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Asylum-seeking unaccompanied refugee children's health under the asylum-process in southwestern Sweden

- Based on care home personnel's experiences

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Abstract

This study has been conducted in southwestern Sweden regarding asylum-seeking unaccompanied refugee children's health. The aim is to investigate and understand unaccompanied refugee children's health during their asylum-process based on care homes personnel's experiences. The focus is on what factors that impact these children's health the most and the data has been collected through interviews with personnel at care homes. The result showed that asylum-process, health care, anxiety, depression, suicidal thoughts, traumatic events, and PTSD are factors that have a negative impact on these children's health, and that security and integration have a positive impact on their health.

Keywords: Health, asylum-seeking unaccompanied refugee children, mental illness, care home, Sweden

Table of content

1. Introduction

The immigration of unaccompanied refugee children from different countries to Sweden has increased drastically in the past few years (The Migration Agency, 2015a). They have fled their homes and countries, and have been separated from their parents for a plethora of reasons, be it due to war or civil war, poverty, persecution or oppression, or natural disasters. Even when escaping such conditions, the children may encounter challenges and hardships, and it can affect a child in a negative way when they may have witnessed and experienced traumatic events in many several ways.

According to The Migration Agency (2018) approximately seventy-eight percent of the unaccompanied asylum-seeking children were boys in year 2017, and Afghanistan, Somalia, Syria, Eritrea and Iraq were the most common country of origin for the asylum seekers. In 2017 just over five percent of the total number of asylum seekers were unaccompanied children and adolescents, compared with seven percent in 2016, twenty-two percent in 2015 and eight percent in 2014 (The Migration Agency, 2018).

Unaccompanied children is an exposed group and can be the most unprotected individuals within Swedish society since they have traveled alone and may have been subjected to something dangerous and do not have a guardian or security person when they arrive (Brendler Lindqvist, 2004). Thus these children are in need of assistance and support from the country to which they sought refuge in. There are many laws and regulations in place that ensure that the children are fully protected, are receiving the help they need, and are respected by all involved parties. According to *The health care act (2017:30)* and *Law (2008:344) on health care for asylum seekers et al* and, article 24 and article 12 in *The Convention on the Rights of the Child (CRC) (SW = Barnkonventionen)* asylum-seeking children are entitled to health- and dental care on the same terms as other children in Sweden. They also have the right to a medical examination regarding their physical and mental health status according to paragraph 7 (SFS 2008:344).

Approximately twenty to thirty percent of asylum-seeking refugees suffer from mental illness such as anxiety, depression and post-traumatic stress disorder (PTSD) when they come to Sweden (The National Board of Health and Welfare, 2015). Unaccompanied asylum-seeking children are a high-risk group and have experienced multiple traumas (Bronstein & Montogomery, 2013). Difficulties in sleeping and concentrating, depression and outbursts of anger are examples of some mental problems the unaccompanied refugee children are facing (Brendler Lindqvist, 2004). Severe infectious diseases such as tuberculosis (TB), HIV/AIDS and hepatitis are more common in the countries that these refugees come from than Sweden (Abado

et al., 2017). It is almost fifty times higher with incidences of tuberculosis among foreign-born than Swedish-born, and over ninety percent of tuberculosis cases in Sweden are among foreign-born (Abado et al., 2017).

In this thesis the author will study asylum-seeking unaccompanied refugee children's health. The author chose the health aspect since the author have worked at care homes (SW = hem för vård och boende, HVB) before and have witnessed and obtained knowledge concerning mental illness of these children. Health and mental illness is an important aspect in life and become impacted by several factors. It is important to illuminate this topic since people might not have awareness about it. Especially for individuals that are working within this field. This study can contribute with important knowledge and understanding regarding what health problems unaccompanied children is facing after their arrival to Sweden and how health problems impact their lives. Additional, this study can contribute to illuminate how it is for an individual to work at a care home with unaccompanied refugee children during their asylum-process and experiences from these children's escape.

The study will be conducted through telephone interviews with personnel at care homes where these children live. The care home personnel will provide insight of the children's health during their asylum-process. The personnel are relevant for this research since they are working within these children's everyday setting and have near relations with them. Personnel in care accommodations are important resources that support unaccompanied children's wellbeing (Aydogan, 2010). These children are lonely and far from their families and might not even have contact with them. The care home personnel become involved in their lives and support them to become integrated to the new community and rebuild their lives.

Asylum-seeking unaccompanied refugee children's health is an important topic and is connected to social work practice. Social work practice aims to promote equality and justice for all human beings including migrated asylum-seekers and refugees (Australian association of social workers, aasw, 2020). It is out of importance for all human beings to gain knowledge regarding the health aspect in order to be able to help and support people with mental health issues.

1.1 Aim

The aim of this study is to investigate the mental and physical health of unaccompanied refugee children under the age of 18 during their asylum-process in southwestern Sweden, and the factors that might impact their health based on personnel's experiences at care homes.

1.2 Research questions

- How do care homes personnel experience asylum-seeking unaccompanied refugee children's mental and physical health?

- What factors might impact these children's health according to personnel's experiences at care homes?

1.3 Definitions

Asylum – An accepted residence permit for a foreigner who is a refugee or in need of protection (The Aliens Act 2005:716, chapter 1 paragraph 3).

Asylum-seekers – A person who is in a country during a period seeking asylum until he/she gets acceptance or rejection regarding the residence permit (The Migration Agency, 2015b).

Unaccompanied refugee children – An individual under the age of 18 who has fled his/her country without guardians (The Migration Agency, 2015b).

Mental health – Mental health is defined as a state of emotional and physiological wellbeing in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet ordinary demands of everyday life. It is a state of successful performance of mental function resulting in productive activities (Farlex, 2012). Among other things, changes in sleeping patterns are signs that an individual's mental health is shifting. Anxiety and depression are symptoms that indicate a decline in mental health and developing mental illness (Hillside, 2019).

Mental illness – Suicidal thinking, anxiety, depression and excessive anger are examples of signs and symptoms of mental illnesses that can affect an individual's thoughts, behaviors and emotions. Environmental and stressful life situations, traumatic experiences and PTSD are examples of risk causes of developing mental illnesses (Mayo Clinic, 2019).

Physical health - The physical health is defined as a state of physical wellbeing in which an individual is mechanically fit to perform daily tasks and duties without any problems. It is the efficient functioning of the body's capacity to participate in everyday activities as well as the absence of signs of illnesses (Hillside, 2019).

1.4 Disposition

The study will commence with the aim, research questions, and description of some words, followed by previous studies. Additionally the theoretical framework and methodology will be provided, followed by the presentation of the results and analysis. The last part of the study provides the discussion and further research.

2. Previous studies

During this research the author chose case studies and literature studies relevant for the topic in question. The previous studies will provide examples and describe real situations of care home personnel's perspective as well as unaccompanied children's own perspective regarding their health.

The earlier studies used were available at DiVA portal. There were fifty-eight hits when "unaccompanied refugee children" was written in the search box at DiVA portal. The author changed and searched for "unaccompanied refugee children's mental health" with twenty-seven hits. The studies were sorted by relevance and the author read the abstract in order to select relevant studies for this research. The selected studies contained material regarding unaccompanied children's health problems and illnesses, and treatment. Studies that mentioned care home personnel's perspective of unaccompanied children's health were also chosen. Both national and international studies have been utilized. Some of the selected studies contained data regarding refugee children since it highlight similar health problems as unaccompanied children. Studies that contained unaccompanied children's perspective regarding PTSD, sleeping problems, trauma and health care service utilization were sparsely selected since this research investigates personnel's experiences of these children's health. The author chose to include studies that contained the word "health" when "unaccompanied refugee children" was written in the search box. Studies that did not include the word "health" were deselected.

When the author searched for “unaccompanied refugee children’s physical health” the same studies was showed as when “unaccompanied refugee children’s mental health” was written in the search box.

There were sparsely with studies concerning care home personnel’s experiences of unaccompanied children’s health. Hence, student essays with personnel’s perspective regarding the health aspect were chosen. These studies were available at DiVA portal. The author searched in Swedish “ensamkommande barns hälsa” (unaccompanied children’s health) and it presented twenty-two hits. Studies that were chosen included data concerning unaccompanied children’s health based on personnel’s experiences at care homes.

2.1 Mental health among unaccompanied refugee children

If the mental health is unwell the mood can be low and unstable and emotional pain can occur. It can affect the ability to cope with challenges in life (Scotland’s mental health first aid, smhfa, n.d). Various aspects contribute to health problems, such as; biological factors (such as genes or brain chemistry), life experiences (such as trauma or abuse), and family history of mental health problems (Mentalhealth.gov, 2020).

There are mainly international studies examining unaccompanied children’s health status when they arrive to the recipient country (Abado et al., 2017). Unaccompanied children have experienced traumatic circumstances such as witnessing a relatives’ death, being exposed to torture, or been in armed conflicts before, during or after their escape (Abado et al., 2017). However, there are Swedish studies as well. In a survey study from the primary care in Uppsala, Sweden, approximately eighty percent of two hundred and eight unaccompanied children in the age nine to eighteen presented to have PTSD (Salari, Malekian et al., 2017).

Another study that show similar result was carried out by Bronstein and Montogomery (2013), PTSD and sleeping problems were examined of two hundred and twenty-two Afghan unaccompanied asylum-seeking children, age thirteen to eighteen, living in the UK. Validated self-report questionnaires where used for the interviews in order to measure sleeping patterns and PTSD. The mental illness affects the physical health and PTSD showed to increase sleep onset latency, nightmares and less total sleep time.

In another study presented by Goodman (2004) a comparative and narrative case-centered study was conducted regarding how Sudanese unaccompanied refugee youths coped with hardship and trauma after witnessing violence and loss during their childhood. The study contained fourteen male youths, age sixteen to eighteen, resettled in the United States, Boston,

living in private homes with foster families or in a small group home. The result emphasized on the importance of cultural understanding and identified four coping strategies that these minorities used; (a) collectivity and the communal self, (b) suppression and distraction, (c) making meaning, and (d) emerging from hopelessness to hope.

Abado et al. (2017) comments that unaccompanied children also reach good mental health in the new country and can manage challenges that occur, but there are rare studies of this topic. Instead there are studies regarding individuals' resistance to mental illness and aspects that bring positive outcomes (Abado et al., 2017). These aspects are for example autonomy, social networks and having contact with the family, religious belief, relations, school, structure and being positive in life.

Another study that show similar results as the previous studies is a literature study in the UK was carried out by Fazel and Stein (2002) regarding risk factors that impact mental health of refugee children. The result shows that depression, anxiety disorders, and post-traumatic stress disorder are great among refugee children, and that it is a particular concern for unaccompanied children. Similar results were presented by the National Board of Health and Welfare (2015, as referred Fazel & Stein, 2002) who found that it is a challenge for the Swedish health care to handle asylum seekers' mental illness since there is approximately twenty to thirty percent who suffers from it. One out of three persons suffers from severe anxiety or depression, and shows signs of post-traumatic stress disorder (PTSD) (Swedish Red Cross University College, 2016, as referred Fazel & Stein, 2002). According to Hodes (as referred Fazel & Stein, 2002) traumatic experiences of refugees can occur at three stages; (1) while in their country of origin; (2) during the flight to safety; and (3) when having to settle in a country of refuge.

1. Many refugees have witnessed violence, torture, losses of family, and been forced to flee their homes due to exposure war in their country of origin. Common experiences of refugee children can be parental distress and general insecurity, and no memory of a period of stability (Russell as referred Fazel & Stein, 2002).
2. The flight to safety can bring further stress, but refugee children can experience separation from parents, accidently or strategically to ensure their safety (Ayott as referred Fazel & Stein, 2002).
3. It can be further difficult to seek asylum in a new country when many have to prove the statements for it, as well as to integrate into a new society (Richman as referred Fazel & Stein, 2002). According to Fazel and Stein (2002) this stage is being referred as "secondary trauma" to emphasize problems encountered, for example refugee children that may need to premature assume an adult role.

Risk factors for mental health problems in refugee children include: Experienced or witnessed number of traumatic events, PTSD leading to long term vulnerability in stressful situations, physical health problems from either trauma or malnutrition, and expressive language difficulties (Fazel & Stein, 2002). Environmental risk factors include: Number of transitions, time taken to be determined with immigration status, poverty, cultural isolation, and time in host country (risk possibly increases with time) (Fazel & Stein, 2002).

These findings are relevant for this study since it examine coping strategies for unaccompanied children after their escape. The previous study presented by Goodman (2004) was performed with unaccompanied youths in foster families or small group homes which are different from this study that is according to care home personnel perspective but touches on similar topic.

2.2 Physical health among refugee children

Physical health can be impacted by different factors and is critical for overall wellbeing. To remain physical healthy the lifestyle must be taken care of, for instance good nutrition, physical activity, behavior, and smoking; good healthcare service can help detect, treat and prevent illness (Eupati, 2020). Some are born with physical health illnesses (smhfa, n.d).

Baauw, Kist-van Holthe, et al. (2019) did a systematic literature review of fifty-three articles regarding refugee children and unaccompanied children's physical health illnesses. The result showed that children from Africa, Asia or the Middle East are addressed by screening to have high health risks when arriving to countries in Europe. The risk for anaemia showed fourteen percent, haemoglobinopathies four percent, chronic hepatitis B three percent, latent tuberculosis infection eleven percent, and vitamin D deficiency forty-five percent. Additional, one third children showed to have intestinal infection.

Anaemia and sickle cell disease are common blood diseases. The risk of children's morbidity and mortality become increased, and poor physical and cognitive development and performance become affected due to anaemia. Of all perinatal hepatitis B infections, ninety percent results in chronic hepatitis B infections and as adults twenty-five percent of these children will develop primary liver cancer or cirrhosis (Baauw, Kist-van Holthe, et al., 2019). As for refugee children, four percent had chronic hepatitis B infection in Sydney and eight percent in Germany. According to Schweitzer, Horn, Mikolajczyk, et al. (2015, as referred Baauw, Kist-van Holthe, et al., 2019) the global prevalence of this disease is estimated to be three percent.

Tuberculosis is spread worldwide due to poverty, migration, war and political instability and is the leading causes of death from infectious diseases (WHO, 2018, referred Baauw, Kist-van Holthe, et al., 2019). Between year 1995 and 1998, twenty-five percent of refugee children entering Massachusetts had positive skin-test for latent TB and twenty-one percent had intestinal parasites (Geltman PL, Radin M, Zhang Z, et al., 2001, as referred Baauw, Kist-van Holthe, et al., 2019).

Information from another Swedish study was obtained by Basic (2018) who did an ethnographic study that contained field notes, qualitative orientated interviews and documents. There were three aims of the study; to analyze unaccompanied children's experiences of war, their escape to Sweden and their stay in accommodations; to analyze the day-to-day work of personnel at these accommodations; and to analyze the patterns contributing to constructing the category "social pedagogue". The study consisted of fourteen interviews in total. The result showed that these youths are in a vulnerable and strenuous situation, and that the Swedish community can affect their social development and integration due to unequal inclusion and discrimination.

These findings under this heading are relevant for this study since it acknowledge physical health illnesses unaccompanied children may carry on when they arrive to Sweden and how it may impact their physical development and mobility. The previous study by Basic (2018) was performed with personnel at accommodations which is similar to this study. But the result presented that social development and integration became negatively affected due to the Swedish community while this study shows how the unaccompanied children's health can affect their integration.

2.3 The health care system

Among studies that examine the health care, Bean et al. (2006) did a study regarding unaccompanied refugee children's wellbeing, mental health need, and utilization of services, and compared it to Dutch adolescents. The result showed that unaccompanied children have a higher level of emotional distress and that approximately forty-nine percent stated that the mental health care did not meet their needs. Approximately half of unaccompanied children at age sixteen were dissatisfied with the psychiatry care in the Netherlands, and only twelve percent had received care (Bean et al., 2006). The care need is large for unaccompanied children (Abado et al., 2017).

Similar subject was examined by Sanchez-Cao et al. (2012) who did a study regarding the level of mental distress and pattern of mental health service contact of asylum-seeking

unaccompanied refugee children in London. Socio-demographic data was obtained through self-report questionnaires and the result showed that seventeen percent had contact with the psychiatry, although as much as seventy percent showed signs of mental illness such as trauma events, post-traumatic stress symptoms, and depressive symptoms.

Similar results were presented by Michelson and Sclare (2009) who did a study in London regarding young refugees and asylum-seekers mental needs, patterns of service utilization and provision of care in a specialist mental health service. A comparison was made between unaccompanied children and accompanied children with different levels of postulated mental health need. The result showed that unaccompanied children attended less treatment sessions and missed most scheduled appointments. Unaccompanied children indicated remarkably to have experienced traumatic events prior to resettlement and exhibit PTSD symptoms. Although these risks, trauma-focused interventions, cognitive therapy, anxiety management, as well as practical assistance with basic social needs was significantly less provided to unaccompanied children.

Regarding the health care Abado et al. (2017) state that health professionals are required to be proficient and qualified in order to assess and ensure children's psychical and psychosocial health, as well as having adequate education regarding the CRC's principles and regulations. The EU-commission has request that health care and mental support should be provided within a reasonable time but it is hard to reach the child and youth psychiatry according to Abado et al. (2017). The adolescent psychiatry (SW = barn- och ungdomspsykiatrin, BUP) do not assess asylum-seeking children's care needs on equal terms as other children in Sweden and these children miss out on the rights they are entitled to (Social board, 2016, as referred Abado et al., 2017). For the children that do not have a permanent home, the adolescent psychiatry cannot start treatment or habilitation for neuropsychiatric problems (Social board, 2016, as referred Abado et al., 2017).

The presented studies are performed in other European countries than Sweden but the content is relevant for this study since it examines the health care system for asylum-seeking unaccompanied refugee children. These children may encounter similar challenges with the health care in Sweden.

2.4 Student essays regarding unaccompanied children's health

Auat and Salihu (2015) did a qualitative case study based on interviews and literature research regarding support that unaccompanied children need when they arrive to Sweden according to care home personnel's experiences. In total six persons participated and six interviews were

performed. The study reviled important factors that support these children into develop and reach a better and secured life. The result shows that the physical needs must be met for a good wellbeing.

Similarly Repesa and Zandi (2019) examined mental illness among unaccompanied refugee children based on care home personnel's experiences in Sweden through a case study. The result state that mental illness among these children is expressed via frustration, anxiety, aggression, abuse, and self-harm behavior. Mental illness is strongly connected to traumatic experiences from their escape and home countries. In order to facilitate for these children care home personnel must aim to build trustful relations, be available and support them.

These two essays examine what support that can facilitate for unaccompanied children in Sweden according to care home personnel's experiences. The findings are relevant and provide an important aspect regarding support for these children.

Another study was presented by Larsson and Nyberg (2009) who did a case study with interviews regarding unaccompanied refugee children's situation and mental illness in Sweden. Ten persons from different professions participated and in total eight interviews took place and two of these were group interviews. The study's result showed that the asylum-process and children's concerns about their families in the home country are significant factors affecting their health negatively. Anxiety, depression, stress, PTSD and suicidal thoughts are common mental aspects that impact their health according to the professionals. The findings here are from different professions while this study is based on care home personnel experiences. The content is relevant since it also examines factors that have a negative impact on asylum-seeking unaccompanied children.

A literature study was performed by Akpudo and Abdirahman (2015) regarding factors that impact unaccompanied refugee children's mental health. For that literature study they included eight quantitative studies and two qualitative studies to obtain their findings. The result showed that traumatic events impact and increase the risk for these children to develop mental illness. The asylum-process and the new environment in the arrival country were also factors that were presented to affect children's mental health. Similarly to the previous study these findings of factors that affect these children negatively are relevant for this study's aim.

Another study was investigated by Aydogan (2010) who did a qualitative interviews study of three now adult unaccompanied refugee children. The aim of the study was to investigate factors in the receiving-country that had influenced these three individuals. The result showed both positive and negative factors that influenced their life. Access to good treatment and care to process trauma and mental illness, assistance with understanding coherence, access to a social

network, and resilience are some factors that influenced them positively. Factors that had a negative influence are among other things: loneliness, feeling of powerlessness, and the long waiting until they get a residence permit.

These findings are based on three now adult unaccompanied refugee children compared to this study. The results are relevant and are important for this study since it highlight factors that have positive and negative impact on unaccompanied children.

3. Theoretical framework

For this research the author has chosen to use the sociologist Aaron Antonovsky's theory sense of coherence, SOC (SW = känsla av sammanhang). His theory is based on a salutogenic (SW = salutogenetisk) perspective where the investigation is about human beings exposed to strains and hardship but remain healthy (Tamm, 2012). The salutogenic perspective was formulated after observations of people that have lived in concentration camps and then as refugees and accomplished rebuilding their life in a new country and still have good health (Tamm, 2012). This theory is suitable to use with this research since the participants of the study are working in care homes with unaccompanied children that are suffering from mental illness. The salutogenic perspective of Antonovsky's theory is used in order to understand these children's physical and mental health according to care home personnel and what factors that impact these children's health. The theory will facilitate for the author to understand how unaccompanied children's SOC is and how these children with or without mental or physical illnesses function in Sweden according to the interviewees. The personnel can understand these children's SOC based on their development and how their wellbeing appears after their arrival. The theory will be used in order to analyze the empirical material and facilitate to identify and make an interpretation of it. The author is aware that statements cannot be provided regarding children's thoughts and feelings. Explanations and examples will be provided from personnel's experiences. Care home personnel are in these children's daily settings and have close relations to them.

There is a limitation since this study focus on unaccompanied children's health experiences based on personnel's perspective and not children's own perspective. Regardless of the limitation, salutogenic perspective can be applied without interviews with unaccompanied children. It will be applied through personnel's experiences and understandings. Since personnel have been working with these children for several years, they have observed these children through their day-to-day work and obtained very sensitive and personal information through close relationships with the children. The stories that personnel obtain are from children's own

words about their experiences, emotions and wellbeing. The personnel have gained a broad knowledge regarding these children's health issues. However, this study's data are based on the interviewees' experiences and understanding, not the children's own perspective. It will be explained and connected in depth to the material in the results section.

3.1 Sense of coherence (SOC)

Antonovsky defines SOC as "a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli, deriving from one's internal and external environments in the course of living are structured, predictable and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement" (Antonovsky, 1991, s. 41).

Stressors are factors that cause problems in life. Tamm (2012) describes three forms of stressors according to Antonovsky:

Chronic stressor is a condition, a life situation, or a personal attribute, such as disabilities or infertility. A person with strong SOC remembers previous experiences and can distance him- or herself from this stressor. Frustrated persons that always expect the worse in situations have a weak SOC.

Life event stressors are delimited occurrences for example a divorce, become fired from work, a family member's death etc. These negative events will bring pain, sorrow, anger or fear for a person with strong SOC, but he or she will become motivated to handle hardships. For a person with weak SOC will feel despair, abandonment, or anxiety in such situations.

Daily annoyances are temporary frustrations that unlikely affect the health, such as having a bad day or a conflict with the family.

The salutogenic approach focuses on health promoting aspects and facilitates the understanding of health problems. There are three concepts that are needed in order to achieve a sense of coherence; comprehensibility, manageability, and meaningfulness. If a person experience a high sense of these concepts, then his or hers sense of coherence is high as well. As Tamm (2012) describes Antonovsky's theory SOC:

Comprehensibility is about how an individual experience internal and external stimulation. Either it is structured, coherent, and organized or chaotic, unorganized and unexpected. If coherent, predictable and clear information is given to a person with high sense of comprehensibility he or she will be able to understand and explain the information. It does not

have to be positive information but it should be clear and comprehensible in order for the individual to be able to structure and organize it.

Manageability is about available resources that a person utilize in order to be able to handle negative or difficult situations. It can be personal resources or someone else's such as friends', professionals' or God's. An individual that can overcome difficulties in life experience a high sense of manageability.

Meaningfulness is that a person experience life as meaningful. A person with high sense of meaningfulness perceives difficulties as meaningful challenges in life worth struggle through.

A person does not always have strong sense of all three concepts in different situations. For example sometimes two concepts are stronger than one depending on circumstances. According to Antonovsky (1991) the concept meaningfulness is very important for an individual in most life situations. He describes that a person can combat situations that are negative as well as positive as long as the person feel that it is meaningful. This concept make individuals remain hopeful and strive to find resources to handle and understand situations. The sense of meaningfulness can also increase the sense of comprehensibility and manageability. Additionally, if a person does not feel that situations are meaningful, it will lead to decreased comprehensibility and the person will not be motivated into try to manage it.

4. Methodology

This is a qualitative study where the data collection is gathered from interviews. In qualitative research the participant's viewpoint and perceptions is interesting (Bryman, 2011). According to Patton (2015) and Grinnell and Unrau (2011), qualitative research provides an in-depth and contextually sensitive understanding. Since the author of this study want to obtain information from care home personnel's perspective the qualitative model is suitable. The participants will provide an in-depth understanding of unaccompanied children's health circumstances in their daily setting.

The interviews are semi-structured which means that the respondents have autonomy in answering questions from their perspective (Kvale & Brinkmann, 2009). Bryman (2001) describes semi-structured interviews as flexible and that the interviewer has specific themes that the research concerns, however the participants can answer freely and other questions can come to be discussed during the interview. Semi-structured interviews are appropriate since the interviewer want to obtain as much material as possible concerning unaccompanied children's health. The interviewees can provide their experiences and understanding without being limited

what to answer. In this way the participants may provide something concerning the topic which the author has not thought of.

4.1 Samplings of individuals

There are several selection methods in qualitative research according to Bryman (2011). The author chose what Grinnell and Unrau (2011) call purposive sampling. It means that the researcher select participants relevant for the research questions. The benefit with the purposive sampling of individuals is that the selected persons are currently working in care homes. These people possess significant knowledge and understanding of this specific topic which provided them the opportunity to contribute with additional information.

Six individuals participated in this study and they are working at three different care homes for asylum-seeking unaccompanied refugee children within X-town. Three different care homes were chosen due to temporal causes and in order to obtain data from several perspectives. The author did not want to limit the research to only one accommodation. Three care homes provided the researcher with additional material. In this way the author obtained possible similar and different information amongst these three institutions that are located in the same city in southwestern Sweden. The interviewees took their time to answer the questions, and the number of participants and the gathered material was just enough considering the timeframe. However, more interviewees from different cities would have provided a broader picture concerning the topic in Sweden and not only the situation in one city.

The author sent out a text message via the phone in Swedish to one person working at each accommodation. The text message briefly informed them on the study and asked if the person and/or other persons working at the care home were interested in participating (see appendix 2). The persons that agreed to participate sent a text message to the interviewer and agreed upon a phone meeting. In total six interviews took place.

The author has worked at two of these care homes before. There are advantages and disadvantages that the author has worked at two of these care homes. The positive aspect is that the author has knowledge about the studied topic and that the participants may feel comfortable speaking to a familiar person. The negative aspect is that the author may have decided answers at some questions in advance. The participants may become affected by speaking with a familiar person and might not provide the answers that they would if they did not know the interviewer. They may provide answers that they think the author appreciate (Bryman, 2011). Another disadvantage is that the interview may become personal and disclose information that is

confidential (Kvale & Brinkmann, 2009). Since the interviewer is familiar with few of the interviewees the interviews were occasionally performed in an informal manner. Due to that the participants did ask if the interviewer remembered or did work at the care homes when several incidents had occurred. During the conversation the interviewer and interviewees did at times laugh when funny events that had happened in the care homes were mentioned. The interviewer had to remind the participant that the interview was for a research in order to remain professional and focused.

4.2 Procedure for the interviews

Six interviews with care home workers were conducted by separated phone-calls. Telephone interviews were chosen due to geographical and economic reasons, lack of time, and covid-19. This choice of interview is cost- and time-effective and an advantage to use for geographically distances (Bryman, 2011). The disadvantage with this choice of method was that it was hard to hear each other sometimes, and moments of silence occurred which resulted in much repetition. Thus, there is a risk that the participant may lose patience and important data can be lost. The interviewer and interviewee did not know who should continue with the dialog, which could had been facilitated if they saw the facial or body language of each other.

It is also a disadvantage to use telephone interviews for sensitive subjects (Bryman, 2011). Two of the interviewees became emotional while speaking about events that they had witnessed. The interviewer suggested discussing something else if it was too difficult to continue but they decided to continue.

The author had the calls on speaker in order to record the interviews from another phone. Each interview persisted for approximately twenty to forty minutes. The employees were provided with open-questions regarding their working tasks and asylum-seeking unaccompanied refugee children's health available in appendix 1. During the interviews the interviewer had the possibility to provide supplementary questions, and the interviewees had the possibility to answer freely. According to Bryman (2018) the possibility to supplementary questions is provided due to the semi-structured interviews.

4.3 Tools of analysis

The author chose to use meaning condensation (SW = meningskoncentrering) for the analysis of the interviews. Through this analytic model the author can distinguish and categorize themes in three phases (Kvale & Brinkmann, 2009). It is described by Kvale and Brinkmann (2009) as longer sentences (called sentence units) become summarized to shorter formulation called keywords. At last these keywords are categorized into themes. This tool provides the possibility to investigate if statements are characteristic for all participants or only an individual understanding (Kvale & Brinkmann, 2009).

The author analyzed the interviews and gathered sentence units that were similar from each participant and wrote these down on a paper. The researcher has sought for themes such as most stated words in analyzing collected data. The sentence units were abbreviated to keywords and then categorized under themes. The author chose themes that are associated to asylum-seeking unaccompanied refugee children's health and connected the themes to the research aim, research questions, previous research, and the theory.

4.4 Reliability

According to Grinnell and Unrau (2011), reliability is about evaluating whether or not the findings of a research can be regarded as truthful. It was necessary to listen to the recorded interviews, and read the written material several times when analyzing before transcribing. In this way the reliability was strengthened since the author did listen to the interviews several times before interpreting. The reliability was also strengthened by using same interview questions to all participants as the aim was to obtain as equal consistent answers as possible concerning asylum-seeking unaccompanied children's health. By using the same questions it enabled the author to compare the answers. The author chose to double check interviewees' answers through asking if the interviewer had understood the interviewee right. According to Kvale and Brinkmann (2009) it increases the reliability and inconsistencies in participants' answers can be found. By repeating the same question the interviewer can ensure if same answer is provided or not. However, it can be difficult to ensure the reliability since the result might not be the same if the study was performed later again (Kvale & Brinkmann, 2009).

4.5 Validity

According to Kvale and Brinkmann (2009), validity is about measuring concepts that were intended to be measured. The author considers that care home personnel can provide valid data regarding unaccompanied children's health at these care homes. Hence, the validity can also be questioned since the author is searching for unaccompanied children's health situation based on personnel's experiences and not from children's own perspective. The previous research regarding unaccompanied children's health based on care homes personnel was sparsely as well. However, the researcher chose this sampling of participants since the personnel obtain very deep and sensitive information regarding each child. According to the interviewees, personnel at care homes have close relation with these children and have separated dialogs with them approximately once a month. The author had to verify that the interviews and previous studies were connected and could answer the aim and research questions of this study. The interview questions were formulated in relation to the aim and research questions in order to increase the validity.

4.6 Ethical considerations

According to Polonski (2004) confidentiality and anonymity, voluntary participation, informed consent, the potential for harm, communicating the results and specific ethical issues are six comprehensive ethical parts that must be taken into consideration when performing a study. Confidentiality is that the participant's identity is not exposed though the author knows who it is (Polonski, 2004). Individual's participating in a research should be voluntary and under no pressure (Polonski, 2004). The interviewees were properly informed what the research is about, how and when it will take place, and what it will be used for. The interviewed individuals must give their informed consent to proceed with the planned interviews (Grinnell & Unrau, 2011; Patton, 2015). Before proceeding with the interviews, the interviewer informed regarding the interview and the interviewees had to give their consent in order to continue.

The information and material that were gathered from the participants were only used for the intended purpose. The participants agreed to it and the interviews were recorded in order for the study to gather all pertinent information and facts. In terms of anonymity the city within this research will be named X-town. This because the city that these care homes is located in is small and the participant requested that the city remained anonymously. The interviews will be carried out in Swedish and then translated and transcribed to English. It is important that the interviews are carefully translated and the words used within this context to be attentively chosen in order to

preserve correct significances of the interviews. The author chose English words with the similar meaning and value to the Swedish words that the interviewees expressed. This was done by writing the words on a website for synonyms and then selecting the most correctly.

5. Results and analysis

The result and analysis part will present the interviewees' perspective regarding the health of unaccompanied refugee children. The author will present the data under the themes; asylum-process and health care, anxiety and depression, suicidal thoughts, traumatic events, PTSD, security and integration.

The interviewees will be called Agnes, Billy, Charlie, Daniella, Erika and Fredrik.
Agnes is a treatment assistant and has been working at care homes for three and a half years.
Billy is a social pedagogue and has been working at care homes for four years.
Charlie is a social pedagogue and has been working at care homes for four years.
Daniella is a treatment pedagogue and has been working at care homes for four years.
Erika is a behavioral scientist and has been working at care homes for four years.
Fredrik is a social worker and has been working at care homes for three and a half years.

5.1 Asylum-process and health care

The asylum-process has a negative impact on unaccompanied children and their need and right to health care is neglected in some aspects according to the interviewees. Erika tells:

> These children miss out or get delayed health care due to long wait times or because they do not have permanent residence permit. Sometimes they have to wait approximately six months in order to meet a psychologist. One of our refugee children needed surgery for his knee but got rejected because he was asylum-seeking and did not have permanent residence permit. These rejections and long waiting times for health care are all contributing to affect children's mental health even more.

Daniella explained that the wait for the asylum-process is even longer than the wait for health care. The children have to wait years for a decision, at least 3-4 years. She tells that "They learn and achieve so much during their waiting. They go to school, learn the Swedish language, integrate to the community and build different relationships". She continued to explain that these

children begin to dream about their future here in Sweden during these years. The children might have a positive insight on their future but they are also afraid to obtain a negative decision and become forced to leave the country. They often speak about periods of times where they are constantly thinking about the asylum-process as well as how the stress of it affects their wellbeing in a negative way.

An additional reason that these children's health care need is not met is due to language deficiencies. Agnes explains:

> Children at the care home have met psychiatrists but only a few possess regular contact. The lack of Swedish language and difficulties in understanding each other are the reasons to why only few children continue with psychiatric care. The psychiatrists rarely reserve interpreters to meetings. It is very problematic since they cannot have a dialog with each other. The reason that these children meet a psychiatrist is precisely because they need to speak with someone in order to process their traumas and problems.

In spite of neglected health care children with a religious belief can remain motivated through difficulties in life. Charlie mentioned that children living in these care homes commonly have a religious belief and follow the concept that everything happens for a reason. The belief is a security that may facilitate for these children to struggle through challenges they encounter in their life in the new country. He finished with explaining that "The children that believe in a religion do not devote too much time in questioning why they became exposed to certain events in the past".

Based on Antonovsky's (1991) theory Erika's statement that the long wait for health care and asylum decision has a negative impact on children's health can be understood as stressors. According to the interviewees the asylum-process and the health care are stressors that affect unaccompanied children's physical and mental health negatively. However, the children who believe in a religion are hopeful even in difficult situations such as the wait for an asylum decision because they believe that everything have a meaning and should struggle through it as Charlie explained earlier. The theory's concept of meaningfulness can be applied in order to understand Charlie's explanation regarding the religious belief as; both negative and positive situations can become combated with available resources as long as the person feels that it is meaningful.

Daniella explained earlier that the long wait during the asylum-process entails the development of mental illness. Similar result has been shown in earlier studies that the asylum-process has a negative impact on unaccompanied refugee children's mental health (Aydogan, 2010; Akpudo & Abdirahman, 2015) as. These children have a higher level of emotional distress and the care need is large. Waiting for asylum decisions can bring internal stress and in order to support these children's health an effective method is to provide regular dialogs with psychologists (Aydogan, 2010). Unfortunately as Agnes and Erika explained above, these children miss out on health care due to long wait times or because of language deficiencies and therefore do not continue with regular contact with psychiatrists. Studies have showed that asylum-seeking children are not provided the health care rights they are entitled to (The National Board of Health and Welfare, 2016, as referred Abado et al., 2017).

5.2 Anxiety and depression

All participants explained that health problems such as anxiety and depression are very common for these children. The interviewees described that it is a challenge to work with such health problems and that the children need further professional help that can meet their needs. Billy tells:

> Anxiety, depression and panic attacks are very common health problems at the care home. A depressed person can become very isolated and silent, and has difficulties to believe in positive aspects of life. It is a struggle to motivate a depressed child. Although there are several assets available, it takes much work and patience until a positive difference is achieved. It is common that children are provided with medicines but unfortunately, they rarely use it. There is a great need of anxiety and depression management care for these children.

The reasons for depression and anxiety differ from child to child. It is difficult for personnel to distinguish if the child does not explain what that causes their feelings. Charlie shares:

> These children have lived a completely different life before they arrive to Sweden. Most of these children had responsibilities in their home countries such as work and to support their families financially. Here they have to be children again and not taking adults'

responsibility. Therefore, we do not clearly understand what they have been through upon their arrival to Sweden, as well as what they might be facing now that causes their anxiety and depression.

The theory facilitates to understand Billy's explanation that an isolated and unmotivated child may not be able to accomplish anything positive in life regardless available resources due to depression. When applying Antonovsky's (1991) theory Billy's explanation can be understood thst a person that has anxiety and depression may not feel that anything in their life is meaningful, thus leading them into weak SOC and them losing faith. The children that are motivated have a strong SOC, and can put their negative feelings aside. The frustrated children with weak SOC allow the negative emotions to determine and therefore isolate themselves. The reason to isolation and why some children will not be able to develop with personal or care home personnel's resources, nor society's resources is due to the SOC of the three concepts comprehensibility, manageability, and meaningfulness being weak according to Antonovsky (1991). Examples of personnel's or society's resources could be something that the child can use in order to overcome depression, for instance support calls with a person or an activity that the child finds fun.

Billy indicated that depression and anxiety are common matters at the care home. Similar statements were found in several studies among these findings it was shown that twenty to thirty percent is an approximate percentage of asylum-seeking children in Sweden that suffer from anxiety and depression (The National Board of Health and Welfare, 2015), specially unaccompanied children (Fazel & Stein, 2002). Another finding according to the Swedish Red Cross University College (2016, as referred Fazel & Stein, 2002) stated that one out of three suffer from severe anxiety and depression. According to Billy there is a great demand for management of these health problems. Similarly to Billy's utterance, Michelson and Sclare (2009) state that anxiety management is significantly less provided to unaccompanied children.

5.3 Suicidal thoughts

Living in uncertainty during a long period and not having the knowledge weather there will be a positive decision on the asylum application or not is certainly affecting these children. Daniella explains that some children have hunger stroked and school stroked in periods due to their mental illness. In some cases children start using drugs. It is very common that these children

have thoughts of suicide as well. She continues with “Two children tried to overdose painkillers in the period of their hunger strike. Personnel became hysterical and had to take them to the hospital for an examination”. However, some children have conversations about suicide with personnel and that is helpful for us at the care home since we can strengthen with extra personnel and support the child through this struggle.

These children do not want to continue with their lives because of their fear for a rejected asylum and the return to the home country. Agnes shared a situation that an asylum-seeking child committed suicide because his little brother that was blind had to return to his native country after his asylum application got rejected. The interviewees Daniella and Fredrik shared the same case in their interviews and provided as follow. Daniella says that “They are children and young. They become overwhelmed with their past and present happenings”. She continues with that it can be difficult to know how to begin or to continue to live a normal life. Fredrik explains that for example if the children become too scared due to negative information regarding their asylum application, they might give up on their life and commit suicide.

The case that was shared by Agnes regarding the child that committed suicide because his brother had to return to his home country can be understood by applying Antonovsky’s (1991) theory as an individual having a very weak SOC regarding the concepts of meaningfulness, comprehensibility and manageability. In order to clarify and understand this from the theoretical perspective an example will be provided which can also be connected to the interviewees’ case. For instance, torture is a traumatic event and a stressor which may have affected an individual so much that he does not realize how to overcome the difficult challenge in life. The fear of returning to the home country is the result of suicide since no one can save him from the torture again.

Daniella told that children at the care homes have hunger stroked and tried to overdose painkiller tablets. A comparable example was found in a previous study that mental illness has lead unaccompanied children to suicide attempts and it is evident that it is due to the asylum-process and the long waiting times (Abado et al., 2017). Daniella also explained that some children do tell about their suicidal thoughts which are helpful for the personnel since they can prepare with extra staffs that can support and have a near interaction with the child. Similar explanation was found in the study by Larsson and Nyberg (2009) that suicidal thoughts are very common among these children and have a negative impact on their health.

5.4 Traumatic events

The interviewees mentioned traumatic events several times for example how the children have become impacted by traumas. Billy explains with an example what these children may have witnessed and how they may appear in their daily life as:

> You can understand that the children are thinking about something when they sit and stare at the floor or at a wall. Some have lived hidden due to persecution and some have witnessed their parent or sibling being murdered. It is so hard to see how these children suffer without being able to do anything to make the pain go away.

Regarding traumatic events Agnes mentioned that these children will always have their past with them here in Sweden and that she believe that it is very difficult for them to forget about traumatic situations they have experienced, but some children really success in the new country. She explains that "Some children are very strong and can reach achievements regardless of their pain and sadness from stressful events, because they have goals for their future". However, some traumatic experiences can have a huge impact on a person and remind them about the event and limit them in life. Among the interviewees statements Erika gives an example of a child's traumatic experience:

> One child never wanted to participate in swimming because it reminded him of a traumatic situation that he had experienced. In such circumstances we as personnel cannot stress or force the child into it. We must have patient and the child must be allowed to process a trauma at his own pace. Professional interventions are rarely provided and on the other hand children do not always want to meet professionals for support.

Traumatic experiences can be analyzed with Antonovsky's (1991) concept regarding chronic or life event stressors. The escape, changed life situation, earlier exposure, or the loss of family members is events that stress an individual's mental health. Antonovsky's theory explains that in order to remain healthy and successful in life people need to develop a strong sense of coherence (SOC) regardless of difficult circumstance. Individuals can feel sorrow, pain and anger but they can also distance themselves from stressors and remain motivated (Antonovsky, 1991). Based on the theory it can be comprehend that the children that succeed has a strong SOC which can be connected to what Agnes stated earlier regarding success and achievements regardless their pain.

The theory can be applied in order to understand Erika's explanation about a child that became limited due to the impact of earlier traumatic circumstances. The child's limitation due to traumatic experiences can be explained with the theory that children that feel anxiety and expect the worse in situations have a weak SOC (cf. Antonovsky, 1991).

With regard to earlier research traumatic experiences of unaccompanied refugee children show to have a negative impact on their wellbeing and increase the risk for mental illnesses (Akpudo & Abdirahman, 2015). The statement by the interviewees Billy, Agnes and Erika regarding that traumatic event can be experienced in the home country and during their escape were stated from earlier studies as well. Traumatic events are connected to mental illness (Repesa & Zandi, 2019) and according to Michelson and Sclare (2009) trauma is experienced prior to resettlement in the new country. Traumatic events are such as exposing, or witnessing family or relatives being victims of torture, violence or murder. The lack of trauma-focused intervention was mentioned by Erika earlier and that some children choose not to receive such service. Erika's statement can be connected to what Michelson and Sclare (2009) stated in an earlier study that trauma-focused interventions are insignificantly provided to unaccompanied children although the risk for mental illness.

5.5 PTSD

The interviewees mentioned that PTSD has different symptoms such as sleeping problems, nightmares, vulnerability in stressful situations, and physical health problems. Billy and Daniella explain similarly regarding PTSD. They explain that it is very common that these children are provided with sleeping pills in a few months after their arrival to Sweden until they can begin to fall asleep on their own. The children do not understand what the PTSD diagnosis imply since it may be the first time they hear about this term. Furthermore they explained that these children do not comprehend why they have mental illnesses since they state that they are happier in Sweden than they were in their home country. Consequently that is the reason to why most of the children do not process their PTSD, simply because they do not understand it.

According to several interviewees an additional sign of PTSD appears in children's behavior. Agnes describes that some children exhibit a destructive and extrovert behavior. There are many unnecessary arguments and fights that occurs between the children because of their mood and mental situation. She explains that:

> For example they can fight about the food that is being served or the color of the furnishings. When similar arguments or fights occur the personnel discuss it together and we understand that maybe it is because the child is tired or has much on his mind that he does not speak about. There have been several difficult situations at these care homes in a very short period. It is exhausting both for the workers and the children.

As explained above some children do not speak about their earlier traumatic experiences, but some children do. Erika tells:

> The traumatic events that have caused these children's PTSD are not something we can imagine us. I have seen coarse scars at these children's bodies that result in me crying after work. We do not ask questions about these children's negative memories from their home country or the escape. We cannot be the reason to remind a child about difficult situations they been through. If the children want to talk about it, they will start such conversations and then it becomes our responsibility to listen and confirm their stories and feelings.

As has been presented by the interviewees, unaccompanied children do suffer from PTSD and it affects their lives. PTSD can be understood as a chronic or life event stressor due to experienced traumatic event according to Antonovsky's (1991) theory. The theory can be applied to understanding that PTSD results in chaotic and unexpected inner/external stimulation. Erika mentioned that personnel do not remind children about their difficult experiences, and Billy and Daniella explained that some children do not understand what PTSD is so they do not process it. In order to understand the interviewees' statements the theory can be applied to clarify that the SOC may not become strong for these children that do not process their PTSD.

The interviewees emphasized that PTSD is a very common health problem among unaccompanied children due to their traumatic experiences which is in accordance with many findings. One out of three shows signs of PTSD (Swedish Red Cross University College, 2016, as referred Fazel & Stein, 2002) which is noteworthy. Additionally Agnes described the negative impact of PTSD that results in fights and arguments due to these children's behavior and emotional condition. Similarly to another finding that showed that unaccompanied refugee children's health becomes negatively impact by PTSD, such as anxiety and depression, headache, easily irritated and outbursts of anger (Larsson & Nyberg, 2009).

5.6 Security and integration

Fredrik explained that care home personnel's main task is to be available for the children and their daily care, support them to become independent individuals and to integrate into the Swedish society. "The care home must be a safe place, like a home where children and personnel have positive relations and security is provided". The security aspect is very important since these children do not have their family near. Similar to Fredrik's explanation Billy tells:

> A core principle at the care homes is to build trustful relations with the children and they must feel security to the adults in their surroundings. Children provide private and sensitive information to personnel during individual dialogs once a month where they together go through different sections that concerns children's health. The children should preserve their identity, culture, language and religion.

The integration is a very important aspect and has a huge impact on these children's wellbeing. Several interviewees emphasize and explain the importance and positive impact of social activities and networks, school and other routines on children's health. Both Fredrik and Agnes explain their experiences that they can see that children that practice a sport or have an activity on their free time are more positive to life. Children's physical activities impact their mental wellbeing. They build social networks and relations that they can socialize with. These children become integrated easier and are not excluded or isolated. Agnes and Fredrik explained further as:

> Routines such as school, activities, good sleep and food, and meeting friends have positive impact on children's health. It is important that these children become integrated into the society and engaged in activities on their free time. That will increase their positive thinking instead of thinking about circumstances from the past.

In similar terms regarding integration Erika explains that children who may have mental problems, and do not have contact with their families may feel lonely and therefore not have the same motivation to integrate into the Swedish society. She tells that being emotionally prepared is an important factor when working in such accommodation. "It is hard for some children to function during the day and at school so it is very important that we as adults encourage and motivate them into social networks and leisure activities".

The theory can be applied to understand Erika's explanation regarding these children's lack of motivation to integrate. The children that Erika is referring to can be understood according to Antonovsky's (1991) theory as having a weak SOC of manageability and meaningfulness. Additional the theory show that the SOC regarding the concept of comprehensibility may not be weak for these children since they can understand what integration is but may not find it meaningful or know how to handle resources in order to success with the integration. However, the concept of meaningfulness increases the concepts of comprehensibility and manageability (Antonovsky, 1991). According to the theory it can be understood as Fredrik and Agnes explained regarding the children that are engaged in leisure activities and social networks have a strong SOC. The theory can be applied in order to understand that the children with strong SOC can be well organized and utilize the available resources in order to reach integration progress.

Fredrik and Billy earlier stated that security and positive relations with the children at the care homes are important. Similar results have been shown in previous studies that care home personnel must aim to build trustful relations, be available and support each child in order to facilitate for them (Repesa & Zandi, 2019). Agnes and Fredrik emphasized that integration and social networks have a positive impact on children's health similarly to earlier studies. It has presented that children who have social networks, are in contact with their families, and have the chance to become integrated within the Swedish society feel mentally better (The National Board of Health and Welfare, 2015).

6. Concluding discussion

The aim with this study was to investigate and obtain an in-depth understanding of how care homes personnel experience asylum-seeking unaccompanied refugee children's mental and physical health, and what factors they experience to impact these children's health. The interviewees' utterances indicate that physical and mental illnesses are very common among asylum-seeking unaccompanied refugee children. Personnel expressed that it is difficult to understand what these children may have experienced and are suffering from. There are different reasons that affect unaccompanied children's health. According to personnel's experiences the asylum-process, traumatic events, and the health care in Sweden are the main factors that have negative impact on children's health. These children are provided delayed health care or miss out on it because they do not have permanent residence permit. Due to these factors, anxiety,

depression, panic attacks, PTSD, and suicidal thoughts are very common health problems according to personnel. Approximately all children on these care homes have met psychiatrists but few possess regular contact due to language deficiencies and long waiting times. In order to improve the situation for these children, the care personnel find it important that these children have structure and routines to follow as well as to become integrated into the society and engaged in activities on their free time.

The author suggests a measure that could improve unaccompanied children's health which would be to decrease the long waiting times for the asylum-process and the health care. How to decrease the waiting times is difficult to utter but one option would be to increase with personnel and practice more effective. Since some children without a residence permit did not become provided health care, there should not be a regulation that a child must have a residence permit in order to obtain needed health care. Another suggested measure that could improve children's health would be that health professions are prepared with right tools to meet the health problems and illnesses that they encounter. Health professions can become more educated regarding illnesses and the health care can improve with language competences, or have a rule to always offer an interpreter for the best possible care.

6.1 Methodological discussion

The choice of both qualitative method and purposive sampling was well suited to capture relevant data. Telephone interviews were negative to use regarding this subject since the participants became emotional. It was also a disadvantage since the interviewer and interviewees did not hear each other well through the entire interview. Face-to-face interviews would have been advantageous since it also allows the researcher to observe participants while having the dialog. However, due to the current situation with covid-19 it was a safe choice, and the telephone interviews provided the opportunity to ask supplementary questions and clarifications.

If a larger number of interviews would had been performed it would had contributed with a broader picture of information. But that may had become difficult to process since it was a limited timeframe and only one interviewer. After the compilation of the interviews the researcher assumed that a survey method may have provided material in a greater extent, but would had been more time-consuming to analyze. Consequently, the respondents may not have provided detailed facts in order to maintain short answers. Thus, it would not have offered information as comprehensive as the telephone interviews.

The interviews were carried out in Swedish and proceeded naturally and there was no

problem in understanding questions or providing answers. The interviewer had to consider and select which words to use in English in order to come as close as possible to the participants' statements. If the interviews would have been carried out in English with English speaking persons the transcribed data could have been more accurate.

This study's results are similar to previous studies findings regarding what factors that affect these children's health from care home personnel's and unaccompanied children's perspective. According to Kvale and Brinkmann (2009) the validity is increased if the result of this study is similar to the results of previous studies regarding unaccompanied children's health and factors that affect their health.

The presented findings are the researcher's interpretation and understanding of the gathered material. It may have been biased by the author's own experiences within this context. As has been mentioned earlier in this study the author has also been working with unaccompanied refugee children. The interpretation may therefore have been biased of the author's opinion regarding this topic. Personal feelings and experiences that the author have gained from earlier work in care homes may have biased the analysis of the gathered material. For instance, the author may have deselected meaningful data for the analysis. The conclusions cannot be generalized but since similar data has been repeated from several perspectives it is a fair interpretation. According to Bryman (2011) it is the researcher's own credibility in the study of a social reality that determines if it is adequate for other individuals.

7. Further research

During this study the main focus was to provide an understandable explanation of the situation regarding asylum-seeking unaccompanied refugee children's mental and physical health from care home personnel's perspective. Since this research contained information from personnel's experiences it would be interesting to investigate this topic from children's perspective. The quality of the study would have been improved if interviews where performed with the unaccompanied refugee children. The children would have provided an interesting aspect regarding their health status that only they can explain and how they become affected by the asylum-process, traumatic experiences, and what they find could help them.

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9. Appendix 1 – Interview questions to care homes personnel

- What are your main working tasks?
- What responsibility and duty do you have towards the children?
- What is motivating you to work at a care home for unaccompanied refugee children?
- What factors do you perceive as affecting these children's health positively and negatively?
- Does these children's health care rights get fulfilled?
- What are the most common health issues among these children seek help for based on your experience as care home personnel?
- Could you give me any example of a case where you have experienced any problem which concerns these children's rights regarding the health care aspect?

10. Appendix 2 – Phone text message sent in Swedish asking for interviews

Hej,

Jag skriver just nu min c-uppsats där jag har valt att skriva om ensamkommande flyktingbarns hälsa utifrån HVB personals upplevelser.

Jag skulle uppskatta om du och/eller någon annan som också arbetar på boendet kan ställa upp på en intervju med mig ang. dessa barns hälsa och hur det ser ut kring deras rätt till sjukvård.

Om du är intresserad hör gärna av dig till mig snarast möjligt!

Tack på förhand!
Mvh,
Lina Elturk