



Transition in Austria: Getting on a supportive spiral of integration

THE TOBP CASE STUDY RESEARCH PAPER

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1. Executive Summary

The aim of this case study is to elaborate and define the conditions of double transition in Austrian context and suggest competences that the transition mentors should possess. The perspectives of both practitioners and migrants overlap in some of the interviews, since there are numerous practitioners with migration background in the interview set.

Altogether eight interviews were conducted: four interviews with practitioners (out of which three had migration background) and four interviews with migrants, where one migrant interview was a couple interview. The focus of the interviews was in the case of practitioners on experiences with migrant families who need social support, health and family services, good practices and competences that were lacking, and reflection of cultural differences. In case of migrants the focus of the interviews was on family and life values that are the basis for the transition processes in migrant families and the overall experience with migration and migrant services in the host country.

Based on the thematic analysis, the following five analytical topics were singled out:



- Dealing with stereotypes about migration
- Gaining ability to communicate in a language of a host country
- Becoming parent and (re)establishing a family
- Creating trustful networks of support
- Getting on a supportive spiral of integration

After the short overview of the context of migration situation in Austria and the research design overview, the five analytical topics are presented, followed by relevant quotations from the interviews with migrant families and practitioners in order to demonstrate the complexity of the topic double transition of migrants from domestic environment into the host country as well as on its way of becoming parents and establishing a family (Klein 2018).

Reading this case study can be most beneficiary to either novice transition mentors – migrant families and social workers that are new to the profession, or higher education students who are getting ready to their future professional lives where they can meet migrant families frequently. The case study serves as a reservoir of experiences and perspectives that may be reflected upon and can help the transition mentors to better and faster adopt to their professional challenges. The case study may also serve as a discussion platform for reflection of the day to day transition mentoring practice.

2. Background/Context

Migration is not a new phenomenon in Austria. Around 20% of the population has a migrant background in Austria, if second generation migrants are included (STATISTIK AUSTRIA, 2020: 24). A significant part of the domestic population has multi-ethnic roots that naturally comes from Austria's geopolitical position in the middle of Europe, and that it is surrounded by many small countries where another languages are spoken, while many of the neighbouring countries were formerly part of the Austro-Hungarian empire; therefore, the ties among populations have been developed over the centuries. This is reflected in the situation of health care, where in many places patients of foreign origin are rather the norm than exception these days.

In Austria, four interviews with five migrant family members (one interview with a couple) and four interviews with experts were conducted by students of Health Management degree program at CUAS; one of the experts was also a family advisor in the cooperating institution Impuls (formerly Phönix). The data gathering was coordinated by Prof. Regina Klein (2018). Three out of four experts also had migration background themselves. One interview with a migrant couple was conducted in English, the remaining interviews were conducted in German. Two of the practitioners were working in Germany at the point of conducting the interview (the interconnection between German and Austrian trade market is common in the region). The interviews took place between July 2018 and April 2019 and lasted 15-90 minutes. All the informants were asked to sign a written informed consent in order to secure their research cooperation. Some of the interviews were not recorded upon the request of the interviewees; in these cases a thorough protocol was produced.

The questions for the migrant interview considered:



- Meaning of a family and being a parent in life
- Overall life values
- Evaluation of life in Austria, including family life and parenting
- Evaluation of health care and overall social care services in Austria
- Wishes for bettering regarding the above-mentioned topics

The questions for the practitioner interview considered:

- Experience with migrant families, including possible irritations or misunderstandings
- Inner resources that migrant families have at their disposal to deal with their life situation
- Topics that are important for migrant families
- Customs, traditions, religion in migrant families
- Differences of migrant families from the families in Austria
- Competences existing and needed regarding practitioners who are dealing with migrant families
- How do practitioners who are working with migrant families deal with cultural differences
- Knowledge, skills and attitudes that are needed to help recently arrived migrant families in Austria
- Existing help and services, good practice examples, suggested areas of improvement
- Orientation of migrant families in help and care system in Austria
- German language in the context of the above-mentioned topics

For analytical purposes the interviews were transcribed and translated in English; in some of the interviews the analytical overview was delivered by interviewee. The thematic analysis followed the TOBP guidelines for analysis of the interview: searching for the transition event in the wider context of migrants' life, requirements for supportive action in the transition event and phase and competences needed in order to take adequate action. The case study comprises both migrant and professional perspectives. Often, the native and migrant perspectives are embodied in one interviewee, in cases of professionals with personal migration background.

3. Findings/Results

3.1 Dealing with stereotypes about migration

This part introduces the rise of migration as one of the social fields that is full of stereotypes and emotionally loaded interactions. Therefore, in contemporary Europe when starting a migrant transition, preconceptions are inevitable part of the process. Moreover, this part describes the intensification of stereotypes influencing the interaction with migrants in Europe in recent years, two important stereotypes that appeared in the interviews (control over the choice of the host country and gendered values and norms), emotional burden of migration and the risk of oversee it and finally tips for transition mentors how to tackle stereotypes-driven interactions with migrants.



Using stereotypes to perceive the migrants' situation – if gender and class-based, or cultural – has intensified in recent years with the introduction of the social media and recent migration events in the European space including Austria (Rheindorf & Wodak, 2017). Even migrants themselves see the difference and they perceive a higher social pressure they have to deal with.

“When we fled there was no internet, there was no media and now everything is being exaggerated.”

(female migrant, 26 years in Austria)

One of the existing stereotypes regarding migration is that it is well thought strategic process that is in control of a migrant. In the context of Austria, it is not uncommon that Austria was not a first choice of migrants, or not a choice at all, it just somehow happened in the course of events.

“In short, the war in was back then. We first fled to the neighbouring country, somehow got a visa for Germany, then got stuck in Austria.”

(female migrant, 26 years in Austria)

There are many migration-related stereotypes regarding gendered values and norms. Sometimes the expectations about gendered differences overestimate the demographic reality as demonstrated in this interview with a midwife.

“What is a problem now and then, not as often as you probably think, is because of male doctors. Of course, there are always women and families who do not completely agree. Who wish that only women work here. But I feel it is more rarely the case. Of course, that happens from time to time, but probably not as often as you'd think if you listen how much women with non-Austrian roots we have.”

(midwife)

On the other hand, the fact that migration presents in most of the cases strong, shocking, even traumatizing event that presents huge existential and emotional challenge tends to be overseen in the stereotyped presentation of migration. Therefore, the migration background of practitioners may help them to be sensitive to the traumatizing aspects of migration event itself.

“And how was the migration process for you?”

Very difficult. It was very, very difficult. First of all, I didn't plan that. It all came to me unexpectedly and when I was in Germany. I missed my family very much, my friends, friends from school, university friends and all of my surroundings. I came here and didn't know anyone.

But was there maybe something you have very fond memories of? That would make you say it was very nice that you moved. Could you perhaps say something about this?

No, at the beginning unfortunately nothing. [LAUGHS]”

(interview with female medical practitioner, with the migration background)

One of the most important and easiest solution to tackle stereotypes influencing the interaction with migrants is to keep in mind the differences migrant families might have.



“Families with a migration background, what are the differences from an Austrian family?”

I don't think you can say that in general. If there come the asylum seekers who are still very new here in Austria, or if it is just a migration background, be it the second generation born here in Austria, you have still somehow an immigrant background, I think there's a lot essential differences depending on that. Of course, language always becomes a great point. Finances can also be a big problem; these problems change with the time of stay or there.”

(midwife)

It takes more thorough interaction, but if observation precedes evaluation, the human interaction reveals the differences step by step. Transition mentor should keep these irregular dynamics in mind, not automatically suggesting to migrants that the place they currently are in was chosen or desired. Being emphatic to this may make it easier to understand the situation of a migrant, including sometimes being reluctant to integrate. Before wanting to get familiar with the host country, one needs to find inner motivation once s/he ends up there. Not liking a place of stay may be tabooed, and migrants may feel the obligatory expectations to do so. The role of a transition mentor is to discuss such issues openly in order to find common ground of cooperation with a migrant.

3.2 Gaining ability to communicate in a language of a host country

In their everyday routines, practitioners face the challenges of diverse level of language competences of their clients constantly. In cases when a person comes into host country unattended and needs immediate medical assistance, the importance of the language competence raises even more urgently, but the topic of mere basic understanding is omnipresent, no matter how urgent the case.

“Language barriers, of course, there are always linguistic challenges. And, of course, misunderstandings. You explain something to the patient, and you believe she has understood, but this is not the case. Or vice versa, the patients are trying to tell us something that we just don't understand, because we don't speak the language and then try to help somehow, I think in large and it works quite well, but it definitely comes up again and again.”

(midwife)

“It was important for me to learn German for my family and my child. I knew I had to learn language of the country very quickly. I was pregnant and soon had to give birth to my child. I had to learn German. How should I understand doctor or speak to doctor? I had to learn German quickly. That was important to me. Very important. I didn't know anyone in new country. Everything strange. I didn't understand. I could only see pictures and boards. But I didn't understand what is written on boards. You know. I had to learn the rules of the country and get in touch with Austrian people. If you come to Syria, you have to learn how to live in Syria. Now I am a guest in your country, and I have to learn how your country works. So, I can have my baby in new country. I was very concerned I don't understand doctor in hospital. Hmm. So, I can speak to doctor and I can find help. That was my big concern and very important to me. There was no support and help. I was all alone.”

(female migrant, 4 years in Austria)



Rather than complain about it, practitioners we interviewed show skills of flexibility. They adopt or improvise along with the migrants. This creates shared social sphere of commonality, searching for understanding and effective interaction.

"The working languages you are dealing with?"

German, English and more hands and feet."

(interview with midwife)

"Because of the language barrier, we often shorten the sentences to the essential, so there is no way to digress and try not to explain much. Really just a few short and concise words, try easy, understandable language."

(midwife)

In the situations of common language deficiency, first at hand to assist are relatives and friends. Additionally, in times of smartphones, migrants help themselves using online translators. Institutions prepare brochures in the languages their clients most often speak. Moreover, technical support can be helpful when dealing with the language issues to make the support more operative.

"Recently we also have one new program, a video interpreter where you can speak many languages, really, twenty four (hours). You can retrieve other languages which are not that common can be arranged by appointment."

(midwife)

The technical support of multilingual human communication is more than a communication means. It is an important player in developing "multi-layered forms of interaction" (Ennaji & Bignami, 2019, p. 73) between domestic and migrant populations, and thus supports the aspects of "caring citizenship" (Ibid.). In relation to this, it is good to keep in mind that if the team of practitioners includes people with multiple linguistic competences, and with different cultural background, this may be of a great help, in case the team treats these differences as valuable resources.

"There are midwives who speak other languages. I think that's also very helpful for us in the team; it is simply a very multicultural team which consists of many different nationalities, covering diverse languages and cultures."

(midwife)

Transition mentors should not take domestic population language proficiency for granted and should be prepared to improvise in this respect. Both, on-site supportive means of communication, like translators and technical support, as well as prepared materials translated in diverse languages play an important role in the daily practice of support and care. Improvisation and creativity in making sure the client both understands and is being understood properly is of great importance. If a practitioner speaks more languages, this can help, and shows the willingness to understand each other across the cultural and linguistic differences. This creates a platform for the possibilities of cooperation and caring citizenship beyond the situation of medical assistance or care.



3.3 Becoming parent and (re)establishing a family

The topic of family and parenting was included in the interviews in three strong sub-topics, the notions of the transnational family and the double meaning of family for migrants, the tension between individualistic and collectivist understanding of quality care and diverse dilemmas that challenge gender and cultural norms and values during the double transition.

When talking about family matters with migrants, it became clear that the word “family” had achieved a double meaning in regards to migration for the interviewed migrants. The first meaning refers to their household with (new born) children, the second meaning refers to their roots, typically household of the parents where they grew up. Somehow migrants tend to keep in their daily life scope both of these intimate social spaces. Family life across borders and in great distances may not mean that the daily routines are prioritized “here and now”. On the contrary, due to the possibilities of video chatting, the transnational tendencies of keeping the family life vivid across borders are strong.

“Own family is very important. That's why I went from Syria to give my children a better life. I left “my first family” behind for my family. That was my decision. I wanted my children to have a better future. But I am always with my family in Syria. There are two families in my head and in my heart. My family here and my first family in Syria. I miss my first family very much.”
(female migrant, 4 years in Austria)

“My family at home in Egypt is very important to me. I often call my family 2-3 times a day. We also have fixed times for telephoning and we always keep to them. Nothing else is more important to us than the phone call with the family. When we have phone time, everything else has to wait. Whether we have something to do or are planning an activity, everything depends on the phone time with the family. It is very important to us that our son has contact with our family. And thanks to the video chat, our family can also participate in our son's upbringing at home. It can happen that we call our families for an hour at a time.”
(female migrant, 3 years in Austria)

When talking about family, both, practitioners and migrant family members speak of different social settings, in which the babies are raised. The individualistic, well-organized society with social welfare system contrasts to the collectivistic traditional family setting of countries of origin (in the context of this case study namely in Syria, Ukraine and Egypt), where essential part of care takes place in the private sphere. Despite blessing the functioning care system, the individualized and de-privatized system of care seems sometimes cold and demanding to migrants. What is considered as professional and careful by one may be perceived as insensitive and even barbarous to the other. The transition mentor should be able to discuss cultural differences and expectation in care with migrants openly and reflectively.

“They realize it is a lot more work to have children here than at home. Because back in Syria the whole clan was there. They said to me back then it was easier, there was my mother, my sister.”
(female helper from refugee care, with the migration background)



“Well, I just have the feeling that Ukraine has more family support. That you simply get a lot more help from family circles, from grandma, grandpa, aunties and sister and so on, that you are simply not left to your own devices. You hardly get any financial support for this in Ukraine. And in Germany it's the other way around. So, you get a bit of money here, but we don't have anyone here who is there for us.

So, are you missing your family?

Yes, and its support. You do everything yourself. Shopping, cooking, looking after the child, household, everything, just everything.”

(interview with female medical practitioner, with the migration background)

“In my home country, old people also live in the family, not like here. Old people are said to be part of the family and are provided with food, tablets, help with washing and live in the family until they die. Not like in Austria. I was frightened as I heard old people in Austria often don't live at home. Nobody wants to take care of old people. But children can learn a lot from old people. Taking care of old people MUST be. Old people are not allowed to be given away from home. Very horrible. No, that should never be the case. Really bad. In our area, there are houses only for old people. Big house only for old people. They live there alone with other old people.”

(female migrant, 4 years in Austria)

Migrant families sometimes confront a more individualistic system of care, when they visit patients in big, bigger than usual for the domestic population, numbers in medical facilities.

“Purely subjective, I have the feeling that women, not of all nationalities, but from some ethnic groups, the family feeling, feeling of belonging is more pronounced than among us Austrians. You might notice it from the fact that, for example, in case of women with Turkish roots or Serbian roots, very many family members are present in the hospital, and want to wait until the baby is there, a lot of relatives visit and want to visit pregnant women or women who has recently give birth.”

(midwife)

As migrants stay in touch with their original culture by maintaining the intense family ties, but at the same time organize the care of their own children according to the local possibilities and conditions of care in the host country, they experience diverse situations of dilemmas that challenge their gender and cultural norms and values. This tense process is an essential, even though not always pleasant, part of the double transition and the role of a transition mentor here is of great importance. Family relations and formations are closely interconnected with gendered norms that are part of the family setting and may be challenged due to the migration events. Many dilemmas include the gendered norms, often associated with women being in charge of household and family care and men being in charge of work and meeting economic needs of the family. For example, for a migrant woman, the offer for empowering oneself with education or internship may conflict with the gendered values of family care. If a woman expects other relative women to be with her children when she is out of the house, passing this kind of care on her husband or external services may seem inappropriate to her. On the contrary, for a migrant man, a sudden twist of gendered norms inside the family may jeopardize his self-identity and the overall well-being of a family.



"I can do an internship to get some work, but my children are alone in the afternoon because I am not there."

(female migrant, 4 years in Austria)

"My husband looked after me and my children for 22 years and always worked and now he is at home. He doesn't even know what to do at home. It's not good for family."

(female migrant, 4 years in Austria)

Facing structural and cultural differences may present revolutionary changes in the family life of many migrants. They may be aware of the need to pro-actively approach domestic society, and introducing children into different social and cultural norms.

"I raise my children according the Austrian culture. According to the culture of the country we live in. If I only raised my children according to Syrian culture, then my children would have problems in Austria. So, I have to see the world through my children's eyes, not through my own eyes."

(female migrant, 4 years in Austria)

Transition mentors should face such dilemmas and tensions with migrants openly and assist them to find their own comfortable way through daily challenges of intercultural negotiations. It may not always be easy as is demonstrated by the following story, where a practitioner describes how she facilitates escaping the strict gendered dressing norms of a young migrant girl.

"The father doesn't allow her to put a T-shirt on at home in her own apartment, because she is older now, she told me. 'But he was never like that before! Now I can't even show my arms in the apartment.' She's a girl now, 14 years old, it is the rule. And I said, what does the mother say? Well that's what. The mother is also not allowed to walk around with her bare arms. Not even in the heat. Not in the apartment. Once in the summer I took the girl swimming and then she was wearing a T-shirt and it was too warm to put on this long jacket and I took her somewhere where she knows there are no refugees so she could not be recognized, she took off her jacket and had a T-shirt and she looked like a normal girl, she blended in that you couldn't even notice her, she's fair-skinned too, then nobody noticed her. Because when you walk around in the heat with a long cardigan, you really notice it. And she says: 'Oh, I feel so good! Finally, I can dress normally and walk around the street with a T-shirt.' So what. It is these old customs, it has nothing to do with religion, they are more old-fashioned customs and that is so, it has to get out of the minds of these people."

(female helper from refugee care, with the migration background)

The tricky part of the presented story is that such an intervention may distort the inner private social setting of a family. To sum up, sensitivity and reflexivity, together with the skill of supporting critical thinking would be highly recommended in such situations to the transition mentors.

3.4 Creating trustful network of support

Trust is the inevitable starting point of any functional human relationship, even more so in the situations of vulnerability, such as migration and starting a new family. In this part, the possible social settings and situations where trust can be built are described as well as the way it looks when



there is no trust, and possible severe consequences. This overview should help the transition mentor to reflect on the importance trust and support developing the trust-building competences.

Creating a safety net often starts with previously formed trust relationships, based on either family or ethnicity/place of origin ties. Several migrants emphasized that the main criteria for making a closer relationship with someone in the new country were nevertheless neither cultural background, nor place of origin. With migration, people often start creating more internationalized social life, they do not enter a new domestic society, rather they enter the sphere of a "third culture" (Pollock & Van Reken, 2009) that they later pass on their children, if they bring them up in the host country.

"It is very important for me to have friends in Austria. No matter what origin and religion. I don't know many Arab families here, but I know many nice other people. We meet often, so that the children can play, and our son finds friends. I like the people in Austria. Our friends are all very nice."
(male migrant, 8 years in Austria)

For practitioners, it may be simply a matter of professional pride to treat their clients with respect. This is definitely a good base to start with. Sometimes, when it comes to special needs, it may nevertheless not be enough, and lack of resources may cause damage of trust as side effect. On the side of a host country, specialists focusing on integration support and services seem to be the best place to start because they have more networking capacity than health care professionals. Midwives seem to have a special place in the care system, because they enter the very intimate zone of a women, and part of the essential, formative family event of a childbirth. Last but not least, the openness and reflexivity for own cultural background is of great importance in the trust making process.

"What do you think about you colleagues facing people from other cultures, how do they deal with it, with curiosity or openness?"

I think that always relies very strongly on the person themselves. I believe in principle everyone in the team tries very hard to be there to face a certain empathy and also show respect towards other people regardless of their origin, they are not treated in any other way, but it applies to every patient that we treat and I believe that we largely succeed well. With certain desires, it is easy in a public business, but it is often difficult to meet the ... just like when there is no male doctor for an examination. During the day in normal operation you always make sure that it is taken over by a woman, but there are just situations, especially during the nights or weekends when two male doctors are on duty, then it just doesn't work. (...)

How would you say you could generally get better reach of migrant families? Would you have any ideas?"

You might have to approach them with even more understanding for diverse deviations from our culture, but also they are just trying to integrate well into society, in our conditions. But also understanding for our own cultural background helps to find (common) space."
(interview with midwife)



When there is no trust, things happen in shadows, under cover, and it is less easy to communicate about them.

“Would you also say that religious customs during the birth come up, like, for example, painting the hands with henna or any nutritional matters that are important for people with a migration background during pregnancy?”

I don't really see henna paintings often. What has always been, some women I don't know from which culture now, who put a fruit in the water – which is supposed to give strength somehow and they drink this water at birth.

I think it's dates.

Well, there is something else. Something, root-like. With some it is also so that they deliver the baby, put something sweet in your mouth right after giving birth – before the woman is breastfeeding for the first time, because that is simply in her belief or in their culture and it should bring luck or health. It is often the case that the relatives accompanying the person who is present at the birth, also during (labour) her prayer towards Mecca. Otherwise, traditions, I think it is so with the Serbs I noticed several times that afterwards the men did that. Sometimes you catch some things but I think many of them, these traditional things, are also done when we are not present in the room – or also on the station then I believe there are a lot of traditions, but I don't think they are all accessible to us because they are done the way so that we cannot see them.”

(interview with midwife)

Of course, the possibility of creating trustful network of support is interconnected with the ability to communicate in a language of a host country. If the language handicap combines unfortunately with the formal organizational obstacles, it may result in to resigning and not seeking the essentially needed help.

“Is there a psychotherapeutic help for these people, whom they could trust? Is there any possibility?”

No. Because they don't want to talk about it openly with other people. Not now. They don't know if they can trust them. Of course, there can be, but then someone has to translate. So, if you have to. And I don't know, whether this is paid for by the insurance company. Everything has to be done by a doctor first, that's a whole procedure, you have to go to a doctor first, then the doctor has to refer you, it's not that easy.”

(interview with female helper from refugee care, with the migration background)

Transition mentors should combine the formal and informal ways of supporting migrant families to help build the bridges among people in similar life situations, since they may help each other to find the way through new challenging life situation, and to build trusting relationships with offered services as well. It is good to keep in mind that there are concrete people on both sides, and friends with longer integration experience may help newcomers to see human side of practitioners too and start building trustful relationship that is essential for successful transition. It is also good to keep in mind that the lack of trust is not only complicating the human interactions, but in the case of



migrant families, it can have severe consequences if offered services and support do not reach their goals and the needs for help are not heard or expressed.

3.5 Getting on a supportive spiral of integration

The supportive spiral of integration can be imagined as the opposition to the vicious circle. One thing leads to another, and at the end, the migrant feels more integrated but also more authentic and in power. Similar to the complex citizenship analytical models (Bloemraad et al., 2008), the more a person feels to be authentic, participating and on the similar level of life quality as s/he was in the domestic context, the more s/he can be considered to be ascending on the supportive spiral of integration. From the interviews the tendency on being on a good track versus being stuck without proceeding well in transition were clearly distinguished. This case study should illustrate the perspective of a supportive spiral of integration and analyse possible inner and external resources that can be used in order to get on a good track from getting out of the private sphere, formal integration, interconnectedness of the financial, social and linguistic integration, resocialization and admitting limits to the integration process, until finally including the possibility of further migration, and thus potentially starting the transition process all over again.

First step is getting out of the private sphere. One practitioner defines it quite prosaically:

"The women who sits around at home has to get out."

(female helper from refugee care, with the migration background)

In order to build functioning reciprocal relationship with a society, a person needs to first and foremost start existing in one outside the realm of private sphere. For the existence in modern society the duality of private and public is essential (Parsons, 1937).

Formal integration is absolutely essential for the integration potential of migrant family, financial wellbeing and overall development of the life situation and its potentials. Not only migrants themselves, but also practitioners recognize this.

"With the permanent asylum or the permanent residence permit something will change for them, because then they can also work, can have a job and income and this will make a lot of difference. Things in everyday life again change and also the financial situation."

(midwife)

Sometimes the formal integration development even decides the place of stay of a family for many years and several generations. Such a fatalistic interference with individual efforts and preferences is something that may be hard to imagine for a settled, domestic person.

"I can't say as much about getting there myself, because I can remember that staying in Austria was a challenge because of the residence permit. It wasn't extended. I don't know why, it was refugee status that no longer existed after the war, so to speak. At that time, we had the opportunity to flee to America or move on to this refugee home, or to Germany somewhere to look where you were accepted. Back then my dad got a residence permit or work permit for this part of Austria from a friend. Then we went here and were able to stay in Austria, so to speak. That was the difficulty."

(female migrant, 26 years in Austria)



The following quotation shows how financial, social and linguistic integration are intertwined and they cannot be taken sequentially. Somehow, the migrant needs to get onboard through many different entrances at once, being able to harvest previously built capital only on limited scope.

"I work here as an auxiliary worker. I had a good job as a lawyer in Syria, a lot of money and here I have to mop up and clean at work, which is not easy for me. So that I can work as a lawyer here I have to learn even more German. Writing German is particularly important. Maybe I can write well in German in 5-6 years. But not now. I submitted 70-80 applications per month for at least 6 months and found no work. Now I have an employment contract for 1 year and I want to continue working. I don't want to live on minimum income. Problem is that my documents and papers are not accepted in Austria. I tell everyone I'm a lawyer, but I only get help. No papers just washing up job. German course is too little for qualified work. Great wish is work. Hope my wife finds work when children are grown and she can go to German course. Maybe she can work in clothing store. It is important to me that I can learn German at work. I can learn a lot of new words and I can get better. If I speak better in German, I can work more and maybe get better work."

(male migrant, 4 years in Austria)

Both, practitioners and migrants speak about the importance of education when it comes to successful transition. Nevertheless, educated migrants often have to start over, and want to restart their careers, but this may conflict with family duties, trying to economically provide for the family or with the language barrier.

"I have studied law and would like to study law here to be able to work in this area. I also urgently need to learn German better. I have attended several German courses, but due to the birth and motherhood I have forgotten a lot."

(female migrant, 3 years in Austria)

Transition mentors should be able to estimate all these tensions sensitively and assist a migrant to find best fitting step-by-step solution.

The financial base is far more than meeting basic existential needs. It represents the possibility of realizing one's life values and develop lifestyle and relationships according to one's own personal preferences and habits, in accordance with the argumentation of Bloemraad et al. (2008, p. 170) that "immigrants should be compared to people with comparable human capital (Alba & Nee 2003, Bean & Stevens 2003)". Migration may in this respect present an extra burden and demand if a person wants to continue on previously built relationships.

"First of all that I'm missing and what I'm thinking about how nice it would be if my mom was there or my husband's mom. That they could just be there and take care of the child or just help me. For that, of course, we also need financial means. So, that the flight costs are paid or an extra room or a hotel room or any other thing, the financial expenses that our parents can support. And that would be great."

(female medical practitioner, with the migration background)



Nevertheless, it is fair to emphasize that part of the supportive spiral of integration may be some sort of resocialization, changes that may feel to an extent alienating, and a transition mentor should be sensitive and supportive in this respect.

“What has changed for you as a result of this migration?”

I think I have seen and maybe developed a completely different personality.”
(interview with female medical practitioner, with the migration background)

Our research showed that the ambitions of integrating oneself can have certain limitations, even many years after both the formal and linguistic integration is accomplished as one of the interviewees who is an Austrian citizen and lives 26 years in the country:

“Regarding integration – even though I came to Austria in the third year of life, I still think that I have roots in my home country. It's just the name that puts a lot on it – a stamp. I also have Austrian citizenship and speak and write German ten times better than Bosnian. I will stay a ‘foreigner’ forever, but I don't think that's bad.”
(female migrant, 26 years in Austria)

Perhaps it may be helpful to discuss this with migrants when assisting them, letting them openly know that the integration is complex long process, and that it may never be finally concluded.

Also, not taking away the entire control over the migrants' live matters from them is essential:

“And I want them to finally think alone. You have to be careful not to look after them too much.”
(female helper from refugee care, with the migration background)

For some migrants, becoming integrated well does not necessarily mean to settle for good in the place they live at the moment. Keeping in mind that some of the migrants already have an international mindset, which may make transition mentoring easier and more realistic.

“I want to give my son a good education and a good university, as my parents have done. Maybe he wants to study abroad, just like I did.”
(male migrant, 8 years in Austria)

To summarize, getting on the supportive spiral of integration means starting the step-by-step process of both approaching the host society (culturally, linguistically, in terms of financial integration and overall participation), and oneself, feeling more belonging, and at the same time more authentic and in charge of one's own life, whilst the integral part of this process is admitting its processual (and unfinished) nature, and the possibility of an open end of the transition process. Transition mentors should accompany migrants in this process patiently and cautiously, not taking away the control of the migrant's life and not raising unrealistic expectations of the transition process being fast or smooth. Last, but not least, the transition mentor should have realistic expectations from the mentoring process and avoid taking on too much responsibility for the transition process.



4. Discussion

In this case study the five aspects of double transition that play an important role in the process were determined. They are both vivid aspects that migrants and practitioners emphasized, and dimensions of the complex structural social processes that transition mentors may facilitate.

It is important to keep in mind that the processes that lead to cultural safety (DeSouza, 2015 in Jentsch et al., 2019) are not of a one-way or short-term nature. Rather, the “re-iterative process is required” (Jentsch et al., 2019: 10). Therefore, transition mentoring should be seen as a perspective, an approach, a set of competences being used and should be re-established in the day-to-day practice, rather than once and for gained competence. The quotations given in the case study serve as exemplary life-based episodes but should also emphasize that the reader/transition mentor should focus on own situations they appear to be in and to be sensitized towards the situations and interactions that may have both, strong transition potential, and blocking forces that need to be tackled both by migrant families, and practitioners; in both cases using the competences and resources at disposal. The role of the transition mentors is very unique and important as they are the ones willing to see the entire complexity of the life situation of a migrant family by not following only one agenda of the selected sector (health, education, family care, etc.) and by taking care for the migrant's potential of acting as autonomously as possible.

The layers of transition presented in this case study show that aspects of double transition take place on diverse layers of abstraction, whom which some may not be easily influenced by neither the migrants themselves, nor the practitioners. Therefore, part of the transition mentoring should include supporting competences of reflection and resilience and thus preparing migrants also for the failures that might occur.

5. Conclusion

The case study from Austria shows double transition in five analytical layers that serve as platform for set of suggestions for transition mentoring.

1. Dealing with stereotypes about migration:

- Observation precedes evaluation.
- Transition mentors should keep in mind that every family is different and be aware of stereotypes potentially influencing their interaction with migrants.
- Transition mentors should keep in mind that migration itself, or events that precede or follow it, may be traumatizing and proceed sensitively.
- Transition mentors should not automatically assume that migrant family is keen to integrate in the current place of stay and proceed sensitively.

2. Gaining ability to communicate in a language of a host country:

- When dealing with mutual language scarcity, transition mentors should not be afraid to improvise along with migrants; use all sources available, including relatives, friends, digital support or translators and translated materials.
- A good transition mentor is open to learn new languages, even on a basic level.



- Every language has strong cultural aspect; therefore, openness and reflexivity to own cultural background are good starting point for mutual understanding when lingua franca is missing.
3. Becoming parent and (re)establishing a family:
 - Transition mentors are aware of cultural differences and expectations in care and ready to discuss them.
 - When dilemmas or tensions appear in the field of family care, transition mentors are ready to openly discuss such situations with migrant family.
 - Sensitivity and reflexivity are essential in the family care for the transition mentor.
 4. Creating trustful network of support:
 - When creating a trustworthy environment, it is good to give space to trustworthy practitioners, such as midwives.
 - Trust is a twofold quality and cannot be forced; therefore, transition mentors need to be patient and perceptive, and not to take distrust personally.
 - Trust can be built upon previously created trusting relationships; therefore, good transition mentors build their own chain of trust and trustworthy credit in a long term perspective.
 5. Getting on a supportive spiral of integration:
 - Resettlement inevitably includes aspects of resocialization, and as such should be treated with sensitivity and support by a transition mentor.
 - Transition mentors keep in mind that integration is a long and complex process with uncertain ends, and therefore should be honest and patient with migrant families and their expectations.
 - Transition mentors support step-by-step solutions and motivate migrant families in taking small realistic steps that may empower and motivate them on getting on the supportive spiral of integration.
 - Transition mentors are aware of their limited position in the transition process.

The intention of the case study from Austria was to show how perspectives of migrant families and practitioners are intertwined. Not only because many practitioners have a migration background, but also because the migrants themselves may operate effectively as transition mentors, for themselves, within own family or community, as well as in the wider social context.

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