αποτελέσματα, τόσο των ερευνών γραφείου όσο και των μεμονωμένων συνεντεύξεων υπογραμμίζουν την επιτακτική ανάγκη για τους επαγγελματίες να μπορούν να λειτουργούν σε όλο και πιο διαφορετικά και πολυπολιτισμικά περιβάλλοντα, προκειμένου να εξαλειφθούν αποτελεσματικά τα εμπόδια στους τομείς της υγείας και της κοινωνικής πρόνοιας. Το έργο I-CARE σκοπεύει να αντιμετωπίσει αυτές τις προκλήσεις εισάγοντας διαπολιτισμικές δεξιότητες σε εκπαιδευτικά μαθήματα ΕΕΚ.

Πιο συγκεκριμένα, οι ακόλουθες δεξιότητες θεωρούνται ότι είναι απαραίτητες για την υποστήριξη πελατών από διαφορετικά υπόβαθρα:

- *Γνώση για τις διαφορετικές παραδόσεις, αξίες, τελετές, συνήθειες κ.λπ.*
- *Μη επικριτική και ανοιχτή στάση*
- *Ανοιχτότητα και ενδιαφέρον*

- *Αυτο-αναστοχασμός και κατανόηση των προσωπικών πολιτισμικών προκαταλήψεων και στερεοτύπων*
- *Διαπολιτισμική επικοινωνία που περιλαμβάνει ενεργητική ακρόαση και μη λεκτική επικοινωνία*
- *Σεβασμός και ενσυναίσθηση*
- *Οι διαπολιτισμικές δεξιότητες αποκτούν ολοένα και μεγαλύτερη σημασία διότι μπορούν:*
- *Να βελτιώσουν την προσοχή στις προηγούμενες εμπειρίες των ασθενών και την*
- *κατανόηση του πολιτισμού τους*
- *Να ενισχύσουν την κατανόηση των κοινωνικών, οικονομικών, πολιτικών και*
- *δομικών παραγόντων που επηρεάζουν τα συστήματα υγείας και κοινωνικής πρόνοιας*
- *Να μειώσουν τις παρεξηγήσεις και τα προβλήματα στην επικοινωνία, διευκολύνοντας έτσι μακροπρόθεσμα την καθημερινή εργασία των επαγγελματιών*
- *Να βελτιώσουν τα αποτελέσματα του ασθενούς/πελάτη: σωματική και ψυχική υγεία, ευεξία, ικανοποίηση κ.λπ.*
- *Να μειώσουν τις διαφορές στην ποιότητα των παρεχόμενων υπηρεσιών*
- *Να βελτιώσουν τις παρεχόμενες υπηρεσίες*
- *Να ενισχύσουν την αποτελεσματικότητα των τομέων υγείας και κοινωνικής πρόνοιας, μειώνοντας έτσι, τις κοινωνικές δαπάνες*
- *Να ενισχύσουν την υιοθέτηση κοινών κατευθυντήριων γραμμών για τις διαπολιτισμικές δεξιότητες στην εκπαίδευση επαγγελματιών υγείας και κοινωνικής πρόνοιας*

Αυτή η έκθεση αντιπροσωπεύει ένα σημαντικό ορόσημο για την αρχή του έργου. Καθοδηγεί το έργο των επόμενων παραδοτέων, παρέχοντας δεδομένα για την ανάπτυξη, τη δοκιμή και την εφαρμογή κατευθυντήριων γραμμών, εκπαιδευτικών ενοτήτων, φύλλων δράσης και ψηφιακών μέσων που θα υποστηρίξουν την ανάπτυξη του έργου I-CARE.

RESUME PÅ DANSK

Sproglige og etniske barrierer, stereotyper, frustration og usikkerhed hos sundhedspersonale fører til ringere service for forskellige etniske grupper og problematiske relationer mellem borgere og professionelle. Det er blot nogle af de bekymringsområder, som I-CARE projektets Transnationale Situationsanalyse afslører. I dette projekt har partnerne fra Østrig, Tyskland, Italien, Danmark, Grækenland og England undersøgt de respektive landes social- og sundhedsvæsner for at finde de specifikke uddannelsesbehov personalet har, når de står over for de udfordringer, der er i et multikulturelt samfund.

Den transnationale situationsanalyserapport giver en dybdegående analyse af det aktuelle niveau, god praksis, pædagogiske tilgange og specifikke læringsbehov hos tre tværgående målgrupper, som spiller en central rolle i folkesundhedsplanlægning og i levering af sundhedsydelser. Disse målgrupper er: VET-udbydere / lærere / undervisere, som tilbyder uddannelse inden for social- og sundhedsområdet og ansatte i denne sektor (mere specifikt: hjemmepleje, plejehjem og privat pleje), hvis uddannelsesprogrammer viser manglende specifikke læringsmål samt ledere og beslutningstagere.

Analysen er en skrivebordsundersøgelse, men inkluderer også mere end 70 online- eller telefoninterviews med professionelle, der hører til ovennævnte målgruppe.

Oprindeligt var der også planlagt en ad hoc-fokusgruppe i hvert land, men pga. udbruddet af COVID-19-pandemien i de første måneder af 2020 og den efterfølgende gennemførelse af restriktioner kunne det ikke lade sig gøre at afholde fokusgruppeinterviews.

Resultaterne af både skrivebordsundersøgelserne og de individuelle interviews viste et presserende behov for forbedret service i et mere og mere multikulturel samfund, for effektivt at kunne nedbryde barrierer i social- og sundhedssektoren. I-CARE-projektet har til hensigt at tackle disse udfordringer ved at foreslå at indføre emnet interkulturelle kompetencer i erhvervsuddannelserne.

Mere specifikt anses følgende færdigheder for at være nødvendige for at interagere med borgere med forskellige baggrunde:

- *Viden om forskellige kulturelle traditioner, værdier, ritualer, vaner osv.*
- *En ikke-fordømmende og fordomsfri holdning*
- *Åbenhed og interesse*
- *Selvrefleksion og opmærksomhed på egne kulturelle fordomme og stereotyper.*
- *Interkulturel kommunikation inklusiv aktiv lytning og non-verbalt sprog*
- *Respekt og empati*
- *Interkulturelle kompetencer får mere og mere betydning, fordi de kan:*
- *øge opmærksomheden omkring borgerens tidligere erfaringer og forståelse af deres kultur*
- *øge forståelsen for hvordan sociale, økonomiske, politiske og strukturelle faktorer, påvirker social- og sundhedsvæsenet*
- *reducere misforståelser i kommunikationen og dermed lette den daglige arbejdsrutine på lang sigt*
- *forbedre borgerens behandlingsresultater: fysisk og mental sundhed, trivsel, tilfredshed.*

- *mindske forskellen i kvaliteten af servicen*
- *give bedre serviceydelser*
- *øge effektiviteten i social- og sundhedssektoren og dermed reducere udgifterne til området*
- *påvirke vedtagelsen af fælles retningslinjer for interkulturelle kompetencer i uddannelsen af social- og sundhedsmedarbejdere.*

Denne rapport er en vigtig milepæl i starten af projektet, da den danner basis for arbejdet med de næste resultater ved at give input til udvikling, testning og implementering af retningslinjer, uddannelsesmoduler, handlingsark og digitale instrumenter, som understøtter udviklingen af I-CARE-projektet.

1. INTRODUCTION

The Transnational Situational Analysis Report provides a thorough analysis of the state of the art, good practices, pedagogical approaches, and the specific training needs of the target groups identified by the Intercultural Care in the Social and Healthcare Sector (I-CARE) project, in terms of managing cultural differences in the social and healthcare sector.

The Report examines the current situation in the partners' countries (Austria, Denmark, Germany, Greece, Italy and the United Kingdom) in relation to the intercultural competences of social and healthcare employees working with clients and colleagues from migrant backgrounds. By comparing and contrasting the different country situations the analysis provided valuable insights into the key issues that need to be addressed. It covers:

1. The development needs of the staff in the sector in terms of intercultural competences
2. Qualification requirements for competences
3. Social, cultural and intercultural aspects
4. Recommendations to be implemented into the Toolbox and Guidelines

Furthermore, the preceding "Executive Summary" section of the report, together with an associated Infographic, (both available in the 5 languages of the Partner Countries) have been designed to disseminate the key elements, issues and needs identified in the Analysis.

THE TARGET GROUPS

The target groups identified for this Transnational Situational Analysis were:

- Trainers involved in continuous VET including VET providers, teachers, trainers and counsellors
- Employees working in the Social and Healthcare sector: including social workers, mediators and educators
- HR Managers and decision makers in social and healthcare organisation
- Social and Healthcare Authorities and policy makers
- Social and Healthcare clients with migration backgrounds

By exploring current situations in terms of challenges, problems, training needs, intercultural aspects etc. in the partner countries, the report had a strong impact on the quality of the subsequent Intellectual Outputs developed within the project. exploring these aspects is an important step towards developing truly European quality products that propose answers to the current challenges and problems and fill training gaps - this means, products that have the desired impact on the target groups, stakeholders, and the final beneficiaries. On the other hand, involving the envisaged target groups in the research activities adds to the visibility of the project and to its dissemination, laying the ground for the later involvement of these groups in the implementation phase.

2. METHODOLOGY

Multiple steps were undertaken in order to draft the Transnational Situational Analysis Report, ensuring to provide a comprehensive and useful product.

A. Desk Research

FOCUS

✓ Provide a national picture of the need of intercultural competences in the social and healthcare sector

SCOPE

Set ground for next project's steps

✓ Collect arguments
✓ Collect first contacts
✓ Collect good practices and tools
✓ Detect the specific target groups in each partner Country
✓ Define the social and health care specific sector in each Country

METHODS

✓ Electronic Sources Desk Research (Sources included: EPALE – ERASMUS – OCSE – CEDEFOP)
✓ Government-published data
✓ Client/Target Group desk researches
✓ The following shared

DESK RESEARCH	
Partner Name:	
Country/ Region covered by the survey:	
QUESTIONS & ANSWERS	
Q1	**NEED OF INTERCULTURAL COMPETENCES IN THE SOCIAL AND HEALTHCARE SECTOR**
A1 Max 200 Words	
Q2	**INTERCULTURAL COMPETENCES IN VET CURRICULA**
A2 Max 200 Words	
Q3	**EXISTING MATERIALS, PROJECTS, APPS – BRIEF DESCRIPTION, LINKS AND/OR OTHER RESOURCES**
A3 Max 200 Words	
Q4	**GOOD PRACTICE AND TECHINIQUES (BOTH IN TRAININGS AND IN PRACTICE) – BRIEF DESCRIPTION AND RESOURCES**
A4 Max 200 Words	
Q5	**PROFILE/DETAILS OF THE TARGET GROUP**
A5 Max 200 Words	
Q6	**PROBLEM AREAS AND BENEFIT FOR INTERCULTURAL COMPETENCES**

A6 **Max 200 Words**	
Q7	**STAKEHOLDERS IDENTIFICATION**
A7 **Max 200 Words**	
Q8	**IDENTIFICATION OF THE SOCIAL AND HEALTHCARE SECTOR IN YOUR COUNTRY**
A8 **Max 200 Words**	
SUMMARY	
SUMMARY – Main findings (max 20 lines)	

B. Interviews with Target Groups

FOCUS

- ✓ Provide a national picture of the need of intercultural competences in the social and healthcare sector

SCOPE

- ✓ Set ground for next project's steps
- ✓ Collect arguments
- ✓ Collect first contacts
- ✓ Discussing the theme of intercultural competences in the social and healthcare sector directly with the target groups and stakeholders

METHODS

It should be mentioned that, due to the COVID-19 pandemic outbreak, the way interviews were carried out had to be changed in order to comply to the containment measures and the instructions issued by the partners' national governments.

No physical interviews took place, as these took the form of online (video) calls, meetings, phone calls, etc.

In any case, the following shared **Interview Template** was used by all project partners:

INTERVIEWS WITH EXPERTS/HR/VET PROVIDERS	
Partner Name:	
Country/ Region covered by the activity:	
Place and date	
QUESTIONS & ANSWERS	
Section 1	**GENERAL INFORMATION**
Q1	NAME AND SURNAME, GENDER, AGE
A1	
Q2	DETAILS ABOUT THE ORGANISATION EMPLOYING YOU (country/region in which your organisation operate/How many employees work in your organisation/In which sector does your organization operate)
A2	

Q3	ROLE IN THE ORGANISATION AND YEARS OF EXPERIENCES
A3	
Q4	CULTURAL BACKGROUND
A4	
Section 2	**TRAINING, SKILLS, BENEFITS, EXPERIENCES IN INTERCULTURAL COMPETENCIES IN THE SOCIAL AND HEALTHCARE SECTOR**
Q1	Please indicate which competencies you consider are essential for dealing with cultural diversity.
A1 Max 200 Words	
Q2	In terms of intercultural competences, what are the main shortages in the social and healthcare sector?
A2 Max 200 Words	
Q3	In your own experience, is the topic of intercultural competencies and learning relevant for training and/or business prospective? Could it bring benefits for your daily work? and in your organisation?
A3 Max 200 Words	
Q4	What kind of training and/or practices related to intercultural management are you or your organisation involved in? (good practice, tools, techniques)
A4 Max 200 Words	
Q5	Do you experience any difficulties in the management of cultural diversity in your work? How did you manage the difficulties encountered? What would you need to facilitate these difficulties?
A5 Max 200 Words	
Q6	Learning preferences: ▪ Which format would be more suitable for you? ▪ Time for self-learning, which obstacles? Preconditions? ▪ Which learning contents would be relevant for you?
A4 Max 200 Words	
INTERVIEWS SUMMARY	
SUMMARY – Main findings of the overall interviews carried out (max 20-30 lines)	

C. Focus Groups

FOCUS

✓ Provide a national picture of the need of intercultural competences in the social and healthcare sector

SCOPE

✓ Set ground for next project's steps

✓ Collect arguments

- ✓ Collect first contacts
- ✓ Discuss the theme of intercultural competences in the social and healthcare sector directly with the key stakeholders

METHODS

It should be mentioned that, due to the COVID-19 pandemic outbreak, the partnership recognised the difficulty in carrying out online focus groups in order to comply to the containment measures and the instructions issued by the partners' national governments.

The I-CARE project partners therefore decided to make up for this activity by producing more individual interviews. However, SOSU OSTILLAND in Denmark and KMOP in Greece respectively managed to follow the shared **Focus Group Template** below, while carrying out some of their Interviews.

FOCUS GROUPS	
Partner Name:	
Country/ Region covered by the activity:	
Place and date	
TOPICS and DATA COLLECTION	
Section 1	**GENERAL INFORMATION PER EACH PARTICPANTS**
Q1	NAME AND SURNAME, GENDER, AGE
A1	
Q2	DETAILS ABOUT THE ORGANISATION EMPLOYING YOU (country/region in which your organisation operate/How many employees work in your organisation/In which sector does your organization operate)
A2	
Q3	ROLE IN THE ORGANISATION AND YEARS OF EXPERIENCES
A3	
Q4	CULTURAL BACKGROUND
A4	
Section 2	**TRAINING, SKILLS, BENEFITS, EXPERIENCES IN INTERCULTURAL COMPETENCIES IN THE SOCIAL AND HEALTHCARE SECTOR**
T1	Example of challenges related to intercultural diversity: ▪ Challenges and conflict with clients ▪ Challenges and conflicts with colleague
A1 **Max 300 Words**	
T2	Example of good practices related to the management of intercultural diversity in the social and healthcare sector: ▪ Positive experiences ▪ Solutions found
A2 **Max 300 Words**	
T3	Learning needs for trainers and employees in the social and healthcare sector
A3 **Max 300 Words**	

T4	Learning preferences: ▪ which format would be more suitable for you? ▪ time for self-learning, which obstacles? Preconditions? ▪ which learning contents would be relevant for you?
A4 **Max 300 Words**	

FOCUS GROUP SUMMARY	
SUMMARY – Main findings (max 20 – 30 lines)	

3. FINDINGS

The results of the activities mentioned above are presented in the following chapters.

3.1 DESK RESEARCH

3.1.1 Need of intercultural competences in the social and healthcare sector

Analysis

In Austria:

The Austrian society is highly diverse, with an increasing percentage of elderly people with a migrant background in hospitals and, to a smaller extent, in retirement homes.

The country, especially in its urban areas, is more and more challenged with the need of care efforts in the field of domestic homecare and care nursing, where staff has to cope with tense work situations in which intercultural aspects are often left behind for the sake of a strictly practical attitude.

In this context, there has been a growing awareness for the need for more intercultural competences in nursing and healthcare since the early 2020s.

In February 2005, the Federal Ministry of Health installed a task force for the improvement of health services for migrants. One of the ideas was, that management staff in health organisations has to fulfil the criteria of a qualification in intercultural management. Apart from this, this working group stated that the teaching of cultural characteristics of patients has to be included in medical diagnostics and treatment at medical universities, nursing schools, midwifery schools, schools for radiographers, etc.

In Denmark:

In Denmark there are currently 350,000 immigrants and 160,000 descendants of immigrants from non-Western countries, against a total population of 5.7 million.

Furthermore, immigrants and descendants have significantly poorer health than the background population:

• compared to 11% among ethnic Danes, 25-48% of immigrants in all ethnic minority groups report three or more long-term illnesses, with the highest incidence in immigrants from Iraq, Lebanon / Palestine, Ex-Yugoslavia and Somalia.

• 22-48% of immigrants in all ethnic groups have poor health self-esteem, compared to 10% among ethnic Danes, women having poorer self-rated health than men in both cases. In all ethnic groups, the proportion of poor self-rated health is the least in the youngest age groups and the highest in the oldest. The difference between younger and older is greater in all ethnic minority groups than among ethnic Danes.

Because of this, Danish institutions must adapt and adjust to this new reality in order to fulfil their obligations to its citizens, which, unlike in the past, do not have a relatively uniform cultural background and course of life. Ethnic minorities constitute a vulnerable group in relation to socio-economic and health marginalization, making it more difficult for them to be integrated into Danish society. Consequences of mental trauma make language learning difficult and thus contact and communication with the Danish speaking population, as well as physical health problems can be an obstacle to completing education and obtaining and retaining work.

It is important to explore the conception of health of migrants and get them involved in the western practice related to health. Culture, and also sometimes religion and gender, can alter the way people view things and,

on the other hand, culturally specific features become particularly relevant on matters related to disease, health, life and death – the situations where people are most vulnerable.

In Germany:

Germany is facing an increase in both the percentage of the patient population having a migration background, as well as in the multicultural teams that are looking after them.

As a matter of fact, the percentage of migrants over 65 years old is 16.7% (Eurostat 2018), but is projected to reach 17.5% in 2020-2060, with 12% of elderly migrants over 80 (Eurostat yearbook 2012). An increase of migrants over 65 to 3.6 million by 2030 is predicted (Zanier, 2016).

Given this increase in work density, health care workers will face considerable challenges in the coming decades and will need to develop intercultural competencies that allow them to recognize their own cultural norms, understand the patient's unique viewpoint, and effectively adjust their behaviours to maximize care. In addition, language and communication problems lead to patient dissatisfaction, poor comprehension and adherence, and lower quality of care.

There is also a growing need of breaking down barriers on the side of the migrants that need healthcare, such as: ignorance on/lack of/incorrect information about counselling and support services and about entitlements to care; lack of language skills; fear of legal or financial consequences; negative experiences with authorities in Germany or in the home country; bureaucracy; inhibitions/shame when using foreign or professional help; social control within the community or by Germans without a migration background; stigmatisation, ignorance or uncertainty about the content and form of the help/care services; worry/mistrust that one's own cultural and religious needs are not understood and not taken into account; reservations/prejudices about the values of the employees (Zanier, 2015).

In Greece:

During the last decades and especially after the emergence of refugee crisis, the Greek society has evolved into a more culturally diverse social environment. Communication skills and intercultural competencies are needed particularly to the social and healthcare professionals working with migrant populations (Fleckman et al., 2015). Despite the need though, there is a lack of culturally competent training in both the social and the healthcare sector.

Accordingly, without such training the healthcare that is provided may be culturally inappropriate and so, insufficient for people of different cultural background (Athanasopoulou & Christodoulou, 2011). Psychologists and social workers as well, need to be competent in a multicultural environment in order to be able to analyse, to consult clients and approach individuals unconditionally (Stier, 2004).

In Italy (and Veneto region):

As of 1 January 2019, the total number of foreigners resident in Italy is more than 5.2 million, with a concentration in the regions of northern Italy and the Veneto region hosting 9.5% of the total foreign population resident in Italy (Osservatorio Regionale Immigrazione, 2019).

Three main trends emerge in this context: 1) increasing prevalence of women (52.3 % of the foreign population); b) migratory flows are from mostly EU countries, followed by Asian and African countries; c) the younger and working age population is predominant and progressively ageing. Furthermore, the unemployment rate for the foreign population, well above that recorded for Italians, reached 14% in 2018 at national level and 15% in Veneto.

It is also worth mentioning that Italy stands out for the highest incidence of elderly population - 22.6% vs. 19.4% in Europe. (Presidenza della Giunta Regionale Direzione Relazioni Internazionali, 2019). This is why, over the years, there has been an increase in both the demand and supply of professionals being able to meet the person's basic needs in both a social and health context: the Veneto Region itself has indeed reported the need for more than 5,000 Socio-healthcare operators for the 2017/2019 period.

In the face of this situation, the difficulties of those who find themselves in a foreign country increase considerably when they lack the knowledge of the language that can allow them to interact effectively in the new context, but also the different codes of non-verbal communication. In addition, that sense of disorientation and mourning that are linked to the loss of geographical, cultural references, parental and friendship networks or the new process of affiliation in the adoptive community expose the migrant population to a considerable psychological effort. Even with equal socio-economic conditions with Italian users, immigrants often find it difficult to benefit from health services.

It is therefore needed to have professional figures that are able to relate with these more fragile groups of the population, being able to apply and promote tools and knowledge on intercultural competences, second language, basics of civics, approaches in the relationship with infants, women, elderly people, etc.

In the United Kingdom:

The UK is a culturally diverse nation and this diversity continues to increase: there will be 2.4 million black and ethnic minority people aged 50 and over in 2016 in England and Wales; rising to 3.8 million by 2026 and 7.4 million by 2051. Over the same time spans, there will be just over half a million black and minority ethnic people aged 70 and over by 2016, more than 800,000 by 2026, escalating to 2.8 million by 2051.

By 2051 the largest ethnic minority group in England and Wales will be the diverse ‘Other’ white group (coming from several different parts of the world), followed by the Indian, black African and Pakistani ethnic groups.

When considering future population profiles, many different aspects need to be considered, for example, at age of death – with its implications for equalities, disability or illness.

Although migrants to the UK are generally from younger age groups, some people may choose to return to their countries of origin or to move countries again: this may affect older populations if they decide to move to live with their adult children or if they decide to return to their former homes. Information and advice about these options may be called for by older people from local councils and voluntary sector groups.

Given this situation, literature suggests that the UK is struggling to meet the care needs of a culturally diverse population. With reference to the adult social care sector, members of minority groups have been shown to have lower levels of satisfaction with the care they receive, and are less likely to use the services available than other ethnic groups. Data published by Community Care (Scie, 2008) shows that these groups want services that provide staff from similar backgrounds and/or same sex staff for intimate personal care; culturally appropriate food; interpreting services and opportunities to meet others from similar backgrounds.

Highlights

According to the in-depth analysis carried out at national level by all partner organisations, recurring trend emerge when looking at societal changes: a growth of the migrant population and cultural diversity levels, implying an increase in the number of users and providers of socio-health care services with a migrant background. All countries’ reports highlight a pressing need for professionals being able to operate in more and more diverse and multicultural environments in order to effectively break down barriers in the social and healthcare sector.

3.1.2 Intercultural competences in VET curricula

Analysis

COUNTRY	TYPE OF CURRICULA	INTERCULTURAL COMPETENCES
Austria	Healthcare and Nursing professionals	Although interculturality is only rarely highlighted in curricula, the following courses provide training on it: - Some universities of applied sciences (e.g. FH Burgenland, FH Wr. Neustadt, FH Linz) offer a specific course in "**Transcultural healthcare**" in the curriculum of their bachelor studies + Master course (5 semesters) in "**Intercultural care-management**" (FH Linz). - **Intercultural management** or **intercultural communication/culture sensitive care** is a subject provided in further qualification courses either internal as a specific offer hospitals, or in the framework of professional training and qualifications offered by the "Academy for advanced training and special training" at the Vienna General Hospital (AKH). - The "Wiener Krankenkanstaltenverband" (umbrella organisation of hospitals in Vienna) offers further training and qualification in **Transcultural leadership for basic and intermediate care management**, **Transcultural competence in everyday care**, and **Transcultural care - Dying, death and mourning**. Main topics of the training are: psychosocial living situation of migrants; explanation of the concept of medical system, illness and sickness; folk medical concepts of illness, body perception and expression of pain; traditional medicine and the significance of ritual in the recovery process; life of women in Islamic societies; gynaecological and obstetrical aspects; female circumcision; concept of impurity and ritual purification, taboos; significance of culturally determined dietary requirements. - The Austrian Health and Nursing Association (ÖGKV) offers regular training courses on **intercultural competences in nursing** (focus: nurse-patient relationship + ability to work in an intercultural team).
	Social workers	Study programmes for social work commonly include intercultural aspects and diversity management, and some courses offer a specialisation on working with migrants and asylum seekers: intercultural competences seem to be embedded as a transversal subject in various courses/curricula. However, there is no specific focus on this issue.

COUNTRY	TYPE OF CURRICULA	INTERCULTURAL COMPETENCES
Denmark	Social and healthcare helpers	SOSU Østjylland educates and re-trains social and health helpers (elder care field – homecare and nursing homes). Features of the course: - is aimed at learning how to help and support the elderly so that they can live a good everyday life and manage themselves, how to assist them with personal care, household chores and activities for their well-being including diet and exercise. Knowledge on the body, the most common diseases and how to prevent infections is also provided. Students must become proficient at communicating with the elderly and their relatives. - lasts 26 months, alternating between school and internship and beginning with a basic course - does not include separate learning objectives regarding intercultural competence but students can choose an optional one-week course on this topic + classes can consist of up to 20 different ethnicities
	Social and healthcare assistants	SOSU Østjylland educates and re-trains social and health assistants (elder care field – homecare and nursing homes). Features of the course: - is aimed at gaining a basic knowledge on providing practical and personal assistance, nursing and care tasks, how to plan activities that enhance health and prevent illness. Knowledge on the body, the most common diseases, hygiene, prevention of infection, and chemistry is provided. Students learn how to administer medication and to document the nursing care, and must become proficient at communicating and working with citizens, patients and relatives, other health care professionals to organize a coherent care course. - lasts 46 months, alternating between school and internship with a basic and main course - includes the following learning objectives related to culture: a) being able to apply **knowledge of different cultures and health beliefs** to meet the person in need of care/patient and the relatives with respect for dignity and integrity; b) being able to apply **knowledge of the importance of cultural understandings, values and forms of collaboration** to establish and conduct cross-sectoral and cross-professional collaborations. - offers elective courses in the assistant program where intercultural competence is offered. Furthermore, the composition of students in the classes of the assistant education is also multi-ethnic, though to a lesser extent than in the helper education.
	Health care	The Region of Northern Jutland has established a "Centre of excellence for vulnerable patients and patients with a different ethnic background", whose aim is to support the development of a professional environment around the

COUNTRY	TYPE OF CURRICULA	INTERCULTURAL COMPETENCES
		target group. An important task for the centre will therefore be to offer competence development to health professionals in both hospital departments, general practice and municipalities.
Germany	Nursing professionals	VET curricula for care professions are legislated on federal level: in 2020 a new law, the care professions law, united the previously three care apprenticeship schemes into one. The Nursing Professions Training and Examination Ordinance now supplements the Nursing Professions Act and implements it in detail. The ordinance regulates, for example, details of the training structure, training content, examinations and recognition of foreign vocational qualifications. An analysis of the curriculum of this new professional profile shows that cultural sensitive care has been put on the agenda. Among the learning outcomes: - respect human rights, codes of ethics and religious, cultural, ethnic and other habits of people in need of care at different stages of life - recognise fundamental **communication barriers**, especially those related to health, age or culture, and implement supporting measures to bridge these barriers - become aware of and reflect on their own **patterns of interpretation and action** in their nursing interaction with people of all ages and with their different, especially cultural and social backgrounds This shall be achieved through theoretical input and practical training. Towards the end of the training, systemic contexts are also increasingly included, such as family, social, cultural or institutional contexts and structures. On the list of topics we find among others: - intercultural care - culturally sensitive care - cultural and religious diversity - concept of inter- or trans-cultural care
Greece	Health professionals	There are scarce resources of trainings in intercultural competences in VET curricula in Greece. In their majority, the VET programs that concern or include intercultural competences, are within the scope of education targeting

COUNTRY	TYPE OF CURRICULA	INTERCULTURAL COMPETENCES
		teachers, educators, school counsellors etc. Intercultural education nowadays is one of the most recognised fields of education due to the change of Greek school system into a multicultural environment. In this context, the teachers feel the need to gain appropriate communication skills and knowledge that will enable them to manage situations and cooperate effectively with all the students. Concerning the healthcare sector, there are no VET curricula in particular for healthcare provision in intercultural context. Health professionals, usually during their academic education and training, learn some **basic counselling and communication techniques** that can be **appropriate for different cultural backgrounds**. The vocational trainings for health professionals are about education on medical field or management of health services.
Italy	Healthcare technicians	This professional (link to Regulated Professions Database) is a social-healthcare practitioner, who, following the acquisition of the qualification certificate awarded on completion of specific training, carries out activities directed to meet the basic needs of a person, in their own areas of expertise, in both social and healthcare context. Hints of intercultural competences in VET curricula linked to this profession: - basic knowledge in ethics, hygiene, sociology, socio-relational psychology and safety at work - skills required in **socio-cultural, institutional and legislative, psychological**, hygienic-sanitary and technical-operational **matters**
	Home health aids	Home health aids carry out care activities for people with different levels of psycho-physical self-sufficiency (elderly, sick, disabled, etc.), also in support of family members, contributing to the maintenance of autonomy and well-being. This includes the work of care and help provided at home by individuals who are not related to the assisted person, in favour of the elderly or disabled in fragile conditions and at risk of institutionalisation. Main competences: - Provide care and assistance to non-self-sufficient people, recognizing their needs and psychophysical conditions - Communicating/relating with the person, their family context and the care-giving team
	'Nido in famiglia' (Family nest)'s educators	The "Family nest" is part of the regional educational services for children, with an educational, care and socialization function aimed at children between three months and three years of age, to collaborates with families in their growth and training. Knowledge acquired:

COUNTRY	TYPE OF CURRICULA	INTERCULTURAL COMPETENCES
		- Principles of the psycho-body and psycho-emotional approach - Psycho-pedagogical aspects of child nutrition - Psycho-educational principles of the game - Communication dynamics in social work
	Early childhood educators	Early childhood educators carry out activities of education and care of children in the age group 0-3 years and relate with their families. Skills: - acquiring data on the educational background of the child - verbal and nonverbal communication - conflict/ group dynamics management - socio-educational animation; game methodologies; creative thinking; expressive education
United Kingdom	Health and Social Care Professionals	In England, the national vocational qualifications in social care have a mandatory requirement for training in equality and diversity. Both the level 2 and level 3 diplomas in Health and Social Care specifically address cultural diversity in their content with learning modules exploring equality, cultural diversity, and individual rights and needs. Examples: - The certificate in Health and Social Care by the awarding body OCR includes a **learning unit on cultural diversity**, whose aim is "to provide learners with knowledge and understanding of the cultural diversity that exists in society today and the different religious and secular practices that individuals may follow". - The **Equality and Diversity Standard** from the Care Certificate also focuses on the legislative framework and general issues associated with cultural diversity, such as: understanding the importance of equality and inclusion, being able to work in an inclusive way, accessing information, advice and support about diversity, equality and inclusion.

Highlights

Intercultural competences represent a field that is dealt with inconsistently not only in Europe, comparing the analysed partner countries, but also within different VET and higher education curricula that can be found in the same national context. Provided a general lack or sporadic presence of specific training in intercultural competences among most analysed curricula, some recurring subjects are touched upon in a number of the curricula mentioned above, such as: intercultural communication dynamics; understanding and learning how to interact with diverse backgrounds, values, forms of collaboration, concepts related to the socio-healthcare sector; references to psychological and social approaches for multicultural environments.

3.1.3 Existing materials, projects, apps

Analysis

COUNTRY	TYPE	REFERENCE
EU- Level	Project	TRAIN4M&H - Provision of training for first-line health professionals and law enforcement officers working at local level with migrants and refugees
	Project	MIG-H Training - Development of specific training modules for health professionals (HPs), law enforcement officers (LEOs) and trainers
	Project	VIC - Validating Integration Competences of refugees
	Project	INTERMOVE FOR TRAINERS – Intercomprehension and inter-cultural training for mobility operators
	Project	Healthy Diversity - Improving the capacity of health professionals and institutions in meeting the needs of a culturally diverse patient group using the critical incident technique online course
	Project	KAZI - Development of intercultural competences at the workplace Manual for e-training (DE)
	Project	BID – Qualification in German for people working in elder care
	Project	MultiCultinCare - Handling Multiculturality in Care, strengthening the employees in the eldercare sector managing value systems based on different cultural backgrounds both in their inter-collegial communication and teamwork and in their communication with their clients/patients
	Project	Interhealth – enhancing intercultural competences for health professionals through non-formal training
Austria	Project	diversity@care - Manual for new Methods in professional education and training for healthcare Handbook
	Online training	Power2help E-learning offer on diversity and intercultural competences
	Training	Caritas Vienna's Training on intercultural competences, developed in the framework of the Project "ZusammenReden"
Denmark	Factsheet	The Migration School has prepared a number of facts sheets on dementia in Polish, Turkish, Serbian/Croatian/Bosnian, Farsi, Arabic and Urdu for patients and relatives dealing with dementia in general, Alzheimer's disease, vascular dementia and depression.
	Reports	- The first diversity nursing home in Denmark - research report on experiences and opportunities, Lonely Old People's Guard September 2016

COUNTRY	TYPE	REFERENCE
		- Impact Report 2019 (Effektrapport 2019 - Vi gør mangfoldigheden til en ressource, 2019) - Ethnic Minority Health (Singhammer, 2008) - Competence Center for Vulnerable Patients and Patients with Other Ethnic Backgrounds. Concept description (Region North Jutland, 2017) - Health and inclusion of immigrants and ethnic minorities in Denmark (Sundhed og inklusion. Af indvandrere og etniske minoriteter I Danmark, 2016)
Germany	App	The IHK now offers its country-specific practical guides with cultural knowledge and behavioural tips via the "Kultur Kompetenz" app.
	Report	Cultural sensitivity in healthcare (Hundenborn et al. 2018) is a report (DE) with the concept for a module manual for a competence-oriented, science-based and multi-professional education, further education and training in the therapeutic and nursing health professions, combining intercultural and diversity competences.
Greece	Training	Training course on intercultural competences by IDEC - understanding culture, multiculturalism and nationalism in the framework of education and training.
	Online training	Advanced training in Intercultural Mediation aiming at trained intercultural mediators and professionals in the fields of interpretation, health, education, social structures, law and voluntary action, working or providing services to vulnerable populations affected by the migrant crisis and diaspora.
	Online training	Intercultural Education/Mediation Training for primary and secondary teachers, special education staff, psychologists, school counsellors, teachers in intercultural schools and special schools education, sociologists and social workers, those who wish to be included in refugee structures and others.
	Online training	Intercultural Education & Support of Refugees – Immigrants for teachers of all levels, education and lifelong learning officers, psychologists, professionals dealing with refugee/migrant populations and students of their respective specialties.
Italy	Case study	*Veneto Lavoro*'s Analysis on migrant women and health and local social services in the perception of operators and intercultural mediators: Link (IT)
	Online training	OIM & *Istituto Superiore di Sanità*'s Course (IT) on Intercultural competences in health services aimed primarily at health workers and social and administrative assistants
Sweden	Online training	Malmø,"Kunskapscentrum för Demenssjukdomar" has developed a web-based course in Farsi, Bosnian and Polish.
United Kingdom	Charity	Skills for Care are an independent charity working to help create a skilled and valued adult social care workforce. In partnership with a number of organisations, and funded by the Department of Health and Social Care, they

COUNTRY	TYPE	REFERENCE
		have run projects around diversity, with a particular focus on sexuality and cultural diversity.
	Event	Embrace Diversity campaign - month long event to share and develop resources, guides and advice in order to help "develop understanding and confidence of caring for a diverse range of people, so workers are equipped with the knowledge to provide safe and compassionate care for everyone".
	Videos	The Social Care Institute for Excellence have produced a number of videos on what is important to black and minority ethnic people using social care services and has developed a number of resources on the issue of 'personalisation' in social care, including developing a person-centred care course
	Online training	The Care Quality Commission has begun an extensive campaign to increase awareness in the care sector of the importance of cultural competences have produced a good practice resource titled "Equally Outstanding" + an online learning resource connected to this.
USA	Website	THINK CULTURAL HEALTH features information, continuing education opportunities, resources, and more for health and health care professionals to learn about culturally and linguistically appropriate services.

3.1.4 Good practices and techniques

Analysis

COUNTRY	REFERENCE	GOOD PRACTICES/TECHNIQUES
EU- Level	ADMIN4ALL Project	Theme: strengthening intercultural competences for health and social workers Training Manuals & Good Practices
	IOM ToT Manual	Theme: fostering a comprehensive understanding of international migration + suggestions for trainers regarding the methodology and the skills necessary to successfully train other trainers Manual
	InterHealth Project	Theme: increasing the intercultural competences of healthcare professionals in Europe, through non-formal training Curriculum & App.
Austria	Migrant-friendly hospitals Project	Theme: EU initiative to promote health and health literacy for migrants and ethnic minorities "Kaiser Franz Josef Hospital" in Vienna Portrait
	FEM - Service Centre for Women's Health	Theme: consulting and provision of health services for women, with a special focus on migrant women

COUNTRY	REFERENCE	GOOD PRACTICES/TECHNIQUES
	"Intercultural care-management" Master Study @ Linz University	Themes: How can access and trust in the care system be created for (especially older) migrants? How must services and offers of the care system be adapted or developed in order to meet the demand on the one hand and to promote the acceptance of those working and living together in the health and social system on the other hand? How can the diversity competence of employees be developed?
	Competence Centre for intercultural social work @ Linz University	The competence centre works on different projects and supports the university with research, publications and partnerships on intercultural issues in teaching and implementation
Denmark	Immigrant Medical Clinic	Immigrant Medical Clinic is an offer to patients with ethnic backgrounds other than Danish with complicated health problems and / or problems in collaboration with the healthcare system. These clinics have great intercultural competence and some of them offer courses e.g. Odense University Hospital Immigrant Medical Clinic informs about the risk of infection by the Coronavirus in the following languages, Turkish, Farsi, Arabic, Bosnian, Tamil, Tigrinya, Somali, Russian, Polish and Serbo-Croatian.
	Intercultural nursing home	The Peder Lykke Center (PLC) at Amager in Copenhagen is Denmark's first nursing home, which is explicitly targeted at elderly people with diverse ethnic, national, cultural and religious backgrounds.
	Mentor schemes	As a part of the efforts to retain the students in the social and health care education programs at SOSU Østjylland, the student has the opportunity to be assigned a mentor, who may be able to help in situations where the student finds things difficult or incomprehensible.
	Jobs for immigrants	The "New Danes Association" is a non-profit NGO that works to create jobs for immigrants. In 2019, they supplemented efforts and mentoring programs with a systematic coverage of opportunities to create employment in social and health workplaces for non-Western immigrant women.
Germany	Intercultural nursing training at the Robert Bosch Hospital	The Irmgard-Bosch-Bildungszentrum offers the opportunity to combine nursing training with additional intercultural training and thus acquire sound theoretical and practical knowledge in intercultural nursing.
Greece	Centre of Continuous Education and Training of National	The Centre offers a variety of e-learning programs, the most relevant being a) Education and Support of Refugees and

COUNTRY	REFERENCE	GOOD PRACTICES/TECHNIQUES
	and Kapodistrian University	Immigrants: Intercultural Visa and Practical Applications and b) Intercultural Education: Theoretical and Experimental Approaches.
	Cultural Awareness Tool – Understanding cultural diversity in mental health	This guide aims to improve the quality of care provided by the health services by giving general guidance to professionals on the management of people with mental health issues, in a culturally sensitive way.
Italy	CIVIS Project	Theme: citizenship and Integration of Foreign Immigrants in Veneto Educational materials
United Kingdom	Care Quality Commission (CQC) case studies	CQC investigated a number of case studies in England where services have tried to embed human rights and equality into their provision in an attempt to improve the level of care that all groups of patients receive, identifying 9 common factors for success. Case study 'Safe to be me'

3.1.4 Profile/details of the target groups

Analysis

The specific target groups identified for each partner country are the following:

COUNTRY	TARGET GROUP	DESCRIPTION/NOTES
Austria	1. Programme managers of qualification courses for health care in various contexts	In Austria, the I-CARE project will manly focus on the Non-Profit Sector and on organisations and institutions that offer health care and nursing at home, in retirement homes or in homes for people with special needs. Although the need for intercultural competences in health care and nursing in hospitals is obvious, it will be very difficult to access these institutions, since they are highly structured and education and further qualification is organised in a centralised way.
	2. Staff in retirement homes/homes for people with special needs	
	3. Learners in course for the qualifications for healthcare, nursing assistants, home help	
Denmark	1. Social and health care helpers and social and health care assistants	1. They work in home care, nursing homes, disability institutions and somatic and psychiatric hospitals. Their educational programs are lacking specific learning objectives in relation to intercultural competence, which is necessary, as the context in which they are to work is multicultural.

COUNTRY	TARGET GROUP	DESCRIPTION/NOTES
	2. Teachers in vocational schools who are dealing with social and health care	2. They are different professional groups with at least two years of experience in their profession such as nurse, physiotherapist, occupational therapist, primary school teacher etc. and who work with groups of students that are very multicultural.
	3. Managers in the social and health care field	3. They have the opportunity to prioritize that their employees receive continuing education within multicultural competence in their area (with relevant differences among the different areas in the presence of refugees and migrants).
Germany	1. Employees working in healthcare	1. They are mostly woman who do a physical work; they earn in nursing care for the elderly a median of 2.621 euros per month nationwide; they experience first-hand challenges in the job.
	2. VET providers / teachers / trainers	2. Providers for trainings in healthcare increasingly deal with intercultural topics/migration and could help to understand why intercultural competences are important and which of them the most.
	3. HR and decision makers	3. They need to promote internal health management and are in responsibility to do so: this means to teach how to cope with intercultural challenges.
	4. Authorities and policy makers	4. They can provide a picture of the future, what needs to be done at what role intercultural competences can play.
	5. Broad society	5. The public and politics have a strong common promoting thought for this kind of work to give a better image of it in spite of workers' precarious employment status.
Greece	1. Trainers involved in continuous social and healthcare VET	1. Greek VET institutions either privately-owned (for profit or not) or state-run organisations providing continuing vocational training (KEK), vocational upper secondary schools (EPAL), non-formal VET through vocational training schools (SEK), post-secondary VET schools (IEK), colleges and lifelong learning centres (LLC) and the Organisation of Labour and Employment (OAED).
	2. Employees working in the Social and Healthcare sector	2. They work in institutions/organisations of the social and healthcare sector and have experience of the actual

COUNTRY	TARGET GROUP	DESCRIPTION/NOTES
		problems they have to manage, as well as the difficulties of their clients/patients.
	3. HR Managers and decision makers of social and healthcare sector	3. Human resources managers who can give input on the different aspects of the cultural competences issue.
	4. Social and Healthcare authorities and policy makers	4. Powerful authorities that can promote the importance of intercultural competences in the sector.
	5. Social and Healthcare clients with migration background	5. People with migration background that have been involved in the social and healthcare sector as clients (or patients).
Italy	1. Social and health workers (called OSS) trained by ENAIP as VET centre	1. They offer health care and nursing to meet the primary needs of the users in order to promote their wellbeing and autonomy. They are employed both in health (such as hospitals, clinics, Local Health Authority) and social structures (day care centres, retirement home, home care, etc.) and they collaborate with professionals in social and health fields (educators, doctors, nurses, etc.).
	2. Home care workers	2. This is an increasing need for this type of worker in a Country with an ageing population.
	3. Kindergarten teachers, nannies and childcare services workers	3. They daily operate with cultural diversity as the groups of children are very multicultural.
	4. Managers in the social and health care field	4. + 5. Those who work in institutions such as retirement homes, day-care centres for the disabled, etc., who can stress the importance of intercultural competences towards their employees.
	5. Childminders coordinators	
United Kingdom	Workers of the adult social care sector at any level:	Adult social care includes working within people's homes (known as 'domiciliary' care or home care), in day centres, care homes and nursing homes ('residential' care) and in community facilities (community care services). In this framework there are about 31 job roles, aggregated into 4 groups:

COUNTRY	TARGET GROUP	DESCRIPTION/NOTES
	1. Managers	1. Managerial: senior, middle and first line managers, registered managers, supervisors and managers and staff in care-related but not care-providing roles
	2. Professionals	2. Regulated professions: social workers, occupational therapists, registered nurses, allied health professionals and other regulated professions
	3. Direct care workers	3. Direct care: senior care workers, care workers, community support and outreach workers
	4. Other roles	4. Other roles: administrative/office staff and other non-care providing job roles.

Highlights

The target groups identified by the project partners cover a wide range of individuals and authorities involved in the social and healthcare sector, with some differences due to national needs for intercultural competences in health care and the specific partner's sector of activity. Indeed partners identified groups/organisations that are more accessible to them and target groups they already have established relations with, in order to ensure the effectiveness of I-CARE actions in each Country.

In spite of the specific national features, 3 target groups are common and cross-cutting, recognised as relevant in the majority of cases as they play a central role at public health planning and delivery of health care training services: VET providers / teachers / trainers who are dealing with social and health care and, secondly, their trainees; Employees working in the social and healthcare sector (in home care, residential care and community care) whose educational programs show a lack of specific learning objectives in relation to intercultural competence; Managers and decision makers in the social and healthcare field, who can promote the importance of intercultural competences in their organisations.

3.1.6 Problem areas and benefits for intercultural competences

Analysis

The overview among the partners involved in I-CARE project clearly shows that problem areas about intercultural competences in social and healthcare sector are more and less the same in England, Denmark, Germany, Austria, Italy and Greece.

First of all, there is a general lack of intercultural competences among students and healthcare workers: providers, organizations and systems are not working together to provide culturally competent care. For example, in Denmark several municipalities have politically chosen not to have special offers for citizens of another ethnicity than Danish (62% of all municipalities), in Italy healthcare services to migrants are not provided homogenously in all regions as health services are under regional competence and in United Kingdom there is evidence of a disparity in the quality of care provided to minority ethnic groups despite the aim of an equitable care service. There is a general perception that the care system is "culturally inadequate" in its provision for some groups of patients and so patients with foreign cultures are at higher risk of having negative

health consequences, receiving poor quality care, or being dissatisfied with their care. At the same time healthcare staff is affected by frustration and uncertainty, healthcare facilities spend more time to provide medical treatment and, in general, longer periods of illness or absence, together with reduced productivity, generate a higher social spending.

Linguistic barriers are the main obstacles to handle, as they affect patients' ability to read and understand instructions on prescriptions, health educational materials, insurance forms and the overall knowledge of the health care system of the host country, with its available services and procedures.

Another barrier that ethnic minorities have to face is their cultural diversity towards social and health care operators: people with a migration background sometimes differ greatly in terms of taboo, shame boundaries, politeness rules and, in general, in terms of the perception of health, illness and disease risks. These differences often produce disconnected patient-doctor relationships, made of misunderstandings and stereotypes guiding to many difficulties such as mistrust, alienation and withdrawal from the health and social services. In some Countries partners underline that difficulties in the communication process are bridged with the use of linguistic and cultural mediation specialists (e.g. Greece and Italy), who can correctly decode meanings and perceptions determined by the patient cultural background (cultural norms, values, needs and priorities). Unfortunately, healthcare facilities that can hire cultural mediators are few in number, compared with the ethnic mix of the population and the needs produced by its cultural and linguistic diversity.

In this context, promoting a more differentiated and culturally aware view in the healthcare system is a priority and the first step to do that is introducing in the VET curricula a training programme focus aimed to develop intercultural competences. Actually better and more structured training and qualifications in intercultural competences for social and healthcare professionals can bring many benefits to the social and health care system:

- ability to assess the linguistic proficiency of individual patients
- attentiveness to the patients' prior experiences regarding healthcare in their country of origin and during a possible migration an understanding of their culture based on socio- cultural anthropology
- better consideration of the social, economic, political and structural factors influencing the health care system
- fewer misunderstandings in communication problems, thus facilitating the daily work routine in the long term
- better health outcomes of the patient (Watt et al., 2016)
- more effectiveness of the healthcare sector through the improvement in the delivery of services and the reduction of the disparity in the quality of care
- adoption of common guidelines for intercultural competences in training social and healthcare workers in the Countries where homogeneity does not exist.

In some cases, such as in England, cultural competence training can also enable carers to meet the requirements of their regulatory body and professional frameworks.

3.1.7 Stakeholders

Analysis

The specific stakeholders for each Country, at regional, national and European level, are the following:

COUNTRY	STAKEHOLDERS
Austria	1. Universities for applied sciences – offering professional qualification in Healthcare and Nursing as well as in Social work - programme management 2. Hospital management "Pflegedienstleitung" 3. Geriatric health care centres 4. Retirement homes 5. Non-Profit oganisations offering qualifications courses for health care 6. Non-Profit Organisations offering social work and social services for vulnerable groups
Denmark	1. Vocational schools that educate students to become social and health care helpers and assistants 2. Continuing education at the vocational schools that can offer courses in relation to intercultural competence to already educated and employed staff in the sector 3. Managers in nursing homes and home care facilities 4. Public Service Providers (Politicians) and Private Providers 5. Trade unions who can support the competence development in relation to educating interculturally competent staff in care 6. Other NGOs that already work with persons of another ethnicity and their way into the labor market, or private aid organizations that help persons of other ethnicity to understand the Danish health care system
Germany	1. Umbrella organisations and large institutions such as the IHK (Chamber of Industry and Commerce) or even their individuals that administer training and further education and cooperate within the framework of projects 2. Job centres and the employment agencies at the municipal level, which are primarily mediators of vocational, educational and further training opportunities and would have a secondary interest or the possibility to draw attention to projects. In particular, individuals would be addressed in this context when choosing a profession and for retraining purposes. 3. Additionally institutions that work with migrants who can reach future healthcare employees (migrants or not) and furthermore people who themselves care for family members or have organised home care etc.
Greece	1. Civil society organisations such as non-governmental and not for profit organisations working with people of migrant backgrounds that provide healthcare and psychosocial support, for example NGO Praksis and NGO Medecins Sans Frontieres

COUNTRY	STAKEHOLDERS
	2. Institutions providing VET trainings such as IEKs and LLCs 3. Governmental authorities or general secretariats such as Ministry of Social Welfare or General Welfare Secretariat, and municipal authorities as well, that provide programs for the social inclusion of migrants 4. Universities and academic research institutes with interest in social and healthcare provision, for example School of Medicine - Laboratory of Hygiene, Epidemiology and Medical Statistics and University of Western Attica - Laboratory of Counselling, Psychosocial Support and Community Interventions (ESYPSYKOP)
Italy	1. Organisations like EVTA (European Vocational Education and Training Association) 2. Umbrella associations such as ACLI (Christian Associations of Italian Workers), a non-governmental and not for profit organisation engaged throughout the national territory with more than 7000 zonal offices that promotes social inclusion, active citizenship and participation in social life and labour market of disadvantaged groups 3. VET providers like ENAIP NET, an Italian network of 80 training centres delivering vocational training and placement services, also in the social and health care field 4. Local municipal authorities, that provide programs for the social inclusion of disadvantaged groups including ethnic minorities, migrants, people with disabilities, isolated elderly people and children.
United Kingdom	1. Local authorities that are responsible for assessing people's needs and funding their care 2. For-profit companies and some voluntary sector organisations that manage independent home care and residential care providers. 3. VET providers (Further Education Colleges) are the main providers the NVQ qualifications in Health and Social Care – for Care Assistants 4. Universities as providers of the qualifications for nursing, health visitors, paramedics etc. 5. Skills for Care supports adult social care employers to deliver what the people they support need *and* what commissioners and regulators expect. 6. Care Quality Commission (CQC) the independent regulator of health and adult social care in England. 7. Social Care Institute for Excellence (SCIE) a quality improvement agency offering research , examples of good practice and training 8. National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care including evidence-based guidance, Quality Standards and Indicators, topic specific pathways and progress measurements 9. Care Improvement Works brings together key resources for the social care sector to support quality improvement.

Highlights

The map of potential stakeholders identified by the project partners cover a wide range of key organisations, authorities, actors and policy makers that operate with vulnerable groups/migrant populations and the social and healthcare sector. They need to be highly concerned and interested in the aim of I-CARE project and will be targeted in order to further exploit the project outcomes by inviting them to accompany the project in all stages, and creating a first basis for dissemination activities.

3.1.8 The social and healthcare sector in the partner countries

Analysis

Here below is the description of the main features of the social and healthcare sector in each partner country.

In Austria:

The Austrian Federal Ministry of Social Affairs, Healthcare and consumer protection is the official authority for rules and regulation concerning the Social and Healthcare Sector in Austria.

The ministry is responsible for all the issues concerning social and healthcare system, public health and medical policies (care and support, social insurance, consumers' rights and protection, social policy, initiatives for people with disabilities and senior citizens, etc.).

Professional qualification in social and healthcare services is provided by schools and organisations partly integrated in the structure of hospitals or closely connected to them. In higher education there is an advanced offer of Studies in the field of health or healthcare professions, offered in universities of applied sciences. The Austrian Federal ministry of Science and education is responsible for these qualification institutions. As soon as we talk about further training and qualification the health sector and its institutions are responsible. In the social services official responsibilities are similar; Non- academic qualification and further professional training is organised by social providers.

In the framework of I-CARE the attention is focused on social organisations running different health care institutions and providing health care services, such as 24-hours home care, retirement homes, care services for people with special needs.

In Denmark:

In Denmark, everyone has equal access to the services of the healthcare system regardless of his financial situation. Citizens from other EU countries can also access the Danish health system.

The highest authority is the Ministry of Health, which manages the National Board of Health which has overall responsibility for information, prevention and treatment in the health field, ensuring high quality and effective treatment.

Primary health care system is the first part of the health care system that is the closest to citizens, for example: GP's, home care, care centre, health care. Municipalities are responsible for the latter 3 and have a legal obligation to prevent diseases and provide health services. Secondary health care system can take over or continue the treatment of the citizen at the hospital or specialist clinic (public hospitals are under regional competence). In 2018, there was a total of 93.000 employees in the elderly area, divided into several different professional groups. By far the largest group is 29,291: the social and health care workers (social and health care assistants and nurses), representing a share of 31 percent of total staff. Social and health assistants also

make up a large group of 21,722 positions, which is equivalent to 23 percent of staff. Nurses make up the third largest staff group of 9 percent, while uneducated social and health care professionals make up 7 percent. In 2019, 63. 718 persons were employed in the primary sector in social- and health care in private homes including nursing homes.

In Germany:

The German health care system is decentralized and self-governing, with many different actors. Among the main actors there are associations and interest groups representing the various professional groups, health insurance companies, quality assurance institutions, the Ministry of Health and patient organisations. For example, there is a state medical association in each federal state, which is independently responsible for all professional matters of physicians, e.g. their admission and further training. (Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen, n.d.)

The health care system in Germany is divided into three areas: outpatient care, the hospital sector and outpatient and inpatient rehabilitation facilities (Medtronic, 2018).

In addition, advisory and administrative bodies at the municipal level play a major role. When choosing a career, job centres or employment agencies, for example, are an intermediate level that is aimed directly at individuals but also has a second level of exchange with institutions in the nursing care sector. Here in particular, a lot of publicity is given to further education and training for the nursing profession.

In Greece:

The Greek healthcare system is composed by the National Health System (NHS) which provides universal coverage to the population, compulsory social insurance covering the whole population and a voluntary private healthcare sector (Papadopoulos et al., 2016). In 2014, 210.000 people were employed in health and social services (Economou et al., 2017). An interesting fact is the big imbalance that exists in health staff with Greece having the highest number of practising physicians in Europe and the lowest number of nurses (Economou et al., 2017). The social services as well, operate under the Ministry of Labour and Social Affairs and are provided by professionals within the public healthcare facilities (e.g. hospitals), municipal authorities and private organisations such as NGOs. Especially after the emergence of refugee crisis in Greece, there was a high demand of trained and certified social workers, psychologists and social scientists generally, in order to first of all, provide psychosocial support to people with migrant backgrounds and secondly, facilitate the staff positions of new-built facilities (e.g. refugee camps). The issues of migration policy and administration are under the authority of Ministry of Citizen Protection.

In Italy:

The Italian National Health Service covers all citizens, legal foreign residents and undocumented immigrants who need urgent and essential services. Universal and automatic coverage, solidarity and human dignity are its guiding principles. It is regionally based and organized at national, regional and local levels. The central government defines the “essential levels of care” to be offered and the 20 regions have the responsibility to deliver health services with significant autonomy through Local Authorities: primary care, hospital care, outpatient specialist care, public health care, and health care related to social care (the latter in coordination with municipalities), such as residential, semi-residential and domiciliary services for the elderly and disabled. Latest data available (Ministero della Salute, 2017) show that the Italian NHS employs overall 603.375 permanent workers, of which over 70% are health professionals. 101.100 are doctors and 253.430 nurses/nurse assistants. Among private health staff there are 92.950 doctors and 232.053 nurses/nurse

assistants more. The overall number of health professionals has increased in the last two decades, especially with regard to nurses and health auxiliary professions (OSS, “Operatore Socio- Sanitario”). For most of the 35 health professions in Italy a university degree is needed to practice, while the qualification as OSS is obtained through regional-based vocation training. The OSS profile, providing basic assistance to patients in acute or long-term care services, counts nowadays 330.000 workers: a central workforce both in health care and social care contexts and the closest profession to patients.

In the United Kingdom:

There are 1.5 million people working in adult social care in England, in 1.1 million full-time equivalent jobs (similar to the NHS). This includes approximately 840,000 care workers, 87,000 senior care workers and 41,000 registered nurses. Most social care staff are employed by small and medium-sized private providers (of which there are around 18,500). There are also approximately 145,000 roles directly employed by individual users of care services.

Between 2015/6 and 2018/19 there was an increase of 100,000 people requesting publicly funded support alone and this increase is set to continue (The King's Fund: access, n.d.). This increase is not just the result of the growing number of older people needing care, but also because of an increasing number of working age adults living with a disability.

It has been predicted that the adult social care sector needs at least another half a million jobs – and people to do them – by 2030.

3.2 INTERVIEWS

Key Findings per country

Country/Region: AUSTRIA

Place and Date: Vienna, Telephone interviews from 23/03/2020 to 19/05/2020

Number of interviews: 12

Main Professional roles of interviewees: Training curricula developer, Health centre managing Director, Researcher in health sector education, Staff responsible in social services NGO, Social worker, Nursing home Director, Operations manager, Freelance Consultant in health and social support services, Manager of refugees' support project.

Interviews' summary:

The interviews revealed that a considerable degree of prejudice still exists both on the side of local population and the migrants. This is especially the case for elderly patients, who often refuse the assistance of migrant caregivers.

The high workload and stressful work conditions of healthcare staff make them less than accommodating with any misunderstandings of a cultural nature. Often it is the organisational culture which makes it impossible to act in a culture sensitive way.

Interviewees also mentioned that the situation varies based on the work environment: staff of the health and social care sector or in NGOs have the impression that their management is more aware of intercultural issues, as opposed to hospitals' management.

A way to avoid intercultural misunderstandings is through better language competences. More tools for translation and interpretation would be helpful.

Opportunities for intercultural training should be used, and it is recommended that these take the form of face-to-face sessions because of the emotional impact.

The personal attitude and self-reflection of the persons trained are very important. The approach towards clients needs to be personal - the more you understand the background and the history of a person, the easier it is to cooperate with them. In any case, much patience and explanation are necessary to cope with prejudices, avoid misunderstandings and reduce rejection.

Country/Region: DENMARK

Place and Date: Aarhus, interviews from 15/04/2020 to 05/05/2020

Number of interviews: 5

Main Professional roles of interviewees: Teachers and counsellors in care education, Care givers in elder care.

Interviews' summary:

All the interviewees agreed that mutual openness and interest are prerequisites for 1) providing a good care and for 2) establishing a fruitful multicultural learning environment in care education.

All interviewed persons are convinced that it is relevant to work with multiculturalism but the work is done in different ways: the College has been involved in projects directly targeting multi-ethnic groups; and at the workplaces, staff mostly learn from each other informally in culturally composed working group. However, several workplaces have been included in international projects on multiculturality.

In the educational contexts, the teachers feel that they are not capable to enter into (and handle) cultural/ethnic conflicts and thus they cannot prepare the students properly to handle multiculturality in care work. At the workplace, it is particularly about a lack of knowledge in relation to other ethnicities and a lack of recognition of the competencies of the staff with a non-Danish background.

There is a number of value conflicts both at the College and at the workplace. The individual may feel emotionally affected. Furthermore, a number of elderly and their relatives have decidedly racist attitudes that they do not keep to themselves.

The interviewers report that the language barrier is often mentioned as the biggest barrier that causes a lot of frustration. However, you may also say that language barrier can be an easy explanation of all the challenges; something that do not require anything from yourself. The conclusion could easily be: “They (the others) must learn our language – I do not have to change anything myself.” Thus, this explanation might put out a smoke veil over other reasons for the problems in handling multiculturality in care.

Country/Region: GERMANY

Place and Date: Online interviews from 09/03/2020 to 30/06/2020

Number of interviews: 22

Main Professional roles of interviewees: Nurse, Health care facility Director, Head of nursing care/social and psychiatric care for disabled, Trainer, Social pedagogue, Psychologist/Psychotherapist, Consultant, Surgeon, Researcher, Coordinator of integration centre, Medical Assistant.

Interviews’ summary:

From the statements made in the interviews, we can conclude that there is a high level of awareness of the need for interculturally sensitive care, i.e. staff need to have a specific set of competences and skills in order to proficiently deal with their clients from different ethnic backgrounds. These include:

- knowledge about different cultural traditions, values, rituals, habits etc.

- intercultural communication incl. active listening and non-verbal language

- openness and interest

- respect and empathy

- self-reflection and the perception of own cultural biases and stereotypes.

However, in most cases language is the biggest obstacle for successful communication and mutual exchange, together with time pressure. Often the staff actually do not have the extra time they would need to overcome any language barriers and enter into communication with their clients. In some institutions people have found solutions for overcoming this barrier, e.g. using pictograms, body language, setting up a list of available languages among staff members that can be called if needed, etc.

Irrespective of the pronounced interest in the topic, it is hardly included in all vocational training programmes addressing people who are potentially working with clients from different cultural contexts. (As late as in 2020, learning modules related to intercultural care were included in the national curriculum for nurses and caregivers in Germany.) Most of the time, people have to look for suitable further training for themselves to improve their intercultural skills. They are convinced that this will help them to deal with potential problems or conflicts more efficiently, or that these would not arise in the first place. Training offers should be flexible, practical and should include materials for self-learning.

Multicultural teams are very common in Germany in the third sector. They offer the opportunity to learn from each other and to respond more specifically to cultural needs. This was praised as a great benefit for the organisation and for the clients.

Country/Region: GREECE

Place and Date: Online interviews on 13/03/2020

Number of interviews: 3

Main Professional roles of interviewees: Social worker, psychiatrist and psychologist in a mental health facility.

Interviews' summary:

Most of the interviewees work with refugees and state that the culture in the last 10 years has changed a lot, due to the refugee crisis.

However, they recognise there is a lack of training in intercultural competences and of language knowledge – which constitute large barriers.

Although we are still missing the 3 VET trainers, according to the social professionals we interviewed, the most essential competence when dealing with cultural diversity is the knowledge on culture, customs and socially acceptable behaviours. There are great shortages, with most significant the inadequate training of professionals on culturally appropriate provision of social and health services. Peer-to-peer support with their colleagues is a way to manage the difficulties they face concerning cultural diversity, such as the lack of cultural knowledge. The topic of intercultural competencies and learning is very relevant to their work.

Country/Region: ITALY

Place and Date: Online interviews from 01/07/2020 to 18/07/2020

Number of interviews: 13

Main Professional roles of interviewees: Health and social care operators and manager, Trainer.

Interviews' summary:

Cultural differences and social care is a much discussed topic but it still present great gaps and difficulties. Operators, managers and trainers would like to fill in those gaps in the actual system. Often operators can't communicate with patients, due their lack of language knowledge, or in other cases the cultural mediator does not have the medical or specific competences to deal with that particular issue.

In other cases difficulties arise among colleagues, due to their ethnic belonging or to religious or other cultural issues.

There are some virtuous examples of good practices which try to solve some problems, helping carers and giving them tools and competences for overcoming cultural differences, but this is not enough.

Country/Region: UNITED KINGDOM

Place and Date: Online interviews in the month of July

Number of interviews: 16

Main Professional roles of interviewees: Health and social care workers representing local authorities, charities, hospices, NHS trusts, university hospitals, and independent therapists, registered nurses, specialists in neo natal, renal and diabetes, dieticians, midwives, pharmacists, social workers, diversional therapists, clinical admin support and team leaders.

Interviews' summary:

The interviews highlighted that intercultural competencies (knowledge, skills, behaviours, attitudes) are truly relevant when working within this sector. There is a rich mix of cultures and ethnicities amongst the workforce/ patients/clients.

Being interculturally competent brings many benefits, one of them being – for instance - greater team working and confidence when dealing with others from a different cultural background. It was concluded that to communicate effectively staff required compassion, patience, listening and questioning skills, a non-judgmental and open-minded attitude, a good understanding of the basic cultural differences of the local community, and willingness to adapt and be tolerant of other beliefs and views, whilst still valuing their own.

Despite the acceptance that intercultural competencies are important, extraordinarily little training is currently being offered and rarely updated.

Regular training in intercultural competencies would be welcomed, as well as the use of an App where staff could access basic pointers regarding cultures, translations, group discussions, meetings with local community groups and interactive training.

Barriers to being interculturally competent were identified mainly in a lack of time and resource and in the language barrier. Information leaflets and websites were being translated but did not help address the fact that many culturally diverse groups were illiterate.

In some cases, decisions are being made on patients' behalf with minimum input from themselves. They are less likely to share decisions about the care they receive.

There was evidence of good practice initiatives, but these seemed to evolve from staff self-motivation to learn.

3.3 FOCUS GROUPS

Country/Region: DENMARK

Place and Date: Aarhus, interviews from 15/04/2020 to 05/05/2020

Number of participants: 5

Main Professional roles of participants: Nurse home manager and worker, Nurse, Health anthropologist, HR Consultant, Elderly centre volunteer

Focus group summary:

One of the many interesting comments from the focus group was that a serious obstacle to the work in this field is the lack of awareness on how important it actually is. It is easier to work on improvements of hard professional competences than on soft ones. And it is difficult to measure a person's competence on how to navigate among cultures and how to establish relation to persons with another ethnic background.

Many examples of challenges and of solutions were mentioned. Among the challenges: Lack of knowledge and lack of understanding of the life history of elderly with another ethnic background. Language. Differences in health perception. Lack of understanding on how the health service/health system functions and what you can expect. Loneliness, visits from relatives and visiting hours. Lack of confidence in health authorities. Conflict among staff on how to meet the needs of the elderly and the relatives. A rigorous hierarchy in some immigrant communities, which is conflicting the Danish care principle of equal treatment of all.

Many examples of solutions were mentioned and the following learning needs were identified: Self-reflection ability. Understanding of different cultures – how to navigate in this field (in multiculturality). Knowledge of differences in how to look on life. Different conceptions of health. Showing curiosity in communication and becoming competent in establishing relationships. Conflict prevention communication – based on knowledge on different conflict patterns. Patience. Courage. Empathy.

All the participants agreed that most successful learning in this field and with this target group comes will come from: Videos with dilemmas. Work and discussions on concrete cases. Simulation exercises. Material that stimulates self-reflection.

It should not be long heavy texts and it should be possible to have the texts read aloud – for weak readers.

The text material should contain small sessions that could fit for staff meetings. It is important that leaders watch dilemma videos. Often they are not aware of the difficult situations their staff experience every day

Overall, it is important that the care staff can identify with the material and that they can use it in their everyday work.

Country/Region: GREECE

Place and Date: Online interviews from 31/03/2020 to 21/05/2020

Number of participants: 6

Main Professional roles of participants: Nurse, Caregiver, Psychologist, Social Worker, Interpreter

Focus group summary:

The interviewees mentioned the challenge of communication and understanding between the professionals and the people of different cultural background. Interpretation is critical for the communication process and there is a need, the professionals to understand that this triple relationship is difficult by its nature. It is important to find the most effective ways to cooperate and have good results for the beneficiary/patient. Additionally, interpreters/cultural mediators can give important feedback to the professional for the culturally appropriate ways of communicating.

The need of respect, openness and cultural sensitivity was stressed out and also, the fact that is impossible to know all the cultural customs and habits. These are useful and essential information to know, but an open attitude and willingness to listen and learn from the experience of the other person is a more effective competence. One successful way to achieve that is to ask the person questions about her/his culture and discuss openly about the differences/similarities of the cultures. Additional focus was given on the sensitive triggering issues, such as domestic violence, behaviours that are unacceptable in modern western societies. Professionals need to learn how to handle and approach the person in a culturally sensitive way, to explain her/him the impact of such actions to the other and the reasons they are not acceptable in western societies.

For the material, they all focused on the need to have practical tips, to be easy, short and have also, the experiential element in its base, to put the professionals in the position of people with different ethno-cultural background.

4. CONCLUSIONS

The results of both the desktop researches and the individual interviews highlight a pressing need for professionals being able to operate in more and more diverse and multicultural environments, in order to effectively break down barriers in the social and healthcare sectors. The I-CARE project intends to deal with these challenges by introducing intercultural competences in VET training courses.

More specifically, the following skills are deemed to be necessary to deal with clients with different backgrounds:

- Knowledge about different cultural traditions, values, rituals, habits etc.
- Non-judgmental and open-minded attitude
- Openness and interest
- Self-reflection and the perception of own cultural biases and stereotypes.
- Intercultural communication including active listening and non-verbal language
- Respect and empathy

Intercultural competences are gaining more and more importance because they can:

- improve attentiveness to the patients' prior experiences and understanding of their culture,
- enhance the consideration of the social, economic, political and structural factors influencing the social and healthcare system
- reduce misunderstandings in communication problems, thus facilitating the daily work routine in the long term
- improve outcomes of the patient/client: physical and mental health, wellbeing, satisfaction…
- reduce the disparity in the quality of services
- allow a better delivery of services
- enhance the effectiveness of the social and healthcare sector thus reducing social spending
- boost the Adoption of common guidelines for intercultural competences in training social and healthcare workers

This report also represents an important milestone at the beginning of the I-CARE project, as it focuses on the needs of the Social and Healthcare sector and guides the development of the proposed intellectual outputs.

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