

Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma MEM-TP

Module 4, Unit 2, Activity 4:

Case Studies: Cultural and Ethnic Diversity

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Source: Council of Europe, 2011.¹

In small groups (3-5 people / group).

- Each group is assigned one case study.
- Lecture of the case studies and identification of strategies for dealing with the situation.

Case Study 1:

X, of Burmese origin, has been on the reception desk of a public institution providing housing information services for five years. One morning a man comes to ask for information about his rights. He has neglected to inform his landlord that he did not wish to renew the lease and is getting ready to move out. But his landlord is threatening to take court action against him if he does not pay his rent up to the expiry of the lease. X explains the landlord's rights to him. He speaks very quickly. The user, who is unfamiliar with legal language, starts to complain that, with all his "Double Dutch", X is not even trying to find an answer to his problem. As the information officer is about to speak to him more slowly, the visibly irritated user insists on dealing with an employee who speaks "proper English". The atmosphere is tense. Another information officer replies to his questions. Following this incident, which humiliated X in front of his colleagues, the latter make it worse by joking about it. The jokes become hurtful and insulting. X is isolated and marginalised by the rest of the team. Relations at work deteriorate. In the end, X complains to his supervisor. In order to defuse what he considers a joke that has gone too far, the supervisor summons the whole team to his office and asks everyone to reflect on the importance of team spirit at work. He urges them to think of the team spirit that prevails in sport teams. The following week the situation is worse.

(Council of Europe 2011: 44)

Case Study 2:

T works in a public institution covering prevention in the health and safety field. He notices that several users with an immigrant background do not follow his advice although they say "yes" when he asks them if they have understood. This has important consequences: children are not always vaccinated when they should be and women do not have the medical examinations to which they are entitled. His supervisor therefore decides to have more documents translated into various languages for the users. In addition to oral information, users are given a leaflet. Unfortunately, the results are disappointing. The institution has difficulty contacting some groups to offer its services.

(Council of Europe 2011: 50).

¹ Council of Europe. Constructing an inclusive institutional culture – Intercultural competences in social services. Strasbourg: Council of Europe, 2011.

http://cdn.basw.co.uk/upload/basw 100713-4.pdf (retrieved: March 5, 2015).

Case Study 3:

A female social worker goes to the home of a recently arrived immigrant family. The child has been reported by the school because of repeated absences, for which no reasons have been given to the teacher, and letters to the parents have gone unanswered. When the social worker meets the parents, she sees that the mother is bedridden and that her 12-year-old daughter is looking after her. The social worker decides to broach the question of his daughter's repeated absences from school with the father. He explains that his daughter has to look after her invalid mother while he is working outside the home during the day. The social worker reminds him that school attendance is compulsory and any unwarranted absence could lead to penalties. The father replies that this absence is not unwarranted, since his daughter is acting responsibly by nursing her invalid mother. When the social worker accuses him of "lack of parental responsibility" regarding his daughter's education, the father becomes angry. He is astounded by the accusatory tone of this woman who is indifferent to his wife's need for support. When the social worker asks him why he has not seen fit to inform the teacher or the head's office, the conversation becomes more heated. The father makes it clear that the school has not rung him and that in his view it is his daughter's responsibility to stay at home with her mother rather than go to school as long as her presence is required in the home. The social worker finds his conduct "unreasonable" and says that she has official authority to compel his child to return to school and that his wife will receive a visit from a home carer if her state is considered serious enough. The man is stunned by this complete absurdity. He feels that he is to be punished for the proper upbringing that he is giving his daughter (a sense of responsibility and family solidarity). It is the world turned upside down and a complete reversal of his scale of values. He asks the social worker to leave the premises immediately.

(Council of Europe 2011: 52)

Case Study 4:

A couple go to the hospital for the woman to have a medical examination. A nurse receives them before they see the doctor. The husband refuses to wait in the waiting room. Sitting beside his wife, he listens to the nurse asking questions. When they learn that the doctor is a man, they ask for her to be seen by a woman doctor. Faced with the refusal of the doctor, who tells them that the wife can make another appointment if this one does not suit her, the husband gets up and gestures to his wife to follow him.

(Council of Europe 2011: 57)

In the plenary:

• Summary of the small group results and discussion.