Social Inclusion and Access to Basic Services of Third-Country Nationals

(AccessIN)

Policy Report and Best Practices including Practical Measures to Facilitate TCNs' Awareness and Use of Services and Guidelines for Deploying Training Modules across Sectors

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Eight Key Policy Recommendations for Improving Healthcare Access to TCN Migrants in Germany

Introduction: The Need to Structurally Address Migrant Health Disparities

Improving the access of migrants to healthcare services is a significant societal challenge for Germany. Migrants risk poorer health outcomes due to delayed consultation, detection, and diagnosis of medical issues. Additionally, their healthcare access is influenced by broader vulnerabilities related to their migration journey, legal status, socio-economic conditions, and integration processes. As migrants interact with multiple actors within the German healthcare system, including medical staff, NGOs, insurance providers, and public authorities, difficulties arise at numerous points in accessing care. The lack of equitable inclusion not only results in unmet healthcare needs of individual migrants but also weakens the adaptability of the healthcare system in general to an increasingly diverse patient population, leading to adverse societal and economic consequences both regionally and nationally.

Addressing these challenges requires a comprehensive, multi-stakeholder approach. This report outlines practical measures based on findings from interviews conducted by WP4 of the AccessIN Project, as well as insights from two pilot training workshops on cultural competence. The data includes 14 interviews with healthcare professionals (11 in Frankfurt, 1 in Offenbach, and 2 from a smaller city in Hessen) and 40 interviews with migrants (30 in Frankfurt and the remainder in Offenbach and smaller cities). The migrant interviewees had regular legal status, with the majority being between 30-40 years old and having been in Germany for fewer than five years. Healthcare professionals interviewed included doctors, a nurse, a psychologist, a physiotherapist, and a social worker. Additionally, this report draws from the implementation and evaluation of training programs designed to increase cultural competency among medical students and practicing healthcare workers.

To guide equitable healthcare access for migrants, this policy report proposes eight integrated recommendations that address language barriers, cultural awareness, discrimination, mental health services, and bureaucratic accessibility. While each recommendation is outlined separately, they should ideally be implemented in a coordinated manner. For example, integrating cultural mediation services alongside professional interpretation and patient advocacy would enhance accessibility while ensuring migrant patients receive linguistically and culturally competent care. Recognizing the interconnected nature of healthcare experiences, these recommendations seek to address both systemic gaps and localized interventions to create a more inclusive healthcare system.

1. Reduce the Language Barrier

The language barrier remains one of the most significant obstacles to healthcare access for migrants. This exacerbates bureaucratic complexity and leads to misaligned treatments. Miscommunication can create frustration, misdiagnoses, and reluctance to seek care. The healthcare system, being perceived as highly bureaucratic and operating primarily in German, is particularly difficult for third-country nationals with limited language proficiency to navigate. Migrants may be unaware of their rights and hesitant to engage with German speaking staff, leading to an overall reluctance to engage with the system, while healthcare workers may struggle to build rapport and communicate vital medical information.

An immediate recommendation is to provide translated healthcare forms and information materials. These should be accessible in the languages of the migrant population. Professional interpreters should be available at all significant points of care, with adequate funding to support these services. Healthcare providers seeking to learn basic language skills in commonly spoken languages should be institutionally supported in doing so. Training on culturally sensitive non-verbal communication should also be provided, especially in situations where non-professional interpreters are used (e.g. family members) or for interactions with particularly vulnerable migrant groups. Likewise, migrants should be offered subsidized German language instruction that specifically emphasize fundamental terminology required for medical consultations and healthcare system navigation.

2. Promote cultural competence

Without structured training, healthcare providers and other actors may struggle to recognize the unique needs and expectations of marginalized populations and unintentionally perpetuate harmful stereotypes. While there has long been attention to racial and ethnic disparities in healthcare, there is now increasing attention to such disparities with migrant populations. Among our data, we note such initiatives by Charité and Würzburg University, as well as the training programs of the AccessIn project.

Cultural competence programs should be provided as part of standard university medical curricula. To reach practicing professionals, workplace-based programs should be implemented, with institutions enabling access to training during regular working hours.

We suggest the following guidelines for deploying training modules across sectors:

(a) Aim to foster empathy and cultural understanding, and operationalizing this through reflexive practices.

(b) Engage training participants through interactive strategies, such as roleplaying, brainstorming, and discussions.

(c) Train participants in cultural humility and to recognize that German practices can differ from other healthcare practices (e.g., for childbirth).

(d) Sensitize and inform participants of the distinct and intersectional vulnerabilities

3. Develop Cultural Mediation

Migrants in Germany often face not only linguistic barriers but also cultural barriers that affect their interactions with healthcare providers. Expectations surrounding medical treatment, health beliefs, and trust in institutions can all impact decision-making, leading to disparities in health outcomes between migrant and native populations. Health outcomes can also be affected by cultural differences of medical significance (e.g., the social significance of body weight). Stigma, especially regarding seeking care for mental or sexual health, and perceptions of medical interactions as being 'high-pressure' can deter access and usage. Cultural mediation is a successful means of bridging these barriers. These mediators are distinct from language interpreters and serve as a link between patients and the German healthcare system.

To bridge these cultural gaps, cultural mediators should be systematically integrated into healthcare settings. Their role should be formalized within hospitals, clinics, and social services, ensuring that they are trained, recognized, and funded as part of the healthcare workforce. Existing initiatives should be reinforced and developed. This may include funding access (e.g., increased service hours of Clearing House-type initiatives), standardizing certification or professionalization of these roles (particularly for migrant-to-migrant mediation, e.g., the KoGe initiative, to ensure consistency across mediators and reduce bias and misinformation).

4. Prepare Staff for Migrant Healthcare Needs

Migrants face unique challenges shaped by their country of origin, migration journey, and integration into their host country. These may include financial pressures from remittance obligations, responsibilities toward children in the host country, ongoing trauma, heightened vulnerability to sexual abuse and domestic violence, housing instability, and legal and financial insecurity, among others. Understanding these intersectional vulnerabilities is crucial for providing effective care.

Healthcare staff should receive targeted training to deepen their awareness of the intersectional challenges affecting migrant patients. This training should emphasize trauma-informed care, the influence of legal and financial precarity on health-seeking behavior, and the recognition of distress signals linked to abuse and exploitation. Additionally, staff should be equipped with clear referral pathways to support services tailored to migrant populations, including through NGOs where appropriate. By fostering an awareness of these specific challenges, healthcare professionals can offer more compassionate, effective care, that encourages long-term engagement with the healthcare system.

5. Relieve Fears of Discrimination

Experienced and perceived discrimination in healthcare settings affects both the quality of care and patient trust in medical institutions. Many migrant interviewees reported instances where they perceived doctors and healthcare staff as dismissive or reluctant to engage in meaningful communication, particularly when language barriers existed. Others noted feeling judged based on nationality, religion, or perceived socioeconomic status. This perception of discriminatory treatment discourages migrants from seeking medical assistance, leading to delayed diagnoses and worsened health outcomes. Addressing discrimination is central to ensuring that institutions uphold their commitment to universal, fair, and inclusive care.

To combat discrimination, healthcare institutions should implement training for all medical professionals that focuses on bias and discrimination. A standardized and publicized anti-discrimination protocol should be enforced in hospitals and clinics, including clear patient rights information and a confidential reporting mechanism for complaints. Select staff should be trained as patient advocates, or trained NGO staff present, in high-traffic hospitals to mediate and ensure fair treatment. Anti-discrimination audits should be explored as a means of regularly monitoring healthcare facilities' adherence to equitable treatment practices.

6. Facilitate Navigating Bureaucratic Hurdles

The complexity of Germany's healthcare system creates significant barriers for migrants. Many migrants struggle to navigate administrative processes, from securing health insurance to understanding eligibility for medical services. Migrants within our interview sample sometimes delay care, seek care abroad within more familiar systems, or avoid care altogether. Providers also report facing difficulties in navigating administrative procedures on behalf of migrant patients, further compounding access issues.

Clear guidelines on healthcare access should be digitally available for migrants before their arrival in Germany. This should include information on insurance requirements, registration processes, and the functioning of the system (service eligibility, co-payments and costs). Tailored information for migrants already in the country should also be provided, including on accessing services (e.g., on making appointments, referrals, specialist care) and appealing decisions. This should be multilingual (see Recommendation 1).

Efforts should be made to reduce administrative burdens and streamline procedures within the mainstream system (e.g., including options for temporary insurance coverage for new migrants). Social workers and healthcare navigators should be deployed in hospitals to assist migrants with paperwork (see Recommendation 5). Finally, digital solutions should be encouraged to facilitate access, such as online appointment scheduling and official web-based guidance.

7. Promote Mental Health

Migrants in Germany face multiple stressors, including trauma related to their migration journey, social isolation, discrimination, and precarious living conditions, yet access to mental health services remains severely limited. Stigma around mental health, language barriers, a lack of culturally competent services, and a feeling of being 'insufficiently settled' to address mental health may further discourage migrants from seeking psychological support. In addition to the generally stretched situation of specialist services, additional bureaucratic obstacles make it difficult for some categories of migrants to access therapy, as health insurance may not cover some psychological services or interpreter costs.

Existing services that integrate culturally sensitive and migration-informed approaches should be clearly publicized to migrant serving NGOs. Funding should be deployed to cover interpreter costs for mental health consultations, ensuring language is not a barrier to care. NGO and community-based interventions should be expanded, including peer-support networks and mental health workshops in trusted community spaces. This should include initiatives to reduce stigma around mental health in migrant communities. Finally, incentives should be introduced to encourage more psychotherapists to accept refugees and other migrant patients.

8. Foster collaboration and coordination

A well-coordinated, migrant-centered approach is essential. Strong multi-stakeholder collaboration ensures that migrants receive not only medical care but also preventative medicine and the broader social support necessary for long-term health and well-being. It also ensures that such care is interlinked through clear referral pathways. Frankfurt serves as an example, where the Health Department and NGOs (e.g., Maisha, the Caritas Association, Fatra, and Malteser Medicine for People without Health Insurance, and others) have collectively produced a network of services that includes, for example, humanitarian consultation hours, a clearing house for uninsured individuals, an (Elisabeth Street) outpatient clinic, and a Baby Pilot Program.

Given the vulnerabilities of migrants and the access points into the health system prioritized by migrants, formalizing and expanding partnerships between municipalities, hospitals and clinics, and migrant-supporting organizations is necessary. A common referral system should be developed to connect migrants with both healthcare and essential services related to housing, legal assistance, health insurance, and employment guidance. Furthermore, sustainable funding mechanisms should be explored to ensure the longevity of key migrant health initiatives, reducing reliance on short-term, NGO-driven solutions. Over time, as migrant health services become fully integrated into the mainstream healthcare system, the need for separate, parallel support structures may diminish. However, until such integration is realized, a structured, well-funded, and institutionalized collaboration framework remains crucial for ensuring equitable healthcare access for all migrants.