IENE 8

EMPOWERING MIGRANT AND REFUGEE FAMILIES

WITH PARENTING SKILLS

Curriculum Model

Intellectual Output 2.1

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Introduction

This model deals with the design of the IENE8 training model and its components. The model is informed by the following:

1. The original Papadopoulos, Tilki, and Taylor Model (PTT) for Developing Cultural Competence (1998, 2006)

2. The PTT/IENE Model for Intercultural Education of Nurses in Europe

3. The findings of a scoping national and international review of literature, interventions, and services, mapping the needs of migrant and refugee families with children regarding two different aspects:
   a) Parenting skills (health practices, e.g. immunization)
   b) Factors that provide resilience, empower parents and children

4. Further research conducted via forward citation and 'snowball sampling' whereby new resources were found and screened for data extraction starting from the sources identified in the aforementioned review (point 3).

For the full description of the review please refer to *Intellectual Output 1 – Mapping Local and International Literature*

The IENE8, like all the previous IENE projects, is informed by the Papadopoulos, Tilki, and Taylor Model. For this reason, it is imperative that an understanding of the structure and main constructs of the model which is provided here (Papadopoulos 2006).

The IENE1 project modified the PTT model following a needs analysis of nurses in seven European countries. IENE6 developed a Knowledge Hub, with additional Information and Resource, and Support and Training for health workers and volunteers providing emotional/psychological support to migrant and refugees. These previous works are also feeding into IENE8. Therefore, the PPT/IENE model is also included in this report (http://ieneproject.eu/learning.php).

Information about the PTT and PTT/IENE models is included in this guide (Appendix 1). The key findings of the IENE8 IO1 review constitute the summary content map on the PTT/IENE8 European Training Model for the Caregivers of Migrant and Refugees Families in Transit as shown below.

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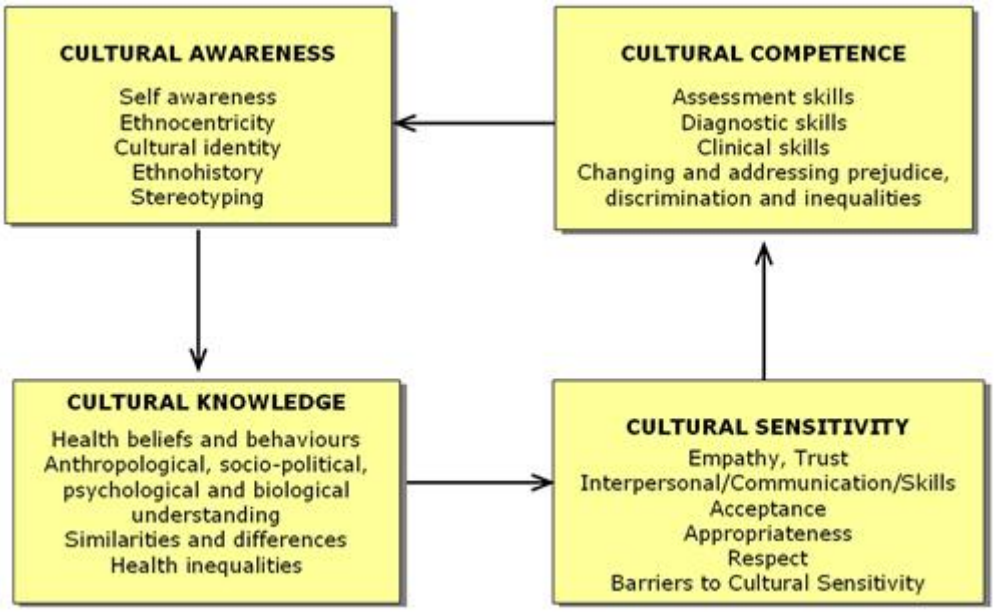
The Papadopoulos Tilki and Taylor model for Cultural Competence



Transcultural, or intercultural, study in health and social care is the study and research of cultural diversities and similarities of people in the way they define, understand and deal with the health/illness and welfare needs. It is also the study of the societal and organisational structures, which either aid or hinder people's health and welfare.

Stages and constructs of the Papadopoulos, Tilki, and Taylor Model [PTT](1998, 2006)

As can be seen above the model consists of **four stages, each with a different construct**:

The first stage in the model is **cultural awareness** which begins with an examination of our personal value base and beliefs. The nature of construction of cultural identity as well as its influence on people's health beliefs and practices are viewed as necessary planks of a learning platform.

Cultural knowledge (the second stage) can be gained in a number of ways. Meaningful contact with people from different ethnic groups can enhance knowledge around their health beliefs and behaviours as well as raise understanding around the problems they face. Through sociological study, we should learn about power, such as professional power and control, or make links between personal position and structural inequalities.

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Anthropological knowledge will help us understand the traditions and self-care practices of different cultural groups thus enabling us to consider similarities and differences.

An important element in achieving **cultural sensitivity** (the third stage), is how professionals view people in their care. Dalrymple and Burke (1995) stated that unless clients are considered as true partners, culturally sensitive care is not being achieved. Not considering patients/clients as partners in their care means that professionals are using their power in an oppressive way. Equal partnerships involve trust, acceptance and respect as well as facilitation and negotiation.

The achievement of the fourth stage (**cultural competence**) requires the synthesis and application of previously gained awareness, knowledge and sensitivity. Further focus is given to practical skills such as assessment of needs, nursing diagnosis and care delivering skills. A most important component of this stage of development is the ability to recognise and challenge racism and other forms of discrimination and oppressive practice. **Cultural competence** is a process one goes through in order to continuously develop and refine one's capacity to provide effective and compassionate healthcare, taking into consideration people's cultural beliefs, behaviours and needs.

In order to be culturally competent practitioners, educators and researchers need to develop both **culture-specific** and **culture-generic** competences. Culture-specific competence refers to the knowledge and skills that relate to a particular ethnic group which enables us to understand the values and cultural prescriptions operating within a particular culture. Culture-generic competence is defined as the acquisition of knowledge and skills that are applicable across ethnic groups (Gerrish & Papadopoulos 2000).

The underpinning values and pillars of the Model

This model combines both the **multi-culturalist and the anti-racist perspectives** and facilitates the development of a broader understanding around inequalities, human and citizenship rights, whilst promoting the development of skills needed to bring about change at the patient/client level.

The **underpinning values** of the model which were articulated by Papadopoulos (2006) are based on the following **pillars**:

a) **Human Rights;**
b) **Socio-political systems;**
c) **Inter-cultural relations,**
d) **Human ethics;**
e) **Human caring.**

More specifically the **values and beliefs** are:

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The Individual: All individuals have inherent worth within themselves as well as sharing the fundamental human values of love, freedom, justice, growth, life, health and security.

Culture: All human beings are cultural beings. Culture is the shared way of life of a group of people that includes beliefs, values, ideas, language, communication, norms, and visibly expressed forms such as customs, art, music, clothing, and etiquette. Culture influences individuals' lifestyles, personal identity, and their relationship with others both within and outside their culture. Cultures are dynamic and ever changing as individuals are influenced by, and influence their culture, by different degrees.

Structure: Societies, institutions, and family are structures of power which can be enabling or disabling to an individual.

Agency: Agency is the capacity of individuals to act independently and to make their own free choice.

Health: Health refers to a state of well-being that is culturally defined, valued, and practised and which reflects the ability of individuals (or groups) to perform their daily role activities in culturally expressed, beneficial, and patterned lifeways (Leininger 1991).

Illness: Refers to an unwanted condition that is culturally defined and culturally responded to.

Caring: Caring is an activity that responds to the uniqueness of individuals in a culturally sensitive and compassionate way through the use of therapeutic communication.

Nursing: Nursing is a learned activity aiming at providing care to individuals in a culturally competent way.

Learning: Learning is the process of acquiring new, or modifying existing knowledge, behaviours, skills, values, or preferences. The ability to learn is possessed by humans, animals, and some machines; there is also evidence for some kind of learning in some plants. Learning may occur consciously or without conscious awareness. (Wikipedia).

Other related concepts

Cultural identity is important for people's sense of self and how they relate to others. A strong **cultural identity** can contribute to people's overall wellbeing. Identifying with a particular culture gives people feelings of belonging and security. It also provides people with access to social networks which provide support and shared values and aspirations. These can help break down barriers and build a sense of trust between people - a phenomenon sometimes referred to as social capital - although excessively strong **cultural identity** can also contribute to barriers between groups. An established **cultural identity** has also been linked with positive outcomes in areas such as health and education.

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(http://socialreport.msd.govt.nz/2003/cultural-identity/cultural-identity.shtml) (accessed 12.01.2018)

Cultural Heritage: Practices, customs, artefacts, stories, and values that are handed down from the past by tradition.

Ethnocentricity: The tendency to use one's own group's standards as the standard, when viewing other groups; to place one's group at the top of a hierarchy and to rank all others lower (Sumner 1906).

Parenthood: The Oxford dictionary defines parenthood as the state of being a parent and the responsibilities involved.

Racism: A doctrine or ideology or dogma. It is recognised by the behaviour of individuals and institutions based on concepts of racial difference (Fernando 1991).

Institutional Racism: The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin which can be seen or detected in processes; attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages minority ethnic people (Macpherson W. (Chair),1999).

Stereotype: To categorise ideas, people, or objects based on a typecast or standardised prototype, lacking any room to account for individuality (University of Maryland Diversity Database, 1996).

Valuing Diversity: Valuing Diversity means being responsive to a wide range of people unlike oneself, according to any number of distinctions: race, gender, class, native language, national origin, physical ability, age, sexual orientation, religion, professional experience, personal preferences, and work style (Carnevale & Stone, 1994).

Conclusion

The Papadopoulos, Tilki, and Taylor (1998, 2006) model aims to help us deliver culturally competent care that ultimately ensures high quality care for all. However, culture is relative to those who live it and those who observe it and it is open to rapid changes as the world becomes more interactive. The literature tells us that education alone does not ensure culturally competent practitioners (Papadopoulos et al, 1998; Leininger, 2002). Reflection and practice are essential to gaining cultural insights and competence. There is evidence that care is still being given generically and without regard for culturally specific needs (Coffman, 2004; Cioffi, 2005).

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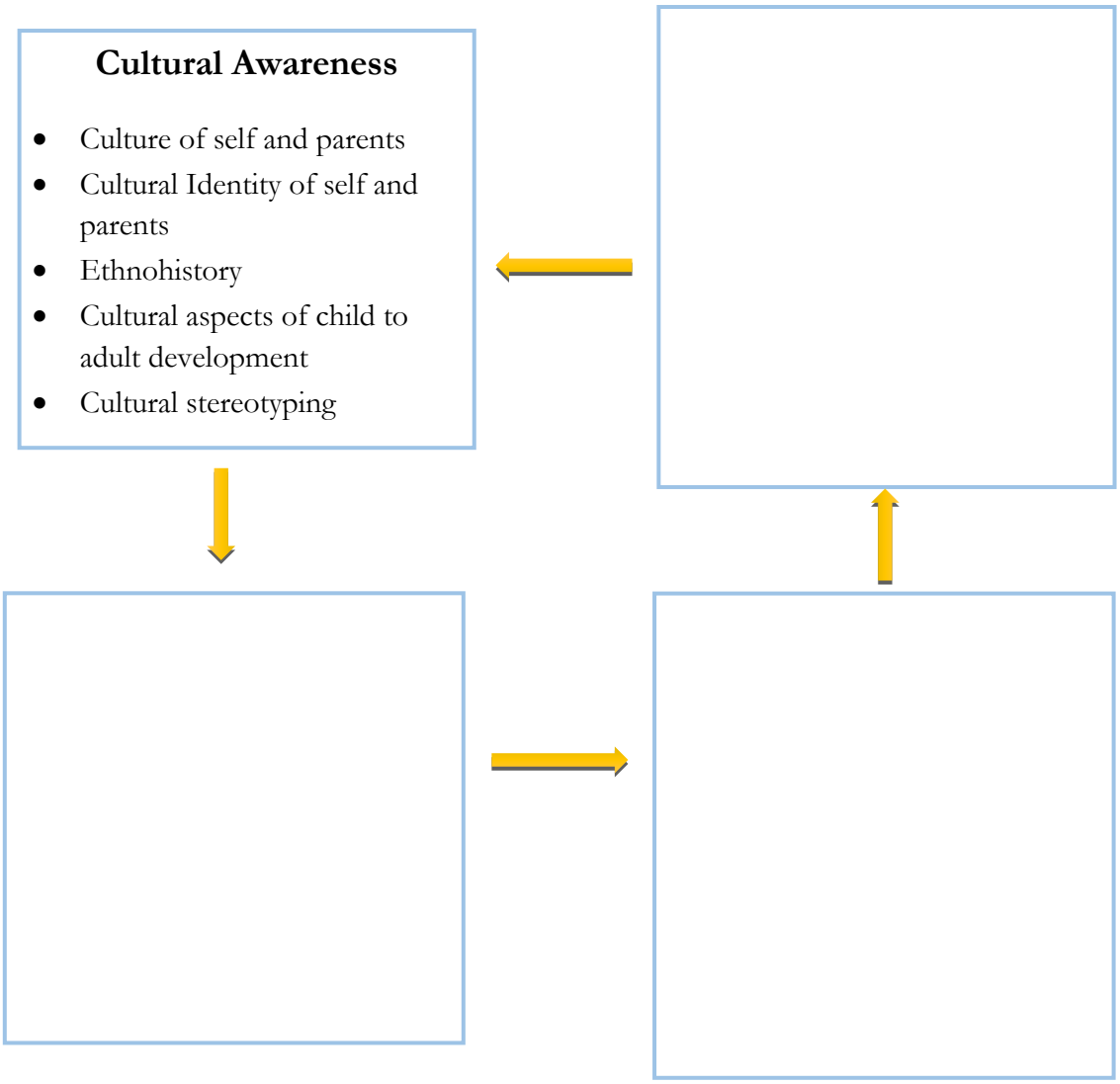
The Conceptual PTT/IENE8 European Training Model for the Caregivers of Migrant and Refugee Families in Transit

Based on the above models as well as the information gathered from the reviews conducted as part of this intellectual output, the following model is proposed:



The model retains the four constructs of the Papadopoulos, Tilki, and Taylor model but provides a new and realistic map of sub-constructs. These sub-constructs are based on the findings of the IO1 (Review of literature and services). The model provides a framework for a systematic approach to the building and delivery of the curriculum. A more detailed coverage of the curriculum content and its implementation are offered in IO *2.2. Curriculum Content Map* and IO *2.3 Good Practices*.

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Appendix 1

The PTT/ IENE Model for Intercultural Education of Nurses in Europe

The IENE1 project modified the PTT model following a needs analysis of nurses in seven European countries. As can be seen in the figure above, the four key constructs of the PTT model have been retained by the PTT/IENE model. However, the sub-constructs which form the content map in each square has been modified to reflect the needs which were reported by the participant European nurses.

The sub-constructs in each square links, when viewed in the IENE website, can be clicked on to access the glossary of terms created specifically for the IENE programme. For example, if the sub-construct statement 'Migration: reasons, processes, challenges' is clicked, this will take the reader to the following page of the glossary, which reads thus:

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2.1 Migration: reasons, processes, challenges

A key text on migration is that written by Castles and Miller (2009), who claim that:

…movements take many forms: people migrate as manual workers, highly qualified specialists, entrepreneurs, refugees or as family members of previous migrants. Class plays an important role: destination countries compete to attract the highly skilled through privileged rules on entry and residence, while manual workers and refugees often experience exclusion and discrimination.

Castles and Miller (2009) further claim that international movements of people are currently growing in volume in all major regions of the world, with more and more countries being affected by migratory movements. The consequences of increased migration include growing ethnic and cultural diversity in countries of immigration and a tendency towards more stringent regulation of migration in receiving countries.

Push-pull theories of migration argue that people are 'pushed' to leave their home countries in search of a better life in, usually, in a more developed country; they are 'pulled' by the attraction of factors like work, better pay and living conditions. Migration often occurs when there are existing links between sending and receiving countries, for example, a history of colonization, trade, or cultural ties (Castles and Miller, 2009). Networks of family and friends are also important when making decisions concerning migration – they are also important in terms of settling in a host country. Castles and Miller (2009) argue that gradual acceptance of cultural diversity in host countries may lead to the development of ethnic communities, whereas rejection of cultural diversity may lead to the formation of ethnic minorities. Refugees and asylum seekers face particular challenges as they have been forced to leave their home countries; their migration is not voluntary. Beiser (1991) concludes that migration is a risk factor for developing mental health problems but mental ill-health is not inevitable. Despite traumatic experiences and difficulties related to resettling in a strange culture, most refugees are resilient and both adapt and contribute to their new society (Beiser, 1991). Refugees and asylum seekers are able to surmount many obstacles and overcome much adversity when fleeing their home countries and arriving in countries of asylum and it would be inappropriate to view them as helpless survivors (Karmi, 1998). Ager (1999) urges an appreciation of the considerable resources that refugees and asylum seekers demonstrate in responding to the challenges of forced

Read more on patterns of international migration. The following web-sites are useful:

International Organisation of Migration:www.iom.int

European Council on Refugees and Exiles: www.ecre.org

United Nations High Commissioner for Refugees: www.unhcr.org

In the United Kingdom, information on migration can be obtained from:

UK Border Agency: www.ind.homeoffice.gov.uk

Immigration and Nationality Directorate: www.homeoffice.gov.uk

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