



# Transition in Germany: Meeting the needs of migrant families in the prolonged phase of arrival

## THE TOBP CASE STUDY RESEARCH PAPER

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## 1. Executive Summary

The aims of this study are to explore ELFC professionals' experiences with migrant and refugee families in order to understand how needs of families are being identified and met. On this basis, action and competence requirements, which arise for ELFC professionals/TOBP transition mentors, are developed.

This case study research report is based on one interview with a family guide (*Lotsen*), a focus group with 12 family guides, and a group interview with a child nurse and a project manager, both working for a project providing ELFC for refugee families. These ELFC actors were particularly well placed to contribute to the study for two main reasons. First, they provide easily accessible ELFC services: unless a family does not use the formal health system, parents 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.

A key finding comprised parents' perception of a hierarchy of needs in which access to income is prioritized, and which requires the accomplishment of complex bureaucratic and administrative tasks. The ELFC professionals in our study addressed requests for help in bureaucratic matters in various ways – from marginal to comprehensive support - reflecting different professional goals. The dominance of administrative challenges for families often resulted in social and health needs remaining hidden. Moreover, parents' views of such needs as being of a very sensitive nature may have exacerbated the challenge for professionals to uncover migrant and refugee families' requirements and wishes.

## **2. Background/Context**

The basic needs of migrant or refugee families are, of course, similar to those of other families, including access to information and to an infrastructure which support families. However, factors such as precarious living conditions (e.g. life in shared accommodation for refugees), the loss of support from family members, and sometimes traumatic experiences can result in additional strains and associated needs. Moreover, an insecure long-term prospect of remaining in the country and prolonged asylum procedures has been recognized as a major burden for refugee families (Danzinger et al, 2018;<sup>1</sup>). Migrant families find themselves disproportionately often in difficult life situations. The multiple strain factors for this population include higher unemployment rates and a greater risk of poverty (Paulus/Kühner, 2018, p. 10; NZFH, 2018, p. 1). Migrant families are also more likely to live with three or more young children in a household (NZFH, 2018, 3; Beauftragte der Bundesregierung für Migration, Flüchtlinge und Integration 2016, p. 28).

In their arrival phase, parents must meet the families' material, health and social needs in an unfamiliar context. It is in this transition phase when parents may struggle to have their own priority of needs accepted and met by the professionals with whom they are in contact. Those professionals may view the needs of parents through their own lens and perhaps, at least initially, may prioritize areas of support and associated action requirements for which they have particular expertise.

The research aims to explore ELFC professionals' experiences of identifying and trying to meet the needs of families who have recently arrived in Germany. This research report examines:

- What are the issues for which migrant families seek support from ELFC professionals in the transition phase of arrival?
- How do ELFC professionals respond to these issues? Which approaches promise 'success'?
- What action and competence requirements result from the ELFC professionals' experiences?

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<sup>1</sup> This was also confirmed in an interview conducted for a different study with a migrant father, who emphasized that the only support he needed was legal help to gain the right to stay in Germany long-term.



The study is based on qualitative research carried out in three cities in Germany between September 2018 and April 2019. An interview with a family guide was conducted, who herself had a migration background. In addition, a child nurse and the manager of health professionals of an organization attending to families in shared accommodation for refugees in an additional city were interviewed together. Finally, the report draws on the data of a focus group discussion with 12 family guides. The main purpose of the professional group of 'family guides' is to get to know parents, in many cases immediately after the birth of their baby in the maternity hospital, to assess their needs and resources, and to consider on this basis their referral to ELFC services.

### **3. Analysis and Discussion of Findings**

The report focuses on a key transition phase for migrant families: the arrival phase and families' efforts to meet their perceived material, health and perhaps social needs in a new, often unfamiliar context. This analysis and discussion section will first of all deal with professionals' different approaches to the hierarchy of needs which migrant families often present in encounters with ELFC professionals. The report then turns to ELFC hidden needs, which are difficult to detect for professionals as families' struggle to secure material needs, which overshadow other concerns. Moreover, ELFC needs remain concealed as they are seen as sensitive issues or due to particular cultural experiences of parenting.

#### **3.1 Addressing a hierarchy of need**

While ELFC professionals encounter a range of areas of tension in their care for migrant families, this section is concerned with the particular balancing act which results from bureaucratic requirements on the one hand, and professional principles and agendas on the other (Müller, 2016, p. 41).

A key issue which especially family guides returned to again and again in interviews for this study comprised the challenges families faced when trying to meet the numerous bureaucratic requirements in their (often prolonged) arrival phase. Our study participants emphasized that in the transition phase of arrival, securing an income and the associated bureaucratic demands and information requests from authorities<sup>2</sup> constituted a significant factor of strain for the families they had met (see also Caritas Verband, 2017, 20; McKeary and Newbold, 2010, p. 16).

ELFC professionals, and here particularly the family guides, explained that parents regularly brought forms to be completed from authorities and agencies and requested help from these practitioners.

*"So if I had to summarize this, well I think, well from my point of view it is really like that, when families arrive from a different country, these formal things, which are highly complicated in Germany, are the main issue for them. So if I wanted to counsel, social counselling, that comes later! It's not important. So I would just say the formal things are the more important, and in most cases, if this isn't*

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<sup>2</sup> Although this report focuses on incomes from public sources, it is clear that most people with a migration background would prefer to work for an income, as expressed by a Nigerian father in a separate interview; "A good papa for example takes care of the children very well, takes care of the wife, to have a good job and take care of your family, that's it what I know is a good papa."



*on track, there is a whole string of consequences for all services, to which we refer people. If document wise things aren't working properly, it's not working properly financially either, that means there are consequences attached. And I think to convey to a family that it has social needs and that there is a ELFC system in Germany, where they can get support, for most people, this is completely intangible."*

It was emphasized by several interviewees that the stressful phase for families, where they regularly had to deal with bureaucratic affairs and even lawsuits, could stretch well over one year. The professionals saw themselves presented with the request for help in matters they did not necessarily consider central to their job. Rather, they harboured the wish to become active in their specific ELFC area to support the parents. A continuum of approaches to this balancing act by the interviewees could be observed: professionals either felt they could provide marginal, partial or comprehensive support. The latter was often seen as both, an end in itself, as well as an avenue to addressing the more sensitive ELFC issues. The following section will address these approaches and ELFC professionals' goals in detail.

### **3.1.1 Marginal support in bureaucratic affairs**

One response by family guides to parents presenting letters and forms from authorities with the request for help was to communicate that this area of concern was outwith their job description or beyond the possibilities of their working hours. It must be emphasized that these cases applied to a small minority of the study participants, although some of them mentioned that they had observed such behavior in colleagues.

*"There are, without mentioning any names, but there are a number of [ELFC] services, which clearly prioritize the issue of mother-child relationship, attachment etcetera, which is also important, right, as an ELFC service; but when the woman then stands there, with a letter from the housing authority in her hand, then she is being very clearly told: "But this has nothing to do with us." (Family guide, city 1)*

A marginal support approach seemed particularly relevant when family guides felt already under significant time pressure with their regular work tasks, and when they were acutely aware that the completion of forms could be extremely time consuming. It was in these cases when their help consisted 'only' of the referral to the appropriate services that offer assistance in these matters.

*"Well for example, there was a family, who didn't have health insurance, who came from Romania, but they spoke German already relatively well, so we could communicate, and there simply was everything still to clarify, regarding the forms...and I simply flung the information documents in her [the mother's] direction, I would say: "... there you can get advice for your forms..." And she totally went ahead with it, and I thought, so this was a week after the birth, when she addressed all these things from home... Yes, on the list of priorities, it was somehow at the top: "I need money one way or another, I must insure my child, no idea how, but there is a place which apparently can help me, just to retain the overview." (Family guide, focus group, city 3)*

The family guide's description of the particular situation where she "simply flung the information documents in her [the mother's] direction" probably reflects the professional's time constraints. At the same time, underlying this marginal support may also have been the professional social work attitude to encourage clients to resolve issues themselves where their resources appear



sufficiently strong, and to promote a sense of self-efficacy in this process. Had the family guide observed that the mother was not able to address the issues by herself, she most likely would have offered more direct support: the practitioner indicated through her awareness of the mother's progress that she had been monitoring the situation and had checked whether the mother was able to complete the tasks given. The family guide thereby also gained some insights into the resources of the family.

Furthermore, the family guide's experience reflects the complex challenges and tasks migrant families have to manage in the arrival phase. She refers to the importance of 'maintaining an overview' in a situation which may appear overwhelming. The practitioner appears to have helped the parents to prioritize and structure the multiple demands they were facing.

Implications for competence profile:

- Transition phase: Arrival phase and families' efforts to meet their perceived material, health and perhaps social needs in a new, often unfamiliar context.
- Action requirement:
  - Assessing the extent to which clients are able to address issues by themselves and promote their sense of self-efficacy where possible
- Competences required:
  - Maintaining overview of tasks families have to complete in arrival phase; ability to structure and prioritize tasks
  - Monitoring families' progress with tasks given
  - Being able to assess families' needs and resources, and thus the level of their ability to act autonomously
  - Provide or organize more direct support as required

### **3.1.2 Partial support in bureaucratic affairs**

Partial support in bureaucratic affairs tended to occur in a context where there was a clear will by the professional to get actively involved, but the context and the conditions of this assistance were presented as limiting the possibility to help. This applied, for example, when important supporting documents, which were required to complete particular bureaucratic forms, could not be provided by the parents – a relatively common situation, which has also entered the political discourse in Germany.<sup>3</sup> The absence of identity documents (IDs) prevents the registration of vital events, including

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<sup>3</sup> There are several reasons why refugees may not have passports. For example, in many countries, IDs are not a requirement or would involve a journey to the nearest large city to acquire such a document. Moreover, refugees' main priority is to save their own lives, and human trafficker and black market dealers are keen to



marriage and birth, hinders access to health and social services as well as to legal residency documents. It came to the attention of the German National Convention of the Rights of the Child Monitoring Mechanism (*Monitorin-Stelle der UN Kinderrechtskonvention*) that parents whose child was born in Germany and who lived in reception centres or emergency accommodation sometimes did not have any documents to prove the childbirth. They were therefore unable to access preventative health services (Deutsches Institut für Menschenrechte, 2016).<sup>4</sup> As a consequence, a document informing refugees how to register their newborn was developed and translated into English, Arabic and Farsi.<sup>5</sup> In fact, our interviewees seemed aware of the availability of these documents, but were not always able to use them, for example, when the parents were unfamiliar with the languages in which the information was available, or were illiterate.

*“The problem actually begins sooner, with the issuing of the birth certificate for the children when they are born. That’s when we need, or the mother needs various forms. We do fill those in with her, I mean this application, but then there still aren’t, frequently there aren’t all the documents there. Or perhaps they don’t have all those documents, which are needed. We have translations of the requirements for the birth certificate sort of in Arabic, Farsi and English, I think...just so that they know what they can do when they do not have any documents with them. But when, for example, they are sometimes simply not able to read or are more likely to speak yet another language, they actually would have to – in order to sort out these things – simply go to the registry office ideally with an interpreter. So that they get a copy of the birth register or in fact the birth certificate, so that they can go to the pediatrician at all, right? So that the child can get insured and all this, and everything that always happens afterwards. This is for me the greatest challenge: letting them know that it’s best if they simply go there by themselves with an interpreter, so that they can work on this to the best of their conscience.” (family guide, city 3)*

Even if the family guide was prepared to support the parents with these bureaucratic tasks, she voiced her preference to withdraw from the case and for the parents to progress with an interpreter. It is unclear what is being done to support this next step in which the family and interpreter are to come together. For parents “simply go there by themselves with an interpreter” appears an unrealistic expectation given that interviewees in this study regularly emphasized that physically accompanying migrant families is a key factor in the service’s accessibility to these families. However, it is possible that in her network, the family guide can draw on people who can take over certain tasks, which she cannot perform herself. She may routinely introduce interpreters to the families who need them, and then monitor the extent to which this cooperation proves to be fruitful.

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purchase these documents. Some refugees sell them in order to finance their journeys. is that their governments refuse to issue such documents to supporters of the opposition (Janke and Ghelli, 2016).

<sup>4</sup> The information was gained through feedback from midwives and paediatricians in large cities in Germany, including Berlin, Munich and Stuttgart who had observed this failing.

<sup>5</sup> For access to these translated documents, see: <https://www.institut-fuer-menschenrechte.de/aktuell/news/meldung/article/2-auflage-so-registrieren-sie-ihr-neugeborenes-kind-informationen-fuer-gefluechtete-jetzt-online/>.



Implications for competence profile:

- Transition phase: Arrival phase and families' efforts to meet their perceived material, health and perhaps social needs in a new, often unfamiliar context.
- Action requirement:
  - Supporting families when the practitioner lacks particular abilities required
    - To brief involved actors about their anticipated tasks
    - To expect feedback and monitor the situation
- Competences required:
  - To have an overview of all the (potential) actors who are already/can be involved in the case
  - Identifying and involving individuals in the professional network who can take over particular tasks (e.g. because own (language) competences or time resources inadequate)
  - Awareness of steps to be taken so that everyone can collaborate effectively (e.g. accommodate sensibilities of parents; preparing actors to be involved, such as interpreter, for their task)
  - By monitoring the situation of the parents, being able to judge whether further action is needed or if parents are confident, able and with sufficient resources to take matters in their own hands.

### **3.1.3 Comprehensive support in bureaucratic affairs**

Providing comprehensive support to families in bureaucratic matters was viewed as a key attitude to the support of migrant families in the following case.

*"And I would also include as a key attitude, I find this extremely, extremely important for low threshold ELFC services, that all issues and concerns of the women or the family are taken on [by the professional]. ...The provision of social advice is clearly a very good reason for families to access services, and it's necessary. Yes, if the formalities are not in quite the right shape, even if the mother-infant attachment is really good, it will become (laughing) difficult, you know." (Family guide, city 1)*

Hence, the family guide regards an attitude, which takes on the complex needs of the family in a comprehensive manner, as important in itself. In addition, she presents this attitude as a means to an end: families are more inclined to access services when they know they can get practical help.

*"And it is increasingly the case that in family education there is also the issue of social support, there is an openness for such issues. And this is definitely, yes it is clearly a very central question, if I am then able to subsequently refer the family to other services. They must have the sense that they are accepted with all their troubles and questions." (Family guide, city 1)*



Similarly, in a focus group, the support of families in bureaucratic matters was seen as a welcome opportunity to engage with parents, who otherwise may not have come to seek any advice. This practical support was regarded as an important means to encourage trust, which in turn could create avenues to those thematic areas which were central to the professionals' work remit, such as psychosocial needs.

*"Of course, they [the family teams<sup>6</sup>] cannot create new accommodation or something like that, but they can support them on their way along these formal requirements, so that the family gets health insurance etcetera. And through this, they get into close contact with the family, and once things are sorted, they can refer the family to the midwife or similar services." (Family guides, focus group, city 3)*

*(new speaker) "I am not sure, what you are doing here, but I have the feeling that if you present these psychosocial issues too quickly, then they quickly get suspicious. So they go a little bit like: 'Hmmm...' and this pragmatic way is more like a door opener, where they say: 'Oh, she is good!'" (Family guides, focus group, city 3)*

So the family guides stress the importance of developing a trusting relationships and creating a positive experience for their clients. This can demonstrate to the clients the benefits they can gain from their contacts with professionals. Positive experiences with ELFC practitioners are particularly important for migrant and refugee parents as they may be more used to receiving this type of support from lay people, such as family members, relatives and neighbours (Ethno-Medizinisches Zentrum e.V. 2016, p. 18).

Another family guide saw direct benefits in assisting with the paper work: the information required can also help the family guides in their assessments of the family's needs.

*A: For example, when we fill in birth certificates. You have to answer things such as: are you legally married, is the father present, exactly, are there other children, are they perhaps in a different country? So through these bureaucratic things, you find out background information. Then I can say, ok, she is a lone mother, she needs something else than two-parent families. So you get some information that is important for subsequent assistance. (Family guide, city 3).*

Interestingly also, by attempting to meet the needs of families so comprehensively, the professionals present themselves in the role of case managers, who should steer and coordinate the support process.

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<sup>6</sup> Family teams comprise social and health professionals who offer support for parents around the issues of birth and parenting until their child reaches the age of three. They may also refer the family to other appropriate services.



Implications for competence profile:

- Transition phase: Arrival phase and families' efforts to meet their perceived material, health and perhaps social needs in a new, often unfamiliar context.
- Action requirement:
  - Comprehensive support for families, (in)direct help with all their concerns and difficulties.
- Competences required:
  - Case Management competences: similar competences to those listed in box above

### **3.2 Uncovering 'concealed needs'**

As indicated above, bureaucratic requirements did not only present a strain in themselves for the family, but also led to a situation where the health and social issues particularly relevant for the professionals remained at least initially in the background. Professionals working in the baby welcoming and family guide services indicated that especially refugee families were generally inclined and open to voicing their practical needs and wishes, such as challenges with bureaucratic matters and their housing problems. These existential questions shaped the top of the hierarchy of needs, and could at least initially conceal the potential psychosocial issues. The study participants largely agreed that the formal matters needed to be resolved first of all (even if not necessarily by their own professional group), before families would be prepared to consider the relevance of ELFC services for them.

However, interviewees also conveyed that psychosocial concerns and strains are principally difficult to establish due to the sensitivity of the issue, which results in „families not revealing much“ (Baby welcoming service, small town 2). Moreover, the ELFC system and its goals are difficult for families to understand and relate to and psychosocial issues are being regarded as being “covered by the family” (see also above), as for example articulated in the following statement:

*“Why should they speak about anything; it's important for them to get clothes and that they get the forms, and that they have access to money. What's left to do beyond this is different because of their cultural background. It's covered by the family, provided the family is there. But it's really difficult for me, for our work, to convey to them what we offer as a package.” (Family guide, city 3)*

Even if families are not physically present, transnational relations and social networks may be seen as covering the needs, which arise in pregnancy, birth and motherhood (Stülb, 2010). Many families may thus only seek help when they have exhausted these personal resources and can overcome the possible sense of a cultural unacceptability of using the help of 'strangers'.



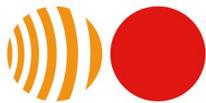
Needs can also remain concealed with regard to practical issues, such as handling an infant. Concerning women who have recently given birth, family-structural and cultural factors were referred to as contributors to the diverse parental experiences and related competences regarding infant care. In some cases, this may result in a situation where professionals cannot identify the need for support – unless they are directly being asked for help.

*„Because over there [in the country of origin of the migrant family], it is the case that women are being cared for by the extended family. That's also very interesting, I find. Often, women who have already got two children are asking me if we can give the baby a bath together. So I am thinking: What? But it turns out that in this cultural context, families take comprehensive care of the mothers [after they have given birth] for forty days. But now they are by themselves, right? So either the husband is doing it or is trying it out, well, he isn't familiar with it either, eh, and does he want to do it at all? Or it is really the woman who needs to learn it, right?“ (Child nurse, city 2)*

The experience of this child nurse<sup>7</sup> illustrates the importance of the skills of a practitioner to develop a trustful relationship with the parents, so that they are comfortable with naming and defining their needs themselves. (Nova Scotia Department of Health, 2005, p. 6). In what areas would parents welcome support? By not telling the mother what she needs and refraining from constructing her needs, there remains scope for the mother to actively approach the practitioner for help. As such, the child nurse may have promoted a trustful relationship in which other forms of support may have become possible.

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<sup>7</sup> See also: Ethno-Medizinisches Zentrum e.V. (2016): Interkulturelle Kompetenz in der Mütter- und Frauengesundheit (Praxisleitfaden). Hannover. This guide covers birth and the subsequent weeks in different cultures and religions (in German) in:  
<https://www.fachdialognetz.de/fileadmin/pfm/formUploads/files/Interkulturelle-Kompetenz-Praxisleitfaden-Deutsch-web-17-06.pdf>



Implications for competence profile:

- Transition phase: Arrival phase and families' efforts to meet their perceived material, health and perhaps social needs in a new, often unfamiliar context.
- Action requirement:
  - Uncovering families' needs by establishing trust
- Competences required:
  - 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 and constructively
  - to refrain from giving advice when this advice has not been actively requested

## 4. Conclusion

This case study research paper dealt with migrant parents' prolonged arrival phase. It highlighted an issue frequently referred to by ELFC professionals in their work with migrant families: parents' perception of a hierarchy of needs, in which access to income is prioritized and which requires the accomplishment of complex bureaucratic and administrative tasks. The study discovered that the ELFC practitioners in our study addressed parents' requests for help in bureaucratic matters in different ways, all of which could lead to 'success'. Different professional goals may have shaped the extent of support provided, so that marginal support could be associated with the goal of empowering families and promoting their sense of self-efficacy. Partial help may be linked with the practitioner's objective of addressing issues efficiently by drawing on additional actors in a network who may be better placed to support the parents than the practitioner herself; and comprehensive support may have been driven by the goal of opening the door to the more conventional ELFC issues. It was striking that the more support was provided, the likelier it became that the professional adopted the role of a case manager: she coordinated different support services, monitored progress, and reviewed families' resources to decide on the extent to which parents could act autonomously.

It was shown that the urgent need to address bureaucratic requirements could conceal a great deal of other parental needs, as could the sensitivity associated with psychosocial needs and particular cultural experiences of parenting. A trustful relationship between parent and professional can be regarded as essential for uncovering families' needs. The key competences which have emerged in this study as potentially useful for the TOBP transition mentor can broadly be summarised as follows:

- A basic attitude to migrant families



- which is keen to accept and to (directly or indirectly) address the entirety of parents' concerns and difficulties (also beyond conventional ELFC concerns)
- A set of skills
  - to engage families so that they can define and name their needs
  - to maintain an overview of the tasks which need to be completed for a family to achieve their goals
  - to assess parental resources to decide on the extent of help required
  - to coordinate support, i.e. to establish what actors are already involved in the case and who still needs to be involved
- Knowledge of
  - a network of actors on which the practitioner can draw in order to comprehensively support families
  - cultural approaches to parenting to be able to see requests for help in a wider context and to make sense of them

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