Transition in Germany: Migrant families' first contacts with ELFC services

THE TOBP CASE STUDY RESEARCH PAPER

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1. Executive Summary

The aim of this study is to explore ELFC professionals' experiences with migrant and refugee families to understand the needs and resources of these families during certain transition events/phases as perceived by the professional actors; and to develop the action and competence requirements, which thereby arise for ELFC professionals and which may be of relevance to the TOBP transition mentor.

This case study research report is based on six in-depth interviews with ELFC professionals in two small towns and three cities in Germany. These interviewees were particularly well placed to contribute to the study for two main reasons. First, they provide easily accessible ELFC services: unless families do not use the formal health system, they will inevitably meet these professionals during pregnancy or postpartum since they offer a range of services in the perinatal phase. Second, these ELFC actors have a professional remit, which explicitly requires them to assess families also in terms of whether referrals to other ELFC services in the health or social sector could be beneficial to parents

and child. The professionals are therefore likely to gain significant general insights into the families' needs, resources and expectations.

This paper will first provide some background to the study and then turn to the analysis and findings. A key finding of the data analysis comprised professionals' description of balancing acts: their endeavours to generate trust with the families and show respect for the traditional/indigenous knowledge and practices, which the parents valued, had to be balanced with the professionals' desire to pass on evidence-based knowledge. The paper discusses three different types of balancing acts in turn: a. seeking compromise; b. challenging expert knowledge; c. prioritizing cooperation. Corresponding action requirements and competences are developed.

2. Background/Context

The research aims to identify through the lens of ELFC professionals what transition events or phases migrant/refugee families go through:

- what issues arise for these professionals in their work, which they associate with migrant and refugee families' passage through particular transitions;
- what action requirements result from these issues
- what competences are required in order to adequately cater for this heterogeneous group of families

This study is based on six in-depth interviews. Two pediatricians participated in the project, who worked in different parts of the same city, both of which were characterized by a relatively high migrant population. One of these doctors had a migration background himself. In addition, two family guides (*Lotsen*) were interviewed. Their professional aim is to get to know parents, in many cases immediately after the birth of their baby in the maternity hospital, and to assess their need to be referred to ELFC services. One of the family guides worked in a large city with a high proportion of migrant families, and another in a small town, where she regularly cared for migrant families, who made up a sizeable minority of the population. A child nurse was involved, whose job was to attend to refugee families in shared accommodation in a city. And finally, a midwife was interviewed, who worked in a small town with a relatively large population of refugee families. The interviews were conducted between September 2018 and April 2019.

3. Analysis and Discussion of Findings

The report focuses on a key transition phase for migrant families: their first contacts with the health and social system, and thereby their first insights into parenting and related professional standards in Germany as conveyed to them by ELFC professionals.

The transition phase of families' first contacts with the health and social system and their introduction to parenting in Germany can be accompanied by parents' struggle to have their concerns about their child accepted by the ELFC professional. The interviewees seemed acutely aware of the challenge professionals face when trying to accommodate both, families' wishes and their own professional standards. In several cases, a 'balancing act' was described, with which the professionals sought to address this situation: a balance was found first, by entering a solution-focused compromise

with the parents; second, by focusing on forging a compromise; second, by challenging expert knowledge, and third, focusing on the promotion of cooperation. The following section will deal with these different approaches in turn.

3.1 Balancing parental with professional concerns

3.1.1 Forging a compromise (or consensus)

A solution-focused compromise was forged by a midwife who cared for a Syrian family and their firstborn. The well-experienced midwife, who had been in her post for about 20 years, reflected on her first visit to this refugee family. She reported how she noticed that the parents had applied kajal under the baby's eyes. The eyes were red and inflamed. Her impression was that an elderly lady with apparently the same cultural background as the parents, who was also present, had influenced the parents' decision to use this preparation on the child. The midwife carefully removed the kajal due to the eyes' inflammation, and recommended to the parents to refrain from using it in future. On returning to the family's home at a later point in time, eye-makeup had again been applied to the child's eyes. The midwife explained how at that point she began to understand the important role of the elderly lady in this process, who in her view may have replaced the unavailable grandparents of the baby, who in the parents' country of origin may have provided a source of information and support. The midwife thought about how to address the issue.

"There seemed to be two possibilities. First, I see that the parents do not want to discontinue with their practice, they can't change it. This is not great for the eyes, but it won't kill the child. The second possibility is that I ask: 'For how long are you thinking of doing this? Do you think three weeks may be long enough?' This is something I can try and negotiate." (Midwife, small town 1)[1]

She decided to offer this compromise, which seemed to have been accepted by the parents, who cooperated and stopped using kajal on their baby within the timeframe discussed.

From the perspective of the midwife, how were the concerns of the parents balanced with those of the midwife? The midwife addressed the issue in a solution-oriented manner, finding a compromise. She herself did not want the kajal to be applied to the baby at all, given the health implications for the baby; she assumed that the parents intended to apply the product for a longer period of time, and aimed to settle with them for three weeks, which seemed compatible with her professional concerns, and which she probably expected to be acceptable for the parents. Within the constraints she faced (i.e. the health of the infant), she tried to place her respect for the family and their ability to cooperate with her above her expert knowledge.

The example raises the broader question in what ways ELFC professionals can deal with situations which are unfamiliar to them. With reference to the example above, ELFC professionals could also ask themselves what could be the concerns of the parents for them to apply make-up to the child. Approaching new issues by first of all seeking further information about them could be a useful next step. Generally, parents will, of course, be the initial source of information here. Exploring their knowledge, experience and attitudes and including this understanding in subsequent approaches to

[1] The interviews have been conducted in German and translated into English by the author of this document.

social and health care represents an important aspect of 'cultural safety' (Williams, 1999, p. 213).[2] Beyond the parents' knowledge, experiences and beliefs, the kajal case outlined above is helpful in illustrating the need to sometimes search for further information to gain insights into particular traditions. For example, it has been described that the use of kajal (or surma, tiro, and kohl) can in many cultures (Middle East, South Asia, parts of Africa) be applied to a new-born baby "to ward off the evil eye", and even to promote eye health (Schwarcz et al., 2013).[3] However, it has been found that products sold over the counter in countries with only rudimentary industrial regulations can contain a high percentage of poisonous lead that can result in serious health problems, especially for children under 6 years (Schwarcz et al., 2013). Parents may apply such products – maybe imported to their country of destination or gifted to them - being unaware of the potential consequences for their child.

Summary of transition phase, action requirement and implications for competences

Transition phase for migrant families: their first contacts with the health and social system, and thereby their first insights into parenting and related professional standards in Germany

Action requirement for these actors: management of a balancing act: forging a compromise or consensus

At a competence level, the task of the ELFC professional in such cases will be:

- To engage with parents and understand their motivation for and method of proceeding with a traditional practice.
- To know ways of accessing further information on the issue, for example from professionals/colleagues/ethnic community members with an in-depth knowledge of the cultural tradition concerned to seek additional perspectives. Moreover, if (e.g. linguistically) possible, (parenting) information from the parents' country of origin can be searched for. For example, a parenting website in India informs parents about the health risks related to the use of kajal on children, but simultaneously offers alternatives: it even features a recipe parents can follow to prepare plant-based kajal at home (see https://parenting.firstcry.com/articles/kajal-for-babies/).
- If an ELFC professional has in-depth information at hand of the kind mentioned above, this could help them to *forge a consensus* with the family, which addresses previously established concerns about a child. Referring back to the kajal case, a product can be applied with no (or hardly any) health concerns. This has the potential of being even more satisfactory to both parties - parents and professional - than a compromise, which in some cases may not entirely meet the concerns of either party.
- to inform parents and engage with them in the search for 'solutions' should their practice be shown to detrimentally impact on the health of their child.

[2] Cultural safety has been defined by Williams (1999, 213) as: "an environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together."

[3] See also, for example, an Indian website providing parenting support: https://parenting.firstcry.com/articles/kajal-for-babies/

3.1.2 Families as experts of their situation – challenging the knowledge and the role of 'the expert'

Another 'balancing act' was reflected on by three ELFC professionals in particular – a child nurse, a family guide and a midwife. They were surprised at how little some refugee parents directly interacted and played with their children. However, 'play' was understood by these professionals to be a key factor in developing a secure positive attachment relationship between parents and child. Two of the professionals – the midwife and the child nurse - emphasized that despite this lack of play, they had observed a strong parent-infant attachment, which had discouraged them from interference. They suspected that this relationship had developed in a manner unusual for the German context, mainly through the routine everyday (physical) contact, rather than through special activities.

"In Germany, there is consensus that you have to play with the child, and for many women it's like (laughs): 'why?' … It's still the case that we tend to fail with our group activities. Well, the child always accompanies the mother in everyday life. It also goes to the stove, it watches…." (Child nurse, city 2)

Hence, although the parents' lack of play with the child could initially cause irritation, this turned into acceptance as the professionals discovered that the outcome of the interaction between parent and child was indeed meeting their standards, even if the process behind this success remained a bit of a riddle. The midwife contrasted what she saw as German approaches to attachment with what she had observed in migrant families:

"When the migrant mother carries her child on the back, they have skin contact. We ourselves try to deal with this with our intellect. So I am asking myself: which system works better? While some babies have one hundred hours of body contact, German babies lie in their bed on their own. And when I enter a home and I ask the mother where the baby is, she tells me that he is in the nursery room, and the mum is in the kitchen with the baby monitor. It's clear that in such a case, you need to work on the parent-infant attachment." (Midwife, small town 1)

In fact, attachment theories reflect the assumptions and values of Euro-American middle-class families. Research shows that forms of development, the regulation and function of attachment differ by cultural group (Otto/Keller, 2012, p. 3). For example, qualitative studies in Nigeria demonstrate, how the concept of the ‚extended family', which is relevant in much of sub-Saharan Africa, differs from that of the concept of the core family and the mother-child dyad, which tends to be relevant in Europe: in the former region, no comparable attachment between mother and child is intended. In fact, for work reasons, the care of the child may be provided by other women, so that the social and the biological mother are not necessarily united in one person (Kastner, 2007, 263). The family may persist with this model in the country of arrival. However, one should not lose sight of the heterogeneity of this enormously large group. Family models are changing globally, and especially cities, the extended family is becoming less and less significant, and people often emulate the model of the western nuclear family (Ahenka, 2018, 110).

The balancing act outlined brought to the fore the importance of professionals' attitude to migrant parents: an openness to unfamiliar parenting approaches, the ability to not insist on expert knowledge, but to adopt a flexible, open, curious attitude underpinned by the view: it could be

different from what I have learnt. The examples also show that the professionals challenge expert knowledge to accept the family as experts. The following excerpt of an interview with a doctor with a migration background demonstrates how a pediatrician manages to structurally connect with the family by looking for ways of how the family can view him as one of their own, rather than as 'an expert':

"…well, for me, every single mother who arrives here, no matter what language she speaks, what education she has, I try to speak with her on an equal level. And what I frequently miss in others, they dictate everything, the doctor is god in white, I mean god in a shirt, in a white shirt so-to-speak, and dictates everything … this is no good. You know, you have to pretend to them that you are in the same family, as if you were maybe, ehm, the uncle or someone like that, you know? You have to get into the family a bit. And try to convey this. I mean the interpersonal stuff." (Pediatrician 2, city 3).

The fact that the pediatrician had a migration background himself could have facilitated this development of a family-like relationship, also because he may be able to appreciate the important role the family could play for his patients and their parents.

Summary of transition phase, action requirement and implications for competences

Transition phase for migrant families: their first contacts with the health and social system, and thereby their first insights into parenting and related professional standards in Germany

Action requirement for these actors: management of a balancing act: Families as experts of their situation – challenging the knowledge and the role of 'the expert'
At a competence level, the task of the ELFC professional in such cases will be:

- To adopt an attitude to migrant parents which is open to unfamiliar parenting approaches, does not insist on expert knowledge, is flexible and curious, underpinned by the view: it could be different from what I have learnt.
- Accepting families as experts regarding the needs and wishes of their family

3.1.3 Focusing on promoting cooperation

Balancing acts became also an issue when parents did not accept the expert or did not see the need to seek professional advice. Here, the question arose for the interviewees how they could ensure their patients' or clients' cooperation. A female pediatrician reported that fathers sometimes conveyed to her that they would prefer their child to be examined by a man. However, there were no male pediatricians in her surgery, and the interviewee explained how she tries to persuade families to stay:

„I say: 'Alright. Then, ehm, I can only offer you the service as it is, and also my (female) colleague is not a man….' (laughs). So we have experienced a few situations, where we first had to gain the trust of the families: 'See what it's like, stay with us for now and have a look, and afterwards you see how you liked it.' And this, it has worked well with some of them." (Pediatrician 1, city 3)

With this attitude, the pediatrician may have laid the foundation for the development of trust: by refraining from critically assessing the wish of the father; by addressing him empathetically, involving him and providing him with both options - staying or leaving - she most contributed to her

trustworthiness for him (see also Schnock, 2019, p. 19). She and the father were able to communicate on an equal footing, demonstrate respect for each other and subsequently cooperate.

Similarly, a midwife shared her experience of a situation when she first met a refugee family. She was introduced to the mother-in-law of the new parent, and perceived this older lady as someone who had substantial influence on the care of the newborn. The midwife witnessed the newborn being bathed with much soap and then towel dried. Subsequently, oil and powder were applied to the babies' body and head.

„I thought to myself: 'Don't say anything, if you say something, you have lost straight away! But at a later point, the baby got an eye infection, and I thought to myself: everyone needs to be able to save face. So I said to them: do continue as usual, but please spare out the face.' Children have survived this for a hundred years after all." (Midwife, small town 1)

By not interfering at an earlier point, the midwife respected the parents' views and attitudes, and the fact that the parents had not asked her for advice. She decided to hold back her expert knowledge, and interfered only when health issues for the baby had arisen. Similarly, in another case, she saw that family members handled a baby in a way which she would not have advised them to do ("referring to it as rustic is a nice way of putting it"). Here, too, she refrained from commenting, and when the opportunity arose, she handled the baby in a way she usually advises parents to do, thinking that this practical demonstration of what she considered 'good practice' may influence the parents approach.

Summary of transition phase, action requirement and implications for competences

Transition phase for migrant families: their first contacts with the health and social system, and thereby their first insights into parenting and related professional standards in Germany

Action requirement for these actors: management of a balancing act: Focusing on promoting cooperation

At a competence level, the task of the ELFC professional in such cases will be:

- to prioritize parents' cooperation over specific professional concerns where possible (i.e. unless the health and wellbeing of a family member is clearly at risk)
- to adopt an attitude which helps to refrain from critically assessing parents' wishes, and which promotes addressing parents empathetically, involving them and providing them with options
- to refrain from giving advice when this advice has not been actively requested
- to search for compromises and consensus

4. Conclusion

This case study research paper dealt with migrant parents' first encounter with ELFC professionals. It highlighted a frequently referred to issue by these professionals in their work with migrant families: the balancing act they have to manage when their expert knowledge and professional standards are not in unison with the wishes and practices of migrant parents. There were three ways identified in which the professionals aimed to balance the concerns: first, by looking for compromises; second, by acknowledging the expertise of parents and refraining from insisting on their professional knowledge, and third, by deciding to prioritise the cooperation with parents over their own irritations. Although these different themes generated different implications for the competences ELFC professionals should have to deal with possible tensions, these competences can be summarised broadly as the following:

- The ability to accept parents as experts while questioning the relevance of evidence-based knowledge in certain contexts;
- The ability to prioritize cooperation over the insistence on 'expert' knowledge and practice by building a trust-based relationship.
- Even if professionals have internalized a particular construct of 'successful parenting', they must accept the possibility that there are alternative, equally valid constructs.
- Being able to examine: 'what are the factors which produce a successful outcome for this particular family?' also with the view of learning from these observations and drawing on them in other contexts.

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