The experience of working with refugee children in Sweden:
Addressing the social and mental health needs of refugee children from the perspective of those working with them

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Abstract

Prior to resettlement, refugee children are exposed to stressors that leave them vulnerable to the development of health and psychosocial problems. The nature of these problems has been identified in numerous studies involving refugee children and their parents, yet relatively few studies have been carried out with workers from governmental and voluntary organizations. The primary aim of this study was to explore the workers’ views on (a) refugee policy and (b) the mental health and social needs of refugee children. The secondary aim was to pilot questions used during the interviews to see if those were valid for potential use of a large-scale survey of refugee workers. Following the principles of hermeneutical interpretation of 12 semi-structured interviews with Swedish workers, the findings were expressed in five master themes: ‘main responsibilities and tasks’, ‘obstacles within the job’, ‘need for improvements’ ‘alarming signs of the asylum process’, ‘importance of networking’. The results show that safeguarding the best interests of children is often hindered by the lengthy asylum procedure, the lack of knowledge about traumatization, the differing practices of municipalities, the inadequate housing facilities and the long waiting-times to be enrolled in school. Crucial factors for improving services appear to be more training for workers; unified policies; bigger workforces; and better cooperation between organizations. The interview questions yielded responses that were consonant with the aim of the study thus appeared to have good construct validity. After minor alterations they could form the basis of a new scale for assessing workers’ views on the needs of refugee children.

Keywords: mental health, policy, refugee, hermeneutical interpretation, asylum procedure, traumatization
According to the United Nations Convention on the Rights of the Child (United Nations, 1989) children are entitled to special care and assistance. The convention proclaims that every child should grow up in an atmosphere of happiness, love and understanding, and in the spirit of peace, dignity, tolerance, freedom, equality and solidarity. Children, furthermore, should be protected from all forms of physical or mental violence, injury or abuse, and their best interests shall be a primary consideration in all actions undertaken by administrative authorities or legislative bodies (United Nations, 1989). In reality, however, many of these rights are not assured for millions of children living in war zones. According to the Office of the United Nations High Commission for Refugees (UNHCR) the number of individuals who were forcibly displaced worldwide as a result of persecution, conflict, generalized violence, or human rights violations has reached 59.5 million at the end of 2014, compared to 51.2 million in 2013 and 37.5 million a decade ago (UNHCR, 2015a). The global number of refugee children has also been growing over the last decade, and today half of the refugee population consists of children (UNHCR, 2015a).

There is hardly any region in the world where the number of refugees and internally displaced people are not increasing, as over the past five years, at least 15 new conflicts erupted or reignited around the world (UNHCR, 2015a). In 2014, Sweden accounted for 13 per cent of all registered asylum claims within the European Union and was the main destination country accounting for 70 per cent of the submitted asylum claims in the five Nordic countries (UNHCR, 2015b). Seeing the accelerated annual tendencies, the world is in urgent need of an unprecedented humanitarian response and a renewed global commitment to protection and tolerance for refugees (UNHCR, 2015a), and this is also true in Sweden.

According to the United Nations Convention (United Nations, 1951) relating to the Status of Refugees and its 1967 Protocol (United Nations, 1967), a refugee can be defined as a person who is “owing to a 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 to or, owing to such fear, is unwilling to avail himself of the protection of that country” (p. 14). Those who are already awarded an official refugee status in the country they had sought asylum are called refugees, whereas those seeking international protection but whose claim has not yet been evaluated are called asylum-seekers (UNHCR, 2015c). Although legally the two groups are distinguished, those fleeing wars and conflicts are often considered refugees in colloquial language (Howard & Hodes, 2000).
Mental Health of Refugee Children

Due to exposure to severe stressors and traumatic events such as war, torture, violence, forced exile, persecution, deprivation and separation from family members, refugees are especially vulnerable (Lamb & Smith, 2002). Refugee children and adolescents are subject to various physical and mental challenges during both the displacement and the integration process in the host country (Fazel, Reed, Panter-Brick, & Stein, 2011; Jarkman, 2013). In line with this, the literature clearly distinguishes between the pre-migration and post-migration experiences of refugees, entailing various stressors, responses and coping strategies (Ehntholt & Yule, 2006; Lustig et al., 2004).

According to Berman (2001), the pre-migration phase can be characterized by the loss of loved ones, the directly experienced or witnessed torture or murder as well as the substandard living conditions in refugee camps, whereas the effects of separation from parents and the acculturation stress are usually challenges of the post-migration phase. After arrival, refugee children have to go through a long immigration process in order to obtain refugee status and they also have to face a wide variety of cultural, language and social difficulties.

Even though refugee children are often resilient, violence, deprivation and the memories of trauma negatively impact on their psychological well-being (Berthold, 1999; Ehntholt & Yule, 2006; Ellis, MacDonald, Lincoln, & Cabral, 2008; Goldin, 2008; Hodes, 2000; Montgomery, 2008; Rousseau, 1995). The most common symptoms among refugee children are depression, anxiety, post-traumatic stress disorder (PTSD), social withdrawal and sleep disturbances (Mollica, Poole, Son, Murray, & Tor, 1997; Papageorgiou et al., 2000; Thabet, Abed, & Vostanis, 2004). Comorbidity is very common: many children with symptoms of PTSD often have other psychological disorders, predominantly anxiety and depression (Ehntholt & Yule, 2006). Studies have shown that these psychological disorders are twice as likely to occur among refugee children compared to control population (Fazel & Stein, 2002). For example, a study on Bosnian refugee children resettled in Sweden has shown that the prevalence of an affective or anxiety disorder among refugees varies between 15-31%, whereas it is only 7-12% in Swedish community samples (Goldin, Hägglöf, Levin, & Persson, 2008).

However, it is important to highlight that refugee children should not be considered as a unified group when it comes to health risks (Frater-Mathieson, 2004). Although several
studies reported a large number of common physical and emotional health problems, many refugee children exhibit remarkable resilience and motivation, and therefore can cope and adjust to the new settings quickly (Berman, 2001; Frater-Mathieson, 2004; Rutter, 2003). Depending on their supportive networks, developmental differences and the degree of trauma, they respond differently to the experiences of war, loss and resettlement. Therefore, it is difficult to capture an overall picture of their reactions and mental health outcomes, and those can only be understood within a wider individual, family, community and societal context (Punamaki, 1989). As Punamaki (1989) concluded, children’s responses cannot be understood by focusing only on individual factors, but the political, social and ecological contexts must be considered too.

In line with the above, attention has been called to the importance of identifying protective and risk factors to better understand war-exposed refugee children's varying health outcomes. Several risk factors - such as exposure to pre-migration violence, perceived discrimination, family separation, poor physical environment, parental mental health problems - have been found to increase the probability of mental health disorders among children and adolescents (Dyregrov, Gupta, Gjestad, & Mukanohele, 2000; Fazel et al., 2011; Heptinstall, Sethna, & Taylor, 2004). Likewise, post-migration difficulties including the asylum-seeking process, uncertainties of refugee status, frequent changes in residence in the host country, financial problems and social isolation have been identified as potential risk factors that further exacerbate the already difficult situation and pre-existing (mental) health problems of refugees (Ajdukovic & Ajdukovic, 1993; Nielsen et al., 2008; Sinnerbrink, Silove, Field, Steel, & Manicavasagar, 1997). On the contrary, adaptability, good self-esteem, parental support, family cohesion, support from friends and positive school experiences in the host country act as important protective factors and facilitate children’s well-being (Fazel et al., 2011; Jarkman, 2013). These findings imply that through strengthening children’s coping strategies, improving their individual competences and enhancing their family and peer relations, the negative effects of displacement can be “buffered” (Ajdukovic & Ajdukovic, 1993; Berman, 2001).

The Role of Institutions

Swedish Migration Agency (SMA). The process of adaptation and cultural transition in the host country involves not only the individual and its family, but also the wider social structures, such as schools and health care institutions (Frater-Mathieson, 2004). During the
asylum-seeking process and also after the refugee-status was being granted, different organizations play a vital role in assisting refugees and facilitate their well-being. In Sweden, the Swedish Migration Agency, formerly known as Swedish Migration Board until 2015 when its official English title has changed, is the central migration administration being responsible for the asylum process from the application stage to the granting of a residence permit (Lundberg, 2011). The agency approved a set of guidelines in 2007 for the reception (the time between arriving to Sweden and the final decision on the asylum application) of asylum-seeking families with children, resulting in the introduction of Children’s Case Workers (CCWs), whose main responsibility is to ensure children’s welfare and well-being during the asylum-seeking process (Ottosson, Eastmond, & Schierenbeck, 2013).

Based on the SMA guidelines, every asylum-seeking family is entitled to have a CCW, who is responsible for registering children in school, counseling other local specialists on the needs of the child and cooperating with other officials at the SMA (Ottosson et al., 2013). In one of the few studies to be carried out with Swedish workers who assist refugee children, Ottosson and colleagues (2013) interviewed nine CCWs and observed their daily work to better understand their perceptions and practices as ‘street-level bureaucrats.’ They found that CCWs were usually perceived as ‘persons of authority’ with the power and primary purpose to assess the asylum claims and not to assist the child/family in accessing services, and therefore establishing a sense of trust with refugee children was difficult for them. CCWs, furthermore, have been found to often encounter conflicting policy objectives that strongly impact their everyday practices and the ways in which policy gets implemented (Ottosson et al., 2013). The dilemmas often stem from the organizational context in which both the child perspective and the organizational efficiency should be maintained. CCWs are in charge of ensuring children’s rights and best interest on the one hand, and they are exposed to high institutional demands as representatives of the SMA on the other hand (Ottosson et al., 2013). Consequently, the high work pressure and the daily goals for assessing the asylum claims come in conflict with assisting the children and building a more personal relationship with them, resulting in practices disregarding children’s needs as the primary consideration (Ottosson et al., 2013).

**Health care services.** Several studies have shown that the access to health care services is difficult for refugees and asylum-seekers due to location and language difficulties, as well as administrative and financial reasons (Bhatia & Wallace, 2007; Chauvin, Parizot, & Simonnot, 2009; Priebe et al., 2012). Although refugees should be able to achieve the same
quality of primary and specialist services as local population, in practice, they are facing serious obstacles (Feuvre, 2001). In most cases, bilingual health care practitioners or interpreters would be needed during the health care process, but they are often not available. Language barriers, thus, can result in miscommunication with health care providers and make refugees reluctant to express their health needs (Novak-Zezula, Schulze, Karl-Trummer Krajic, & Pelikan, 2005). Furthermore, refugees are often accommodated in distant areas, restraining them from accessing care, as well as the costs of public transport and their limited financial resources make it difficult to regularly travel to where the appropriate service is available (Lamb & Smith, 2002).

These problems are even more challenging for children, who require adult help in accessing health care. Since children rarely seek medical help by themselves, parents and teachers play a crucial role in identifying problems and ask for help on their behalf (Henley & Robinson, 2011). In practice, however, refugee parents are often reluctant to seek help due to various reasons such as stigmatization and the lack of information on services (Lustig et al., 2004). In line with this, Priebe and colleagues (2012) pointed out that although people usually seek mental health services by themselves, the same cannot be expected from refugees and asylum seekers. Instead, outreach programmes would be essential in order to identify those with mental health disorders. In their study (Priebe et al., 2012) they aimed to explore the components of good practices in the provision of mental health care for socially marginalized groups in fourteen European countries by interviewing professionals in mental health care, general health care and social care. The findings indicate that establishing outreaching programmes to identify people at risk, facilitating access to services, intensifying cooperation and coordination between different services, and spreading information on services are the major characteristics of good practices in mental health care (Burnett & Peel, 2001; Priebe et al., 2012). Similarly, another study (Bhatia & Wallace, 2007) revealed that providing information about the location of the nearest health care practitioners improved the access of primary care among newly arrived refugees.

In practice, accessing health care services is often hindered by refugees’ previous negative experiences and the lack of trust and familiarity with health care provision (Lamb & Smith, 2002; Priebe et al., 2012). Therefore, simplifying the process to acquire the necessary health care insurance, educating refugees about the available physical and mental health care, and ensuring regular contact with them could increase the level of trust towards practitioners so as they would accept treatment easier (Priebe et al., 2012). Furthermore, assuring
professional interpreters, training health care workers and reception staff about the mental health needs of refugees, and improving cooperation between different health sectors could lead to more effective care (Feldman, 2006; Priebe et al., 2012).

In summary, those who come into contact with refugee children need to be aware of the factors that influence their psychological well-being in order to identify children at risk and provide effective interventions. Refugee families and children have diverse, special needs, and therefore an enhanced cooperation between teachers, social workers, health care staff and other, voluntary-based organizations is essential in order to provide adequate care, and help them to properly adjust to the new circumstances in the host country.

As the above literature review demonstrated, numerous studies of the social and mental health needs of refugees have been undertaken involving questionnaire and interview-based assessments with refugee children and their parents. However, the views and experiences of those working with refugee children have been given much less attention. Understanding how workers from governmental services and charitable organizations view the social and mental health needs of refugee children may provide useful insights into efforts to improve services for these children, and thus better meet their social and mental health needs. Therefore, further efforts are needed to understand the workers’ experiences in order to help identify areas for worker education and training as well as to modify the current practices of refugee organizations.

The present study aimed to expand upon the previous study by Ottosson and colleagues (2013), which only examined the perceptions and practices of CCWs, by interviewing a wider variety of individuals tasked with assisting refugee children. Informed by previous research with Swedish workers (Ottosson et al., 2013), the primary purpose of the study was (a) to identify the views of those working with refugee children in relation to policy implementation, including the capacity of the workers and organizations; and (b) to explore the workers perceptions of the mental health and social needs of refugee children. The secondary aim of the study was to pilot questions used during the interviews to see if these were valid for potential use as a part of a questionnaire that might be given as part of a larger scale survey of refugee workers’ views about the issues identified in (a) and (b).
Method

Hermeneutical Interpretation

In order to explore the views of those working with refugee children and to find repeated patterns of meaning across their narratives, the methodology of hermeneutic interpretation was found to be the most suitable approach. Hermeneutics is the theory of interpretation that aims to better understand certain human conditions (Gadamer 1994). Interpretation, by nature, cannot take place without having preconceptions about the subject under investigation, meaning that such an exploration inevitably involves the researcher’s personal view of the world. In other words, the results of the research should be regarded as interpretations of the participants’ experience (Ashworth, 2003; Smith, Flowers, & Larkin, 2009; Willig, 2008). In the present study, the preconceptions were influenced by personal voluntary experience in the field, and therefore the interview questions guided the participants to comment on areas that were anticipated to be somewhat “problematic”. Consequently, it was assumed that (1) the Swedish workers across the different services would be aware of policies governing the care of refugee children but would identify a range of obstacles to implementation; (2) they would be aware of the mental health impacts of being a young refugee but would identify a range of obstacles to meeting the mental health needs of these children; and (3) they would identify a range of possible “solutions” to overcome barriers to implementation and meeting the health needs of refugee children.

Although the preconceptions in hermeneutics might hinder the interpretative process, the aim should always be to allow the original text to present itself and to let new ideas and themes coming up. The interpretation, thus, is a constant dialogue between the past (presumptions) and the present (actual meaning of the text), and the important thing is to be aware of ones own bias during the process of interpretation (Smith et al., 2009).

In line with the above, the interview questions were informed by (1) existing literature, (2) gaps in knowledge about how refugee workers view refugee needs, refugee policies and obstacles to implementation of these policies, and also by (3) the personal voluntary experience in the field of working with refugee children. Consequently, the research design and the interview analysis were influenced by the theoretical and analytic interest of the researcher, resulting in an analyst-driven study (Braun & Clarke, 2006). Furthermore, the tradition of hermeneutics implies a constructivist epistemological perspective, emphasizing that the ‘true’ reality is impossible to capture; instead that there are multiple, valid realities constructed in the minds of the individuals (Ponterotto, 2005). In other words, the reality is
subjective and so the “same” phenomenon can be perceived and experienced very differently by people, depending on what it means to them. Therefore, the aim of the present study was not to find a single ‘truth’ but to seek patterns (themes) across the data and to offer meaningful insights on the texts (Smith et al., 2009).

It is important to note that this research method does not attempt to identify the cause behind the experience. It only provides detailed description and interpretation of the participants’ opinions, but does not try to explain why they differ - if they do so. The method is concerned with how the world is experienced by human beings, but it somewhat limits our understanding of why there may be differences between the individuals’ representations (Willig, 2008).

**Interviewing**

Data collection techniques often include interviews or other forms of obtaining verbal descriptions of events when carrying out a qualitative study (Willig, 2008). Thus, the representational validity of language plays an essential role in hermeneutics (Willig, 2008). One can argue that language constructs rather than describes reality, and therefore working with transcripts of interviews only permits access to the way a person talks ‘about’ a particular situation but does not capture the experience itself (Willig, 2008). Despite this limitation, hermeneutics remained the best available approach to capture the workers’ experience of assisting refugee children and obstacles to doing so.

Data were obtained from one-to-one semi-structured interviews. In contrast to the structural interview, which offers maximal control to the interviewer, semi-structured interviewing allows interesting and important issues to arise during the interview, according to the participant’s views and interests (Smith & Eatough, 2007). According to Smith and Osborn (2003) the semi-structured interview facilitates rapport and empathy, allows the interview to go to novel areas, leads to rich data, and yet permits some control over the topic areas that are addressed. The main purpose of this interview technique is to attempt to get as close as possible to the psychological and social world of the participants and encourage them to tell their own story, without being entirely led by the interview questions (Smith & Osborn, 2003). Thus, the order of the questions was less important and the participants had an active role in shaping how the interview proceeded.

Before conducting the interviews, eight open-ended questions, as well as some additional follow-up questions were developed in order to obtain information about the areas
the study aimed to explore, and to think in advance about what themes the interview should cover given previous research with workers and the needs of refugee children (see Appendix A for interview questions). The interview schedule followed a logical order: the interviews started with the workers’ everyday, personal work experience, then moved on to the questions regarding the specific refugee organization they work at, and finally to the more structural questions related to the asylum system in Sweden. The order of the questions was not strictly followed, yet talking about the personal responsibilities, tasks and difficulties first, then placing the organization within the complex system of refugee child care and gradually broadening the perspective towards the intertwined organizational structures was found to be the best approach to address the different topic areas involved in the research. Proceeding from the personal to the wider organizational level, thus, facilitated a better understanding and a more holistic view of the phenomenon of working with refugee children.

Overall, the role of the schedule was intended to indicate a general area of interest but it also provided support during the interviews. In some cases, when the questions were too general so the participants encountered difficulties in understanding or responding to them, more explicitly framed follow-up questions were used in order to enable them to talk about the subject (Smith & Osborn, 2003). For example, when asking about the settling process of young refugees in Sweden (see question 7 in the Appendix A), certain topic areas - such as housing, integration, health and mental health screening - were specified so that the participants could answer easier. In some other cases, a follow-up question served the purpose to explore what changes the participants think would be needed in the matter in question. For example, the interview question regarding the current Swedish asylum system (see question 6 in the Appendix A) was followed by a question concerning the opinion of the participants to change certain processes in it.

Participants

The distinction between the terms ‘refugee’, ‘asylum seeker’, ‘accompanied refugee’ and ‘unaccompanied refugee’ are important in a legal perspective. However, the presence or lack of a legal guardian and the official refugee status of the children were not of great importance in the present study, which focused on workers’ views of the policies, structures and needs of the refugees who were already in their care. Using only one term instead of four eased the process of interviewing and writing up the results, as well. Consequently, the term ‘refugee’ in this paper applies to both those children who have and who do not have a
guardian and an official decision regarding their refugee status. In those cases where the workers differ in their opinions regarding the groups and this is of great importance, it will be clearly indicated in the results section. Taking the main purpose of the research into account, it was essential that a diverse group of people with varying responsibilities and work positions could share their experience. Therefore, people working with any of the four groups of children could participate in the study, which made it possible to obtain a wide variety of information through their narratives.

As the primary goal during the recruitment process was to reach a diverse group of people currently working with refugee or asylum-seeking children, a purposive sampling method was applied in order to find a fairly heterogeneous sample that still shared similar experiences (i.e., having as their main work responsibility the care of these children). The basic idea was to identify similarities and differences among them that might reveal important insights about necessary structural reforms including worker-training needs. Refugee-linked organizations - such as refugee receptions, child- and adolescent psychiatry, immigration office, schools and voluntary organizations across Skåne (a region in South Sweden) were approached by phone, and then workers were emailed to identify individuals who would consent to be interviewed. The inclusion criteria for participation were to be employed or actively volunteer in an organization that is primarily working with child or adolescent refugees, and the ability to communicate in English fluently. Participants were preliminarily informed about the purpose of the study via email, yet not as detailed as when meeting in person for the interview. They gave their informed consent by answering the recruiting email and offering a personal appointment for an interview.

A total of 12 workers (all Swedish born) working across different settings consented to be interviewed, of whom 10 were female and 2 male, representing the gender distribution in the social work sector in Sweden (SCB, 2012). Participants held a variety of work positions: 3 volunteers (playing with refugee children once a week), 4 licensed psychotherapists, and 5 social workers (including two youth coordinators, two integration counselors and one house manager). They worked for four different organizations, which are not specified in this paper due to ethical reasons. Participants had diverse educational background, mostly in psychology, sociology and human rights. Nine had a college or university degree and three were enrolled at university when the data was collected. Characteristics of the participants such as sex, education, current job position and main tasks within their organization are shown in Table 1.
Table 1

*Participants Characteristics*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sex</th>
<th>Job position</th>
<th>Education/Degree</th>
<th>Main tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>F</td>
<td>Psychotherapist</td>
<td>Psychology</td>
<td>Treatment (psychotherapy) Psychosocial work around the children</td>
</tr>
<tr>
<td>2</td>
<td>F</td>
<td>Youth coordinator</td>
<td>Human rights</td>
<td>Coordination with the Migration Agency Informing refugees about their rights</td>
</tr>
<tr>
<td>3</td>
<td>M</td>
<td>Psychotherapist</td>
<td>Psychology</td>
<td>Treatment (psychotherapy) Psychosocial work around the children</td>
</tr>
<tr>
<td>4</td>
<td>F</td>
<td>Volunteer</td>
<td>Student: food technology</td>
<td>Playing with the children once a week at camp</td>
</tr>
<tr>
<td>5</td>
<td>M</td>
<td>Integration counselor</td>
<td>Social work</td>
<td>Helping to get care Helping to get integrated</td>
</tr>
<tr>
<td>6</td>
<td>F</td>
<td>Integration counselor</td>
<td>Social work</td>
<td>Teaching, explaining, providing safety Coordinating things around the children</td>
</tr>
<tr>
<td>7</td>
<td>F</td>
<td>Volunteer</td>
<td>Student: economics</td>
<td>Playing with the children once a week at camp</td>
</tr>
<tr>
<td>8</td>
<td>F</td>
<td>House manager</td>
<td>Social work</td>
<td>Teaching, explaining, providing safety Follow-up</td>
</tr>
<tr>
<td>9</td>
<td>F</td>
<td>Volunteer</td>
<td>Student: human rights</td>
<td>Playing with the children once a week at camp</td>
</tr>
<tr>
<td>10</td>
<td>F</td>
<td>Psychotherapist</td>
<td>Psychology</td>
<td>Treatment (psychotherapy) Educating others</td>
</tr>
<tr>
<td>11</td>
<td>F</td>
<td>Psychotherapist</td>
<td>Psychology</td>
<td>Treatment (psychotherapy) Educating others</td>
</tr>
<tr>
<td>12</td>
<td>F</td>
<td>Youth coordinator</td>
<td>Social work</td>
<td>Providing safety Coordinating thing around the children</td>
</tr>
</tbody>
</table>

F = Female; M = Male.

**Ethical Considerations**

The study was performed in accordance with the principles of informed consent, confidentiality and general ethical procedures. According to the Swedish ethical guidelines for conducting research, no prior approval of the Swedish Research Council’s Ethic Committee was needed for the interviews. Participants were informed about the purpose of the research both via a recruiting email and in person at the beginning of the interview. Furthermore, they were made aware of their right to withdraw at any time during the interview process.

Although the standard ethical procedures were pursued, an important ethical issue was raised. Since the interviews were audio recorded and some of the interview questions were related directly to the participants’ workplace and job, they were at higher risk of identification. In order to protect participants, their personal identifying information were
coded during the transcribing process, as well as they were ensured that the name of their organization is not going to be used at any time during the analysis. The research records were securely stored, used only for the purpose of this study and handled with confidentiality. Nevertheless, confidentiality in qualitative research does not mean that the content of the material - or at least a part of it - cannot be seen by anyone else. In other words, the experience of workers and the extracts from their interviews are presented in this study, yet the raw, unedited transcripts were not seen by anyone else, and for a wider use they were made unidentifiable.

**Data Collection**

After scheduling the individual interviews via email, data was collected through audio recorded, semi-structured interviews with the participants. Approximately 2-3 interviews were scheduled for each week, and so it took a total of 5 weeks to complete the data collection. The location of the interviews was selected based on the personal preferences of participants, of whom nine were interviewed at their workplaces in Malmö, Lomma and Landskrona, and three at Lund University Library. The interviews lasted between 35 and 45 minutes and were conducted in English.

At the beginning of each interview, background information regarding the participants’ workplace, work position and education was obtained as well as they were informed about (a) the main purpose of the study in more detail; (b) the term ‘refugee’ is being replaceable with ‘asylum-seeker’ in case they work with that group of children; (c) the interviews being audio recorded; (d) the subsequent use and storage of the material; and (e) their right to withdraw from the interview at any time during the process.

After obtaining the participants’ oral consent, eight open-ended questions were posed to them, based on three main topic areas: (1) the workers’ perception of their own responsibilities in relation to refugee children; (2) the capacity of their organization to meet the mental health and social needs of refugee children; and (3) the workers’ views on the wider organizational structures as they relate to the mental and social health needs of young refugees. As mentioned above, the interviews were guided by pre-established questions, yet those were unstructured enough to be adjusted to the individual participants in order for new ideas and themes to emerge. The order of asking the questions was not strictly followed; it changed during the interviews depending on the participant’s specific, personal interests. In other words, if a respondent raised a topic that was related to a subsequent question on the
interview schedule, then the later question was asked earlier than it was intended. Furthermore, some follow-up questions were unnecessary to ask in case the participants already addressed the targeted issue by answering to the more general questions.

**Data Analysis**

The study was guided by the basic principles of hermeneutical interpretation. Before analyzing the texts generated by the participants, they were made unidentifiable and transcribed verbatim using the transcription software ‘InqScribe’, making it possible to work with the audio files and the texts on the same platform. The interview analysis was iterative, and a hermeneutical circle of understanding was applied during the process. This means that even though a step-by-step approach was used, the steps were not strictly followed by each other. Instead, a circular, back and forth movement within the data set was carried out so that a higher level of comprehension was possible to reach by referring to the ‘part’ of the text in reference to the ‘whole’ (Svenberg, Skott, & Lepp, 2011).

The first step of the analysis involved the reading and re-reading of the written data, examining the semantic content and the language use, and producing detailed, comprehensive set of notes and comments on the texts (Willig, 2008). This step served the purpose of getting more familiar with the transcripts and beginning to identify topics the participants talked about during the interviews. In the second step, labelling potential themes from the initial notes was attempted in order to capture what was crucial at certain points of the transcripts. At this stage, more abstract and concise phrases were produced, reflecting not only the respondents’ own thoughts but also the interpretations of those original words (Smith et al., 2009). Labelling the themes with conceptual titles was carried out in all 12 interviews, in which the same title was repeated in case similar themes were found in the texts.

After labelling the themes across the transcripts, the first interview was further scrutinized. In this stage, a higher level of structure was introduced into the analysis (Willig, 2008) by searching for connections across the identified themes. Based on the previous stage the themes were ordered chronologically - as they came up in the transcript - and so clusters of themes were identified in order to find the most relevant aspects of the narrative. In other words, those themes that represented similar meanings were grouped together. The emerging clustering of themes was then checked against the original data to ensure that the clusters make sense in relation to the text generated by the participant (Willig, 2008). In this stage, some of the initial themes were discarded from the analysis, thus not all themes were
integrated into the clusters. The same process was repeated with each participant’s text, allowing new themes to arise in each case. Although it was endeavored to treat the transcripts individually, the formerly identified themes and clusters inevitably influenced the subsequent findings.

Finally, the last step included the integration of cases so that a more general understanding was obtained. In order to represent the shared experience of the participants as a group, the individual themes and clusters of each participant’s transcript were integrated into a coherent and consistent account. This resulted in master themes, which were reviewed and refined by testing their validity in relation to the individual transcripts as well as to the data set as a whole (Braun & Clarke, 2006). As a result, some of the previously emerged themes were dropped from the analysis depending on their relevance and the overall structure of the identified categories.

It is important to underline, that the identified themes and therefore the integrated master themes were “theory-driven”, meaning that the data set was approached with pre-defined, specific areas of interest. In other words, the topic areas appearing in the interview schedule influenced the coding process and, therefore, the best way to organize the data into meaningful groups as well as to communicate the results were found to be along the three main topic areas of the interviews.

**Results**

The identified themes, as mentioned above, were spread around the topic areas of: (1) the workers’ perception of their own responsibilities in relation to refugee children; (2) the capacity of the organizations to meet the mental health and social needs of the children; and (3) the workers’ views on the wider organizational structures as they relate to the mental and social health needs of young refugees. After analyzing the 12 interviews, the participants’ accounts clustered around five master themes: ‘main responsibilities and tasks’, ‘obstacles within the job’, ‘need for improvements’ ‘alarming signs of the asylum process’ and ‘importance of networking’. The five master themes contain several constituent themes, which will be discussed in more detail under each master theme. Based on the research interest, the identified themes are related to the social and mental health needs of young refugees, which connection will be supported by illustrative quotations from the participants. The main topic areas of the interview as well as the identified master themes and belonging themes are shown in Figure 1 in the Appendix B.
Workers’ Perception of Their Own Responsibilities

Main responsibilities and tasks. The participants talked in detail about their everyday tasks, responsibilities and the main aim of their job. These tasks included for example ‘offering highly specialized treatment’, ‘making children feel happy’, ‘giving them safety’, ‘helping them to integrate’, ‘helping them to feel secure’, ‘teaching them about the society’, ‘making sure that their needs and rights are satisfied’, ‘talking, teaching, helping people who are directly working with refugee children’. Regardless of their job position, each participant mentioned two kinds of tasks what they perform on a daily basis. The first one was related directly to the children, such as ‘providing trauma-focused psychotherapy’, ‘playing with them’, ‘teaching language to them and explaining how the Swedish society works’. The second role was rather related to those other organizations and actors who are involved in the care of children. This included for example ‘psychosocial work around the children’, ‘coordination tasks with the migration authorities and health care services’, and also the ‘education of those who are directly working with refugee children’.

A shared experience among the participants was the need to perform certain tasks that exceed their prescribed responsibilities, yet there is no one else to carry them out. Two of the therapists’ descriptions perfectly capture this experience of multiple tasks in childcare:

The needs are sometimes so big and there are so many things...It does not help if you only do therapy, there are so many other things they need. For example one of them, he doesn’t have friends, parents, he lives at a house where there is no one taking care of him, he doesn’t have much money for medicine. So I am trying to help him with therapy, but it is not easy because there are so many other things. And I am trying to get social workers to help him, to get money through the school or everything. But you know, a lot of my time goes on to trying to help and arrange everything around him.

We exist to offer highly specialized trauma treatment, psychotherapy to refugees and asylum seeker children. But the psychosocial work around them, so they feel safe, and have the basic stability, that is what we work with too. We need to both take care of the patients, but also to educate other people and it is really stressful.
In another narrative, an integration counselor expressed a similar experience:

Well, we do not do treatments here, but we are responsible for making sure that the children/youth get adequate mental and physical care that they need. I am a bit divided because on the one hand we are not supposed to treat them for mental health issues, but I feel that we still need some kind of mental health training to fully meet the needs they have.

The quotes above and phrases like ‘it is really stressful’, ‘everyone here is quite tired’ or ‘that is not a part of our working description but still I have to help of course’ reflect the diverse nature of everyday tasks that is often experienced challenging by workers. Having to take care of extra duties often go to the expense of effective professional work for psychotherapists, whereas the task of a psychologist is often imposed on social workers in order to meet the daily needs of the children they work with.

Summary

Within the area of ‘workers’ perception of their own responsibilities in relation to refugee children’ in the interview schedule, the master theme ‘main responsibilities and tasks’ including themes of ‘tasks directly related to the children’ and ‘tasks related to other organizations around the children’ were found to reflect the participants’ most significant experience.

Capacity of the Organizations

Obstacles within the job. When talking about their job, participants clearly expressed several obstacles they often encounter, impeding their efficiency. These everyday difficulties can be divided into two main categories: (1) obstacles related to their own organization and (2) difficulties concerning the whole society.

In order to properly address the needs of refugee children, the appropriate conditions and resources seemed to be essential, especially for psychotherapists:

When social workers don't see the need of three unaccompanied children to stay together but they split them up, it then totally conflicts with our need to help them with their trauma. It is not in accordance with what we think. That really conflicts with the need for stability and calm to proceed a treatment. In order to be able to work with
trauma and therapy, you need to sleep well, eat well, you need to have a safe place where you stay at, you need to have someone who loves you and all these things. Of course those are so related to each other and connected to mental illness.

Another therapist emphasized that the psychiatry ‘as a large organization’ is not being considerate of the special needs of traumatized children, but they prioritize financial interests instead:

The goal of the large psychiatry is to save money and instruct people who work here to use translators through telephone when they work with patients who need translation. All of our patients need it of course. It is so not humane. It would not be possible to work if we used translators through the phone.

Similarly to the above narrative, others expressed negative opinions about the private sector’s interests too. A variety of actors - state-run, voluntary, private organizations - are being involved in refugee children’s lives and according to the participants’ descriptions the private ones appeared to be the most problematic:

There are private actors to offer homes for refugees. They are big companies who work to earn money. They do not have the long-term thinking of the children. They are contracted for six months and they don't know if they will open in the next six. I think it is a problem that there are so many private organizations working. And I know that the standard is very different. Some of them are functioning very very well, but some of them are really really bad.

The word ‘standard’ in the above extract concerns the fact that the refugee childcare in Sweden is provided by municipalities and it is not unified across the country. In other words, there are big differences in the quality of help, depending on where the child ‘ends up’ within the country. Some municipalities have a lot of resources, experience and knowledge, whereas others are less good in providing adequate help, such as therapy or counseling. As a result, some children can get better help than others, which the participants found ‘really alarming’:
If you work with children who has no papers and who are hiding...well, it is really really different, depending on where you are. Here in Malmö they can get social help, money and stuff but if you are applying for that in Stockholm, they don’t get any help because it looks totally different. And that is really a big problem; it should not be like that. It should be the same way like in whole Sweden.

As a result of the differences between municipalities and cities across the country, procedural difficulties often slow down certain processes, as it was mentioned by a social worker:

It is very new in the municipality. I mean the unaccompanied minors are still considered to be a new social issue. It is like we don’t have the specific on how to work and how to handle things, like the laws we work under. So the obstacle is to find a solution for every problem that comes along and we have to like "re-invent a wheel" every time for every case.

Further analyzing the texts, participants pointed out the lack of certain resources as a challenge within their job. The lack of knowledge and understanding of the special needs of traumatized children within the various organizations, the high dropout rate of volunteers, and the shortage of apartments for those unaccompanied children who are ready to move in by themselves were the most salient problems the workers encountered. Even though Sweden is at the forefront of accepting refugees for a long time - and therefore there is an accumulated expertise in the field -, seemingly ‘there is so little knowledge about refugee children’s mental health problems’. Psychotherapists were found to possess the most extensive knowledge in respect of traumatization, yet even they expressed the need of gaining expertise:

Even if we know a lot by now in Sweden, there is not enough awareness of what kinds of needs refugees have. In my work I think I would need even more specific therapeutic tools to work with different ways with different types of children with different cultural background.

Similarly, a volunteer concluded:
Having more knowledge about how to interact with the children would be great. We do what we think is best for the children but we don’t know whether it is right or wrong, or the maximum we can give or there is anything we can do better for the children.

Another participant highlighted that there is a relatively large amount of knowledge and experience within the field, yet it is not used and shared properly:

So everyone knows a little bit about everything, do you understand? I know what I do, the colleagues know what they do, but we don't know enough about each other. We would need to be more equalized in what we do, so we can share the knowledge instead of one person having it.

The role of shared knowledge was particularly important in the narratives of volunteers who are often not well aware of that they are actually helping the children through playing with them. As ‘average university students’ they do not possess enough knowledge about the impacts of traumatization and their crucial role as volunteers in children’s lives, so that the high dropout rate causes a big challenge for them. It is therefore of particular relevance for them to share the experiences and knowledge with each other as well as to listen to professional lectures within their organization:

Psychologists try to help us, if we ask them about something. They give us a lecture or set up a meeting. I don’t think it changes the way we treat kids, but helps to keep the volunteers active. As a volunteer it is easy to feel that it doesn’t matter what I am doing sometimes; so it is good to get an aspect that you are very important.

For unaccompanied children, who reached the age to have their own apartments with a few years of supervision, social workers often struggle to find available apartments. Since the lack of flats in big cities is an issue in Sweden, those who work with unaccompanied children underlined the problem of housing:

Like the one who is 18 is pretty much ready to move tomorrow to his own place. But we do not have an apartment for him unfortunately. There is a lack of apartments in
big cities and cities with universities so the places you can find apartments you can’t find jobs…

Beyond the scope of the individual organizations, participants delineated another salient problem area, concerning the entire society. They claimed that refugee children are often viewed and treated ‘differently’ than ‘Swedish born kids’:

“If any Swedish kid had been through what these guys had been through, they would get more help, psychiatric for example.”

Going a step further, refugee children are sometimes treated even with ‘racism’ in hospitals or at school. The children are usually accommodated in small villages, far away from big cities, ‘leading automatically to segregation’ in the society. Since there is a free school choice in Sweden, it is quite common that refugee kids ‘end up’ in different schools than other children:

All kids end up in the socially marginalized areas where schools are not good at all and they are segregated completely. Usually there are no Swedish kids in those schools. And no one wants to work there, no educated teachers, so children can’t learn proper Swedish, because they don’t have it at home or at school.

Consequently, there is a large gap between refugee and ‘other’ children’s possibilities. Some can attend better schools in better areas than others, resulting in inequalities. In a long run, these relatively early experiences strongly influence the children’s academic achievement as well as their position on the labor market. If the opportunity to succeed in school is not given to these children, their future chances can easily become limited too. The following narrative captures this problem very well:

The society is quite hard because it’s so academic now; you need an education for everything so that is the structural problem in society. We don’t have a lot of practical jobs left. It is hard to become an academic for some people who come here, since they don’t have the school background and everything. Also, Swedish people are very
closed...So more ways into the society that doesn’t have to do with high education would be very good.

**Need for improvements.** Based on their expertise, responsibilities, obstacles and everyday experience of working with child refugees, the workers mentioned a range of possible improvements that could serve the purpose of providing a better care and facilitating children’s well-being. These recommendations arise from the experience mentioned in the previous sections and they include the following suggestions: (1) *more staff and time for the children*, (2) *better housing*, (3) *access to school as quickly as possible*, (4) *more knowledge and education about traumatization*.

Most workers expressed their need to be able to have more time for the children. More time to play with them at the refugee camps, more time to build trust at the Migration Agency and more time to get to know and talk to them at the asylum house. At all stages of the asylum process, more time would be needed to ‘arrive to the new country’, as one of the social workers described. For those who live with unaccompanied children in the refugee house, time was of particular importance:

> There is no time off with the kids. For example, if one kid feels bad at the moment and needs more attention, we would need extra resources just for that kid and there is no room for that. So we are kind of trapped in the system.

In line with this, a social worker highlighted that children are often not ready yet to answer the questions at the time when she is supposed to make an evaluation of them. According to her experience, children are mostly confused, since they do not even understand what just happened to them and “who is who” in the Swedish social service system:

> During my evaluation I would need more time to work on the relationship with the children to get to know them better and to be able to write the report. By the law, I am supposed to do it in 4 months. I come in and start asking these questions and they often don’t know how to separate me from the Migration Board. So it’s very hard for the kids.
However, it is not only the time, but also the number of staff that could be increased. The workers emphasized the crucial role of psychologists in children’s lives and also pointed out that more professional help would be needed once the children arrive. The system is built around offering direct, quick help (such as housing) to the children, whereas the mental health care is ‘problematic in a long run’. One social worker stated:

“That those who are actually getting mental health treatment I think they get better. So more psychologists to talk to would be better I think from the beginning.”

When elaborating the integration process, the shortcomings of housing were pointed out. As it was previously noted, the lack of apartments is a major problem in the country. The houses and camps, furthermore, are often located in remote areas as well as it is not unusual that children live with hundreds of others in refugee camps or with 20-25 others in the asylum houses. In line with this, a social worker noted:

“You would never put this many Swedish teenagers together no matter if they have problems or not.”

One suggestion to improve the situation was to provide more ‘home-based’ accommodation instead of the current practices. The workers admitted that finding foster families are really hard, yet praised its benefits:

You can really see the difference with kids who have been in a family-based living situation like foster care, for example. Those kids’ Swedish language is so much better and they interact a lot more with Swedish children as well.

Participants agreed that schooling is a major contributor to the well-being of children after arriving to the host country. School has a crucial role in refugee children’s lives, since this is where they socialize, form friendships, learn the language and start getting integrated. Often times, refugee children did not attend school and get proper education in their homeland, and so ‘lost many years’ already. Therefore, workers found it essential to start school right away without having to wait a couple of months to get enrolled:
“They feel really really good when they go to school. So that will be great if they
could go to school quickly cause that is really meaningful for them and they feel good
there.”

Finally, the workers discussed in detail the lack of understanding of the needs of
refugee children. Based on their opinions, in order that the arriving children's mental health to
be satisfactory in a long run, the most important factor is that the refugee organizations and
others who work with these children have the right level of knowledge about the impacts of
being a traumatized refugee. Consequently, more knowledge and education are needed to
reduce social prejudices and to foster the society as a whole to become more accepting. The
following passage reflects how a psychotherapist elaborated that the most urgent task is to
gain more knowledge:

We need more knowledge and understanding of the special needs of these children,
both in our and other organizations around as well as in a society as a whole. So we
need to get even more knowledge, research and resources. Knowledge about
traumatization for general practitioners, for the Migration Board and for different
clinics so they would know and recognize things, and the same at schools. We educate
people because we have a lot of information and a lot of knowledge from work and
also from science. So that is our mission, to push it so it works in society. We meet the
children who don’t get the help and see how can we help them and then educate the
community: this is how you can help the children, now it’s your responsibility to do it,
not ours. So we need to do something in the organization to make a change in society.

Summary

Within the topic area of ‘capacity of the organizations to meet the mental health and
social needs of the children’ the following master themes were identified: (1) ‘obstacles
within the job’ with two themes of ‘obstacles related to the organizations’ and ‘obstacles
concerning the whole society’, and (2) ‘need for improvements’ with four themes of ‘more
staff and time for the children’, ‘better housing’, ‘access to school as quickly as possible’,
‘more knowledge and education about traumatization’. Clearly, the difficulties and the
possible “solutions” are closely intertwined and mutually affecting each other, therefore
separating them too rigidly is meaningless if one wants to understand the whole phenomenon.
The Workers’ Views on the Wider Organizational Structures

Alarming signs of the asylum process. When arriving to Sweden, children - whether having a parent with them or not - must take part in the asylum process without exception. This procedure, however, is quite different for children who have a legal guardian compared to those who do not; in the latter case a person who is ‘supposed to be’ more familiar with the asylum procedure is always assigned to the child.

All participants shared the opinion that the (1) quality and the (2) lack of child perspective in the procedure are particularly worrying. While recognizing that the growing number of refugees is a big burden for the Migration Agency, they assessed the length and complexity of the process negatively:

It takes a very long time for children who come here until they know if they can stay or not. And I think it’s a very big health problem for them. It is very very tough, especially for young people coming here alone, because they are waiting for such a long time and a lot of them are feeling really really bad about that, getting depressed, having really bad health. The waiting time in Sweden is a big problem.

Closely related to this, participants highlighted that the long waiting time and the uncertainty around the answer are important stress factors for the children:

It takes a lot of months and that is not good because you get more and more to loose and then you get to the point where you can’t worry any more and it’s hard to go to school because your life is on hold. Everyone is feeling the same stress: can we stay can we not stay, what is happening at home, in our home and so on. They start a new school and they try to invest in something just to be part of the society, but they can never be sure if they will be sent back or if they can have their family here so I think to live with that stress is really harsh.

Finally, the waiting time also seemed to decrease children’s level of motivation at school:

Some of them are not motivated to go to school because they don't even know if they are going to stay. So why should they even be bothered? Some of them don't see the point...How are we supposed to help these kids when they are 16, knowing that they will be deported the day they turn into 18? It’s impossible to work and to keep the
spirit up and to motivate them to go to school.

The workers, furthermore, emphasized the importance of child perspective, which is ‘totally missing’ from the asylum process, according to them. At this topic, an important difference between the children was highlighted by the participants: unaccompanied children have the chance to have their own interviews with the migration authorities, whereas the ones with family don’t or only very rarely. Children with parents are ‘viewed as part of the family and ‘aren’t seen as individuals’. They are often being ‘forgotten’, and ‘left alone with depressed parents’, which negatively affects their mental health. As a fundamental right, every child - ‘with or without parents’ - should have an individual interview with the migration authorities, the participants highlighted.

Those children, who are being interviewed at the Migration Agency, usually get only a short session without having enough time to build trust and to be able to talk about “really difficult stuff”, as it was pointed out by a therapist. Furthermore, children often have to tell their ‘story’ again and again to the different authorities, they must often answer ‘stupid questions’ and so the whole process is becoming really painful for them. Finally, participants also illuminated that the migration authorities do not have enough knowledge about interviewing traumatized children and about child psychology in general:

I think they need to get more education about how children work and what they should say and stuff like that. They are mostly people studied social studies or political studies, whatever, but nothing about interviewing children, and that is a big problem of the Migration Board.

**Importance of networking.** Helping each other, *supporting colleagues* and creating platforms in order to achieve a better cooperation were connected to the workers’ experience of being effective in their job, and so this master theme was identified in the analysis. In the care of refugee children a wide range of actors are being involved as well as there are noticeable differences among municipalities, as it has already been discussed in the previous section. Against this background, the question arises how the individual actors can work together in everyday practice in order to meet the needs of the children. Through the analysis it became clear that the workers are actively helping each other within their organization:
Here I talk a lot with colleagues and they help a lot, I feel a lot of support. We have in this place pretty much time to sit and talk with each other during the work time and just to hear others’ opinions.

Furthermore, sharing knowledge and experience with colleagues of various competences and strengths appeared to be one of the most significant resource at work:

“What helps is to have very very good and competent colleagues, which I do have, and also supervision. So for me these are the most important resources that I can have in my work.”

Beyond the individual organizations, ‘informal networking’ was found to have a deep impact on the workers’ experience. Therapists, for example, outlined the process of going out to schools or to the Migration Agency and lecturing about the symptoms of trauma, which initiative appeared to be a really useful practice. Furthermore, they sometimes organize workshops or seminars on traumatization to social workers, volunteers and they are also educating people who live with unaccompanied children. This networking though is mostly depending on the workers’ own commitment and will:

We are working separately and we should really try to connect more to others. And we do. But when we do that is not because the organization says that, it’s because me as a person knows someone in that group and so I as a person call. So we have those unofficial lines with each other.

In some cases, the organizations are simply ‘not allowed’ to talk to each other due to confidentiality. For example, even if the school should know something important about a child, handing out the information is forbidden unless there is a written consent. Consequently, it is often hard to find ways to reach out and talk to others:

“Now everything is closed down to city-by-city or company-by-company and we are not allowed to talk about the kids across the boundaries. I think there should be easier ways to work together.”
All workers recognized the importance of cooperation, since the organizations have different knowledge and skills in respect of refugee children. Therefore, sharing information and accomplishing a better communication could lead to greater success at work. It was pointed out that listening and learning form each other would be valuable:

For us it would be really important to have more connections with the voluntary system and the activist system because they see the reality what we might not see. But the activists and voluntary groups also have political motives, which is sometimes a problem for an organization that must be non-political. But that is a bad thing because they have so much knowledge about these people. I think we really need to listen to other cities that have the experience, and acknowledge their expertise. We could simply just use other peoples' information, what they already know and take advantage of their experience.

Although participants were generally positive about their current practices, they also underlined that promoting cooperation should not merely depend on their own considerable effort, but it also should be an organizational goal:

Today it is up to the human in the organization to see how much networking they can do together. It depends on so much on the people who are working here and it should not be like that. Much clearer assignment from the state, clear tools and clear rules for how organizations that work with refugee children should cooperate. There is no such a thing. It would be a good start.

Overall, participants shared the notion of achieving a higher level of cooperation, opening up more space for networking, getting more sense of what other organizations are doing and taking over each other's successful practices would be highly beneficial. Taking the interests of the children into account, working in a network and having meetings where doctors, psychologists, social workers could all be present at once would be a remarkable accomplishment.

*Summary*

Within the area of ‘workers’ views on the wider organizational structures as they relate to the mental and social health needs of young refugees’, the following two master
themes were found: (1) ‘ alarming signs of the asylum process ’ with themes of ‘ quality of the process ’ and ‘ lack of child perspective ’ and (2) ‘ importance of networking ’ with themes of ‘ support from colleagues ’ and ‘ informal networking across organizations ’.

Discussion

The primary purpose of the study was (a) to identify the views of those working with refugee children in relation to policy implementation, including the capacity of the workers and organizations; and (b) to explore the workers perceptions of the mental health and social needs of refugee children. The secondary aim of the study was to pilot questions used during the interviews to see if these were valid for potential use as a part of a questionnaire that might be given as part of a larger scale survey of refugee workers’ views about the issues identified in (a) and (b). Informed by previous research it was assumed that (1) the workers across the different services would be aware of policies governing the care of refugee children but would identify a range of obstacles to implementation; (2) they would be aware of the mental health impacts of being a refugee child but would identify a range of obstacles to meeting the mental health needs of these children; and (3) they would identify a range of possible “solutions” to overcome barriers to implementation and meeting the needs of refugee children. These hypotheses were generally supported and the results are now discussed according to some of the major themes of the interviews.

Views on Policy Implementation

The interpretation of the participants’ narratives suggests that despite the workers’ best efforts in their daily practices, addressing the social and mental health needs of refugee children is often hampered by several obstacles. In line with findings from Ottosson and colleagues (2013) who previously examined the work experience of Children’s Case Workers (CCWs), the results of the present study suggest that children’s mental health needs are not always being prioritized during the asylum process. Not having enough time - or even the possibility to get interviewed in the case of accompanied children - to establish trust between the migration authorities and the children, and not having adequate skills to interview this age group is a major issue identified by psychotherapists and social workers. An asylum decision should not be based on how a child can (or cannot) express himself, as well as poor training and the lack of knowledge about child-sensitive interview manners should not be the reason not to interview children. Therefore, more education for SMA workers about the
consequences of trauma and the appropriate way children should be interviewed would be highly favorable. Furthermore, devoting more attention to children who come to Sweden with families would be a notable step towards a better implementation of the Convention on the Rights of the Child (United Nations, 1989). In practical terms this means that every child - accompanied and unaccompanied - should be equally given the possibility to submit an asylum application on his own right and to have an interview with the migration authorities. This is in line with policy documents concerning the asylum procedure in Sweden stating that children should have the opportunity to speak up during the asylum investigation period in a confidential atmosphere as well as they are entitled to submit their own asylum claims (Lundberg, 2011).

The study of Ottosson and colleagues (2013) indicated that due to institutional demands for efficiency, CCWs as street-level bureaucrats are often reluctant to act in favor of the children’s interest and therefore the rights of the children are not ensured in many cases. Likewise, findings from Lundberg (2011) showed that due to various constitutional tensions (such as short-term versus long-term interests of the child), the children’s rights and best interests are often ignored in favor of other interests during the asylum-seeking process. In contrast, the participants of this study are working in an essentially different context with refugee children, thus unlike CCWs and other civil servants at the Migration Agency, they do not need to provide a discretionary function in their everyday practices. Consequently, the participants of the present study are in a less contradictory position with fewer conflicting roles within their job, since the needs of the children are coinciding with the primary objective of their organizations: to promote the well-being of children and help them getting integrated into the Swedish society.

However, the results show that the state-run organizations often encounter challenges caused by tension between the established practices and moral ethics. These organizations are run and financed by the state, and therefore their tasks should be performed in accordance with the state, yet, due to their broad array of responsibilities, workers often fulfill tasks beyond their job descriptions in order to address the needs of the children. When having to perform multiple tasks - including those beyond their authority -, workers (unlike CCWs) act with the primary intention to safeguard the best interests of children, based on what they perceive as morally good.

In Sweden, as it was highlighted by Ottosson and colleagues (2013), the national framework legislation related to the asylum system gives the freedom to the local
municipalities and public administrations to provide more detailed, local regulations and directives tailored to the specific cases and needs of each municipality. Nevertheless, in practice, certain municipalities - for example where unaccompanied minors are still considered to be a new social issue - do not have long-established rules and routines as well as they are short of adequate resources, knowledge and experience in the field, resulting in uncertainty and much slower procedures. Consequently, delegating such a power to local authorities might not be the best practice in terms of equal treatment of the children, unless there is a well-organized, strong, regulated cooperation between the municipalities.

**Importance of Cooperation in Terms of Mental and Social Health**

Due to their dedicated work, participants had a lot of actual experience in providing mental health and social care to refugee children. The level of knowledge regarding the mental health impacts of being a refugee was found to be especially high among psychologists, whereas others working with refugee children - such as volunteers and social workers - expressed a demand for more knowledge and education about the special needs of these children. Since their academic qualification is not related to the area of traumatization, volunteers and social workers often encounter the lack of specialized knowledge about traumatized children. This is in line with previous findings from Priebe and colleagues (2012) who found that training health care staff about the specific needs of different marginalized groups - including refugees - is essential in order to provide effective care. Thus, the current practice of the interviewed psychologists to educate teachers, the migration authorities, social workers and volunteers should certainly be considered a good practice. However, this routine is not centrally organized, but mainly depending on the workers’ intention and personal commitment. Therefore, the current practices could become even more effective if clear rules and assignments were to be established from the state in order that the training of various refugee organizations to become a common practice across the country.

In connection with the above, the present study indicates that greater cooperation between the various organizations is needed in order to meet the needs of the children. Although the individual organizations have their own practices, routines, skills and knowledge, a much better care could be provided by acknowledging and utilizing each other’s expertise in the field. On the one hand, for example, psychologists could motivate the volunteers through emphasizing the importance of their job with refugee children, whereas volunteers and social workers could provide psychologists with useful information about the
children they are in daily contact with. This way, a two-way communication could be achieved by letting the voice of all actors to be heard. Another possibility for high-quality cooperation could be implemented by working in network groups around the children. In other words, those being involved in the asylum decision, social, health care and the integration process of refugee children could be called together to meet a child at once in order to ask questions and discuss the specific case. The practice of children having to say their “story” once in the presence of the migration authorities and the helpers could ease their pain resulting from repeatedly re-telling of what they have been through.

Due to the fact that refugees need social relations and contacts more than anything in the host country, private organizations could better cooperate with social workers for example by providing internship positions for young refugees, which could facilitate establishing social networks as well as refugees’ successful future employment. In a long run, this practice could contribute to successful integration - and thus refugees’ well-being too - by increasing their chance of establishing platforms for networking and gaining a better position on the labor market. In order that such an initiative to get started, however, it is essential that these young people are being viewed as competent, resourceful and equal members of the society, yet this is often not the prevailing view.

Necessary Improvements

Although a number of previous studies (Ellis, MacDonald, Lincoln, & Cabral, 2008; Geltman et al., 2005; Liebkind, 1993) showed that the area of residence and the housing adequacy are not associated with subsequent psychological problems, the results of this study indicate that the facilities and the location of asylum homes have important consequences for children. These effects, however, are of wider social importance, instead of reflecting individual health outcomes. As a common practice, a large number of young refugees and asylum-seekers are accommodated together in fairly distant areas of the country, diminishing the possibility to access leisure activities and interact with children from the host country, which is, in a long run, leading to social isolation, ethnic discrimination and segregation within the society (Ehntholt & Yule, 2006). Therefore, instead of crowded asylum houses suitable for 20-25 unaccompanied children, more “home-based” and foster care solutions would be needed in order to promote better integration. This is in line with findings from Bates, Baird, Johnson and Lee (2005) who previously found that foster parents could facilitate
adjusting to school environment and help refugee children to successfully overcome cultural difficulties in their host country.

The present study shows, furthermore, that the lack of housing is another major issue, especially for those unaccompanied young adults who are ready to start their supervised, independent living, since social workers often struggle with finding empty apartments for them. Creating more adequate residence for refugees is certainly a major challenge, yet housing is central to adaptation and positive mental health, and therefore aspects such as integration, transport and schooling opportunities for children should be considered when deciding on and implementing policies related to refugee settlement.

As informed by previous research (Ehntholt & Yule, 2006; Ekblad, 1993) the results of the study highlight that the lengthy asylum procedure and the resulting uncertainty in the host country are important stress factors for children, decreasing school motivation and reducing the effectiveness of psychotherapy. While acknowledging the huge pressure on the Migration Agency to speed up the processing of asylum cases, participants of the present study expressed the need to increase the number of personnel within the various refugee organizations. Taking the children’s mental health into primary consideration, a greater number of employees would be needed at the Migration Agency in order to reduce the length of evaluating the asylum claims as well as employing more psychologists, social workers and active volunteers would be highly beneficial so that a better health and social care could be provided to the growing number of refugee children coming to Sweden.

In line with previous research (Berthold, 2000; Brewin, Andrews, & Valentine, 2000; Kia-Keating & Ellis, 2007; Kovacev & Shute, 2004; Lustig et al., 2004), the present study suggests that peer relations and positive school experience have positive effects on children’s mental health. As a young refugee, making new friends in the host country can be particularly challenging due to language barriers and cultural differences, yet schools have the potential to bridge these difficulties through education and socialization. Since refugee children often lose many years of education during the pre-flight and flight, it is of particular importance to start school in the host country as soon as possible. Although promoting their earliest enrollment to school is their best interest, in practice, children are often left in a precarious situation by having to wait months for the decision of the migration authorities before they can start school.
Questionnaire Development: Future Research on Workers’ Views

Finally, a further purpose of this study was an attempt to derive valid questions that could be used in a to-be-developed self-report questionnaire that could be a part of a large-scale survey of refugee workers. Overall, the constructed interview schedule including the pre-made follow-up questions was sufficient to tap the areas that the present study aimed to explore, thus the questionnaire appeared to have good construct validity. However, important additional aspects were raised during the interviews. Since most participants worked in an organization that is part of a bigger organization, it was found to be of particular importance to clearly define the organization in question when asking about their capacity, level of knowledge and available resources, since they differed in the main organizations and in their smaller units, according to the participants. In order to get more precise information, thus, the questions regarding the participants’ organization had to be specified during the interviews. Consequently, when aiming for a large-scale research, clearer definition of the “organization” is needed. Similarly, according to the principles of semi-structured interviewing, the interview schedule of the present study only indicated a general area of interest, whereas a systematic, large-scale survey would require a more specific and less opened self-report measure. Therefore, based on the interview schedule that has been used in the present study, it was attempted to create a reformulated questionnaire (see Appendix C), which could be given to a larger group of workers in order to test its validity for further development. Such a scale if disseminated widely might help raise awareness about structural reforms needed to child refugee services and/or as part of training for workers to better assist these vulnerable children.

Method Discussion

Qualitative research is concerned with meanings attributed to events by the participants and it produces descriptions about how people experience certain phenomena (Willig, 2008). Qualitative methodologies, furthermore, recognize that the researcher has an integral part of the research process since the results are products of the researcher’s own interpretation of the participants’ accounts, based on previous standpoints and conceptions (Willig, 2008). The aim of this study, therefore, was not to find an objective, generalizable truth about the experience of working with refugee children, but to explore the subjective experience of workers, acknowledging that understanding and interpreting their thoughts were inevitably influenced by presumptions, personal standpoints as well as by the research
questions and the subjective experience of the interviews. Taking these into consideration, other alternative interpretations are always possible depending on the reader’s own values and assumptions. Nevertheless, assuring validity and high quality of the study was attempted throughout the whole research process by taking issues related to sampling, data collection, data analysis and the write-up process into careful consideration.

When discussing the quality of the study, it is important to highlight that the terms objectivity, reliability and generalizability are not applicable to qualitative research in a traditional way, and therefore other criteria are needed to evaluate the scientific value of the present study. In general, qualitative researchers agree that the quality of a study is an important consideration, yet various criteria for assessing the quality have been proposed by them, depending on the qualitative approach, the specific research question and the theoretical orientation of the research (Willig, 2008). Consequently, due to the large number of different perspectives on validity, it is hard to identify criteria that are applicable to all qualitative studies; instead, the evaluation criteria should be tailored to the research in question. Although demonstrating the numerous existing guidelines that characterize good qualitative research are beyond the scope of this paper, a number of strengths of the present study could be illuminated.

When analysing the data and writing-up the results, it was attempted to distinguish between the participants’ and the researcher’s interpretation by demonstrating the participants’ own experience with a large amount of verbatim extracts from the original transcripts in order to support the arguments that have been made (Henwood & Pidgeon, 1992; Morrow, 2005). A considerable amount of examples, therefore, resulted in an extensive result section with numerous master themes and themes, which might have made the paper difficult to read. However, using several examples allowed the readers to assess the fit between the original texts and the inferences made of those (Henwood & Pidgeon, 1992). Similarly, the sensitivity to the raw material was demonstrated through analyzing the interview transcripts individually and by checking the newly identified themes and master themes against the original texts multiple times during the process of data analyzing.

Furthermore, the sample was selected carefully in order to fit the research question and represent a wide variety of opinions. As a result of the purposive sampling method, a reasonably heterogeneous group of people has been selected to participate in the study. Since participants were all working with refugee or asylum seeking children, but differed in terms of their work roles, they represented very well the workers who come into contact with
refugee children in some way during each step of the asylum process. This representativeness could be considered as a strength of the study, opening up new areas to further discuss. Although this representativeness does not mean generalizability the way it does in quantitative research, it was endeavored that the insights resulting from the context of the present study to prove useful in other similar contexts (Yardley, 2008).

In addition, it was aspired to conduct the interview analysis thoroughly and systematically as well as to present the various steps of the research process clearly and comprehensively. To ensure transparency, the selection of participants, the interview process and the step-by-step analysis of the raw material were discussed in detail.

Finally, by using open-ended interview questions, each participant was encouraged to talk about his or her own work experience freely, being allowed to influence the topic and the data. This was in line with the aim of the study to explore the participants’ own realities as well as with the constructivist epistemological framework of hermeneutics, meaning that the experience is always the product of the participants’ and the researcher’s interpretation and, therefore, constructed (Willig, 2008). In other words, the analysis of the interviews was inherently an interpretative activity, trying to make sense of the participants’ thoughts and making inferences on the basis of their experience.

Limitations

Notwithstanding its strengths, the study has limitations. The findings are restricted to a limited number of workers in South Sweden, and therefore do not reflect opinions in other regions of the country. Furthermore, although participants with broad spread of work positions were represented in the study, neither teachers from schools, nor staff member from the Migration Agency participated, reducing the diversity of opinions. Taking into consideration that a number of issues expressed by participants were related to the practices of the migration authorities, their participation would have been of particular importance. Despite all efforts during the recruitment process, the aim to involve the Migration Agency in the study and, therefore, to give a broader perspective to the workers’ experience was not fulfilled. Consequently, counterbalancing the participants’ answers was not carried out, resulting in similar, quite one-sided opinions, which should be seen as limiting the opportunity to draw conclusions that hold in a wider context.

When further evaluating the quality of the research, the use of language should also be highlighted. Since data collection in the present study was carried out in English, a language
that was neither the researcher’s nor the participants’ mother tongue, certain difficulties in the adequate expression arose during the interviews, influencing the quality and detailedness of the responses as well as the participants’ level of satisfaction with their own answers. This constraint of not speaking their native language is likely to have affected the study, resulting in less nuanced responses.

Furthermore, the identified themes, as mentioned earlier, were regularly revised during the data analysis process, yet due to lack of time and resources, neither participant validation was ensured nor an independent co-researcher was utilized to check credibility by discussing the identified themes and interpret the results. The use of one of these two approaches could have strengthened the reliability of the coding process, and therefore the validity of the present study.

Finally, the interview guide (see Appendix A) used during the interviews might have been too specific, limiting the possibility of the participants to freely express their views and personal experiences. A bit more general set of questions could have facilitated the articulation of more personal opinions about how the participants view the mental health and social needs of refugee children in Sweden.

Conclusion and Future Directions

The results of this study revealed the need for a larger workforce within the Migration Agency as well as for more psychologists within the state-run and non-governmental organizations that work with refugee children. Furthermore, the quality and lack of housing and the tardiness to school entry were identified as areas of issue to be improved. In order to mitigate the mental health affects of being a young refugee, however, the first step should be to gain more knowledge about the impacts of traumatization via further education and training, and to achieve a higher level of cooperation between the various organizations working with refugee children. Both worker education and more effective communication between the organizations could greatly contribute to promoting children’s satisfactory mental health and facilitating their integration into the Swedish society. In order that the current situation to be improved, and change in the society as a whole to be attained in a long run, unified, state-level policies and guidelines need to be initiated. Prospective research in further regions in Sweden as well as in other European countries is encouraged to investigate and compare practices in terms of addressing the social and mental health needs of child refugees. Furthermore, since this study was based on participants of refugee organizations, future
research should focus on the perspective of schoolteachers and the migration authorities whose roles are also connected to the mental and social health of refugee children.

In order to further assess the gaps in the field, future research should involve large-scale, systematic evaluation of refugee workers’ views on policy, obstacles to implementation of policy, and the social and mental health needs of refugee children. The present study may contribute to this purpose as a small-scale pilot study with a limited number of Swedish workers. The further development of a self-report questionnaire should involve translation into Swedish language, dissemination to a larger group of workers, evaluating their responses, reformulating the questions and creating a final measure that could be given to large groups of workers across the country, taking variables such as profession, years of experience, gender, age and job satisfaction into consideration. This way, some steps could be taken towards revealing the underlying reasons for why the interests of refugee children are often overlooked and most importantly, what policies should be implemented in order for good practices to be accomplished.

The present study attempted to identify areas that require exigent changes in the field as well as inspired further large-scale research into the views of workers within and beyond Sweden. It is hoped that the knowledge gained from the study could help to guide policy makers, yet issues regarding the social and mental health care of refugee children as well as the capacity and potential challenges of the related organizations should continue to be explored in order to introduce the best possible practices across the country, and to educe an asylum system that is based on cooperation between voluntary, state-owned and private sector agencies. Knowing the effects of trauma on children and taking the current refugee trends into account, the issues related to addressing the mental health needs of young refugees appears warranted to be resolved urgently.

References


Appendix A

**Interview guide: Themes and Questions**

**Theme 1. Workers’ perception of their own responsibilities in relation to refugee children**

1. What do you see as the main aim of your organization in respect of the social and mental health care of young refugees/asylum seekers?

2. Do you see any obstacle within the organization to carry out its particular set of responsibilities?

3. Do you think the organization would need anything to better carry out its responsibilities in respect of young refugees?

**Theme 2. Capacity of the organizations to meet the mental health and social needs of refugee children**

4. What do you think about the level of knowledge within the organization as regards the social and mental health impacts of being a young refugee?

5. Do you think your organization devotes sufficient resources to address the mental health impacts of being a young refugee?

**Follow-up:**

a. Do you think your organization devotes enough money, time, staff and training to meet the needs of refugee children?

b. What additional resources do you think your organization/you personally would need to better address these impacts?
Theme 3. Workers’ views on the wider organizational structures as they relate to the mental health and social needs of young refugees

6. What do you think about the asylum system as it is currently working in Sweden in terms of the mental and social health of young refugees?

Follow-up: What if any kind of changes would you like to see to the process of evaluating the asylum claims of young refugees?

7. What do you think about the process of settling young refugees in Sweden?

Follow-up:
   a. How would you describe the settling process of children, including housing, health/mental screening, and integration?
   b. What if any kind of changes would you like to see to the process of settling young refugees in Sweden?

8. What do you think, how voluntary, state owned and private sector agencies could work together more effectively to meet the needs of refugee children?

Appendix B

ITA: Workers’ perception of their own responsibilities in relation to refugee children
- MT: Main responsibilities and tasks
  • T: Tasks directly related to the children
  • T: Tasks related to other organizations around the children

ITA: The capacity of the organizations to meet the mental health and social needs of refugee children
- MT: Obstacles within the job
  • T: Obstacles related to the organizations
  • T: Obstacles concerning the whole society
- MT: Need for improvements
  • T: More staff and time for the children
  • T: Better housing
  • T: Access to school as quickly as possible
  • T: More knowledge and education about traumatization

ITA: The workers’ views on the wider organizational structures as they relate to the mental and social health needs of young refugees
- MT: Alarming signs of the asylum process
  • T: Quality of the process
  • T: Lack of child perspective
- MT: Importance of networking
  - T: Support from colleagues
  - T: Informal networking across organizations

Figure 1. Interview Topic Areas (ITA), Master themes (MT) and Themes (T) within the entire data set.

Appendix C

Reformulated questionnaire

Theme 1. Workers’ perception of their own responsibilities in relation to refugee children

1. What do you see as the main aim/responsibility of your organizational unit in respect of the social and mental health care of young refugees/asylum seekers?

2. What do you consider as the main obstacle - if you see any - for your organizational unit in carrying out its particular set of responsibilities?

3. What would your organizational unit need to better carry out its responsibilities in respect of young refugees?

Theme 2. Capacity of the organizations to meet the mental health and social needs of refugee children

4. Do you think your organizational unit has the right level of knowledge as regards the mental health impacts of being a young refugee?

5. Do you think your organizational unit devotes sufficient resources - money, time, staff, additional training - to address the mental health impacts of being a young refugee?

6. What additional resources do you think your organizational unit and you personally would need to better address these impacts?
Theme 3. Workers’ views on the wider organizational structures as they relate to the mental health and social needs of young refugees

7. Do you think the asylum system as it is currently working in Sweden creates any added burden for the young refugees/asylum seekers?

8. What if any kind of changes would you like to see to the process of evaluating the asylum claims of young refugees?

9. What if any kind of changes would you like to see to the process of settling young refugees in Sweden, including housing, health/mental screening, and integration?

10. How could voluntary, state-owned and private sector agencies work together more effectively to meet the needs of refugee children?