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# Editorial

# Papers

# Research Notes

# Editorial

This following collection of international articles from Russia, France, Germany, the Czech Republic, and India is based on the common theme of migration and integration and offers new perspectives, analysis and evidence for social work academics and practitioners working in the field of integration services and policy. The articles and research notes cover topics such as the effectiveness of migrant labour policies and practices, the added challenges faced by migrant parents and families, the exploitation of internal migrant workers, and the meaning of 'whitening' for the second generation of migrants. Challenges of achieving integration, equity and cohesion linked to the increasing migration and diversity are common to all the represented countries.

Current trends and events have highlighted the importance of social integration. The civil movement *Black Lives Matter* has reminded governments of the dire social, economic, and political consequences of ignoring racial, ethnic, and cultural diversity over multiple generations. The current Covid-19 pandemic has exposed how a higher incidence of poverty, overcrowded housing conditions, and high concentration in jobs where physical distancing is difficult, has placed migrants at a significantly greater risk of contracting the virus than natives born in OECD countries (OECD, 2020).

Unpredictable and changing patterns of global migration, together with growing super-diversity, have promoted an integration crisis for many welfare states across Europe and globally. Concerns and fears as to the structural, political, religious, and economic ramifications of mass migration have adversely weakened commitment to humanitarian values and human rights ideals and support of the free movement of people across borders (Niemann, Speyer, 2018:31). Migration appears to have touched the raw nerve of national and cultural identity, particularly in Europe, fuelling fear of external threats to cultural identity, trust, social cohesion, and border control (Börzel, Risse, 2018:17–18). At the same time, there has been a rise in right-wing populist politics, particularly across European Union countries, based on anti-immigration and national security concerns (Anand et al., 2020).

The 2015 European migration crisis has transformed into an integration crisis. The term integration is defined as a process where separate groups are combined to form a unified society, implying a coming together as a whole (Pam, 2013). In Europe, the term social integration is favoured over the concept of assimilation. However, social integration remains a highly complicated and somewhat contentious concept, involving multiple definitions, dimensions, measurements, and paradoxes (Heckmann, 2005:13–15; Borrmann et al., 2017). Structural integration, for example, refers to individuals' and groups' positioning in terms of participation in the core institutions of the receiving society i.e., education, housing, health, social welfare citizenship and political participation. It is measured by the performance of different migrant groups compared to the native population. Cultural integration is concerned with the acquisition and transmission of knowledge about the culture and way of life of the receiving country i.e., norms, values, behaviours, and language, and is often measured based on two-way processes of changes between a migrant and the receiving communities. Interactive integration is the participation and acceptance of immigrants in the sphere of primary social relations and networks of the host society, often conceptualised through the acquisition and building up of various kinds of social capital. Typical indicators of interactive integration are friendship patterns, membership of clubs and organisations and, at a deeper level, romantic partnerships, and intermarriage. Finally, identification integration develops at a later stage in the integration process and builds on the other three. It represents the stage where the migrant sees her/himself not just as a migrant actor within the host-country social system but as having a real sense of belonging with that collective body – a sense of 'belonging' and wellbeing in the host society and culture. Within the European Union, migrant integration is closely monitored with measurements such as the Eurobarometer (EUROPEAN UNION, 2018), involving indexes that quantify migrants' access to nationality (citizenship), anti-discrimination protection, education, family reunion, health labour market mobility, permanent residence, and political participation.

Not surprisingly, the social integration represents an emerging field of social work practice, involving

specific expertise, strategies, and interventions. Like so many social work concepts and approaches, the term has been uncritically adopted by government and social policy. For example, integration is the defining concept of the European Union and the basis of notions of European Identity (Teckiner, 2020). The articles contained in the Winter issue of this journal involve a welcomed critique of migrant integration policies and practices in Europe and other countries, which we will also discuss.

While social integration is guided by values of acceptance of cultural difference, tolerance, diversity and respect of human rights, the strategies employed by services and professionals tend to revert to assimilation thinking. The aim of introducing migrants into the mainstream society is a highly desirable process, but unfortunately, it still encompasses a heavy connotation of 'them' and 'us' (European Union, 2018) i.e., the premise that migrants are to be integrated into the dominant society and culture. The ideal of two-way integration, where the process of change is dynamic across migrant and receiving cultures in response to diversity, is largely discussed. However, the default position one-way integration, often disregarding the social, economic, and cultural benefits migrants bring to the receiving country. Whilst it is generally acknowledged that migration results in the loss of economic and social capital, migrants possess the motivation, agency, and capabilities to convert losses into gains, creating new forms of social capital that ultimately enhance their position in the receiving country (Erel, Ryan, 2018; Engilson et al., 2020).

Social integration is not necessarily a neutral process, as it involves both political aims and a politicized process. For example, integration is promoted as a way of political, cultural, and civic rights for migrants. On the other hand, integration is used to promote the greater social good with an emphasis on societal cohesion and national security. The potential for conflict between migrant rights and dominant societal interests to maintain the status quo is inevitable. The issue of migration and integration is frequently hijacked for political and nationalist purposes, for opposing immigration as in the case of *Brexit* (UK), promoting further religious intolerance and islamophobia as in the case of *Je suis Charlie* (France). The shape and outcome of social integration depend on two factors; namely the self-conception of the host society and the desire of immigrants and their descendants to integrate into the receiving society. Integration initiatives are often restricted by existing forms of inequality and social and economic stratification and national beliefs as to the positioning of outsiders, such as migrants. It is unrealistic to expect that migrants and their descendants have an easy pathway to equality in societies that are already inherently unequal. Academics and practitioners increasingly apply an intersectional approach, to understand how gender, ethnicity, racialisation, and class are interrelated and intermeshed in determining social position and access to power. Intersectionality and its focus on social exclusion are very relevant perspectives in better understanding the opportunities and challenges of migrant integration (Erel, 2010).

New and emerging patterns of migration, such as circular, returning, and transitionary migration, mean that many migrants do not necessarily desire, nor seek integration into the culture and structures of the receiving country. For example, refugees commonly travel back and forth across international borders and between different societies and cultures. In doing so, they develop multiple hybrid or transnational identities reflecting their participation in life both 'here' and 'there`. Evidence suggests psychological and sociological advantages for migrants choosing to form clusters or live within diasporas. Yet this conflicts with underlying concerns relating to physical and social distancing between migrants and the native-born and the potential for inter-community conflict and violence, and possibly radicalisation (Hooghe, Marks, 2019). Recognition of new realities in migration is essential for updating outdated assumptions related to migration and integration.

Social workers and other social professionals working in the field of migration integration find themselves on the front line of current discourses and debates. Whilst integration policy in many countries focuses on economic and educational opportunities and the acquisition of language skills for migrants (Anand et al., 2017), this represents a somewhat narrow approach, given the complex nature of integration as an outline. Other concepts such as social inclusion and multiculturalism offer alternative insights into diversity. Social inclusion is the act of making all people in a society feel valued in all aspects, such as civic, social, economic, and political activities, as well as participation in decision making processes and the provision

of certain rights to all individuals and groups in society. Multiculturalism is a popular paradigm in preventing the exclusion and marginalisation of migrants. It takes ethnic and cultural pluralism beyond the liberal notion of creating a melting pot where different groups eventually assimilate into one unifying society. Multiculturalism offers up a salad bowl model of diversity, where the difference is actively supported and advocated, and the rights of minority groups are championed. Kymlicka (1996) talks about the "group differentiated rights" that help both religious and cultural minorities operate within the larger state, without impinging on the rights of the larger society. The multicultural agenda has been adopted mainly in immigrant countries such as the USA, Canada, and Australia and less so in Europe. The critics of multiculturalism suggest that the co-existence of cultures is both unrealistic and unsustainable and, yet again, despite multiculturalism, the tendency for the dominant culture is to reproduce and oppress (Nagle, 2009; Nipperess, Williams, 2019). Equity and subjective quality of life of migrants are also worthy of consideration in both promoting and measuring integration for all (Kankaanpää et al., 2019). The following contributions also inform a more critical understanding of integration and building more inclusive multicultural and equitable communities.

In the first article of this special issue, titled ***Governance of Migrant Integration in the Czech Republic***, author Eva Dohnalová asks critical questions as to the formulation of integration policy in the Czech Republic. She suggests that social work is a key integration profession, not only addressing issues of housing, employment, but also cultural, interactive and identification priorities such as health, wellbeing, family life, and civil society. The paper criticizes the lack of responsibility of the state, regional, and municipal public administrators to champion the integration agenda, a task that is increasingly relegated to civil society organizations, which often face a lack of funds and a rigours system of quality and accountability. Dohnalová concludes that migrant integration should be a cross-cutting topic of mainstream public policy, ensuring a more wholistic approach to social inclusion for all!

Sizikova Valeria Viktorovna, Anikeeva Olga Alexandrovna, Afanasyeva Olga Olegovna and Karpunina Anastsia Vladimirovna examine the concept of cultural adaption of Ukraine migrants in Russia in their article ***Adaptation of Forced Immigrants in Russia: Policies and Practices***. The authors argue the importance of multiculturalism and two-way integration and acknowledging diverse cultural identities. This study of the legal documents of forced immigrants concluded that both social services and social work could ensue more effective outcomes for migrants, by adopting the concept of cross-cultural adaption. It also states that the facilitation of public-private partnerships (involving state and private capital) for housing and employment initiatives and the increased dissemination of information as to legal rights, protection, and advocacy would, according to the authors, greatly support an effective integration of Ukraine migrants. This article also touches upon the importance of promoting community strengths and capabilities approaches for the enhancement of migrant's level of activation and motivation.

Natalie Joubert offers an exploration of ***Parenting in a New Context – Eritrean Parents Living in Denmark*** and examines the narratives of refugee parents and their complicated experiences of parenting across different communities. Using a narrative approach, she examines how Eritrean parents made meaning of their lived experiences to inform about the integration of Eritrean families in Denmark. Understanding the parenting role and demands of migrants is arguably a key element, if not a neglected dimension of the integration policy and practice. The findings suggest that interfamilial change and adaptation were influenced by the juxtaposition of Danish welfare services and institutions, the social environment and Eritrean culture and community. Further research on parenting practices is called for, so as understanding the critical importance of the role of family and parenting in cultural, interactive and identification integration.

The article on ***Migrant Construction Workers of India*** by Neeta Mukherji is a reminder of the multiple forms of migration, including the internal movement of people within a state, often for labour market purposes. Poverty, unemployment, low social status, and illiteracy frequently compels unskilled poor labourers to migrate from villages to cities in search of a livelihood. Gender is closely associated with vulnerability, hardship, and exploitation across most forms of migration, and particularly in this case study of Indian women migrant construction workers. In India, community organization has

proven to be an effective method of social work intervention and involves social workers acting as mediators between migrant construction workers, government agencies, and builders to lobby for workers' rights and legislative reform. The paper also alludes to the devastating implications of post-COVID-19 lockdowns on migrant workers and the need for schemes and programmes to protect the human rights of migrant construction workers (Sengupta, Jha, 2020).

It cannot be overemphasised that women and children experience increased vulnerability and risk because of forced migration. Tatyana Suslova, Larissa Starovoitova and Tatiana Demidova's article on *Social and Psychological Adaptation of Children of Forced Migrants to the Conditions of the Host Country* analyses the socio-psychological adaptation experienced by child immigrants in Russia. The study involves an innovative methodology of information analysis, sociological observation, and expert assessment. The authors conclude that social and psychological assistance to the children of forced migrants should be a priority of both state and individual aid organizations. Again, this paper demonstrates the importance of cultural and interactive integration strategies and the need for a structural reform and partnership between governments and NGO's.

Finally, the following two articles of this issue involve a very different theme connected to medical social work. First article *The Use of Reminiscence Therapy as an Important Psycho-Social Intervention in the Long-Term Hospital Care* by Hana Janečková, Květoslava Hošková and Jelena Skibová, explores the impact that reminiscence therapy has on the quality of life of long-term care patients in Slovakia. I am heartened to see the application of useful measurement tools evaluating the outcome of social work interventions with clients described in this in this study. Perhaps the effectiveness of social work could be a theme for a future special issue of the journal?

The article, *Social Construction of Social Work in Domiciliary Care Service* authored by Kvetoslava *Repková,* again a Slovakian researcher, offers a fascinating exploration into the social construction of the social work role in home care, using a detailed case study methodology. Both articles exemplify a strong tradition in practice research within social work.

The two research notes in the final section of this issue, are written by early-stage researchers, offer more of a theoretical exploration of migration and the challenges of social inclusion. In her research note, *Challenging the Problematisation of Labour Inclusion of Migrants and Refugees in East Germany: New Perspectives and Mandates for Social Work,* Monique Ritter addresses the employment of refugee migrant workers in the aged care system. Using a critical anti-racism perspective, the author examines how white German carers and users of care services perceive interaction with the growing numbers of carers with a migrant background employed in the care industry. Again, this is a global trend reflecting globalised labour markets in social care and mixed outcomes for all stakeholders. The author explores the role and responsibility of social work to promote the inclusion of migrants in adult social care roles, together with promoting anti-racist approaches in social gerontology education and practice.

Ceren Şengül's research note *Understanding Belonging Amongst Second-Generation Immigrants Through Whiteness* exposes the ongoing narratives of belonging and social inclusion for second-generation Turkish immigrants in France. Her research involves a collection of life stories and oral narratives collected from second-generation immigrants. Central to the findings is that a sense of 'in-betweenness' is commonly experienced by second-generation immigrants (adult children of migrants), stemming from living and interacting in both 'white societies' and 'non-white social environments'. The experience of second-generation immigrants raises questions as to the complexity and intersectionality of positioning of immigrants over several generations and the sensitive and temporary nature of belongingness.

The examples of European and international social work research on migration and social integration collated in this special issue contribute to a broader understanding of this specific field of professional research and practice and raise critical questions for the future direction of integration policy and practice across Europe and globally.

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# Governance of Migrant Integration in the Czech Republic[1]

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**Abstract**

OBJECTIVES: The aim of this article is to analyse the development of integration policy in the Czech Republic and answer the following question: How is the official integration policy of the Czech Republic towards foreign nationals and refugees formulated at the national and local level. THEORETICAL BASE: The relevant theoretical concepts are based on migration studies and social policy. METHODS: This is a case study. Its subject of examination is the state integration policy of the Czech Republic. Data has been drawn from relevant strategic and legislative documents, project outputs of municipalities and civil society organizations, specialised articles. OUTCOMES: The integration policy of the Czech Republic follows a EU-wide trend of introducing mandatory integration measures for foreign nationals from non-EU countries in the frame of civic integration model. In the opposite the state integration program for beneficiaries of international protection is entirely voluntary. SOCIAL WORK IMPLICATIONS: Social workers represent a vital profession that helps implement large parts of the integration measures in the field of social integration (housing, employment, education, health, family, social system, etc.).

**Keywords**

integration, integration policy, immigrants, refugees, international protection

## INTRODUCTION

Effective integration of migrants and social cohesion in ethno-cultural diversified societies has recently become one of the main social and political topics discussed in the EU countries in the 21st century (European Commission, 2016). Successful incorporation of immigrants into a host society is a multidimensional process influenced by countless factors ranging from the systemic to the individual level. Integration policies of individual EU countries are mainly shaped at the national level and on the basis of historical experience of migration and integration, hence the integration

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discourse and policy styles differ between the EU Member Countries. Yet, the importance of integration policies at the local level has become increasingly accented (Baršová, Barša, 2005a; Bosswick, Heckmann, 2006; Caponio, Baucells, Güell, 2016; EUROPEAN COMMISSION, OECD, 2018; Czech Government, 2019).

The Czech Republic is among the EU countries with a relatively short immigration history, but with a high increase in the number of immigrants over a short time horizon. After 1989, with the fall of the communist regime, borders opened and a liberal approach to migration facilitated the arrival of thousands of immigrants in the early 1990s. The Czech Republic, from the statistical perspective, began to change into an immigration country (Baršová, Barša, 2005a:58). Whereas in 2003 there were 2.3% migrants within the total population, today it stands at approx. 5%. There is a growing trend towards permanent settlement as the migrants with permanent residence now outnumber the temporarily residing migrants (MICR, 2020)[3]. Czech integration policy began to be explicitly formulated at the national level from 1999. A local integration policy, meanwhile, is in its early days, and the interest of government authorities in the integration of foreign nationals in their territories is not high (Czech Government, 2016a; Čech Valentová, 2018; Pořízek, 2018). The aim of this article is to analyse the development of the integration policy in the Czech Republic and answer the following question: How is the official integration policy of the Czech Republic towards foreign nationals and refugees formulated at the national and local levels. The present article aims to present information about the Czech model of integration for international comparative analyses of integration policies.

To answer the research question 1) I will introduce the theoretical framing for analysing the integration policy; 2) I will present the development and setting of the Czech integration policy for foreign nationals, especially from non-EU countries; 3) I will present the development and setting of the Czech integration policy for beneficiaries of international protection; 4) I will formulate major critical comments on the existing model of integration in the Czech Republic. In conclusion, I will focus on defining the main challenges in the field of meeting the objectives of the integration policy in the Czech Republic.

From a methodological point of view, this is a case study. Its subject of examination is the state integration policy of the Czech Republic. Data has been drawn from all relevant strategic and legislative documents, project outputs of municipalities and civil society organizations, and specialised articles.

The term "integration policy" refers to legislative, strategic and conceptual documents at EU, state, county, and municipality level that explicitly address the topic of integration of foreign nationals. In the analysis, I deal with integration policy at the declaratory level, not at the level of evaluating its implementation. As the content of integration policy, I understand measures focused on the incorporation of immigrants into the host society, socio-economic, and civic system.

**THEORETICAL FRAMING FOR INTEGRATION POLICY ANALYSIS**

This article is based on three theoretical concepts that allow the analysis of integration policy. The first deals with the general and specific nature of integration measures. The second is based on

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[3] As of 31 August 2019, the total number of registered foreign nationals with the stay over 90 days in the Czech Republic was 583,668 persons, which is about 5% of the total population. The share of third-country nationals in the total population of the Czech Republic is approximately 3%. The largest group of third country nationals were citizens of Ukraine (140,503), Vietnam (61,507) and Russia (37,717). These three nationalities thus make up almost 70% of all third-country nationals who are the primary target group for integration policy. This was followed by citizens of Mongolia (9,467), the USA (8,066), China (7,578), Belarus (6,804), Kazakhstan (6,006), Moldova (5,872), and Serbia (5,208). Almost two thirds of third-country nationals reside in the Czech Republic on the basis of a permanent residence permit (202 223) and this share has increased in recent years. (Czech Government, 2019:1)

models of integration, and the third on the typology of dimensions of integration policy according to Boswick, Heckmann (2006).

We can differ between general and specific integration policies towards migrants (Baršová, Barša, 2005b; Boswick, Heckmann, 2006; Carrera, 2006; Rákozcyová, Trbola, 2009). General integration policies are those policies that states and municipalities apply to the integration of all the population. The inclusion of migrants into the general social systems is usually conditioned by their residence status. Specific policies are those directed solely at the immigrant population, in that sense, they are targeted policies. This article deals with integration policies specifically targeted solely at migrants to find out what are the specific policy measures to ensure the integration of foreigners. Boswick, Heckmann (2006:12–16) offers a conceptual framework for differentiating the integration policies by outlining 4 dimensions of integration policies – structural, cultural, social and identificational. National and urban policies can be differentiated according to these dimensions. Such policies include both general and specific integration policies. The structural dimension of an integration policy involves the acquisition of rights and access to key institutions of the host society. This includes labour market policy, ethnic entrepreneurship and self-employment policies, education policy, health policy, housing policy, citizenship policy, and the promotion of civic and political participation. The cultural dimension of integration policy involves the acquisition of the fundamental cultural and social competencies of the host society without the need to renounce the original ones. Policies to facilitate cultural integration may include the following areas: language courses; promotion of immigrants´ culture; support for religious practice; and support for sports activities. An interactive dimension of integration occurs in the arena of private relationships; policy plays only a limited role. Policies, however, affect the conditions for people of different ethnic background to meet and build relationships. For example, school and housing policies are areas where municipalities can play a legitimate and effective role and can promote segregation or integration. In the identificational dimension of integration policies the official authorities can help identify immigrants with the host country through policies of multiculturalism, policies for recognizing immigrant secular and religious organizations, and promoting a "culture of naturalization," including citizenship ceremonies.

Another tool for the analysis of integration policy settings in this article are theoretical models of integration, which are widely described in various modifications in the literature (eg. Baršová, Barša, 2005b; Alexander, 2007; Joppke, 2007; Meer, Modood, Zapata-Barrero, 2016). The first three models were applied more or less in some EU countries till the 1990s. It is an exclusive model (also called the model of transient differentiated incorporation or the model of segregation), which advocates the elimination of contact between the majority and minority groups, its principle is ius sanguinis - the right of blood origin and it is presented by the German approach to immigrants. Furthermore, the assimilation model presented by the French approach, the aim of which is to enable migrants to acquire all rights as citizens as soon as possible, but under the conditions of eliminating possible characteristics of the minority group in public space from culture to language. The multicultural model recognizes and promotes the equality of different new and existing ethnic groups and actively seeks to involve them in social structures, and treats immigrants as future citizens who should not lose their socio-cultural identity. The role of the state in this model is active mainly in the creation and modification of state institutions that support and reflect the diversity of individual groups. The policy of multiculturalism was applied by the Netherlands, Sweden and the UK. Since the 1990s, the trend of the civil integration model applied by the majority of western EU countries has prevailed. The main characteristic is that integration is understood primarily as the individual responsibility of a migrant to learn the language and to adopt the liberal civil political culture of the host country. The convergence of integration policies has been also supported by the 2004 European Council Recommendation, where "common fundamental principles" of integration are proposed. It highlights primarily the need for strengthening integration in labour market inclusion through increasing knowledge of the host country's language and respecting the core values of the EU countries.

**INTEGRATION POLICY OF THE CZECH REPUBLIC**

Although the degree of harmonisation of asylum and migration systems within the EU is already very high, the integration of foreign nationals still remains within the jurisdiction of individual EU Member Countries.

At the general level, we can define the integration policy of foreign nationals in the Czech Republic by three main characteristics:

**Different integration systems for beneficiaries of international protection and other foreign nationals primarily from non-EU countries[4].** Integration measures are separately regulated for foreigners under the regime of Act No. 325/1999, Coll. on Asylum, and Act No. 326/1999 Coll. on the Residence of Foreign Nationals in the Territory of the Czech Republic. There are also two separate government resolutions that follow up the aforementioned acts, titled "Policy for the Integration of Foreign Nationals and the State Integration Program for Beneficiaries of International Protection". The integration measures under the Act on the Residence of Foreign Nationals, as well as the associated government resolutions, do not apply to EU citizens with their family members[5]. Integration of foreigners is dealt with in the legislation to a limited extent only. Integration measures are elaborated in detail in government resolutions. There are no integration measures for migrants in an irregular position.

**Minimum obligatory integration measures.** Integration is essentially built on a voluntary basis. Compulsory elements of integration are provided only for citizens of third countries in the regime of the act on the residence of foreigners. The Act on the Residence of Foreign Nationals contains two mandatory integration measures. Firstly, there is an obligation to demonstrate knowledge of the Czech language at level A1 according to section 70 (2) (h) to apply for permanent residence[6]. Secondly, from 1 January 2021, a foreigner who has been issued a long-term residence or permanent residence permit, under section 66 or 67, is required – within 1 year of the date of the acquisition of the legal power of the decision – to take an adaptation-integration course (Act on the Residence of Foreign Nationals, Section 155 (b) (2)). Foreigners with international protection granted may participate in the integration measures on a completely voluntarily basis.

**Exclusive position of the Ministry of the Interior in the area of integration.** The privileged coordinator and implementer of integration is the Ministry of the Interior[7]. The Ministry of the Interior establishes alien-related legislation, decides in matters concerning the residence or international protection, administers the country-wide network of centres for integration and the State Integration Programme for beneficiaries of international protection through its organizational arm of the Refugee Facilities Administration. In addition, it coordinates the distribution of funds

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[4] According to the interpretation of the Ministry of the Interior of the Czech Republic, beneficiaries of international protection are provided with a greater care by the State than foreign nationals from third countries staying in the territory under the regime of the Act on the Residence of Foreign Nationals due to the humanitarian protective nature of international protection (Chmelíčková, Dluhošová, Pham, Novák, 2018:33).

[5] This is because EU law does not allow imposing integration measures on EU citizens and their family members. EU citizens in fact do not fall in the category of immigrants as they only use their right of free movement within the European Union, which includes the right to settle in a given state (EUROPEAN COMMISSION, 2016).

[6] Ministry of the Interior plans to raise the required level of Czech language for obtaining the permanent residence permits to A2 level (Czech Government, 2019).

[7] It was only over the years 2004–2008, that the coordination of integration of foreign nationals from third countries was transferred to the Ministry of Labour and Social Affairs (Resolution of the Czech Government of 10 December 2003, No. 1252; Resolution of the Czech Government of 23 July 2008, No. 979).

for integration (National Programme of the EU Asylum Migration and Integration Fund (AMIF), state subsidies for integration of foreign nationals, and state integration program for beneficiaries of international protection). This accumulation of competence and power has long been criticized by civil society organizations (Kušniráková, Čižinský, 2011; Čech Valentová, 2018).

The Czech Republic began to formulate its integration policy in 1999, when the Principles of the Policy for the Integration of Foreign Nationals in the Territory of the Czech Republic (hereinafter referred to as "Principles") were adopted by the Resolution of the Czech Government of 7 July 1999, No. 689. Three decisive circumstances formed the background during the emergence of the integration policy. The first circumstance involves an obvious internal need, the second circumstance was the willingness of the Ministry of the Interior to begin with managing the issues of integration, and the third circumstance was the initiation role of the Council of Europe. The participation of the Council of Europe in the preparatory phase of the integration policy not only worked as a catalyst for the preparation procedure, but it also influenced the idea-direction, and vocabulary of government documents (Barša, Baršová, 2005a:58).

The principles consist of 15 brief general provisions that accent the state's active approach to ensuring conditions for the successful integration of migrants into Czech society. *Immigration communities are viewed as an integral and contributing part of society and as full and necessary partners in creating a multicultural society* (Principle No.2). According to Pořízek (2018:50) the Principles in relation to foreign nationals were conceived as generously "pro-foreign" and in the context of contemporary political and public discourse it seems incredible that the principles openly proclaim the efforts of the Czech Republic to create a multicultural society.

**Policy for the Integration of Foreign Nationals in the Territory of the Czech Republic**
One year later, the Principles were followed up by the Concept for the Integration of Foreign Nationals in the Territory of the Czech Republic, which was adopted by Resolution of the Government of the Czech Republic of 11 December 2000, No. 1266. It was the first conceptual document to specify the state policy of integrating foreigners. It was updated in 2006 pursuant to Government Resolution of 8 February 2006, No. 126 and in 2011 pursuant to Government Resolution of 9 February 2011, No. 99 as "Concept for the Integration of Foreign Nationals – Mutual co-existence". It was last updated in 2016 following Government Resolution of 18 January 2016, No. 26 as "Concept for the Integration of Foreign Nationals – In Mutual Respect".

Compared to the Principles, the Concept takes a clear step from the multicultural integration of communities to the civic integration of individuals. It emphasizes that "the integration of each foreigner takes place individually" (Czech Government, 2006:26). The concept also talks about the development of the culture of foreigners and their communities (Czech Government, 2000:22–39), but at the same time focuses attention on the individual rights of their members. It states that "despite respect for the traditions and certain differences of some cultures, it is not always possible and appropriate to fully meet the requirements of foreigners in this area. It is not possible to tolerate attitudes and behaviour incompatible with Czech law, such as forced marriages, polygamy, restrictions on access to education and health care, or the prohibition of employment and domestic violence (Czech Government, 2000:23). The term "multicultural" remains a key term only in the field of education, where support for multicultural education programs is proposed. According to Baršová, Barša (2005b:236), it can be said that at the level of conceptual documents, the Czech Republic has made a shift from communitarian multiculturalism to a culturally tolerant civic integration model in the same period as the western EU countries. However, it should be emphasized that no practical measures corresponded to the multicultural discourse of the Principles - it was a rather short-term rhetorical influence of documents from the Council of Europe, which was quickly replaced by the opposite influence of the EU and Western European countries. The Concept has already reflected the ideas mentioned in the European Union documents. These documents include the Presidency Conclusions – Tampere European Council (1999), whose key

thesis is the requirement for "approximation of the status of long-term and legally resident third country nationals" and strengthening of equal access and equal opportunities and protection from discrimination.

Specific steps for meeting the objectives of the state integration policy, including the budget, are set out in the annual action plan, titled "Procedure in Implementation of the Concept". In addition to the national budget, since the Czech Republic joined the EU in 2004, integration measures have been implemented mainly through the resources from the European funds – European Asylum, Migration and Integration Fund (AMIF), European Social Fund (ESF).[8] Other sources are for example the so-called Norwegian funds, grant programs of foreign embassies or international organizations (e.g. UNHCR), subsidies provided by regions and municipalities, Czech and foreign foundations, or private donors, etc.[9]

**Institutional framework of Czech integration policy**

The coordination of the integration policy has entrusted to the Ministry of Interior of the Czech Republic (Ministry of the Interior) since 1999, except for the years 2004–2008. In addition to the Ministry of the Interior, the Ministry of Labour and Social Affairs of the Czech Republic has also been active in the field of integration, administering the redistribution of funds from the European Social Fund (ESF), whose target groups also include migrants. The Ministry of Labour and Social Affairs in cooperation with the Ministry of the Interior also operates and coordinates the web portal www.cizinci.cz, which collects the maximum information available on the integration of foreign nationals in the Czech Republic.

The policy also counts on the involvement of a number of other ministries (Ministry of Education, Ministry of Industry and Trade, Ministry of Health, Ministry of Regional Development, Ministry of Culture), as the integration of foreign nationals is a cross-sectional and complex issue, affecting many areas. Various ministries and departments are responsible for implementation of sub-activities within the area of their competence. To this end, they are to redistribute funds allocated proportionally from the national budget. However, other ministries actually do not pay much attention to the integration policy, which complicates the effective implementation of the Concept (this is particularly manifested in the areas of education or in the access of migrants to health care). The role of the Ombudsman is quite important too as he/she oversees the actual observance of the rights of foreigners. Non-profit organisations and integration centres newly emerging in individual regions as a systemic measure of the State, have all been involved in the implementation of integration measures since 2009.

In addition to these specialised entities, these are most often schools that address the integration of foreign children and their education. Involvement of employers or trade unions is expected for the integration of labour migrants, but they usually show quite a poor activity in this context, mostly in the form of publishing and distributing information leaflets. Similarly, the approach of labour authorities, whose involvement in integration has recently been developed through large-scale projects by the Continuing Education Fund. Major change in recent years has been caused by a shortage of potential workers in the labour market. Employers' associations are becoming a very strong lobbying stakeholder in negotiations with the Ministry of the Interior regarding the increasing quotas on the number of foreign employees. One of the most agile is the Chamber of Commerce of the Czech Republic and the Union of Industry and Transport (Čech Valentová, 2018:14–15; Pořízek, 2018).

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[8] For example, in 2018, about EUR 1,455,300 were spent from the national budget through the subsidies for the integration of foreign nationals provided by the Ministry of the Interior and about EUR 13,376,600 through AMIF (MICR, 2018).

[9] A general overview of the funds for the integration of foreign nationals is also available on the official website of the state administration on the integration of foreign nationals in the Czech Republic: www.cizinci.cz.

The target group of the integration measures in its entirety consists of foreign nationals from non-EU countries residing on the territory of the Czech Republic for a long time, i.e. for more than 1 year. Certain integration tools (e.g. provision of information, language courses or life-related assistance) may also be used in selected subsidy titles by citizens of the European Union from 2011, and beneficiaries of international protection since 2016, in addition to the services provided under the State Integration Program. The target group of integration does not cover applicants for international protection, who are provided with special services in the asylum facilities operated by the Ministry of the Interior. In exceptional cases, citizens of the Czech Republic may also be part of the target group since 2017 as long as they have demonstrated integration needs similar to the aforementioned groups of residents. Since integration is a bipartisan process, the majority society is also the target group of the integration. Specific integration measures also focus on raising the awareness of foreigners in countries of origin in the pre-departure phase. (Czech Government, 2019:10)

In connection with the need to implement EU requirements and recommendations in the framework of the integration of the Czech Republic into European structures, the Czech government intensified its efforts to create a comprehensive long-term framework of Czech integration policies. Therefore, the 2006 update of the Concept defined specific measures in four priority areas, which are maintained until today: **a) knowledge of the Czech language, b) economic self-sufficiency of foreign nationals, c) orientation of foreign nationals in the society – awareness of foreign nationals and d) interrelations of foreign nationals and majority society**. The Concept for the Integration of Foreign Nationals – Mutual co-existence (Czech Government, 2011) set out the fifth priority – **d) the principle of gradual acquisition of the rights of foreigners following the gradual acquisition of the higher residential statuses in the territory of the Czech Republic** (Czech Government, 2019:3). All priorities are supplemented in the Concept by a set of measures implemented by the state, municipalities, NGO's and commercial entities. These are always annual projects where continuity of activities, for the next year is not guaranteed.[10] The main priorities of the integration policy therefore relate to the cultural dimension of the integration policy. They should enable foreigners to adapt to the new socio-cultural environment. However, it does not offer any legislative measures that would affect the structural level of the integration policy (Rákoczyová, Trbola, 2009).

Specific integration measures since 2014 include the so-called "Pre-departure information package" in nine language versions called "Next stop – Czech Republic"[11], which provides basic information about the conditions of residence of foreigners in the Czech Republic aimed at foreigners in countries of origin, promoted through diplomatic missions. Furthermore, integration-adaptation courses for foreigners were created, titled "Welcome to the Czech Republic". These courses were implemented in 8 lessons, on a voluntary basis over the years 2014–2020 and will have become mandatory since 2021 for all long-term resided foreigners in a range of 4 hours. Penalty on non-completion of the course is only financial and will not affect the stay of a foreigner in the territory of the Czech Republic[12] (Čech Valentová, 2018:13–14; Chmelíčková, Dluhošová, Pham, Novák, 2018:38–39; Czech Government, 2019).

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[10] An overview of all projects implemented in the framework of the Concept for the Integration of Foreign Nationals is published annually in the Report on the situation in the field of migration and integration of foreign nationals in the territory of the Czech Republic, which is published by the Ministry of the Interior.

[11] The films are in Czech, English, Russian, Ukrainian, Vietnamese, French, Mongolian, Arabic and Spanish languages. Available from: https://www.mvcr.cz/mvcren/article/next-stop-the-czech-republic.aspx

[12] Over the years 2014–2020, courses were implemented under the NGO Slovo 21 project in collaboration with other non-governmental organizations, IOM, representatives of integration centres and workers of the Department for asylum and migration policies at the Ministry of the Interior. The project was co-financed by the European Union from the European AMIF Fund and the Ministry of Interior of the Czech Republic. More at: http://www.vitejtevcr.cz/en/

Mandatory participation in integration programmes follows the trend in Western European Countries and becomes the essence of the civic integration model (Joppke, 2007; Kušniráková, Čižinský, 2011).

**Local level of integration policy**

The Concept for the Integration of Foreign Nationals puts an increasing emphasis on the fact "*that the necessary condition for successful integration of migrants is 'the transfer of integration to the regional and local levels'. A key prerequisite for the inclusion of foreigners as well as conflict-free coexistence in society is the active operation of self-government authorities.*" (Czech Government, 2015:10). At both of these levels it is possible to identify several agile actors involved in the implementation of the integration policy, however, the absence of a systematic approach to integration prevails on both regional and local level. Although the position of regional coordinator in charge of integrating foreigners has been established in all regions of the Czech Republic, the workload of these workers is wide and they lack the necessary space and competence for active coordination role (Czech Government, 2015:10; Čech Valentová, 2018:15; Pořízek, 2018:56–57).

Unlike state integration policy at the local level, an exclusive approach prevails. Most municipalities and towns in the Czech Republic do not have their own integration strategy in relation to foreigners. Municipality interest in the situation of foreigners is mostly activated only after a problematic situation has occurred. An illustrative example is the economic crisis in 2008–2009, when some cities with greater concentrations of labour migrants had to respond to unmanaged problems due to mass dismissals of these workers and the subsequent growing tensions among local residents (MICR, 2010). In order to find a solution, the Ministry of the Interior came with support in the form of so-called emergent projects, which offered a set of integration activities and measures (e.g. language and communication courses for foreigners; officials and police officers, but also intervention and fieldwork, etc.), leading to mapping and improving the critical situation in the locality. These projects were transformed into municipality-level projects aimed at promotion of the integration of foreigners. These projects endeavour to provide municipal self-governments with impetus and support to develop their own integration strategy. Municipalities can thus implement activities promoting integration at the local level through the funds provided from state subsidies (Czech Government, 2019:9). However, the interest in these projects is not great, in 2019 only 15 cities implemented these projects, 11 of which were urban districts in Prague.[13]

To date, the capital city of Prague has made the most advancement in the process of creating integration strategies – the city has the status of a municipality as well as a region[14]. In 2014, a Prague-based policy for the field of integration of foreigners was established[15] and the action plans for its implementation are followed annually. The new Concept for the years 2022–2024 is now being formed. Thanks to these strategic documents, the development of the issue is continuously monitored on the territory of Prague, experts regularly meet, resources are allocated for integration projects of non-government organizations and separate jobs have been established at the city council office. These measures are supported by political representation. The city of Brno has taken a similar path, which is set to have its own integration strategy at the end of 2020. It also seeks to facilitate communication between authorities and migrants by introducing services of intercultural workers directly in the structures of the Brno City Council since 2017.

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[13] An overview of the implemented projects is available here: https://www.mvcr.cz/migrace/clanek/seznam-podporenych-projektu-obci-na-podporu-integrace-cizincu.aspx

[14] The administration of the capital city of Prague is governed by a specific Act No. 131/2000 Coll., on the Capital City of Prague.

[15] The whole text of the Prague Concept for the Integration of Foreign Nationals is available on the website on the Prague city integration portal: http://metropolevsech.eu/cs/o nas/koncepce hl m prahy pro oblast integrace cizincu

In addition, it provides extensive services to highly skilled foreigners through the Brno Expat Centre organisation, operated and funded fro, the city budget[16]. Few cities mention foreigners as a specific target group threatened by social exclusion in their community social service plans or social inclusion strategic plans[17].

At a time of workforce shortage, cities have repeatedly faced high increases in the number of new foreign workers in recent years. This often takes place in the vicinity of industrial zones, where small town infrastructure is not ready for a surge in population, and consequently the coexistence grows to problematic levels. Foreigners here reside in larger groups at hostels, away from civic amenities, as well as from their families. The best-known example of this phenomenon is the community of Kvasiny, or the whole county of Rychnov, where the level of dissatisfaction exceeded sustainable level, and it had to be addressed by the state authorities[18]. The growing demand for a higher number of new labour migrants is often associated with a dire shortage of places to live, capacities for practitioners and other services in the places of new residence. In the event of a higher number of unified migrant families, cities must also cope with a surge in children in nurseries and schools (Čech Valentová, 2018:13–16). Similar development has been seen in recent years, for example, the city of Pardubice, where there is a large industrial zone and where the number of children of foreigners has grown by 100% in nurseries in the last 5 years, and in schools even by 140% (Zlinský, 2020).

**Regional Integration Centres**

In the absence of both resources and regional strategies, since 2009 the Ministry of the Interior has supported Regional Integration Centres, or Centres for the Support of Foreign National Integration (CPIC)[19], built through support of European funds, at present specifically the Asylum, Migration and Integration Fund (AMIF). The centres have been established in all 14 regions and their administrators are selected as part of subsidy proceedings. So far 18 centres have been put into operation, 14 of which are managed by the Refugee Facilities Administration – the organizational unit of the state authority subordinated to the Ministry of the Interior, one centre falls under the NGO Advisory Office for Integration in the Ústí Region, one under the auspices of Charity of the Czech Republic in the Hradec Králové Region, another one under regional self-government in the South Moravian Region and the Integration Centre Prague under local government, City Council of Prague. As of 2020, an amendment to the Act on the Residence of Foreign Nationals, based on the provisions of Section 155 (a), has included the operation of centres in the national budget. This should enable stabilisation of the centres and support a wider target group of foreigners (according to AMIF conditions, it was problematic to support, for example, EU citizens).

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[16] Information about the integration policy of the city of Brno is available at: https://www.brno.cz/sprava-mesta/magistrat-mesta-brna/usek-4-namestka-primatorky/odbor-socialni-pece/migrace/

[17] The city of Pilsen has worked out the Action Plan for support and cooperation in work with foreign nationals in the territory of the city of Pilsen 2019–2020, Havlíčkův Brod has its Strategic Plan of Social Inclusion of Havlíčkův Brod for the period 2018–2021; Benešov Social Services Action Plan for ORP Benešov; Pardubice Community Plan of the City of Pardubice, Medium Term Plan of Social Services Development for the Pardubice Region, Local Action Plan of Education Development in ORP Pardubice; Kladno Analysis of the situation and needs of foreign nationals (2013); Community and medium-term plans of the city of Olomouc; Community and medium-term plans of the city of Prostějov; Ostrava Strategic Development Document for the period 2017–2023 Ostrava fajnOVA.

[18] Government Resolution No. 388 of 22 May 2017 decided on the formation of the Coordination Centre for Foreign nationals in the industrial zone Kvasiny. Thus, its emergence is part of a set of measures addressing the aggravated situation in and around the industrial zone connected with increased employment of foreigners.

[19] Information on the integration centres is available here: http://www.integracnicentra.cz/rozcestnik-3/?lang=en

Integration centres implement the state integration policy contained in the Concept for the Integration of Foreign Nationals in the Territory of the Czech Republic. In cooperation with others, especially with non-profit organisations active in the field, they ensure the provision of information, social and legal advice, free Czech language and socio-cultural orientation courses for foreigners in society, interpreting services and multicultural activities. In addition, the integration centres organise regional advisory platforms (regular advisory working groups) aimed at facilitating the cooperation of all actors who can contribute to the successful implementation of the policy of integration in the region. Platforms are used to share information and assess the situation of foreigners in each region or to identify the problematic areas. However, due to the relatively short history of the centres and their unfavourable position, their activities need to be further developed and deepened (Čech Valentová, 2018:15–16).

**Integration of foreign nationals under the Asylum Act**
The Czech Republic is among the EU countries with rather low number of applicants for international protection as well as those with international protection granted. It is not only due to the fact that it is the inner country of the Schengen Area, but also due to its rather hostile asylum policy[20]. The integration policy applies to tens of people per year[21]. In the Asylum Act, integration is addressed in a separate Chapter IX, titled the State Integration Program. It is a very brief regulation including only three provisions (Sections 68–70)[22]. The State Integration Program dates back to[23] 1994 and was approved in 2016 by the resolution of the Government of the Czech Republic on 20 November 2015 that took effect on 1 January 2016. It is a voluntary program offering persons who have been granted asylum or supplementary protection, support for inclusion in the Czech environment, teaching the Czech language in a range of 400 hours, and assistance services, especially in search of housing, employment, education provision and retraining.
Assistance with the provision of housing at the first stage consists in the possibility of accommodating persons with international protection granted in the integration asylum centre, which, pursuant to

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[20] The 28 Member States of the EU in 2018 granted protection status to over 333,000 asylum seekers and received nearly 25,000 resettled refugees. In per capita terms, the Czech Republic took in the fewest of all – granting asylum, subsidiary protection, or humanitarian status to a mere 155 first-time applicants, or 15 for every 1 million inhabitants. The EU countries with the highest shares of "positive" first instance decisions last year were Ireland (at 85 percent) and Luxembourg (72 percent). In contrast, the Czech Republic had the highest share of "negative" first instance decisions (89 percent). In other words, nine in 10 applicants were rejected (Eurostat, 2020).

[21] In 2018, 121 people entered the state integration program, in 2017 it was 180 people (Správa uprchlických zařízení, 2018).

[22] Act No 325/1999, Coll., on Asylum, Chapter IX
**State Integration Program**
**Section 68** (1) The State Integration Program is a program aimed at assisting asylum seekers and persons enjoying supplemental protection in ensuring their integration into society. The State Integration Program specifically involves creating prerequisites for acquiring knowledge of the Czech language and providing housing.
**(2)** The rules of the State Integration Program and the amount of resources spent on the implementation of each area shall be determined by the Government.
**Section 69** The State Integration Program in the area of housing provision is implemented by the Ministry using the resources of the State in particular in the form of a one-off housing offer or a financial contribution.
**Section 70** The State Integration Programme in the field of acquiring knowledge of the Czech language is implemented by the Ministry in cooperation with the Ministry of Education, Youth and Sports in the form of free language course

[23] Information about the State Information Program can be found at: http://www.integracniprogram.cz/en/

section 79 (3) of the Asylum Act, serves for transitional accommodation of persons with protection granted for 18 months. Staying in the resort is not free of charge. People are accommodated under a contract. At present, integration asylum centres are located in Brno, Jaroměř, Ústí nad Labem – Předlice and Havířov. The program helps with either seeking a rented accommodation, or it helps arrange the accommodation in municipal flats. Beneficiaries of international protection are allowed within the framework of the State Integration Program to pay the first two month's rents, a bail for the landlord and, where appropriate, remuneration for the real estate agency. To arrange for a sufficient number of integration flats is a long-term challenge, especially with respect to a rather hostile atmosphere in the Czech society, including municipalities and larger cities, towards foreigners. Czech language courses are provided by the Ministry of Education, Youth and Sports through the provider that is selected in a tender (Chmelíčková, Dluhošová, Pham, Novák, 2018:40–42).

A refugee-related integration policy therefore affects not only the cultural but also the structural dimension of integration in regards to housing policy and access to labour market (Rákoczyová, Trbola, 2009).

Since 2016, the program has been coordinated by the so-called General provider of integration services. This function consists in coordination of services already mentioned at the country-wide level and in cooperation with stakeholders such as ministries, municipalities, non-governmental organisations, churches, private entities, volunteers, and others. The key position in the field of the integration of beneficiaries of international protection is held by so-called subcontractors, i.e. organisations and entities directly involved in working with clients and providing specific solutions to their situation in the process of incorporation into Czech society. By virtue of Government Resolution of 16 January 2017, No. 36, the Government established the Refugee Facilities Administration at the Ministry of the Interior as the General Provider for 2017 and following years that among other things operates asylum facilities and Centres for promotion of integration of foreign nationals in certain regions.[24]

### DISCUSSION

In the discussion, I will focus on evaluation of Czech integration policy from various perspectives, esp. of research, NGO's, Ombudsman, and international institutions.

### Integration-related legislation

The absence of a special legislation to govern the integration of foreign nationals and refugees is perceived critically, particularly by the Ombudsman. Government Resolution of 5 January 2005, No. 5 (Czech Government, 2005:19) states that "at present, it can be concluded that if the Czech Republic prefers an active approach to the issue of integration of foreign nationals, i.e. to seek to establish the integration requirements and corresponding rights of immigrants, the only option is detailed legislation that defines the reciprocal rights and obligations; and to ensure the necessary transparency and predictability of the legal status of an immigrant." Formulation of integration measures only in the form of provisions causes alibism of public administration and self-government authorities in terms of responsibility for the integration policy of the Czech Republic (Pořízek, 2018:52). The Government Strategy for Combating Social Exclusion in 2016–2020 (Czech Government, 2016b) does not mention foreign nationals or refugees at all and does not refer to the Concept for the Integration of Foreign Nationals or State Integration program.

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[24] In 2016, Charity of the Czech Republic became the first general provider. Due to underfunding the program, it decided not to continue in the position of the general provider in 2017. As civil society organisations within the public procurement (tender) in 2017 did not show any interest in the position, the Refugee Facilities Administration at the Ministry of the Interior became the coordinator. This situation is a bit paradoxical, as integration services are provided by a department (ministry) whose nature is rather repressive. (Mrkvová, Špirková, 2017).

**General versus specific integration policies**

Many authors emphasize the priority of general policies over specific ones for reasons of ensuring the cohesion of society and equality of redistribution of resources. Specific social policies require group identification and specific treatment, which are fundamentally problematic in relation to social cohesion (De Zwart, 2005; Boswick, Heckmann, 2006; Baláž, Čemová, 2019). Nevertheless, the same authors point out that the effects of this inclusion of migrants into general policies depend on the way in which the general institutions – for instance, hospitals and municipal administrations – are ready to adapt to the specific needs of migrants (Boswick, Heckman, 2006). In the Czech case the specific integration policy covers primarily the cultural dimension of the integration policy (language courses, socio-adaption courses, events promoting the culture of immigrants; professions of intercultural workers and community interpreters etc.). The scope of the specific measures can be understood as a justification of specific integration policies. They offer tools on both sides to ensure adaptation of general institutions to the needs of migrants and the migrants to the parameters of general institutions.

**Integration – a right or a duty?**

There is not just special integration legislation in a number of European Union Member States, but the integration is increasingly perceived as an obligation on the part of a foreigner to take the so-called integration exam[25]. We can say that the Czech Republic is following this trend of increasing the mandatory elements of integration. A discussion is taking place about increasing the required level of knowledge of the Czech language from A1 to A2 CEFR to obtain the permanent residency (Czech Government, 2016a:10). Another sign of the trend is the introduction of an obligation from 1 January 2021 for all foreigners with long-term and permanent residence to undergo the adaptation-integration course within one year of the authorisation (section 155 (b) of the Act on the Residence of Foreign Nationals). Yet, failure to complete only leads to financial sanction. Mandatory participation in integration programmes raises many questions. On the one hand, it creates the conditions for learning the language and the values and culture of the host country, which is considered a precondition for successful integration. On the other hand, the link between the social inclusion of immigrants and the juridical framework on immigration, integration and citizenship may raise human rights considerations, and endanger the inter-culturalism and diversity that are inherent to the character of the EU (Carrera, 2006; Čech Valentová, 2018).

**Local level of integration policy**

On the level of municipalities and regions the exclusivist model prevails. The lack of interest in integration of immigrants is emphasised by the system of financing the integration policy (see below) by the absence of legal standards that would impose the responsibility for integration on municipalities and regions. The regional Centres for the promotion of integration of foreign nationals, operating in all 14 regions of the Czech Republic, should work as the major player of integration at the regional level. Only 4 Centres are operated by regional entities whereas the others fall under the Refugee Facilities Administration, the organizational unit of the state subordinate to the Ministry of the Interior. This organizational structure does not contribute to linking the Centre activity with municipal and regional governments[26].

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[25] One can say that there are mandatory integration exams in almost all traditional EU member countries. E.g. there has been integration legislation in the Netherlands since 2007, in Germany since 2016, in Austria since 2017.

[26] E.g. Blahoutová, 2012; Consortium of NGO's working with migrants in the Czech Republic, 2015; Čech Valentová, 2018 critically comment on the direct connection of integration centres to the Ministry of the Interior.

**Financial coverage of integration policy**

The implementation of the Policy for the Integration of Foreign Nationals is funded on the basis of annual resolutions of the government. The amount of funding from the national budget is not high. For 2020 it is only about EUR 490,000 (CZK 12,428,000), in 2019 it was approximately EUR 569,000 (CZK 14,240,000). The implementation of most integration measures is financed by EU funds. As early as in the 2005 Report on the Implementation of the Policy for the Integration of Foreign Nationals, the approval of funds for one fiscal year is seen as very problematic. The one-year approval of finances declared usually in the spring causes significant problems to implementers, particularly to those from NGO's (instability of the employment of qualified specialists, impossibility of maintaining continuity of services provided, etc.) and financial instability in the implementation of these projects. The one-year funding of subsidy programs is based on budgetary rules and the Government's principles for granting subsidies (Czech Government, 2006:7; Konsorcium nevládních organizací pracujících s migranty v ČR, 2015).

**Czech integration policy in international context**

According to a 2015 study by MIPEX IV (Migrant Integration Policy Index)[27], the Czech Republic has only gone halfway to creating conditions for migrant integration. In international comparison that covers 38 countries – all EU Member Countries and Australia, Canada, Iceland, Japan, South Korea, New Zealand, Norway, Switzerland, Turkey and the USA, the Czech Republic was ranked 23rd. Out of one hundred possible points comprising the Integration Policy Index (MIPEX), it received 45. This is more or less the same as Croatia, Hungary, Romania and Greece. According to MIPEX findings, Czech public opinion is less optimistic about foreigners than the European average. The authors suggest that new-comers have more obstacles to face in the Czech Republic than opportunities to engage in ordinary life. They recommended that all foreigners and their families be allowed to have public health insurance or that the foreigners from the non-EU countries with permanent residency permits may vote in local elections.

**CONCLUSION**

The main challenge of the Czech integration policy from the perspective of the implementation of the Concept for the Integration of Foreign Nationals is to strengthen the responsibility of state, regional and municipal public administrators for the integration agenda. Most of the measures of the Concept are so far implemented through projects of civil society organizations. It lacks a systemic and continuous approach that would understand the integration of foreigners as a cross-cutting topic of mainstream public policy (Baláž, Čemová, 2019). From the perspective of international comparison, the main challenges of the Czech integration policy concern the strengthening of civic and political participation of migrants. The possibility of strengthening the political rights of migrants, for example, by introducing suffrage at the communal level for permanent residents has so far been politically impossible. Increasing the mandatory elements of integration follows a Europe-wide trend of strengthening the responsibility of migrants for the integration process. This article aimed to analyse the integration policy of the Czech Republic at the level of legal and strategic documents. Evaluation of the integration policy implementation could be subject for further expert study.

[27] The fourth edition of the MIPEX, conducted in 2013-2015, measured policies to integrate migrants in all EU Member States, Australia, Canada, Iceland, Japan, South Korea, New Zealand, Norway, Switzerland, Turkey and the USA. It used policy indicators covering eight policy areas: Labour market mobility; Family reunion; Education; Political participation; Long-term residence; Access to nationality; Anti-discrimination; and Health. The MIPEX IV partnership was led by Migration Policy Group (MPG) and CIDOB, was produced as part of the project "Integration policies: Who benefits?", co-funded by the European Fund for the Integration of Third-Country Nationals. More at: http://www.mipex.eu/

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# Adaptation of Forced Immigrants in Russia: Policies and Practices

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**Abstract**

OBJECTIVES: The article is based on the author's study of the adaptation of forced immigrants from South-Eastern Ukraine in modern Russia, and the level of social protection. THEORETICAL BASE: of the article is based on the theory of cross-cultural adaptation (Y. Y. Kim); transformed concepts of acculturation (J. N. Pieterse), focusing on the multiculturalism

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of modern societies, and the concept of preserving one's ethnic and social identity in cross-cultural communications (V. I. Mukomel). OUTCOMES: The needs of forced immigrants and the problems of their adaptation, barriers and risks of interaction with the host community. METHODS: the study used methods of legal document analysis, statistical and demographic data, and conducted field study on the basis of the Internet survey of forced immigrants (N 268), the method of case study and in-depth pre-standardization interviews (N 9), the expert survey of specialists and managers of social organizations, providing for social protection and social work with migrants and forced immigrants (N 12); verification of the author's research has been carried out on the basis of a research result secondary analysis of other authors. SOCIAL WORK IMPLICATIONS: The obtained results in social services to change the nature and conditions of their professional activities for the adaptation of forced immigrants.

**Keywords**
migration, forced immigrants, internally displaced persons, cross-cultural adaptation, flexible acculturation, multiculturalism, transnationalism, social protection of migrants

## INTRODUCTION

Migration processes are a natural feature of the modern world. However, from time to time, as a result of severe military and political conflict, this process acquires the features of an emergency. One of the most difficult and severe was the migration crisis in 2015, when hundreds of thousands of people were forced to flee the Middle East, North Africa, and South Asia to European countries. Migration flows to EU countries were quite active before, but it was during these years that many contradictions that had been accumulating for years were exposed (UNHCR, 2017). This forced scientists and practitioners to re-focus their efforts on studying the experience of working with migrants and refugees. Russia faced similar problems almost at the same time. The beginning of military operations in South-Eastern Ukraine was in the spring of 2014. The population of Donetsk and Luhansk regions, where there were military operations, began to leave their native places. More than a million people (1,113,000) moved to Russia (NUMBER OF FORCED IMMIGRANTS, 2020).

As defined by the International Organization for Migration (IOM) and the UN, "a migrant is a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally-defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students". (IOM, 2019)

A refugee, by definition of the UN Refugee CONVENTION (1951) is a person who "owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it".

Russian legislation of the recent 30 years follows an international tradition (Federal Law "On Refugees" or Federal Law "On Forced Immigrants" both from the year 1993).

The concepts of "refugees" and "forced immigrants" are quite similar, but also have differences.

Based on the analysis of the given documents, the authors formed the following definition of "forced immigrants", adapted to modern conditions: forced immigrants are citizens who fled their country because of the real danger to their lives, security and well-being, due to a real risk of persecution

on grounds of race or nationality, religion, language, as well as on the grounds of membership of a particular social group or political opinion, which have become occasions for hostile campaigns against a concrete person or groups of persons, and mass violations of public order.

In Russia in accordance with the Federal Law "On the Basics of Social Services for Citizens of the Russian Federation", (2013) migrants, refugees, forced immigrants and stateless persons have the same right to social protection and social services as citizens of the Russian Federation. The Russian government has adopted many regulatory documents aimed at protecting and helping Ukrainian citizens who find themselves on the territory of the Russian Federation. But the traditional problem of our Russian reality – the gap between accepted documents and the possibility of their implementation – has made the situation of Ukrainian migrants quite difficult. Analysis of the problems faced by Ukrainian immigrants, the study of various forms of social assistance and support allowed us to identify the foundations of state social policy in relation to forced immigrants, and the real barriers to their implementation, and to make proposals on improving assistance to forced immigrants. The authors believe that this research can contribute to the theoretical basis for studying migration processes in the modern world and to the practical basis for adapting forced immigrants to the conditions of the host community.

## STUDYING THE BASIC PROBLEMS

Migration processes that increased in the 20th century, until recently, were considered from the perspective of the acculturation concept. In this context, various socio-cultural and ethnic communities, coming into contact with each other, can be mutually enriched or assimilated. Acculturation theory has been repeatedly criticized for emphasizing the hierarchy of cultures: the host culture was primarily seen as the dominant one, to which all newcomers must adapt up to assimilation (Portes, Fernandez-Kelly, Haller, 2009). In the late 20th and early 21st century, theorists who adhere to the acculturation concept began to emphasize that even in conditions of assimilation, some migrants can maintain their original identity (Alba, Nee, 2003), what depends on which social group a particular migrant community adapts to. At the same time, the recognition of the host community dominant culture remains.

Berry J. (1997) identified four strategies for acculturation of the individual, depending on what goals each individual pursues: assimilation ("melting pot"), integration, separation-segregation, marginalization.

An individual approach allowed Y. Y. Kim (2008) to focus on overcoming the primary cultural shock when migrants enter the host community. The principle of adaptation in this approach is "successfully living in two cultures". This is a promising concept, but it takes into account mainly the personal characteristics of acculturation. For forced immigrants, this is only part of the problem, since crisis migration is usually not an isolated phenomenon, but rather a mass one.

C. Ward, S. Bochner, A. Furnham (2001) analyzed the social institutions in which migrants and forced immigrants are integrated.

Among the works devoted to the adaptation problems of migrants, a study combining applied and theoretical approaches to the problem study should be highlighted. J. Anand, C. Veszteg, and E. Batbaatar (2020) note that migration has become a part of our life and issues of migrant adaptation are a natural social process, not just crisis or "shock" phenomena. These principles are important for those migrants who are willing to remain permanently in the host community.

S. Bhatia, A. Ram (2009) they also focused on the goals of acculturation and considered it as a dynamic process that can cover the entire life of a person who has changed their living environment. They introduced the concept of "diaspora" in the context of acculturation theories, which is important in modern conditions, when entire social groups and communities undergo acculturation. Such general social factors are very important to take into account when studying the ways and level of adaptation of forced immigrants.

The transformation of acculturation concepts was also considered by J. N. Pieterse (2007), who admitted that a multicultural environment can be formed in modern society without losing its integrity. This is not a spontaneous process; it requires a lot of purposeful social work.

In the Russian scientific literature, the problems of migration have been studied since the end of the previous century, because Russian society has always been multi-ethnic, and internal migration processes have occurred constantly. Since the end of the 20th and the beginning of the 21st century, Russian society has been involved in active external migration. The authors studied external labor migration (departure of Russian citizens abroad and problems of incoming labor migration), analyzed the problems of social protection of labor migrants mainly from the former Soviet republics (Ukraine, Tajikistan, Kyrgyzstan, Kazakhstan, Armenia, Moldova, etc.).

Taking into account the specifics of Russia's socio-cultural experience, V. I. Mukomel (2016) notes that in the modern sense, the host community is responsible for migrants, their formal rights and the possibility of participation in all major spheres of life. But it would be right if migrants participated in the integration process without losing their identity. In Russian social policy on national issues and migration policy, this has been and remains a high-order value (Yudina, 2005; Kapitsyn, 2019).

But in recent years, the cultural difference has increased. 25 years of the cultural development autonomy of the republics have led to the fact that in many communities the knowledge of the Russian language, which was previously mandatory for all citizens of the USSR, has been lost, and behavioral differences have accumulated (Ryazantsev, 2014).

The migration crisis in Russia, associated with the mass migration of Ukrainian citizens in 2014-2016, aroused a great interest of researchers in foreign experience (Budayeva, 2014; Kostenko, 2014; Kondratieva, 2016; Endryushko, 2017).

The practice of social adaptation and acculturation is studied both in Russia and abroad. E. Andreouli (2013) conducted 33 interviews with new British citizens and identified a dialogical perspective of acculturation. Features of adaptation and acculturation of young migrants in the education system are investigated in the publication (Ogrocka, Clark-Kazak, 2012). The topic of adaptation of young migrants and their future is studied by J. Schneider (2018) – the main question of the research: should we educate "new Germans" from the children of new migrants?

The problem of Ukrainian migrant adaptation is being studied. (Samushia, 2017; Kuznetsova, 2018; Chernyavskaya, 2019). Among the research methods, a significant role is played by targeting methods for research of network resources and communications in social networks. The problems of training specialists in social work are being studied to solve such complicated tasks as working with migrants and forced immigrants (Kozlovskaya, Sizikova et al., 2018; Anikeeva, Sizikova et al., 2019).

Thus, there are many studies on the adaptation of migrants and forced immigrants. Acculturation is the dominant concept, but in comparison with the approaches of the late 20th century, there is a significant modification of approaches. First of all, there is a departure from the idea of migrant culture subordination to the dominant culture of the host community. Currently, multiculturalism, the concept of flexible acculturation, in which "new citizens" should have equal rights, equal social protection, and adapt to the host community, has received the greatest recognition.

However, the scientific literature does not differ in approaches to adaptation of migrants and forced immigrants internally, while the situation and problems of these two groups differ significantly. There is not enough research on the nature of group adaptation and the features of social and institutional adaptation. In addition, host communities faced a test of their tolerance. The appearance of large groups of foreign-culture population in a very difficult situation, in need of urgent social assistance, and not always receiving it, contrary to their expectations – all this has led to conflicts and criminalization of relations.

Applied research experience of adaptation of different groups of forced immigrants in different countries, the strengths and weaknesses of such practices, the study the behavior of forced

immigrants can help not only in the theoretical understanding of complex migration processes, but also to help migrants and forced immigrants in the successful social adaptation in situations in which they find themselves. Finally, it will help social work practices that provide social assistance and support, and social protection for these population groups.

## METHODS AND METHODOLOGY

The purpose of the research was to study the features of adaptation of forced immigrants from South-Eastern Ukraine, problems and contradictions of this process for the preparation of practical recommendations to specialists providing social protection and assistance to forced immigrants. The research objectives include the analysis of the conceptual foundations of the problem, theoretical approaches in foreign and Russian literature to the problems of acculturation of migrants and forced immigrants; study of the fundamentals of social policy towards this group of the population, ways and means of social protection of displaced persons and social assistance; studying self-assessments of forced immigrants, their problems and expectations; analysis of practices of social protection and social care, experience of functioning of social service organizations and settlement centers; the identification of barriers and risks in the adaptation of migrants and ways to overcome them.

The authors chose the theory of cross-cultural adaptation (Y. Y. Kim) and multicultural approach in acculturation concepts (J. N. Pieterse), as well as the concept of preserving one's ethnic and social identity in cross-cultural communications (V. I. Mukomel).

The research methods were chosen taking into account the set goals and objectives: analysis of legal documents of the Russian Federation aimed at helping and protecting migrants, methods of analysis of statistical and demographic data; conducting an Internet survey of forced migrants (N 268; target random sample); case study and in-depth interview method (N 9 families of different types, target sample); expert survey of specialists and managers of social organizations that provide social protection and social work with migrants and forced immigrants (N 12; target sample). The results of the study were compared with the results of other authors who studied the experience of internally displaced person adaptation in Russia.

The study was conducted in 3 stages: 2016–2017 – conducting an Internet survey; respondents mainly from 4 districts of the Russian Federation: the Central Federal district, including Moscow, Southern and North Caucasus, Ural); preferred cities of settlement: Moscow, Rostov-on-Don, Krasnodar, Stavropol, Belgorod, Smolensk, Voronezh, Yekaterinburg). 2017–2018 study of adaptive behavior models – a case study of various types of families; 2018–2019 – expert survey of specialists working with forced immigrants (experts from the number of specialists in social work in the territorial centers of social services in Moscow and the Moscow region); summing up.

## RESULTS

Since 2014, more than 15 normative legal acts have been adopted on assistance to forced immigrants. However, the reality turned out to be more complicated than these documents. First, establishing the status of "refugee" is a complex procedure, not devoid of bureaucracy and numerous hidden obstacles. Second, refugee status implies that these individuals or groups remain in the territory of the host state or move further. Forced immigrants usually seek to return under favorable conditions. This is an important circumstance that gives a normative feature to the concept of "forced immigrants". At the same time, this makes issues of social protection of this social group problematic – it finds itself in a legal lacuna, without falling exactly into any clearly defined legal concept.

According to Ukrainian legislation, all Ukrainian citizens who did not issue a migration card when crossing the border "illegally left" the country. The situation of forced immigrants becomes very difficult if their documents were destroyed during the bombing or burned during the fires.

Upon reaching the territory of Russia, Ukrainian migrants apply to the Federal Migration Service FMS, which can be considered within 3 months. During this time, the migrants either live with relatives and friends, of whom Ukrainian citizens have a lot on the territory of Russia, or with strangers who are ready to help. If there are no such opportunities, the migrants could be placed in temporary residence centers. Citizens have the right to free medical care, social protection, and the right to employment. Children are entitled to education in accordance with age requirements (kindergarten, school, university). If the migrants need to move to another place, free travel and luggage are provided. In total, there are about 20 forms of support, including the right to permanent residence on the territory of the Russian Federation, moving to another state or returning home. Despite the external attractiveness of these rights, it is necessary to note their insufficiency: extremely low standards of financial per capita support (it is impossible to live on this "allowance", and migrants must rely either on their own funds, or rely on the help of relatives or friends in Russia).

These conclusions are directly and indirectly confirmed in an Internet survey of people over the age of 18 who left their permanent place of residence after the start of hostilities in South-Eastern Ukraine. 268 respondents participated mainly from four Federal districts of Russia: Central, Southern, North Caucasus, and Ural. The preferred cities were Moscow, Rostov-on-Don, Krasnodar, Stavropol, Belgorod, Smolensk, Voronezh, and Yekaterinburg. There are 4 age groups among respondents: 18–25 years (29.5%); 26–45 years (20.15%); 46–65 years (36.57%); over 65 (13.81%). Men comprised 45.52%, women 54.48%. Division by level of education: with higher education – 21.64%; with secondary professional education – 52.99%; with general secondary education – 25.37%.

The question of self-awareness in that situation showed that the absolute majority (74.25%) are aware of themselves as refugees, rather emotionally, not understanding the legal status of this concept; 21.4% refused to recognize it, and only 4.1% could not decide. The answers to this question are explained by the answers to the following question: "What are your plans for the near future?". More than half of the respondents (58.96%) hoped to return to their place of permanent residence, 22.4% expected to stay in Russia in the near future, 10.45% were preparing to move to another state; 8.2% were undecided. These responses show a certain difference in the self-consciousness of forced immigrants: despite the fact that people consider themselves refugees, they hope to return. For this reason, 64.12% of respondents said that they are not ready to change their citizenship.

The survey on awareness of the measures of the Russian state aimed at supporting forced immigrants from Ukraine showed that only 17.54% are well-oriented, 45.9% are familiar only in general terms, 27.24% know very little, and 9.33% have no command of it and need legal advice. This shows the gap between political declarations and actual work.

Among the measures that were most needed by the displaced, financial assistance was named in the first place (90.3%). Employment issues came in second place (73.13%), which refutes the arguments about dependent attitudes among migrants. 69.4% need legal advice and assistance, 38.06% of respondents need assistance in finding a place of residence; 35.82% would like to receive financial assistance in the form of basic necessities, clothing, household items. 32.09%, mostly young people, stated that they need assistance in obtaining professional education. 16.42% of respondents needed psychological help, which is understandable since they witnessed real fighting, the death of people, often the closest ones. 12.31% of respondents were unable to establish contacts with others and needed help in communicating with others.

69.4% of respondents said that they did not have difficulties communicating and understanding with people in the regions where they live, a total of 25.75% noted periodic situations of misunderstanding, and about 3% believe that they need special assistance in this direction. Russian was spoken in the family by 28.95% of respondents, mostly ethnic Russians, who are very numerous in all regions of Ukraine, but in the South-Eastern part – most of all. 29.1% of respondents speak at home "surzhik", a colloquial mixture of Russian and Ukrainian, which in the Soviet period was,

in fact, the main language of communication in this region of Ukraine. 14.55% of respondents alternate languages (sometimes Russian, sometimes Ukrainian). All this suggests that the main barriers to the adaptation of migrants from Ukraine are not in the language plane.

The problem of accommodation places confirms this conclusion: 54.48% of migrants stayed with their relatives (close or distant), as well as with close friends. The reason is that residents of Ukraine have long been associated with citizens of the Russian Federation. And it is for this reason that the military conflict was perceived by the population of both countries extremely painfully. It can be assumed that the presence of relatives and friends in the Russian Federation was the main reason that the migrants moved to Russia, and not just geographical proximity. Another confirmation of this conclusion is that 12.7% of respondents stayed with strangers who sympathized with refugees, especially families with children, and provided them with housing. 17.54% lived in permanent temporary accommodation units. 10.45% were placed in rented housing.

The second stage of the study was related to the study of life strategies of different types of internally displaced person families in such an emergency. A semi-standardized interview was conducted one year after the survey in 2017–2018, simultaneously with the study of family life strategies (case study). At the request of the working group of researchers, 16 families responded, of which nine were selected: three families where the parents had higher education; three families of parents with secondary vocational education and three families in which the parents had only general secondary education. The total number of these families is one incomplete family (a mother with two children), one large family (according to Russian law, this is a family with three children) and one family with a disabled child. The target selection based on the level of education was related to employment issues, which turned out to be the most acute in the adaptation of forced immigrants. All families have been located in Russia since 2014.

The reasons for choosing Russia as the host country were identified. This choice was justified by the following reasons: 1 – the presence of relatives and close friends who are ready to help; 2 – economic motives (the chance to find a job, because in Russia there are constantly about 2 million citizens of Ukraine on permanent and temporary work; 3 – fear of persecution by the official authorities of Ukraine; 4 – the presence of Russian citizenship in one of the family members; 5 – awareness of the kinship of cultures and the common historical past (the expectation of easier social adaptation).

As soon as they arrived in Russia, all the families decided on their place of residence. Five families out of nine were placed with relatives and friends: an elderly couple – with children living in Russia, a family with a disabled child received shelter from strangers who sympathized with their situation; a large family was placed in the country house of a wealthy Russian family; two families were helped by charitable organizations – they were bought places in hostels and hotels).

All families noted that at first the assistance of state structures (migration services, social protection organizations and social services) was not very effective. The reason was the inconsistency of legislation and numerous contradictions. Many employees did not have a clear understanding of what was acceptable or unacceptable. However, this was compensated by a large sympathy of the population, active involvement of volunteer and charitable organizations, including Orthodox ones. A year later in 2015–2016, the situation leveled off, laws and government resolutions were adopted on a simplified procedure for establishing Russian citizenship, the rules for providing assistance were streamlined, funds were allocated for providing assistance, and this all had a positive impact on improving the situation of migrants, although many issues have not been resolved yet.

The migrants who do not have a professional education were the fastest to solve problems with employment. They were offered jobs as watchmen, handymen, security guards, waiters or managers in the trading floor – mostly low-skilled jobs. People with secondary vocational education found a job within six months, people with higher education were looking for work for a year. A mother with a disabled child had to reduce requests for high-quality paid work in accordance with her education.

She found a job as a nanny in a medical institution where the child was sent for treatment.

Among the arrivals there were 3 people of retirement age: one woman in a family who moved to Moscow to live with her children, changed her citizenship and began to receive a pension on a general basis. The elderly couple received a residence permit and also began to receive a pension. Refugee status was not granted to any of these families.

Three families (an elderly couple and 2 middle-aged families) expect to return to their homeland when the hostilities stop and a political settlement comes. 2 families intend to stay in Russia (including a family with a disabled child). 4 families were undecided: the intention was to return quickly, but the military conflict has dragged on, the economic situation is getting worse, there is no work in South-Eastern Ukraine), one family intends to move to another country where there are relatives.

In general, all 9 families rated their situation as satisfactory, while they noted that with more proper employment, their situation could have been better.

The third stage of the study was conducted in 2018–2019. It is dedicated to an expert survey of specialists and managers of social organizations that provide social protection and social work with migrants and forced immigrants (N 12; face-to-face survey, region: Moscow, target sample). Most of them (8 people) took part in the work of temporary accommodation camps for displaced persons. The main purpose of the expert survey was to assess the activities of social service organizations and the experience of temporary residence camps in providing assistance to forced immigrants, and the degree of readiness of personnel for this activity. The expert survey contained semi-standardized questions.

All experts noted that the first months of work with the displaced were the most difficult.

The composition of the assistance provided by social protection and social service organizations depended on the decision of the migration services. But even before the status of forced immigrants was established, urgent social assistance was provided, as well as supplies of basic necessities, including clothing and shoes, hot meals, pre-medical sanitary, medical and psychological assistance, and temporary accommodation. The Russian Ministry of Emergency Situations (MES) inspectors and psychologists worked around the clock at the accommodation points to help the refugees adapt to the new conditions.

Subsequently, assistance included such forms as providing a place of residence, providing food and material humanitarian aid, and financial assistance. The amount of the primary allowance was set at 20,000 rubles (which is about $300).

The most difficult job is the employment of forced immigrants. Specialists in social work helped pass vocational training in the region's most popular specialties, improve their existing qualifications, and qualified professionals such as teachers, doctors, engineers and their family members were compensated for the costs of re-certification, including the nostrification (recognition) of diplomas, academic degrees, and other educational documents. However, experts noted that the overall shortage of jobs, especially for specialists with higher education, somewhat devalued this work. At the same time, experts note that the migrants, expecting assistance from the Russian state, still relied on their own strength, on professional employment and their earnings. Particular challenges pose families with children for whom the social work professionals must arrange to go to kindergarten, to school, and to provide medical assistance. And in this regard, experts note a certain competition with local residents, because places in kindergarten are in a large deficit in almost all cities (with the exception of Moscow, where this disadvantage is present, but much less acute). The government has taken measures to establish quotas for the admission of Ukrainian students to colleges and universities on budget places. According to experts, this measure was very popular.

At the same time, Ukrainian migrants rarely sought legal advice (unlike other ethnic groups of migrants). They counted more on the help of neighbors, relatives, and network forms of support. Experts estimate that more than 60 websites were created to help forced immigrants, where they could get the necessary information, exchange views and experience of adaptation. Site moderators

worked on summarizing the information received and passing standard questions to social service organizations to improve their work.

In general, the study, which covered 3 years, showed changes in the dynamics of problems and approaches to their solution, and allowed us to look at the problem from different sides.

## DISCUSSION

In the six years since 2014, quite a lot of works have been written on the adaptation of forced immigrants during their relocation to Russia, but many of them are of a journalistic nature. One of the main problems discussed in the Russian literature on the analysis and generalization of the practice of internally displaced person adaptation from South-Eastern Ukraine is the problem of legal status (Ryazantsev, Skorobogatova, 2016; Kuznetsova, 2018; Kapitsyn, 2019). These authors note that Russia has not yet developed a scientifically based concept of working with forced immigrants, there are significant shortcomings in legal support, institutional forms are not sufficiently developed (with good development of charitable and public funds and organizations), and there is a lack of resources for fully operating case management. In general, these conclusions must be accepted. The study conducted by the authors of this article confirms this conclusion.

Forms of urgent assistance to forced immigrants from Ukraine are studied by J. Samushia (2017). He noted the great role of temporary resettlement camps (in 2014–2017, 255 such camps were opened, only on the border with Ukraine, and a total of 5,252 in 76 regions of Russia). However, it should be noted that all temporary points and camps were closed in the same year 2017, which is partly due to the weakening of the flow of migrants and forced immigrants, and partly due to the positive experience of working with migrants.

The literature reveals contradictions in terms of labor adaptation of migrants. On the one hand, the Russian Government is taking active measures to attract labor migration from the countries of the "near abroad" – from the former Soviet republics, and on the other hand can not cope with the employment of Ukrainian migrants. K. Chernyavskaya (2019) notes that they can make a labor contribution to the Russian economy, and most importantly, go to the level of self-sufficiency in solving their problems. This is all the more important for our country, because the content and levels of education, including professional and higher education, in Ukraine are very close to Russian, and labor adaptation, provided adequate employment, processes quite easily.

A number of works are devoted to the psychological context of self-awareness of forced immigrants. Murashenkova, Gritsenko, Brazhnik (2017) came to the conclusion that migrants adapt quite easily and navigate through the social space, but in this article these authors came to the conclusion that forced immigrants from South-Eastern Ukraine rely more on the help of the Russian state than on their own strength. We cannot accept such an assertion. Part of the problem is related to the lack of awareness of the population about what forms of assistance are provided, what documents are necessary to obtain specific assistance, and which entities can be contacted.

Kozlovskaya, Sizikova, Anikeeva, Shimanovsakaya (2018) consider very important issues of personnel training for social work with complex population groups. The authors of this article analyze innovative training technologies, including case studies in education, social project technologies, and game technologies. This is especially crucial for professionals who work with people in a crisis situation. Special requirements for professional and personal qualities are imposed on the heads of organizations of social protection and social service of citizens (Anikeeva, Sizikova, Kozlovskaya, Shimanovsakaya et al., 2019).

Thus, the issues of adaptation of forced immigrants from South-Eastern Ukraine are considered in the scientific literature from different sides, and have both theoretical and applied orientation.

## CONCLUSION

An analysis of the experience of internally displaced person adaptation from South-Eastern Ukraine shows that this is a multi-stage process in which state services (Federal migration services), social protection, and social service organizations with professionally trained personnel, public and volunteer organizations, and charitable foundations interact. Of course, the migrants themselves are also subjects of interaction, consciously choosing the purpose of their stay on the territory of Russia and the model of their adaptation. Research shows that the majority of migrants intend to return to their places of permanent residence and are in no hurry to apply for refugee status or change their citizenship. However, the legal status of forced immigrants is not fully defined in both international and Russian legislation.

This leads to two conclusions: first, a more in-depth and careful study of the legal experience of internally displaced person adaptation is required, and second, migration legislation should be systematized and streamlined in order to better meet the needs and interests of both migrants and the interests and security of society and the state.

By comparing the stated political objectives and the practice of social assistance, it is necessary to conclude that there is a certain contradiction. Good goals aimed at providing social support to internally displaced persons require some resources. However, resources are fragmented and often insufficient. According to expert estimates, the problem lies not only in the lack of resources, but also in their unsustainable use.

In reorganizing resources, experts recommend the creation of a public-private partnership fund for affordable rental housing of three types: commercial, non-commercial and state preferential housing rental. It is also necessary to create recruitment companies with the participation of state and private capital for the search, reception, registration and temporary employment of migrants. There is also need for a system of high-quality, timely and complete information of citizens about the basics of their legal protection, and about organizations that can help migrants and forced immigrants. It should be noted that the solution of these two tasks can play a very important positive role in solving other social problems in modern Russia.

Analysis of the socio-cultural experience of adaptation of forced immigrants from Ukraine shows that they most often choose the model of integrated acculturation (not assimilation or segregation), as a rule, they do not meet serious problems in terms of cultural adaptation. There is a high level of sympathy by the Russian population for migrants and the desire to help in their difficult life situation, and a high level of cultural tolerance of the population towards Ukrainian migrants, which is reflected in the creation of numerous public and charitable foundations.

Some of the forced immigrants tend to passively expect assistance from the Russian state, but the absolute majority rely mainly on their own strength, on the ability to work and earn for their needs. It is obvious that the functions of social protection and social assistance in this situation should consist of various forms of urgent assistance in a crisis situation, as well as assistance for further normal life, whatever path the forced immigrants choose. These are people who have gone through very serious trials and shocks. They need highly professional social assistance. To do this, it is necessary to bring into line the declared goals and values of social policy in relation to migrants and forced immigrants and the practical work of social assistance.

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# Parenting in a New Context – Eritrean Parents Living in Denmark

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**Abstract**

OBJECTIVES: The aim of this qualitative study was to examine the lived experience of Eritrean refugee parents in Denmark. The study addresses the journey of refugee parents from Eritrea to Denmark, where the existential threats that prompted their original migration as refugees have been replaced by challenges which among others relate to parenting. There is limited research addressing the parenting experiences of Eritrean families in Denmark. THEORETICAL BASE: The overall theoretical framework for the study is grounded in a phenomenological perspective and uses a narrative model to address the research question. The information contained in the narratives of lived experience aims to help understand how Eritrean parents have made meaning of their lived experiences, relating these to past, present and future perceptions. METHODS: The study uses co-creation with representatives from the Eritrean Community as central to the qualitative research methodology. OUTCOMES: The themes emerging from the study related to the loss to their children of the Eritrean religion and language. Multiple subthemes emerged in the study, adding to the mosaic of positive life-experiences for Eritrean parents settling in Denmark. SOCIAL WORK IMPLICATIONS: The study will potentially inform social work practice supporting the positive integration of Eritrean families in Denmark.

**Keywords**

parenting practices, refugees, multi-voicedness, lived experience, Eritreans, Denmark

## INTRODUCTION

In the past decades the world has witnessed a significant increase in human migration worldwide. Forced migration has become one of the most significant global challenges of our time. The International Organization for Migration (IOM) estimated that more than 1,000,000 migrants reached the borders of the European Union in 2015, compared to 280,000 in 2014 (Paul, 2017). Some of this migration is voluntary but increasingly many people flee their homelands seeking refuge in foreign countries due to adverse political and social circumstances. This forced migration

has become one of the most significant challenges of our time. (Veeramoothoo, 2020). Refugees are a particularly vulnerable group because of the unique circumstances surrounding their migration. Despite the traumatic experiences, the migration led to the benefit of increased physical security offered by the cultural differences and host country, but also new challenges of social identity in the new country, language proficiency, job seeking, and the provision of educational facilities emerge as significant challenges for their children. In this context, the refugees, the emotional needs of refugees and in particular those of refugee parents, often frequently remain hidden in the process of resettlement (Marlow, 2015). In this pilot study we explored the lived experiences of Eritrean refugees who have settled in Aalborg, Denmark, particularly viewed through the lens of parenting, and in their own voices.

**Parenting in the new context**
One of the main aims of Nordic countries such as Denmark is to promote effective social integration of migrants. Refugee integration, as opposed to simple migration, can challenge Nordic countries such as Denmark in very fundamental ways simply because refugees are part of the process of forced migration. Frequently refugees have very different concepts of what they perceive as desirable family life and what parenting should be, compared to host countries such as Denmark. This clash of cultures can present significant challenges to the Nordic Welfare model (Ellingsaeter, Leira, 2006; Grødem, 2014). Parenting is central to the process of integration of many refugees as most refugees migrate as family units. Downstream, what affects parenting in the new environment is of great importance for refugee populations, and parenting is a central aspect of that process (Lyons-Ruth, Block, 1996). Grant and Guerin (2014) state that a parents' capacity to care for their child affects the child for the rest of their life is very appropriate for the host country, as refugee children today are the adult citizens of tomorrow. The role of parents is of great significance in this regard. Parents capacity or incapacity to care for their children can affect the socialization of the child with lifelong effects, both good and bad. Bowlby believed that affects children for the rest of their life. The process of culturalization and adaptation into the new environment for migrants is a complex one. Adjustments to host counties often include changes in gender roles and the negotiation of different social constructions around parenting practices. These factors are complex. Stewart et al. (2015) reported significant differences between the experiences of male and female refugees in the integration process. Early experiences within the family are especially influential in shaping how a child regulates his/her behavior and expectations in both current relationships and as new ones are constructed in the course of the person's life (Coppola, Vaughn, Cassibba, Costantini, 2006). This has relevance for the practice of social work. It is important that the varied experiences of refugee parents should be understood by social workers in order to enable appropriate and effective support of refugees as parents (Stewart et al., 2015; Ochala, Mungai, 2016; Hails et al., 2017). Our research aims to inform in the future on the effective integration of refugee families into Denmark both by acknowledging their cultural uniqueness and strengths as a celebration of their diversity, as well as identifying the hurdles and challenges that confronted them as refugees. These factors are complex, and Stewart et al., (2015) reported significant differences between male and female refugees in the integration process. For refugees, the navigation of a path forward, in a new society includes multiple considerations in the new host country, and this preliminary study hopes to shed light on these as narrated by Eritrean refugees themselves.

**Gap in research relating to Eritrean refugees living in Denmark**
There is a significant gap in our knowledge regarding the *parenting experience* of refugees, despite the acknowledgement that refugee families with children face multiple difficulties and need specialized support (De Haan, 2011; Bornstein, 2012). Pertinent to our study, no research has been directed

to the lived experience of Eritrean parents attempting to cope with the double-integration – their own integration as well as the integration of their children into Danish society, and then secondly the integration of their children. In a review of the literature addressing parenting and refugees in Europe, only two of the 46 articles included in the review specifically name Eritrea as the country of origin (Curtis et al., 2018). This is somewhat surprising given the comparatively large volume of migration from Eritrea compared to other countries, particularly those in the Horn of Africa

## HISTORY AND POLITICAL EVOLUTION OF DANISH INTEGRATION POLICIES

The increasing cultural heterogeneity of the Danish population, including the social expenditure of the welfare state on refugees, has become an important issue on the political agenda since the 1990's. Immigrant integration has been a highly politicised debate since the 1980's where integration policies have become quite comprehensive, focusing on labour market participation and education as well as the civic notions of social and political participation. The overall objective of integration refugees into the Danish welfare state is for them to become incorporated members of a cohesive society via language and employment programs (Rytter, 2018). From the literature, integration is defined as a two-way process where both the newcomers and host population have to adapt in order for integration to be successful (Castles, 2003). Our study aims to provide perspective on integration from refugees themselves.

The concept of integration founded on the social and economic cohesion of society was formulated by scholars such as Emilie Durkheim (Carrasco, Bilal, 2016). However, today integration has specific cultural, social and political aspects which define what it means for refugees and immigrants to be part of the host society (Olwig, 2011; Rytter, 2018). It has been argued that the Danes have increasingly become more distrustful of the welfare state because of the increasing gap developing between the irregular and regular middleclass (Borevi, 2017). There is a significant gap in our knowledge regarding the parenting experience of refugees despite acknowledgement that refugee families with children face multiple difficulties and need specialized support (De Haan, 2011; Bornstein, 2012). One recent study addressed how refugee and immigrant mothers experienced "doing parenting" in a Norwegian social context (Straiton et al., 2017). To address this widening gap, the Danish welfare state has certain programmes. The researchers concluded that "the study indicates that the intercultural contact between refugees and the Norwegian's society is filled with difficulties and ambiguities". In particular, there are few studies conducted about the lived experience of Eritrean families in Denmark, in particular through the eyes of parents.

Debate on the participation of migrants and refugees in the labour market, vulnerabilities of refugees, and non-integration into Danish and the Norwegian's society led to adjustments of the Aliens Act in the 1990's (Simic et al., 2018). During the 1980's, Denmark had a limited number of refugees, mainly consisting of refugees from Vietnam, Chile, Uganda and Hungary (Jonsson, Petersen, 2012). Prior to Denmark becoming a member of the European community, welfare benefits were based on Danish nationality. Due to its distinct universalist model, where welfare universalism benefits not only the poor but benefits all citizens (Esping-Andersen, 1990; Nannestad, 2004; Olwig, 2011). There has been political debate regarding that Denmark is unfit for migration due to the unique welfare state characteristics, because foreigners can access welfare without contributing to the labour market (Martinsen, Pons Rotger, 2017). This adds to the trajectory of the more restrictive Danish integration policies filled with the negative politicization of refugees that is seen today.

The first immigration law in Danish history, the Integration Act that came in 1998, further restricted the rights of refugees by proposing a three-year introduction program of language, education and employment with a geographical distribution of refugee residences and a special integration allowance that was lower than social assistance (Kvist, 2017). Recently in 2019, due to growing political power from the Social Democrats, the Danish parliament voted for

legislative reform, known as the 'paradigm shift' which meant that the focus on integration and giving them permanent residence moved to giving them temporary residence and sending them back to their countries. This is problematic for the integration of refugees in Denmark because it bears consequences and uncertainty on both an individual and societal level because despite securing employment, there could be a chance of refugees returning to their home countries.

**From a different world – Eritreans living in Denmark**

In 2015, the majority of refugees who came to Europe during 2015 came from Syria and if these approximately 10,000 were granted asylum in Denmark. 2,400 refugees from Eritrea were granted asylum in Denmark with some getting permission for their families to join them in the following years. In total, approximately 5,000 Eritreans came to Denmark from 2014 – 2017 (Bendixen, 2018). Almost all of the Eritreans who have come to Denmark belong to the Christian part of the population with their own churches and rituals. It has been reported how many Danish congregations who do integration work have been successful in inviting the Eritreans into their local communities. Thomassen (2019) stated that despite the challenges Eritreans face in learning and training, factors such as their discipline, reliability and social skills have greatly aided their entry into the Danish labour market. A noteworthy factor is that compared to Syrian refugees in Denmark, Eritreans are very young - a large proportion of them teenagers - mostly men. Many Syrian refugees are older, an impediment for them to learn the language and enter the Danish labour market.

Most of the Eritrean refugees attain a residence permit in the hopes of continuing their lives in Denmark. There has been continuous political debate on the capability of Denmark to receive refugees, the rights of refugees and stricter requirements for establishing an integration policy. This debate has intensified. The Danish media has voiced concerns about the difficulties and ambiguities refugees faced such as cultural differences and lack of education, factors which would drive them to be on welfare (Ejrnaes, Strauss, 2016). By contrast, an analysis from the newly created Danish Knowledge Centre for Integration, found that 71% of Eritrean men were employed - almost at the same rate as Danish women (72%) (Danmarks Videnscenter for Integration, 2020). It also found that the employment gap between Eritrean women and men was greater (men 71% / women 33%) than Syrians (50% and 14% respectively).

Considering that the Eritreans have only been in Denmark for five years, they have done exceptionally well for example in gaining employment. However, due to Denmark's focus on finding unskilled jobs for people as soon as possible, in the long term neighbouring countries such as Sweden produce better results, especially for women, because their policy focuses on language and education first. However, KORA researchers (UNHCR, 2017) found that it is difficult to compare the connection of education to the labour market, because both Syrian and Eritrean refugees have not been living in Denmark long enough to get a Danish education. Furthermore, Lonsmann (2020) found that there is a significant drop in getting education the older a refugee is on arrival. However, despite the political changes making Danish integration policies more restrictive, bringing about individual and societal challenges, this study clearly confirms how Eritrean refugees living in Denmark, who have very different cultures, have succeeded with their resilience and support from the local municipalities.

**Challenges faced in the post-migration phase**

There are major difficulties encountered by Eritrean refugees attempting to settle in Denmark, not the least being the long waiting time after lodgement of an application and subsequently the rejection of spousal or family reunion. From March 2017, the average waiting time for a reply to applications has been 437 days (Hvidtfedt et al., 2020). The majority of Eritreans have been married in the Eritrean Orthodox Church and as such have not had a civil marriage ceremony. The Danish authorities, for recognition of spouses require civil marriage certificates which are

almost never available in Eritrean society. This creates a frequent hurdle for married couples. The inability to produce a certificate, or through bribery to get family members in Eritrea to obtain such certificates with great difficulty is a common occurrence (Curtis et al., 2018). A common scenario is that the person who is requesting joining the spouse is outside Denmark, usually in Ethiopia, frequently a wife in a refugee camp. Apart from that, a cultural element which causes complications is the use of the *Geez* calendar in Eritrea which differs from the Gregorian calendar used in Denmark, sometimes by as much as 8 years. These cultural differences between the countries has led to the forced separation of some families. Children have also because of this hurdle been separated from a parent. Family life and caring for their children is a cornerstone of Eritrean culture and these complications have a direct effect on families seeing asylum in Denmark and affect spouses as well as children.

## AIMS OF STUDY

In 2019, we conducted a small-scale pilot study with a group of Eritrean refugee parents who had settled in Aalborg. Refugees coming to Denmark experience social, interpersonal, and emotional challenges despite the physical support and safety with which they are provided. The overarching aim of this study was to explore with Eritrean parents how they raise their children in a new country, as well as through their narratives, identifying the both the challenges they face as well as the strengths which they bring to their role as parents. The overall aim was to obtain a better understanding as to what is important to these parents in bridging the Eritrean and Danish cultures whilst adapting to a new environment. The study focused on the changes experienced by the parents from Eritrea and investigated those factors that influenced change by documenting unique features as well as commonalities amongst lived experiences of the parents.

## THEORETICAL FRAMEWORK

The theoretical framework for the study had its basis in both in a phenomenological perspective and narrative theory, where the lived experience, the meaning of which is ascribed to a phenomenon (Eastmond, 2007). Refugee integration is a complex and multidimensional construct, incorporating the economic, educational, health, and social context. To understand the experience of refugees who are parents, the work of Bourdieu (1986) provided a useful conceptual framework for understanding how the knowledge and experiences of refugees' previous life experiences becomes negated and highlights some of their experiences once in a new and different social space. Integration refers to the process of inclusion and participation, both economically and socially. Successful integration requires a social context which supports inclusion and participation. Importantly, integration is considered a two-way process and can only be successfully pursued by migrants when the host society is open and inclusive in its orientation towards cultural diversity. Berry's (1997) conceptual framework of immigrants' acculturation to the host country was useful when seeking to understand an immigrant's adaptation to a new society.

## METHODOLOGY

We conducted a broad initial literature review addressing the parenting experiences of refugees and asylum seekers. The review examined the perspectives of those refugees experiencing parenthood, both mothers and fathers a new host-country. For the literature review, the search included seven online databases: PsychINFO, Global Health, EMBASE, Medline, CINAHL, sociological abstracts and social work abstracts. The geographic location of the study was not defined, and the search included low- or middle- and high-income countries. We followed this with a separate review of Eritrean refugees and asylum seekers in Denmark using a similar search strategy, but

with the focus on parenting. The study involved six Eritrean refugee families who had been in Denmark for less than 10 years and whose children were all born in Denmark.

A **participatory approach** was adopted creating a dynamic, reciprocal relationship allowing for a mutual exchange of information (Ozkhul, 2020) and developing trust with the interviewees (Rogers, 2020). This approach meant that Eritrean community members had direct input in how the project was developed, and feedback into the community. A combination of interviews and semi-structured questionnaires were developed in focus groups with representatives from the Eritrean community. An important aspect of the recruitment was the initial building of effective and trusting relationships with the participants (Julkunen, Uggerhoj, 2016). Due to the current climate of uncertainty that is experienced by refugees living in Europe, there were challenges with the recruitment of additional participants. Subjects were fearful that the study would have political implications for them, affecting their refugee status, and this was very understandable because of the highly politicised nature of debates in the Danish parliament related to refugees. . Trust was gained prior to commencement of the study through previous connections with Eritreans, which then allowed initial access to the community. Gaining trust was aided by the translation of the study proposal and questions into both Arabic and Trigryna by an Eritrean translator, documents which were given to the participants.

**Cultural aspects of the study**

All initial meetings were prefaced by an explanation that the data gathered was unidentified and the result of the study would give the Eritrean community a voice. In preparation for the study, the researcher had several meetings with Eritrean community representatives, where the study was introduced and explained. There were also meetings with the community leaders, and a focus group for the formulation of the questions. At this focus group community members were invited to participate in the formulation of the research questions. During the focus group meeting, members of the community were asked to document what they were comfortable with regarding the questions and what the community would feel uncomfortable discussing. There was therefore co-creation of the questions which enabled discussions to take place, deepening the exploration of topics raised in the interview questions.

As well as providing verbal and written information detailing the research, the researcher was invited to participate in several Eritrean cultural ceremonies. This provided the researcher with a deeper understanding of the Eritrean culture and enabling to respectfully connect appropriately with the participants in the study. Following the focus group and several discussions with community leaders, interview questions were finally developed based on the African tradition of communicating events orally through storytelling. This allows refugees to make sense of traumatic experiences and this approach also provides an opportunity for participants to share knowledge readily and recount family experiences as part of the narrative (Harrell-Bond, Voutira, 2007).

Before each interview took place, a traditional coffee ceremony was performed to allow conversation to develop freely. A semi-structured format was chosen for the interviews. This gave more ready access to historical information and ability to capture different views whilst building relationships and characterized by an empathetic approach.

**Interview process**

The first question encouraged the participants to describe their experience of family-life in Eritrea where information about family composition and roles were discussed. The second asked the participants to share their experience of parenting in Denmark. Verbatim transcription of the 6 interviews and were thematic analyzed using Braun and Clarke's method of identifying patterns within the themes (2006). The themes that emerged were presented later to the participants at a feedback meeting (Terry et al., 2017).

**RESULTS**

From the results we constructed several themes which included challenges, difficulties and strategies. These themes are intricate and reflect a number of interlinked sub-themes. However, the pervasive importance of religion and language were intertwined through every aspect of their discussion and often as dominant themes. They were also reflected in the discussions of challenges and differences experienced by the Eritrean community and the deep sense of both physical and spiritual loss in their journey across Africa under unbelievable circumstances -- through the Middle East and Mediterranean, eventually arriving in Denmark. They talked about the strategies that they had devised to cope with settling into Denmark. Their strategies are those of people with a deep set of ethical and cultural values. Again, the themes of religion and language emerged in the strategies of coping both through the embracing of Danish customs and language domains. While at the same time creating a home life that was grounded in their religious and cultural practices to promote a confident identity for their children to grow up in.

**Challenges**
Initially, on arrival in Denmark, the parents faced a number of societal challenges. Moreover, there were laws, rules and regulations as well as unfamiliar mores and differences. Arrangements on how to provide for basic needs for their families such as housing, transportation and paperwork in the Scandinavian context were foreign to them. The example below shows the importance of familiarizing themselves with the society and gaining knowledge in order to provide the children with understanding and protection. Some refugees verbalized that it was important to be aware of cultural differences so that they can explain it to their children as a way of protecting them in the new society.

> *FO 1 – To become part of Danish society, there are certain things you must know like the language and Danish values. Then there are things such as food that are nice to know about Danish society. These will add to the feeling that you belong in Danish society.*

It was also considered important for the parents to rapidly acquire the knowledge of how to be able to teach their children how to function in the new society. This had a direct effect on their parenting practice. The parents stated that a lack of knowledge affected the ability to predict what their children would encounter in the future, and in that an essential parenting practice had been lost by the parents. They themselves felt it important to be able to provide the children with knowledge as to how they should function in Danish society. While at the same time maintaining their language, traditions and cultural ways of parenting which was different from those of the Danish culture. All stated the importance of teaching their children the values their parents taught them and how to maintain them.

> *FO 2 – We speak to our daughter in Trigryna because she needs to know her language. When the children get a bit older, we will teach them how to write. It is our responsibility to maintain our culture at home.*

> *FO – My children learn the language and importance of our religion. As they get older, I will teach them about the history so that they know about the country.*

At the same time, they wanted their children to have an understanding of the Danish culture and respect the country in which they live. The parents interviewed explained how they conceptualized raising children in two different languages – speaking only Trigryna to their children at home but encouraging the children, when out in the community, to speak Danish.

What was present in all the stories was how they missed their family. For one mother, this has resulted in loneliness and isolation in Aalborg.

> MO 2 – In Eritrea, family is very important. We have a big family. We support each other. Here I feel alone. I only have my husband.

The support-system was reduced from a network of family to one person. The change had little to do with exposure to or comparison with the Danish culture, it was experiential – a simple loss of community and within that community, family connections. All had similar stories about how they missed family, neighbours, and friends. The usual way of parenting in Eritrea included family and friends. This was not present in Aalborg, not seen as a fault of the host-country, but simply due to the physical nature of fleeing, directly influencing how the parents especially the mothers were able to fulfil their parenting roles. This loss of support influenced mood.

> MO 2 – My parents taught me to respect others and that is what I will teaching my daughter.

> FO 3 – As a rule we speak Trigryna at home. All the families we know here do the same.

> MO 3 – it is important to teach her the mother-tongue and religion and some part of the culture where they come from, and everything about their culture and homeland, she will also learn Danish and other languages at school. But when she comes home, she also needs to speak her mother language and know her religion also, something about culture and Eritrean history.

One of the strongest fears was the potential failure to maintain the Eritrean language for their children. One father expressed his fear of their language not continuing to the next generation.

> FO 3 – I want them to understand their language so they can pass it on to their children. Otherwise, it stops.

The refugee parents considered it very important to attend special events in the community like baptisms and birthdays where Eritrean rituals were observed and displayed so that their children could see and participate in the culture of Eritrea.

Common challenges in parenting experiences included changes to gender roles, moving from a collectivist society to an individualistic society, loss of stability and missing loved ones. The parents experienced differences in Danish society compared to the Eritrean one, these falling mainly into societal, cultural and language domains. Other related experiences emerging from the analysis, linked to the dominant themes were the strategies used by the parents to bridge the two cultures, which included retaining their ties to the local Eritrean community. These differences indirectly influenced parenting experiences and also affected the parents' overall wellbeing.

Separation from family created a shift from the collective nature of their households in Eritrea to a more individualistic household. The change in composition of and dynamics within families can influence changes in parenting experiences (Heger Boyle, Ali, 2010). The participants were asked in the study to recount events from their own childhood in Eritrea and how they remembered it. They were then asked how these memories impacted them living in Danish society and in particular, raising their children. All the participants said that they were raised in large extended families and how living in Denmark presented a sense of feeling of loneliness but also emphasized how the active support of the Eritrean community was important in their lives.

> *MO 3 - Being a parent in Denmark can be difficult. I miss my mum who knows what to do. In our culture, we live with all our relatives. They help with everything and tell you what to do when you have a new baby. The women cook and look after the children and the men work in the fields.*

> *FO 1 – It is hard here… we don't have the support of our relatives. That is why our community here in Aalborg is very important to us.*

One mother described her birthing experience.

> *MO 1 – Here in Denmark, you have the baby and go home. I had a difficult birth, and the midwife was good to me. They allowed my friends to bring special tea and food to make me feel more comfortable.*

> *MO 2 – I have family in Norway and America and when they ring, it makes me smile when I hear my brother speak to my daughter. When his daughter comes to visit, she feels at home with us. When my second son was born, my brother sent his eldest daughter to help me. It felt good to have my family celebrate the birth of my son.*

What was present in all the stories was how they missed their family, where their support-system was reduced from a network of family to one person for practical challenges such as child-care as well as the emotional support. The change had little to do with exposure to or comparison with the Danish culture, it was experiential – a simple loss of community and within that community, family connections. All had similar stories about how they missed family, neighbours and friends. The usual way of parenting in Eritrea included family and friends. This was not present in Aalborg, not seen as a fault of the host-country, but simply due to the physical nature of fleeing, directly influencing how the parents especially the mothers were able to fulfil their parenting roles. This loss of support influenced the parents' mood.

**Strategies**

It appeared from the discussions that different parents accessed different sources of support, through education, employment, and activities. Some parents found comfort in associating with other Eritrean families that were already settled in Aalborg. Others made friends in language courses, work, and at school. Some felt supported by the efforts of the Kommune and benefited from organizations that helped with integration.

> *FO 2 – The social system is good here. If you work hard and be an active citizen, you do well. Since I started my employment, I have made friends with my Danish colleagues.*

> *MO 2 – Once a week, I attend a play group run by the Kommune with my daughter for other refugee mothers, and it is nice to talk with them. It helps reduce my loneliness sometimes. It does not matter that it's not all Eritrean mothers.*

All the parents accepted that they would have to rebuild their lives. The group showed flexibility and resilience in how they would do this, as can be seen below.

> *FO 1 – I am a qualified nurse however it is too hard for me here because they won't recognize my certificate. I went to school and now I am working as a bus driver.*

Though the parents have faced challenges and differences, they have used strategies by (1) rebuilding, (2) adjusting and (3) remembering Eritrea and (4) receiving support. These strategies demonstrate the intention of the parents to obtain a good future outcome for the children.

**Bridging two cultures**
The last theme that was prominent was the parents present and future worries for their children in relation to bridging two cultures. One mother stated how the kindergarten teacher approached her about her three-year old son. She stated to me that they were concerned about her son's ability to speak in Danish to the teachers and his friends.

> *MO 1 – I fear my son he will have difficulty when he goes to school in the future. The teachers at his Børnehaven told me he doesn't speak to them or the children. I don't know what to do. He understands everything we say to him.*

She expressed to me that this was concerning because at home, he would respond when spoken to both in Trigryna and Danish. She was scared that her son would not cope at school. When further asked if any help or advise was provided by the Kommune, she stated no.

However, one mother interviewed who had two young sons expressed her worry about the future when her children became teenagers. She worried that they would reject both the Danish and Eritrea culture and she expressed concern about what would become of her children's cultural and ethnic identity when they would become teenagers.

> *MO 2 – I worry about culture shock and loss of their Eritrean identity. I want my children to be proud of where they came from - Eritrea! I want my sons to be proud of where they come from but also to be proud that they live in Denmark.*

> *MO 2 – But I fear they will reject both Eritrean and Danish culture. Here teenagers don't respect adults, not like back home. In Africa, the elders are respected members of the community, and no child speaks back to adults.*

These factors all tended to bring added stress to the parents and potentially stress between the children and the parents in the future.

**DISCUSSION AND IMPLICATIONS FOR SOCIAL WORK**

This study, whilst small and essentially exploratory in nature demonstrated that Eritrean refugees' main concern is for their children and the retention of what they view as defining aspects of being Eritrean, namely religion and language. Calhoun et al., (2006) noted that religion can be used with other coping strategies to recover from traumatic experiences. Kohli and Fineran (2020) suggest that religion plays a significant part in preventing acculturation in refugee families together with historical elements which are clearly centrally important to the Eritrean community in Denmark. The second element closely intertwined with that of religion is the Tigrinya, a Semitic language with its own alphabet and script. All the subjects affirmed that these two elements underscored the cultural values of the community and were central to their parenting.
The methodology of the study was a narrative approach, which was in keeping with Eritrean culture and gave participants the sense of being listened to. Other experiences emerging from the analysis, linking to the dominant themes were the strategies used by parents to bridge the two cultures while retaining their ties to the local Eritrean community. All the parents felt that the support-system had been reduced from a network of several families to often only their nuclear

family and some friends. It was experiential – a loss of community exemplified by loss of the extended family and circle of friends, these two elements being the way of parenting in Eritrea. This support network was very attenuated in Aalborg and directly influenced how the parents, especially the mothers, were able to fulfil their parenting roles. This was because of a structural loss in their new society. Frameworks to analyze the experiences of refugee families suggest that external forces within host societies may lead to systemic changes in the family (Heger Boyle, Ali, 2010). The Eritrean families had gone from extended families into a nuclear structure where both gender roles and expectations are different. According to Heger Boyle and Ali (2010) the composition of families can directly influence parenting experiences. The female participants described periods of loneliness because of the changed responsibilities inherent in being the mother in the new society without the support of the extended family. According to Ager and Strang (2008) the domains of Language, Cultural knowledge, and Safety and Stability are key to integration. These factors are therefore, according to this schema, an important and positive aspect for integration. In the Eritrean community in Aalborg, language and religion are well maintained. Similarly, social bonds and links within the community are equally strong in the Eritrean community despite the overall loss of extended family. As interrelated factors in this schema, Ager and Strang's (2008) view is that family, community connections (religion) and stability are very important for integration to occur. De Haan (2011) sees the parenting experience as a crucial element of the "complexities of transformations that take place where multiple cultural traditions come into contact with each other" and agree that unique methods of parenting develop as a result of this cultural apposition. What emerged from the interviews was what were the Eritrean parents overriding concerns. These were the potential of loss of religion and language. Religion and language as an important form of social capital emerged as a dominant theme, but in a situation of already great loss, the potential of loss of these elements of their capital were an added stress, layered on the lack of familiarity with Danish society. From the above there are certain important questions/statements which emerge.

**Implications for Social Work – working alongside the Eritrean community**
Bourdieu's (1986) concepts of capital and habitus were useful when analyzing the participants experiences. The notion of social capital as a collection of resources that the refugees bring and use while re-establishing themselves in the new country allows Eritrean parents to maintain their cultural values while integrating with Danish society. In our study, the Eritrean cultural values, language, and religion are seen as positive forms of capital and are shared across the generations. Bourdieu's concept of *habitus* provides a useful understanding of the Eritreans shared cultural values. Living in Denmark, the Eritreans *habitus* responds to a new social context which includes changes in family life and gender roles. A sense of belonging is linked to the process of inclusion and exclusion, especially in the refugee context. Transmitting language, cultural values, and religion is, in this context, a form of building capital such as social, economic and cultural but also a source of pride, resilience and the ability to cope. Future models may integrate these factors taking into account the trajectory of the refugee but would allow refugees such as Eritreans to integrate without losing their cultural identity whilst absorbing the host country's culture.

**Eritrean community**
From the discussions held with the Eritrean community leaders regarding the importance of community, community-based interventions to assist individuals with parenting practices would be advantageous. This is where services could benefit by working within the community itself in church or other cultural gatherings. This type of approach would respect as well as utilise the existing Eritrean community structures as well as develop best practice approaches with Eritrean families in Aalborg. Using Ife and Tascon's (2016) notion of dialogical praxis, service providers could use the oppressive social structures and discourse whilst implementing action to overcome them. For Eritrean communities, a participatory action research approach which pursues change,

action or understanding simultaneously would be more appropriate (Wadsworth, 2006; Alston, Bowles, 2019). This would require a conceptual shift where the social workers must position themselves to learners and not experts (Krumer-Nevo, 2009).

The findings in this study suggest that this kind of approach would be beneficial in bridging the gap between the service providers and Eritrean men and women in Aalborg. When applying this kind of approach, social cohesion and integration are at the forefront without ignoring the individual understandings within Eritrean families. Utilizing this approach would enable cultural competency amongst service providers and practitioners in Aalborg. It would appear from this study that a community/group approach would be more appropriate for the Eritrean community than a one-to-one approach. Social work interventions would do well to construct interventions around a community or group model.

**Limitations of the study**

The major limitation was the size of the sample which because of its small size does not permit extrapolation to the wider community. Nevertheless, there are strong indications of the importance of their children, their language and religion to the Eritreans, as well as the fears regarding all three of these societal elements.

**CONCLUSION**

The research study set out to explore the parenting experiences of Eritrean parents who live in Aalborg and to investigate factors which have influenced change in their parenting practices. What was originally a study attempting to explain the hurdles and challenges relating to migration for these refugees has been expanded by insight through the narratives into their unique past, present, and projected future. Emerging from the findings was how these overarching cultural constructs determining what it means to be a parent in Eritrea have been challenged because of the shift to a new social environment with its own gendered constructs and norms. The parenting role and demands were integral to their and the families' integration into Danish society. The findings also suggest that family changes were influenced by external factors such as interactions with Danish institutions and social environment, and with their connection to their Eritrean culture including their strong ties to the Eritrean community in Aalborg. The results suggest that further research needs to be done regarding the parenting practices and social integration of refugee families in Europe. To know how to effectively support and help integration of Eritrean families living in Aalborg Kommune, it was important to explore the lived experiences of how these parents raise their children and what challenges they face with parenting in a different context (Grant, Guerin, 2014).

The narratives of the refugees' experiences have provided us with some understanding of how Eritrean parents made meaning of their lived experiences relating to their children.

This pilot study will inform other studies addressing the effective integration of refugee families not only in Denmark but in Europe as a whole, both by acknowledging their uniqueness and cultural strengths as a celebration of their diversity but also in identifying the hurdles and challenges that they are confronted with. Our study with refugee parents has demonstrated that a narrative approach serves as a useful construct for better understanding and the subsequent creation of a platform for collaboration. This is similar to the findings of Bergset and Ulvik (2019).

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# Migrant Construction Workers of India

Neeta Mukherji

Neeta Mukherji[1] is a social worker who believes in Community Organization for desired social change. She worked with Project 'Nirman', a project with migrant construction workers in the city of Mumbai after she completed her Post Graduate in Social Work from 1990 to 1991. Neeta believes in the Human Rights approach. Now she is working with school for deaf, and in the deaf community as a Social Worker. She has also submitted her Ph.D. thesis on the topic of Deaf Education, and is waiting her Ph.D. degree.

**Abstract**

OBJECTIVES: This article focuses on the issue of migrant construction workers of India. The construction industry is the second largest sector of unorganised and migrant labour force in India. THEORETICAL BASE: People migrate from one destination to another in search of livelihood. Lack of education, caste discrimination and local politics force these people to migrate. Migrants get exploited when they reach their destination. METHODS: The community organization is the best method to work with such migrant labour forces. Unionization is necessary for giving rights to these migrant workers. When people are organised using Community Organization as strategy, we see many positive changes in the mindset of the affected labour, and society around. Community Organization also helps to develop skills of community work amongst social workers, and with this tool the project is able to deliver different services to work force. OUTCOMES: Community Organization is an ongoing process, but Nirman was successful in giving a minimum wage to construction workers. SOCIAL WORK IMPLICATIONS: Social Work education can do more research. Social workers act as mediators between migrant construction workers and government agencies and builder lobby for implementation of the legislation. Social workers provide services such as counselling and also deal with issues of domestic violence and education. Different addictions workers have and also create awareness in society about the rights of the migrant labour force.

**Keywords**
construction workers, migration, law, discrimination

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## INTRODUCTION

This article is based on author's work experience and observations made by her during her work with Nirman. Nirman is the project with Migrant Construction Workers in the city of Mumbai by Nirmala Niketan, College of Social Work. This particular project, though based in the city of Mumbai, has similarities observed in situations of construction workers working in different parts of India. Construction workers are working in different sectors such as building construction sites, quarries, brickkilns and on street corners or nakas, where they gather for work on daily wage basis. The different situations are faced by construction workers working in different sectors, and hence Social Work intervention, at a place of destination is different in each sector. Firstly, it starts from immediate help to the formation of trade unions for their employment rites till formulation of legislation.

Construction industry requires a highly educated workforce as well as ordinary labour. In this article the author has focused on ordinary labour who are poor, illiterate, and come to cities with hope that they will get work and also money for their survival. Policy-makers have tended to perceive migration largely as a problem, posing a threat to social and economic stability and have therefore tried to control it, rather than viewing it as an important livelihood option for the poor. There is little by way of organised accessible support for poor migrants who face insecurity in their source (Deshingkar, Start, 2003). Many migrants are motivated by the quest for higher wages and better opportunities, responding to the demand for their skills. In other places many others are forced to migrate because of famine, natural disasters, violent conflict, persecution, or simply a lack of decent work in their home country (ILO, 2010b). It is seen that the migrant construction worker is victim of caste discrimination in his place of origin. The extent of migration is also dependant on factors like age, sex, level of education, caste, religion, and the socio economic status of the migrants (Sanyal, Maity, 2018).

Construction workers are the largest sector of the unorganized and migrant labour force after agricultural labour in India. It is estimated that about 8.5 million workers in the country are in building and other construction works (Nirman Mazdoor Shakti Sanghatan, 2008). Stream-wise analysis from Census of India, 2001 shows that about half of the migrant construction workers move from rural to urban areas, while about 30 percent move within rural areas. About 66 percent of migrants who work in the construction sector head to urban destinations. There is a gendered distinction here, with female migrant construction workers mostly moving to rural areas, and males to cities. Although smaller in number, migrants constitute nearly two-thirds of the female construction workforce. Among males, migrants are more among urban as compared to rural construction workers (Roy et al., 2017).

Brick workers are one of the most vulnerable unorganised working class of India. It is often found that the brick workers suffer from morbidities because of indecent work and the unhygienic living environment. Nonetheless, it is a less-studied subject in India (Kumari, 2018). Seasonal or circular migration have long been part of the livelihood of poor people across India. It was first articulated in the 1970s and defined as characteristically short term, repetitive and cyclical in nature, and adjusted to the annual agricultural cycle (Deshingkar et al., 2003) and that such seasonal migrant workers are part of the undocumented work force (UNDP, 2010). The experience shows that brickkiln workers take up agricultural labour jobs when agricultural works are available, especially during monsoon and harvesting seasons, and thereafter migrate to different villages where the brick-making industry functions. This also shows seasonal migration from agriculture work to construction work. The majority of seasonal migrants are employed in cultivation and plantations, brick-kilns, quarries, construction sites and fish processing. Further, large numbers of seasonal migrants work in urban informal manufacturing, construction, services or transport sectors, employed as casual labourers, head-loaders, rickshaw pullers and hawkers (Deshingkar et al., 2003).

The construction workers who work in cities on construction sites are also migrant workers. The Author's experience shows that the workers travel from rural areas to urban areas in search of livelihood. These workers are collected by middleman called "Mukadam"[2] These middlemen bring migrant workers to construction sites and provide labour to builders and earn commission. These Mukadams also influence the decision of individual labour in favour of migration to work in construction sites (Srivastava, Sutradhar, 2016). When one construction site gets completed, the workers go to a different site in a different location for construction work. These construction workers move or wander from site to site and hence do not have permanent homes. The workers mostly stay on the construction site where contractors or builders provide them with temporary housing. Often, construction workers migrate with family, which is seen along with the husband and wife, which also works on sites. Their children work on site thus, the issue of child labour is also prevalent on construction sites.

Some of the workers prefer to stay back in cities and gather on streets in the mornings to try to find a job. These are daily wage workers, also known as "naka workers"[3]. Poverty, unemployment and lack of education forces these workers to wander in search of jobs and livelihood. Some of the workers may get a job for 15 days in a month, but many get jobs around eight to ten days a month. Quarry workers are another type of worker not directly involved in construction, but provide raw materials like stones and powders of stone which are necessary for the construction industry. Stone extraction from earth by blasting rocks is their main job. These workers also migrate from their villages to place of employment. In the city of Mumbai and surrounding areas, quarrying operations take place. Mostly the workers are from Andhra Pradesh and Telangana regions.

**FACTORS LEADING TO MIGRATION**

About one third of India's population lives below the poverty line. About 70 percent of the population lives in rural areas, and so it is true that a large portion of the population below poverty line lives in rural areas. Generally, the rural poor in India possess meagre physical and human capital and also tend to be concentrated among the socially deprived groups such as Scheduled Castes (SC), Scheduled Tribes (ST) and religious minority such as Muslims. In 2004-05, scheduled castes and tribes accounted for 80 percent of the rural poor, although their share in total population is smaller (Srivastava, Sutradhar, 2016). The experience of the Author shows that unskilled workers who migrate to construction sites in Mumbai come from states like Rajasthan, Uttar Pradesh, Bihar, Orrisa, Andhra Pradesh, Telangana, and very few from Tamil Nadu. The rural labour force from Maharashtra also comes to the city of Mumbai in search of livelihood. These workers contact the middleman in the village and through such chain of middlemen, the workforce gather in groups in Mumbai, though such patterns of migration continued unabated even after independence. Increased labour mobility and migration have become more prominent in the national economy in the recent years. That migration has been a significant livelihood strategy for poor households has been confirmed by some more recent studies (Srivastava, Sutradhar, 2016).

Bonded labour, also known as debt bondage or debt slavery is a person's pledge of labour or services as security for the repayment for a debt or other obligation. The services required to repay the debt may be undefined, and the services' duration may be undefined. Debt bondage can be passed on from generation to generation (Murugesan, 2018). Bonded labour in India is the product of

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[2] Mukadam is middle man who identifies prospective construction workers at the village and Tahsil level. He then makes small groups of workers and through some other middleman sends them to various destinations where they are sen for construction works. These middle men work in chains and are closely knit circles.

[3] Naka workers are construction workers who stay back in cities for work. Every day morning these workers gather on street corners where contractors employ them on daily a wage basis. These workers disperse after ten or eleven o'clock in the morning.

poverty, discrimination, social exclusion, and the failure of the government to implement laws prohibiting the practice. Bonded labourers are chronically poor, and most are also landless or near-landless. The vast majority are initially trapped in debt bondage because they have no other way of subsisting apart from taking a loan from a landlord or employer. Once taken, they lose control over their conditions of employment. The debt is often inflated through exorbitant charges, making it impossible to repay and trapping the worker in a cycle of debt. Bonded labour does not affect the population of India equally. The vast majority of people who are in debt bondage are Dalits, of low caste status, or indigenous people – also referred to as members of the Scheduled Castes and Scheduled Tribes. The risk of bondage is massively exacerbated when the chronically poor are simultaneously subjected to extensive social discrimination arising from their membership of a particular caste, ethnic group or religious minority (ANTISLAVERY, 2018).

The agriculture sector does not give adequate remuneration to sustain. Agricultural employment is also seasonal. Caste also plays a major role in getting employment in rural areas and therefore, the poor Schedule Caste / Schedule Tribe people are compelled to migrate in search of livelihood. The urban setup provides for ample job opportunities and wealth creation. The rural areas also lack infrastructural facilities of education, health care, transport and water (WORLD ECONOMIC FORUM, 2017).

**Issues of migrant construction labour**

Most of the construction workers are victims of caste politics at the village level. The workers do not possess any land or property and have to displace themselves for livelihood. They are socially deprived and oppressed people.

The construction workers face many issues such as:

*Lack of basic education* – The construction workers are mainly illiterate and totally unaware about their legal rights. The construction workers are from Schedule Cates, Schedule Tribes, or Dalits and are victims of social oppression (Deshingkar et al., 2003). The Mukadam (group leader of workers) works on different construction sites and hence shifts workers from one site to the other. This does not allow workers to be in one place and therefore they cannot even give education to their children. The labour is also not registered under the Construction Workers' Act, 1996 and hence, does not get any benefits and facilities provided under this law. Experience shows that when the author tried to conduct a literacy programme for construction workers on one site in Mumbai, new workers were found on the site after two days. When she enquired with other workers, she was told that the workers were sent to different site by Mukadam. This phenomenon was also experienced on other sites. This shows it is desirable to keep these workers illiterate, which favours employers (Srivastava, Sutradhar, 2016)

*Accidents and lack of safety at work* – It is seen that the contractors do not provide with housing, potable water, sanitation facilities to construction workers on construction sites. Working conditions are often dirty and dangerous. No safety measures are provided to workers on construction sites (Borhade et al., nd). Experience shows that if a worker meets with an accident or even death, medical treatment is also not provided to them.

The brickklin workers also stay in makeshift housing mostly on the site of brick making. Which is also constructed by them with unbaked bricks and a thin roof. The entire family stays in such small, shanty housing (Sharma, Varun, Patel, 2013; Mitra, Valette, 2017). Workers do not have any safety gear such as protective helmets, shoes, or thick gloves. The workers are not provided with suitable equipment to perform some of the dangerous and physically damaging tasks. Many children and adults work bare foot, adults and children have to carry loads of brick till oven causing damage to bodies, adults who work on top of the ovens wear flip-flops (Mitra, Valette, 2017).

Quarries provide for stones necessary for construction work. Quarry workers use big drilling machines to dig holes in big rocks in which they put explosives for blasting rocks. After blasting

the big rocks and stones are chipped on the site itself. If the stone hits workers while chipping, the worker gets injured. If while drilling, a worker falls down the stone mine then he can meet with an accident and even death. No security measures are provided to workers and even if a worker meets with an accident, the employer does not assume responsibility for his death. The workers usually stay on the mines where blasting takes place. These are make-shift houses constructed by workers themselves and the land to construct a house is provided by the employer. These workers are also migrant workers who are not registered. When workers go to work, they leave behind their children who also face hazards because they stay on mines or quarries. Big stone crushing machines make deafening sounds, which also is very dangerous for human ear. Dust and minute stone particles also cause lot of respiratory problems. The employers do not make any arrangements for safety as it is expensive, and even if accidents occur it is considered that the workers are at fault (ILO, 2016).

*Unfair compensation* – The migrant unskilled labour is not paid even minimum wages. Women are paid less than men for equivalent work. There are no proper written work contracts made and hence no job security. The women have to work in unsafe situations, do same job as men, and lift a lot of weight even if they are pregnant or breast-feeding mothers (Borhade et al., nd).
Majority of India's daily wage and migrant population earns just 30 percent to 60 percent of the prescribed minimum wage of INR 571 to INR 692 (between 6.58 Euros to 7.9 Euros) set by the government for skilled, semi-skilled, and unskilled workers respectively ( James et al., 2020).

*Patriarchy and gender inequality amongst the workers* – The migrant work force in the construction industry is male dominated. Though women earn and support the household, they are treated as subordinates to males. They are even paid lesser remuneration than men. While poor working and living conditions, marked by deplorable access to clean drinking water and sanitation facilities, are a grim reality for all construction workers, women and children particularly suffer multiple deprivations on account of lack of day care / creche facilities, and lack of medical leave, health insurance, and maternity benefits (Roy et al., 2017).Women are often victims of sexual exploitation. It is also seen that women have to support various addictions of their husbands and they get exploited, beaten up even by workers themselves (Borhade et al., nd).

*Health and employee benefits* – It is seen that the contractors do not register workers under The Building and Other Construction Workers (Regulation of employment and conditions of service) Act, 1996, and hence the workers do not get any benefits offered by the law. These workers are also not recorded anywhere and therefore they do not exist for government records. Contractors or employers do nothing for their welfare or even basic amenities such as potable water, and rightful housing and working conditions are not provided.
he experience shows that on the construction site no amenities such as creche are provided to the children of workers. Dust particles, cement, and other chemicals used in construction are very harmful for the children of workers and the workers themselves. The wages given are not sufficient to even have nutritious food, and hence malnutrition, poor health and respiratory problems are seen amongst construction workers and their children. The male and female construction workers often carry weight on their shoulders or on top of their heads, which also creates problems.
The industry faces a number of challenges, including a high level of health problems and accidents, construction being one of the most hazardous sectors. Collective bargaining has declined. A high level exists of informalization of employment, enterprises, and the organization of the construction process, which have negative implications for social protection and training.
There is evidence from many countries that a large number of workers, particularly those on temporary contracts, do not have access to social security. Often, the workers who are most in need receive no health care, no holiday pay, and no protection against loss of pay when they are unable to work due to unemployment, ill health, accidents, or old age (ILO, 2015).

## LEGISLATION FOR CONSTRUCTION WORKERS

The organizations and labour unions working for rights of construction workers were demanding a separate legislation. In 1996, two legislative acts were passed for welfare of construction workers. They are – The Building and Other Construction Workers (Regulation of employment and conditions of service) Act, 1996 and The Building and Other Construction Workers Cess Act, 1996. The Building and Other Construction Workers Welfare Cess Act, 1996 provides for the levy and collection of a "cess" (1% of the construction cost) on the cost of construction incurred by the employers with a view to augmenting the resources of the Building and Construction Workers Welfare Boards constituted under the Act. The proceeds of the Cess collected are transferred by the Government offices, public sector undertakings, local authority or the Cess Collector from the establishments and contractors undertaking the construction works to the Welfare Board. The Cess Act states that all workers between ages of 18–60 years of age could be considered as construction workers. Thus this legislations does not accept child labour. The legislation makes it mandatory to provide for immediate assistance in case of accident, pension after retirement after age of 60, insurance to workers, and medical expenses are covered under this act, maternity benefits to women workers. The legislation also gives a paid weekly rest day, it decides on the number of working hours per day and if workers need to work for more number of hours than the prescribed time then, the workers are entitled for overtime wages. The act provides for arrangements for potable drinking water, toilets, canteen facilities, and dwellings near a construction site. There are other provisions which also safeguard interests of workers. It is made mandatory for the contractor or builder to provide for these amenities.

To understand the impact of the legislation, the ILO conducted an assessment study in the year 2009. The findings of the study are as below:

i. Due to reduced construction activity, especially in the real estate/building sector, exploitation of workers in terms of wage rates, and non-payment of overtime allowance is prevalent.

ii. There is a need to provide for social insurance/protection for the workers who lost job due to meltdown.

iii. Non-registration of construction workers under the Building and other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996 and Welfare Cess Act, 1996 is an issue that needs to be addressed so that workers can access the welfare benefits as per the provisions of the Act.

iv. There are still some states where these Acts have not come into force as the Rules have still not been framed to establish the Construction Workers' Welfare Boards at the state level.

v. In many states, where the Welfare Boards have been established, the funds collected remain to be fully utilized. Implementation needs to be geared up.

vi. Migrant workers are worst affected, and within that women are even more affected.

The ILO approached the Ministry of Labour and Employment for diagnostic analysis of challenges in service delivery of the Workers' Welfare Cess Act, 1996. It was found that the registration of establishment under this law is yet to be done fully, in several states registration of workers is not done, many states have not collected cess, and utilization of funds is also less in a majority of states of India (ILO, 2010a)

## SOCIAL WORK INTERVENTION BY NIRMAN

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. The

above definition may be amplified at the national and/or regional levels (IFSW, 2014). Community organization is one of the primary methods of the social work profession. It deals with intervention in the communities to solve community problems. Basically, community organization and community development are inter-related, as two sides of the same coin (Shakil, 2015).

Construction is a dangerous industry for two reasons: one is the intrinsically hazardous nature of the work; the other is the result of the industry's structural and organizational challenges for risk management. These combined factors have created an industry culture in which poor health and safety outcomes have long been the accepted norm. Modern approaches to regulating health and safety management have attempted to address these challenges by improving systematic OHS management and, in the particular case of the industry, by adding provisions that focus on the coordination of health and safety responsibilities in complex, multi-employer, temporary worksites, and supply chains. Central to these efforts to improve health and safety management has been worker representation and consultation (Walters, 2010).

**Nirman Mazdoor Sanghatana** – When it was seen that the workers are exploited, and even a minimum wage was not given to workers, a Trade Union named Nirman Mazdoor Sanghatana was registered, and many issues regarding minimum wage, health issues, and education issues were taken up with labour commissioner. Nirman Mazdoor Sanghatana also launched agitations, and a few cases were also registered in Labour Courts in Mumbai, and for the first time labour got minimum wage as prescribed by the Labour Commissioner. The workers also received the difference in back wages. The Nirman Project provided legal knowledge to construction workers.

**Representation on different forums** – Nirman Mazdoor Sanghatana represented on different forums such as Shoshit Jan Aandolan, and in this forum many organizations came to gather who were working on the issue of oppression of workers working in different sectors from all over Maharashtra. Nirman Mazdoor Sanghatana also participated in a nation-wide movement for legislation for construction workers, and also participated in programmes such as morcha[4] in city of New Delhi in 1991.

**Health camps** – Health awareness and health camps were organized for construction workers on construction sites and quarries, where naka workers were also included. Special health awareness also was conducted for women construction workers in three places, construction sites, quarries, and nakas.

**Education of children** – This was not possible on construction sites, as the labour was moved from one site to other in a short period, hence nonformal education classes were conducted by social workers. In quarries though the Nirman Project had appointed one teacher for literacy and nonformal education. Few of the children were given admissions in nearby Municipal schools.

**Potable water for quarry workers** – The quarry workers had to travel long distances, as they never had potable water nearby. Neither the quarry owners nor the landlord were willing to give tap water to the workers, hence the project worker along with the quarry workers met the Municipal Officers and local police station. With the concerted effort of quarry workers, project workers, municipal officials, and local police, the Project was successful in giving tap water to quarry workers.

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[4] Morcha is an agitation march or procession. The group of people walk in streets shouting slogans with banners and placards showing their demands. They protest against government policies and employers. Nirman was involved in a nation-wide demand for legislation for construction workers in New Delhi, where many organizations working with construction workers from all over India were, and Morcha was organized, and demand for legislation for construction workers was made.

The naka workers disperse after 10.00 am, and it becomes difficult to trace them after that. Naka workers are cheated by contractors, people whom they work with, or there were cases of theft, and such cases were solved using help with local police.

Also, awareness campaign against alcoholism was conducted from time to time for construction workers in construction sites, quarries and nakas.

## POST-COVID-19 LOCKDOWN PHASE

The pandemic COVID-19 created a massive public health crisis and challenging economic crisis. Without alternative income sources, these workers and their families will have no means to survive (ILO, 2020). Poorer, less educated, and from socially disadvantaged communities, survival draws these migrants to the cities. Meagre pay, extended working hours, and unsafe work conditions characterise their exploited labour. Covid-19 renders most of them jobless in cities with crushing rents and no access to food or water. Without employment, city life is so burdensome that many risk returning to the safety of their villages, in some cases even at the cost of their lives. Those who remain risk forcible eviction. (Agarwal, Raj, 2020).

It will be difficult for migrant workers to resume duties on construction sites even after the lock down is lifted after (Ramasesha, 2020). This view is also shared by JLL, the Real Estate Consulting Firm in Mumbai. The firm states: The migrant workforce was left to fend for themselves with no regular pay, job security and had challenges getting support from social infrastructure. During lockdowns, migrant workers tried to go back to their native places. They had fear of contracting the Coronavirus disease. Many people lost their jobs and hence, could not afford to stay in cities. The unskilled workers get about 30–60 percent of the minimum wage prescribed by the government (James et al., 2020). It was difficult for these workers to continue. Lockdown has made this class more vulnerable. About 92 percent of workers have lost their jobs. The workers do not have food storage which would last till lockdown ends, and they have never had assurance of getting any employment after the lockdown ends. Almost 80 percent of workers are not registered and hence are not entitled for any compensation by law. A majority of workers had debts to pay, and they never had income, which complicated their situation. The workers were scared and faced emotional and psychological trauma. In such situations, workers wanted to be with their families and loved ones. Also, they had a fear of contracting virus and hence wanted to go back.

The construction industry fears that even after lockdowns are over, the industry will take time to gain momentum, and that waiting period is going to be longer, increasing labour cost. Industry also fears that some of the labour force many not return to big cities and may find jobs in nearby towns. This is going to have a devastating effect on some of the small or medium sized units who are fighting recession. The shortage of labour is inevitable post-lockdown in construction sites at least for several weeks. Lack of manpower and delays in supplies will potentially impact project budgets, compounded by the "New Normal" of physical distancing, and stress on health and safety in the working conditions. Labour camp will never be the same again, where, even ailments like normal flu/common cold would trigger suspicion and a higher degree of caution. Keeping in mind the density of labour camps, good hygiene and sanitary conditions would have to be incorporated into the site infrastructure. There is no way we can work completely "COVID-free" any time before the vaccine hits the market; the measures are here to stay for a long time (James et al., 2020)

## RECOMMENDATIONS

It is very necessary to have comprehensive data about the migration pattern of construction workers. This can be implemented by using National Sample Survey data and maintenance of records by labour department of each state. It is therefore important that all the migrant construction workers be registered. The labour department then can monitor the wages given to workers and facilities

provided for the workers. The education of children of migrant construction workers should also be taken care of. The children of such migrant workers should be given admissions in local schools and records of their progress must be maintained. This will help workers to take admissions in schools in their native village once they go back. The Labour Department should also monitor the service benefits and health benefits given to migrant workers. If they find that the employer is not providing benefits, then the Labour Department should intervene and implement the legislation. It is very necessary that the implementation of this legislation be made compulsory for all states of India.

**Recommendations for social work education**
Social work education can conduct research on the life of migrant workers. Different aspects can be highlighted. Education of migrant children need special attention and Social Work education can influence the Policy of Education, which will protect rights of the children of construction workers. Social work education should focus on health conditions of women construction workers, and impart health training on construction sites and quarries.

## CONCLUSION

Poverty, unemployment, low social status, and illiteracy compels unskilled poor labour to migrate from villages to cities in search of livelihood. Women are the most exploited group amongst these migrant construction workers. Due to migration, the children of such construction workers also suffer. The employers do not provide them with proper housing, water, and sanitation facilities. The construction workers neither get the minimum wage prescribed by the government nor any service benefits. The construction workers are not provided with healthcare facilities. The Building and Other Construction Workers (Regulation of employment and conditions of service) Act, 1996 and The Building and Other Construction Workers Cess Act, 1996, two pieces of legislation created for the construction workers, are not implemented fully for the benefit of the construction workers. The government should take review of the situation and, through the Labour Department, register all the migrant workers and keep proper records about their employment and migration. The government also should provide healthcare and education through public hospitals and schools. In the post-COVID-19 lockdown phase, it is very necessary to register these migrant construction workers. The Government should take this work very seriously and should make necessary arrangements for implementing schemes and programmes to protect the human rights of migrant construction workers.

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# Social and Psychological Adaptation of Children of Forced Migrants to the Conditions of the Host Country

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**Abstract**

OBJECTIVES: The aim of the article is the analysis of external and internal factors that hamper the problems that children of forced migrants face in the process of socio-psychological adaptation to living conditions in the host country. This article is based on the study of refugees' experience in Russia, which does not currently have any refugee camps, but refugees coming to Russia may have spent time in refugee camps in other countries and this could affect their experience in moving to Russia. THEORETICAL BASE: Social and psychological theories dealing with human behaviour, research works of scientists from different countries. METHODS: Information analysis, sociological observation, expert assessment method. OUTCOMES: The main conclusion is that forced migration is a natural process of development of modern states and it cannot be stopped, but it can be managed through the unification of efforts of state and social organizations, indigenous people and migrants themselves, of constructive acceptance and assistance to forced migrants especially for children. SOCIAL WORK IMPLICATIONS: The resources of refugee children are described, which are important to take into account when providing social and psychological assistance in overcoming negative emotional states, stress and building their future in the country

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of reception. The areas of social and psychological assistance to the children of forced migrants, which can be implemented at the level of the state and individual aid organizations, are defined.

**Keywords**

forced migration, problems, adaptation, resources, children, forced migrants, activities, help, refugees

## INTRODUCTION

The increase in military conflicts in the world, natural disasters, and economic, social, and political instability in some states has led to an escalation of migration with more families and individuals who are voluntary or involuntary leaving their homes with or without legal documents.

Thus, as in 2019, the number of people who have fled their homes for various reasons has reached 71 million, a record number since the end of the Second World War: 25.9 million of them are refugees and 3.5 million asylum seekers (Shulikov, 2019:5).

It is important to note that this situation has already become protracted and complex, often destroying the social and cultural infrastructure of countries, leading to conflict between native born people and settlers, burdening the already over-stretched system of public administration in various areas of life.

The complexity of the constructive resolution of problems associated with migration also lies in the inability of most states, attractive for migrants, to take systematic measures for the integration of migrants and addressing their life issues when moving to a new place of residence. Besides it is very important for migrants to be accepted by the locals. And of course it is not easy for migrants to integrate themselves into the society with different cultural, social, political and economic system. As scholars and practitioners note, many European countries were relatively unprepared for the escalation of migration, and few have developed the policies necessary to make it a healthy and socially productive process. Thus, despite the time and efforts expended on the prevention and resolution of conflicts, *"in the early 21st century more than 36 countries were involved in conflicts of one kind or another. These conflicts have collectively led to the eradication of more than 60 million people – more than the combined population of at least 13 Western European countries"* (Carballo, Nerurkar, 2001:556). This difficult situation forces people to leave their homes, loved ones and other significant people and to aspire to states with a prosperous social and economic system.

Despite the fact that the majority of UN members have adopted the Global Refugee Treaty, which in detail regulates the interactions of the actors of international policy in order to ensure the right to asylum of all people who need it and to build joint concerted action and cooperation of states to protect migrants and refugees, still it is not yet possible to act according to it, because of the irrational policy of the international community.

The development and adoption of this Global Compact have created a number of problems that, most likely, none of the participants in international public relations even suspected (Shulikov, 2019).

Thus, in the final stage of the preparation of treaties for adoption and publication, the U.S. Presidential Administration announced its refusal to sign the treaty, arguing that it can *"undermine the sovereign right of the United States to enforce immigration laws and protect the state border"* (Potemkina, 2018:87). Subsequently, a number of other states (Australia, Hungary, Austria, Poland, Czech Republic, Slovakia) joined the U.S. policy, and also refused to become participants in these agreements. In other countries (Germany, Estonia, Croatia, Slovenia, Belgium, Italy) these events intensified national discussions about the consequences of the adoption of the Treaty (Shulikov, 2019:4)

The adoption of a negative decision after two years of painstaking and fruitful work to draft and agree on the drafting of the treaty with all UN member states, seems to be a colossal and

disproportionate loss of labour (at least organizational and managerial, not taking into account the intellectual costs) undertaken to draw up the text of the international legal act satisfying the interests of all members of the organization (Potemkina, 2018:87).

Thus, the above-mentioned facts show the inability of the world community to join efforts to prevent the actions of individual states that do not comply with international law in dealing with the problems of forced migrants. Among the most significant issues to be addressed by the international community and states is the adaptation of migrants and refugees.

## THE DEFINITION OF "VOLUNTARY" AND "FORCED MIGRATION"

It should be noted that migration is a natural process that plays both a positive and a negative role in the life of the host country. A positive side of migration is to improve the demographic situation in the country, to balance the economic, social and political spheres of society, and for migrants to find stable jobs, safe housing, improve their social situation and living conditions, access to health facilities, and provide children the opportunity to get education and plan their future. The negative side of migration is characterized by conflicts and unrest in the host country, caused by misunderstanding of both locals and migrants themselves, whose initial expectations did not coincide with the reality they faced in adapting to the living conditions in their new culture, which led to negative socio-psychological conditions.

However, it is important to draw a clear line between voluntary and forced migration.

Scientists, using the "cause" criterion, define ***voluntary migration*** as the movement of people who voluntarily leave their place of residence and move to a new place of residence in their or in the other country. have other choices, such as staying put after all or delaying departure. Their motivation to leave is not subject to significant pressures imposed by other people, events, or policies (Prokusheva, 2011). As a rule, they have already formed a motivation for the very fact of migration, which greatly facilitates the process of adapting to the conditions of the new country and adopting the norms, values and culture of the host country.

***Forced migration*** is a generalizing concept for such categories of people as internally displaced persons, refugees and asylum seekers (Prokusheva, 2011). So the term "refugees" is applied to people, families, who experienced forceful push and did not even have time to make a decision on migration (Vitkovskaya, 1993). Refugees are defined as persons "*who are outside their country of nationality or habitual residence and unable to return there owing to serious and indiscriminate threats to life, physical integrity or freedom resulting from generalized violence or events seriously disturbing public order*" (UNHCR, 2011:19). War is the most negatively coloured event, the consequences of which force people to leave their homes urgently, taking with them often only documents (Ovcharenko, 2014). Internally displaced persons include people who have actually experienced the effects of pushing factors or are afraid to experience them, but they do not leave in such extreme circumstances as refugees, have the opportunity to prepare their departure to some extent (Vitkovskaya, 1993). We consider the concept of "forced migrants" as generalizing, as noted above, for both refugees and internally displaced persons.

This group is characterized by a life situation in which people suffer from violence, serious violations of human rights and freedoms. They are constantly in the risk zone for their lives and the lives of their loved ones, and this pushes them to decide to leave (Vitkovskaya, 1993; Food and Agriculture Organization, 2016; Shulikov, 2019). On the way of adaptation to the host society forced migrants face a number of serious problems, which affect children more.

The situation with the children of forced migrants is a global problem of our time, characteristic of many countries and peoples. The problem has now become particularly acute. Receiving refugee status allows them to lead a full life in the new territory, but still outside their home, habitual life, formed social ties, etc. All these circumstances exacerbate the already difficult social and psychological picture of the life of refugees (Ovcharenko, 2014) and hinder their positive social and psychological adaptation.

**THE PROBLEMS OF REFUGEE CHILDREN**

In highlighting the problems of the children of forced migrants, we have used the potential accumulated in the field of modern research and the results of the study of this problem by the authors of this article. This article is based on our study of refugees' experience in Russia, which does not currently have any refugee camps (although refugees coming to Russia may have spent time in refugee camps in other countries and this could affect their experience in moving to Russia). (Suslova, 2016; Starovoitova, 2018)

**Adaptation of migrant children in Russia**

The study involved 57 migrant children, aged 15–16. The method of written survey and interview were used. The choice of the method is justified by the fact that migrant children do not speak Russian very well, and therefore, the use of other research methods at this stage of adaptation of children would be difficult. The study was carried out as part of the Russian language courses for children from migrant families. This made it possible to use in some cases the resources of group discussion, including explanations of questions that were incomprehensible at first glance in the questionnaire. The questionnaire consisted of closed questions, simplified as much as possible for the children to understand their content, and included 10 questions. In addition to questions allowing to determine: country of origin, nationality, information about parents and family, as well as the age of children, the questionnaire included questions that allowed to obtain information about the adaptation of children to living conditions in Russia and the difficulties they encountered in Russia. The processing of the results of the questionnaire was carried out using the methods of quantitative and qualitative assessment of the respondents' answers.

The results of the research carried out by the authors of the article show that children of migrants experience the difficulties in mastering the Russian language. In the interview, they noted that poor knowledge (or lack of knowledge) of the Russian language makes it difficult to communicate with Russians, both with peers and adults. The awkwardness that they experience in communication leads to narrowing the circle of communication and problems in building interaction with migrants like them. Conflicts with local population are frequent, especially in places of entertainment, transport, streets, and shops. We received such answers from 71.1% of respondents. Adolescents state that this problem reduces the positive perception of their stay in Russia, which leads to the feelings of aggression, anger and despair.

Further, teenagers-migrants noted "the problems in understanding the culture, customs, traditions of the people of Russia" (68.4% of the respondents). In interviews, they noted sometimes a dismissive attitude of Russians to their native culture. This leads to the feeling of anger rather than anxiety and resentment. There were such opinions: "Why don't Russians study the culture of my people? After all, Russia is a multinational country and there are a lot of people of my nationality in Moscow." These results indicate not only the difficulties of adaptation of some of the children of migrants, but also the presence of protest behaviour, characterized by unwillingness to deeply assimilate to the culture of the national majority.

However, this behaviour can also be viewed as a manifestation of psychological protection of migrant children when they face the need to learn a large amount of knowledge, as well as a low level of positive support that they get from Russians. Despite the fact that quite a large part of the surveyed children (54.3%) connect their future with Russia, their stay in Russia causes concern for their lives and the lives of their loved ones. This is due to the fact that their parents, according to interviews with children, do not always manage to find a decent, well-paid job, which makes it difficult to find a normal house and suitable household appliances. The rest of the children (45.7%) say that they see their future only in their home country, where everything is clear to them. Among the reasons for such opinions, they mention a sense of alienation and lack of life prospects in Russia.

Analysis of research results of Russian scientists and researchers from Europe and the United States, as well as our own research, allowed us to highlight the problems faced by migrant children. It is important to focus on these problems the efforts and resources of public and community organizations. The problems are related to external and internal factors. Among the external factors that make it difficult for the children of forced migrants to adapt are: 1) difficult situation in the country of exodus; 2) attitude to them in the host society; 3) family-related (parents).

Let us take a look at these factors:
***External factors determined by traumatic events in the country of exodus include:***
*Risks associated with a direct threat to the life of the children*, who are deprived of vital social and psychological conditions for normal further development. L.Yu. Ovcharenko, revealed that the increased risk of threat to life can cause mental illness, behavioural disorders, which is often manifested in addiction to alcohol, drugs. Such circumstances may make it difficult for the children to adapt to the host country (Ovcharenko, 2014).
*Military actions in the children' home country*, leaving a deep trace in their psyche, long preserved in their memory. As a rule, these children develop various phobias, a persistent neurotic syndrome is formed, they find it difficult to cope with negative emotions associated with what they saw: destruction, death, etc. Children become irritable, anxious, skittish, whiny; "Under the influence of a traumatic event, the individual changes not only the picture of the external, but also significantly transforms its inner intrapsychic world, values, meanings, and attitudes" (Ryaguzova, 2011:167).
*Environmental catastrophe, poverty and hunger* caused by the economic crisis and the inability of the ruling circles to ensure that vital needs are met.

***External factors related to the development of the host society, migration policies and the attitude of indigenous people towards migrants include:***
*Social tensions and the rise of xenophobic sentiments in society*. This can be attributed to the lack of a clear system for the implementation of migrant adaptation and integration policies and formal organization. A.J. Pumariega, E. Rothe note that this is typical for most host countries, as evidenced by the constant unrest perpetrated by migrants, mostly young, in a number of European countries (Pumariega, Rothe, 2010). The lack of a clear migration policy makes socialization of the children of forced migrants and the preparation of these new citizens to become productive and successful in adulthood a serious political problem (Portes, Rivas, 2010).
*Racism* can also be a component of xenophobia, due to the racial disparities observed in the new migrant groups. For example, as American scientists note, xenophobic sentiments may be associated with firm views that it is necessary to assimilate migrants. In particular, critics can expect migrants to speak English and refrain from using any translation or interpretation services in the process of obtaining public services (Pumariega, Rothe, 2010).
*Fear of terrorism* is another common form of aggression against migrants, making it difficult to adapt to the host society. The research carried out by American scholars, published in A.J. Pumariega, E. Rothe, notes that more extreme forms of xenophobia are linked to anti-immigrant movements and the formation of anti-immigrant militias to patrol the borders of the U.S. border with Mexico, as well as immigration raids. An example of such a policy is the conduct of military immigration raids by the U.S. federal government in a military style in workplaces, homes and schools. Thousands of illegal migrants were detained and deported. In such situations, their children and other family members may remain isolated and hidden from fear in their homes and communities with little support. These raids had particularly adverse effects on children of forced migrants, often leading to acute stress reactions and symptoms of post-traumatic stress disorder. The poor and inconsistent response of social services by local agencies and communities has exacerbated the suffering of children and families (Pumariega, Rothe, 2010).
*Difficulties in providing various services to forced migrants*. Scientists and practitioners note that the massive influx of migrants, refugees and internally displaced persons can make it difficult

for local authorities to provide quality services to the entire population and can have a negative impact on natural resources and the labour market. Increased competition often leads to lower wages, worsening working conditions and rising unemployment, all leading to a deterioration in livelihoods and increased risk of conflict (Food and Agriculture Organization, 2016; Suslova, 2016), and reduces the ability of children to receive educational, social and other services for forced migrants.

*Difficulties in acquiring refugee status.* It has been revealed that the procedure of acquiring refugee status (or person granted temporary asylum) seems to be quite long (Shulikov, 2019) because of bureaucratic requirements, the need to issue a large number of documents, certificates, etc., which we are currently seeing in Russia. This leads to long-term failures of children of forced migrants to attend pre-school and school education.

*Poor quality of housing* is also a risk factor for the social and physical development of the children of forced migrants and for positive socio-psychological adaptation to the host country. There are cases, for example, in France, of lead poisoning from paint in old, poorly maintained homes (Carballo, Nerurkar, 2001).

*Lack of food and drink, lack of adequate medical care*, which is caused by the host country inability to provide, leads to physical and mental exhaustion of the child's body.

*Negative attitude of the local population towards forced migrants.* There are two important parameters of the host society that make it easier or more difficult for migrants to adapt. This is the cultural distance and the distinctness of distinguishing characteristics (race, culture, language, religion) between the host society and the cultures of migrating ethnic groups, the degree of internal homogeneity of the host society. It is believed that culturally and ethnically homogeneous societies, such as Japan, with predominantly the same ethnic identity, have more obstacles for migrants to adapt. In multicultural countries, such as the United States, where the ethnic mosaic of society is an important characteristic, and where people develop a high sensitivity to their own and foreign cultural affiliations, the adaptation of migrants is less painful (Stefanenko, 2006; Abakumova, Grishin, Ermakov, 2015). Studies of Russian scientists revealed that the attitude of the local population to forced migrants has changed - from aid and sympathy to indifference and hatred. This phenomenon has objective reasons related to the overall economic situation in the country and the region and the lack of a comprehensive state programme aimed at providing material and socio-psychological assistance not only to forced migrants, but also to the main population. The negative attitude of the local population towards migrants is a factor that makes their socio-psychological adaptation difficult (Pavlovets, 2002).

*The difficulties of refugee children at school.* These difficulties are very often detrimental to their self-affirmation. Ignorance of the language and culture of the new settlement country makes them feel uncomfortable, lagging behind other students in school subjects. The desire to preserve their own identity, adherence to the former values only exacerbates their stay at school. The multifaceted difficulties and unresolved problems of refugee children in school can undermine a child's ability to have positive experiences outside the family i.e. in the community (Ovcharenko, 2014). Studies of cultural stress in refugee adolescents have found that refugee school experience often involves discrimination by other children and teachers. Daily problems associated with poor language proficiency are solved non-empathically, there are difficulties of interaction in a group, difficulties of establishing acquaintances and friendly relations. In addition, parental pressure to succeed in school may inadvertently heighten concerns about school success. For children whose education was cut short by war or extended in refugee camps, schooling can be particularly problematic. These children and their parents may not even have basic knowledge about how schools function, the role of parents, etc. (Lee, 2001).

*Lack of a clear, well-functioning system for providing all kinds of assistance to forced migrants.* For example, in Russia, although there is a number of laws on migration and migrants, as well as programs developed in most regions, there is still no system of assistance in the socio-psychological

adaptation of forced migrants: family, adults, children. It is carried out either formally or without taking into account the real needs of migrants (family and children) and indigenous people (Pavlovets, 2002; Suslova, 2016). The practice of multidisciplinary treatment of children from migrant families (voluntary and forced) has not yet developed, and the effectiveness of this work depends on the joint actions of educational, social, diaspora organizations and the family. This leads to:

- The spontaneous nature of the socio-psychological adaptation of migrant children.
- The difficulties of children's understanding of the culture of the host society, as well as the education system.
- Ignorance of one's fundamental rights.
- The difficulties and even impossibility of studying in preschool and school organizations.

*External factors due to family (parental) functioning include:*

C*hildren living in single-parent families, i.e. with one parent.* American researchers have identified a relatively high proportion of children of migrants from South-East Asia who live in non-traditional family structures due to the death of family members as a result of war or hardship in refugee camps. It is estimated that more than a third of all Cambodian refugees have lost a family member or close friend (Landale, Thomas, Hook, 2011).

*Children's accommodation in a family with unauthorized parents.* For example, about five million children in the United States have at least one unauthorized parent. Nearly one in three children of migrant parents (and half of all foreign-born children) has one unauthorized parent (Landale, Thomas, Hook, 2011).

*Frequent absence of one or both parents due to heavy work schedules, along with poor childcare alternatives available to migrants.* It puts migrant children at risk and increases the risk of disadaptation (Carballo, Nerurkar, 2001).

*The negative psychological state of parents.* In particular, their confusion and inability to cope with them, cannot but affect the formation of anxiety and fears of children. Parents' experience of severe stress, pain and grief often prevents them from fulfilling their parental responsibilities accordingly. Even the slightest manifestation of stress in parents can provoke them painful symptoms.

*Lack of parental confidence in future in the host country.* As a rule, forced migrants are not always confident in the permanence of residence in the host country, they are concerned about resettlement within the host country or return to their homeland, which may be accompanied by risks for the whole family – parents and children; (Pumariega, Rothe, 2010; Landale, Thomas, Hook, 2011; Suslova, 2016).

*Parents who are low-skilled workers.* The lack of education leads to either unemployment or low-paid employment of forced migrants and it reduces the family's ability to provide a conducive environment for the social and educational functioning of children. It was found that children of forced migrants were most often not provided with the necessary amount of educational aids, technical means, etc.

*Divorce of parents* for various reasons or long separation from them seriously inhibits the development of the child and complicates socio-psychological adaptation.

*The low level of attention of parents to the success of children in and out of school*, caused, in the opinion of parents, by the need to assert their own professional and social status, accompanying certain difficulties characteristic of the current migration situation and caused by negative attitude towards migrants by indigenous people (Suslova, Nesterova, Komarova, 2019).

Besides, in the process of our research internal factors that make it difficult for children of forced migrants to adapt socially and psychologically were revealed. They include 1) the negative psycho-emotional state of refugee children, 2) their personal and other characteristics.

**Internal factors associated with the negative psycho-emotional state of refugee children:**

*Stressors and stress disorders*. Children of forced migrants face a lot of stressors. If their displacement from their home country was sudden or, if it is associated with acute traumatic events such as war, political persecution or natural disasters, most children develop high levels of acute stress disorder, depression and anxiety. Negative psycho-emotional conditions are also associated with long-term accommodation of children of forced migrants in refugee camps, with adverse conditions, including crime, physical and sexual violence and bullying or intimidation. (Pumariega, Rothe, 2010).

*"Tension, as a leading emotional state,"* determinant of the failure to learn and communicate with peers and adults due to poor knowledge of the Russian language which often leads to nervous breakdowns (Suslova, 2016:494).

*"Feeling helpless, confused, fear of the unknown, feelings of resentment and injustice,"* determinate signs of neuropsychiatric exhaustion" (Barysheva, 2016:71).

**Internal factors determined by children's personal and other characteristics can be attributed to:**

*Reaction of children on traumatic events in the country of exodus depending on age* . For example, children under three years of age demonstrate fears, confusion of feelings, sleep disturbance, loss of appetite, fear of strangers. Preschool children often demonstrate a regressive reaction (usually enuresis), cry for no apparent reason, are afraid to fall asleep alone, often wake up from terrible dreams, and sleep content may not be remembered. Primary school-age children change dramatically after experiencing stressful situations. They become irritable, rude, they have complaints of ill-health without functional and organic disorders. The reaction of adolescents in such cases resembles the behaviour of adults. They lose their sense of self-control, behave unconsciously, without being aware of their actions. After suffering stresses, some teenagers are pessimistic about their future. There are depressive moods, apathy. They are oppressed by the fear of being expelled from society. (Ovcharenko, 2014). In this case, we are dealing with the "loss" category, which is the defining feature of forced migrants and has a significant impact on the success of the adaptation process (Buslayeva, Makarova, 2016).

*Ignorance or poor knowledge of the language of the ethnic majority, its culture, values and traditions,* and sometimes the reluctance to assimilate the cultural values of the host country.

*The formation of unadapted behaviours,* which are most often "protective" and based on a background feeling of anxiety caused by the "alienity" and "otherity" of traditions and ideas of their own culture, which leads to inter-ethnic social conflicts involving children from migrant families, mostly adolescents and young men (Suslova, 2016).

C*ultural "split",* conflict of values dictating the need to firmly protect their priorities and values, which can lead to social tensions and conflicts.

*Closure in own culture* and community and cultural distancing from indigenous people.

*Existence of profound changes in the vision of the world*, oneself and one's future, even for the youngest children from the families of forced migrants.

C*hange of motivational and demand sphere*. The situation in which children and adults - forced migrants find themselves, radically changes the whole structure of their motives and needs, which are the most important regulators of human behaviour. Changes in the motivational sphere were seen in forced migrants even before departure, when obstacles to meet the needs of different levels led to increasing reactions of fear, anger, aggression, which gradually became permanent determinants of behaviour. This situation very often makes it difficult to meet their needs – from the most pressing (self-esteem) to the highest (self-fulfilment). Forced migrants cannot sometimes satisfy their actual needs, among them: well-being, favourable living conditions, learning, the sense of community, belonging to a certain group, communication, good relationships, self-realization, socio-psychological security, confidence in the future (Soldier, Shaigerova, 2002).

*Identity crisis.* Erickson saw the psychosocial crisis as an inevitable stage on the way of personal development to the acquisition of a new, more mature identity. He also stressed that the identity

crisis can manifest itself in certain groups of people, classes and in some periods of history, becoming something of a second birth (Erikson, 1959). The vast majority of forced migrants caught up in a completely new life situation (Soldier, Shaigerova, 2002) have to survive the same. In these situations, social protection and psychosocial support from social and psychological services are essential, which will help to cope more easily with the negative effects of stress during the socio-psychological adaptation of the children of forced migrants. To do this, the host countries have to have all the conditions and experience gained to work with the children of forced migrants. In addition, it is important to take into account the personal, family and other resources of the children themselves, who for the most part have a high level of motivation to integrate into the host society: learn the language, learn the culture, assimilate patterns of behaviour, etc.

***Resources contributing to the positive socio-psychological adaptation of forced migrant children:***

*Genetic and other biological sources of strength*, as well as the degree of vulnerability of the child, individual characteristics, especially temperament and ability to get out of a difficult situation. (Ovcharenko, 2014).

*State of the protective forces of the individual* – stress resistance, age, level of mental development, personal activity, physiological state at the time of injury. Scientists prove that a child has protective factors that help him survive in critical situations. These include the qualities of the child's character and the environment that provides him with the necessary support (Ovcharenko, 2014).

*Having a family*. Family support allows the child to survive even in the most excruciating situations of psychological shock. It is able to instil in the child a sense of security and confidence.

*Family status*. The higher its socio-political status and the more stable, united the family, the easier it is for children to overcome adversity (Ovcharenko, 2014).

*Family (parents and children) have stable social and cultural ties*. For refugees and asylum-seekers, leaving their countries does not mean severing relations, and there are usually strong social and cultural links to their places of origin (Bhatia, 2002). It is important to take these transnational links into account in an attempt to understand the adaptation of refugees and asylum seekers to the host country (Daniel, Ottemöller, Katisi, Hollekim, Tesfazghi, 2019).

*Constructive ambition of children of migrants, including those forced*. Scientists note that the children of migrants are ambitious, their goals - as well as their expectations - remain stable over time. Thus, assessing their chances, the children of forced migrants express a desire to obtain a secondary special and higher education, which will allow them to acquire a decent professional status and gain a foothold in the country of admission as a full member. Given the humble family background and material potential of many of these children, their ambitions and even realistic expectations can be very disproportionate to what many will be able to achieve in the end. However, it is important to take the aspirations of these children into account when planning social and psychological assistance and support programs.

*Support for diaspora (community) organizations*. Diaspora – religious and ethnic group living in new place in the position of a national cultural minority/community. However, in many countries, particularly Russia, there is a very low role of cultural centres of communities in building effective programs to support the children of forced migrants and their families. As the study shows, these organizations are limited only to language courses, caring mainly about preserving their national culture and national identity. At the same time, the pooling of resources of these organizations and the families of the children of forced migrants serves as an important condition for effective socio-psychological adaptation of the child, as well as improving the migration situation and improving migration policy in the country.

We have, in our view, identified the most important resources for the children of forced migrants, which is important to use in working with them in various areas of social and psychological assistance and support.

***Social and psychological assistance to the children of forced migrants.***
A clear system of social and psychological assistance to the children of forced migrants can alleviate the emerging difficulties of socio-psychological adaptation and to integrate them smoothly and without too much difficulty into the host society.

To do this, social and psychological assistance should be aimed at:

*The world's awareness of migration as a natural process and acceptance of it.* The provision of resources and the interaction of countries hosting forced migrants and the exchange of a wealth of experience in assisting this category of people.

*The change of the attitude towards forced migrants.* There are now many stereotypes about refugees that prevent people from being forced to flee their country from understanding and accepting. In general, stereotyping is associated with a negative perception of forced migrants as dependents, aggressive people, not wanting to integrate into the host society. In fact, they are quite different, there are among them educated people (adults), and talented children. And all of them have a high level of motivation to actively build their life in the host society, and they expect to be able to legal stay in the country and legally work and study.

*Facilitating refugee status.* Providing parents with work, providing social, medical and other services suitable for housing. For example, the availability of a secure home is highlighted by a number of authors as an important protective factor in providing a framework by which children of forced migrants can successfully adapt and integrate in the host country (Curtis, Thompson, Fairbrother, 2018).

*Inclusion of children of forced migrants and their families* in various social groups in educational institutions and in the community. Giving children of forced migrants the opportunity to study and be brought up in a comprehensive and pre-school institution, other than to deprive them of such an opportunity. After all, the school not only educates, it is a unique mechanism of adaptation and integration of a young citizen, and in particular a foreigner, into society. In addition, the school is the only social institution that migrants trust (Starovoitova, 2018). Allowing children of forced migrants to participate in social activities and in schooling allows children to accumulate their social capital and develop a sense of belonging in the host country (Curtis, Thompson., Fairbrother, 2018).

*The activation of the internal resources of the children of forced migrants and their parents.* Mastering of the skills of interaction with the local population (peers and adults); formation and development of coping behaviour, so necessary to overcome difficulties; cupping of the development of deep and irreversible mental trauma, leveling of trends of social dependency and infantilism that arise due to life circumstances.

*Prevention of neurotic complications of grief response* in children and their parents, that is, the implementation of active social and psychological re-adaptation. Creating psychosocial support in the recovery process from injuries associated with forced migration. As noted by M. Daniel, F. G. Ottemöller, M. Katisi, R. Hollekim, J. J. Tesfazghi for children under 8 years of age, the main goal of psychosocial intervention is to promote their development and well-being through the support of parents and psychosocial education, with a particular emphasis on strengthening the interaction between mother and child, children, and adolescents living in refugee camps. It is important to help them with psychological trauma and prevention , arising from the experience of flight from their native country (Daniel, Ottemöller, Katisi, Hollekim, Tesfazghi, 2019).

*Organization of social and psychological education* aimed at helping to realize the main losses and acquisitions as a result of the change of residence, educational organization, social environment, etc., recognition of the new place of residence of social space by its own, determining their future, educational and professional development, etc.

*Building and using an inclusive approach*, both in educational organizations and in social and psychological services, to positive social and psychological adaptation of the children of forced migrants and their families.

*Development of the volunteer movement*, in particular, from migrants who have successfully undergone adaptation, the formation of volunteer advisory points.
*Building an effective system of family, school, social and psychological centres and diaspora organizations.*

## CONCLUSION

As written in the UN document: "COVID-19 leaves few lives and places untouched. But its impact is harshest for those groups who were already in vulnerable situations before the crisis. This is particularly true for many people on the move, such as migrants in irregular situations, migrant workers with precarious livelihoods, or working in the informal economy, victims of trafficking in persons as well as people fleeing their homes because of persecution, war, violence, human rights violations or disaster" (UNITED NATIONS SUSTAINABLE DEVELOPMENT GROUP, 2020:2). The purpose of the article is to address the problems faced by the children of forced migrants, to identify problems and the main areas where they need help in order to adapt to the conditions of the host country. Analysis of the studies of scientists and authors of the article made it possible to distinguish the problems of children, determined by external factors (the situation in the country of exodus and the country of admission, family status) and internal factors (features of the psycho-emotional state of children, determined by the need to leave their usual social environment, and the personality characteristics of refugee children).

It has been shown that in the process of socio-psychological adaptation of children of forced migrants there are persistent adaptive resources, in many ways contributing to the facilitation of integration in the social and educational environment of a new culture: motivation, social and family support, the state of protective mechanisms, etc., which first of all need to be diagnosed in order to build constructive and effective support and assistance in order to actively develop the environment, change and correct their personalities and attitude to the host society.

The authors of the article support the opinion of E.I. Barysheva that the decision to leave their country depend not on the individual refugees, but on the harsh circumstances. acted contrary to their desires and beliefs, driven by the need to escape (Barysheva, 2016) and save their families. It is important for the world community, each of us, to understand that forced migration is a natural process of development of modern states, it cannot be stopped, but it can be managed through the combined efforts of public and social organizations, indigenous and residents, and migrants themselves. Constructive acceptance and assistance to forced migrants, especially children, will help them to be adapted and integrated into the host community. It is also important to understand that the process of adaptation and integration of children of forced migrants is not a process that occurs with individual refugees, but a process based on constant interaction with others, which forms different types of social interaction that children of forced migrants will have in the receiving society.

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# The Use of Reminiscence Therapy as an Important Psycho-Social Intervention in Long-Term Hospital Care[1]

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**Abstract**
OBJECTIVES: The aim of the study was to evaluate the effect of reminiscence therapy on selected indicators of health and quality of life of hospitalized older adults. THEORETICAL BASE: The study was based on the emphasis on health resources rather than on illness as described in the concept of salutogenesis. It also meets the person centered approach by Kitwood, where memories and life stories play an important role. METHODS: Quasi-experimental research design was used to compare data on subjective health status, activities of daily living, depression, cognitive functions and quality of life of hospitalised patients. The differences between the intervention and control groups and the pre- and post-intervention data were assessed. The intensive group and individual reminiscence activities were applied with each member of intervention group for 6 weeks. OUTCOMES: Significant differences between intervention and control groups were shown in the majority of measured values before and after intervention. Reminiscence therapy contributed significantly to the improvement of self-sufficiency, cognition, quality of life and

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subjective health status. SOCIAL WORK IMPLICATIONS: Results showed the meaning of creative, person-centred social work in-hospital and importance of multidisciplinary collaboration. Reminiscence can be used as a non-pharmacologic therapeutic method, which can contribute to patients´ health and improve their discharge from hospital.

**Keywords**
reminiscence therapy, non-pharmaceutical intervention, long-term hospitalization, quality of life, dementia

## INTRODUCTION

The stay of an older adult in a hospital is usually a high level of burden associated with the health problem itself that caused their hospitalization, as well as with a temporary, sometimes long-term, or even permanent change in the environment to which they had been accustomed, and an overall change in quality of life. In particular, long-term hospitalization caused by a need for follow-up nursing and rehabilitation care is associated with a reduction in social contacts, reduced communication opportunities and activities that are part of a person's life in their natural environment. Uncertainty associated with the prognosis, treatment and the length of stay in hospital, care for household and family, lack of opportunities and motivation to make new contacts, and absence of relations with near ones contribute to hospitalism and overall psychic deprivation. It can give rise or contribute to a deepening of reactive depression and developing of the immobilization syndrome. Therefore, long-term care of geriatric patients in hospitals is associated with the risk of negative impacts on various health indicators including subjective health status and quality of life due to the disease itself, as well as due to the omittment and underestimating of psychosocial factors, effective communication, activation, and application of non-pharmacological therapies. It is reported that up to 1/3 of patients experience functional decline during hospitalization. In higher ages this decrease is even higher, in 90-year-olds it is up to 60% (Sedláčková, 2018:117).

The authors of the review article titled Needs of Older Adults in Hospital Care – review of the Czech Literature (Potřeby starších lidí v nemocniční péči) point out that the topic regarding the needs of hospitalized older people is described more theoretically in the Czech Republic, and the issue of quality of life is only marginally covered in empirical surveys. Similarly, the issue concerning the dignity and autonomy of older people during hospitalization remains ignored. There is a lack of literature to provide information on the quality of care for older adults in health care facilities, on the ways of ensuring their needs, their rights, and possibilities of self-realization (Bláhová, Holmerová 2018:113–116).

Reminiscence is consistently built on the person-centered approach as described by Tom Kitwood (1997). He emphasizes the important need of each person to have a strong sense of the uniqueness. "This is the cornerstone of all good care practice, and even the meeting of basic physical needs cannot be done effectively without it." (Kitwood, 1998:103) Reminiscence offers a number of relatively simple and accessible methods and techniques to promote the staff´s skills that activate the patient´s internal resources, including significant salutogenic potential. The internal resources of health and resiliency were described as a sense of coherence (SOC) in the theory of salutogenesis (Antonovsky, 1987; Baro et al., 1998:23–27; Hesse, Forstmeier et al., 2019:6). Use of memories and reminiscence techniques can help people in stressful life situations find continuity and structure (comprehensibility), support their feeling of control (manageability), and give some meaning to the situation through various activities and experiences sharing (meaningfulness). It opens-up the possibilities of using particular natural resources, communication skills and creativity to improve quality of life of hospitalized older people, strengthen their dignity and identity, show

respect, offer activity and thus respond to the significant range of their needs (participation, self-realization, meaning of life, relationships and social inclusion). In reminiscence, simple techniques are used that are based on an individual's life story as well as on the historical and local context. In a hospital, reminiscence can be applied on a continuous basis, whenever healthcare professionals and social workers are in contact with a patient. Reminiscence can be based on the knowledge of the patient's place of residence, patient's name, favorite food or on the observation of the patient´s activities, what they like to talk about, what they have on their bedside table. The staff can react to these points, use them as stimuli in communication according to their time possibilities and planning of their work. In case the activation specialists or occupational therapists are involved in the multidisciplinary geriatric team, reminiscence can be further developed and used through generous offers of individual and group reminiscence techniques (Janečková, Vacková, 2010; Špatenková, Bolomská, 2011; Janečková, 2014; Janečková et al., 2015a; Janečková et al., 2015b; Janečková et al., 2015c; Janečková et al., 2015d).

Person-centered reminiscence and a narrative approach with an emphasis on the participants life stories was recommended as a suitable and desirable care intervention (Siverová, Bužgová, 2018). Stimulating the positive functions of reminiscence has the scope to help in the improvement of mental health in the later years of life (Lodha, De Sousa, 2019). Also, in palliative care patients expressed satisfaction and sense of well-being when participated in interviews reviewing parts of their lives. Their topics differed from the scope of questions in common reminiscence work. They preferred the search for identity and continuity in their lives, which are more relevant to the concerns of patients in the final phase of life. (Hesse, Forstmeier et al., 2019). The reminiscence work has many forms, and its application possibilities are very wide, with health care being one of them. Nevertheless, the research of its effect has brought inconsistent results (Woods, Orrell, Bruce et al. 2016; Woodhead, 2017) and further study is necessary.

**OBJECTIVES**

The aim of the research project, which took place at the Department of Geriatrics and Follow-up Care (geriatric department) at the Thomayer Hospital in Prague between July 2018 and February 2019, was to describe and evaluate the effect of non-pharmacological psycho-social intervention implemented in the form of intensive reminiscence therapy on selected indicators of health status and quality of life of patients and compare them with the control group´s results of patients hospitalized in the same department, who didn´t undergo the intervention.

**Design**

Previous research on the effectiveness of reminiscence therapy has been connected with serious methodological limitations. Randomized controlled trials were either small or of poor quality and examined different types of reminiscence work. (Woods, Orrell, Bruce et al., 2016). From the practical reason a quasi-experimental research design was employed in this study (Campbell, Stanley, 1963:47–50; Price, Jhangiani et al., 2017:150–151). The used nonequivalent control group pretest/posttest design enables measurement of dependent variables in one group of participants before and after the intervention, and to measure the same dependent variables at pre-test and post-test in another nonequivalent control group that does not receive the intervention. While the nonequivalent control group has characteristics similar to the intervention group, the participants were not randomly assigned to this group because it was not possible to do so under the condition of the hospital setting. The more similar the experimental and the control group are in their recruitment, and the more this similarity is confirmed by the scores on the pretest, the more effective this control becomes. The advantage of this design is that the scores measured before and after the intervention in a group that received the intervention can be compared with the same scores measured in a nonequivalent control group that did not receive the intervention. This

design demonstrates that the intervention might be associated with differences between groups and not that the intervention caused these differences. The selection differences between groups can explain the results in this design. Advantages of the quasi-experimental design include greater external validity (more like real-world conditions) and feasibility, while there is a disadvantage of this design that not as many variables may be controlled (fewer causal claims).

**Intervention**

The process of intensive reminiscence therapy was comprised of two equally important parts.

Group reminiscence took place twice a week for the period of 6 weeks in the form of approximately 45-minute group sessions based on the patients´ memories of important life events as well as everyday experiences from the past. The conversation and all activities were related to various reminiscence topics. The group consisted of 6–8 patients who met in a separate, especially adapted room equipped with reminiscence aids (photographs, old utility items, school supplies, music recordings, old films, books). There was also a laptop and internet connection to find and screen old movies and songs. The intervention (reminiscence) group was open, and hospitalized patients enrolled in the group continuously — they

entered it and after 6 weeks left. The open reminiscence group lasted for 8 months, the length to complete the whole intervened sample of 100 respondents. The ritual of welcoming newcomers and saying goodbye to the departing members was a part of each meeting. Every meeting had its specific topic given and carefully prepared in advance. The topics discussed at the group sessions covered well-known, positively perceived life experiences of participating patients. Memories related to the important life periods (childhood, the place, where I come from, my name, school years, first love, wedding, birth of children, choice of profession), culture life (loved music, theatre, cinema, favorite actors/actresses, singers), annual cycle (Christmas, Easter, birthdays, public holidays), work and leisure (games and hobbies, playing musical instruments, sports, handicrafts).

In parallel, individual reminiscence activities were carried out with each member of the intervention group. They were run three times a week for a period of 6 weeks, either in the patient's room or during some of the individual nursing procedures like rehabilitation, food delivery, and as part of the individual activation program. The conversation with the patient continued the topics of group meetings or was inspired by a small reminiscence trigger (old photographs, postcards, shells, stones, beads, a ball of wool, sharpener, compass, flower or a hop cone, etc.) and based on elements of a life story captured in the patient's history (place of birth, place of residence, employment, relatives) from visitors or from the patient's narrative (encouraged by open questions like "What are you proud of in your life?", "What do you like to talk about with your grandchildren? What did you like to do in your life?"). Items on patient tables, photographs, magazines, and drawings of grandchildren were also an incentive ("Did you also like to draw?").

Verbal reminiscing could be replaced by creative reminiscence activity, such as crocheting, drawing memories, pantomime, or undemanding dramatization of memories (role-playing). For this purpose, a large art workshop took place every three weeks at the geriatric department, which lasted for an hour. The production of organza flowers awakened patients' memories of balls and dancing, the creation of collages was linked to the theme of cooking and food, and the coloring of black and white photographs from fashion magazines supported the memories of dressing. Old people liked to donate their reminiscence items to their relatives. Each member of the intervention group participated twice in this art workshop.

The group reminiscence was provided by the certified reminiscence assistants, graduated from the International training program guaranteed by the European Reminiscence Network. Individual reminiscence was led by activation nurses employed at the geriatric department, who received a short training in reminiscence work. All of them had extensive experience in establishing contacts with older patients, creating a safe environment, establishing trust and support, having experience in active empathetic listening and motivating patients to interest and activity. The assistants acted

naturally, individually and creatively during each intervention with regard to the health condition of patients. During the project, reminiscence assistants underwent regular supervision, whereby experience was also exchanged, and mutual inspiration and procedure unification was realized.

**Sample of respondents and their socio-demographic characteristics**

The research sample consisted of 200 patients hospitalized at the geriatric department of the Thomayer Hospital in Prague who met the selection criteria given by age (> 65) and health status (ability to establish contact with the environment, ability to move at least on a wheelchair, absence of terminal stage). The sample of respondents was divided into two sub-groups, intervention (N = 100) and control (N = 100). The participants were not randomly assigned because it was not possible to do so under the condition of the hospital setting. But it is possible to say that the nonequivalent control group had characteristics similar to the intervention group. According to the statistical assessment, both sub-groups were comparable in most of the input demographic parameters (Table 1).

The average age was 83.5 years, ranging from 61 to 95 years. There were 74% of women and 26% men in the sample, 72% of them had moderate and severe dementia (MoCA test values ≤ 19). Basic education was found in 20% of respondents, secondary education in 66% and university education in 14% of respondents. There were 75% of those who lived alone, either widowed or divorced. 25% of respondents were married or lived with a partner. In 66% of cases, patients came to the hospital from their own apartments. Only 8% lived in the household with somebody who was caring for them, and 26% of the sample lived in a caring institution. In recent times 70% of respondents have been hospitalized repeatedly. In the control group the number of patients hospitalized repeatedly was significantly higher (83%) in comparison with the intervention group. Two thirds of respondents evaluated their health before the intervention as bad or very bad. Patients in the control group felt bad or very bad significantly more often. Details are provided in Table 1.

Table 1: Pre-test socio-demographic characteristics of the sample

| Characteristics | Intervention N = 100 (%) | Control N = 100 (%) | Total N=200 (%) | Significance of difference „p" |
|---|---|---|---|---|
| **Sex** | | | | |
| Men | 28 (28) | 24 (24) | 52 (26) | NS* |
| Women | 72 (72) | 76 (76) | 148 (74) | |
| **Age** | 83.5 | 83.6 | 83.5 | NS* |
| **Education** | | | | |
| Primary | 17 (17) | 23 (23) | 40 (20) | |
| Secondary | 71 (71) | 61 (61) | 132 (66) | NS* |
| University | 12 (12) | 16(16) | 28 (14) | |
| **Marital status** | | | | |
| Alone | 79 (79) | 71 (71) | 150 (75) | NS* |
| In pair | 21 (21) | 29 (29) | 50 (25) | |
| **Residence** | | | | |

| | | | | |
|---|---|---|---|---|
| Own flat | 71 (71) | 62 (62) | 133 (66) | NS* |
| At daughter's/son's etc. | 7 (7) | 8 (8) | 15 (8) | |
| Nursing home | 22 (22) | 30 (30) | 52 (26) | |
| **Hospital stay** | | | | |
| First hospitalization | 6 (6) | 0 (0) | 6 (3) | In control group more often repeatedly hospitalized (p<0,001) |
| 2-3 times in life | 29 (29) | 14 (14) | 43 (21) | |
| Repeatedly recently | 56 (56) | 83 (83) | 139 (70) | |
| Often during life | 8 (8) | 3 (3) | 11 (5) | |
| Bedridden | 1 (1) | 0 (0) | 1 (1) | |
| **Subjective health status before intervention** | | | | |
| Very good | 4 (4) | 0 (0) | 4 (2) | In control group worse subjective health status (p<0,001) |
| Satisfying | 11 (11) | 0 (0) | 11 (6) | |
| Not well, quite limited | 31 (31) | 22 (22) | 53 (26) | |
| I do not feel well | 40 (40) | 61 (61) | 101 (50) | |
| Very poor | 14 (14) | 17 (17) | 31 (16) | |

*\* NS = difference is not significant*

The members of the control group were not informed about the reminiscence intervention, patients in this group went through standard therapeutic and rehabilitation procedures and agreed with monitoring the impact of hospitalization on the indicators of their quality of life and their health status. The members of the intervention group received an information sheet and gave their consent to use reminiscence therapy.

**METHODS OF DATA COLLECTION**

In both groups, data were collected using several standardized questionnaires applied in two phases – pre-intervention and post-intervention (in the control group with a time interval corresponding to the length of intervention in the experimental group, i.e. 6 weeks). In addition to questions aimed at assessing subjective health status and basic socio-demographic characteristics, standardized tests were used to measure self-sufficiency, depression, cognitive functions and quality of life.

A shortened version of the **Yesavage Geriatric Depression Scale** (GDS) was used to assess depression, where a lower score means better outcome (0–5 normal emotion, 6–10 mild depression, 11 or more manifest depression).

**Berthel ADL (activities of daily living) scale** was used to assess the individual´s ability to perform activities of daily living independently, where the lower score the higher degree of dependence (0–40 = high dependence, 45–60 = medium dependence, 65–95 = moderate dependence, 100 = independence).

Cognitive functions were evaluated by the **MoCA test – Montreal Cognitive Assessment**. Input values of the MoCA screening ranged from 6 to 30 points according to the entry criteria. In our research the sample was divided into three subgroups - severe dementia (score ≤ 11), moderate dementia (12–19) and mild or no signs of dementia (20–30).

**The WHOQOL-BREF** questionnaire was used to assess the quality of life of patients. It contained 26 items covering 4 domains: **physical health, experience, social relations and environment.** In the experience domain, there was an item inquiring about the meaning of life and two items evaluating overall quality of life and overall health. Patients had a 5-degree scale on which to express their answer.

The questionnaire and tests were completed by respondents with the help of trained interviewers, geriatric clinic´s activation nurses, who also provided individual reminiscence intervention. The tests were applied in the form of a structured interview, carefully and with shorter or longer breaks, depending on the respondent's tiredness and their ability to concentrate.

**Data analysis**
All measured values were input in MS Excel for electronic processing purposes. Data were processed by statistical methods to evaluate the significance of the differences between intervention and control groups and between the pre- and post-intervention status. BMDP and MedCalc programs were used for statistical evaluation. The significance of the observed differences was tested using a two-sample t-test, a paired t-test in groups, a chi-square test, and an analysis of variance with repeated measurements and grouping variable (intervention vs. control). The significance level of the tests $p < 0.05$ was considered statistically significant.

**RESULTS**

The results indicated a positive effect of the reminiscence therapy on all areas of quality of life and on health status of the patients in the intervention group. Analysis of variance with repeated measurements and grouping variables showed statistically significant differences between the intervention and the control groups in the measured values before and after the intervention ($p < 0.001$).

**Subjective health status** was investigated through the question "If you were to describe your current health status through the school grading, how would you evaluate it?" Respondents had an opportunity to mark their health status on the following scale: 1 – very good, my health is returning to the original state, I am looking forward to the discharge from the hospital; 2 – quite good, satisfying; 3 – not so good, my health limits me quite a bit, I´m worried about my health; 4 – I feel unwell, I'm weak, I don't like eating, I am in pain, there is nothing to amuse me; 5 – I´m very bad overall, not good at all. The average assessment of subjective health in the intervention and control groups is shown in Graph 1.

Graph 1: Subjective health status Graph 2: Cognitive function (MoCA)
 (1 – best, 5 – worst) (average values in the test)

The baseline condition prior to intervention was significantly worse in the control group in
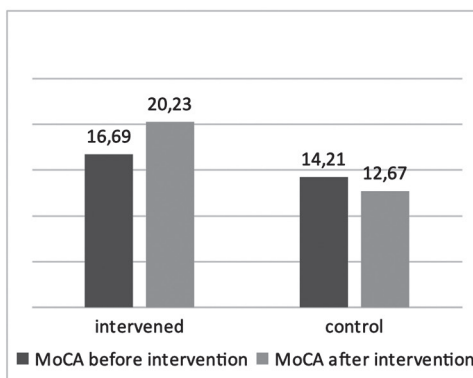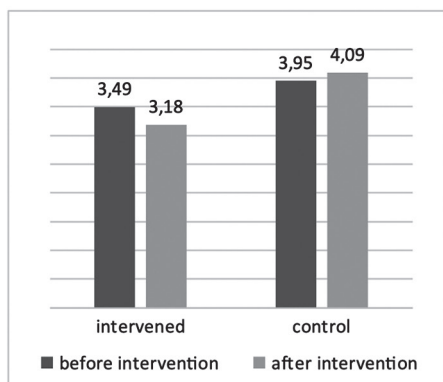


comparison with the intervention group, both in terms of subjective health and measured MoCA values. This ratio remained the same after the six-week intervention, but the difference increased

to the control group´s disadvantage. In contrast, the intervention group, which underwent an intensive reminiscence program, showed a significant improvement in subjective health as well as in MoCA test results.

The proportion of patients with poor assessment of their health status before intervention was 78% in the control group, while only 54% in the intervention group. Analysis of variance showed that, after the six-week hospital stay, the subjective health status improved significantly in the intervention group, which was statistically significant (p<0.000), while the subjective health status even slightly worsened in the control group. After intervention, 81% of patients in the control group reported that their health was poor or very poor, whereas in the intervention group only 39% declared such a bad health condition.

Table 2: Average measured MoCA, GDS and ADL scores in the intervention and control groups

| | Intervened | | Control | | Significance of differences between groups before / after intervention |
|---|---|---|---|---|---|
| | Before intervention | After intervention | Before intervention | After intervention | |
| **MoCA** | 16.7 | 20.2 | 14.2 | 12.7 | NS*/significant (p<0.001) |
| **GDS** | 7.6 | 4.1 | 5.9 | 5.4 | significant / significant (p<0,001)/ p<0.001) |
| **ADL** | 32.8 | 60.7 | 24.0 | 27.9 | significant / significant (p<0.05/p<0.001) |

*NS – not significant*

**Cognitive functions** were measured using the MoCA test - Montreal Cognitive Assessment, where the higher the score on the 30-point scale the better cognitive status. Scoring 19 and less indicated dementia that occurred in 70% of hospitalized patients prior to the start of the reminiscence program. In the control group it was 73%, while in the intervention group only 66%, but the difference was not significant. At the end of the program, in the control group there were 80% of people with moderate and severe dementia, while only 40% in the intervention group. This final difference was statistically highly significant (p<0,001).

The average MoCA test value prior to reminiscence was 16.7 for the intervention group and 14.2 for the control group. This difference was statistically significant before the intervention but deepened after the intervention. While in the intervention group the mean score increased and came close to the level of mild cognitive impairment (20.2), in the control group without reminiscence therapy the cognitive function deteriorated to the mean score of 12.7 points after 6 weeks of hospitalization. While patients in the intervention group improved significantly in cognitive functions due to the use of reminiscence techniques (p<0.001), patients in the control group worsened significantly (p<0.01).

It is also important to note that in the subgroup of 20 persons with severe dementia (11 points or less in MoCA) out of the intervention group, 13 improved after intervention (65%), and in the subgroup of moderate dementia (12–19 points), 25 out of 46 persons improved (54%). None of the patients who got the opportunity to undergo reminiscence therapy deteriorated in the values of the cognitive test.

In the subgroup of 32 patients with severe dementia in the control group, after six-week hospitalization the results didn't improve in any case. In the subgroup of 41 persons with moderate dementia, the results worsened in 8 of them, and in those with mild or no signs of dementia (N=68) worsening appeared in 9 of them.

**Depression.** Prior to the start of the reminiscence program, the intervention group showed slightly worse results in depression indicators (GDS = 7.6 points) than in the control group (5.9

points), and this difference was statistically significant. During hospitalization, the average GDS score decreased in both groups, the difference remained at a statistically significant level, but the reduction of depression was significantly more expressed in the intervention group than in the control group. Therefore, we assume that the effect of reminiscence therapy was observable, but depression could also be influenced by other factors that affected the mental condition of patients in both groups. The improvement could be due to gradual adaptation to the hospital environment or effective pharmacotherapy. At the end of the reminiscence program, i.e., after 6 weeks hospitalization, improvement in both groups was statistically significant, in the intervention group it decreased by 3.5 points (p<0.001), but in the control group only by 0.5 points (p<0.01).

**Self-sufficiency**. The mean ADL score at baseline was significantly worse in the non-intervention group (24.0 points) than in the intervention group (32.8 points), and this difference was statistically significant. The difference between the two groups increased significantly after the intervention, mainly due to a significant improvement in ADL scores in the reminiscent program group, where patients moved from high dependence to moderate dependence (60.7 points), while patients from the questionnaire evaluates 4 areas (domains) of quality of life:
- The "health" domain includes questions about pain, medical care, energy, moving, sleeping, daily life activities, satisfaction with job performance and meaning of life.

The "experiencing" domain includes questions about the life pleasures, meaning of life, concentration, acceptance of physical appearance, self-satisfaction, negative feelings such as annoyance, hopelessness, anxietycontrol group after the six-week stay in hospital didn't exceed the limit of severe dependence in the average evaluation. (Table 2).

**Quality of life**. The WHOQOL-BREF
- , and depression.
- The "social relations" domain asks questions about satisfaction with personal relationships, sexual life and social support.
- The "environment" domain refers to a sense of security, living conditions and health environment of the person, their finances, access to information, hobbies, accessibility to health care and satisfaction with transportation.

The results show the positive impact of reminiscence therapy on all areas of quality of life.

The results for the individual domains of quality of life measured before the intervention were comparable for both groups, there was no statistically significant difference between the intervened and the control groups in any of the domains except for social relations, which showed a worse result in the control group. At the end of the reminiscence therapy significant differences were found between the groups in all domains (Graph 3).

Graph 3: Average values in WHOQOL-OLD domains of quality of life
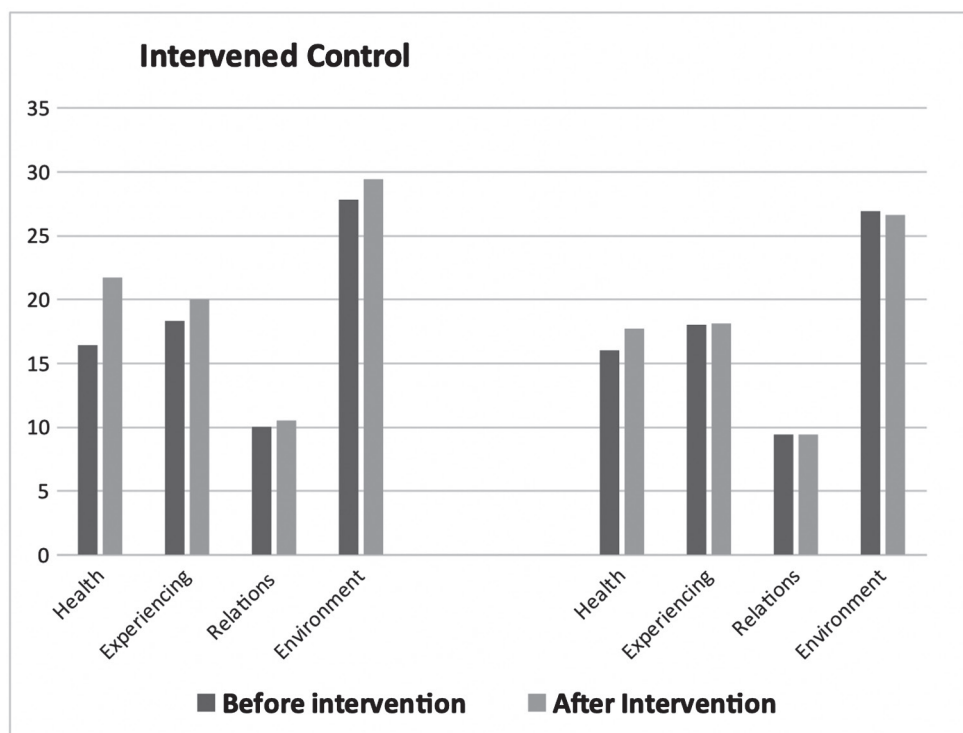


The most significant difference (at the level p<0.001) was in the first domain (health, pain reduction, higher mobility and activity). Significant improvement was found in both groups, but in the intervention group this improvement was more pronounced.

In the second domain (experiencing), the results improved in the intervention group, while there was no shift in the control group. At the end of the intervention, the difference between the groups was statistically significant (p<0.001). In this domain, due to engaging reminiscence therapy the patients from the intervention group could gain a new perspective on the meaning of life, self-experiencing, and could also have fewer illness-related feelings.

The third domain (social relations) was also significantly influenced by reminiscence. Even before the intervention, the difference between the groups was statistically significant. Due to the improvement in the intervention group the difference in this area increased (at the level of p<0.001)

The fourth domain (environment) gained higher ranking in the intervention group due to reminiscence activities, while there was no change in the control group in this area. As a result, the difference in this area between groups at the end of the intervention was statistically significant at p<0.001.

**SUMMARY**

Before the intervention the patients assigned to the control group showed significantly worse results in some indicators in comparison with the intervention group (in the MoCA and ADL scores). This difference can be explained by the fact that the patients who had better inclinations to cooperate in reminiscence activities (they had better contact, were more communicative, felt

healthier) were more often enrolled into the intervention group (before the tests were applied). Although the majority of patients in the control group were recruited from those parts of the geriatric department where reminiscence had not occurred at all, this group was partially supplemented also by patients from the department where reminiscence therapy was in progress. Some of the 'remaining' patients, who were not chosen for the intervention group, became members of the control group.

In contrast, in the GDS scale, the respondents from the intervention group initially had slightly worse results, and the control group was better. The difference was statistically significant. However, after the reminiscence there was a significant reduction in depression in the intervention group compared to the control group, where depression level also decreased, but only slightly. Therefore, in this parameter the difference between the two groups gained statistical significance, but to the detriment of the control group.

Subjective health was initially worse in the control group, and during 6 weeks of hospitalization it even deteriorated. On the other hand, at the end of the reminiscence program subjective health significantly improved in the intervention group. The difference between the two groups became significant.

Pre- and post-intervention difference in all domains of quality of life was also statistically significant in the intervention group, while the improvement in the control group was just slight or none.

In all tested variables, there was a significant improvement in the intervention group due to six-week reminiscence therapy (Table 3). Over the same period, some parameters improved in the control group, but to a much lesser extent. There was a slight improvement in the depression score, in activities of daily living, and in the health domain of quality of life (Table 3). In other areas of quality of life there was no change in the control group. Regarding subjectively perceived health and cognitive functions, during the six-week hospital stay there was actually a slight but statistically significant deterioration in the control group, which was without any reminiscence therapy.

Table 3: Comparison of measured values of the given variables before and after intervention (reminiscence therapy) in the intervention and control groups

| Variable | Intervention (N=100) | | Control (N=100) | |
|---|---|---|---|---|
| Subjective health status | Improvement (decreased avg. value of 0.31) | Significant (p<0.001) | Deterioration (increased avg. value of 0.14 | Significant (p<0.01) |
| MoCA – cognition | Increase of 3.5 points | Significant (p<0.,001) | Reduction of 1.5 points | Significant (p<0.001) |
| GDS – depression | Reduction of 3.5 points | Significant (p<0.001) | Reduction of 0.5 point | Significant (p<0.05) |
| ADL – activities | Increase of 28 points | Significant (p<0.001) | Increase of 4 points | Significant (p<0.01) |
| QOL – health | Increase of 5.3 points | Significant (p<0.001) | Increase of 1.7 points | Significant (p<0.001) |
| QOL – experiencing | Increase of 1.7 points | Significant (p<0.001) | Increase of 0.1 point | NS* |
| QOL – relations | Increase of 0.5 points | Significant (p<0.001). | Unchanged | NS* |
| QOL – environment | Increase of 1.6 points | Significant (p<0.001) | Decrease of 0.3 points | NS* |

*NS – not significant*

## DISCUSSION

The influence of reminiscence on the older adults´ health status and quality of life has been studied since the 1980s. According to the older review studies, this effect has not been clearly demonstrated and depends on a number of factors, including the reminiscence method used, the personality of the participant, and the study design (Janečková et al., 2008; Woods, Orrell, Bruce et al., 2016). The therapeutic effects of reminiscence intervention on geriatric patients were attributed more to positive relationships and social contacts than to the intervention itself and were more likely to be recognized using qualitative methods of assessment. These showed that during reminiscence, people had the opportunity to express themselves and communicate with high emotional drive, they appreciated relaxed atmosphere and safe environment, and they enjoyed the possibility to tell stories from their lives. They could encounter the warmth, listening, and empathy of reminiscence assistants, therefore contributing to releasing emotions and restraints (Fry, 1983:33). Also, our previous research in its qualitative part (Janečková et al., 2008) brought similar results. Participants of the reminiscence program expressed their satisfaction. They liked contact with new people, interesting topics, variety of program, skillful assistants, friendly chats, storytelling, and memories of old times. In another study we observed satisfaction in the faces of people with dementia. In conversation they expressed hope, that the meetings would continue, they nearly did not want to leave the room where the reminiscence session took place. Their fears and dependency weakened. The biggest changes were observed in their verbal and nonverbal communication. The family members agreed that it was caused by the specific atmosphere and stimulating milieu of the meetings, the feeling of safety, belonging and friendship. (Janečková, 2014:69). Finally, the qualitative assessment based on 11 weeks observations, reflective sessions, 26 interviews, written reflections, and workshops with participants of reminiscence sessions, conducted by Woodhead and brought the experience that stimulation of memories and making something coherent and recognizable from them which had shape and purpose, together with songs, poems, action, smells, tastes and other props created the base of the validating interactions. The participants than said that they felt validated and respected, that their experiences were celebrated, and their contributions valued, that they felt important and appreciated. The memories emerged due to the participation in a creative reminiscence group, they were welcomed and had opportunities to meet other people (Woodhead, 2017).

Based on their meta-analysis of 128 controlled studies conducted in 2011, Pinquart and Forstmeier concluded that reminiscence interventions affected more or less favorably a number of variables, such as depression, ego integrity, sense of life, well-being, social integration, control and cognitive performance. The meta-analysis showed that influencing depressive symptoms was more pronounced in people with depression and chronic disease (Pinquart, Forstmeier, 2012:548). This was also confirmed by our present research results, in which depression in both groups decreased significantly after six weeks hospitalization, however, the decrease in the intervention group was more marked (Table 2 and Table 3). Similarly, there was an improvement in all areas of quality of life, in cognitive functions and activities of daily living. Subjective health was also improved due to reminiscence therapy (Table 3). Our study also confirms Robert Butler's theory that reminiscence is a useful tool for one's own life acceptance (Butler, 1963). In our case, it contributed to accepting the difficult life situation, which was long-term hospitalization. Reminiscence is definitely "a worthwhile intervention that should be offered to older adults and other persons who are interested in remembering the past, reviewing their lives, and finding ego-integrity" (Pinquart, Forstmeier, 2012:548). Our results show that patients in hospitals are also concerned.

Our current research project follows the extensive survey conducted by the Gerontological Centre in Prague in 2005–2007, which focused on the impact of reminiscence therapy on the quality of life and health of older adults living in institutions. In the sample of 203 respondents divided into intervention and control groups, health and quality of life indicators were measured before and after

intervention. It was shown that people with dementia had the highest benefit from reminiscence (Janečková et al., 2008). Our current research at the Department of Geriatric Medicine of Thomayer Hospital in Prague fully confirmed this trend. In the sample of 200 respondents where 70% had moderate or severe dementia, there was a significant increase in the MoCA score in the the members of the intervention group and decrease in those from control group (see Table 3). The previously established assumption (Janečková et al, 2008) that reminiscence is more beneficial to people with deeper cognitive deficits was confirmed. In the sub-group of people with severe dementia, the outcome in the MoCA test improved in 65% of subjects who received reminiscence therapy. In the sub-group with moderate dementia (MoCA test scores ranging from 12 to 19 points) it was in 54% of them. None of the participants worsened during the period of reminiscence intervention, unlike the control group, where the cognitive status worsened in 17 patients.

In our sample the quality of life in the environment domain increased in the intervention group (see Table 3), while in the sample of Gerontological Centre this parameter worsened. This may reflect a time gap of more than 10 years and a different state of the environment in the institutions for older adults at that time, and in today's hospital, which can combine a high standard of health care with the use of reminiscence therapy and patients´ activation.

A comprehensive study by Siverová and Bužgová (2016) noted that reminiscence hasn't yet been applied in the Czech healthcare system. However, in their latest work (Siverová, Bužgová, 2018), the authors present their research results, which examined the effect of group narrative reminiscence on cognition, quality of life, depression and attitudes to old age in people with dementia in institutional care. The results of this research support our findings on the positive effect of reminiscence therapy on the quality of life and on the reduction of the depression symptoms. However, there is a discrepancy in conclusions regarding the impact of reminiscence on cognitive functions. The authors' conclusion on the insufficiently apparent effect of reminiscence in the field of cognition is in contradiction to the results suggested by our study, which were also found in the previous research of the Gerontological Centre (Janečková et al., 2008). Therefore, it will be necessary to pay further attention to the impact of reminiscence therapy on cognitive functions and to assess in particular the co-effects of other factors such as activation, stimulation, mobility support, memory training, social inclusion, reminiscence facilitator´s personality and others.

Although, according to Siverová and Bužgová (2016), foreign studies do not provide convincing evidence of the overall positive impact of reminiscence therapy on the quality of life of people with dementia, these authors emphasize its positive impact on enhancing communication, improving relationships and enhancing the mental condition of the older adults during the health care provision.

**STUDY LIMITATIONS**

The patients in the control group were offered an intensive reminiscence program to study its impact on their health status, cognition, depression, activities of daily living, and quality of life. The hospital setting limited the framework of intervention. The arrangement of the reminiscence program had its structure and intensity, but it had to comply with everyday conditions of the long-term hospital. Therapeutical and nursing procedures had to be taken into account, but it was possible and even welcome to conduct individual reminiscence activities during some nursing and rehabilitation procedures. The space for the testing of patients before and after the intervention had to be sufficient, and their health condition, fatigue and mood had to be respected.

The hospital setting also limited the study design as the participant could not be randomly assigned to the intervention and control sub-groups. The recruitment of the members of the nonequivalent control was partly influenced by the level of their ability to collaborate in reminiscence activities, which might explain their worse baselines scores in comparison with the intervention group. The

used statistical methods enabled taking of this disproportion into account and compare the pretest and posttest scores of both goups to evaluate the difference.

**CONCLUSION**

Reminiscence therapy and related activities can be considered significant psychosocial non-pharmacological intervention that can contribute significantly to improving the quality of life of older adults, particularly by the weakening of the social consequences of the illness, especially dementia, and by returning to people their lost human dignity and place in society ( Janečková, Vacková, 2010:36; Olazarán et al., 2010; Hudeček et al., 2011).

A long-term hospital stay comprises a great risk for older adults of deterioration of their overall health, despite the presence of medical staff and the availability of various diagnostic and therapeutic procedures. What hospitalized older adults start to lose very quickly is the meaning of life, self-esteem, energy, subjectively perceived health.

In our conditions, the research carried out at the Thomayer Hospital in Prague is among the pioneering. It clearly demonstrated that reminiscence therapy as an easily-accessible non-pharmacological intervention has a positive effect on the health status and quality of life of long-term hospitalized older adults. It contributes significantly to improving self-sufficiency, cognitive functions, quality of life, depression and subjective health. Its application in the process of hospital care for older adults could contribute considerably to the greater efficiency of the whole therapeutical process at this age group.

The integration of older patients into the reminiscence groups during their long-term hospital stay can bring them the experience of life satisfaction and alleviate their loneliness, hopelessness, depression and pain. It can bring the opportunity to communicate with other participants of the reminiscence sessions and share their life experiences and topics, entertain and create. Individual work with memories enables patients to tell their stories, confide their difficult memories to the reminiscence assistant, and boast what they have achieved in their lives. The creative dimension of reminiscence is also appreciated by the families of the patients who then collaborate better with the hospital staff. The words of the dismissed patients like "I will have good memories of the hospital" belong to the rewards for the staff at the geriatric department. For a more comprehensive understanding of the impact of reminiscence therapy applied during the long-term hospitalization of older adults on their physical and mental health, on their adaptation in the hospital and on their health condition at the moment of the discharge from the hospital, qualitative research would be useful.

**Supplement on the use of reminiscence in hospital social work**

Social workers (or health-and-social workers) play an essential role in hospital care as members of multidisciplinary teams especially in the field of long-term care and palliative care, where a wholistic, and person-centered approach is necessary. Social work in a hospital is connected with psycho-social support and with the safe discharge of risk patients from the hospital. They are employed with the assurance of follow-up social care in a community and assure connection between medical and social care. They communicate with patients, assess their needs, subjective health status, activity limitations, and danger of social exclusion. They are responsible for the solution of social problems of patients and provide them as much support as possible. They closely collaborate with families on the discharge planning and attending to the dying people, provide them support during bereavement.

Our results showed great potential of reminiscence to improve quality of life and subjective health status of patients during their stay in hospital. Another study confirmed that patients in palliative care search for identity an found the biographical intervention helpful and beneficial (Hesse, Forstmeier, 2019). Orientation of the social worker in the whole life of a patient, understanding

the biography, knowledge of important events of his/her life, unfulfilled dreams und expectations, career, successes and defeats, pleasures and prides, place in the family relations etc. create the base of mutual trust and planning the way of support. This biographical information can also contribute to the solution of the health and social situation of the patients. Moreover, the range of reminiscence methods and techniques offers effective communication tools during short reminiscence interventions and conversations with patients, purposeful free time activities, memory training, group sessions and entertainment during a hospital stay. Cooperation of social workers on these programs for long-term care patients can contribute to the improvement of their subjective health status, retain a sense of self-worth, prevent cognitive deterioration and improve their well-being.

**Statement on the ethical aspects of the research**
The informed consent form, patient rights, dignity and safety of human beings included in the research sample were assessed by the Ethics Committee of the Institute for Clinical and Experimental Medicine and Thomayer Hospital, Prague. The project was approved as a whole on May 15, 2018, ref. no. G-18-12.

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# Social Construction of Social Work in Domiciliary Care Service

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Kvetoslava Repková[1] is a senior researcher of the Institute for Labour and Family Research in Bratislava and external university teacher at the Faculty of Arts, Presov University in Presov. Her research work is focused mainly on disability studies and issues on long-term care services. In recent years her research interest is very intensively focused on quality in social services issues, mainly from perspective of roles the social work plays in this interventional area.

**Abstract**

OBJECTIVES: This paper aims for an in-depth examination of how social work is constructed in domiciliary care service (DCS) through reflexions and expectations of its actors. THEORETICAL BASE: The research is based upon the Payne´s social-constructivist interpretation of social work in the field of social services in combination with concept of the home care. METHODS: Analysis of relevant documents in combination with data obtained from semi-structured interviews with municipal social services managers, social workers, and care workers is conducted in order to study how social work is constructed in the practice of two DCS public providers. OUTCOMES: Social work in DCS may be constructed as DCS coordination; it consists of a lot of sub-roles and tasks, but which are not always performed by persons formally qualified for social work. Managements recognise, at least declaratorily, professional preparedness of social workers to perform the DCS coordination, but care workers describe their roles as being rather administrative. SOCIAL WORK IMPLICATIONS: Social work has the potential to contribute to the effective DCS coordination, but this potential is not fully applied due to current position of DCS in the system of social services as well as some legal conditions in this field.

**Keywords**

social services, domiciliary care service, social work, social construction

## INTRODUCTION

Care provided at home, respectively in the wider community-based environment, is currently considered an important socio-political priority in the provision of long-term care for care-dependent persons, especially the elderly, not only in Slovakia, but also in the wider European area (European Experts Group, 2012). This priority is derived from commitments to respect human rights, freedoms, and needs of the target groups (e.g. in accordance with the UN Convention on the Rights of Persons with Disabilities), it reflects structural changes in the family institution as of a traditional caregiver (Triantafillou et al., 2010) and a creator of the care quality standards (Pfau-Effinger, Rostgaard, 2011), all in the context of demographic changes and the needs for building sustainable societies for people of all ages.

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In the National Priorities for the Development of Social Services for Period 2015–2020 in Slovakia (MPSVR SR, 2014) some discrepancies were identified with regards to the needs of target groups and communities on one side, and availability of field and community based social services, especially of the domiciliary care service, on another side. Therefore, a request for extension of the community based social services and professional activities provided for care-dependent persons in their natural settings was addressed.

The domiciliary care service (hereinafter "DCS") is a pivotal kind of the community based social service for care-dependent persons. In Slovak legislation (The Act No. 448/2008 Coll. on Social Services, as amended; hereinafter "Act"), it is defined as a kind of field-based social service for care-dependent persons, which is provided in their natural settings (primarily in their dwellings). An objective of DCS is to provide care-dependent persons with the practical help and support of care workers (opatrovateľ) to exercise their activities of daily living, keep their households, as well as exercise their social contacts. DCS should also include engagements of social workers built upon at least three legal pillars as set in the Act. *Firstly,* as per Section 2 of the Act, any kind of social service (including DCS) is provided mainly through social work and procedures corresponding to the latest knowledge of the social sciences. *Secondly,* Section 40 of the Act sets up a legal condition under which DCS can only be granted to a person who, according to the formally established criteria, is dependent on an assistance of another person at least in level II. And, as per Section 50 of the Act, only qualified social workers have formal competence to assess the dependency. *Thirdly,* as stated in Section 19 of the Act, basic social counselling is recognised to be a part of each kind of social service. It should be preferably performed by professionals with formal qualification in the field of social work, especially when specialized social counselling is provided as per Section 84 of the Act.

Although there are some legal and professional rules for anchoring position of social work in DCS in Slovakia, its status remains still unclear, the idea of what social workers in DCS should do is not yet formalised or recognised (Repková, 2018). DCS is still perceived almost exclusively as a direct practical care (help and/or support) provided to a care-dependent person by care workers. Even if the involvement of social workers is expected, then it is rather one-off, in the process of initial assessment of a person´s level of dependency on a social service as a legal condition for provision of DCS. Other coordinating activities within DCS may be performed by workers with other professional backgrounds, as for the purposes of registration (accreditation), the DCS provider must prove its professional competence to perform DCS, through a person who has received second-degree education, but without any further specification as per Section 63 of the Act. This may weaken the effort to enhance the position of social work, respectively social workers in DCS. They are often entrusted with tasks related to DCS administration or other administrative tasks related to the diverse public competencies of cities and municipalities. The non-public DCS providers, mainly those with low-capacity, do not always engage social workers (ibid.).

Weakening efforts for enhancing the position of social work within DCS is also evident from available national social statistics. It does not provide data on a number of social workers operating at DCS providers, in contrast to the residential social care services, where such monitoring is provided regularly (MPSVR SR, 2019). It can also be interpreted in light of the fact that professional residential care is provided in the long run to a significantly higher number of care-dependent persons than care provided in people´s home environment (e.g., in 2018 the permanent residential care was provided to more than 42,000 persons, while DCS was provided to only ca 16,000 care-dependent persons; Repková, 2020).

Also, in the research area, interest in studying social work in DCS is not as prominent as interest for studying the roles that social workers play in residential social services. While the latter is traditionally associated with an effort linked to deinstitutionalisation and transformation of social services aimed at improving people's quality of life by providing better and professionally provided social services (MPSVR SR, 2014), DCS is generally not perceived and recognised as part of this process (Repková, 2016).

## OBJECTIVE AND RELEVANCE OF THE STUDY

In light of the abovementioned developments, there are several reasons that justify a particular interest in exploring how social work is constructed in DCS, and what roles and tasks social workers play in this particular kind of social service for care-dependent persons. Reasons are of a *political-socio-ideological nature* (Payne, 2014), as the interests focused on the deinstitutionalization and transformation of social services are primarily associated with the environment of large-capacity residential care facilities in Slovakia (Repková, 2016). But the Common European Guidelines on the Transition from Institutional to Community-based Care (European Expert Group, 2012) defines deinstitutionalisation more broadly, referring to a process of developing a range of services in the community, including prevention and elimination of the need for institutional care, and enforcement of the quality of social services. Following such broader meaning, the deinstitutionalisation and transformation should be related to removal of the institutional culture and characteristics that can be present in a wide range of organizations providing various kinds and forms of social services, including DCS organisations. As current practice shows, some institutional characteristics, such as the isolation of users from a wider community; losing control over the users´ lives; and situations when users´ individual needs are subject to the requirements of the service operation, may occur not only in the practice of residential providers, but also in the field and/or outpatient social services for care-dependent persons, including DCS (Kovaľová, Buzala, 2015).

The adverse effects of the narrow interpretation of the deinstitutionalisation and transformation of social services are also reflected in *professional aspects* of how social work is constructed (Payne, 2014). Generally, social work still struggles with an unclear professional identity (Ashley et al., 2017; Musil, 2017). As previous research works indicated, its professional positions remain linked to a whole range of diverse, often transitional professional interests, which social workers encounter in interactions with representatives of diverse groups and actors (Baláž, Musil, 2016). In the field of social services, social work is traditionally associated with those social services that are provided as professionally based care outside the persons´ own household, and social work is predominantly considered as a part of the bureaucratic rationality of such professional care (Pfau-Effinger, Rostgaard, 2011). Users and their families do not always have an idea and information about the complexity of help and support that can be provided to them within DCS in their own dwellings through the involvement of social workers (Mátel, Ondrejková, Šimová, 2017). Lack of relevant information limits them in formulating their own expectations concerning DCS (Repková, 2018), mainly in a case of persons with complex care needs (Kubalčíková, Havlíková, 2015; Dořičáková, 2019). All these circumstances reinforce the professional ambiguity of social work in DCS. Its untapped potential from a user´s perspective described one expert of our previous research, as follows: *"A care-dependent person does not have any other expectation on the service provider than to choose a care-giver and send to his/her home. But for this reason, a person did not know how much he/she would understand, how much he/she would not be afraid of, and that there would be more laughs if someone talked to him/her and provided another perspective from the other side"* (Repková, 2018:108). As a consequence of limited information and experience of the care-dependent persons and their families about the potential of DCS, a tendency to engage so called pseudo-social services into home care, can occur (Dořičáková, 2019).

Ambiguity of social work positions in DCS is reflected also in the *research field*. Study focused on construction of social work in DCS lacks its systematic research tradition and institutionalized research background in Slovakia, which limits interconnections between social work research with broader social work and social policy purposes (Shaw, Holland, 2014). The research on DCS has thus far been narrowly focused on general issues of availability DCS in reflection of the older people and their families (Guráň, 2010) or on experience of public and non-public providers, especially what concerns DCS financing (Mátel, Ondrejková, Šimová, 2017). There has been

a long run absence of research-based incentives for further developments of DCS as an important pillar for applying the concept of aging in place (Sixmith, Sixmith, 2008; Genet et al., 2011; Kubalčíková, Havlíková, 2015), and taking DCS as a part of the deinstitutionalisation strategy, especially from the human rights perspective in social services and improving their quality (SPC, 2010; European Expert Group, 2014).

We started studying the construction of the role of social work in DCS in 2017 through a research focused on opinions of the independent experts addressed to a position and tasks of social work in this special kind of social service (Repková, 2018). We found out that independent experts saw the role of social work in DCS as highly professional activities, especially coordination and methodical support provided to care workers, their control, social assessment of the client´s situation, counselling provided to all DCS actors, harmonisation of needs and ideas of all actors, advocacy, and administrative tasks. In the following qualitative research, we examined in more depth how social work is constructed in ideas and experience of a wider range of actors involved in the DCS, namely local social service managers, DCS providers and their staff. The overall objective of the study is to contribute to further enhancement of knowledge focused on construction of social work in this interventional field.

## RESEARCH

### Theoretical base

The research builds upon two main theoretical pillars. First is the **social-constructivist interpretation of social work in the field of social services**. It draws on Payne's approach (2014) of three arenas on how social work is constructed in the area of social services. One is the political-social-ideological arena, in which social and political debate forms policy that guides social service providers in their purposes and actions. Another is the agency-professional arena, in which relevant actors (providers, representatives of agencies and professional organizations) influence each other about specific roles social work should play. The client-worker-agency arena is the most important, as clients can influence how social work practice is constructed through their relationships and contacts with practitioners (including social workers) in the agency (Payne, 2014).

Another theoretical pillar offers the **concept of home care** as the DSC is considered to be a part of it. Based on a systematic literature review, Genet et al. (2011) defined *home care as "professional care provided at home to adult people with formally assessed needs which includes rehabilitative, supportive and technical nursing care, domestic aid and personal care, as well as respite care provided to informal caregivers. Home care can range from care for persons with complex needs to care for those who only need care occasionally with relatively simple tasks"* (ibid., 2011:2). The concept of home care, which is primarily aimed at defining the scope and nature of activities provided within the home care, is significantly related to another popular concept in current aging policy - "aging in place". This term captures in particular the ideological and value aspects of home care, which is primarily the orientation to remain living in the community, with some level of independence, rather than in institutional care (Wiles et al., 2011). Sixmith, Sixmith (2008) highlight that ageing in place will not only be beneficial for older people in term of their quality of life, but will also be a cost-effective solution in terms of expansion of a very old population.

Caring tasks provided in a person´s household usually range from practical (instrumental) help with household-related tasks, help and support by self-care activities (e.g., washing and bathing, help with getting dressed, providing continence care), monitoring/supervision (in the case of people with dementia) to care management (Cullen, Delaney, Duff, 2004). Rodrigues, Bauer, Leichsenring (2018) described within the home care various nursing tasks - household-related tasks, social care tasks, networking and coordination and working with relatives - which are provided by professionals of various job backgrounds (nurses with a diploma, nursing assistants, certified social carers, home helpers).

Kubalčíková, Havlíková (2015) consider DCS as a pivotal part of the home care with its potential to support elderly persons to age in place. However, it does not cover all activities that should be provided within the complex-based home care. According to the mentioned authors, home care and DCS refer to different meanings in different social service systems, mainly due to distinctions between medical and non-medical social care services. DCS primary covers non-medical aspects of care which are usually provided by relatives, as personal care or routine daily living activities, household work and activities of company, and activities aimed at administrative help (Triantafillou et al., 2010). Such definition also corresponds with DCS definition in the national legislation, while the individual activities are expected to be performed by professional caring staff (care workers). However, representatives of the academic sector, as well as experts in the field of social services, have broader expectations from DCS, e.g. that it will include supporting of changes towards more accessible and better quality of social services provided in the home; that care-dependent persons and their families will be provided with social counselling, preventive activities and education (Dořičáková, 2019); that social workers who operate in DCS will mediate interactions of DCS actors with other relevant social subjects with an aim to provide the care-dependent persons and their families with comprehensive social care and support (Musil, 2017); that they will intervene to reconcile ideas, expectations and sources of users, their families, carers and DCS providers, i.e. that they will be a mediators in the process of planning, provision and evaluating DCS (Repková, 2018). According Skillmark, Oscarsson (2018), that are social workers who should, referring to the nature of their helping profession, perform governance and control in social services as this profession is limited in direct works regarding client outcomes. Therefore, Musil (2017) mentions the "social work in context of social services" rather than "social work in social services" when considers a position of social work in area of social services, including DCS.

**Research methodology and ethical aspects of the research**
The main objective of the qualitative research was to understand how social work is constructed in the DCS environment, i.e. how it is organized and staffed, what tasks social workers perform, and what expectations the DCS actors - local social service managers, social workers – DCS coordinators and care workers, attribute to them. Two DCS providers have been included into the research and correspondingly, two organisational case studies have been elaborated. We approached each DCS provider (organization) as an integrated system within which social work is implemented in a unique and contextually conditioned way (Stake, 1995).

These *research questions* were addressed: How is social work organised and staffed at DCS providers? What do social workers do at DCS providers (what are their roles)? What expectations do the DCS actors have from social workers operating at DCS providers? Whether and how can social work contribute to make DCS a sustainable solution for persons with complex needs at the local level?

For qualitative research purposes different data sources were used that corresponded with application of the organisational case study (Shaw, Holland, 2014). With an aim to examine general conditions for implementing social work in DCS, an analysis of the current community plans of social services of the concerned districts where the examined DCS providers operated, was conducted. Subsequently, a series of *semi-structured interviews* with actors of the examined DCS providers were conducted. In an initial phase of the research cooperation, all interviewed persons were informed about the research objectives, their participation in the interviews was voluntary, and they were informed of the author´s intention to use collected research data for publication in an international scientific journal. All transcriptions of the conducted interviews were authorised by the interviewed persons.[2]

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[2] The study was approved by the Ethical Review Board for Social and Behavioral Sciences at the Faculty of Arts of the Presov University on 5th October 2020.

The *domains for interviews* were set deductively on a basis of the legislative rules for provision of social work in DCS in combination with results of our previous research work (Repková, 2018). The table summarizes frameworks (domains) for interviews with the involved actors.

Table 1: Domains for semi-structured interviews with DCS actors

| Actors | Domains for interviews with DCS actors | Numbers of the interviewed persons | |
|---|---|---|---|
| | | CS1 | CS2 |
| Social service managers at local level | • Planning in social services at local level <br> • Provision information on DCS <br> • Social assessment in social services at local level <br> • Evaluation of DCS <br> • DCS as a sustainable solution for persons in complex needs at local level | 3 | 1 |
| Domains for social workers – DCS coordinators | • Provision information on DCS <br> • First contacts with users and their families <br> • Social assessment in DCS <br> • Contractual procedures in DCS <br> • Management and coordination of DCS <br> • Status and roles of social workers in DCS, cooperation with other actors | 1 | 1 |
| Domains for care workers | • Performing DCS <br> • Solving problems in reference to DCS <br> • Working conditions in DCS, support from the employers´ side <br> • Practical problems in DCS and how to solve them | 2 | 4 |
| Totally | | 6 | 6 |

Legend: CS – case-study

Study of the community plans of social services was carried out in the second half of 2018. The qualitative interviews conducted either individually or in groups (with care workers) were subsequently carried out in the period of December 2018 to February 2020.

**Limitations of the research**

We focused on experience of various DCS actors with an aim to complement our research from the previous period and to overcome its limits (Repková, 2018). However, for several reasons the new qualitative research does not offer any universal picture of the state of social work in DCS (Stake, 1995) in Slovakia. Only a narrow regional coverage, as the research was carried out exclusively in selected district areas of the capital, Bratislava, may be considered as one limit of the research. Conditions for organizing and performing social work in DCS may be diametrically different in other self-governing units, especially in terms of smaller municipalities. It may be considered a limiting fact that both case-studies addressed DCS public providers, while the author´s previous works indicate that the situation may be fundamentally different in the case of non-public providers, probably more complicated. However, the two included DCS public providers had quite different starting positions, which partially offset the absence of a DCS non-public provider in the research. Moreover, at both DCS providers social work was carried out in the project mode, in which research findings can differ from common non-project practice. Finally, our original ambition to also involve representatives of DCS users into the research was only partially met due to constraints aimed to prevent spread of the COVID-19 infection. Interviews were conducted with only three DCS users of one participating DCS provider, which was why the data were not included in the final elaboration. That limited our focus on construction of social work in DCS from the client-worker-agency point of view, as was originally suggested by Payne (2014).

The use of organisational case study is not appropriate for the generation of cross contextual and/or cross organisational findings related to the role of social work in DCS (Shaw, Holland, 2014). This was not an aim of this research.

**RESEARCH RESULTS**

Main research results are presented as two case studies and follow the research questions.

**Case study 1**

In terms of population, the first provider operated in the second largest part of the capital, Bratislava with a total of almost 75,000 inhabitants, of whom more than 25% are people of retirement age, and 6% are people with severe disabilities, most often aged 70+. DSC is provided in the referred city area by one public and four non-public providers. In the qualitative research, the public DCS provider who operates as an independent organisational unit of the public residential care facility for the elderly, took part. In 2017, the provider offered DCS for a total of 209 elderly people in their dwellings (Community Plan of Social Services of the District AB[3] for years 2017–2021). In time of the research, DCS was provided most often for 2–4 hours a day to one client, either regularly or several times a week and it was mainly focused on a person´s self-care (dressing, personal hygiene), bed hygiene, assistance with routine household maintenance, shopping, client´s accompanying to doctors, on walks or other matters outside the household, and delivering lunches. Other helping activities were ensured by family members.

The whole process usually starts at the municipal/local office (miestny úrad). The qualified social workers of the social department are in a charge for ensuring basic information on DCS in the city community, for first contacting and provision of basic social counselling for those who turn out directly to the office. A manager of the social department highlighted a particular contribution of social workers in this initial phase, as follows: *"Education in the area of social work influences how the social counselling is provided … Social work in the social services, and thus also in DCS, is about a flexible communication with different people, as people want to be confident just here, now and fast. It is usually not easy, as people lack a kind of civic/community minimum".* When an application for DCS is submitted a social worker of the department performs a visit in a person's household with an aim to assess a client´s perspective (what needs to be done "here and now"), in combination with a family perspective (what is a role of the family in a provision of care), all in context of a client's future perspective (what would be proper for him/her in 2–3 years). Subsequently, the conducted social assessment is supplemented by a health assessment performed by an entrusted health assessment specialist. This initial process terminates with the issued comprehensive assessment and decision on dependency of a person for a social service.

Based on the initial assessment work done at the city office, the process continues directly at the DCS provider. While the formally qualified social worker of the city office focuses her work on rather general aspects of the client´s care dependency, an entrusted worker of the DCS provider (hereinafter "worker") focuses her interests on a wider context of the client's situation. The worker is not fully qualified for performing social work according to national legislation, as she has in addition to her primary qualification completed only an accredited training course focused on the social work area. Therefore, in the following text, she will not be referred to as a social worker, even though DCS management referred to her as a social worker.

***What do social workers do at the DCS provider?***

In a case when a client´s dependency on the social service was already assessed at the city office, the entrusted worker of the DCS provider starts to perform her pivotal role – **DCS coordination.** Both, the DCS manager as well as the worker described DCS coordination as a set of partial

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[3] For ethical reasons the name of the district is not specified.

tasks interlinked in their content and time. The coordination starts with a worker´s visit in the client´s household to specify deeper what type and scope of help and support will be provided according the client's needs and wishes. Then, the worker prepares the DCS contract in which all requisites for provision of the DCS to the concrete client are set up.

DCS coordination means also conducting many harmonisation tasks, namely general care planning with an aim to harmonise peoples´ care needs with a potential of the provider´s care staff. The harmonisation is important particularly in terms of allocation of an individual care worker for an individual client. In this case the worker has to take into account many factors, e.g. health problems of the client, his/her care needs, physical conditions of the client as well as the care worker, current experience with DCS, or technical equipment in the household. As the worker stressed: *"It is a part of my work to prepare a care worker for an individual client, but also vice versa, to prepare a person to a particular care worker. This must be interlinked"*. The worker introduces the care worker into the client´s household and explains the activities and in what scope they will be provided, and also, what is beyond the competency of DCS. In all further aspects of the provided DCS the worker remains a mediator among the client, his/her family, and the care worker. She intervenes in emergency situations, when there is some ad-hoc misunderstanding between the client and the care worker or when there is a temporary need for changing the care worker due to urgent reasons. In addition, the worker checks for consistency between a provision of DCS and rules set out in the contract, e.g. whether the care worker performs his/her duties properly, and whether the client is satisfied with his/her work; but also vice versa, whether the care worker is not abused by the client and/or by his/her family.

According the management of the DCS provider, social work professionals have all the prerequisites to fulfil coordination tasks properly. Specific qualification of social workers enables them to communicate effectively with all actors involved in DCS relationships. As the director mentioned: *"The social worker – coordinator must know to communicate, as he/she communicates with the elderly … A specificity is that the coordinator must be able to estimate the client, what to say, how to say it … And the specificity lies also in management and planning as the social worker should know who should be allocated to the client's household and, to communicate this personal allocation to the client. That is just specificity of social work. I don't know if anyone else would be able to do that. So, it is very good that it is a social worker"*. The management also pointed out complexity of DCS coordination: *"The social worker, she is basically a person who chairs the whole service, she manages people so that everything is secured … beside of that /she elaborates work sheets, care records, handles phones calls, calculates the clients´ payments, manages the project administration …"*.

In terms of DCS coordination, care workers emphasized in particular its administrative aspects and saw them rather through activities of the office ("kancelária") in which worker operates than to the worker herself. They appreciated operative actions of the office in some emergency situations, e.g. when reallocations of care workers to clients are necessary, or in reference to support provided in situations of misunderstandings between a care worker and a client, respectively his/her family. They generally appreciated that when any problem arises, they know where to turn. However, they emphasised their own competencies to solve practical problems when they occur during provision of the DCS, since situations when serious problems occur are rather rare.

### *What expectations do have the DCS actors from social workers operating at the DCS provider?*

Managers of the DCS provider announced their plan to prepare and implement a new DCS conception for the future with a key role of social work to maximise its effectiveness. Three core roles of social work within DCS are expected: a) management and administration of project-based tasks (due to organisation operated under the EU-funded project); b) mapping situation and the field work (mainly social assessment in a client's household; DCS evaluation); and c) provision of information, first contacts with clients and their families and basic social counselling. Moreover, social worker of a DCS organisation should cooperate with the city office to ensure reassessment

when a client´s conditions are in change. Due to complexity of all these tasks, engagement of three social workers to the future is planned, instead of only one, who works for the DCS provider presently. The interviewed care workers expect from social worker (from "office") to set up and communicate clear rules for the provision of a care in the client´s household, information about payment for the care, and to intervene in a case of emergency. They were not informed about supervision or other measures to support them in performing their caring tasks, which is why they did not place such expectations during the interview.

***Whether and how can social work contribute to make DCS a sustainable solution for persons in complex needs at local level?***
According the worker, DCS serves to ensure that a client stays at his/her home as long as possible and social work should contribute for the comfort of both the client and his/her family relatives. At the same time, she emphasized that persons in a high level of dependency need primarily nursing care. As such, sustainability of care organised in the home setting with a proper standard depends mainly on availability of a care provided by health professionals (e.g. visits of doctors and nursing staff in the client´s household). In comparison, the manager of the city office pointed out that when a client needs 24-hours care, provision of residential care is recommended by a health assessment doctor. Therefore, the manager articulated the need to establish the level of care dependency by law when the municipality or city is still obliged to provide assistance and support in the client´s home.

**Case study 2**
The basic profile of another DCS provider was significantly different. The provider operated in the second smallest part of the capital, Bratislava, with a total population of less than 18,000, of which only 12% are people of retirement age and 3.6% people with severe disabilities. DCS was provided directly by the municipal office. In 2017, DCS supported 34 older people (Community Plan of Social Services of the District CD[4] for years 2018–2022). At time of the research, DCS was provided for approximately two hours per day support to each client, either regularly or several times a week. The DCS provider supported activities of self-care (dressing, personal hygiene), bed hygiene, assistance with routine household maintenance, and shopping and other matters outside the household. DCS did not provide support to people with complex care needs.
The municipal office as provider of DCS ensures initial health assessment by an entrusted health assessment specialist engaged externally by the office. Subsequently, in-depth social assessment is conducted by a municipal office worker entrusted with social assessment, which is a part of DCS coordination. At the time of the research, the worker charged with undertaking social assessment was not formally qualified to perform this according to the law. She performed it rather on a basis of many years of experience in this field and intensive informal contacts with people, as formal qualification in social work was not legally required before 2009 when the Act on Social Services came into legal force. The municipal office employed a qualified social worker, but she was entrusted with a wide range of other tasks outside of DCS. Although the social worker was perceived by DCS care workers as a person who can help with many practical things, in a case of any matters referred to the DCS, solutions were taken by the DCS coordinator.

***What do social workers do at the DCS?***
On a general question on how the municipal office ensures performance of social work in DCS, the DCS coordinator reacted as follows: *"I was thinking about your question for a longer time, what do you mean by a social work … it is counselling for people when they come. Why do we need to call it*

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[4] For ethical reasons the name of the district is not specified.

*social work? It is, according my view, just basic social counselling … I am the coordinator, but probably also a guarantor of the DCS, as no one else is here to cover DCS".*

The DCS coordinator provides first-contact activities with the interested, or applicants that are interlinked with a basic social counselling focused on DCS and/or other options how to solve the client´s situation. The information is provided mainly "in case of need", there is no systematic municipal screening of persons who are in potential care need. As the DCS coordinator mentioned: *"People are only interested when it starts to affect them. Then usually come here since we are closest to them".* Provision of the necessary information is followed by an initial assessment process which terminates with issuing a comprehensive assessment protocol and a legal decision on a person´s dependency for a social service. To do so, a visit in the client's household is not always conducted. Information collected during the first-contact activities (mainly with relatives of the care-dependent older persons), are used to prepare protocol and decision, as well as a DCS contract. Older persons are not usually involved in the initial negotiation about the contract. The DCS coordinator justified it as follows: *"These older persons usually do not have any idea … They firstly do not know … they have to experience it".* The key position of family members in negotiating about the DCS contract confirmed during the group interview also care workers: *"The first contract is what family members dictate that they want to do with that client ... and later, when you go to that client, you can find out that he needs something more."*

DCS coordination includes also a mediation tasks, e.g. provision support to solve some urgent or problematic situations that arise between the DCS actors. The interviewed social worker of the office reported the mediation role as a central element of DCS coordination. To our question in what should be a contribution of social work for DCS and its users, the social worker reacted, as follows: *"Surely, it is in the process of coordination, because really, I can't imagine what it would be like if there wasn't the coordinator who is the mediator between those subjects".* Allocation of a "suitable" DCS care worker to an individual client, it is a very important aspect of DCS coordination. However, the DCS coordinator pointed out some practical problems of this role, mainly due to a lack of care staff (care workers), which sometimes prevents provision of the DCS to clients in such scope as they would need and wish.

DCS coordination is also focused on surveying a client´s satisfaction, which is usually conducted by telephone conversations with DCS users and their families, as the questionnaire form used in previous period proved to be ineffective. Feedback on DCS is provided also from the client´s own initiative or his/her family to solve operatively some urgent matters related to the care. However, there is no standardised way how to deal with the satisfaction issues.

In response to a question about a support provided to care workers, the DCS coordinator mentioned organisation of supervision (twice a year) and an effort to create a good working atmosphere and provide care workers with moral support as the practical care work for care-dependent persons is demanding and generally an undervalued job in society.

### What expectations do the DCS actors have from social workers operating at DCS?

Care workers were not very sure what expectations they could have from a DCS coordinator. When they feel exhausted and at the risk of burnout, or when they need advice in terms on practical and ad-hoc situations related to DCS, they turn rather to a colleague than to the DCS coordinator as they want to solve the problem as operatively as possible. They turn to the DCS coordinator for an intervention only in a case when there is some conflict between a care worker and a client or his/her family, or when it is necessary to contact other organization (e.g. health care facility or police). However, as such situations occur rather rarely, they usually know how to solve practical problems on their own. In terms of supervision that is provided to them twice a year, they perceived it rather as a wasted time, something that does not help them, instead of support in solving problems or burnout prevention. If they feel such a problem, they turn rather to the DCS coordinator instead of the supervisor. As one care worker mentioned: *"We don't need it. I see it as*

*circumventing the DCS coordinator. If there is a problem, why not solve it directly with the coordinator, and instead use a supervisor as an intermediary?"*

The social worker of the local office formulated her idea on an "ideal" position of social work in the DCS. It should build upon an initial social counselling for all people who are interested in DCS (mainly family members) and for people in care needs. Coordination and harmonisation of ideas, wishes, and options for people in care need, their families, and care workers should comprise a core role that social work should play in the DCS. The social worker in a position of the DCS coordinator should be engaged in all phases of care relationships, although certainly more intensively at the beginning. DCS coordination should also include surveys on whether the clients are satisfied, and support changes if necessary. Moreover, a comprehensive support for care staff in terms of its guidance, emotional support, further education and supervision should be provided by the social workers in DCS within its coordinating role.

### *Whether and how can social work contribute to make DCS a sustainable solution for persons in complex needs at local level?*

Under the present conditions, the interviewed DCS actors considered provision of 24-hours care in the client´s household as extremely financially demanding, even unmanageable. It is why, in the case of a need for complex care, a residential service with comprehensive professional social and health care is usually recommended and it is the most frequent choice of clients and their families. DCS is considered rather a complementary with informal family care and it is applicable when a person is still partially able for a self-care.

However, actors identified some conditions how it should be possible to make DCS a solution also for persons in complex care needs. In particular, they emphasized a need for a sufficient and adequately rewarded care staff which should be at disposal flexibly according to a client´s needs and wishes. Then, an availability of doctors and other health professionals who would attend a client in his/her household, should be ensured. Moreover, technical aids and other equipment necessary for caring and nursing should be at disposal in a client´s household. All the mentioned professional services and technical support should have to be for the client and his/her family financially affordable. According the social worker of the office, position of the social work should lie particularly in a support of caring families how to adapt to demanding conditions and, looking for mechanisms how to cope with difficult life situations.

### SUMMARY AND DISCUSSION

Based on our initial findings from research conducted in 2017 (Repková, 2018), in the on-going qualitative research we tried to examine experience of two DCS public providers operating in different city districts of the capital, Bratislava, with regards to the role of social work within their services. We were interested in how social work is constructed in their organisations from the social and political point of view, what are professional roles and tasks of social workers and what expectations do the DCS actors relate to social work. We also studied views of the DCS actors on the possibility to make DCS sustainable solution for people with complex care needs as a part of the concept of home care (cf. Genet et al., 2011) and a potential contribution of how to achieve the social work.

At both examined DCS providers, the role of the DCS coordination as an inherent part of DCS was highlighted by all interviewed actors (service managers, DCS coordinators as well as social care workers). The coordination was constructed as a complex role which subsumes activities that we identified in the previous research work as activities belonging to social work in DCS, namely administration, initial and subsequent social-assessment, planning and care management, and harmonizing ideas and relationships of the DCS actors (Repková, 2018). But DCS coordination was not explicitly termed social work, possibly due to a fact that DCS

coordination was not performed by persons formally qualified for social work under rules of the national professional legislation. There was only one exception when in CS1 the initial social assessment was performed by social worker of the district office. However, the interviewed actors, mainly DCS managers, generally appreciated the social work contribution to the effective DCS provision and coordination. They highlighted skills of social workers for a proper communication with, and among the DCS actors, their abilities to plan care, manage various interests of the DCS actors, and intervene in crisis situations. Discrepancies between the declaration on importance of social work for effective DCS on one side, and performing DCS coordination by professionals without formal qualification for social work, on another side, may be interpreted in context of the current social services legislation. Performing DCS coordination is not explicitly conditioned by formal qualification in the social work field. Then, several circumstances may influence who gains this position in DCS organisations. Traditions or experience of employers from a previous time (situation in CS2 of our research), financial constraints of organisations, or interests, and respectively a lack of interests of social workers to work in the DCS agencies (cf. Repková, 2018), may come into a play.

The research indicated interlinks between socio-political and professional aspects how social work is constructed at the DCS providers. Lack of clarit of the professional status of social work in DCS can be interpreted in the context of a still unclear social-political position of DCS itself in the system of social services. DCS as a component of home care (cf. Gennet et al., 2011) should be considered as an inherent part of the transformation and deinstitutionalisation strategy focused on people in various degrees of care dependency, including those with complex care needs (cf. European Expert Group, 2012). But, as the interviewed actors pointed, DCS remains still to be a solution predominantly for people with a partially preserved ability for self-care and/or for people whose family remains to participate in the care. DCS is perceived as a supplement to hands-on care provided by relatives, not as a full-fledged and sustainable solution also for people in complex care needs (cf. Kubalčíková, Havlíková, 2015) where engagements of professionals of various backgrounds is expected (cf. Munday, 2007a; Munday, 2007b; Rodrigues, Bauer, Leichsenring, 2018). If DCS should become such solution, predominantly availability of health and nursing care in the person's household should be ensured, according to a majority of the interviewed actors. Social work should be focused mainly on support provided to caring families to cope with difficult life situations.

Finally, it is worth mentioning some inconsistent results in terms of a support provided by DCS coordinators for care workers, e.g. provision of a supervision. Managements declared it as an important part of DCS coordination. But the care workers emphasized a need for as high degree of their own professional autonomy in deciding matters related to their caring work for clients as possible. They did not articulate need for any special support. With regards to supervision, they either had no such experience or perceived it as only a waste of time. Special support would be expected only in a case of serious problems referred to DCS performance, which are, according to them, however, rather rare. Therefore, DCS coordination was perceived by care workers predominantly as an administrative matter that is performed mainly "from office" (cf. Janebová, Truhlářová, 2017).

**CONCLUSION AND SOCIAL-POLITICAL IMPLICATIONS**

The qualitative research confirmed interlinks between social-political and professional determinants that influence a position of social work in DCS as a kind of home-based social service for care-dependent persons. Although there were some differences between the examined DCS organizations in the way how social work was interpreted and included into their helping practice, some social-political implications were common for both. The research indicated that DCS is not still viewed as a comprehensive support system for persons in care needs of a various range and caring families,

as well a system for improving working conditions for those who provide professional home care in practise. Such still unclear, respectively constricted position of DCS goes hand-in-hand with the unclear position of social work in this interventional field. DCS managements acknowledged, although in varying degrees, competencies that social workers acquire through their formal education and their skills to contribute by their special methods and coordinating activities to the effective DCS organization and delivery. But social workers are not automatically engaged in DCS coordination, as the current legislation on social services does not require it. Or because managements trust that activities of the DCS coordination can be handled also by professionals without formal social work qualification based on their long-lasting experience and informal local contacts with people. Therefore, until there is greater recognition of the role of social work within DCS and the value of work performed by qualified social workers, no fundamental changes can be expected. Social work will continue to be constructed narrowly as an ad-hoc engagement of social workers for initial social assessment process, and other DCS coordinating activities will be provided by professionals of various formal qualifications, if at all. New intentions of the Slovak government announced for years 2020–2024 in this field might be promising for starting the necessary changes.

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[5] Due to ethical aspects of the research, the name of the community plan and website are not specified.

[6] Due to ethical aspects of the research, the name of the community plan and website are not specified.

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# Challenging the Problematisation of Labour Inclusion of Migrants and Refugees in East Germany: New Perspectives and Mandates for Social Work[1]

Due to the increased refugee immigration to Germany since 2015, the proportion of foreigners in the eastern part of Germany has doubled. The professional integration of migrants and refugees into the labour market is gradually becoming an unprecedented socio-political challenge for the region. Regarding East Germany's past as the German Democratic Republic (GDR), the question arises as to what conditions migrants and refugees encounter in the context of work and professional collaboration.

The author addresses this issue and socio-political development in her dissertation research. She discusses practices of exclusion and means to inclusion in professional collaboration with migrant others in the federal state of Saxony and focuses on the field of outpatient care (Ritter, 2020). Applying a critical perspective on racism,[2] which has emerged in the course of research, the author examines how established white German carers and care recipients perceive (potential) collaboration with migrants and refugees and what experiences migrant carers experience as minorities in the white German care society. Based on this, the author explores the future role of social work in the process of the professional inclusion of migrants and in anti-racist social work for the elderly. She develops transformative possibilities for action which can be offered by practitioners of social work.

**The state of the art in research and research methods**
Discussions of racist experiences are usually insufficient and are often taboo in society as a whole. Questions regarding how racist exclusionary practices work and how they are felt by those affected have not yet been appropriately addressed in the German research landscape. Empirical research that considers everyday working life and possible challenges of migrant carers in the German-speaking region from an anti-racist perspective is comparatively new and still marginalised. Racist practices are explicitly named in only a few care science studies. They are rather hinted at when, for example, there is talk of the `rejection´ of migrant carers, or `unequal treatment´ is thematised in

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[2] With a perspective that deals critically with racism (`rassimuskritische Perspektive´ in German language use), a conscious demarcation from `anti-racism´, which is an influential voice especially in the British area, is made. This is accompanied by a demarcation from the accusations of seeing racism as a white people's problem, thus maintaining binary differences, victimisation of the degraded group and a reductionism of racism as a consequence of economic conditions. Criticism of racism, on the other hand, means a reflective examination of the conditions and consequences of self-understandings and modes of action of individuals, groups, institutions and structures and how these are mediated by racism and strengthen racism (Mecheril et al., 2012:171 ff.). When we speak below of anti-racist perspective or social work, then we do so in the sense of a `rassimuskritische´ perspective according to this understanding in German language use.

everyday care practice as `disrespectful treatment´ (Pütz et al., 2019). The fact that such situations and experiences can also be considered from the perspective of everyday racism is deliberately interwoven, but typically not analysed further. It can be summarised that in Germany, social and institutional discrimination against migrant care workers has not yet been explicitly investigated (Heier, Fischer, 2019). In view of the fact that the question of the manifestations of implicit exclusions has not yet been sufficiently examined, the author investigates the phenomenon of everyday racism in care. By focusing on everyday working life, she captures the `banality´ (Terkessidis, 2004) and `normalisation´ (Mecheril, 2007) of contemporary racism and underlines the social development of the manifestation of racism in latent, nearly `invisible´ areas of everyday life. Everyday racist practices are practices of exclusion that are by no means manifest, but rather subtle and almost covert (Essed, 1991).

The study presented in this research note adopts a grounded theory methodology with an emphasis on epistemological constructivism (Charmaz, 2014) and postmodern currents (Clarke, 2005). The latter allows the research to integrate Michel Foucault's poststructuralist approaches in the analysis and to focus on the (re)production of racist practices in the research situation. The author uses triangulation to investigate the discursive and non-discursive practices (Foucault, 2010) of caregivers and carers with and without migration experience and people in need of care through problem-centred interviews (Witzel, 2000), participant observation (Geertz, 2017), and ethnographic interviews (Spradley, 2016) during her fieldwork. Data collection and evaluation is executed using theoretical sampling and theoretical coding (Corbin, Strauss, 1996).

**Current socio-political developments and challenges**

As of 2013, there was a foreigner share of 2.5% in Saxony (SAB, 2019:149). As immigration to Germany has been largely characterised by refugees since 2015, the share of foreigners in Saxony has risen. Thus, the share of the total population was equivalent to 4.9% in 2018 (Bundesagentur für Arbeit, 2018). If one compares these figures with those of other federal states without a GDR past (e.g. Baden-Württemberg with 15.5% or Nordrhein-Westfalen with 13.3% (ibid.)), the Saxon figures document, despite the increase, a previous insignificance in contacts between the people of Saxony and the so-experienced `foreign´. Although the early entry of migrants and refugees into the labour market is considered crucial for successful work-integration (OECD, 2017:7 f.), the unemployment rate among foreigners in Saxony is not at all negligible and contrasts with the shortage of the work force, particularly in the care sector. In 2016, for example, a notable 31.4% of foreigners in Saxony were registered as seeking work, which places them in a distinctly worse position than people with German citizenship with only 7.7% unemployment (SAB, 2019:194). The analysis by the Federal Employment Agency on the shortage of skilled workers (Bundesagentur für Arbeit, 2018) reveals the precarity of the reported vacancies for which suitable skilled workers in the field of care for the elderly cannot be found: For every 100 registered jobs, there are only 27 unemployed persons available to take them, and these jobs remain unfilled for an average of 175 days. If today's level of care is extrapolated to the future to cover the further increasing demand of 3.4 million people in need of care nationwide by 2030 (Prognos, 2012:1), there will be a shortage of approximately 517,000 skilled care personnel (ibid.:14). Without socio-political and structural changes aimed at keeping interested people in the care sector or making them interested, major bottlenecks for adequate care can be expected.

**The long shadow of the GDR past**

The results of the author's research point to the importance of regional genealogy in understanding how people from the East German region think and act about migrant others. The state-imposed social segregation of foreigners in the GDR and the resulting social distance between people of different origins (Bade, Oltmer, 2004) are only one dimension. More significant is the failure of many employment histories after 1990, remaining in permanent unemployment and experiencing

their own feelings of professional exclusion (Vogel, 1998), which, in combination with the participatory efforts for migrants, now result in competition for state benefits and the envy and rejection of seemingly better protected groups (Bohleber, 2007). Moreover, until 2015, the greatest social or cultural distance for many people in this region was to the neighbouring states of Saxony, namely Poland and the Czech Republic. With the onset of increased flight immigration, the novelty of the `other´ group now seems to irritate and frighten people, such as through optical characteristics (e.g. skin colour) or social criteria (e.g. religious symbolism) (Wallerstein, 1991). In particular, the rejection of religious practices by today's Muslim 'Others' also seems to be entangled with the former sphere of influence of the Soviet Union, where religion was suppressed from the public sphere as an indication of a lack of reality and a lack of modernisation (Peperkamp, Rajtar, 2010; Albrecht-Birkner, 2018). The author can state that even 30 years after reunification, the GDR past still throws a long shadow that calls for a closer examination to be able to understand today's discursive and non-discursive practices of exclusion of migrant others.

**First results and interim conclusion**
The first results of the study confirm that practices of exclusion and negations of everyday racism in collaboration with migrants have been established in the field of outpatient care, which particularly affects people of colour and Muslims (especially through religious symbolism such as hidschāb). In the future, both care recipients and care companies will be confronted with an increase in social diversity in the care context and the challenges that accompany it. As the results suggest, great uncertainties, prejudices, and implicit (everyday) racism still lead to a manifest exclusion of migrant others. To offer migrants who are interested in the field of care a respectful and long-term collaboration, a reflexive examination of the existing everyday, racist practices of the established care workers and those in need of care must take place.

It can be concluded that with the increase in migration and social diversity in eastern regions of Germany, combined with the shortage of skilled workers for home care companies and the prospect of possible professional cooperation with migrants, a serious need for discussion has arisen for the first time. In the light of the region's past in which the research takes place, the topic is also becoming a specific challenge. The historical development of the region requires a closer look to find an explanatory approach for increased practices of exclusion. For social work, this means establishing critical and anti-racist policies that are aimed on the one hand at counteracting experiences of racism and, at the same time, at making it possible to thematise and discuss racism without opting for a limited and moralising approach to the topic. In the future, social work must increasingly see its mission in the theoretical transfer of knowledge about racism within professional inclusion processes. It must open up to new means of critical and anti-racist social work in the labour market and social work for the elderly, which is currently only partially developed in Germany within companies and particularly in care institutions. Social work can and must proactively shape this early process of the work inclusion of migrants, mediate between people, and recognise anti-racist and critical educational work as an important focus of intervention in the post-modern era.

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# Understanding Belonging Amongst Second-Generation Immigrants Through Whiteness

The ongoing research project of 'Narratives of Belonging: The Case of the Second-Generation Immigrants from Turkey in France' (the data collection had to be slowed down/suspended due to Covid-19 health crisis) first started in November 2018 at Centre Nantais de Sociologie through a Campus France Young Visiting Researcher Fellowship. The aim of the project is to a) conduct ethnographic fieldwork amongst the second-generation immigrants from Turkey in France, b) to collect life stories and oral narratives of the second-generation immigrants, and c) through these narratives and life stories, to unpack how the second-generation immigrants from Turkey are positioned in France.

The focus is on the second-generation immigrants as they represent the 'in-betweenness' of being an immigrant. First-generation immigrants come "through different migration channels (as labour migrants or marriage partners, legal or undocumented)" (Crul, 2016:58), and they come "with preexisting and fully formed identities, along with their hopes for the future" (Rumbaut, 2005). Second-generation immigrants, however, usually evolves through the interaction of their 'white societies' and 'non-white social environments'. Second-generation immigrants also present the complexity of positioning of immigrants: in the discussions of who belongs to the nation-state, immigrants are always acknowledged, if acknowledged at all, as temporary residents and never as potential members of the nation-state (Beaman, 2019:551). If this is the case, then how are the second-generation immigrants positioned, especially in France, where whiteness is still the default (Ndiaye, 2008)?

The first part of data collection also served as a pilot study took place in Nantes and in Châteaubriant, and lasted two months (November 2018 – January 2019). The data collection consisted of in-depth ethnographic interviews and participant observation amongst the second-generation immigrants of Turkey. The heterogeneity of the immigrants from Turkey was taken into account in the selection of the respondents. This means that special attention was paid to the respondents being from different ethnic and religious groups within Turkey. Turks, Kurds, and Alevis constituted the different groups within the immigrants. The mosques that religious Turks (and also Kurds) frequented were visited; the praying houses of Alevis (*cemevi*) and Alevi associations were frequented; coffeehouses and kebab shops, the common "hang out" (Geertz, 1998) places, were also selected for participant observation. The second (and current) part of the data collection started in September 2019 in Paris at Centre Maurice Halbwachs (École Normale Supérieure). So far, 12 in-depth interviews were conducted in addition to field notes taken during the participant observation. During the second part of the fieldwork, an additional method of data collection was conducted: document research. This consisted of analysis of the official journals of the two institutions that were established during the Justice and Development Party (*Adalet ve Kalkınma Partisi*, AKP) period in Turkey: The Presidency for Turks Abroad and Related Communities [*Yurtdışı Türkler ve Akraba Topluluklar Başkanlığı*], YTB, and Yunus Emre Institutes, [*Yunus Emre Enstitüsü*], YEE. These two institutes, and their policies, specifically target Turks living abroad. This brought an additional aspect to the research questions, asking how the government policies aimed at the immigrants from Turkey shape how immigrants are positioned in their societies.

So far, the data collected during this research project have been presented at two conferences: at the Centre for the Study of Ethnicity and Citizenship's Twentieth Anniversary Conference at the

University of Bristol, and the 17th IMISCOE Annual Conference. Both of these presentations are currently in the process of being converted into two different manuscripts to be submitted to *Ethnic and Racial Studies* and *Migration Letters*. The discussion of the data so far has centred around two issues: the AKP's construction of a Turkish diaspora as a reflection of their citizen construction at the domestic level, and how whiteness operates externally and internally amongst the second-generation immigrants of Turkey.

AKP's construction of their 'local and national' [*yerli ve milli*] citizens is based on pragmatic and contingent principles. This means that being a Sunni Muslim Turk is not enough to be considered '*yerli ve milli*' by AKP (which comes with its consequences) but it is also necessary to show loyalty to AKP through various means. Similarly, AKP's construction of a *yerli ve milli* Turkish diaspora also follows this theme: their policies and the official journals of YTB and YEE are aimed at constructing a diaspora that is ethnically Turk, Sunni Muslim, and being loyal to AKP. This suggests that associations that are established by non-Turks (Kurds), non-Sunni (Alevis), and non-loyals (Gülen movement) are not supported by AKP, and their members are excluded from AKP's *yerli ve milli* diaspora.

The second discussion emerging from the data involves whiteness and how it is used in the everyday lives of the immigrants. Across the narratives of the respondents, it is possible to observe the patterns of 'external' and 'internal' whiteness. This means that whiteness operates at two levels amongst the second-generation immigrants: in their relations with whites (people with non-immigrant backgrounds) and also in their relations with other immigrants from Turkey. Kurds from Turkey, for example, narrated stories of how Turks make them feel like a second-class person. This suggests that the power hierarchies in Turkey through which whiteness operate carry themselves across countries and across generations.

This project and the data collection are going to continue for one more year at Centre Maurice Halbwachs (École Normale Supérieure).

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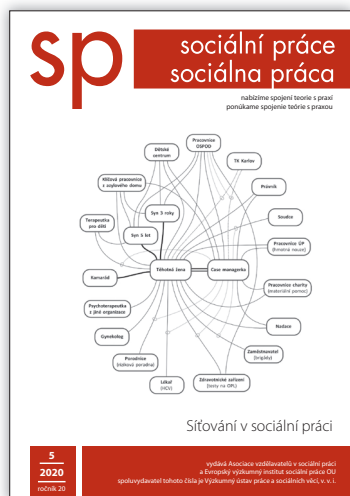
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