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Social educators' role in helping immigrant families with children with intellectual disabilities get better access to health and social services.

Bacheloroppgave i vernepleie

Veileder: Erik Søndena

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Summary

Title: Social educators' role in helping immigrant families with children with intellectual disabilities get better access to health and social services.

Immigrant families with children with disability are a vulnerable group in society because of the double challenges they face. In addition to taking care of a child that is disabled, they must also deal with the challenges of being an immigrant. This group needs a lot of help to take care of their child with disabilities and to be integrated into society and live meaningful lives. The purpose of this study is to examine how social educators can help immigrant parents with children with intellectual disability get better access to health and social services. Two sub questions have been used to help answer examine this issue. 1.) what barriers/challenges do immigrant families face when trying to access health and social services? and 2) how can the competencies of the social educator help break down the barriers? The results from the five selected scholarly articles identified 3 main themes which show that immigrant families with children with disabilities have problems navigating the service system, their culture affects their understanding of disability, and language limitations lead to problems with communication. These challenges hinder these families from gaining access to services. Social educators can use their competencies to help the families and break down the barriers to access. The immigrant population is keeps growing in Norway which means that there more and more people will have to face these barriers. More research is needed on ways to make information easily available. Barriers to information is of particular interest here.

Keywords: immigrant families, healthcare, welfare services, child, disability, social educator and barriers.

Sammendrag

Tittel: Vernepleierens rolle i å hjelpe innvandrerfamilier med barn med utviklingshemming med å få bedre tilgang til helse- og sosialtjenester.

Innvandrerfamilier med barn med utviklingshemming er en sårbar gruppe i samfunnet på grunn av de doble utfordringene de står overfor. I tillegg til å ta seg av et barn som er funksjonshemmet, må de også håndtere utfordringene ved å være innvandrere. Denne gruppen trenger mye hjelp til å ta vare på sitt barn med utviklingshemming og for å bli integrert i samfunnet og leve meningsfulle liv. Formålet med denne studien er å undersøke hvordan vernepleiere kan hjelpe innvandrerforeldre med barn med utviklingshemming med å få bedre tilgang til helse- og sosialtjenester. To underspørsmål har blitt brukt for å svare på dette. 1.) hvilke barrierer/utfordringer møter innvandrerfamilier når de prøver å få tilgang til helse- og sosialtjenester? og 2) hvordan kan vernepleierens kompetanse bidra til å bryte ned barrierene? Resultatene fra de fem utvalgte fagartiklene identifiserte 3 hovedtemaer som viser at innvandrerfamilier med barn med nedsatt funksjonsevne har problemer med å navigere i tjenestesystemet, deres kultur påvirker forståelsen av funksjonshemming, og språkbegrensninger fører til problemer med kommunikasjonen. Disse utfordringene hindrer familiene i å få tilgang til tjenester. Vernepleier kan bruke sin kompetanse til å hjelpe familiene og bryte ned barrierene for tilgang. Innvandrerbefolkningen fortsetter å vokse i Norge, noe som betyr at flere og flere mennesker vil måtte møte disse barrierene. Det er behov for mer forskning på hva som kan gjøres for å bryte ned disse barrierene. Barrierer til informasjon er av spesiell interesse.

Nøkkelord: innvandrerfamilier, helsevesen, velferdstjenester, barn, funksjonshemming, vernepleier og barrierer.

“... Og så måtte jeg finne ut hvor han skal få hjelp, hvilket sted, hva går, hva går ikke, sånne ting som jeg har gjort for meg selv, ingen andre hadde fortalt meg. Fikk ikke denne informasjonen som jeg burde ha fått.” (Früh et al., 2016, p.2

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1.0 Introduction

1.1 Justification for the choice of topic

Norway has become a multicultural society and the number of immigrants keeps rising. This means that the number of people using health and welfare system and the number of immigrants with disabilities will keep going up. Immigrant families with children with disabilities are a vulnerable group in society because in addition to dealing with having a disabled child, they must deal with being immigrants in a new country with all the challenges it entails. This group needs a lot of help to navigate the health and welfare system of a country they are unfamiliar with, to get the help and support they need to properly take care of their child and be able to be integrated into society. Social educators who work with marginalised and vulnerable groups is one profession that can help this group. They have knowledge about the welfare system, knowledge about disabilities and they have competency in recognising and breaking down barriers.

Having been an immigrant myself, I am familiar with the challenges faces by them, and having known a few immigrant parents with children with disabilities, I have heard stories and frustrations such as parents having to wait for the GP to refer them to a specialist, instead of them just going to the specialist like they would in their home country.

1.2 Purpose of the study

The purpose of this literature study is to examine how social educators can help families with children with intellectual disabilities. The goal is to identify what challenges or problems immigrant parents encounter and how the competencies of social educator can help overcome these challenges.

This literature study will attempt to answer the following question:

How can social educators help immigrant families with children with intellectual disabilities get better access to health and social services? The following two sub questions are used to help answer the question:

1. What barriers do immigrant parents met when trying to access services?
2. How can the competencies of social educators be used to break down these barriers?

1.3 Limitation of the study

This study will focus on the following problems/barriers encountered by immigrant families, communication problems, problems navigating the service system and culture's influence on the understanding of disability.

1.4 Definitions of terms

Social educator:

Social educator is often described as a profession with double competence in health and social sciences. Through their education, social educators gain knowledge in various areas such as health, psychology, pedagogy, environmental therapy, and law (Lovdata, 2019; NTNU, n.d). The breadth of knowledge in different areas, ensures the provision of healthcare and welfare services to all groups in society (Lovdata, 2019)

Social educators work primarily within the health and social sector, they also work in schools, kinder garden (and many other places). These are the areas in which they encounter immigrant families.

Immigrant: refers to a person or a group of people who for various reasons have (in search of work or better life, fleeing war or religious persecution or joining family already living here), have moved to and now live in another country different to their own.

Disability: when talking about disabilities in this study, it refers to intellectual disabilities as well as other disabilities. This is because children/people with intellectual disability also have other disabilities. In addition, the few studies that have been done on immigrant families with disabled children have focused on children with various reduced functional capacities/disabilities (funksjonsnedsettelse) which have included children with intellectual disabilities (Naku, 2021)

Core roles: refers to 3 of the 4 core roles, partnerrolle (partner role), brobyggerrolle (bridge-builder role) and pådriverrolle (driver/advocate role). The fourth role, ansvarsrolle (responsibility role) has been left out because it is not very relevant for the purpose of this study.

1.5 Outline

Relevant theory to the study is presented in chapter 2. In chapter 3, methods used to find the five scholarly articles used in this study is presented, as well as the analysis of the articles. Chapter 4 outlines the results from the articles. In chapter 5, results from the articles and relevant theory set up against each other and discussed. This chapter also includes the strengths and weaknesses of the study. Chapter 6 contains the conclusion with a summary of the findings and implications for further research. The reference list contains literature that has been used in this study.

2.0 Theory

2.1 Intellectual disability

Intellectual disability is a medical diagnosis given to people who have an intelligence quotient (IQ) level that is below 70. The International Classification of Diseases» (ICD-10) by the World Health Organization (WHO) as cited in NAKU (2023) defines intellectual disability as a condition of delayed or deficient/insufficient development of abilities/skills and functioning level, that appear before the person reaches adulthood (18 years) and is characterised by inhibition of skills that present themselves during the developmental period and contribute to the general level of intelligence, e.g. motor, cognitive, social and linguistic. The condition can be present with or without other psychological and somatic disorders (NAKU, 2023). Children with intellectual disability are at a higher risk of having conditions such as epilepsy, vision, and hearing impairments and motor difficulties. Intellectual disability is classified into four levels or degrees based on severity mild, moderate, severe, and profound (Urnes, 2018).

2.2. Immigrants in Norway

The term immigrant is used to describe people that have come to Norway for different reasons. Some come as migrant workers, some come as refugees or asylum seekers, while others come through family reunification (to people already living in the country). Many immigrants who came to Norway in the 1980s came from western countries, while today, 73% of immigrants in Norway come from non-western countries. Non-western countries mean Turkey, Africa, Asia, Eastern Europe, South and Central America. In the last 25 years, immigration to Norway has been steadily rising and there are now immigrants from more than 200 countries (NAKU, 2021). In 2021, there were about 800,000 immigrants in Norway and this number has risen to over 870,000 immigrants in 2023 (Steinkellner & Gulbransen, 2021; SSB, 2023). This includes both immigrants and Norwegian-born to immigrant parents. According to Steinkellner & Gulbransen (2021), the five largest immigrant groups in 2021 were from Lithuania, Poland, Sweden, Syria, and Somalia. Immigrant populations in Norway also include adults and children with various disabilities, including intellectual disabilities. However, in Norway, there has been very few studies done on immigrant families with children with intellectual disabilities (Naku, 2021).

2.3 Challenges of being immigrant and having a child with disabilities

Although immigrants in Norway tend to be viewed as a homogenous group, they come from different parts of the world and have their own distinctive identity, history and life experiences, religion, and the traditions and cultures from where they grew up. What

they have in common is that they are immigrants, and this means that they face the same challenges of being new to the country. Being an immigrant means encountering a new group of people, a different language, new culture, traditions, new rules and norms, and a new way of life. These factors can lead to misunderstandings between immigrants and ethnic Norwegians which can result in a lot of frustration for the immigrants, leaving them with insecurity and a lower self-esteem. Many immigrants also have difficulties getting their higher education approved in Norway, making it difficult for them to gain employment (Kumar, 2001).

These factors can lead to problems adjusting to Norwegian society, and further strengthen the feelings of frustration, insecurity and lower self-esteem felt by the immigrants. Thus, immigrants with children with disabilities will have additional challenges to compared to ethnic Norwegians with children with disabilities, because they have a different culture, they often have communication barriers, and have little or no knowledge of the Norwegian welfare system. It is said that these immigrants are in a double minority position (Berg, 2012). Many parents with children with disabilities come from countries that are very different from Norway. Some come from places with a different welfare system and find it difficult to relate to the Norwegian system (Søderstrøm, 2012). Others come from countries where the public welfare system is not well developed or doesn't exist, the different welfare agencies in Norway are unfamiliar to them, which can make them confused when they come here because they do not understand what the agencies do (Berg & Fladstad, 2012). This can also apply regarding different health professions that the immigrant parents might not be familiar with because they do not exist where they originally come from (Sørheim, 2000).

In the project report "Etniske minoritetsforeldre med funksjonshemmede barn" prepared by Inger-Synøve Haldar and Farida Shakoor in 2005-2006, results showed that immigrant parents need a lot of help and guidance, because they have problems with the Norwegian language, they have limited knowledge about their rights as well as the Norwegian healthcare system. According to Kittelsaa (2012), some immigrant parents feel that their limited language skills do not hinder them in getting information about their rights, it is rather service providers not telling them about different services that are available.

2.4 Culture

Eriksen & Sajjid (2015) state that in addition to being learned, culture is also something that is passed down from generation to generation.

In western biomedicine, it is believed that the understanding of disease represents a universal truth, that the interpretation and meaning aspect of illness is the same in every part of the world. However, it has been shown that the meaning aspect of illness differs

from culture to culture. For this reason, it is important to view illness and anomaly in a socio-cultural, religious, economic and political context (Eriksen & Sajjid, 2015).

Immigrant parents often have their own perceptions about illness, anomaly and treatment that don't coincide with the Norwegians view on disability, because of their cultural backgrounds (Eriksen & Sørheim, 2006). As a result, many immigrant parents find it difficult accepting that their child has a disability, as confirmed by many professionals (Berg & Fladstad, 2012).

In the non-western parts of the world, the most widespread explanatory models of illness and anomaly, regardless of religion are sorcery, witchcraft, curses, black magic, and the evil eye. Another causal explanation that is widespread is the belief in the supernatural as the cause of anomaly and illness where the disabled child is viewed as a gift or punishment from God. Terms usually associated with these explanatory models are, shame, punishment, and guilt (Sørheim, 2000).

2.5 Language and communication

According to Kumar (2001), immigrants in Norway have major difficulties communication because they are not able to speak the Norwegian language. This is a language that also has a new body language and facial expressions. Immigrants that have been residing in Norway for a while will also have problems with the language because they will never master the Norwegian language like they do their native language, and they will not be able to express themselves in Norwegian the same way they do in their native language. Thus, limiting their opportunities to communicating with others. Sørderstørm (2012) expresses the same sentiment, in that even though some immigrants speak Norwegian well, they might have difficulties understanding technical/medical terms. It is therefore important as stated by Sørheim (2000) that professionals and others working with immigrant parents are good at providing information while considering the immigrant parents' level of understanding.

Immigrant parents risk getting limited information because of their limited knowledge of the Norwegian language (Sørheim, 2020). Sørheim (2000) emphasises importance of having good communication skills when meeting immigrant families, because the parents often struggle with giving and receiving information. Sajjad (2012) stresses the importance of using interpreters when interacting with immigrant parents because not doing so can lead to misinformation and misunderstanding.

Communication is about a lot more than just the spoken words. It is also about communication skills, understanding gestures and symbols and the social context of the interlocutor is basing their communication Eriksen & Sørheim 2006). Coming from a

different country and culture, immigrant parents might have problems grasping this. For this reason, when communicating with immigrants, it is important to also focus on non-verbal cues and cultural context (Søderstrøm, 2012)

2.6 Social educator's competence and core roles (vernepleierens kjerneverker)

Historically, social educators have primarily worked with individuals with intellectual disability. Although this is still the case today, now it also includes different groups of people, such as those with other cognitive impairments, physical, psychological and social disabilities. Social educators have three areas of competence according to Norlund et al. (2015) which are: health competence, social work competence, and pedagogical competence. With the health competence, social workers are regarded as authorised healthcare professionals' knowledge about various illnesses/disabilities, including causes, challenges, treatment, or coping strategies. Social educators have social work competence, meaning that they have knowledge about the welfare state, including welfare services and benefits. This competence is also vital in the social educators work with marginalised and vulnerable groups in society. Social educators' pedagogical competence consists, of providing guidance providing training/education and guidance to individuals who need this (Norlund et al., 2015).

According to Brask et al.'s (2016) model of reflection, there are four core values of social educator that might be used to explain and understand social educators' competencies, value base and options of actions. The social educator works or operates at an individual or system level. At the system level social educators work directly with an individual or a group of people and try to make a change in the individual's or group's life. The system level refers to different systems that are close or far from the individual, but that can have an influence on the individual. This can be family, school, government services, health, and social services and society's norms and culture. At the system level, social educators work in collaboration with other professions. The core values are: partner role (partnerrolle), bridge builder role (bobyggerrolle) and driver/advocate (pådriverrolle).

In the partner role (partnerrolle) the social educators work from an interaction-oriented approach where focus is on interaction between social educators and service users/recipient. In this role, communication, and dialogue between the two (social educator and service user/recipient) is important. Understanding other people's way of communicating and communicating in a way that the other person understands, is of vital importance in the partner role, thus, making communication an important

competence of social educators. In the partner role, social educators have an open and sympathetic/receptive approach with focus on the service user. The role is characterised by a special sensitivity to nuances in the service user's experiences and behaviour (Brask et. al, 2016).

In the bridge-builder role (brobyggerollen), social educators work from an action-oriented approach at the system level and interact and communicate with families, colleagues, people from other professions, and professionals representing various agencies. These groups collaborate to ensure the quality of the services. Interdisciplinary collaboration is vital in the bridge-builder role because different professions work, and social educators often have a leading role here ensuring that the collaboration is fruitful. In this role, social educators have an open and receptive approach, but with much broader focus on several individuals. The role characterised by a genuine interest in the perspectives of others, looking for opportunities for dialogue and creating a common basis for understanding (Brask et. al, 2016).

The driver/advocate role (pådriverrolle) becomes relevant when dialog/partner role (partnerrolle) and bridge-builder role (brobyggerrolle) have not been enough to yield the desired results. In the driver/advocate role, social educators work is focused on facilitating framework conditions and health and policy actions on the behalf of the service users. Social educators in this role work on the system level, with is a broader and more social focus on various people, environments and groups or society. The role characterised by a commitment to breaking down barriers and making things easy where there is a need. They must always be aware of different types of barriers that exist in society (attitudinal barriers, physical or informational barriers), because the role requires having a special commitment and readiness to work to reduce or break down barriers on many different levels. (Brask et al., 2016).

3.0 Method

The method used in this study to answer the problem statement is literature study. A literature study is a systematic approach where one searches through and gathers literature from various search engines or databases. It is then reviewed critically and the information from these textual sources is synthesised (Thidemann, 2019)p.77-78) The information or data used to answer the problem statement for this study came from five peer-reviewed scholarly articles.

3.1 Procedure

To help me perform a systematic search, I chose to utilise the PICO framework (Population, Intervention, Comparison, Outcome) prior to starting the literature search. With the help of PICO, I was able to break down the core concepts in the statement problem and identify terms and keywords that were useful when I started searching through literature. PICO was useful in that it showed the most relevant terms which helped in narrowing down the search (Thidemann, 2019, p. 82-84)

The following table shows how I set up my PI(C)O format. C (comparison) was not relevant since a comparison of two interventions was not necessary.

Table 1. PICO format

Population (who)	Intervention (what)	Comparison (alternatives)	Outcomes (results)
Immigrant parents with children with disabilities	Competencies of social educators	Not related	Gain better access to health and social services

(Based on Thidemann, p.84)

Utilizing PICO helped to systematise the process of literature search, thus making it planned, justified, documented and verifiable (Thidemann, 2019, p. 82). I decided to do a search in Google Scholar using some of the terms in PICO to get an overview of available literature prior to starting the systematised literature search. The academic databases used in the systematic literature search were PubMed, Sociological Abstracts (English) and Idunn (Norwegian) that all carry publications from various academic journals. Although the searches made were planned, they had to be continuously worked on, developed, and narrowed down through the search process in order to find the most desirable and relevant results. To limit the amount of literature found and to help make the search more relevant, inclusion and exclusion criteria were added to the search. Inclusion criteria were peer-reviewed articles (where it was applicable), articles in English, and specific time periods. The exclusion criteria were articles that were no older than ten years and articles that did not have the IMRaD structure (Introduction, Methods, Results and Discussion) (Thidemann, 2019, p. 30).

3.2. Search log

The systematic search strategy is presented in Table 2 named search matrix and it shows the search words, search date and database used. While doing searches in the different databases, all the article titles on the hits list were read and checked for duplicates.

Based on the articles title and relevance to the problem statement, I read the abstracts before selecting articles that were read in full. Articles read in full were then critically assessed to ensure their relevance, quality, and validity in relation to the assignment's statement problem (Thidemann, 2019, p.84-89). A quality assessment was carried out on each article. The quality assessment was based on checklists from the Health Library (Helsebiblioteket) (Helsebiblioteket, 2021). These checklists are used as educational tools for critical assessment of scholarly articles (Thidemann, 2019, p. 91). The chosen articles were critically assessed using the checklist for qualitative studies was used on all the articles used in this study, since all of them utilised qualitative method. Journals in which the articles were published were checked in the registry at the Norwegian Centre for Research (NDS) to further check for quality by looking at the ranking levels, one or two, with two being the highest rank (Norsk senter for forskningsdata, n.d). When entering the different journals in the registry, one article was ranked on level two, while the other four were ranked on level one. From this it was established that the articles had been published in peer-reviewed journals, and thus quality assured and can be used in this literature study.

Table 2. Search matrix

<u>Search date</u>	<u>Database</u>	<u>Search no.</u>	<u>Word(s) and word combination(s)</u>	<u>Delimitations</u>	<u>No. of hits</u>	<u>Read abstracts</u>	<u>Read articles</u>	<u>Included</u>
28.04	PubMed	1	Immigrant families children disability	Full text, last 10 years, English	87	10	8	2
01.05	ProQuest-Sociologica l Abstracts	2	Migrant family developmental disability	Scholarly journals, 2013-2023, English	387	5	2	1
01.05	PubMed	3	Migrant family developmental disability	Full text, last 10 years, English	9	2	1	1
01.05	PubMed	4	Immigrant parents service provider help	Full text, last 10 years, English	34	2	2	0
05.05	Idunn	5	Innvandrerfamilie r	2013-2022	52	2	2	1

(Based on Thidemann, 2019, p. 89)

3.3 Literature matrix

The 5 relevant articles that were selected for the literature study, were individually systematised in a literature matrix presented in tables 3, 4, 5, 6, and 7 and contain relevant information, such as methods, participants, strengths/weaknesses, ethical

evaluation, and relevance to the statement problem.

Table 3. Article 1

Full reference	Dijkstra, M. & Rommes, E. (2022) Dealing with disability: challenges in Dutch health care of parents with a non-Western migration background and a child with a developmental disability. <i>Disability and Rehabilitation</i> , 44:23, 7178-7189, Doi: 10.1080/09638288.2021.1985637
Purpose of study	The aim of the study was to acquire information about the experiences of immigrant parents with children with developmental disabilities to better understand the unique challenges they face in foreign healthcare systems, so that their health care services can be improved.
Method	The study used qualitative methods with semi-structured, in-depth-interviews to explore the parents' experiences.
Selection/population	The participants in the study consisted of twelve families. Parents were first generation immigrants originally from a non-western country, that spoke Dutch, English, Turkish or Arabic and had a child with a developmental disability. The children were categorised in the age groups: 3-10 years or 11-23 years. Nine interviews were held with the mother of the family, two interviews were held with both parents and one interview was held by the father of the family. The parents had a child with a developmental disability.
Results	The analysis of the results identified 3 main themes: <ol style="list-style-type: none"> 1. The meaning of having a disability, 2. Information about the disability, 3. Interaction with professional care takers.
Quality assessment	Strengths: Researchers from different cultural backgrounds were included in the study. Data saturation was reached for the sample. Which can contribute to the validity of the study. Weaknesses: The authors point out that the backgrounds of the participants were not as diverse as they would have hoped. many of the participants were interviewed in a language they were not native speakers. This might affect reliability.
Ethical considerations	Ethical approval from the ethics committee of the Radboud University. Parents most likely to participate in the study were given received information about the study. A consent form was given to the parents ensuring them that the information given would remain anonymous and that they could withdraw from the study at any time. Consent to audio taping the interview was also obtained.
Relevance	Relevant for my statement problem as the study looks to get a better understanding of the unique challenges faced by non-western immigrants in foreign health care systems in order to improve health care services.

Table 4. Article 2

Full reference	Khanlou, N., Haque, N., Sheehan, S., & Jones, G. (2015). "It is an issue of not knowing where to go": Service providers' perspectives on challenges in accessing social support and services by immigrant mothers of children with disabilities. <i>Journal of Immigrant and Minority Health, 17</i> (6), 1840-1847. https://doi.org/10.1007/s10903-014-0122-8
Purpose of study	Get information on the perspectives of service providers about the challenges that immigrant mothers of children with disabilities face when accessing social support and services. Part of the Mothers project (Social support for Immigrant Mothers of Children with Disabilities).
Method	A qualitative approach used to collect data over the telephone between April and December 2012, in the Greater Toronto Area. Telephone interviews took 60-90 minutes.
Sample/population	27 participants working in various service organisations recruited, who volunteered to participate. 22 were female (81%), and 5 were male (19%). Work experience ranges from 2-35 years in their professions. They worked as social workers, lawyers, program managers, family physicians/paediatricians, and were employed in different organisations such as social work, community centres, legal services, children treatment centres.
Results	House's 4 domains of social support were used to organise the various challenges into themes: 1).Structural support: language and communication barriers, navigating new systems, excessive paperwork, dispersed services, cultural differences, limitation of services. 2).Instrumental support: social support from family and friends. 3).Emotional support: Lack of emotional support from partners. 4).Perception support: recognising mothers' resilience and support needs and barriers that influence the support received and perceived.
Quality assessment	Strengths: Participants from a variety of professions, who worked in different organisations. Both men and women were included in the study. All the authors had previous experience in qualitative research. This strengthens the study's validity and reliability. Weaknesses: As mentioned by the authors, there is uncertainty surrounding the extent to which participants views are representative of all service providers, due to the purposive sampling method used. More women participants than men.
Ethical considerations	The participants who agreed to take part in the study received information about the study from the coordinator, who then sent consent forms to be reviewed prior to the interviews. Verbal consent was obtained from each participant at the beginning of each interview. Ethics approval was obtained from York University's Research Ethics Board, Toronto, Ontario.
Relevance	Relevant because it looks at the service providers' perspectives on the challenges faced by immigrant mothers with disabled children. The section about structural support is most relevant.

Table 5. Article 3

Full reference	Arfa, S., Solvang, P.K., Berg, B. & Jahnsen, R. (2020). Disabled and immigrant, a double minority challenge: a qualitative study about the experiences of immigrant parents of children with disabilities navigating health and rehabilitation services in Norway. BMC Health Services Research. 20, 134 (2020). https://doi.org/10.1186/s12913-020-5004-2
Purpose of study	The aim of this study was to produce knowledge about how accessible and tailored health and rehabilitation services in Norway are from the point of view of immigrant parents of children with disabilities, by focusing on the parents' experiences
Method	This study used qualitative approach, collecting data through semi-structured interview guide. Interviews lasted for approximately 55-130 minutes.
Sample/population	Immigrant parents of children with disabilities from non-western countries, recruited between 2015 and 2017 through a rehabilitation centre. A total of 23 parents participated in the study from 14 different countries. 17 mothers and 6 fathers.
Results	Analysis of the data highlighted 4 main themes: <ol style="list-style-type: none"> 1. Immigrants' gratitude for services 2. Communicating beyond language 3. Finding a way through the service system 4. Accessing help as a battle
Quality assessment	Strengths: Participants came from 14 different countries and had varied linguistic, cultural, and religious backgrounds. This can help the study's reliability. Weaknesses: The authors mention that member checking was not carried out. They also mention that the quality of the data generated might have been affected because the interviewer and the interviewees did not have Norwegian as their first language.
Ethical considerations	Participants received an information letter about the study. They were informed about the interview procedures and the recording of the interview. A written informed consent was obtained from all participants, prior to being interviewed.
Relevance	Relevant because it gives knowledge from immigrant parents from non-western countries point of view on how accessible and tailored services are for their disabled children.

Table 6. Article 4

Full reference	Früth, E. A., Lindén, H., Gardsjord, R., Aden, P. & Kvarme L. G. (2016). Immigrant mothers of children with special needs: Balancing care and labour market participation. <i>Søkelys på arbeidslivet. Norwegian Journal of working Life Studies</i> , 22(3). 269-290. https://doi.org/10.18261/issn.1504-7989-2016-03-05
Purpose of study	The aim of this study was to examine how immigrant mothers with children with special needs assess the possibilities of combining care for their children with employment and what conditions they describe as necessary for them to be able to work.
Method	The study used qualitative methods with semi-structured and focus group interviews. Data collected between August 2013 to June 2014
Sample/population	27 parents with children with special needs, 9 fathers and 18 mothers. A total of 21 families which covers 23 children. Parents have backgrounds from three countries. 13 parents from Pakistan, 9 parents from Poland and 5 parents from Vietnam.
Results	The study revealed three key themes: <ol style="list-style-type: none"> 1. Daily family organisation 2. Access to welfare services 3. Access to working life. Results focus on 13 families who have children with extensive care needs.
Quality assessment	Strengths: The authors used both individual semi-structured interviews and focus group interviews. The study distinguished between new immigrants and more established immigrant communities. Weaknesses: There was an uneven number of participants in the three groups, with one group having more participants than the other two.
Ethical considerations	The Regional Ethics Committee (REK) approved the study. Written informed consent was obtained from the participants before the interviews started. All interviews were transcribed and anonymised.
Relevance	Relevant because one of the study's findings is about mothers' opinions about access to welfare services and what they view as necessary to be able to work while they take care of their child with special needs.

Table 7. Article 5

Full reference	Fellin, M., King, G., Esses, V., Lindsay, S., & Klassen, A. (2013). Barriers and facilitators to health and social service access and utilization for immigrant parents raising a child with a physical disability. <i>International Journal of Migration, Health, and Social Care</i> , 9(3), 135-145. doi: https://doi.org/10.1108/IJMHS-07-2013-0024
Purpose of study	To examine the barriers and facilitators to health and social eservice access and utilization for immigrant parents with a child with physical disability, for the purpose of understanding their specific needs and experiences.
Method	Qualitative interviews
Sample/population	Five immigrant parents from Asia (India), Africa (Kenya/Somalia) and the Caribbean (Haiti) with children with physical disability in Ontario, Canada.
Results	The study highlighted the following barriers: <ol style="list-style-type: none"> 1. Divergent perspectives of disabilities and health care systems 2. Language barriers 3. Service systems 4. Financial barriers 5. Discrimination 6. Gender relations
Quality assessment	Strengths: The authors are experienced researchers from various fields. And the Participants came from different cultural backgrounds. These factors might be good for the validity and reliability of the study. Weaknesses: a weakness that is also mentioned by the authors is the small sample size.
Ethical considerations	Ethics approvals for the project were obtained from McMaster University, Hamilton Health Sciences, and Bloorview Research Institute's Research Ethics Boards.
Relevance	Relevant because the study seeks to understand barriers and facilitators to health and social services when it comes to access and utilization of these for immigrant families with children with have (physical) disabilities.

3.4 Analysis: identifying themes.

To help analyse the selected, Aveyard's thematic analysis model (Aveyars,2019; Thidemann, 2019, p. 96) was used. Aveyard's model describes steps to take when analysing research articles systematically.

The process of analysis started by first reading through the articles. Working on one article at a time, the articles were read in their entirety. Thereafter, the results section was read thoroughly and repeatedly to get an understanding and overview of the content and identify the overarching themes. This was important since the analysis is based on the articles' findings. Reading through the results section to identify main themes, markers in different colours were used to sort the themes, with each theme having a colour. As the different themes were identified, theme headings (describing the main content) were developed, given provisional names, and written down to help sort and group the themes. For instance, one theme was given the provisional name «understanding disability» and marked in blue, another was named «finding your way in the system» and marked in green. Meaning that when the themes were identified in the articles, they were marked with appropriate colours. Once all the themes were identified, they were placed into a table, a thematic table, to get a better overview while doing the analysis. The themes were assessed and examined closely to check if they had the correct wording and if they were placed under the appropriate theme headings. In addition, themes that turned out to be irrelevant for the statement problem were removed from the table. Using the thematic table made it easy to see similarities and differences in the data (results) (Thidemann, 2019, p.93). In deciding which themes that were going to be included in this literature study, themes that appeared repeatedly in most of the articles and that had the most relevance to the statement problem were selected.

Through the literature analysis and assessment of themes, the main themes were identified and given the following names, 1. «The understanding of disability», 2. «Navigating service systems», 3. «problems with communication» and 4. «Cultural differences». While reviewing the themes, it was viewed as beneficial to merge two of the themes into one, because the two overlapped a lot in the article. «The understanding of disability» and «Cultural differences turned into «Culture and the understanding of disability».

The final main themes were as follows:1. Culture and the understanding of disability, 2. Navigating service systems and 3. Problems with communication.

These themes represent the challenges or barriers that immigrant families with children with intellectual developmental disabilities encounter when trying to access health and social services.

Table 8 gives an overview of the findings (themes) from the five selected articles, that which lead to the development of the three main themes that were identified through the analysis. While some of the themes are based on the concepts from the original articles, others I have developed myself.

Table 8. Table of themes

Themes	Article 1	Article 2	Article 3	Article 4	Article 5
Culture and understanding disability	1. Disability = stigma and shame 2. Understanding disability 3 Healthcare professionals = experts	Cultural difference	Being grateful		1. Different views on disabilities and health care system
Navigating service systems		1. Complicated service systems 2. Healthcare providers do not know	1. Information not being shared or readily available 2. A feeling of not being listened to or taken seriously.	1. Long road to getting needed support 2. Information is important access to employment	Lack knowledge about available services
Problems with communication	Medical terms. What are you saying?	Communication barriers,	Communication beyond language		Expressing oneself and understanding others

4.0 Results

Based on the analysis of the five scholarly articles, three main themes were identified: 1. Navigating service systems, 2. Culture and the understanding of disability, and 3. Importance of communication. As mentioned previously, these themes represent, challenges or barriers that immigrant families with children with intellectual developmental disabilities encounter when trying to access health and social services. A summary of the results (findings) is presented in this chapter.

4.1 Navigating service systems

In four of the articles, the findings showed that immigrant families with children with disabilities had difficulties navigating through the service system and that useful and necessary information was not easy to come by. Participants in article 2 described the service system as being complicated, making it difficult for immigrant mothers with disabled children to understand and navigate. Speaking of factors that make the system complicated, emphasis was put on applications that need to be completed to access the services needed, and different services needed to follow up a disabled child are dispersed in different locations. Thus, making it difficult to get access.

Article 2 shows some service providers are not aware of all the services and resources that are available, for children with severe disability especially (Khanlou et al., 2015). In article 3, participants (immigrant parents) shared their experiences of not being informed of their rights by the healthcare providers and feeling like information was not easily available for immigrants. The following quote shows a parent's thoughts on this matter:

There is no information, or if there is, it is hidden, maybe it is in Norwegian. I don't know, but a lot of information is not readily available to immigrants, I don't know why. Perhaps the health caregivers just assume that you know what to do or where to get the information from. (Arfa et al., 2020, p.8).

Results in articles 3, 4 and 5 illustrate the importance of healthcare professionals having knowledge about law, rights, and available services when providing information to immigrants. Participants in articles 3 and 4 expressed their frustration about receiving information randomly through meeting other parents with children with disabilities, and learning about their rights and services available this way instead of getting this information from healthcare providers. Not having information about available services and how they can be accessed made it difficult for participants to navigate the service system and accessing welfare benefits (Arfa et al., 2019; Fr uth et al., 2016). While participants in article 5 explained that they were dependent on healthcare and service providers to inform them about services available because the participants lacked such knowledge (Fellin et al., 2013).

Results in articles 3 and 4 show the difficulties parents face while navigating through the healthcare system trying to get help for their child with disabilities. Being unfamiliar with

different health conditions, and parents' inability to adequately explain the child's symptoms, and lacking knowledge about the system made it difficult for the parents to get help in a timely manner. Many participants expressed their feelings of not being taken seriously by the healthcare professionals when expressing their concerns about their child's, and that the road to getting the support needed was a long and exhausting one (Arfa et al., 2019; Fr uth et al., 2016).

4.2 Culture and understanding disability.

Results in 4 articles show how culture can affect the understanding of disability and how this in turn can hinder access to services.

Findings in articles 1 and 2 show how many immigrant parents especially from non-western countries, have a difficult time accepting their child's disability because in their culture, disability is often understood differently and associated with stigma and shame (Dijkstra & Rommes, 2022; Khanlou et al., 2015). A mother with a child with moderate intellectual disability explained it like this: "People see my son as a cursed boy, people see him like that. People say negative things about him. People used to tell me 'your son can never talk, your son can never do this'" (Dijkstra & Rommes, 2022., The meaning of having a disability section, para. 4). To avoid negative comments and ridicule from others, this mother chose to isolate herself and her child. Service providers in article 2 also shared this sentiment, about cultural differences recognising that disabilities in some cultures is a social taboo, and can lead to social isolation or exclusion (Khanlou et al., 2015). Participants in article 1 explained their struggle of not understanding the causes of their children's disabilities. Although this was more problematic for parents whose children had not received a clear diagnosis, those who had received a clear diagnosis often felt uncertain about the diagnosis given. This is because they lacked knowledge about the disabilities and terms used to describe them (Dijkstra & Rommes, 2022). Lack of knowledge about disability also meant that parents did not know about the possibilities that their child might have, and they were pleasantly surprised when they obtained such information as indicated by findings in article 5 (Fellin et al. 2013). Three studies showed that many immigrant parents with a disabled child often did not ask for more services for their child because they came from cultures where being grateful for what you have was a big part of their values. Being content with the services they had might have affected their access to more services that they were entitled to and in need of (Dijkstra & Rommes, 2022; Khanlou et al., 2015; Arfa et al., 2020).

Results in articles 1 and 5 show how culture affects the interaction and relationship between healthcare professionals and immigrant parents. Participants came from

cultures where healthcare professionals are viewed as experts while patients have a more passive role, not used to being active participants and asking questions, criticising the type of care given, or making request/demands concerning the care of their child. or communicate their worries or needs to the healthcare professionals. (Dijkstra & Rommes, 2022; Fellin et al. 2013). However, findings in article 1 show that there was a difference between newly arrived immigrants and those that had been in the country for longer, where the later group was more involved, asked questions and expressed their needs (Dijkstra & Rommes, 2022).

4.3 Problems with communication

In most of the articles, communication between immigrant parents and healthcare professionals was shown said to a challenge. The biggest challenge was language barriers, with most immigrant parents having limited language skills. Studies showed that many immigrant parents had difficulties understanding medical terms used by healthcare professional, which resulted in them not fully grasping the meaning of services or treatment available, thus not asking for, or saying no to something that is beneficial to both them and the child. This problem however can be remedied using an interpreter (Dijkstra & Rommes, 2022; Khanlou et al., 2015; Fellin et al., 2013). Many participants expressed the importance of using an interpreter while communicating with healthcare professionals because it makes it easier for them to express themselves and to understand what the healthcare professionals say because it helps them make better decisions regarding their children (Fellin et al. 2013). Participants also expressed communication difficulties of communicating through an interpreter. Concern about misinterpretation by unprofessional interpreters was raised, especially given the importance of the information being delivered (regarding their child's health) (Arfa et al. 2020).

Viewing communication as more than just language or words, some participants believed that healthcare providers' engagement, empathetic listening and use of body language could positively influence the experience of communication (Arfa et al., 2020). Speaking about communication, the following beliefs were expressed by a participant who spoke little Norwegian:

I remember there was a professional doctor at the hospital, where we communicated through an interpreter, but it was still difficult to get to the point and communicate. Conversely, there was a social worker who was also professional, and we understood each other quite well and were on the same page, even though we did not use an interpreter... I think culture plays an important role. Possibly, the

doctor has not been in touch with immigrants like me, perhaps we communicate differently, maybe they have been educated differently ... (Arfa et al., 2020, p.7-8).

5.0 Discussion

In this section, the literature presented in the theory section, together with the results from the selected articles will be discussed. The aim is to give an answer to the statement problem which is "how can social educators help immigrant families with children with intellectual disabilities get better access to health and social services? To help answer this question, are the following 2 sub questions: 1. What barriers do immigrant families face when trying to access services? 2. What competencies do social educators have that can help break down these barriers?

It has, must be noted that it has been difficult to do the discussion in a systematic way because the themes/topic have overlapped to some degree.

5.1 Navigating service systems

Results found that immigrant parents with children with disabilities find it difficult to navigate the Norwegian service system because they find it to be complicated and difficult to understand (Khanlou et al., 2015) and they lack knowledge about the Norwegian service system (Fellin et al., 2013). Many immigrant parents originally either come from countries where the health and welfare system is set up differently, making it difficult for them to relate to the Norwegian system or they come from countries where the health and welfare system is not fully developed or is non-existent which makes it difficult for them to understand the different welfare agencies here and how to access them (Søderstrøm, 2012; Berg & Fladstad, 2012).

Immigrant parents do not lack access to information about their rights because of their limited language skills, they lack information because service providers are not giving it to them (Kittelsaa, 2012). This is something shown in the results of this study.

Immigrant parents with children with disabilities feel that they receive information randomly from other parents and feel like healthcare professionals are withholding information and not telling them about their rights (Früth et al, 2016; Afra et al., 2020), while at the same time some service providers lack knowledge about all the services and resources available (Khanlou et al., 2015). The fact that service providers lack knowledge about services, might be the reason why immigrant parents are not getting the information they need to get access to health and welfare services. Most of the

information available it in Norwegian (Arfa, et al, 2020). As a result, immigrant parents are at risk of getting limited information because they do not master the Norwegian language (Sørheim, 2000)

For immigrant parents to get information about their rights, they are dependent on service providers having knowledge about the services available (Arfa et al., 2019; Frùth et al., 2016; Fellin et al., 2013). Social educators can with their knowledge of the welfare state, service, and benefit, help immigrant parents navigate the system the service system. With their competence in pedagogy, they might break down the barriers to access by educating or give guidance to immigrant parents about the rights and services that are available as well as other professionals that might have limited knowledge about the services (Norlund et. al, 2015).

5.2 Culture and understanding disability

Results show that immigrant parents with children with disabilities find it difficult to accept that their child has a disability and struggle to understand what disability is (Dijkstra & Rommes, 2022; Khanlou et al., 2015). This is because they have a different understanding of what disability is which for many often is associated with stigma and shame. Something to be hidden and not talked about. Immigrant parents also tend to not aware of the possibilities that there are for their child to have decent life (Fellin et al. 2013).

Coming from a culture, immigrant parents' explanatory models of disability is different from the Norwegian one. Their understanding of disability is based on explanatory models of disability that use witchcraft, curses, sorcery, black magic, and beliefs of disability being a gift of punishment from GOD, to explain disability (Sørheim, 2000). Not knowing what possibilities their children can have might also been because these possibilities are not available in the countries they as discussed previously.

Culture is something that is passed down from generation to generation as well as something that is learned (Eriksen & Sajjid 2015). Many immigrant families come from cultures where gratitude for what you have is a big part of their values, and asking for more is seen as rude (Dijkstra & Rommes, 2022; Khanlou et al., 2015; Arfa et al., 2020). They also come from cultures that views healthcare professionals as experts, where asking questions and being critical and expressing one's opinions is not common practice (Dijkstra & Rommes, 2022; Fellin et al. 2013). This affects the immigrant parents' ability to ask questions about disability, available services which in turn can affect the information provided by service providers/healthcare professionals. Thus, limiting their access to services.

Through interdisciplinary collaboration and communication with others, (bridge-builder role) a common understanding of what role culture plays can be reached. In this work, the different people or groups of people can share experiences and knowledge about the challenges that culture plays in hindering immigrant parents to get access to services, as well as what has worked when informing/educating the parents about a different way to view disability.

5.3 Problems with communication

Studies found that immigrant parents have limited language skills. Not being able to understand Norwegian makes it hard for immigrant parents to understand medical terms used by healthcare professionals. It also makes it difficult understanding information given about what disability is as well as not comprehending the different services and benefits available. On the one hand, the use of interpreters is suggested as a way of combating communication problems between healthcare professions and service providers (Dijkstra & Rommes, 2022; Khanlou et al., 2015; Fellin et al., 2013). As discussed earlier, immigrant parents are at risk of getting limited information due to language limitations. Using interpreters is important when communicating with immigrant parents to ensure that they get information and to avoid misunderstanding and misinterpretation of information as stated by Sajjad (2012). On the other hand, fear, and concern about misinterpretation by unprofessional interpreters is a problem and fear that many immigrant parents have experienced, and it creates more communication problems and insecurity for immigrant parents (Arfa et al., 2020).

Immigrants (immigrant parents and interpreters) regardless of how long they have been in Norway always have difficulties with communication because they will never master the Norwegian language as they do their native language (Kumar, 2001). When healthcare providers provide information to immigrant parents, they should be aware of these factors (Sørheim, 2000).

Immigrant parents believe that communication can be facilitated by healthcare professions' empathetic listening, engagement, and use of body language. (Arfa et al., 2020). Communicating beyond words requires good communication skills and understanding gestures and symbols (Eriksen & Sørheim 2006). Because many immigrant parents struggle with giving and receiving information, good communication skills are important (Sørheim, 2000). It is therefore important to also focus on non-verbal cues when communicating with immigrant parents (Søderstrøm, 2021).

Social educators can help facilitate communication with immigrant parents. In their

partner role, through dialogue with their open and empathetic listening approach, they can get an understanding what immigrant parents are trying to say. With their special sensitivity to nuances, they can pick up a lot of information from non-verbal cues. To help break down information barriers, social educators can through their role as driver/advocate, raise the issue of information barrier experienced by immigrant parents, and campaign for information to be made available in many more languages, thus ensuring that their right to information is being met (Brask et. al, 2016).

5.4 Strengths and limitations of the study

This section discusses the strengths and limitations relevant to this literature study.

All the articles in this study are based on a qualitative method and considering the statement problem of this study, how social educators can help immigrant families (by looking at the barriers this group faces) it can be stated that this is likely a strength for reliability and validity of the study. The purpose of qualitative study is to gain knowledge by examining people's thoughts, experiences, and opinions.

Three of the articles are from other parts of the western world that have a health and welfare systems that are not identical to Norway's. On the other hand, two of the articles are from Norway which support the relevance of the problem here too. The results from all the articles pointed to the same results, which can be a strength because similar results point to good reliability.

Relevant studies might have been overlooked. Searches looking for articles about intellectual disability were conducted, the results found were limited, thus prompting the inclusion of articles referring to other disabilities. This is a weakness that might affect reliability. The articles used in this study include perspectives from the point of view of both the service providers and service users. Viewing a problem from different perspectives can strengthen reliability and validity of this thesis. A weakness to the study is that in several of the articles, there are immigrant parents who have lived in a country for a while, while others haven't been there long. This can lead to different results depending on which group a study is conducted on, which affects reliability.

6.0 Conclusion

The purpose of this study was to look at how social educators can help immigrant parents with children with intellectual disability. Two sub questions 1) what barriers/challenges do immigrant families face when trying to access health and social services, and 2) how can the competencies of the social educator help break down the

barriers? The five selected scholarly articles show that immigrant families with children with disabilities have problems navigating through the service system, because of their culture they have a different understanding of what disability is and making it difficult for many to accept that their child has a disability. Immigrant parents have a problem with communication, which negatively impacts their ability to acquire knowledge about their rights and services and makes communication with healthcare professionals challenging. With their competencies, social educators can help break down some of these barriers. With their communication skills they can pick up on non-verbal cues and help facilitate communication. To help break down information barriers, social educators can through their role as driver/advocate, raise the issue of information barrier experienced by immigrant parents, and campaign for information to be made available in many more languages, thus ensuring that their right to information is being met.

The immigrant population is keeps growing in Norway which means that there more and more people will have to face these barriers. More research is needed on ways to make information easily available and more accessible. Barriers to information is of particular interest here since it can affect other parts of their immigrant families' lives.

7.0 Reference list

Arfa, S., Solvang, P. K., Berg, B. & Jahnsen, R. (2020) Disabled and immigrant, a double minority challenge: a qualitative study about the experiences of immigrant parents of children with disabilities navigating health and rehabilitation services in Norway. *BMC Health services Research*.20, 134.<https://doi.org/10.1186/s12913-020-5004-2>

Berg, B. (red.) (2012). *Innvandring og funksjonshemming. Minoritetsfamilier i møte med tjenesteapparatet*. Oslo: Universitetsforlaget.

Berg, B & Fladstad, T. *Forestillinger om funksjonshemming* In: Berg, B. (red.) *Innvandring og funksjonshemming. Minoritetsfamilier i møte med tjenesteapparatet*. Oslo: Universitetsforlaget.

Brask, O. D., Østby, M. & Ødegård, A. (2016). *Vernepleierens Kjerne roller: En Refleksjonsmodell*. Bergen: Fagbokforlaget.

Dijkstra, M. & Rommes, E. (2022). Dealing with disability: challenges in Dutch health care for parents with non-western migration background and a child with a developmental disability. *Disability and Rehabilitation*, 44:23, 7178-7189, Dio: [10.1080/09638288.2021.1985637](https://doi.org/10.1080/09638288.2021.1985637)

Eriksen Hylland, T. & Sørheim, T. A. (2006). *Kulturforskjeller i praksis*. Oslo: Gyldendal Akademisk.

Eriksen, Thomas Hylland & Sajjad, T. A. (2015). *Kulturforskjeller i praksis. Perspektiver på det flerkulturelle Norge*. 6.utgave. Oslo: Gyldendal Akademisk.

Fellin, M., King, G., Esses, V., Lindsay, S., & Klassen, A. (2013). Barriers and facilitators to health and social service access and utilization for immigrant parents raising a child with a physical disability. *International Journal of Migration, Health, and Social Care*, 9(3), 135-145.
<https://www.proquest.com/socabs/docview/1462482790/fulltext/593F4DE132BE4B2EPQ/103?accountid=12870&parentSessionId=5v11QIGWqruXejk8OdKeCOB%2FDPIWvIqXuPpxDcDwppk%3D&parentSessionId=oNiQQz%2BOJwE4WSQK23u6UjLkqTvNmXmSmaUgDfng3vk%3D>

Früth, E. A., Lindén, H., Gardsjord, R., Aden, P. & Kvarme, L. G. (2016). Immigrant mothers of children with special needs: Balancing care and labour market participation. *Søkelys på arbeidslivet*. *Norwegian Journal of Working Life Studies*, 22(3). 269-290.
<https://doi.org/10.18261/issn.1504-7989-2016-03-05>

Helsebiblioteket. (2021, September 17). Kunnskapsbasert praksis.no. Kritisk vurdering. Skjekkliste: Retrieved from <https://www.helsebiblioteket.no/innhold/artikler/kunnskapsbasert-praksis/kunnskapsbasertpraksis.no#4kritisk-vurdering-41-sjekkliste>

Kittelsaa A. (2012) Erfaringer fra møter mellom familier og hjelpeapparatet. In: Berg, B. (red.) Innvandring og funksjonshemming. Minoritetsfamilier i møte med tjenesteapparatet (2012). Oslo: Universitetsforlaget.

Khanlou, N., Haque, N., Sheehan, S. & Jones, G (2015). "It's an issue of not knowing where to go": Service providers' perspectives on challenges in accessing social support and services by immigrant mothers of children with disabilities. Journal of Immigrant and Minority Health, 17 (6), 1840-1847 . <https://doi.org/10.1007/s10903-014-0122-8>

Kumar, L. (2001). Djulaha! Om å forstå annerledeshet. Kristiansand: Høyskoleforlaget.

Lovdata. (2019, April 01). Forskrift om nasjonal retningslinje for vernepleierutdanning. Retrieved from: <https://lovdata.no/dokument/SF/forskrift/2019-03-15-411>

Naku (2021). Minoritetsbakgrunn. (2021, January 22). Retrieved from <https://naku.no/kunnskapsbanken/minoritetsbakgrunn?fbclid=IwAR0OdkXEqt49p-hyYYedsO2e3WItWIJBe7d3xxw98G6EfCgISotQpk-68Gw>

Naku (2023). Den medisinske diagnosen psykisk utviklingshemming. 17. March, 2023. Retrieved from <https://naku.no/kunnskapsbanken/diagnose-psykisk-utviklingshemming-icd-10#main-content>

Norlund, I., Thronsen, A., & Linde, S. (2015). Innføring i vernepleie: Kunnskapsbasert praksis. Grunnleggende arbeidsmodell. Universitetsforlaget.

Norsk senter for forskningsdata. (n.d). Retrieved from <https://kanalregister.hkdir.no/publiseringsskanaler/Forside>

NTNU. (n.d). Bachelor i vernepleie. Hva lærer jeg? Retrieved from: <https://www.ntnu.no/studier/hsgveb/laeringsmal>

Sajjad, T.A. (2012). Pakistansk-norske familier med funksjonshemmede In: B. Berg (red.) Innvandring og funksjonshemming. Minoritetsfamilier i møte med tjenesteapparatet. Oslo: Universitetsforlaget.

Statistisk sentralbyrå. (2023, March 6). Immigrants and Norwegian-born to immigrant parents. Retrieved from <https://www.ssb.no/en/befolkning/innvandrere/statistikk/innvandrere-og-norskfodte-med-innvandrerforeldre>

Steinkellner, A. & Gulbrandsen, F. (2021, March, 9). Immigrants and Norwegian-born to immigrant parents at the beginning of 2021. Retrieved from

<https://www.ssb.no/en/befolkning/artikler-og-publikasjoner/immigrants-and-norwegian-born-to-immigrant-parents-at-the-beginning-of-2021>

Søderstrøm S. (2012). Kultursensitiv kommunikasjon In: B. Berg (red.) Innvandring og funksjonshemming. Minoritetsfamilier i møte med tjenesteapparatet. Oslo: Universitetsforlaget.

Sørheim, T.A. (2000). Innvandrere med funksjonshemmede barn i tjenesteapparatet. Oslo: Gyldendal Norsk Forlag AS.

Thidemann, I.-J. (2019). Bacheloroppgaven for sykepleierstudenter. Den lille motivasjonsboken i akademisk oppgaveskriving. (2.utg). Oslo: Universitetsforlaget.

Urnes, A-G. (2018). Den interaktive hjernen hos barn og unge. Forståelse og tiltak ved nevroutviklingsforstyrrelser og nevropsykiatriske tilstander. Oslo: Gyldendal Akademisk.

