

Working paper on the mental health needs of refugee minors living in mass accommodation facilities

***German Association of Psychosocial Centres
for Refugees and Victims of Torture – BAfF e.V.***

Paulsenstraße 55-56 | 12163 Berlin | Germany
Phone: +49 30 310 124 63
E-Mail: info@baff-zentren.org
www.baff-zentren.org

Authors: Jenny Baron, Lea Flory, Daniela Krebs

Translation: Michael Lawton

© BAfF e.V. 2020.

This project has been supported by the European Programme for Integration and Migration (EPIM), a collaborative initiative of the Network of European Foundations, and the H&M Foundation.

The debate on the way refugees are accommodated in Germany has changed since the introduction of the so-called AnKER centres. The term AnKER comes from the first letters of the German words meaning Arrival, Decision and Repatriation (Ankunft, Entscheidung, Rückführung). As the name implies, reception, asylum procedure and repatriation in the case of a negative decision should all take place in a single centralised hostel or home. Originally the parties currently in government agreed that existing reception centres throughout the country should be turned into such AnKER centres, where up to 1,500 refugees would be accommodated until their asylum case was decided, and in the case of rejection, until they were deported. Only those who were expected to be able to remain would be allowed to live in the community.

So far, only three of the 16 German states have formally set up AnKER centres (Bavaria, Saarland and Saxony), but most of the others say they are carrying out the same procedure in their existing reception centres.

Proponents of the concept argue that it means that the asylum process can be carried out more quickly, efficiently and with higher quality, to the benefit of refugees who know earlier what perspective they have in Germany. However, academic experts and psychologists working with refugees point out that living conditions in the mass accommodation centres can have a negative influence on the health and the integration of refugees. Studies show that children's development can be harmed in several ways.

In this study, the German Association of Psychosocial Centres for Refugees and Victims of Torture (*Bundesweite Arbeitsgemeinschaft der psychosozialen Zentren für Flüchtlinge und Folteropfer* – BAfF) looks at the influence of mass accommodation on the psychological health of children and young people. The study is based on an analysis of academic literature as well as on interviews with experts in the field. Altogether, BAfF spoke to 27 people, either individually or in groups, during the course of 2019. Among them were four residents of an AnKER centre as well as professionals from support groups, including psychotherapists, social workers, medical doctors, art therapists, sociologists and political scientists.

Their experience, together with findings as to the risk factors for the psychological health of children and young people, were used as the basis for proposals for future practice in this field.

The right to protection

According to the UN Convention on the Rights of the Child as well as EU reception guidelines, Germany is required to ensure that vulnerable persons, especially minors, are identified and given appropriate support. German asylum law also requires the German states to offer appropriate measures to support vulnerable persons. However, there is no national concept for how these rights should be ensured in the context of mass accommodation.

There are indeed "Minimum Standards for the Protection of Refugees in Refugee Accommodation" which have been drawn up by the German Family Ministry and UNICEF¹. But NGOs and welfare organisations say that these standards are not always applied and that standards in practice often remain well below these minima.

Studies on the situation of refugee children in reception, emergency and communal accommodation show serious failures in the provision of their rights (Fried et al., 2018; Lewek & Naber, 2017; Wihstutz et al., 2019). In spite of quality checks on accommodation (Spiegel et al., 2018) and minimum standards for protection from violence (UNICEF and the German Family Ministry, 2018) children's right to protection, right to health, right to education, right to privacy and right to participation are often violated.

Risk factors and security

Many children and young people who are forced to leave their country of origin have experienced war, they may have seen their home, their school, perhaps their toys destroyed, and have lost the places where they felt safe as well as the people who ensured their safety and security. The risk factors which refugee minors can be exposed to during and after their flight are found in almost all their biographies and have a strong influence on their vulnerability and their psychological health. Factors which further increase their vulnerability include an uncertain residence status, unstable social networks, institutional discontinuity, social isolation, lack of access to education, as well as individual factors such as guilt feelings, language problems, interruptions in normal child development. As far as these issues are concerned, it is living conditions following flight which play a major role: whether refugees develop trauma-related problems depends significantly on what happens after the trauma – in other words which conditions of risk and security are present in the society in which they find themselves.

Against the risk factors, conditions leading to security can have a positive influence and aid stabilisation. Evidence shows that parents, friends, school and leisure activities are among the most important conditions which lead to security. If they are lacking while risk factors continue, young people will find themselves suffering from a permanently high level of stress.

Following are the risk factors and the conditions for security which the BAfF has identified together with its interviewees in the context of mass accommodation.

Living space | Space to withdraw

BAfF's partners reported that children and young people living in mass accommodation live mostly in poor conditions when it comes to the space they have, with scarcely any space to withdraw. They live in crowded conditions with a high noise level which can quickly lead to conflict. The structure of the day is ill-adapted to their needs, and there is no space to learn and to play. Under such conditions, psychological stabilisation is difficult, and educational opportunities, and thus perspectives for the future, are severely restricted.

Provision adapted to the needs of the child

The availability and quality of provision suitable for children varies widely between the centres. In some, there were no play spaces suitable for children at all, in others there was a lack of qualified staff to oversee them. In some centres, care for the children was organised by the residents themselves on the basis of low-paid job-creation schemes. These conditions are worrying from a psychological point of view. Long periods of boredom and lack of occupation can lead among young refugees to feelings of powerlessness, hopelessness and

¹ Minimum standards for the protection of refugees and migrants in refugee accommodation: <https://www.bmfsfj.de/blob/121372/ab3a1foc235a55d3b37c81d71fo8c267/minimum-standards-for-the-protection-of-refugees-and-migrants-in-refugee-accommodation-centres-data.pdf>

desperation. Leisure activities such as sport, play, dance and music, on the other hand, can have a positive effect on their psychological health.

Food appropriate for children

In most mass accommodation centres, refugee families are not allowed to cook for themselves and to prepare the meals which they feel are healthy and to which they are accustomed. There are no private kitchens and food may not be brought into the centres. Mealtimes are fixed and many families see this as a serious infringement of their autonomy; parents feel they are not able to care for the needs of their children as they feel they should. The provision of standard meals does not make it possible to take account of the special needs of children with disabilities, allergies or health problems.

Disturbance and threat

Communal accommodation is often felt by residents to be threatening, especially at night. In some centres, mothers take their children with them to the toilet at night in order to protect themselves from attack. Night-time disturbances such as noise, fights, room checks by security staff or raids and deportation by police are regular occurrences and lead to a permanent sense of threat. Children are made particularly anxious by these uncontrollable situations. From a psychological point of view, feelings such as passivity, helplessness or powerlessness, which many children have already suffered, are called up once more and lead to a perpetuation of traumata. For the children, insecurity continues and they remain primed for danger. BAF's partners report that many children react to this permanent sense of threat with psychological symptoms.

"Police raids scare everyone. There are ten-year-old children who wet themselves whenever the police come." (IP25)

Social networks

Social isolation and control are seen by many of BAF's partners as particularly threatening for child development. Families are isolated, children have no access to football clubs, neighbourhood structures, dance and music groups or other facilities which will offer psychological stability and integration. They also have difficulty contacting sources of counselling and treatment.

"It's not easy to get into this place. Lawyers can't get in, volunteers only to a certain extent. There's a strict ban on visitors. Even family members who live in other centres can't get in without special permission from a senior government official." (IP22)

Access to education

Educational opportunities are the decisive factor leading to the successful integration of children. International, EU and German constitutional law all insist that minor children of asylum seekers must be given access to the regular school system within three months. In fact, many children in mass accommodation have limited access to school provision. This means that children who are already carrying psychological burdens are deprived of an important support which could have a positive effect on their stability and development.

"There is no requirement for children in reception to go to school. If the weather is good, they can play in the yard. Otherwise they can sit indoors and be bored stiff." (IP1)

If schooling is available, it generally takes place in the centre itself. It does not use the regular syllabus, is less comprehensive and covers only a few hours a day. In addition, lack of space in the family accommodation means that it's hard for children to concentrate on their homework.

Working with parents

It is often a major task for refugees to reorder their family life and the roles of family members. When children have gone through a stressful situation they will usually go to their usual source of familial support, but this person may also be suffering from psychological problems. Psychological difficulties for parents can often lead to problems for children and feelings of confusion or anxiety. Children's needs may well be neglected, and the children may even find themselves taking over the role of the parents. Such situations need family-based intervention which takes the needs of the children into account and which strengthens the parents in their role as carers.

Information about the asylum procedure given by a qualified counsellor can also help to stabilise the parents and thus the children. But such counselling is often not available in centres, and refugees who have special need for counselling on account of their psychological condition may not receive appropriate assistance in preparing for their asylum hearing.

Experience of discrimination

Residents report discrimination in respect of education, employment, the asylum process and health care. Even in the context of therapy, which ought to be perceived as a safe space, clients are not always taken seriously when they report their experience of racism. Children and young people report above all about their experience of discrimination at school. Some of them avoid school out of fear.

Early psychological diagnosis and care

During the asylum process and during reception in a centre, attention is usually focussed on the needs expressed by adult refugees. EU law requires Germany to identify the special needs of minors and to take account of them during reception (Guideline 2013/33/EU). In practice however, the needs of minors remain invisible because it is assumed that their parents will deal with such issues. But it is often difficult for parents to speak about their children's symptoms, either because psychological illness may be taboo or because they themselves are carrying psychological burdens. Young people often fail to seek support themselves in order to avoid increasing the burden on their families.

Social services, childminders and teachers are the key people when it comes to identifying children who are having problems with schoolwork or with social competence or whose behaviour requires attention. In fact, many such staff find it hard to judge the extent of such problems, and in some cases children are not even perceived to be potentially subject to such difficulties.

"The children here feel good, they play and argue with each other. The things we offer them are well received. We have never had any children here who have evident signs of traumatisation." (IP7)

The fact that social workers are overworked and the disastrous living conditions in the centres often make it more difficult to identify children with psychological problems. Children who are withdrawn, don't speak or don't play any more are almost always overlooked; disruptive behaviour such as hyperactivity or aggression is more likely to be noticed, but even then only when it takes an extreme form.

"Yes, there was a boy who lived for five or six months and we saw him just once all the time he was here. At that point, a volunteer organised a psychotherapy for him and he just blossomed – every day he would play with the children in the yard." (IP8)

As a result, only a few of the children are sent for psychosocial support by the centres themselves. People working in the care system report that their clients almost always come via acquaintances in the refugee communities or via volunteer helpers.

By and large, it appears that in the larger centres there is no systematic process for identifying the special needs of children. In some regions it was reported that such provision is specifically not wanted by those responsible.

Health in mass accommodation

Health and psychosocial care were described as being worryingly inadequate in most of the centres. Social counsellors who were able to refer residents to care providers are often highly committed but severely overworked.

"There are huge queues for the gynaecologist and social counselling. Physical barriers have been erected to stop chaotic conditions. People join the queue at midnight to get one of the six appointments to see the social worker. There used to be a draw for the appointments but that has been abandoned. In such a situation who gets the help? Only those who are fit enough. Pregnant women, seriously sick or traumatised people, single mothers with their children can't cope with conditions like these" (IP22)

There is often no translation service available, so that people can't get appropriate information about their illnesses, their medication or proposals for further treatment. For people who already have psychological problems it is clear how the poor conditions make their symptoms worse.

• • • **"Nothing is being done"**

The canteen we visited seemed grim. The person who is with us sits for a while with a young man. She tells us later that she did so in order to offer him a bit of company. He was 20 years old, had gone through many difficulties and was severely traumatised.

"He felt threatened and was very frightened of going into the canteen on his own. As a result he often ate nothing at all for days on end. He was recently seen by a staff member in the yard drinking from a puddle. He's now been to the psychiatrist a few times and there have been attempts to get him into sheltered accommodation. That's been approved, both by the Youth Department and the Health Department. They've all said yes but he's still here in this AnKER centre. Nothing is being done" (IP27)

In many cases, referral to therapy fails because the health insurance providers will not pay for translation. Attempts to get around that by using family members who don't really know the appropriate German often have fatal consequences for patients. In many cases, the authorities refuse to finance the therapy itself.

The BAfF's research in the field of health care has found similar difficulties to those which other surveys of the field have found, except that, in the case of children and young people in mass accommodation structured according to the AnKER principles, the difficulties are far greater.

Psychosocial support for children in mass accommodation

There are some regional model projects offering psychosocial care in individual centres. In some cases, counselling and treatment such as psychotherapeutic clinics or art therapy groups are offered directly in the centres specifically for children. Other models use local services outside the centres. The projects are usually highly dependent on individual commitment by those involved and on the room for manoeuvre offered by the local political situation.

Because minimum standards are not being reached in the AnKER centres, the psychosocial centre in Munich, Refugio München, joined with the NGO Doctors of the World to offer support in Manching AnKER centre near the town of Ingolstadt. Starting in January 2019, the year-long project offered psychiatric appointments and an art therapy group for children and young people every two weeks. In the course of the project, the teams identified many challenges which made psychosocial work in the centre more difficult. Only a very few of the residents were able to access the services. When treatment was available, it was unable to be fully effective because the precarious living conditions of the centre were themselves causing a deterioration of the refugees' health. After a year, Refugio München concluded that the highly restrictive conditions made it scarcely possible to address the needs of traumatised patients. Following this experience, the director of Doctors of the World called for decentralised accommodation for refugees and for minimum national and international standards to be maintained in the centres (Ärzte der Welt, 2019). Meanwhile, the BAMF, the national migration authority, continues to describe the AnKER centres as "exemplary", and to point to the "very positive feedback" which staff get from residents (BAMF, 2019).

RECOMMENDATIONS

Right to protection

Violations of the right to protection, the right to education, the right to health and the right to participation in the case of children and young people in mass accommodation should be controlled through continuous monitoring of conditions in the centres. Concepts must be developed as to how these rights can be ensured for all young refugees. The "Minimum Standards for the Protection of Refugees in Refugee Accommodation" (UNICEF, German Family Ministry) must apply in all refugee accommodation in Germany and they must be included in contracts with the operators of the centres. In addition, measures to identify, protect and treat traumatised and psychologically sick children and young people must be developed and applied.

Living space | Space to withdraw

The design and organisation of refugee accommodation must take account of the need for an environment which is sensitive to the requirements of those suffering from trauma. It must provide:

- Structures of daily life which offer security and reliability
- Social interactions which permit an alternative kind of relationship following their experience of violence and loss
- Space in which they can carry out meaningful activities (in order to counter passivity and feelings of powerlessness and loss of control)
- Spaces where they can rest and withdraw; rooms they can lock
- Security standards similar to those of women's shelters
- High standards of hygiene
- Calm and security in private and communal rooms, in corridors, in the yards, and especially in sanitary facilities, where there should be adequate lighting
- Periods of time and spaces where children and young people can rest, do homework and play

Provision adapted to the needs of the child

Children and young people must have the chance to be active themselves, to manage their own lives and to take on responsibility. Leisure activities such as play, sport, dance and music promote both physical health and psychological wellbeing. Studies show that such activities allow children to enjoy moments of relaxation, countering restlessness, feelings of powerlessness and desperation.

Spaces for children and young people, together with appropriate activities, must be a guaranteed element in any refugee accommodation.

- They must be available to all as safe spaces.
- Activities should be provided by educationally qualified staff.
- Information about activities should be easy to obtain.

Food appropriate for children

Residents should be strengthened in their autonomy in respect of their eating habits. All residents, but especially those who with special needs as a result of sickness, developmental deficits or disabilities, must be allowed to provide the food they feel will do them good. It should be possible to cook for oneself and the principles that food is provided in kind and may not be brought into the rooms must be abandoned. Parents of children with special needs must be helped to organise the provision of special food.

Calm and safety

The security of their environment is a central requirement for the health and development of children, as is the possibility of restful sleep. Children and young people must be protected from noise, room controls, police raids and deportations during the night. Otherwise they will find themselves continuing to live in a state of permanent fear and threat.

Security standards for safe rooms, for example, for women and their children, must be maintained.

Traumatised refugees in particular require a secure environment to allow them to stabilise themselves psychologically. Refugee accommodation must therefore seek to design and provide safe spaces such as are already part of the provision in the education of traumatised young people (see Scherwath and Friedrich 2012, quoted by Zito, 2017).

Social networks

Social contact to immigrant communities as well as to the wider society is a central factor protecting mental health. It allows children to feel part of a community and to gain a sense of security and support. Language learning and educational perspectives are improved and vulnerabilities can be better recognised.

Refugee children and young people must be able to make new friends and to join groups, such as sport clubs. They must get the chance to participate in "normal" life, to belong to a neighbourhood and to build themselves a social network. To this end, the possibility of having access to volunteer supporters, counselling centres, leisure providers and above all education providers outside the refugee accommodation is essential. In many cases this requires virtually no additional measures since the individuals and organisations are already ready and willing. It only requires the authorities to permit it, to strengthen it, perhaps to coordinate it and provide it with the necessary resources.

Education

Many young refugees are highly motivated to go to school and to build themselves a future, and they should receive full access to the German school and vocational training system. The special schooling which they receive in the centres was unanimously described as inadequate. It merely serves to worsen their educational opportunities. The legal requirement to go to school must be imposed in the refugee centres. There must also be access to local kindergartens in order to alleviate educational disadvantage.

School and kindergarten give children and young people the chance to find a safe space in the structure and routine of an institution, in which their talents will be respected, and they will have the chance to build social competence and develop friendships. They can be released from their passivity, and can overcome their frustration, boredom and lack of perspective.

But it must also be borne in mind that an important part of schooling is homework, which takes place outside the school. For that, children need a secure environment which encourages concentration. That means that there must be safe and quiet places in the centres which are suitable for them to learn in. Under current conditions in most centres, this seems scarcely possible. And this is another reason why families with children should not be housed in mass accommodation but in individual apartments.

Staff in school and kindergarten must also be sensitive to the living conditions of young refugees and how that impacts on their learning potential. They need to understand the needs and difficulties, but also the strengths and resources of these young people, and should have training in dealing with trauma in an educational context. They should also be more involved in the early identification of psychological problems.

Working with parents

The psychological problems of parents can also have a deleterious effect on the health and development their children. There's a need for intervention on a family level which takes account of the needs of the children and supports parents in their parental role.

The special needs of psychologically troubled refugee parents need to be identified systematically and taken account of in respect of their influence on the family system. Special attention should be given to children who take an inordinate amount of care of their parents, or who are ashamed of their situation. All children and young people should be encouraged to be aware of their own feelings and needs and to make contact with supportive people outside their own family.

For this there need to be enough staff in the centres, who must be offered regular relevant training, supervision and intervision.

The security of the entire family is significantly dependent on their residence status and on how they see their chances of being allowed to remain in the country. They must therefore have access to independent, individual advice on their asylum application.

Experience of discrimination

Children and young people who experience everyday racism, insult and threat, must have their experience taken seriously. Structural discrimination which they experience in school and in government offices, as well as in the health system, must be addressed through social work, but also by political and institutional changes. One important issue is the way in which refugees from different countries and with different expectations as to the outcome of their asylum application are treated differently. The individual biographies of every refugee must be taken seriously.

There is a need for:

- Training for empowerment for refugee children, young people and their parents
- Racism awareness training for staff in the centres, with critical reflection of their own role
- Networking and cooperation with counselling organisations for victims of racist violence, as well as with other psychosocial services providers and counselling groups of special target groups (e.g. people with handicaps, LGBTIQ, etc.)

Early psychological diagnosis and treatment

If psychological problems and needs of children and young people are to be recognised early, as required by the EU reception guideline, there has to be a structured interview with the parents, possibly based on a questionnaire, carried out by psychologically qualified staff. It is also necessary to counter the fears and hesitations of parents in a sensitive manner about bringing their children to receive support, as well as to deal with parents' own psychological issues. Special attention needs to be given to adolescents who withdraw themselves when they face problems. If attention is only given when children are unruly, this will mean that many children will not receive the help they need.

Early diagnosis and treatment need to be carried out in a three-part process with a clear referral structure, roles and responsibilities.

1. Assessment, independent counselling and information

A structured personal interview should take place in a supportive atmosphere. Unlike the initial medical examination, this should be voluntary, but all residents should be offered the service as soon as possible and not only after they have made a complaint.

Ideally, trust should be created by the provision of the service by independent non-state actors, who must in any case have the appropriate psychosocial qualifications. Social services in the centres have a key role since they have the closest contact to residents and appropriate support structures. Such provision needs adequate staffing in the centres, with the right working conditions, training, supervision and interpreting services.

Childcare and educational staff are also significant sources who should be involved in the process since they may be the first to tell if children have difficulties in learning or in social competence. Effective cooperation with those offering counselling about the asylum procedure is also of great significance.

2. Qualified diagnosis

If a first interview suggests a psychological illness, the patient must be given the chance of prompt diagnosis, specialised assessment of the patient's requirements and initial care.

3. Provision of service

If it is decided that treatment is needed, provision must be made for it, together with the necessary translation service.

Every centre should integrate a process of identifying and caring for particularly vulnerable children and young people which is designed according to the model given above, and should take account of experience of care in the region.

Needs which have been identified should be documented in a manner consistent with data protection principles and ideally analysed statistically, so that services can be planned and developed on a solid basis. Personal data should only be given to other care services once the patient has given properly informed agreement.

Communication and cooperation

Structures must be developed to enable those involved in the process of determining special needs to be regularly in contact with each other, both regarding individual cases, but also in order to evaluate procedures. Early diagnosis usually only works if the authorities are behind it. Round Tables with participants from social service and care providers, reception offices, funding organisations and possibly the Federal Migration Authority (BAMF) have proved useful in pilot projects.

Health provision in mass accommodation

Treatment for refugee children and young people must be expanded within the centres, as well as in the regular health system, and must be improved in quality. Barriers arising from inadequacies in the provision of information, structural limitations due to the asylum law, and physical isolation in mass accommodation centres must all be reduced, while provision such as psychological clinics and art therapy groups must be strengthened.

From the initial interview onwards, refugees must be able to understand what is going on in their health care through the use of a common language. Translation services must be provided in order to avoid misunderstandings, incorrect diagnosis and medical errors.

Children and young people with psychological problems, together with their families, must be able to access care provision outside the centres and should be supported in their search for such support. Clinics held in the centres themselves are usually not enough – firstly, they do not usually have the appropriate specialists, and secondly, psychosocial problems need a secure environment and a confidential atmosphere which are not available in the mass accommodation context.

Experience with support provided in mass accommodation centres shows that it is the living conditions of the centres which often lead to or aggravate symptoms of psychological illness. Such accommodation cannot be defended on health or psychosocial grounds.

Length of stay in mass accommodation

The length for which refugees stay in reception or mass accommodation must be reduced to a minimum. During this period, refugees should receive all the information and the medical examinations which they need, as well as referral to counselling organisations and medical and psychosocial services available in the wider community. They should be distributed to smaller decentralised accommodation, in order to improve their living conditions and their prospects for integration and to reduce the psychological pressure they are under.

Summary of recommendations:

- Reduce the length of stay in mass accommodation to a minimum
- Provide decentralised accommodation
- Identify special vulnerability
- Integrate low-threshold psychosocial counselling (weekly clinics are not enough)
- Treat refugee children equally in access to health and social welfare systems compared to other children
- Fund interpreter services
- Secure and fund provision for children and young people with educationally trained staff, as well as for adults
- Provide refugees with the right to choose in daily life (food, doctors –an end to the principle of benefit in kind)
- Ensure access to regular school and kindergarten, as well as to language courses

References

- Ärzte der Welt. (2019). *Ärzte der Welt fordert Ende des Pilotprojekts „Ankerzentren“*. <https://www.aerztederwelt.org/presse-und-publikationen/presseinformationen/2019/07/22/aerzte-der-welt-fordert-ende-des-pilotprojekts-ankerzentren>
- BAMF. (2019). *AnKER-Einrichtungen in Bayern. Stellungnahme des Bundesamts für Migration und Flüchtlinge*. https://www.fluechtlingsrat-bayern.de/tl_files/2019/Dokumente/Statement%20Herr%20Dr.%20Sommer.pdf
- Fried, S., Kaireitis, J., & Schmidt, V. (2018). *Schutz für Kinder zwischen Flucht und Ankunft. Analyse zur Gefährdung geflüchteter Kinder in deutschen Erstaufnahmeeinrichtungen und Notunterkünften* (Save the Children Deutschland e.V. (Hrsg.)).
- Lewek, M., & Naber, A. (2017). *Kindheit im Wartezustand. Situation von Kindern und Jugendlichen in Flüchtlingsunterkünften in Deutschland*. (UNICEF (Hrsg.)). <https://www.unicef.de/blob/137024/ecc6a2cfed1abe041d261b489d2ae6cf/kindheit-im-wartezustand-unicef-fluechtlingskinderstudie-2017-data.pdf>
- Spiegel, N., Warkentin, W., Suckow, W., & Weber, D. (2018). *„Unterbringungs-TÜV“ Zur Messung von Kinderrechten in Unterkünften für geflüchtete Menschen in Deutschland* (Save the Children Deutschland e.V. (Hrsg.)).
- UNICEF, & BMFSFJ (Hrsg.). (2018). *Mindeststandards zum Schutz von geflüchteten Menschen in Flüchtlingsunterkünften*. <https://www.bmfsfj.de/blob/jump/117472/mindeststandards-zum-schutz-von-gefluechteten-menschen-in-fluechtlingsunterkuenften-data.pdf>
- Wihstutz, A., Trän, H. M., Fichtner, S., Scott, P., Le, T. H. T., & Schulz-Algie, E. (2019). *Zwischen Sandkasten und Abschiebung: Zum Alltag junger Kinder in Unterkünften für Geflüchtete* (1. Aufl.). Verlag Barbara Budrich.
- Zito, D. (2017). Flüchtlinge als Kinder - Kinderflüchtlinge. In C. Ghaderi & T. Eppenstein (Hrsg.), *Flüchtlinge: Multiperspektivische Zugänge* (S. 235–256). VS Verlag für Sozialwissenschaften. <https://www.springer.com/de/book/9783658157401>