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SDG3-VET
Integrating Cultural Competence Into Social and Healthcare Vet education

VET Handbook: Integrating SDG 3 with Cultural Competence in Social and Healthcare Education

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1. INTRODUCTION

Purpose of the Handbook

This handbook has been developed within the Erasmus+ project Integrating Cultural Competence into Social and Healthcare VET Education Aligned with SDG 3, a collaborative effort between partners from Denmark, Cyprus, and Spain. It aims to accompany vocational education and training (VET) educators, trainers, and institutions who wish to make Sustainable Development Goal 3 — Good Health and Well-being — and cultural competence integral to their teaching practice.

The handbook's purpose is simple yet ambitious: to offer a practical and adaptable resource that helps educators bring together global health goals and the cultural diversity present in classrooms and workplaces. It builds on extensive research and examples of good practice collected during the project's earlier phases, responding to the need for clear, accessible tools that translate awareness of diversity into everyday teaching.

Target Audience

The primary target audience of this handbook is VET trainers and educators working in the social and healthcare sectors. They are the main users and beneficiaries of this resource, as they play a crucial role in shaping the competences, attitudes, and values of future professionals who will deliver care and support in increasingly diverse societies.

This handbook has been specifically designed to respond to their professional needs — offering practical tools, adaptable strategies, and concrete examples that can be directly integrated into their teaching practice. Whether working in nursing, elderly care, childcare, social care, or related VET fields, educators will find guidance on how to embed cultural competence and the principles of Good Health and Well-being (SDG 3) into their curricula and learning activities.

In addition to trainers and educators, the handbook will also be useful for VET institutions and programme coordinators who are responsible for curriculum design, evaluation, and institutional planning, as well as for policy makers and NGOs promoting inclusive and sustainable education. However, all other readers — students, healthcare professionals, and community organisations — are invited to use and adapt its ideas within their own contexts.

Indirectly, the handbook will also benefit VET students—the future social and healthcare professionals—by improving the quality and inclusiveness of their learning experience, and ultimately the patients and communities they will serve.

How to use this handbook

This handbook is designed as a practical and flexible resource that can support educators at different stages of integrating SDG 3 (Good Health and Well-being) and cultural competence into social and healthcare VET education.

Readers may choose to explore the handbook in different ways depending on their needs:

- **As a learning pathway**

Educators who are new to the topic may benefit from reading the handbook sequentially. The chapters move from conceptual foundations to practical application: first introducing the relationship between SDG 3 and cultural competence, then exploring how these ideas apply across different sectors of VET, and finally presenting pedagogical approaches, real-world examples, and practical tools.

- **As a reference resource for specific topics**

More experienced educators may prefer to consult individual sections according to their interests. For example, the sector-specific chapter provides insights into social care, healthcare, childcare, and dental care contexts, while the pedagogical section offers concrete teaching methods such as role-plays, case-based learning, and service-learning projects.

- **As a source of inspiration for teaching practice**

Chapters on pedagogical approaches and case studies present examples of how institutions in Denmark, Cyprus, and Spain have already integrated cultural competence into health-related education. These examples can inspire educators to adapt similar approaches in their own classrooms.

- **As a toolkit for practical implementation**

The final chapter provides ready-to-use resources, including frameworks, assessment tools, training manuals, and digital platforms that can support curriculum design, classroom activities, and student reflection.

Throughout the handbook, readers will find practical examples, reflective prompts, and references to existing tools and resources. Educators are encouraged to adapt these ideas to their own institutional contexts, professional fields, and student groups.
Rather than offering a fixed model, the handbook invites educators to experiment, reflect, and progressively embed culturally responsive approaches that contribute to equitable and sustainable health education in line with SDG 3

2. Understanding SDG3 and Cultural Competence

VET Handbook: Integrating SDG 3 with Cultural Competence in Social and Healthcare Education

2.1. SDG 3 Overview

Sustainable Development Goal 3 — Good Health and Well-being is one of the 17 goals of the United Nations 2030 Agenda for Sustainable Development, adopted by all UN Member States in 2015. **Its overarching objective is to "ensure healthy lives and promote well-being for all at all ages."** SDG 3 recognises health as both a human right and a precondition for sustainable development, connecting individual well-being with social, economic, and environmental progress.

The goal encompasses 13 specific targets, ranging from reducing maternal and child mortality and ending epidemics, to ensuring universal health coverage and strengthening mental-health promotion. Yet behind these global indicators lies a broader educational challenge: **how to prepare the next generation of professionals to understand health not merely as the absence of disease, but as a state of complete physical, mental, and social well-being**.

Within the European Union, SDG 3 aligns with a dense policy landscape that includes:

- the European Pillar of Social Rights, which enshrines access to quality healthcare and long-term care as a fundamental social right;
- the European Skills Agenda (2020), which calls for lifelong learning and up-/reskilling in health-related professions;
- the EU Health Strategy and the One Health approach, emphasising prevention, equity, and the interconnection between human and environmental health; and
- the Council Recommendation on VET (2020), which urges member states to modernise VET systems to be more inclusive, sustainable, and responsive to labour-market and societal needs.

For the social and healthcare VET sector, SDG 3 acts as a compass linking classroom learning to global responsibility. It calls on educators to promote the competencies, attitudes, and values that underpin both individual and collective well-being: empathy, solidarity, respect for diversity, and commitment to social justice.

Embedding SDG 3 in vocational education goes far beyond teaching anatomy, hygiene, or first aid. It means **helping students see how health outcomes depend on social determinants** — income, housing, gender, environment, cultural background — **and encouraging them to become professionals capable of recognising and addressing these structural factors**. A socially competent carer or nurse contributes to SDG 3 every time they listen with empathy, respect a patient's beliefs, or advocate for equitable access to care.

At the same time, SDG 3 connects to other Sustainable Development Goals: SDG-4 (Quality Education), SDG-5 (Gender Equality), SDG-10 (Reduced Inequalities), SDG-13 (Climate Action), and SDG-17 (Partnerships for the Goals). This interdependence underscores that **good health cannot be achieved in isolation**: education, environment, gender, and inclusion are intertwined dimensions of well-being.

For VET institutions, therefore, integrating SDG 3 implies a curricular and institutional commitment: aligning learning outcomes with sustainable-development values, ensuring equitable access for students with fewer opportunities, and establishing partnerships with local communities and healthcare providers to translate learning into social impact.

In short, **SDG 3 invites the VET sector to educate professionals who are not only technically qualified but also ethically and culturally aware**, capable of linking the micro-level of daily care to the macro-level of global health and sustainability.

2.2. Cultural Competence in Healthcare Education

Concept and Evolution

Cultural competence has become a cornerstone concept in healthcare education over the last three decades. It refers to the ability of professionals and institutions to understand, appreciate, and effectively interact with people from diverse cultural, linguistic, and social backgrounds. Beyond simple awareness of difference, it requires a dynamic process of learning, reflection, and adaptation.

According to Betancourt, Green, Carrillo and Ananeh-Firempong (2002), cultural competence encompasses the ability of healthcare systems and providers "to deliver services that meet the social, cultural, and linguistic needs of patients." This definition shifts the focus from the individual to the institutional level, highlighting that cultural competence must permeate policies, training, and organisational culture.

Other frameworks have contributed complementary perspectives:

- Papadopoulos, Tilki and Taylor (1998) proposed a four-stage model consisting of cultural awareness, cultural knowledge, cultural sensitivity, and cultural competence. The model underscores self-reflection as the foundation of competence and integrates multicultural and anti-racist dimensions, reminding educators that equity cannot exist without challenging discrimination.

- Campinha-Bacote (2002) described cultural competence as an ongoing cycle of five constructs: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire. This process model highlights motivation — the genuine desire to engage with diversity — as the engine of competence.

- Miller's Prism (1990) and subsequent Pyramid Model (Constantinou et al., 2017) translate these ideas into pedagogical frameworks for health education. They depict a developmental path from "knows" to "does," emphasising that competence is demonstrated through behaviour in authentic contexts, not only through theoretical understanding.

Across these models, a common thread emerges: cultural competence is relational, reflective, and practical. It requires empathy, humility, and the ability to negotiate meaning with others. In education, it also demands institutional commitment—curricula, assessment systems, and learning environments must all reinforce inclusive values.

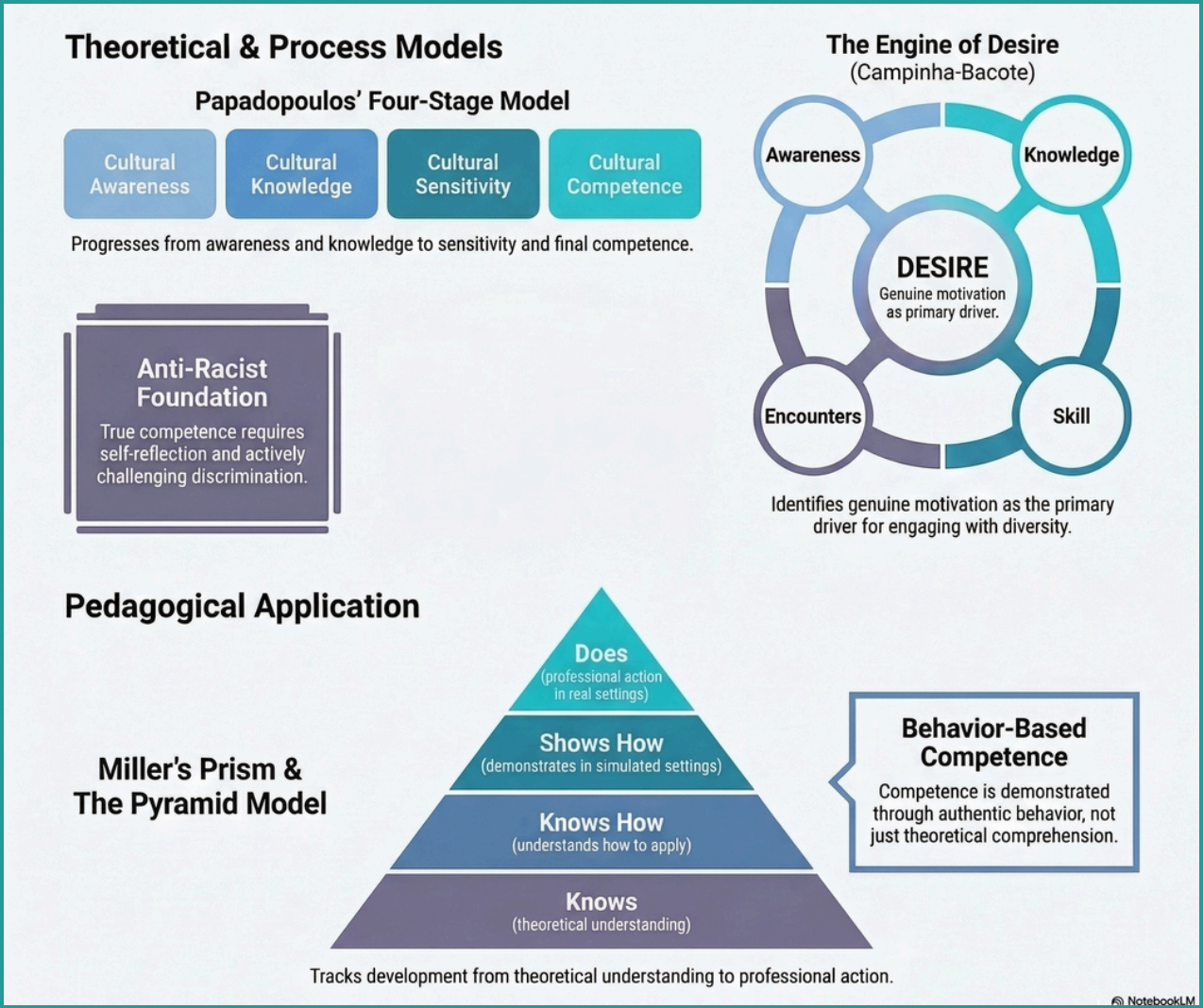

Figure 1. Key Theoretical Frameworks and Pedagogical Models for Developing Cultural Competence. *Source: Authors' own elaboration based on Papadopoulos et al. (1998), Campinha-Bacote (2002) and Miller (1990); visual design supported by AI.*

From Concept to Practice

Integrating cultural competence into healthcare training improves equity and quality at multiple levels:

- For patients and service users, it enhances communication, trust, adherence to treatment, and satisfaction.
- For professionals, it strengthens self-awareness and reduces bias, leading to more ethical and evidence-based decision-making.
- For institutions, it improves responsiveness to diverse communities, reinforcing accountability and social legitimacy.

In the context of SDG 3, cultural competence becomes both a means and an outcome: a means to achieve good health through inclusive, respectful care, and an outcome of educational systems that value empathy, diversity, and human dignity.

Practical applications in VET include:

- integrating case studies that portray patients from varied cultural, religious, or linguistic backgrounds;
- conducting role-plays and simulations to practise culturally sensitive communication;
- facilitating reflection diaries where students analyse their assumptions and biases;
- and developing service-learning projects in partnership with community organisations, allowing learners to experience intercultural interaction first-hand.

European and Global perspective
Across Europe, several initiatives illustrate the implementation of cultural-competence training in healthcare education. Here are a few examples:

- Denmark's SOSU schools embed multicultural perspectives in subjects like Health, Ethics and Communication, and provide additional language support for students from migrant backgrounds.
- The University of Nicosia (Cyprus) employs a spiral stepladder model where cultural competence is revisited and deepened each academic year through clinical simulations and reflective practice.
- In Spain, the FORINTER programme and the Andalusian School of Public Health offer intercultural-mediation training for healthcare staff, linking communication skills with human-rights education.
- The Solc Nou VET School in Barcelona runs a service-learning project in which nursing-assistant students teach elder-care skills to newly arrived migrants—an exercise that simultaneously strengthens empathy and civic responsibility.

Such examples demonstrate that cultural competence is not a single module but a transversal competence interwoven throughout curricula and practice.

Intersection between SDG 3 and Culturally Responsive Care
The relationship between SDG 3 and cultural competence is symbiotic. SDG 3's pursuit of "well-being for all" cannot be realised without addressing the cultural and social determinants of health; conversely, cultural competence provides the pedagogical and ethical tools to translate that goal into practice.

A culturally responsive approach enables professionals to:

- recognise how culture shapes perceptions of illness, pain, gender roles, or mental health;
- adapt interventions to patients' explanatory models and family dynamics;
- communicate across language barriers, using interpreters or visual aids when necessary; and
- advocate for equitable policies that eliminate systemic barriers to care.

By linking cultural competence to SDG 3, VET education situates daily professional actions within a global ethics of sustainability and inclusion. Every student trained to listen respectfully, to explain a diagnosis clearly, or to adapt dietary recommendations to cultural practices becomes an actor of the 2030 Agenda.

SUSTAINABLE DEVELOPMENT GOALS

2.3. Why Cultural Competence Matters in VET

Challenges Identified in VET Institutions

The Erasmus+ research conducted across Denmark, Cyprus and Spain (70 respondents, 2024) revealed several obstacles to integrating cultural competence in VET programmes:

- Limited expertise and training among educators: 44 participants identified lack of knowledge as the main barrier.
- Time constraints in curricula already saturated with technical content.
- Scarcity of resources and teaching materials specifically adapted to VET contexts.
- Resistance to change among some educators or students, often due to misconceptions that cultural competence is "soft" or secondary.
- Uneven institutional support, leading to fragmented implementation and low sustainability.

Despite these challenges, the same study indicated strong motivation among educators: over 85 % expressed willingness to participate in future training. This demonstrates a fertile ground for change—what educators lack is not conviction, but structured support.

Implications for Educators

VET trainers occupy a strategic position between policy and practice. They translate social values into daily teaching and therefore play a decisive role in shaping future professionals' mindsets. By embedding cultural competence, educators:

- model inclusive attitudes that students replicate in professional settings;
- create psychologically safe classrooms where diversity is valued;
- enhance learners' critical-thinking and communication skills; and
- contribute directly to the EU priority of Inclusion and Diversity in Education.

Cultural competence also benefits the educators themselves. It expands their pedagogical repertoire, encourages reflective teaching, and strengthens collaboration within multicultural staff teams. For many teachers, developing this competence becomes a form of professional renewal—an opportunity to reconnect with the ethical core of their vocation: caring for human beings in all their diversity.

Benefits for Students and Communities

Students trained in culturally competent environments acquire not only technical skills but also attitudes of empathy, adaptability, and intercultural dialogue. These qualities improve employability and prepare graduates for globalised labour markets where collaboration across differences is the norm.

Communities likewise gain from such education. When VET graduates enter the workforce with cultural-competence skills, healthcare institutions become more responsive, communication errors decrease, and patient satisfaction and trust increase—outcomes that directly contribute to SDG 3 targets.

Transformative Potential in the VET System

Integrating cultural competence reshapes the VET system in three transformative ways:

- Curricular innovation — introducing interdisciplinary modules that connect health sciences with sociology, psychology, and ethics.
- Institutional change — embedding inclusion and diversity policies in recruitment, mentoring, and evaluation.
- Community engagement — strengthening partnerships with NGOs, migrant associations, and local health authorities.

Each of these transformations requires leadership and vision. VET educators are catalysts of this change: by aligning their teaching with SDG 3 principles, they help create learning environments that mirror the society we aspire to build—healthy, inclusive, and sustainable.

Towards a Shared Language and Understanding

For these transformations to take root, all educators need a shared conceptual foundation. This section therefore provides a common vocabulary—linking global policy (SDG 3) with pedagogical practice (cultural competence). Whether a trainer teaches anatomy, social care, or early childhood education, understanding these concepts enables them to contextualise their lessons within a larger ethical framework.

In subsequent sections of this handbook, readers will find strategies, case studies, and tools to operationalise these ideas. But the starting point—the "why"—lies here: recognising that good health and well-being for all is inseparable from respect for cultural diversity and the education of professionals capable of embodying that respect.

2.4. Cultural Competence without Stereotyping: Seeing the Person Beyond the Category

While cultural competence encourages professionals to understand how cultural, social, and economic factors may influence health beliefs, behaviours, and expectations, it is equally important to avoid reducing individuals to those characteristics.

People do not represent their culture, ethnicity, religion, migration status, or socioeconomic condition. Every individual combines multiple identities, experiences, preferences, and personal histories that shape who they are. Two people belonging to the same cultural group may have very different values, needs, and expectations regarding health and care.

For this reason, cultural competence should never be used as a tool for predicting behaviour or making assumptions about individuals. Instead, it should help professionals ask better questions, listen more carefully, and approach each person with openness and curiosity.

his perspective is closely related to the concepts of person-centred care and cultural humility. Rather than assuming that professionals can become experts in every culture, cultural humility encourages continuous self-reflection, recognition of personal biases, and a willingness to learn from each individual encounter.

Healthcare and social care professionals should therefore use cultural knowledge as a starting point for dialogue, not as a substitute for it. Understanding cultural patterns can provide useful context, but the individual must always remain at the centre of assessment, communication, and decision-making.

The ultimate goal is not simply culturally competent care, but person-centred, equitable, and respectful care that recognises both the importance of cultural diversity and the uniqueness of every individual

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3. Sector-Specific SDG 3 Integration

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Cultural competence is not an "add-on" to SDG 3 but a foundational requirement for achieving health equity in increasingly diverse European societies. Across social care, healthcare, childcare, and dental care, culturally competent practice shapes access, quality, trust, and outcomes. Because VET-trained professionals constitute the backbone of everyday service delivery, vocational education systems play a decisive role in translating SDG 3 from policy ambition into lived reality. Embedding cultural competence systematically in VET curricula is therefore essential for professional quality, ethical practice, and sustainable health equity.

3.1. Social Care

3.1.1 Cultural Competence in European Social Care Systems

The United Nations' Sustainable Development Goal 3 (SDG 3) aims to "ensure healthy lives and promote well-being for all at all ages" (UN, 2015). Within Europe, this goal is deeply embedded in welfare-state traditions that emphasize universal access to healthcare and social services. However, increasing migration, demographic ageing, and widening socioeconomic inequalities have challenged the assumption that universal systems automatically lead to equitable outcomes.

In countries such as Denmark, Spain, and Cyprus, persistent health and well-being inequities are documented along lines of ethnicity, migration status, language proficiency, socioeconomic position, and cultural background (WHO Europe, 2022). These inequities manifest in differential access to preventive services, variations in treatment adherence, disparities in mental health outcomes, and unequal experiences of care. Consequently, SDG 3 cannot be achieved through biomedical advances or structural reforms alone. It requires systematic attention to the cultural dimensions of health, illness, care, and communication.

Social care is central to achieving SDG 3, as it addresses the needs of vulnerable populations, including older adults, people with disabilities, migrants, refugees, and socially marginalized groups. In this context, cultural competence involves understanding how cultural norms and values shape perceptions of dependency, autonomy, family responsibility, dignity, and acceptable forms of care.

In Denmark, municipal elder care services increasingly work with older migrants who may hold expectations of care that differ from dominant welfare norms, particularly regarding family involvement and institutional support. Research indicates that culturally insensitive care practices can result in social isolation, mistrust toward services, and underutilization of available support (Rostgaard et al., 2021). Similar challenges have been identified in Spain and Cyprus, where social care systems are adapting to increasingly diverse populations.

To move beyond ad hoc or superficial responses to diversity, several well-established frameworks of cultural competence provide conceptual clarity and a shared professional language for educators and practitioners.

Campinha-Bacote conceptualizes cultural competence as a dynamic and ongoing process rather than a static endpoint. Her model comprises five interrelated components:

- cultural awareness (critical self-reflection on one's own assumptions and biases)
- cultural knowledge (seeking information about diverse worldviews and practices)
- cultural skill (the ability to conduct culturally sensitive assessments and interventions)
- cultural encounters (direct engagement with diverse individuals)
- cultural desire (the intrinsic motivation to engage in this process).

This model aligns well with European approaches to lifelong learning and reflective practice, particularly within Danish and Spanish professional education.

Campinha-Bacote's Model in Social and Health Care

(Healthcare / Social Care)

Context

You are a healthcare assistant providing home-based care to an older man with poorly controlled type 2 diabetes. The man has a Turkish background and lives alone. During your visit, you notice a large bowl of sweets and pastries placed prominently on the living room table.

From a biomedical and health-promotion perspective, you assess that:

- frequent access to sweets increases the risk of blood glucose fluctuations
- reducing visible temptations would support better diabetes management

When you raise the issue, the man explains:

"In my culture, you must always have something sweet to offer guests. Otherwise, it is considered impolite."

Applying Campinha-Bacote's Model

- Cultural awareness: You reflect on your own assumptions about healthy home environments and recognize that they are shaped by your professional and cultural background.
- Cultural knowledge: You understand that hospitality and generosity toward guests hold strong cultural value for the service user.
- Cultural skill: You adapt your health guidance to respect cultural norms while still addressing medical needs.
- Cultural encounters: You engage in open dialogue rather than issuing instructions or judgments.
- Cultural desire: You are genuinely motivated to find a solution that supports both health and dignity.

Professional response

Instead of asking the man to remove the sweets entirely, you explore alternative strategies together:

- keeping smaller quantities on display
- offering sugar-free or low-sugar alternatives to guests
- placing sweets in a less visible location

Learning point for VET students

Cultural competence does not mean abandoning professional standards. It involves negotiating culturally acceptable solutions that support health, autonomy, and trust.

Betancourt et al. (2003) explicitly link cultural competence to health equity outcomes by emphasizing three interrelated system levels:

- The clinical or interpersonal level (communication and shared decision-making)
- The organisational level (policies, interpreter services, and data collection)
- The structural level (access, coordination, and institutional trust).

This framework has informed equity-oriented strategies in European health and social care systems, including culturally adapted care pathways in Denmark and intercultural mediation services in Spanish primary care.

Betancourt's Framework and Health Equity in Preventive Care

(Healthcare / Social Care)

Context

A social worker notices that women from certain migrant communities rarely attend scheduled cancer screening appointments, despite receiving written invitations from the health authorities.

An individual-focused explanation might be:

"They do not prioritize preventive care."

Applying Betancourt's Multi-Level Framework

- **Clinical/interpersonal level**: Written invitations are only provided in the majority language and may be difficult to understand.
- **Organizational level**: Interpreter services are not routinely available during follow-up consultations.
- **Structural level**: Some women have limited trust in public institutions due to past experiences in their countries of origin.

Equity-oriented response

The municipality collaborates with cultural mediators and community organisations to:

- explain screening programs orally and in culturally familiar settings
- provide interpreter support during appointments
- address concerns and misconceptions through dialogue

Learning point for VET students

Health inequities are often produced by system-level barriers rather than individual choices. Cultural competence includes recognizing and addressing these barriers.

Papadopoulos' model further integrates cultural competence with ethics, human rights, and social justice. It frames cultural competence as a moral and professional responsibility rather than an optional skill. The model emphasizes cultural awareness, cultural knowledge, cultural sensitivity, and cultural competence as applied ethical action. This approach has been particularly influential in nursing and social care education in Cyprus, especially in training professionals working with refugees and unaccompanied minors.

Papadopoulos' model:

- Cultural awareness
- Cultural knowledge
- Cultural sensitivity
- Cultural competence (as applied ethical action)

Ethical Cultural Competence in Child Care

(Papadopoulos' Model – Child Care)

Context

In a Danish early childhood institution, swimming lessons are part of the mandatory curriculum. A family with a refugee background expresses discomfort with their child's participation due to cultural and religious concerns related to body exposure and mixed-gender activities.

The dilemma

- Inclusion and equal participation
- Respect for family values and beliefs

Applying Papadopoulos' Model

- Cultural awareness: The educator reflects on their own assumptions about equality and participation.
- Cultural knowledge: The family's cultural and religious perspectives are explored and acknowledged.
- Cultural sensitivity: The educator listens respectfully and avoids dismissing concerns as resistance or lack of integration.
- Cultural competence (ethical action): A balanced solution is sought that respects both institutional goals and family dignity.

Professional response
Possible solutions include:

- offering gender-separated swimming sessions
- providing alternative physical activities
- clearly communicating the educational purpose of swimming lessons

Learning point for VET students
Cultural competence involves ethical judgment and dialogue, not rigid enforcement of norms.
These frameworks have direct implications for vocational education and training. VET graduates constitute a substantial proportion of frontline professionals in social care and related services. They engage in daily, sustained interactions with service users in contexts characterized by vulnerability, dependency, and complex social needs. In such settings, cultural misunderstandings are not abstract challenges but concrete risks that can compromise dignity, trust, quality of care, and well-being. Integrating cultural competence into VET curricula is therefore not an optional enhancement but a prerequisite for professional adequacy and for the realization of SDG 3 in everyday practice.

3.1.2 Cultural Mediation and Equity in Practice

While equality implies identical treatment for all, equity recognizes that individuals and groups have different needs, resources, and starting points. Cultural competence thus functions as a core mechanism for delivering equitable social and health services.
Culture shapes:

- Health beliefs and explanatory models of illness
- Help-seeking behaviours and trust in institutions
- Communication styles and expectations of care
- Family roles, caregiving norms, and decision-making processes

Culture shapes health beliefs and explanatory models of illness, help-seeking behaviours and trust in institutions, communication styles, expectations of care, and family roles in caregiving and decision-making. Empirical evidence illustrates these dynamics clearly. In Denmark, migrants and ethnic minorities participate less frequently in cancer screening programs, partly due to language barriers, differing health beliefs, and limited culturally adapted communication (Jensen et al., 2020). Comparable patterns have been observed among Roma populations and recent migrants in Spain (Ministerio de Sanidad, 2019) and among refugee and asylum-seeking populations in Cyprus (Kadir et al., 2021).

3.2 Healthcare: Patient-Centered Care Across Cultures

3.2.1 Cultural Competence in Clinical Encounters

Patient-centered care is a core principle of SDG 3 and requires sensitivity to cultural values, communication styles, and health beliefs. In multicultural contexts, misunderstandings can compromise diagnosis, treatment adherence, patient safety, and outcomes. Danish research demonstrates that limited cultural competence among healthcare professionals contributes to disparities in chronic disease management, particularly for patients with diabetes and cardiovascular conditions (Sodemann, 2018).

Given that many healthcare assistants and support staff are VET-trained, cultural competence must be understood as a foundational clinical skill developed during initial vocational education, not only as a specialist competence acquired later.

3.2.2 Preventive, Chronic, and Palliative Care

Cultural competence is relevant across the entire care continuum. In Spain, culturally adapted preventive health campaigns have improved vaccination uptake among migrant populations. In palliative care, increasing attention is paid to cultural and religious beliefs surrounding death, dying, and family involvement. In Cyprus, end-of-life care for culturally diverse patients remains a challenge, underscoring the need for education in culturally sensitive communication with families and respect for spiritual practices.

3.3 Child Care: Multicultural Perspectives on Development and Well-Being

3.3.1 Cultural Variations in Child Development and Care Practices

Childcare professionals play a pivotal role in early health promotion and prevention. Cultural competence enables practitioners to recognize diverse child-rearing practices without pathologizing differences. In Denmark, daycare institutions emphasize inclusive pedagogy and intercultural dialogue with parents, yet educators report challenges in addressing differing views on nutrition, discipline, and mental health (Børne- og Undervisningsministeriet, 2020).

3.3.2 Family Engagement and Communication

Spanish early childhood programs have introduced parent liaison roles to support intercultural communication. In Cyprus, childcare centers serving refugee families collaborate with interpreters and community organisations to support children's psychosocial development. These practices reinforce the importance of culturally competent communication as a core professional skill within VET-trained childcare professions.

3.4 Dental Care: Oral Health Disparities and Cultural Beliefs

3.4.1 Cultural Determinants of Oral Health

Oral health disparities represent a significant yet often overlooked dimension of SDG 3. Cultural beliefs about dental care, pain, prevention, and help-seeking strongly influence service utilization. In Denmark, migrant children experience higher rates of dental caries, linked to dietary practices, limited preventive care, and communication barriers (Christensen et al., 2019).
Given that many healthcare assistants and support staff are VET-trained, cultural competence must be understood as a foundational clinical skill developed during initial vocational education, not only as a specialist competence acquired later.

3.4.2 Access and Culturally Sensitive Practice

Spain has piloted community-based oral health education initiatives using culturally tailored messaging. In Cyprus, undocumented migrants continue to face significant access barriers, illustrating the intersection of legal, cultural, and socioeconomic determinants. Dental assistants and hygienists, many of whom are VET-trained, therefore require cultural competence to address oral health inequities effectively.

Cultural Beliefs and Oral Health Practices

(Dental Care)
Context
A dental clinic observes that patients from certain migrant backgrounds often seek dental care only when experiencing severe pain, rather than attending regular preventive check-ups.

Cultural factors influencing behaviour
- Pain is viewed as something to be endured rather than prevented
- Dental services are associated primarily with emergency treatment

Culturally competent approach
Dental assistants and hygienists:
- explain preventive care using visual aids and simple language
- acknowledge previous experiences with dental care in countries of origin
- use interpreter services when necessary

Learning point for VET students
Understanding cultural beliefs about pain and prevention helps professionals promote oral health without blaming or stigmatizing service users.

3.5 Cross-Sectoral Themes

3.5.1 Social Determinants of Health

Cultural competence must be understood within a broader framework of social determinants of health, including housing, education, employment, and legal status. SDG 3 is thus inseparable from other SDGs, particularly SDG-10 (Reduced Inequalities).

3.5.2 Language and Communication Barriers

Across all sectors, language barriers remain a major obstacle to equitable care. Evidence from Denmark and Spain demonstrates that professional interpreter services improve health outcomes, yet such services remain underutilized due to cost and organisational constraints.

3.5.3 Multicultural Students in VET Education

VET classrooms themselves are increasingly multicultural. Integrating cultural competence into curricula not only prepares students to work effectively with diverse service users but also supports inclusion, well-being, and retention among learners. Danish and Spanish VET institutions have begun embedding intercultural competence as a transversal learning outcome aligned with education for sustainable development.

Cultural Mediation in Social Care

(Social Care / Cross-sectoral)

Context
A municipal social care service experiences repeated misunderstandings with newly arrived migrant families regarding eligibility for benefits and care services.

Intervention
The municipality introduces intercultural mediators who:

- support communication between professionals and service users
- explain institutional rules in culturally meaningful ways
- help professionals understand family structures and decision-making processes

Learning point for VET students
Cultural competence is not only an individual skill but also an organisational responsibility that can be embedded into service design.

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4. Pedagogical Approaches

VET Handbook: Integrating SDG 3 with Cultural Competence in Social and Healthcare Education

Pedagogical innovation is essential to translate the principles of SDG 3 (Good Health and Well-being) and cultural competence into effective teaching practice. While the previous sections explored what to teach, this section focuses on how to teach it, offering ready-to-use methods, examples, and reflective practices designed for VET trainers in the social and healthcare sectors.

The approaches described here are grounded in experiential and participatory learning. They position both educators and students as co-learners who build understanding through action, dialogue, and reflection. These methods do not require large budgets or major curricular reforms; rather, they involve a shift in perspective, from delivering information to facilitating transformation.

4.1. Teaching Methods

Role-plays and simulations

Role-play and simulation are among the most effective tools for developing empathy, communication skills, and ethical awareness. They allow students to *experience* diversity instead of merely discussing it.

In the healthcare field, scenarios can be designed around culturally sensitive situations, for example:

- interacting with a patient who refuses a medical procedure for religious reasons;
- providing end-of-life care to a family with strong collective decision-making traditions;
- managing a conflict between professional protocol and a client's cultural expectations.

By alternating roles (professional, patient, observer), students learn to analyse how cultural perceptions, power relations, and emotions affect care delivery.

Spiral and pyramid learning models

Cultural competence is not acquired in a single lesson but through a progressive and cyclical process. The spiral or pyramid models—inspired by Miller's Prism and Campinha-Bacote's process—illustrate how learners evolve from knowledge to practice.

- First level: Awareness — recognising one's own biases and cultural assumptions.
- Second level: Knowledge — learning about cultural beliefs, health traditions, and communication styles.
- Third level: Skills — practising cross-cultural interaction through role-plays or clinical scenarios.
- Fourth level: Action — demonstrating competence in real-life contexts and reflecting on results.

VET educators can design curricula where these levels reappear throughout the academic year, ensuring that cultural competence is revisited and deepened rather than treated as a one-off topic.

Case-based learning and service-learning projects

Case-based learning engages students in analysing realistic narratives or dilemmas. A case might describe, for instance, a migrant worker seeking access to healthcare, or a caregiver supporting an elderly person whose dietary habits conflict with medical recommendations.
Working in small groups, students identify the main issues, discuss possible interventions, and evaluate outcomes from ethical, cultural, and health perspectives. This approach develops critical thinking, teamwork, and applied problem-solving.

Service-learning is particularly powerful for embedding SDG 3 values, as it allows learners to experience citizenship in action. Reflection sessions following each project help link practical experiences with broader concepts such as equity, inclusion, and sustainability.

Figure 2: The Spiral of Cultural Competence Development. *Source: Authors' own elaboration based on Campinha-Bacote (2002) and Miller (1990); visual design supported by AI.*

4.2. Teaching Content

Teaching content that addresses SDG 3 and cultural competence should integrate three complementary dimensions: knowledge, attitudes, and behaviours. The goal is not only to transmit facts but also to foster ethical reasoning and intercultural sensitivity.

Health beliefs across cultures

Understanding how different communities perceive health, illness, and healing is fundamental. For example:

- In some cultures, illness may be viewed as a spiritual imbalance rather than purely physical.
- Dietary practices, postpartum rituals, or gender norms can shape health decisions.
- Concepts of mental health may vary widely, what one culture labels as "depression" might be expressed as physical pain or fatigue in another.

Trainers can use comparative exercises where students research and present health beliefs from different cultural contexts, analysing how these views influence care. Such activities help dismantle stereotypes and cultivate curiosity rather than judgement.

Communication strategies

Effective communication lies at the heart of culturally competent care. VET students should practise both **verbal and non-verbal communication strategies**, including:

- active listening and the use of plain language;
- awareness of body language, personal space, and eye contact norms;
- working with interpreters or cultural mediators;
- verifying understanding through open-ended questions rather than yes/no answers.

A useful classroom exercise is the "broken telephone" simulation: one student explains a medical instruction to another through an interpreter, demonstrating how easily messages can shift meaning across languages.

Mental, psychological, and physical well-being in multicultural contexts

SDG 3 stresses that well-being is holistic. In teaching, this means addressing the **interconnection between mental, psychological, and physical health**.
Cultural competence involves recognising how stigma, migration stress, or discrimination can impact mental health. Activities may include:

- analysing short films or testimonies from patients with different backgrounds;
- inviting psychologists or social workers to discuss intercultural counselling;
- exploring how gender, disability, or faith intersect with health and well-being.

Through these examples, students learn that promoting well-being requires sensitivity to each person's context—not a "one-size-fits-all" approach.

4.3. Student Engagement

Engagement is the cornerstone of transformative learning. To foster deep and lasting change, VET educators need to activate learners as co-creators of knowledge rather than passive recipients.

Peer learning and cultural exchanges

Peer learning encourages collaboration and empathy among students from different backgrounds. Techniques include:

- buddy systems, pairing local and international students to complete assignments together;
- intercultural panels, where students share personal experiences of health and care systems;
- reflection circles, where everyone responds to prompts such as "When have I felt misunderstood because of my culture or language?"

These practices mirror real professional teamwork, where cooperation across cultures is essential.

Guest speakers and community voices

Bringing **community voices** into the classroom humanises theory. Guest speakers —patients, family carers, migrants, or professionals working in intercultural health, can share lived experiences that challenge assumptions.

Educators should prepare both guests and students beforehand: clarify objectives, ensure respectful dialogue, and follow up with reflection questions like *"What surprised me?"*, *"What did I learn about my own reactions?"*.

Whenever possible, collaboration with local NGOs or community health centres adds authenticity. It also builds long-term partnerships between VET institutions and society, reinforcing SDG 3's participatory spirit.

Use of digital tools and e-learning

Digital learning environments offer valuable opportunities to explore diversity. Educators can use:

- online forums for cross-cultural dialogue between students from partner institutions;
- virtual simulations and serious games that recreate multicultural healthcare situations;
- collaborative digital whiteboards (Padlet, Miro, Mentimeter,etc) for group reflection and resource sharing.

Digital tools also make learning inclusive for students with disabilities or those in remote areas, supporting the EU's *Digital Education Action Plan* and the principle of *Education for All*.

4.4. Educator Development

Teaching cultural competence requires educators themselves to engage in continuous learning. Many VET trainers come from clinical or social-care backgrounds and may not have formal preparation in pedagogy or intercultural education. Therefore, supporting educator development is crucial for sustainability.

Continuous Professional Development (CPD)

Institutions can promote CPD through:

- short training modules on intercultural communication, bias awareness, and SDG-aligned education;
- reflective practice groups, where teachers share classroom experiences and analyse challenges collectively;
- peer observation, allowing educators to learn from one another's techniques;
- participation in Erasmus+ staff-training mobilities or international workshops focused on inclusion and diversity.

To encourage participation, CPD should be recognised in institutional evaluation systems and linked to career advancement.

Inclusion of diverse educators and perspectives

Diversity among teaching staff enriches the learning environment. VET institutions should aim to recruit trainers from varied cultural and professional backgrounds and to value lived experience alongside formal qualifications.
Collaborating with guest lecturers, community mediators, migrant nurses, or social entrepreneurs, exposes students to multiple perspectives and role models. These collaborations demonstrate that expertise is plural and that every culture contributes to the collective competence of healthcare systems.

Creating reflective communities of practice

A sustainable approach involves developing communities of practice within institutions. These are regular spaces (in-person or online) where educators discuss methods, share materials, and reflect on their growth as cultural-competence facilitators.
Such communities foster peer learning and mutual support, breaking isolation and ensuring that innovation continues beyond individual enthusiasm. Madre Coraje's experience in global citizenship education shows that when educators connect around shared values, transformative change becomes both possible and lasting.

Key Takeaways for Trainers

- Combine experiential, case-based, and reflective approaches; theory alone is insufficient.
- Make diversity visible and discussable through role-plays, community voices, and peer exchanges.
- Embed cultural competence across the curriculum using spiral learning, revisit and deepen concepts throughout the programme.
- Use digital tools not as an end in themselves but as bridges between learners and communities.
- Invest in your own growth: educator development is part of modelling competence.

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5. Case Studies and Examples

VET Handbook: Integrating SDG 3 with Cultural Competence in Social and Healthcare Education

This chapter presents a set of concrete case studies illustrating how cultural competence and Sustainable Development Goal 3 (Good Health and Well-being) are addressed in vocational and health-related education across different European contexts. The examples originate from Denmark, Cyprus, and Spain and reflect diverse institutional settings, including vocational education and training (VET) schools, medical education, community nursing, and non-formal learning initiatives.

Together, these cases demonstrate how cultural competence can be embedded into curricula, professional training, and community-based learning through practical interventions such as language support, simulation-based education, intercultural mediation, and service-learning. Each case highlights the context in which the initiative was developed, the approaches adopted, the outcomes achieved, and the lessons learned for future practice.

5.1 Case Study 1 — Denmark: Multicultural Integration in SOSU VET Schools

In Denmark, SOSU VET schools have experienced a significant increase in the number of students with immigrant backgrounds, exceeding 30% in some institutions. This demographic shift has introduced new challenges related to language proficiency, cultural expectations, and communication styles, particularly in learning environments that combine classroom instruction with clinical placements. Language barriers and intercultural misunderstandings were identified as key factors affecting both academic performance and students' confidence during practical training.

To address these challenges, SOSU schools implemented a range of integrated support measures. Language-support programmes were embedded directly into vocational learning rather than offered as separate or introductory courses. Induction programmes were developed specifically for multicultural student groups to familiarise them with educational expectations and workplace norms.

In addition, curricula were enriched with culturally diverse case studies, enabling students to explore health-related scenarios from multiple cultural perspectives. Teachers also received targeted training in intercultural pedagogy to strengthen their capacity to manage diverse classrooms effectively.

As a result of these interventions, SOSU schools reported improved student belonging and higher retention rates. Miscommunication during training and clinical placements was reduced, and students demonstrated greater awareness of how cultural beliefs influence health behaviours and patient care. One of the key lessons learned was that language support must be continuous and integrated throughout the learning process rather than limited to early stages. Mixed-language group work was found to enhance peer learning, while sustained teacher training emerged as essential for maintaining inclusive and culturally responsive learning environments.

5.2 Case Study 2 — Denmark: Intercultural Health Encounters in Practice

Beyond the educational context, Denmark faces broader challenges related to health equity. Ethnic minority patients often experience unequal access to healthcare services and poorer health outcomes, partly due to communication barriers and differing cultural expectations. Healthcare staff and students reported difficulties in navigating intercultural encounters, particularly when language differences and culturally specific health beliefs were involved.

In response, training programmes were developed to better prepare learners for intercultural health encounters. These included instruction on the effective use of professional interpreters, cross-cultural communication workshops, and clinical placements in community health centres serving multicultural populations.

Simulation-based learning was also introduced, allowing students to engage with realistic patient scenarios involving cultural misunderstandings and ethical dilemmas.

These approaches led to increased student confidence in managing intercultural interactions and a stronger ability to identify social determinants of health. Learners demonstrated improved empathy towards culturally diverse patients and greater sensitivity to the structural factors influencing health outcomes. The case highlighted the importance of real-world exposure in accelerating skill development, as well as the value of structured reflection activities in helping students process complex intercultural experiences.

5.3 Case Study 3 — Cyprus: Pyramid Model for Cultural Competence in Medical Education

In Cyprus, medical and health education institutions identified the need for a more systematic and coherent approach to cultural competence training. Existing initiatives were often fragmented or overly theoretical, limiting their impact on students' practical skills. To address this gap, a pyramid-based model for cultural competence was developed and implemented within medical education.

The model follows a structured progression from knowledge acquisition to real-world application. At the foundational level, students acquire knowledge related to sociology, public health, and cultural beliefs. This knowledge is then applied through case-based learning, role-play, and communication skills training.

At the highest level, students activate their competence through clinical placements and Objective Structured Clinical Examinations (OSCEs) that include intercultural scenarios. The model is embedded within a spiral curriculum integrated vertically across six years of study.

The implementation of this approach resulted in strong student performance in cultural competence OSCEs, as well as higher self-reported levels of cultural awareness and communication skills. Students also evaluated the training positively, noting its relevance and realism. Key lessons from this case include the effectiveness of spiral learning in supporting long-term skill development, the suitability of OSCEs for assessing cultural competence, and the importance of introducing cultural competence early and reinforcing it consistently throughout education.

5.4 Case Study 4 — Cyprus: Cultural Competence Training for Community Nurses

Community nurses in Cyprus frequently work with patients from diverse cultural backgrounds but often lack access to structured training in cultural competence. This gap prompted the development of targeted workshops aimed at strengthening nurses' ability to provide culturally safe care.

The training programme combined the use of the validated Cultural Competence Assessment Tool (CCATool) with interactive learning methods. Nurses participated in workshops that included case studies, group discussions, and activities focused on real-world exposure to multinational communities. Participation was voluntary, which contributed to high levels of motivation and engagement.

Following the training, participants reported a shift from basic cultural awareness to a more advanced understanding of culturally safe practices. Improvements in patient communication were also observed, alongside increased confidence in navigating intercultural situations. The case underlined the value of assessment tools in enhancing training effectiveness and confirmed that practical, experience-based learning is essential for developing culturally safe behaviours in healthcare practice.

5.5 Case Study 5 — Spain: FORINTER2 Intercultural Training Manual

In Andalusia, Spain, healthcare professionals identified a strong need for practical tools to support their work with migrant populations. In response, the FORINTER2 Intercultural Training Manual was developed as a comprehensive resource for intercultural education in healthcare and social services.

The manual combines theoretical perspectives with a strong practical orientation. It includes case studies illustrating common situations of miscommunication, explores the intersections of gender, migration, and cultural identity, and provides tools for cultural mediation, conflict management, and negotiation. The manual is designed to encourage reflection and dialogue, enabling professionals to critically examine their own assumptions and professional practices.

The use of FORINTER2 led to increased cultural awareness among healthcare professionals and more reflective approaches to patient care. Some healthcare facilities adopted intercultural mediation practices as a direct result of the training. A key lesson from this case is that real-life case studies are powerful catalysts for reflection and learning, but their impact is greatest when combined with practical tools that support behaviour change.

5.6 Case Study 6 — Spain: Intercultural Mediation Training in Andalusia

Andalusia's large migrant population presents ongoing communication challenges for healthcare staff. To address these issues, the Andalusian School of Public Health (EASP) developed a 15-hour intercultural mediation training programme aimed at healthcare professionals.

The course adopts a highly experiential approach, incorporating the use of interpreters and mediators, tools for culturally adapted care, role-play exercises, and video-based simulations. Participants are encouraged to reflect on their own biases and communication styles throughout the training process.

Despite its relatively short duration, the programme resulted in measurable improvements in communication strategies and more equitable delivery of health information. Mediation practices were taken up in several clinical departments, demonstrating the practical impact of the training. This case highlights that short-duration programmes can be effective when they prioritise experiential learning and structured reflection.

5.7 Case Study 7 — Spain: Service-Learning Project "Caring for Our Elders"

The "Caring for Our Elders" project in Spain addresses two interconnected needs: newly arrived migrants often lack knowledge of elder care practices, while VET nursing assistant students require opportunities for real-world learning. The project brings these groups together through a service-learning approach.
VET students deliver weekly training sessions to migrant participants, following a structured four-phase process that includes preparation, cultural adaptation, delivery, and evaluation. Students research participants' cultural backgrounds to adapt training materials appropriately and ensure relevance.

The project produced positive outcomes for both groups. Migrant participants improved their employability and understanding of elder care, while VET students developed intercultural, pedagogical, and caregiving skills. The initiative also strengthened students' empathy, social responsibility, and understanding of SDG 3. The case demonstrates that service-learning is a high-impact educational method and that mutual learning fosters deeper intercultural understanding.

6. Toolkits and Resources

VET Handbook: Integrating SDG 3 with Cultural Competence in Social and Healthcare Education

The effective integration of Sustainable Development Goal 3 (Good Health and Well-being) into Vocational Education and Training (VET) requires not only pedagogical commitment but also access to concrete, tested, and adaptable tools. Cultural competence, intercultural communication, and health equity cannot be developed solely through theoretical instruction; they demand practical resources that support experiential learning, reflection, assessment, and real-world application.

This chapter presents a curated selection of existing toolkits, frameworks, manuals, assessment instruments, and digital resources that have already been implemented across European educational and healthcare contexts. These resources originate from Denmark, Cyprus, and Spain and have been documented through the desk research conducted by SOSU, ViModo, and Madre Coraje. The chapter aims to support educators, trainers, and institutions in selecting and adapting proven tools to strengthen inclusive, culturally competent, and SDG-oriented VET programmes.

6.1. Practical Tools

6.1.1 Intercultural Training Manuals Already Available

FORINTER2 Intercultural Training Manual

One of the most comprehensive existing resources for intercultural education in healthcare and social services is the *FORINTER2 Intercultural Training Manual*, developed and widely used in Spain. This manual provides a structured yet flexible approach to intercultural communication, combining theoretical grounding with practical exercises. It includes real-life case studies, guided reflection activities, tools for analysing cultural misunderstandings, and strategies for conflict prevention and resolution. The strength of FORINTER2 lies in its emphasis on critical self-reflection, enabling learners to recognise their own assumptions, biases, and cultural positioning. In VET contexts, the manual can be directly incorporated into modules related to patient care, communication skills, and community engagement.

EASP Intercultural Mediation Course (Andalusian School of Public Health)

Complementing the resource above, is the *Intercultural Mediation Course offered by the Andalusian School of Public Health (EASP).* This short but intensive programme has been designed for healthcare professionals working in multicultural environments and focuses on practical mediation skills. The course integrates ICT-based learning tools, video analysis, role-play scenarios, and negotiation techniques that simulate real intercultural conflicts in healthcare settings. Its experiential methodology makes it particularly suitable for adaptation within VET programmes, where time-efficient yet impactful training approaches are often required.

6.1.2 Lesson plan Models

Campinha-Bacote Cultural Competence Model

Several well-established cultural competence frameworks are already in use within European healthcare education and provide valuable foundations for curriculum development in VET. Among these, the Campinha-Bacote Model is one of the most widely applied. It conceptualises cultural competence as an ongoing process composed of cultural awareness, knowledge, skills, encounters, and desire. Rather than treating competence as a fixed outcome, the model encourages continuous learning and engagement with diverse populations. In educational practice, this model can guide lesson planning, learning outcomes, and assessment strategies across different levels of training.

Papadopoulos–Tilki–Taylor (PTT) Model

Similarly, the *Papadopoulos–Tilki–Taylor (PTT) Model* offers a clear developmental pathway from cultural awareness to cultural competence. This framework is particularly useful for structuring reflective learning activities and portfolios, as it emphasises sensitivity and ethical responsibility alongside knowledge acquisition.

General & Specific Cultural Competence Model (GSMCC)

The *General and Specific Model of Cultural Competence* expands further the perspective of the Papadopoulos–Tilki–Taylor (PTT) Model by highlighting decision-making, communication, global thinking, and anti-discrimination as core competence areas relevant to professional practice.

6.1.3 Assessment Tools for Cultural Competence

This section presents existing tools that support both the assessment of cultural competence and student self-reflection within VET and health-related education. The tools listed below are already in use across Cyprus and Spain and are adaptable to different learning stages, including classroom teaching, clinical placements, and service-learning activities.

CCATool – Cultural Competence Assessment Tool

Assessment plays a critical role in ensuring that cultural competence is not only taught but also meaningfully developed. Existing assessment instruments documented in the desk research provide reliable and adaptable options for educators. The Cultural Competence Assessment Tool (CCATool), used in nursing education in Cyprus, enables learners to evaluate their own awareness, knowledge, and skills before and after training or clinical placements. Its structured format supports both formative and summative assessment and encourages reflective learning.

Intercultural Sensitivity Questionnaire (ISQ)

The Intercultural Sensitivity Questionnaire (ISQ) focuses on attitudes, openness, and comfort in intercultural interactions. This tool is particularly effective at early stages of training, helping learners identify their initial perceptions and areas for growth.

In Spain, rubrics developed for professional training programmes assess intercultural competence across dimensions such as tolerance, communication, diversity management, and ethical practice. These rubrics can be directly adapted for VET assessments involving simulations, group work, or workplace-based learning.

Rubrics for Intercultural Competence (Spain)

In Spain, rubrics for intercultural competence are widely used in vocational and professional training to support the structured assessment of learners' performance in multicultural contexts. These rubrics focus on key dimensions of intercultural practice, including diversity management, intercultural openness, tolerance, and effective communication skills.

By translating abstract concepts such as respect and cultural sensitivity into clear assessment criteria, the rubrics enable educators to evaluate how learners apply intercultural competence in practical situations. They are particularly suited for use in VET practical assignments, simulations, role-play activities, and workplace-based learning, where students are required to demonstrate culturally appropriate behaviour, communication, and decision-making. As ready-made evaluation tools, these rubrics also contribute to transparency and consistency in assessment, while supporting learners in understanding expectations and reflecting on their own intercultural development.

6.1.4 Tools from National VET Systems

SOSU Denmark Multicultural Integration Toolkit

At the institutional level, several existing toolkits demonstrate how cultural competence can be embedded systematically within VET and healthcare education. In Denmark, SOSU schools have developed a multicultural integration toolkit that addresses the needs of both students and service users from diverse backgrounds. This toolkit includes language support mechanisms, induction materials for students with migrant backgrounds, and communication tools designed for multicultural healthcare environments. Its holistic approach highlights the importance of institutional support structures alongside classroom teaching.

Cyprus Medical School Cultural Competence Toolkit

In Cyprus, the medical education system provides another example through its vertically integrated cultural competence curriculum, which includes structured modules, reflection journals, and Objective Structured Clinical Examination (OSCE) scenarios focused on intercultural encounters. These resources demonstrate how assessment, reflection, and practice-based learning can be combined to support competence development over time. Although originally designed for higher education, many of these tools are highly transferable to VET settings.

6.2 Digital and Online Resources

6.2.1 Established European Platforms

EPALE – European Platform for Adult Learning

Digital platforms play an increasingly important role in supporting educators and learners. The European Platform for Adult Learning (EPALE) offers access to teaching materials, good practices, and peer exchange related to adult and vocational education, including intercultural learning and health-related topics. Similarly, the Erasmus+ Project Results Platform provides open access to outputs from European projects, many of which include training modules, manuals, and digital tools relevant to cultural competence and SDG 3

6.2.2 Health and Interculturality Resources

WHO Migrant Health & Equity Resources and UNESCO Intercultural Dialogue Resources

International organisations also offer valuable resources. The World Health Organization (WHO) provides guidance on migrant health, health equity, and culturally responsive care, which has informed several of the practices described in the desk research. UNESCO's intercultural dialogue resources further support inclusive pedagogy and global citizenship education, reinforcing the broader educational objectives of SDG 3.

6.2.3 Digital Training Tools

Several digital and experiential tools documented in Spain and Cyprus demonstrate the effectiveness of simulation-based learning.

EASP Digital Tool for Intercultural Mediation

The digital intercultural mediation tool developed within the EASP framework uses ICT to simulate conflict scenarios and support guided problem-solving.

Video-Based Reflection Tools (Spain)

Another form of tools are, Video-based reflection tools. Learners will analyse recorded intercultural interactions, and this have proven really effective in promoting discussion, empathy, and critical thinking.

Simulation & OSCE Tools (Cyprus)

Lastly, simulation-based assessments, including OSCEs with multicultural patient scenarios, allow learners to demonstrate communication skills, ethical reasoning, and cultural sensitivity in controlled but realistic environments. These tools are particularly aligned with VET pedagogy, which prioritises learning through doing and performance-based assessment.

6.3 Further Reading, Manuals, and Reports

6.3.1 Manuals

FORINTER2 Intercultural Training Manual

- A comprehensive manual developed in Spain for healthcare and social service professionals working with culturally diverse populations.
- Provides practical tools for intercultural communication, cultural mediation, and conflict management.
- Includes real-life case studies, reflective exercises, and structured learning activities.
- Suitable for adaptation in VET programmes focused on healthcare, social care, and community services.

EASP Intercultural Mediation Training Module

- Developed by the Andalusian School of Public Health (EASP).
- Supports experiential learning through role-play, video-based simulations, and mediation scenarios.
- Focuses on culturally adapted care, use of interpreters, and negotiation strategies.
- Applicable to short-term training and modular VET courses.

6.3.2 Institutional Documents

SOSU Denmark Multicultural Integration Guidelines

- Institutional guidelines developed within the Danish SOSU VET system.
- Address inclusion of students with immigrant backgrounds and multicultural classroom management.
- Include language support strategies, induction measures, and tools for intercultural communication in healthcare training.
- Serve as a model for institutional-level policy development in VET.

Cyprus Cultural Competence Curriculum Documentation

- Documentation from medical and health education institutions in Cyprus.
- Describes the structured integration of cultural competence across curricula using spiral learning and competence-based assessment.
- Includes references to simulation-based learning, OSCEs, and reflection tools.
- Provides transferable insights for VET curriculum design and quality assurance.

6.3.3 Recommended Literature & Reports

World Health Organization (WHO) Migrant Health Resources

- International guidance addressing health equity, access to healthcare, and culturally responsive care.
- Focus on social determinants of health and barriers faced by migrant populations.
- Frequently used as reference material in healthcare training and policy development.

UNESCO Intercultural Dialogue Guidance

- Provides frameworks and recommendations for intercultural education and inclusive pedagogy.
- Emphasises dialogue, mutual respect, and cultural diversity as educational values.
- Supports the integration of intercultural learning within formal and non-formal education.

EU Policy Reports on Health Inequality

- EU-level reports addressing disparities in health outcomes across populations.
- Highlight links between education, social inclusion, and public health.
- Offer evidence-based recommendations relevant to VET, healthcare training, and SDG 3 implementation.

7. CONCLUSION

This handbook brings together the core principles, pedagogical strategies, and practical tools needed to integrate SDG 3 – Good Health and Well-being and cultural competence meaningfully into VET education. Across all chapters, a shared message emerges: cultivating culturally competent professionals is not an optional enhancement to VET programmes—it is a foundational requirement for delivering equitable, high-quality care in increasingly diverse European societies.

The handbook demonstrates that cultural competence is both a mindset and a practice. It begins with awareness and self-reflection, expands through knowledge and skills, and is strengthened through authentic encounters and action. Whether through case-based learning, simulations, service-learning projects, or community partnerships, VET learners develop the ability to understand, communicate, and collaborate across cultural differences—competences essential for advancing SDG 3 in everyday practice.

A key insight throughout the handbook is that health and well-being are shaped as much by social and cultural determinants as by clinical knowledge. By embedding these perspectives into curricula, educators help students recognise the broader contexts influencing people's health experiences, challenges, and choices. The sector-specific chapters demonstrate how this applies in social care, healthcare, childcare, and dental care, where professionals' sensitivity to cultural values can impact trust, safety, communication, and outcomes.

The pedagogical approaches presented emphasise experiential, reflective, and inclusive learning, positioning educators not only as instructors but as facilitators of growth, curiosity, and empathy. As VET classrooms become more diverse, these approaches also contribute to learner well-being, motivation, and a stronger sense of belonging. Likewise, the tools and frameworks included—assessment instruments, training manuals, flowmaps, and visual models—offer concrete support for educators seeking to strengthen cultural competence systematically.

Ultimately, implementing cultural competence in VET is an ongoing collective effort. It requires institutional commitment, supportive policies, and collaboration between schools, communities, and the wider health and social care sectors. When these elements align, VET programmes become powerful drivers of social inclusion, health equity, and sustainable development.

By equipping educators and learners with the knowledge, values, and tools presented in this handbook, we advance the broader aim of ensuring healthier lives and promoting well-being for all. In doing so, we help prepare a future workforce capable not only of providing competent care—but also of contributing to a more fair, respectful, and compassionate society.

PARTNERSHIP

SOSU Østjylland

SOSU Ostjylland is Denmark's second-largest social and health care college. They offer vocational training for youth and adults in elderly care, childcare, and health services. With 25+ years of experience, they serve 1,000 full-time students and 2,000 professionals.

MADRE CORAJE

A non-profit NGO registered in Spain, Mozambique, and Peru and based on volunteering, participation, and recycling. The organization works to support the development of impoverished communities through humanitarian aid, sustainable development projects, and education and awareness-raising on global issues.

ViModo
Research & Education Hub

A Cypus-based research and education organization dedicated to fostering innovation, advancing knowledge, and driving social change. Through a cross-sectoral approach, Vimodo collaborates with diverse stakeholders to develop forward-thinking solutions and contribute to sustainable development