Re-creating lives and futures in exile:
A cultural psychological study of unaccompanied refugee minors and their professional caregivers in Norway

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Summary

With recent experiences of war, abuse and perilous journeys, and without the company of caregivers, unaccompanied asylum-seeking minors seek protection, safety and sustainable futures. There has been significant research attention on the mental health of minors in light of the extreme hardships they have often endured, and according to this research, their mental health problems seem to persist even several years after resettlement. This study contributes to the understanding of why, by investigating the young persons’ efforts and challenges to re-create their lives and futures in exile, and how the professional care arrangements approach the young persons in this endeavour.

A cultural psychological perspective has been employed as the overarching theoretical framework. Cultural psychological theorists have theoretical and methodological ambitions to renew the psychological study of human beings in ways that are more sensitive to their social, cultural, historical and material contexts. Furthermore, they consider persons as actively engaged in making meaning of events in their lives. Everyday life is societally arranged, socially grounded and subjectively experienced, and as such, it represents an analytical site to study the environment and the person as a unity. Therefore, everyday life was chosen as the primary analytical site to investigate the young persons’ efforts to re-create their lives.

Rather than framing these young persons as either victims or heroes, the present research was designed to explore their lives by looking at this group of young persons as similar to other young persons, conducting their everyday lives and actively taking part in their own development, without leaving out their specific backgrounds and life situations. Detailed interviews about everyday life were conducted with 30 young unaccompanied minors from different countries of origin, aged between 10 and 16, as well as with their professional caregivers in Norway. The young persons and their caregivers were interviewed shortly after the young persons’ arrival in Norway and then after one year when the young persons had moved to new Norwegian municipalities, following the resettlement procedure. In sum, 101 interviews were conducted.

The first article, ‘Negotiating developmental projects: Unaccompanied Afghan refugee boys in Norway’, is based on an analysis of the developmental projects of a subgroup of the young participants, the Afghan boys. The content of their developmental projects was explored and how these projects were negotiated with the caregivers in Norway. We describe two main developmental projects: To create a liveable life in Norway and to help the family in their country of origin. The results shed light on the challenges when the caregiver and the
young person are not engaged in the same project, and even pull in opposite directions, which was the case for the latter developmental project. As a consequence, the young persons were alone with their struggles. The analytical model elaborated in the article shows how crucial it can be to attend to what the young persons try to achieve in their everyday lives and their ideas of their future, as well as how their projects are negotiated with their significant others.

The second article, ‘Peer relationships at residential care institutions for unaccompanied refugee minors: an under-utilised resource?’, is based on an analysis of how the young persons created relational practices with each other that facilitated a sense of togetherness in their everyday lives during resettlement. Furthermore, we describe and discuss how such practices were grounded in everyday life at the residential care institutions. The results elucidate a variety of ways that peers at residential care institutions for unaccompanied minors can act as resources for each other. These practices were categorized as (1) collective meaning-making practices, (2) emotional care practices and (3) social inclusion. At the care centres, such practices were more frequent than at the group homes, where the young persons felt lonelier and struggled more on their own. The evolvement of the resourceful relational practices seemed to be nourished by routines of sharing events of everyday life, for example by moving through the day as a group, and by sharing symbolic resources, like native language, traditional social practices, and religious rituals. All this was facilitated at the care centres, whereas less so in the group homes. In order to strengthen the mental health and well-being of the young persons, we suggest that caregivers pay attention to facilitate collective conducts of everyday life and to compose the group of co-habitants in ways that allow them to draw upon shared symbolic resources.

The third article, ‘Discuss it with your legal guardian’: Challenges in practising care for young unaccompanied refugee minors’ concerns how the Norwegian state enacts its parental responsibility for unaccompanied asylum-seeking minors. Especially explored are the challenges of practising care in residential care institutions, focusing on how care is shared across institutional contexts. An overarching result was that care responsibility for ordinary life-course issues, for example, educational or social issues at school, was shared and co-ordinated between professionals, such as teachers and professionals at residential care institutions. This was, however, not the case when it came to refugee-related issues. These issues were typically parcelled out of the responsibility of the daily caregivers and allocated to the administration of other institutions. The allocation of refugee-related legal issues to the legal guardian, particularly those related to age assessment, family reunification and type of
residence permit, made it difficult for caregivers at the care centres and group homes to keep the overview over vital issues in the young persons’ lives. These legal issues were not at all remote and abstract issues in the young persons’ lives. Instead, they constituted central questions related to their everyday lives and futures. We discuss how to perform coordinated care in a compartmentalised care system in order to minimise the disadvantages and potential harm for the young persons and support their wellbeing and development.

Based on the articles, three suggestions to facilitate the young persons’ tasks of re-creating their lives and futures are proposed: (1) to actively engage in young persons’ developmental projects; (2) to organise living arrangements in ways that secure and support the development of peer relationships; and (3) to organise daily care in ways that facilitate caregivers’ coordinative function and overview of overall care. These suggestions are not limited to unaccompanied refugee minors but may be transferred to other settings, for example, residential care for children in general.

The stories and details of the young persons’ struggles and coping, as described in this study, may deepen the understanding of what it means and takes for young unaccompanied refugee minors to re-create their lives and futures in Norway. Furthermore, the study demonstrates how the mental health problems of resettling unaccompanied minors’ can be understood as intimately linked to their efforts and struggles in creating livable everyday lives and sustainable futures.
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1. General introduction

Seeking protection and sustainable futures are vital human engagements, and people have at all times moved across geographical borders for survival and livelihood. However, people who are forced to flee their countries of origin, due to states’ abuse of their rights and neglect of their needs, as well as war and conflicts and climate changes, are at the mercy of the states in which they seek protection.

Children and young people who seek protection and sustainable futures and who are separated from parents, or unaccompanied, are considered as being in some of the most vulnerable situations one can think of (UNHCR, 1997). Several areas are of concern for international and national policymakers, practitioners and researchers. Some of these are their rights to protection from harm; justice and reparation following abuse and human rights violation; family reunification; residence permit; citizenship; legal support; physical and mental health care; education and long-term developmental support.

How do unaccompanied asylum-seeking and refugee minors re-create their lives and futures in exile? This doctoral thesis explores some of the tasks that these young asylum-seekers have to manage to create a liveable everyday life and sustainable futures in life situations that put extreme demands on them. In the following, I will refer to the asylum-seeking and refugee minors mostly as ‘the young persons’. In my study, I will explore what kind of care system these young persons meet in Norway, and investigate how this system addresses their challenges in creating liveable lives and sustainable futures.

In a situation as separated and unaccompanied protection-seeking minors, with recent experiences of war, abuse and perilous journeys, it seems clear that these young persons suffer. Moreover, they arrive in host countries where public debate regularly defines them as either child victims or strategic migrants (Stretmo, 2014). Based on their extraordinary experiences and challenges, it seems furthermore clear that a focus on their mental health is of essence. Studies have shown that compared with their peers in the host countries, these young persons are overrepresented with regard to clinical symptoms of major concern and in particular, there seems to be an overrepresentation of self-harm and suicidal behaviour (e.g., Ramel, Täljemark, Lindgren, & Johansson, 2015). Furthermore, mental health problems have shown to be persistent among the young people years after resettlement (e.g., Jensen, Skar, Andersson, & Birkeland, 2019; Jensen, Skårdalsmo, & Fjermestad, 2014).

Considerable efforts have been undertaken to investigate the types, seriousness and extent of the potential traumatising events that the young persons have been exposed to before
their arrival. This research has contributed to an increased understanding of contributing factors concerning the development of mental health problems as well as knowledge about their need for and access to treatment (Jensen, Fjermestad, Granly, & Wilhelmsen, 2015). However, a stronger focus on the vast array of social, cultural and societal conditions that contribute to the development of the young persons’ mental health and mental disorders seems needed. This focus applies not only to the group of young persons seeking protection but to understanding mental health in general. According to the World Health Organization (2013, p. 7):

_Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one’s thoughts, emotions, behaviours and interactions with others: but also social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports._

In other words, understanding mental health and disorders through individual dispositions is not sufficient. Likewise, attempts to understand psychopathology solely through studying the brain, have been lamented even by brain researchers themselves and described as reductionist (e.g., Borsboom, Cramer, & Kalis, 2019; Brodal, 2018). Nevertheless, it has been argued that such approaches have dominated both research directions and funding policies in clinical psychology and psychiatry for decades (ibid.). These authors call for ‘a holistic research strategy to progress in the study of mental disorders’ (Borsboom et al., 2019, p. 1).

The WHO statement referred to above, and the call for what is described as ‘holistic research strategies’, is a plea for understanding - and researching - individuals as situated in their social and cultural contexts. This statement underlines the relevance of interdisciplinary research efforts, highlighting the vital contribution from social sciences. Psychological research on mental health thus gains from drawing upon already established knowledge from other social sciences. Moreover, developing theoretical and methodological approaches that enable analyses of the sociocultural contexts in which people are situated seems highly appropriate. This last point underlines the need for psychological research to move beyond sociocultural conditions understood as factors with particular generalised effects on individuals, and instead view persons and sociocultural environments as mutually constitutive. Inspired by perspectives like this, I have used this research project to give attention to theoretical and methodological approaches that include the sociocultural contexts in which people are situated.
‘Context’ has been described as a concept that directs attention towards conditions that are considered relevant to include, and as such delineating the researcher’s sense of relevance in understanding the topic of interest (Dilley, 2002). Articulating a context in a particular case is thus an active, interpretative act, and in order to heighten the transparency of the research process, this act should be specified (ibid.). Moreover, because the articulation of relevant contexts is dependent upon the researcher’s implicit or explicit interpretative acts, it should be explored, not just taken for granted (Haavind, 2000).

My point of departure has been to investigate the young persons’ challenges in re-establishing their lives in exile from the perspective of an understanding of how they conduct their everyday life. This choice is grounded in the idea that a person’s concerns, struggles, hopes and sense of direction and meaning, that is, a person’s experiences in a broad sense, must be understood through how the person lives his or her everyday life. The point of departure in everyday life is furthermore grounded in the notion that this is the place where life itself unfolds in all its complexity. Exploring young unaccompanied refugee persons’ coping and struggles as embedded in their everyday lives, allows for an exploration of a broad scope of conditions contributing to the young persons’ health and well-being. The care practices and care arrangements of the young persons’ allocated caregivers, delegated by the Norwegian Child Welfare Services, constitute a central condition for the young persons’ everyday lives and have therefore been given elaborate attention.

The overarching methodological approach in the study is based on the claim that ‘each research question – based on theoretical and phenomenological consideration – leads to the construction of its own methods’ (Valsiner, 2017, p. 1). In other words, methods need to be tailor-made for the particular study (Haavind, 2000; Levitt, Motulsky, Wertz, Morrow, & Ponterotto, 2017; Magnusson & Marecek, 2015). The Methodology Cycle (Valsiner, 2017) describes the different interrelated parts of the research process: 1) basic assumptions, 2) phenomena, 3) constructed methods, 4) constructed theory and 5) the derived data. Consistency within the Methodology Cycle, that is, between these different parts, is crucial to maintain for any science (ibid.). This model has guided me in the research process in order to clarify the relations between different interdependent parts of the particular research process and can be seen as a strategy to strengthen methodological integrity (Levitt et al., 2017).

This model implies that the theoretical premises and framework will receive elaborate attention in this presentation, as will the methodological strategies developed from these
premises and framework. In the brief review of previous research and literature, which follows, the theoretical premises and approaches will thus receive attention.
2. Background

The global refugee situation

By the end of 2018, close to 70.8 million persons were forcibly displaced as a result of persecution, conflict, violence, or human rights violations worldwide (UNHCR, 2019). Among these, 25.9 million persons were formally regarded as refugees, that is, persons having crossed national borders, and about half of them children below the age of 18. Developing countries host approximately 85% of refugees. Sub-Saharan Africa hosted almost one-third of the world’s refugee population. In Europe, Turkey hosted the largest number of refugees (increasing during 2017 to 3.5 million), while other European countries hosted, in all, 2.6 million. The remaining group of persons forcibly displaced are refugees in their own country, usually called Internally Displaced Persons (IDPs).

Provisional data by the United National High Commissioner for Refugees (UNHCR, 2018) indicated that 45,500 unaccompanied and separated children sought asylum on an individual basis in 2017. However, many countries with significant numbers of asylum claimants, as well as countries with large registered refugee populations, do not report on unaccompanied and separated children among them, so the reported numbers are known to be underestimates. Most applications were from children aged 15 to 17 (33,300), but a substantial number of applications (12,200) were from unaccompanied and separated children aged 14 or younger. Italy (9900) and Germany (9100) received most claims. Of those registered as unaccompanied and separated child refugees where UNHCR maintains its registration database, a total of 138,700 unaccompanied and separated minors were reported in 2017. Most of these children, 43,300, were registered in Ethiopia.

The number of people forcibly displaced worldwide is expected to increase. Filippo Grandi, the United Nations High Commissioner for Refugees, has expressed concern over the escalation of internal conflicts that are fuelled by regional and global rivalries, and crises that are intensified, ‘driven by poverty, exclusion and the growing impact of climate change’ (Grandi, 2019, p. 10). Even more, he is concerned about the trend, especially in rich countries ‘towards making it difficult for people to seek asylum – even closing borders and pushing people away’ (ibid., p. 11).

In Norway, 191 unaccompanied minors applied for asylum on an individual basis in 2017, and 159 minors in 2018 (UDI, 2019). In 2015 the number was 5480, the year that was entitled ‘the refugee crisis’. While 92% of unaccompanied asylum-seeking minors were
provided residence permits in Norway in 2015, only 44% were provided with such permits in 2017 (ibid.).

It is clear that institutions that address and manage global challenges and interests are needed in order to prevent that issues such as independent child migration are delegated to the management of individual states alone, but rather is addressed and managed through transnational commitments. In this context, the Universal Declaration of Human Rights (UDHR, 1948) and, the United Nations Convention on the Rights of the Child (UNCRC, 1989) are of vital importance. The UN Refugee Agency (UNHCR) works continuously to ensure that persons in need of protection and care due to global processes of war, conflict and climate change, as well state neglect and abuse of their populations, in fact, enjoy their rights to protection and sustainable futures.

Understanding states interest in children: ‘Human futures’ or ‘residue’?
In order to understand unaccompanied refugee minors’ conditions for recreating their lives in exile, it is central to consider the host countries’ interest in and approach to children.

Governments have an interest in developing the state’s civic and economic futures by investing in the life processes of their population (‘bio-politics’), and especially their child population as they represent ‘human futures’ (Lee & Motzkau, 2011). This kind of investment creates a vacuum for young persons who are not considered to belong to any state, that is, for example, asylum-seeking young persons or stateless persons. States may seem reluctant to invest in these young persons as they are not clearly considered their human futures.

The situation of unaccompanied minors can be considered as a ‘bi-product’, that is unintended consequences, of global processes such as climate change and conflicts about scarce resources (Lee, 2018). Lee (ibid.) proposes the term ‘residual childhoods’ to enable analyses of the management of the ‘bi-products’ or ‘residue’ of these global processes, in this case, independent child migration. Individual states, and also rich countries in the global North, contribute to these global processes involved in the production of independent child migration (ibid.). The same states’ reluctance in investing in the young asylum-seeking persons as ‘human futures’ is a severe concern, and Lee claims that this situation produces one of the most central child vulnerabilities of our time.
The context of care for unaccompanied minors in Norway

As stated in the UN Convention on the Rights of the Child (UNCRC), states must ensure that children seeking protection or are considered refugees, receive appropriate protection and humanitarian assistance (art. 22, no.1). Furthermore, children who are not accompanied by parents or family members must be accorded the same protection as any other child who permanently or temporarily is deprived of her or his family environment (art. 20, no.1).

In Norway, how is the state arranging the upbringing and care of the unaccompanied asylum-seeking and refugee minors? Furthermore, with the analytic perspective on young persons as human futures or residue in mind, what representations of the young unaccompanied minors are implicated in the arrangements established for this group? Rated as the best country in the world to live in for children in 2017 (Save the Children, 2017), Norway could be expected to provide the best conditions for protecting, caring and investing in the futures of those very few unaccompanied asylum-seeking minors that arrive here. As will be described, however, ambivalence seems to characterise the way these young persons are protected, care for, and invested in, in Norway.

It is reported that international agreements on refugee rights and care as well as children’s rights, incorporated in Norwegian law, increasingly give way to considerations of migration management (e.g., Brekke & Staver, 2018). Research sheds light on how migration management is given primacy when policies of, for example, family reunification (Brekke & Grønningsæter, 2017) and care facilities (Seeberg, Bagge, & Enger, 2009) are shaped.

In the case of unaccompanied minors, this tension may be illustrated by, for example, the differential treatment received by children over 15 years on arrival, compared to those who are below 15 years on arrival. For the latter children, care is delegated to the Child Welfare Services and secured under the Child Welfare Act. When arriving, the young persons evaluated to be under 15 are immediately placed in reception centres especially organised for unaccompanied asylum-seeking minors (care centres). After approximately 6 (3-12) months, those who are granted protection and residency are resettled in Norwegian municipalities. Most of them are resettled in residential care institutions (group homes). The youngest, and those with young siblings are placed in foster homes (Berg & Tronstad, 2015).

For those over 15, care is delegated to the Directorate of Immigration, not secured under the Child Welfare Act, which has made possible significantly lower care standards for the group. This differential treatment has been repeatedly criticised by the UN Committee on the Rights of the Child (e.g. UNCRC, 2018). So, even in the country rated as the best in the
world for children, there is an ambivalence in caring for and protecting children that are characterised by the UN as being in one of the most unprotected and vulnerable situations (see, UNHCR, 1997).

As mentioned, young persons below 15 years of age when arriving in Norway are granted care under the same legal act as their Norwegian peers that live without their parents. Those granted residence permit and resettlement can be considered as the most protected of the unaccompanied minors in Norway. These young persons are the focus of this doctoral dissertation. However, their legal statuses are continuously under renegotiations, and as a consequence of new retroactive legal regulations, some of the participants that were expected to have a future in Norway at the time research interviews were carried out, may now experience that their residence permits may be withdrawn (see e.g., NOAS, 2018a).
3. Research on unaccompanied refugee minors’ mental health, care and development

There has been a significant increase of studies of unaccompanied asylum-seeking and refugee minors in the last five years, and this includes contributions from a range of academic disciplines such as law, social geography, sociology, anthropology and psychology.

The Norwegian sociologist Eide (2005) has classified research on unaccompanied children in Norway in the following way: organisational studies; children’s rights; psychosocial studies. According to Wernesjö (2011, p. 497), the three categories of research fit well with the existing international studies on these minors. In addition to these three, she includes a fourth category: research on the unaccompanied children’s background experiences and child-specific grounds for asylum.

In the following review of main research approaches in this field, those related to the category of psychosocial studies will receive the main focus. I will concentrate on the following two areas: Knowledge on the young persons’ mental health and knowledge on care and development. These areas represent central sources of knowledge that policymakers, practitioners and researchers draw upon in order to get a picture of who these young persons ‘are’ and their needs for care and support (Eide, 2012, p. 71).

As for knowledge on the minors’ mental health, psychiatric research on mental health stands out as a significant source informing social work care practices with asylum-seekers with mental health difficulties (Masocha & Simpson, 2012). As for knowledge on care and development, psychological theory and research, especially from clinical psychology, seem to constitute central knowledge sources concerning the arrangements of care for unaccompanied refugee minors. This can, for example, be seen through extensive use of clinical psychologists as supervisors for the professionals at care centres, and the application of theoretical approaches in care work that, to a large degree, are based on psychological models and terminology (Deloitte, 2014).

In the following, I will describe the main tendencies of this research, drawing primarily on research from North-European countries, and how this ties in with the questions explored in this study.

Research on mental health

Mental health is an integral part of health and well-being. This is reflected in the definition of health in the Constitution of the World Health Organization: ‘Health is a state of complete
physical, mental and social well-being and not merely the absence of disease or infirmity’ (World Health Organization, 2001, p. 1). Mental, physical and social functioning are interdependent, and health and illness may co-exist (World Health Organization, 2004). Mental health is further defined as ‘a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community’ (World Health Organization, 2001, p. 1).

**Epidemiological research and potential traumatising experiences**

Research on mental health among the refugee population has traditionally focused on the prevalence and severity of mental health problems among the refugee populations (Watters & Ingleby, 2004). The impact of ‘external stressors’, for example, displacement, on refugees’ mental health have been categorised in a chronological sequence: pre-flight, flight and post-flight experiences (Ager, 1993). Emphasis has been on traumatic experiences in the refugees’ countries of origin and the impact of these experiences on mental health status in a post-migration context (ibid.). The diagnostic category of Post-traumatic stress syndrome (PTSD) has received central attention (Ahearn, 2000). As such, ‘the etiology of mental illness among refugees was frequently seen as rooted in past experiences, usually in distant lands’ (Watters & Ingleby, 2004, p. 550).

Research on the mental health of unaccompanied refugee minors follows a similar trajectory of attention: A focus on the effect of major, potentially traumatizing, events have had primary emphasis, primarily related to experiences of war and warlike and conflictive conditions in their countries of origin; of being separated from caregivers and loved ones; and experiences from the migration journey (Wernesjö, 2011, p. 500). For example, attention has been given to the experiences of, or witnessing, war-related violence, experiencing the death of loved ones, being separated from caregivers, and natural disasters (Fazel, Reed, Panter-Brick, & Stein, 2012; Gormez et al., 2018; Jensen et al., 2015; Keles, Friborg, Idsøe, Sirin, & Oppedal, 2018). Other aspects of the young persons’ pre-flight experiences that have received attention are, for example, experiences of violence and abuse in school and domestic settings in their countries of origin (e.g., Bjørgo & Jensen, 2015). During the flight (peri-migration), experiences of separation from caregivers, life-threatening events, witnessing the death of, and violence against, other migrating persons, sexual abuse and exploitation, and trafficking
experiences have been studied (e.g., Digidiki & Bhabha, 2018; International Federation of Red Cross And Red Crescent Societies, 2018).

Studies on potential traumatizing events both before and during the flight, have been vital in understanding the extreme hardships that many of the young persons have experienced and that necessarily contribute to the young persons’ ways of experiencing ‘being in the world’, often in ways that severely impact the young persons’ health and everyday life functions. It has also been essential to facilitating a focus on migrating children’s experiences of human rights violations, and child-specific human rights violations which elucidate their needs for protection and also for rehabilitation and special care.

‘Post-migration stress’
Research on the refugee population has growingly attended to post-flight experiences, and especially to what is termed ‘post-migration stress’, for example, detention, restricted access to work, housing, and education as well as isolation and discrimination, and how this adds to effects of previous trauma (Silove, Steel, & Watters, 2000). The same focus can also be seen in research on the unaccompanied minors: Research efforts have looked into how mental health problems are connected to post-migration stress, for example, racism (Mohamed & Thomas, 2017; Wernesjø, 2015), uncertainty related to applications for protection and residency (Jakobsen, Meyer DeMott, Wentzel-Larsen, & Heir, 2017; Sleijpen, Mooren, Kleber, & Boeije, 2017), and sparse social support (Müller, Büter, Rosner, & Unterhitzenberger, 2019; Oppedal & Idsoe, 2015).

‘Everyday hassles’, referring to stressors in everyday life, for example, difficulties in relationships with friends and family, as contributing to unaccompanied minors’ mental health, has also been an area of research interest (e.g., Jensen et al., 2019; Keles, Friborg, Idsøe, Sirin, & Oppedal, 2016; Seglem, Oppedal, & Roysamb, 2014). This research contributes to showing how mental health and everyday life are tied together. Due to the studies being primarily based on questionnaires, the concrete contexts and content of peoples’ lives are less explored. Thus, what seems useful to explore, is how everyday lives actually are lived, under what kind of circumstances, and what challenges arise when conflictual demands in the individual’s everyday life (Højholt, 2016) are taken as a point of departure.

Studies on the kinds of post-migration conditions that are related to the young persons’ mental health in positive and negative ways may increase the analytic sensitivity to the host country’s environment and organisation of reception and care of young unaccompanied
minors. It may also shed light on what can be done to improve the conditions and, thus, the mental health of the young persons.

The research on the prevalence of suffering in the refugee populations, for example, on post-migration stress, has been vital to show the seriousness and persistence in the suffering. It has furthermore been vital in order to recognise and develop appropriate psychosocial interventions (Sveaass, 2000; Sveaass & Reichelt, 2001; Sveaass, Vevstad, & Brekke, 2012) and acknowledging and implementing rights and development of policies (Sveaass, 2013). These studies underline the young persons’ need for specialised care and treatment and their critically vulnerable situation that urges international and national attention and care (e.g., UNHCR, 1997).

Resilience and coping

It has been claimed that the attention to stressors and especially trauma in health research on refugees, their strengths, coping and the range of resources they employ have come into the background (e.g., Kirmayer, Sehdev, Whitley, Dandeneau, & Isaac, 2009). As a response to this, there has been a wave of studies focusing on the refugees’ resilience; that is, how persons manage well despite adverse events in their lives (Borge, 2018). Resilience has been investigated in relation to unaccompanied minors’ coping abilities or strategies (Seglem et al., 2014), such as acculturation strategies, through social support (Sierau, Schneider, Nesterko, & Glaesmer, 2018). In these studies, various resources that the young persons make use of, are described as protective factors which facilitate their coping and resilience, for example, refugee agencies, sports, education and social networks (see, e.g., Mohamed & Thomas, 2017).

However, what still needs to be explored further is how the young persons’ make meaning of and understand their situation. How are experiences connected to resettling in a new country made sense of, and acted upon, by the individual? Moreover, how are the social networks utilised in ways that strengthen the young persons’ coping abilities? Research focusing on the degree to which different phenomena, or ‘factors’, are related, gives little knowledge on how the phenomena are related, that is, knowledge on the processes in question. How does this ‘landscape of factors’ look like if we start our investigation from the standpoint of the subjects and their efforts to create meaning and continuity in their everyday lives over time?
Research that has focused on the young persons’ meaning-making processes related to challenges in the post-migration phase has focused, among other, on the significance of religion (Ní Raghallaigh, 2011); the meaning of food (Kohli, Connolly, & Warman, 2010); the management of time and waiting in asylum-seeking facilities (Kohli & Kaukko, 2017); and school as a place for psychosocial interventions (Pastoor, 2015). This research is not only a contribution to what it means for young persons to re-create their lives in exile but also a widening of the research approaches. These are all qualitative investigations, showing the range of methodological strategies to study meaning-making processes, for example, through participatory research, ethnographical studies and qualitative interviews.

In sum, the mental health research on the young persons’ suffering as well as on their coping, informs the understanding of a range of challenges that the unaccompanied minors’ encounter in exile. However, the health-oriented research has been claimed to mainly focus on ‘identifying problems and on locating these at the individual level’ (Wernesjö, 2011, p. 498), and I will add, also identifying coping and resiliency on an individual level. There are notable and inspirational exceptions from this, for example, studies of contextualised and systemic understandings of coping in exile, that is, as identified in families (Kevers, Rober, & De Haene, 2017), in networks of families (Shapiro, 2017) and communities (Kirmayer et al., 2009).

Despite these valuable contributions to a more relational and contextualised understanding of coping, a focus on the concrete everyday life remains nevertheless in the shadow in the research field. This, together with a focus on the extraordinariness of the young persons’ experiences and the potential impact of these experiences on their psyche, may be considered as contributing to an understanding of the young persons as a special kind of young persons. This idea may be illustrated by the way the young persons are often referred to: as ‘URM-children’ (or ‘EMA-barn’ in Norwegian), thus signalling that we deal with a special kind of children.

**Research on care and development**

The most common care facility for unaccompanied refugee minors in Norway is residential care (Berg & Tronstad, 2015), which also applies after resettlement (Lidén, Trætteberg, & Ulvik, 2018). This is also the kind of care provided to most of the participants in this study. In the following section, I will go into research on care in the context of residential care.
For unaccompanied refugee minors in Norway, the Norwegian State is legally responsible for their care and, as such, represents what would otherwise be considered as parental care. What we would consider as the parental responsibility is shared between the legal guardian and the Child Welfare Services (Ministry of Children and Families, 2008). The former is responsible for the legal aspects of parenting, the latter for the care which is realised at the care centres and group homes, where professional caregivers are responsible for what is called ‘daily care’. The care provided in care centres is described as including all necessary safeguarding, continuous observation and attention not delegated to other authorities or the legal guardian (Ministry of Children and Families, 2008).

Care facilities
Even though the care standards for unaccompanied minors in Norway are higher than what has been reported in other western countries (for example in the USA: Linton, Griffin, & Shapiro, 2017), the significantly different care standards for minors evaluated to be 15 years or more at arrival compared for those who are below 15 at arrival, due to different legal regulations of care, as mentioned initially, has been repeatedly criticized by the UN (e.g., UNHCR, 2017). In Sweden, the care for unaccompanied minors is regulated under the general child welfare legislation (Swedish Socialtjänestelagen), which implies that the minors have the same rights to care as their Swedish peers (Kaukko & Wernesjö, 2017). In Finland, the care is regulated under a different act than their Finnish peers, implying that the young persons do not have full rights to care compared to their Finnish peers. As mentioned, in Norway, the young persons below 15 are given rights to care equal to their Norwegian peers, implying that the care facilities must have equal standards as non-refugee children under the auspices of the Child Welfare Services. After resettlement, the care facilities are legally regulated in different ways, either under the Children’s Act or under the Social Welfare Act. Consequently, care standards vary greatly across municipalities; for example, the number of young persons per professional caregiver at the group homes (Aadnanes & Pastoor, 2013; Lidén et al., 2018).

Several studies underline the importance of highly supportive environments for unaccompanied minors (e.g., Ní Raghallaigh, 2013; Wade, 2011; Wade, Sirriyeh, Kohli, & Simmonds, 2012), and individualised care (Ní Raghallaigh, 2013), but little is known about how residential care facilities assure the well-being, adjustment and integration of unaccompanied refugee minors (Alemi & James, 2019).
Tension between standardised and individualised care practices

There are several reports of individualised and emotionally sensitive and creative care practices at residential care institutions for unaccompanied minors (e.g., Deloitte, 2014; Kohli, 2011; Masocha, 2015). However, standardised care practices are prevailing in the descriptions of the care arrangements and practices for unaccompanied minors (see, e.g., De Graeve & Bex, 2017; Deloitte, 2014; Kjelaas, 2016). Standardised approaches are characterised by care practices that to a small degree are adjusted to each individual with reasons, such as, all the children should have equal ‘rules’, for example, that all the children must, as a rule, sleep alone (e.g., Kjelaas, 2016). Standardisation of care has also been termed ‘streamlined care’ and refers to a strong focus on equal treatment, professionalisation and institutionalisation of care delivery (De Graeve & Bex, 2017). De Graeve and Bex (ibid.) explore such streamlining of care in relation to bureaucratic and minimalistic ethics of care. They claim that streamlined approaches might contribute to a minimalistic care delivery, that is, care practices that are just above the limit for acceptable care provision. This, they claim, can be seen in relation to governments’ interest to control immigration by offering a not too comfortable caring regime in order to facilitate a signal effect to limit future immigration.

The content and principles of the care practices

There are several research reports from the Norwegian context describing the young persons’ rights and needs for caring environments that are attuned to their basic needs such as safety, daily life routines, physical and mental health, social support networks and their rights to education (e.g., Sønsterudbråten, Tyldum, & Raundalen, 2018). However, the content of the caregivers’ care practices are less described (Eide, Kjelaas, & Larsgaard, 2017). Consequently, it is primarily up to each professional and their private ideas of care, when it comes to giving care a concrete content.

In a study of care centres for unaccompanied minors, the professional caregivers’ descriptions of their care practices were characterised by ideas of care as it is done ‘in an ordinary Norwegian home’ (Gulbrandsen & Østereng, 2011). The researchers categorised the professional caregivers’ care practices as (1) emotional care work, (2) authoritative work, for example, setting boundaries, and (3) practical household. In addition, a central idea of care among the professionals was to learn the young persons ‘Norwegianness’. Their personal theories had implications for the care arrangements, for example, that the children in principle
could not choose the gender of the caregiver that would help them with specific tasks (learning the young persons gender equality), and that older children should not have responsibility for younger siblings (learning the young persons western ideas of childhood as a time of play and innocence).

A study by Eide et al. (2017) shows how the knowledge sources professionals draw upon in their care practices seemed to depend on how the professionals conceptualised the care accommodation; that is, either as a home or as an institution. If the accommodation was viewed as a home, care seemed to be based on implicit and common-sense understandings of how care is done in an ‘ordinary Norwegian home’. Consequently, discourses of who the unaccompanied minors ‘are’, for example, resilient and resourceful or vulnerable and dependent, had an impact on the understanding of care. If the accommodation was viewed as an institution, the understanding of care was characterised by professional interventions, for example, milieu therapy, with other rules for daily routines and interactions.

In Norway, the professional caregivers are encouraged to draw upon approaches to care that are developed by the national and regional competence centres for traumatic stress studies. The approach to care promoted by these centres underlines the importance of emotionally sensitive caregivers that provide a respectful and emotionally nurturing relationship, attuned to the particular child. The model ‘Trauma-informed care’ (Bath, 2008) is an example of such a source to understandings and implementation of care practices at Norwegian residential care institutions (Johnson, 2017). Drawing on attachment theory, this model encourages caregivers to see the internal states, often fears, behind the child’s behaviour and to assist the young person in regulating a hyperactive or hypoactive nervous system (Bath, 2008). As such, this knowledge source may be considered as an antidote to too much focus on disciplining and correcting unwanted behaviour (ibid.) as well as to standardised and minimalistic ethics of care.

**Interpersonal care relationships**

While the psychological literature has had a primary focus on the emotional relationships between the young unaccompanied persons and caregivers, literature from the field of Social work has looked more broadly into the variety of possibilities entailed in the care relations. Ravi Kohli, Professor in Social Work at the University of Bedfordshire, has written extensively on how care work can facilitate unaccompanied young persons’ processes in recreating their lives in exile. A central notion here is on how ‘social work practice with
unaccompanied minors allows the young persons to experience, over a period of time, a sense of belonging somewhere again, with someone, and of re-gathering material and other resources, leading to resettlement’ (Kohli, 2006a, p. xii). He underlines the importance of considering the young persons as any other young person and highlights three central areas of their orientation in exile, to which social workers should be attentive: the young persons’ safety, belonging and success, and on how the relationship with the professional caregiver or social worker can aid in these endeavours.

In the psychological and social work literature, challenges concerning gaining a sense of belonging, have been explored as related to e.g., difficulties in establishing stable relationships to professional caregivers at accommodation units. This has been linked to concrete care conditions, for example, frequent changes in accommodation, as well as guidelines that regulate the professional caregivers’ conduct that limit their ability to create more sustainable relationships with the young persons (Herz & Lalander, 2017). Also, frequent turnover by central contact persons has been claimed to compromise the development of stable relationships (Wimelius, Eriksson, Isaksson, & Ghazinour, 2017). These are challenges that also have been reported in the Norwegian care system (e.g., Deloitte, 2014).

The young persons’ interpersonal relationships with legal guardians and social services’ caseworkers have been studied by Jahanmahan and Bunar (2018). They describe the delicate balancing act on the part of the young persons, in getting the professionals positively engaged in their case, and, at the same time, to avoid being conceived as nagging. However, according to the authors, this often failed: several of the young persons reported experiences of being ignored and considered as problems and ‘ungrateful’. While the authors underline reports of benign relationships as well, they point out that the difficulties the young persons experienced in the relationships with legal guardians and social services’ caseworkers, seemed to exacerbate the young persons’ emotional suffering, and weakened their possibilities to get assistance when experiencing inadequate care and support.

**Relations of power and privilege**

While the psychological and social work literature has focused more on interpersonal relations, the sociological and human geographical literature have attended more to ‘relations of power and privilege that shape children’s care systems’ (De Graeve & Bex, 2017, p. 81).
Watters (2008), for example, has focused on professional caregivers’ function as ‘gate openers’ for the young persons’ access to services in the community.

‘Sense of personal belonging’ has been approached not only as interpersonal phenomena but as political and ideological phenomena that construct belongings in particular ways (Yuval-Davis, 2006). For example, migrants’ challenges in gaining a sense of belonging to persons and places have been linked to the political ambivalence and hostility towards migrants in host countries (Silove & Ekblad, 2002), and processes of ‘othering’ and racialisation among not only local peers in the resettlement community (Wernesjö, 2015) but also among social workers (Masocha, 2015).

Finally, several studies have shed light on how a focus on the young persons’ political identities as asylum-seekers or refugees, on the cost of their political identities as children, has implications for how protection, care and psychosocial support is assessed and organised (e.g., Derluyn & Broekaert, 2008; Vitus & Lidén, 2010).

Development
As implied in the UN Convention of the Child, as well as in the Norwegian Act on Children and Parents, care should support the development of each child. According to these sources, persons with parental responsibility for children are at all times obliged to consider objectively what will be in the best interest of the child and be an asset for the child in the long run (Norwegian Official Report (NOU) 1977: 35, 1977, p. 123). Thus, the content of care responsibility not only covers protection and empathetic engagement here and now, but also includes support regarding the future of the child. Care is supposed to point forward and lay grounds for the young persons’ movements towards the future. Nevertheless, sparse attention has been given to what a developmental perspective on care might entail in both legal sources and the research literature.

In the literature on unaccompanied refugee minors’ mental health and well-being, reference to explicit theoretical understandings of development is rather sparse. If developmental psychology is referred to at all, often this includes Eric Erickson’s psychosocial developmental theory (for refugee children in general, see e.g., A. B. Lerner, 2012) and especially the stage of identity formation (e.g., Fazel, 2015), or that such theory is implicit in the understanding (e.g., Bengtson & Ruud, 2012, p. 186). A second source is attachment theory in which the significance of secure attachment bonds, and the detrimental effects in the lack thereof, is underlined (e.g., Woodcock, 2000) and related to development of
mental health problems (e.g., Gušić, Cardeña, Bengtsson, & Søndergaard, 2016; Morina, Schnyder, Schick, Nickerson, & Bryant, 2016). A third focus seems to be grounded in a developmental psychopathological understanding (see Stroufe & Rutter, 1984) and considers, for example, the consequences of young persons’ high levels of stress in relation to their neuropsychological/endocrinological development (Sønsterudbråten et al., 2018), and the transactional pathways towards mental health problems (Sierau, Glaesmer, Klucken, & Stalder, 2019). As an implication of the perspectives like these, researchers underline the vital importance of reducing minors’ stress response by promoting actual possibilities to experience safety and stability (e.g., Sønsterudbråten et al., 2018).

Efforts have been invested in transforming theoretical perspectives and empirical research on child development to clinical and care practices for unaccompanied minors (e.g., Bengtson & Ruud, 2012). Care strategies described are, for example, to arrange for predictability through routines in the young persons’ everyday life, to draw upon knowledge about PTSD-related symptoms as a basis for caregivers’ understanding of the young persons, and to assist the young persons in their affect regulation. These care strategies are further promoted by including therapeutic elements in the care, for example, by learning the young persons breathing techniques and sleep hygiene strategies (ibid).

Needed: Less ‘URM-child’-typologies, more everyday life and relational approaches to agency and vulnerability

As has been described in this review of the main tendencies of psychosocial research on unaccompanied refugee minors, a range of approaches have been applied to investigate young unaccompanied persons’ possibilities to re-create their lives in exile and the related challenges. In the following, I will discuss some aspects of these approaches that I find somewhat troubling. These are the category of the URM-child, the invisible everyday life of the young persons and the individualistic approaches to agency and vulnerability.

First, less ‘URM-child’-typologies: Speaking of the young persons as ‘URM-child’ (in Norwegian: ‘EMA-barn’), runs the risk of objectifying and ‘othering’ them, obscuring the variety of challenges that the persons meet and deal with, in a variety of ways. Critical voices have been raised, among others Kohli (2006a), who warns against ‘othering processes’ because it discursively compromises their subjectivity and depicts them as sketches more than full persons. Furthermore, this way of categorising the young persons may facilitate ideas of the young persons needing a qualitatively different approach than what is commonly used to
understand ‘ordinary’ young persons’ need for care and developmental support. Thus, even though the contributions of the mental health research has been, and still is, vital to the understanding of the conditions, experiences and treatment of young persons with status as unaccompanied asylum-seeking and refugee minors, the sum, and use of, this research may also, unintentionally, contribute to creating a particular social reality of the young persons as different than others in ways that compromise their positions as subjects. Other ways of researching young persons with experiences as unaccompanied minors are thus crucial.

Second, the short review illustrates that the concrete everyday life is quite invisible. How are the different demands and considerations of a person’s everyday life dealt with and with what implications? Furthermore, how are the structural conditions manifested in everyday life in ways that shape the young persons’ participation in everyday life and their subjective experience of it? As the literature review elucidates, such questions are of essence when developing an understanding of care for unaccompanied minors in ways that transcend standardised approaches – applicable to all, but instead uses the concrete everyday life of each young person as a point of departure. In addition, such an approach may explicate how care and developmental support are inseparable: The aim of care should be understood as arranging for a good everyday life throughout the day and night and in ways that heighten the chances of sustainable future trajectories for the young person. In order to accomplish such an approach, we need to attend to other knowledge sources. Nordic research on parental care and children’s lives is one such source that the thesis is drawing upon (e.g., Andenæs, 1996, 2012; Andenæs & Haavind, 2018; Gulbrandsen, 1998; Haavind, 1987; Højholt & Kousholt, 2018; Sundnes, 2018b).

Third, relational approaches to agency and vulnerability are needed. As mentioned, one debate in this research field has been whether to view the unaccompanied minor as a victim, through a focus on vulnerability and psychopathology, or as a hero, through a focus on resilience and coping. One approach to this debate is to elaborate conceptually and analytically on agency and vulnerability as relational phenomena: to view them as characteristics of particular relations between the persons and their contexts (e.g., Fineman, 2008).

In the following, I will present the theoretical framework that enabled research in ways that could take these three ‘needs’ into account.
4. Theoretical framework and central concepts

Cultural psychology rests upon the idea that humans learn and develop through participation in social and cultural contexts (e.g., Bruner, 1990; Cole, 1996; Lave & Wenger, 1991; Valsiner, 1997). The perhaps most used definition of cultural psychology is the one of Richard Shweder (1990, p. 1):

>Cultural psychology is the study of the way cultural traditions and social practices regulate, express, transform, and permute the human psyche, resulting less in psychic unity for humankind than in ethnic divergences in mind, self, and emotion. Cultural psychology is the study of the ways subject and object, self and other, psyche and culture, person and context, figure and ground, practitioner and practice live together, require each other, and dynamically, dialectically, and jointly make each other up.

While the term Cultural psychology was coined relatively recently, in the 1990s, the central idea of the sociocultural nature of the mind has been a shared point of departure in different time periods in the history of psychology, for example through the works of James Mark Baldwin, John Dewey, Georg Herbert Mead and Lev Vygotsky (see Valsiner & Veer, 2000).

The meaning of the concept ‘culture’ in the term Cultural Psychology is not self-evident. It is often understood as referring to distinctions between social groups, but Shweder is very explicit in his essay about what cultural psychology is not: ‘It is not general psychology. It is not cross-cultural psychology. It is not psychological anthropology. It is not ethnopsychology’ (Shweder, 1990, p. 1). Cultural psychology has theoretical and methodological ambitions to renew the psychological study of human beings in ways that is more sensitive to the social, cultural, historical and material contexts. Inspired by this, I have not been primarily concerned with the young persons as representatives of their different ‘cultures’ of origin. Instead, I have been interested in how the young persons as well as the people and institutions they encounter, negotiate meanings and developmental directions when the young persons’ are re-establishing their lives in Norway.

On the pages that follow, I will describe the main features of the theoretical framework I have employed. These features are characterized by cultural psychological perspectives and theoretical perspectives that may be localised under the same umbrella:

- Persons seen as developing in and through dynamic social, cultural and material contexts
- Persons seen as meaning-making and intentional actors who are actively involved in their own developmental processes
- Development embedded in everyday life, organised by somebody
- Children: From objects of socialisation to social actors and citizens
- A variational mode of thinking

**Persons seen as developing in and through dynamic social, cultural and material contexts**

Cultural psychology (Cole, 1996; Shweder, 1991; Valsiner, 2000) anchors children’s developmental processes in their everyday lives, embedded within a sociocultural and historical context. It represents a psychological understanding of development that highlights how contexts and persons mutually constitute each other, and that regards children as actively engaged in their own developmental process (Rogoff, 2003; Valsiner, 1997, 2000). This understanding is based on the underlying notion of the open-systemic nature of all organisms, that is, that organisms continuously exchange substance and energy with their environment (Valsiner, 1997).

In order to understand the context of young persons’ developmental processes, it is necessary to include the political, legal and institutional aspects of their lives in an understanding of development, as these necessarily shape what kind of lives and futures that are possible. The refugee-related political and legal conditions of unaccompanied refugee minors in exile are so evidently shaping what kind of lives and futures they possibly can attain, thus, the inclusion of such conditions in the developmental understanding is put on point.

**Persons seen as meaning-making and intentional actors, actively involved in their own developmental process**

To understand the personal as social does not imply a communion or fusion of the person and the social context. A crucial question is ‘how to construe persons as being social without abandoning their obvious personal autonomy, separateness from any social unit (group, crowd, community), while being members of such units’ (Valsiner & Veer, 2000, p. 6). This concern for not losing the subject is articulated by feminist psychology scholars as well when discussing intersectional perspectives (e.g., Staunæs, 2003). Theoretically construing persons as actors, moving beyond their social categorisation, corresponds to the notion of the human
Psyche as a *generative system*, not an assimilative system (González Rey, Mitjáns Martínez, & Goulart, 2019, p. 8). Agency and meaning-making are seen as constructive processes on the individual level and underline that predicting individual human behaviour is a dubious project (ibid.).

Another way to put it is to say that human psychological development is not only culturally guided but also personally constructed (Valsiner, 2000). This implies that the individual is actively involved in his or her own developmental process by orienting oneself with, and negotiating, understandings of what growing older entails in the communities they belong, and furthermore, together with other peers, creating their own version of this (Gulbrandsen, 2003). The task of getting older has been found to occupy a central position in the lives of children and young people (ibid.). Co-creating meaning of what growing older entails thus constitutes a central moving force in the process of making oneself older.

We use the term *developmental project* to draw attention to and elaborate on, how young persons actively negotiate meaning of what growing older might entail and thus create direction in their own pathway towards adulthood (Zittoun et al., 2013). The concept specifically highlights the intentionality of the developing person. Moreover, it accentuates that imagining the future has significantly different implications at different stages of the life course.

Humans are seen as inseparable from their cultural and historical context. From this follows that developmental movements cannot be studied as phenomena in a vacuum. Developmental projects are enacted together with others and under particular historical and material conditions that guide the person in making feasible pathways towards the future. A central question is, therefore, how developmental projects are understood and met by those who are arranging and practising care for the young persons. Moreover, how are the young persons understood by those who arrange an everyday life to support the young persons’ health and development, and on what kinds of understandings of the young persons and their development are these arrangements based?

The ways young persons are guided and the way they are understood must be included in our understanding of their developmental condition. Therefore I explored the professionals’ arrangements and practices of care, not as categories, or factors with specific effects on the young ones, but as dynamic conditions that are experienced in particular ways by each person (Vygotsky, 1932/1994), and that evolve in particular ways for particular persons as a reflection of persons’ creative efforts to mould its conditions (Valsiner, 1997). As such, the
interplay of the environment and subject relies on the subjects’ *interpretation* of, and enactment on, their conditions. This approach not only underlines the transactional nature of subjects and environment, that is, how the subject *influences* his or her environment, and vice versa (e.g., Elder, Johnson, & Crosnoe, 2003) but has the mutually constitutive nature of persons and environments as its focus (Valsiner, 2000).

**Development embedded in everyday life, organised by somebody**

From a cultural psychological perspective, children are conceptualised as meaning-making actors who develop through participating in the practices of everyday life, within contexts that are socially and culturally arranged. As such, the research interest is turned towards young persons’ everyday life.

To give everyday life a central role in the discipline of psychology is clearly articulated by the Danish ‘tradition’ of everyday life research (e.g., Dreier, 2008; Højholt & Kousholt, 2018; Schraube & Højholt, 2016). Inspired by German critical psychology (see, Mørck & Huniche, 2006), they insist on starting psychological theorisation from how persons conduct their everyday life living (Dreier, 2016). By using everyday life as a point of departure to study human psychology, what it means and takes to be in the world become more tangible. In Dreier’s (2016, p. 16) words:

> **Human subjectivity becomes more tangible and comprehensible by studying how subjects function and develop by involving themselves in the world they live in.**

> **Psychology becomes richer and worldlier by considering thoroughly and broadly what it means and takes to live in the world.**

According to Dreier, human psychology must tune into the subject’s experiences of his or her concrete everyday life where different demands and considerations are carried out. Such an approach is grounded in a subject-theoretical approach to science in which ‘(…) the object of (…) research is the mode of subjective experiences of objective societal possibilities of and hindrances to act (…)’ (Schraube & Osterkamp, 2013, p. 44).

Everyday life is societally arranged, socially grounded and subjectively experienced, thus representing an analytical site where the environment and subject expand together to form a nexus (Dreier, 2016). The concept ‘conduct of everyday life’ seeks to capture this nexus by focusing on ‘human subjectivity from the standpoint of where and how subjects live their everyday lives in societal structures of practice’ (Dreier, 2016, p. 15).
‘Conduct of everyday life’ is used even when it comes to young subjects, and focus is on how children arrange their lives across contexts and participate in a range of social practices where different demands must be managed (e.g., Højholt & Kousholt, 2018). This concept underlines the fact that children live their lives in different places, and this has implications for the children themselves as well as their caretakers. In this regard, they draw on cultural-historical approaches, represented by, for example, Hedegaard and Daniels (2011) and focus on subjective dimensions of interconnected structural practices of the developing young persons.

The Psychology of Everyday Life draws upon different and shifting material realities of people’s lives and elaborates on ideas from dialectical materiality (see Hydén, 1981) and activity theory (e.g., Leont’ev, 1978). In order to underline that material conditions restrict as well as enable particular conducts of everyday life, I have employed the concept ‘sociomateriality’ as used by Tanggaard (2013) to draw attention to this aspect in my research.

When we say that the developing persons actively draw on the meaning systems and practices available within their community, guided by more experienced participants (Rogoff, 1995, 2003; Valsiner, 1997, 2000) in a societally arranged and socially grounded everyday life, we are making a quite general claim. It is important to keep in mind that the everyday life of children and young persons is arranged by somebody. Children do not develop by themselves or in a vacuum; somebody is obliged to arrange their everyday life, in ways that are supposed to take care of them here and now, and in ways that point forward for the developing person. Development is, in other words, somebody’s work (Morss, 1996), and ‘somebody’ has often been a woman.

Feminist theorists like Dorothy Smith (1999) and Hanne Haavind (1987) have illuminated the lack of scientific interest for traditional female tasks, such as care work. In particular, the physical and practical aspects of care work have received less attention and acknowledgement than care work related to the mind (Mayall, 1996), such as cognitive development and emotional well-being. Studies on the task of taking care of children have not only given a deeper understanding of the life of mothers – and other persons who take care of children – but they also increase the understanding of the developing persons (Andenæs, 2014; Haavind, 1987). The work of Haavind has been expanded by a large number of everyday-oriented studies on care and development, with different age groups and family structures (e.g., Andenæs, 1996; Gulbrandsen, 1998; Jevne, 2017; Sundnes, 2018b; Ulvik,
grounded in a theoretical tradition close to the Danish tradition of the Psychology of Everyday Life. This research has contributed to a more detailed understanding of care and parenthood as practised within a Western welfare state.

The research on modern parenthood in ‘ordinary’ families in Norway has shed light upon, for instance, what shared care may look like in a modern industrialised country, that is, how care is carried out between several responsible adults in young people’s everyday lives. This takes place, for example, between kindergarten and home (Andenæs, 2011), between separated parents (Jevne & Andenæs, 2017), and also between parents living together (Andenæs & Haavind, 2018). A crucial aspect of the parental task, also in the context of shared care, is representing continuity in the understanding of the developing person, and keeping an overview of, and evaluating the total care system. This includes the task of coordinating and enabling the other responsible adults to carry out ‘good enough’ care for the child. Continuity and overview seem to be guiding principles also when it comes to older children (Malterud & Thornes, 2017), and these points have been applied in the analysis when approaching the care arrangements set out for the unaccompanied minors.

**Children: From objects of socialisation to social actors and citizens**

Feminist theorists such as Dorothy Smith and Hanne Haavind have not only elucidated the task of taking care of children and the gendered division of care work. They have also illustrated a more general point that sociological and psychological theories have much to gain in paying elaborate attention to the different demands in the everyday life of different people. The theorisation of women’s challenges in conducting their everyday life has also inspired to include children’s specific challenges.

Children’s particular contexts of living have received elaborate interest in the research field that first was coined *Sociology of childhood*, now termed *Childhood Studies* due to its interdisciplinary ambition. Though Childhood Studies is an umbrella term of different theoretical and methodological approaches to researching children’s lives (Alanen, 2011), its point of departure has had focus on considering children as ‘beings’ – not only ‘becomings’ (Uprichard, 2008), on children as citizens (James & James, 2004), and on children’s agency (Spyrou, Rosen, & Cook, 2018). This approach to children and childhood is reflected in the movement of developing particular rights for children, most notably the United Nations Convention on the Rights of the Child (UNCRC, 1989).
Even children’s own contributions to the care relations are attended to (Andenæs, 1991; Haavind, 1987; Mayall, 1996), thereby moving the representation of the child in the care relation from an object of socialisation to the child as an agentic person. This field of research further shows that care relationships may be analysed as acts of increased reciprocity between ‘the little one’ and ‘the big one’ (Haavind, 1987) and viewed as a collaboration between the two (Mayall, 1998, p. 281).

The daily health-care work of different social groups in society has been targeted as part of public health interventions since the 19th century (Mayall, 1998). However, in this regard, children have traditionally been viewed as problems that need to be dealt with, rather than viewing children as social actors. For the last 20 years, researchers have increasingly looked upon children as social actors and studied their daily health-care work, e.g., as collaborative enterprises with their caregivers (e.g., Mayall, 1998). However, as Mayall (1998, p. 151) states in the following, children’s agency has other conditions than that of adults: ‘compared to women, children have even less power to modify their lived experience, including little recognition of their rights. They have to rely on parents to speak for them across the boundaries of the home and the public education and health institutions which participate in childcare’. This point underlines the importance of giving attention to power structures and unequal possibilities for social influence. This perspective on care work connects to, and can be viewed as, the cultural psychological study of children’s development through arranged and guided participation (Andenæs, 1996; Haavind, 1987; Rogoff, 2003; Sundnes, 2018b) and has been a central inspiration in the present study when exploring the professionals’ care practices.

A variational mode of thinking
Implied in the presented developmental perspective, is the notion of the organism as an open system, as mentioned earlier. This notion has implications for how psychological phenomena are viewed and approached, namely through a ‘variational mode of thinking’ (Valsiner, 1984). This term elucidates that the same type of psychological phenomena, inherently manifest in manifold ways, both intra-individually (for a person over time, see above) and inter-individually (across persons). According to Jaan Valsiner (ibid.), psychological phenomena evolve through unique processes due to the open-systemic and developmental nature. However, this point is obscured when researchers concentrate on the average or prototypical cases within a class of phenomena. Valsiner states that ‘[a] variationally-minded scientist
would treat the *whole range of variation* within the class as an important aspect of the phenomena’ (ibid., p. 461), and thus get a better grasp of the psychology of human being. This point is put on point when it comes to understanding phenomena that culturally and historically are considered as deviating from the norm, for example, different categories of psychopathology. If ‘deviance’ is considered as something qualitatively different from common human processes, the explanations tend to focus less on comprehensible struggles situated in the persons’ everyday lives. Rather, the phenomena that are causing concern may be explained by abstract concepts and in linear causal models (Valsiner, 2014), thus blurring what is going on in the persons’ everyday life, and how concerns and dilemmas are interpreted and handled (Højholt & Kousholt, 2018).

Finding an alternative to constructions of categories and sharp distinctions can also be seen as a strategy to evade that a study of unaccompanied minors ends up with ‘othering’ this group. The term ‘othering’ refers to defining the minority group and was created by the cultural theorist Edward W. Said (Said, 1994). He described it as a commonly used agenda to seeking to ‘other’ a minority group on the basis that their culture and beliefs are fundamentally different from the rest of society. ‘The rhetoric of othering’ points to discourses used by dominant groups when they describe those who are different (Riggins, 1997) in an inferior way (e.g., Pickering, 2001). To me, it has been important throughout the research process to reflect on the ways that my own questions and ways of producing and presenting knowledge may contribute to ‘othering’ the young persons that this research is about. Some of the ways I have dealt with this issue will be presented in the Methodology chapter.

**Summing up**

The discussions of Cultural psychology, Psychology of Everyday Life, feminist scholarship and Childhood studies here presented, have informed my thinking about how the social, cultural, structural and material conditions shape the context for the young unaccompanied minors’ possibilities and restraints to re-create their lives and futures. With this point in mind, stating, and agreeing with the perspectives proposed in this chapter may be easy. However, the pitfall is that the claims remain merely descriptive and rhetoric without including them in knowledge-constructive activities (R. M. Lerner, 2006; Valsiner & Veer, 2000). In the methodology chapter that follows, I will describe how I have tried to incorporate these theoretical perspectives in the research strategy.
5. Aims of the thesis

In order to study the challenges that unaccompanied minors meet in recreating their lives and futures in exile, I wanted to include the young persons as active agents in their own development, that is, to see them as subjects, making their moves towards adulthood under the particular circumstances in which they live. Moreover, I wanted to turn the gaze towards their lifeworlds as constituted by specific temporalities and spaces, that is, exploring their everyday lives as these are lived from day-to-day. Such an approach may facilitate a grounding of their accounts and experiences in the social structures of practice that make up their complex everyday lives (Osterkamp & Schraube, 2013). Furthermore, such an approach may highlight how subjects handle the restrictions and opportunities to participate in these social practices in their concrete everyday life.

Thus, based on the presentation of the knowledge situation and the theoretical framework, the following research questions are raised. These are overarching questions for the whole study, and not equivalent to the research questions raised in each of the three articles.

1. **How do the young persons go about to re-create their lives and futures in exile?**
   a) What do the young person experience as challenges in conducting their everyday lives?
   b) What are their efforts and challenges in re-creating liveable lives and futures in exile?
   c) How, and with what resources, do they create a sense of coherence, directionality, meaning and togetherness?

2. **How is care arranged for the young persons, and how does it address their challenges in creating liveable everyday lives and sustainable futures?**
   a) How do the caregivers arrange the young persons’ everyday lives in ways that facilitate the young persons’ efforts in re-creating their lives and futures?
   b) How are the caregivers’ attuned to the specific challenges of the young persons’ everyday lives?
   c) What kind of resources do the caregivers draw upon in their care practices?
6. Methodology

This research aimed to find out how the young persons go about to re-create their lives and futures in exile, and how care is arranged and practised in ways that facilitate these efforts of the young persons. Furthermore, I aimed at investigating the challenges of the young unaccompanied minors’ in re-creating their lives in exile by attending to methodological approaches that allowed for (1) *less deviating categorisations* of the young persons, (2) a stronger focus on *everyday life* and (3) a clear attention to *relational understandings of agency and vulnerability*.

In the following, I will describe the primary contexts in which these research ambitions are dealt with. The first context is represented by the caregivers’ intentions and practices of care and the discourses they seemed to draw upon in their practices (e.g., their ideas of care and psychological development). The second context is represented by the intersubjective relations in everyday life and their significance and meaning (e.g., their peer relationships). The third context is comprised of the institutional and legal structures, for example, asylum and resettlement procedure, that frame the practices of carers (e.g., the division of parental responsibility between legal guardian and care centres). Moreover, the analytical aim was to explore the range of personal engagements of the young persons meeting these practices and sociomaterial structures, and the range of responses from the young persons’ significant others.

**Research design**

In order to get empirical data on how the young persons’ re-create their lives and futures in exile, I interviewed the young persons about their everyday lives at the care centres, and one year later, at the group homes. Thus, the design was longitudinal, comprising of interviews over two time periods – before and after resettlement. With this material, I could analyse how the young persons created meaning and direction in their lives within their concrete everyday lives over time. In order to enable data on particular aspects of their environment, I chose to interview their primary caregivers in Norway.

In the following, the two interview periods and number of interviews, are represented in two tables:
Time period 1 (before resettlement):

| Number of interviews with young participants at care centres | 30 |
| Number of interviews with professional caregivers at the care centres | 24 |

Time period 2 (after resettlement):

| Number of interviews with the same young participants at group homes or foster homes | 24 |
| Number of interviews with new professional caregivers at group homes or foster homes | 21 |

Recruitment

The recruitment of the informants was undertaken via several steps. First, ethical approval of the research project was obtained from the National Committee for Medical and Health Research Ethics. The Norwegian Office for Children, Youth and Family Affairs gave clearance to contact the children. All care centres for unaccompanied asylum-seeking children in Norway, five at the time, were contacted, and all subsequently agreed to take part. Thereafter, the legal guardians of children who recently had been provided with temporary residence permits were contacted by phone. With the guardian’s written consent, the interviewer contacted the child by telephone and informed him/her about the research project and potential participation. This was done with the assistance of an interpreter on the telephone line. The recruitment process resulted in 30 young persons with different nationalities.

Description of the young participants

Thirty young persons participated in the study, 24 boys and six girls. The gender distribution reflects the distribution in the group of unaccompanied minors at their arrival in Norway in that time period. Their claimed age ranged from 10 to 16, mean age 13.7, median age 14. After age assessment, age ranged from 10 to 17, mean age 14.1 and median age 14 years. Their countries of origin were Afghanistan, Somalia, Sri Lanka, Eritrea, and Angola.

All participants in the study received temporary residence permits. Twenty-four received their permits before the first interview; the rest received it between the first and second interview. Twenty-one received protection as refugees, for two of the participants,
information on what kind of permit obtained, is lacking, but probability favours the alternative that they received refugee status. Three received protection on humanitarian grounds, and four received temporary residence permits with limitations due to lack of valid identification papers. As distinct from the other young participants, these four cannot apply for permanent residence permits. This means that if not valid identifications papers are found, they risk being rejected further residency, even on a temporary basis.

Seven of the 30 arrived in Norway together with a sibling. Six of these were housed together at the care centres, also when the oldest sibling’s age was 16 and 17 years. One was not housed together with the sibling because of the siblings’ adult age.

Time of the stay at care centres had a mean of 8.2 months, range 4-16 months, and a median of seven months.

Following resettlement of one of the participants one year after the first interview, six declined the second interview. In three of the six cases, the young persons themselves declined, with no further reason given. In the other three cases, the legal guardians of the young persons expressed that they wanted to protect the children from talking about the difficulties they had experienced at the time.

Twenty-five of the 30 young persons were resettled in group homes. One of these young persons was moved to a treatment institution for young persons with behavioural problems. Five of the 30 were resettled in foster homes. Six lived together with a sibling (two pairs of siblings were participants in the study, whereas two participants lived with their younger siblings that did not participate). Two participants from the same country of origin, but with no family-connection, were moved to the same group home. One participant was eventually moved to a relative after living in two different foster homes. Those with a relative in Norway were resettled in a distance possible for visits.

The young persons’ lives and experiences before arriving in Norway
As described, the young persons’ countries of origin were Afghanistan, Somalia, Eritrea, Angola and Sri Lanka. Not only do their different nationalities represent an aspect of the heterogeneity of the participants, but also the different lives they lived before coming to Norway, and the kind of hardships they have endured. In the following, I shortly describe aspects of their lives and experiences before coming to Norway, and in order to anonymise, this will be described in general terms.
Many had lived in transit countries for many years before departure to Europe. Some of those who had not lived with their parents lived with relatives as servants or herders. Some had lived in refugee camps for a long time without parents. Others lived with groups of other young persons and worked in different industries, such as building houses and similar construction work. These young persons had mostly no previous schooling, whereas those who had lived with one or more parents and siblings, schooling was more common.

The descriptions of the young persons and their professional caregivers’ revealed stories about traumatic and life-threatening experiences related to the conflictive and warlike conditions in the country of origin. This included bombs and persecution, experiences of the deaths of loved ones, and even witnessing the killing of a parent. The journey to Norway was described as dangerous, with several life-threatening events both experienced and witnessed by the young persons. Two participants had been exposed to trafficking and forced prostitution in Norway.

Mental health status and mental health services
The information of the young persons’ mental health symptoms was primarily obtained from the interviews with their professional caregivers and reflects what has been described of unaccompanied asylum-seeking minors as a group; more than half of them seemed to show moderate to serious mental health symptoms. The symptoms included reactions such as isolation, depressed mood over a long period of time, panic attacks, difficulties in following up school and social relations. Furthermore, intense episodes of acting-out, suicidal ideation, and self-harm were reported. There was no distinct pattern in how and when the symptoms developed during resettlement.

At the care centres, the children were screened for mental health symptoms by clinical psychologists affiliated to the care centres. The psychologists offered each child a follow-up. Nevertheless, only a couple of the participants met the psychologists regularly after the screening.

At the group homes and foster homes, four participants had received and accepted the follow-up offer from the mental health services in the municipality of resettlement. For five participants, an application for diagnostic examination and follow-up was initiated or sent to the mental health services. One participant had, on several occasions, been offered of follow-up from the mental health services, but the person had refused such care. For the rest of the
young persons, the caregivers at the group home had evaluated milieu therapy to be a sufficient form of care.

**Description of caregivers**

*Caregivers at care centres (before resettlement)*

At the care centres, 26 professional caregivers with primary responsibility for the young participants were interviewed. Two young participants did not give their consent to the interview, and for two of the professional caregivers, there were practical obstacles for conducting the interview.

Information on the formal training of the professional caregivers at the care centres was unfortunately not systematically gathered. Nevertheless, there are reasons to believe that their educational or formal background corresponded to the requirements defined for the care centres at the time. That is that 50% of the caregivers had to have formal training related to social work or child welfare services (Deloitte, 2014, p. 22). The formal training is further specified to possibly include knowledge about childhood and development, milieu therapy, developmental psychology, pedagogy, law and public administration, as well as refugee-related knowledge, for example, reasons and effects of migrating for the migrating individuals and groups, coping strategies and international right (ibid.).

*Caregivers at group homes and foster homes (after resettlement)*

Interviews with the young persons’ new caregivers were carried out after resettlement. These included 17 professional caregivers at group homes and three foster parents. In addition, one interview with a caseworker from the Child Welfare Services was carried out to supplement the understanding of a case where the child had moved three times after resettlement. Of the 17 professional caregivers, 10 had relevant formal training. These were teachers, preschool teachers, child protection practitioner, social workers and social educators. Two had no relevant professional background, and for five, no information was attained.

Five of the young persons were resettled in foster homes. Of these, four young persons accepted to participate in the second round of interviews (after resettlement). Parents from three of the foster homes were interviewed (two mothers and one father). The foster parents in the last foster home did not reply to my request for an interview, and thus the interview was not be carried out. Of those foster parents that were interviewed, one foster home was experienced and had several other young persons, also unaccompanied minors, previously
living in their home. They did not have their own children. The two other foster homes were inexperienced. One had smaller children, and the other home had grown-up children that had moved out. In one of the homes, the foster father was speaking a similar language to that of the young person.

**The interviews with the young persons**

In order to explore the young persons’ efforts to create liveable, sustainable lives in a period characterised by multiple transitions, interviews were developed that could facilitate conversations about their everyday life and about their various ways of creating meaning to their present, past and imagined future lives. The Life Mode Interview (Andenæs, 1991; Haavind, 1987) was used as a point of departure to invite the young person to describe the stream of events of a particular day – usually the day before the interview. By exploring concrete events that had recently happened, the Life Mode Interview enables data not only on what concretely had happened during a day in their lives but also on their subjective experiences of the events, including the interactional and affective qualities (Haavind, 2019). Moreover, it enables explorations on the social, institutional and material contexts in which the events are grounded (Dreier, 2016), for example on how their practices during a particular day were connected to the adults’ arrangements of routines in everyday life that, in turn, were grounded in institutional guidelines and legal regulations. The information based on these interviews were, for example, utilised in article III (‘Coordination of care’). In this article, the young persons’ struggles in participating in a compartmentalised care system were discussed and in connection to legal regulations of parental responsibility for the young person.

Going through a particular day in detail enabled an exploration of how the young persons moved across different social and institutional contexts in their everyday lives, for example, moving between home, school, and after-school activities. Participating across contexts implies participating in different social practices with different co-participants, meeting different demands and responsibilities, and having different possibilities for action (Dreier, 2016, p. 18). Placing events in chronological order and connecting them to places during a particular day, enables the researcher to get hold of experiences, concerns, dilemmas, and reasons for actions arising out of participation in a range of social practices often with different and conflicting demands (Højholt & Kousholt, 2018). This was particularly fruitful when studying the experiences of the young persons, as presented in article I (‘Developmental projects’). Their struggles connected to participating in local contexts in Norway, became
more understandable when these were grounded in the managing of their conflictual everyday life.

The Life Mode Interview was particularly helpful in exploring these kinds of efforts. The following example from an interview from the group home with one of the Afghan boys illustrates this. When going through his day before the interview we talked about the stream of events at school that day, and he shared that in the midday break when the rest of his Norwegian classmates hung out in the schoolyard, he called his orphaned sisters in Afghanistan to ensure they use their gas oven properly. He came to think about the dangers involved in using the gas oven, and that they might not know how to use it correctly. Consequently, he went to a quiet area in the schoolyard and called them. His concern for his sisters was not shared with his classmates, possibly because it was intertwined with another and different meaning horizon than his classmates with entirely different types of experiences, and possibly that he wanted to avoid being viewed as different from the others. Thus, through the detailed exploration of the stream of events that day, I got valuable information about the different concerns and demands in his daily life that he put a lot of effort into, to manage. At the same time, these concerns and efforts were invisible to his classmates.

In order to understand the young persons’ engagements and struggles in the present, the interview also addressed their ways of leading their lives and their contexts before coming to Norway, as well as their intentions and ideas for their future lives. To underline that chronological time was the structuring principle of the conversation, and to assist the possibility to flexibly go back and forth in their narration of the different periods of their lives, I drew a timeline on a piece of paper during the interview. This timeline was useful as we could mark the sequence of special events and structure the conversation on these events, as well as skip events that the young person showed little engagement in talking about, but that marked significant transitions in their lives, for example, the journey to Norway. In this way, elements from the Life Mode Interview were used also to facilitate conversations about other times and events in their lives, and ground these in time and place. This meant that talking about their lives in their countries of origin, was included in these conversations about the stream of events of the day before the interview. This was done by asking questions like: ‘How did you do this when you lived in Sri Lanka?’

The interviews with the young participants were conducted in a separate room in the residencies. After resettlement, one interview was carried out by telephone and another
interview in a quiet restaurant, both according to the young persons’ wishes. The interviews lasted from 1 hour to almost 3.5 hours.

The first and second interviews were similar in their general structure and focus: that is, using everyday life as a point of departure for the conversation. In the second interview, the young participants were also invited to tell about what had happened since the last time we spoke. The previously established relationship between the interviewer and the young participant laid the groundwork for a positive emotional atmosphere from the beginning of the interview. As expected, the interviews from the second round were ‘thicker’ and more nuanced than those from the first round. This might reflect the young persons’ functional silence and distrust (Kohli, 2006b) when meeting the interviewer for the first time, and correspondingly, the experience of increasing trust when meeting the interviewer the second time. This may also possibly reflect the interviewer bringing a sense of continuity to their lives at a point in time characterised by the recent transition between the care centres and group homes or foster homes.

*Use of interpreters*

All but one of the initial interviews were conducted with an interpreter present in the room. At the time of the second interview, most interviews were done without an interpreter. The interpreter was present at several of the interviews, but often the child did not want to make use of him or her because they preferred talking in Norwegian with me. In some instances, the child made use of the interpreter only when he or she felt they could not express themselves correctly during the interview. At some occasions, I used interpreter by phone, with mixed results; often the young person declined to make use of this form of translation, and in my opinion, it seemed to have to do with the interruption of the flow of the dialogue between the young person and me.

In the first round of interviews, a common experience was that the interpreter’s presence in the room contributed to a positive emotional atmosphere, as the interpreter approached the minor with empathy and warmth and could draw upon their shared cultural resources. However, not all interpreters focused on contributing to a positive relational experience and had a more technical approach to translating the minors’ verbal utterances. In the latter cases, the minors seemed to feel less comfortable, especially in the initial stages of the interview, than in the former cases. In eventual future research using interpreters, I would
use more time in developing cooperation with the interpreters, building a mutual understanding on how to approach the interview setting and the young person.

In order to strengthen the reliability of translations, a second opinion by another interpreter was performed on audiotaped interviews that I suspected were less detailed than I expected from the wordiness of the young person. The results showed that the meaning content was the same. However, details in the young persons’ account were omitted in the first translation. The details were added with the second translation.

**Interviews with caregivers**

In order to explore more of the social events during the everyday life of the young persons and how the caregivers’ structured the young persons’ everyday lives, interviews with the young persons’ caregivers were conducted. In addition, the caregivers were asked about information of the particular young person’s legal case, coordination with other adults responsible for the young persons, and specific measures planned or carried out in relation to health, education and social situation of the young person. These interviews were structured as conversations using elements from the Life Mode Interview, similarly as in the interviews with the young persons by using chronological time, focus on ‘doing’, and context.

These interviews also took as point of departure a timeline where the interviewee was encouraged to tell about the everyday life of the young person, how it had evolved during the time they have come to know the young person, and how they arranged everyday life for the young person as well as their intentions when doing so. These interviews provided data material appropriate for analysing the caregivers understanding of the young persons as developing young persons as well as the discourses the caregivers drew upon in their understanding of proper care practices.

All interviews with professional caregivers and foster parents were conducted by phone. The interviews with the caregivers lasted from 20 minutes up to 2 ½ hours.

**The total data material and the use of data sets**

In sum, 101 interviews were conducted: 54 interviews with children and youth and 47 interviews with professional caregivers or foster parents and one child welfare caseworker.

All interviews were conducted by me.

Interviews were carried out within two time periods: The first interviews were conducted when the young persons lived at care centres. The second interviews were
conducted approximately one year after the first interview for each young person, and all had moved to new municipalities and lived at group homes or in foster homes. All interviews within the first time period (at care centres) were done within the span of ¾ year, and the same applied for the interviews within the second time point.

All interviews except two were audiotaped. The interviews were transcribed verbatim by the interviewer and by a research assistant. For the two interviews in which the young persons refused to be audiotaped, memos were made based on notes taken during the interviews.

The use of field notes
A part of the data material consisted of field notes based on observations from the visits to the young persons’ homes and neighbourhood and informal conversations with professionals working at the residential care institutions and with the foster parents. The knowledge based on these sources were valuable because it informed my understanding of the young persons’ local communities and the concrete spaces they inhabited. As the interviews focused on one particular young person, the observations and informal conversations informed me of the more general responses from the local communities to the unaccompanied young persons. For example, I got information on how local communities had responded to the planning and opening of the particular group homes for the unaccompanied young persons, and its position and meaning in the local communities. This informed me of the variation in how these group homes were welcomed, and generally, how difficult it was for the young persons to be accepted as a natural part of the local community. This knowledge was a valuable background in the analysis for the article on the significance of peer relationships at the residential care institutions.

I wrote down notes of my observations and informal conversations. However, it was not done systematically, and I was, therefore, reluctant to include these notes as part of my systematic analyses. Together, the experience of how useful the field notes were, and the unfortunate lack of strategically developing them as data material, I learned a lesson that I want to utilise in future research; to pay more attention to and to systematise sources of knowledge based on field observations and participation.
Data sets for the three articles

In order to explore different aspects of the young persons’ experiences and everyday life conditions, I used different data sets in the three articles. In article I (‘Developmental projects’), I used only the interviews with the Afghan participants, all boys. This data set consisted of interviews with 18 boys, 14 interviewed a second time following resettlement, and interviews with their caregivers, 16 interviewed the first time and 12 interviews following resettlement. The data set for article II (‘Peer relationships’) and article III (‘Coordination of care’) consisted of only the complete cases of interviews with the young persons at the two different time periods, and interviews with professional caregivers at the two respective times (four interviews per case). These articles explore the young persons’ everyday lives at residential care institutions. Thus, only participants resettled at residential care institutions, not foster homes, were selected, leaving out two complete cases where the participants moved to foster homes. This data set consisted of interviews with 15 young participants, 11 boys and four girls, and their respective professional caregivers, in sum 60 interviews.

Specifying analyses of ‘contexts’

In the articles, three primary contexts were focused. First, the caregivers’ arrangements and practices of care and the discourses they seemed to draw upon in these arrangements and practices. Second, interpersonal relationships of the young ones and their significance and meaning in everyday life. Third, the institutional and legal structures, for example, asylum and resettlement procedure, that frame the practices of carers (e.g., the division of parental responsibility between legal guardian and care centres).

In article I (‘Developmental projects’), the caregivers were considered as co-constituting the young persons’ sociomaterial contexts. This meant that the caregivers’ personal engagements were analysed as responses to the two main developmental projects of the young persons, that is establishing a liveable life in the host country and supporting the family in the country of origin.

In article II (‘Peer relationships’), a similar analytical focus was applied. It addresses the young persons’ engagements in arranging social practices with each other in their everyday lives in ways that facilitated a sense of togetherness. The caregivers’ ways of arranging routines in everyday life and the institutional procedures and related sociomaterial settings related to resettlement were analysed as contexts that constituted particular conditions for the evolvement of social practices among the peers at the residential care institutions.
In article III (‘Coordination of care’) the analysis focused on the caregivers’ ways of engaging in the young persons’ lives and the care system that this constitutes. This opened up for an understanding of care as being characterised by compartmentalisation, and the young person’s interaction with this system was the main area of exploration and discussion.

Theoretically informed analyses
As described in the introduction, one of the aims of the Methodology cycle is to explicitly clarify how theory informs the construction of methods, and especially, the analyses. Clarification of the ‘map’ that guided the analysis is a way to increase the transparency of the research, and thus strengthen the trustworthiness of the analysis. The ‘maps’, or models, for each of the analyses, are described in the respective articles in the dissertation.

In the following, I will elaborate on the general analytic strategies that were employed in the three analyses: (1) how I developed and used analytic questions; (2) strategies to contextualise the young persons’ accounts; (3) the use of contrastive-comparative strategies; and finally (4), connecting the accounts of the young persons and their caregivers in the analyses.

Developing analytic questions
First, research questions were investigated systematically step by step by the use of analytic questions (Haavind, 2000). Analytical questions are developed based on the research questions, the theoretical perspectives, the theoretical and empirical knowledge on the phenomena of interest, and the knowledge of the initial stages of the analysis (Andenæs & Sundnes, 2019, p. 229). Describing the analytical process in qualitative research through the development of analytic questions demystify the analytic process and can contribute to making the methodological strategies more transparent. At the same time, this way of employing analytic questions constitutes an alternative to what has been described as a tendency in qualitative research - ‘technical essentialism’ (Barbour, 2003). With this concept, Barbour criticises the tendency to follow a particular ‘recipe’ or formula relatively independent of the particular study.

One of the aims of the whole study was to approach the young persons’ lives and struggles with a ‘fresh’ analytic gaze that held the possibility of contributing with supplementary perspectives to the study of the mental health and development of young persons with backgrounds as unaccompanied minors. According to Jackson and Mazzei
‘thinking with theory’ in the analyses ‘relies on a willingness to borrow and reconfigure concepts, invent approaches, and create new assemblages that demonstrate a range of analytic practices of thought, creativity, and intervention’. Inspired by these ideas, I turned to ‘adjacent’ disciplines (especially the interdisciplinary field of childhood studies) that grappled with theoretical questions that have been in the background in health and clinical psychology, for example, discourses of children and childhood, development and care. This was used as a point of departure to develop the analytic questions. For example, a strategy employed in the second article was to destabilise the concept of family, by adopting the analytical stance of ‘doing family’ (Morgan, 2011) from sociology. I wanted to try out such an approach in order to broaden the analytic gaze, and at the same time, present the findings in a way that (partly) spoke the language of the health and clinical fields in order to facilitate connections between the critical perspectives and these fields.

The analytic questions were applied to the interviews by searching for both variation and typical ‘answers’ in the data material. When systematising the answers, I searched first ‘vertically’ within a singular interview, an interview pair (child and caregiver), or interview case (child and caregiver at two points in time comprising four interviews) – depending on the analytic questions. And then, I searched ‘horizontally’ across the interviews or interview cases. After each of these ‘searches’, memos were written comprising of lists of answers to the analytic questions. These lists were discussed together with the co-author(s) on the insights of the material, and how it addressed the research questions. New questions did arise when such discussions were carried out, and new analyses based on revised analytic questions, following the described procedure of systematisation, followed. As such, the data analysis developed through a dialectic process as characteristic of interpretative qualitative analysis (Haavind, 2000; Magnusson & Marecek, 2015).

Contextualising the young persons’ accounts

There has been a call for researching children’s voices by moving beyond simplistic ideas of how to access children’s perspectives, and to consider critically and reflexively the contexts in which the young persons’ voices are produced and presented (e.g., Spyrou, 2018). Spyrou (2018, p. 86) points at three contexts to facilitate critical reflection on how children’s voices are produced. First, the interactional contexts in which children’s voices emerge, that is ‘the actual research context in which children’s voices are produced and the power imbalances that
shape them’. Second, the institutional contexts in which the voices are embedded, and third, the discursive contexts which inform them.

The production of research subjects’ voices is thus a constructive process. In order to make this construction process as transparent as possible, I have tried to clarify how the results of the study have come about by both clarifying the theoretical perspectives, the methodological strategies and the particular contexts within which the research was carried out. The Methodology Cycle has been a tool in order to become aware of and clarify the different interrelated parts of this process.

Contextualising the accounts of the young participants was a strategy to strengthen the reliability of the presentation of the young persons’ everyday lives and their struggles and ways of coping in these everyday lives. The analyses developed over time by seeing the reports from the caregivers and the young persons together, by working with both the interview transcripts and seeing these together with the experiences from the meetings with the young persons, their residencies and local communities, as noted in field notes (see ‘The use of field notes’).

For example, visiting a group home in the local community where I noticed poor maintenance of the buildings and garbage in the yard, provided me with some information about how this home stood out in the neighbourhood. Based on this, I could spot some sides of the processes of marginalisation that these young persons can experience. Such experiences facilitated an analytical sensitivity towards those aspects of their lives that neither the young persons’ nor their professional caregivers gave words.

Affective access in the interviews also facilitated analytic sensitivity and possible contextualization of the young person’s reports. This related both to my own emotional experiences as well as the empathetic engagement in the young person in the interview situation, for example, by taking into account silences and eyes filled with tears. These were feelings and experiences that were not given words, but that was revoked when reading and rereading the interview transcripts. I found these aspects relevant when analysing transcripts because it enabled insights about the young person lives and experiences that only could be sensed (Bitsch, 2018; Urwin, Hauge, Hollway, & Haavind, 2013). When the young persons were newly arrived and met the interviewer for the first time, the analyses of the young person’s thin and uncomplicated stories of their everyday lives could not be justified without understanding their accounts in a broader context. Invoking the affective experiences from the meeting with the young person was one mean to this end.
Another way of contextualising the interviews with the young persons was by using the respective caregiver’s accounts of the young person in question as a background to the young person’s own accounts. One aspect had to do with adding information of their migration history to the analysis, for example, confirmed accounts from police officers of two sisters enforced to prostitution in Norway and their escape a few months before the time of the interview. This experience was referred to by the oldest sister in a manner that left no doubt of the humiliating and terrifying experience this must have been for her, mostly not by the words that described it, but through the emotionality that accompanied it. However, for the youngest sister that did not refer to this experience, her quick and uncomplicated account of her everyday life, was not considered as a testimony of her life at the care centre as uncomplicated. It was rather thrown into relief to recent events of maltreatment and deprivation of freedom, giving depth and layers of understanding to her ways of coping and presenting herself in meeting with an unfamiliar adult presented as a researcher.

The information from the caregiver added layers of context to the young persons’ accounts. Also, the other young participants’ accounts of events that they had been experienced, as in the case above, or of routines at their shared households, added information, and thus a context, to the interviews with other young participants.

The caregivers’ accounts – as a group – was even considered as a source of discursive contexts of the young persons’ everyday lives, for example, about ideas of care and development for the young persons.

**Contrastive-comparative strategies**

In order to better see the implicit and taken-for-granted aspects of the social practices in the data material, I structured my reflections on the empirical material by employing contrastive-comparative strategies (Azarian & Petrusenko, 2011; Kocka, 1996). These strategies do not mean systematically comparing two (or more) sets of different contexts, searching for similarities and differences, but rather a process of sensitizing, taking into consideration social actions and events belonging to other contexts in order reflect upon and spot the particularities of the researched setting (Azarian & Petrusenko, 2011, p. 39). Using research on ‘the ordinary’ to explore the ‘extra-ordinary’ (Jevne & Andenæs, 2017) was employed in all three analyses. To this end, I used theory on development that considers variation (Valsiner, 1984) without categorising it as either ‘normal’ or ‘deviant’, thus pointing to the notion that different actions and practices might reflect a more general practice (e.g., Sundnes, 2018a).
In article I (‘Developmental projects’), and article III (‘Coordination of care’), I employed research on the variations of practices of care and parenthood nowadays in Norway as a contrastive element to the care practices at the care centres and group homes for unaccompanied refugee minors. In my analyses, such strategies functioned as to sensitise me to consider aspects of the empirical material that otherwise would have been less clear, for example, elements that were absent in the material. In the article on challenges in practising care, this was particularly fruitful as such a reflexive strategy enabled me to spot the absence of the coordinative function in the care system of the institutional care arrangements at the care centres and group homes.

In article II (‘Peer relationships’) theory and research on families’ relational practices in general, and specifically on refugee families coping strategies, were used as a background to more clearly spot such practices within the young persons’ peer relationships.

Connecting the young persons’ and the caregivers’ accounts

The interviews with the caregivers were analysed to contextualise the young persons’ accounts, as described above. However, the interviews with the caregivers were strategically included in the analyses in each of the three articles in more prominent ways than ‘just’ contextualising the young persons’ accounts. In the following, I will elaborate on how these interviews were used in each of the three analyses.

In article I (‘Developmental projects’) the dialectical analytic process, described in the section Developing analytic questions, was developed and utilised to connect the young persons’ accounts and the accounts of their caregivers. In order to explore how developmental projects were negotiated between the young persons and their caregivers, we developed a stepwise analysis. First, we searched rather broadly in the interviews with the boys for what they tried to achieve in their everyday lives – what their projects were. We then categorised the projects based on the variation of their appearance across interviews, comprising two overarching projects: First, living a liveable life through attaining safety, education, and developing social network, and second, helping the family of origin. In the next step, we searched for what kind of support the boys’ experienced in relation to the two projects. In the final step, we scrutinised the interviews with the young persons’ caregivers to search for how the two projects were reflected in their accounts. As such, particular projects, that were results of the first step of the analysis could be explored further by searching for how support for such projects both was experienced by the young persons – based on the young persons’
accounts, and how the caregivers’ understood and responded to the projects – based on the caregivers’ accounts. The results of the described analytic procedure were the basis for exploring the *negotiation* of particular developmental projects.

In article II (‘Peer relationships’), the efforts to connect the young persons’ accounts and their caregivers’ accounts were different. Here, the focus was not on negotiations between the young persons and their caregivers, but on how the young persons themselves actively engaged in creating their social lives in ways that facilitated a sense of togetherness, and how these relational practices were grounded in everyday life at the residential care institutions. The interviews with the caregivers were here used to give more detailed information on the everyday lives of the young person in question, and as such, contributing to contextualise the young person’s accounts. The analytic questions that were applied to the interviews with each young person were also applied to the interviews with their respective caregiver. As such, the interviews with each young person and his or her caregivers were analysed together, comprising a case of four interviews for each young person.

In article III (‘Coordination of care’) the focus was on challenges involved in sharing care across institutional contexts and the kind of conditions these challenges might constitute for the young persons’ well-being and development. In order to explore this question, detailed descriptions of care arrangements and practices, as well as how they were experienced, were needed. To analyse the shared care arrangements and practices and how they contributed to the young persons’ well-being and development, interviews with the young persons and their respective caregivers were connected in pairs: one pair comprising of the interview with the young person and his/her professional caregiver at the care centre, and a second pair of interviews comprising of the interview with the same young person after moving to the group home, as well as the interview with his/her respective caregiver there. In the analysis of each pair of interviews, the care system across institutional contexts of each young person was reconstructed as best as possible with the available information drawn from both the interview of the young person and the interview with his/her respective caregiver (as well as the field notes). This step of the analysis resulted in a description across the cases (pairs of interviews) of the ways care was shared across institutional contexts. Based on these descriptions, we spotted that the systems for shared care were quite similar for most of the young persons and, furthermore, that these systems were similar at care centres and the group homes: Practices of shared care were mostly incorporated for regular life-course issues, for example, coordination between school and home, but for refugee-related issues, this was much less prominent. For
example, legal issues related to the young persons’ refugee status were sparsely coordinated between legal guardian and home, which also included the caregivers’ involvement in the personal impact of these issues. In the next step of the analysis, we explored how this particular compartmentalised care system, addressed concerns the young persons had. Within this care system, caregivers’ management of the concerns of each of the young persons, based on both the interviews with the young person and his/her respective caregivers, was used as a point of departure to discuss how it seemed to constitute particular challenging conditions for the young persons’ well-being and development.

**Ethical considerations**

*Research participation*

Because unaccompanied refugee minors have multiple burdens in their lives, research participation should be carefully considered in order to avoid adding to their hardship (Hopkins, 2008; Thomas & Byford, 2003). However, the principle of protecting children and young people in vulnerable life situations should not obstruct their possibility to participate in research on a general basis, as this would counter children’s rights to get their voices heard (cf. The Convention on the Rights of the Child, art. 12) and their particular life situations elucidated through research (Backe-Hansen, 2009). This point is highly relevant for this group of children and young persons described in this study. As such, their difficult life situation can be viewed as an ethical call to scrutinise how such situations may come about and to facilitate an exploration of ways to prevent or mitigate them. Thus, the vulnerability of young persons in difficult life situations should not automatically lead to avoiding participation in research, but rather: ‘the vulnerability should be viewed as a phenomenon calling for ethical, thoughtful research practices’ (Andenæs, 2012, p. 490). In the following, I will outline some aspects of how I developed and conducted the study in order to facilitate ethical, thoughtful research practices throughout the research process.

*Research design*

As described in the introduction, the research was designed to facilitate knowledge on the young persons’ life situations from the point of departure of considering them as ordinary young persons conducting their everyday lives and moving towards adulthood. The research aimed at exploring issues within their everyday lives that mattered and related to them. As such, this academic research interest is closely positioned to an ethical call for dialogical
development of research topics with participants (e.g., Meloni, Vanthuyne, & Rousseau, 2015). Moreover, the point of departure of researching the young persons as other young persons, creating liveable everyday lives and making their moves towards adulthood, was intended to reduce the tendency to ‘othering’ the young persons. This includes a reluctance to categorising the young persons by creating ‘typologies’ (typological mode of thinking), and instead create analyses that aim at describing the variety of ways (variational mode of thinking) (Valsiner, 1984) of living and experiencing their lives.

Recruitment and consent

The interviewer contacted young persons by telephone, with consent from the applicable legal guardian, and informed the young person about the research project, assisted by an interpreter on the telephone line. The interviewer underlined that participation was voluntary and had nothing to do with their application for protection and residency or their care treatment. It was also made clear that the young person had the final assent whether to accept the invitation and as well as the right to withdraw at any time.

The information above was repeated before the interview started and during the interview to enable processual consent (Ní Raghallaigh & Sirriyeh, 2015). In different ways, I tried to facilitate that the young persons, in fact, experienced the possibility to withdraw during the interview. I was sensitive to the possibility if they in any way were uncomfortable in the situation. I tried to make sure that they felt they could decide what to talk about (within the frames of the interview, see next section) and that the young person could leave the interview setting at any time if he/she so wished. The latter was facilitated by offering an option of other activities to do, for example: ‘If you rather would like to go to the others and play video games that is fine’.

Confidentiality

The data material was stored and used following the approval for this research project by the National Committee for Medical and Health Research Ethics. The main points are that data was anonymised, stored inaccessible for unauthorised persons and solely employed for research as approved by the National Committee referred to above.

In reporting, safeguarding the anonymity of the participants is vital (Magnusson & Marecek, 2015). In all presentations of data material, pseudonyms were employed. There was a risk that participants could be recognised if background information and information about
their particular situations were put together. Therefore, several strategies were employed to prevent recognition. For example, I presented the background information of the participants in general terms and altered biographical details in ways that made it difficult to trace the real participants. The years that passed since the interviews were conducted, until the dissemination of the research, also helped to minimise the risk of recognition.

Ensuring well-being and dignity throughout the interview
The interviews with the young persons were conducted with the aim that each interview made sense for the participants and was positively experienced (Andenæs, 2012; Jansen, 2015). In addition, the focus on ordinary events in the day before the interview, as well as similar ordinary events in their everyday lives before the journey to Norway, confirmed the young persons as ordinary young persons and underlined the researcher’s interest in them as such. In this way, I tried to avoid that the young persons felt that they were constructed as somebody very different from other children or categorised solely as victims.

Throughout the interviews I strategically chose to respond to the young persons’ narration of his/her experiences to highlight that I care about the particular boy or girl, to make him/her feel supported, and to highlight experiences that seemed to strengthen the young person’s integrity. When the interview conversation touched upon the young persons’ extraordinary life events, such as experiences of violence from human smugglers, in detention facilities in transit countries, or death threatening experiences on boats in the Mediterranean sea, I focused on the young person’s braveness and courage in the face of extraordinary hardship. I also acknowledged and tried to empathetically engage in emotions that also may have been experienced by the young person, and shared with him/her, for example, ‘that must have been a very frightening experience’ and ‘despite that, you actually dared talk to the chief in charge at the detention facility and ask for your release. That was impressively brave of you’. When appropriate, I also shared my reactions when they told about abuse, for example: ‘I feel angry on your behalf for the injustice you experienced at the detention facility in Greece. Nobody should experience what you did there’. I reacted as a fellow human being on violations of human rights that the young persons had experienced.

Using chronological time as a structuring principle in the interview, enabled me, as well as the young participants, to flexibly go back and forth from extraordinary to ordinary events in their everyday life, and as such contribute to the (co-)construction of a situation in which they felt as within what we can term their ‘window of tolerance’ (see e.g., Ogden &
Minton, 2000), narrating experiences of extraordinary hardships. As such, the young persons could change from talking about struggles to talking about events they appreciated in everyday life. I was sensitive to detect fluctuations during the interview conversation as to whether the young person was most comfortable in talking about present-day events or events from everyday life before the journey to Norway, or the extraordinary events of hardship. In some interviews, or during parts of the interview, the young person was eager to tell me about the extraordinary events in his or her life and how he or she had managed to conquer great hardship, and in other interviews, or during other parts, the young person showed most engagement in telling me about how he or she lived her daily life at the time of the interview. I followed the young person’s engagement. In that way, I tried to minimise the discomfort or distress of the young person, as well as heightening the chance that the interview would be positively experienced as relevant and engaging by the young person.

Because participants are ‘existing in a linguistically constituted and interpersonally negotiated social world (…) [t]he interview is sensitive to and reflects the nature of the object investigated – a conversational human world (…)’ (Kvale, 2007, p. 121). One way of being ‘adequate to the object’ (ibid.), and thus strengthening the validity of the interview data, can be considered as confirming, acknowledging and normalizing the participants’ accounts (Andenæs, 2012) as part of reducing power asymmetry and facilitate participants giving ‘thicker’ accounts of what matters to them. Moreover, for these young persons, the interview setting has particular associations to the asylum interview and other interrogating forms of interviews experienced throughout their journey as asylum-seekers. Therefore, the strategies mentioned above were also intended to signal that this interview was of another format and with a different purpose.

Assessments were made whether there were additional concerns for a child, and if so, the responsible caregiver was alerted in consent with the young person.

Ethical aspects concerning my role as a clinical psychologist

I used my competence and experience as a clinical psychologist during and after the interview. In the following, I will describe particular aspects of such utilisation, and then discuss some aspects of the ethics concerning the possible dual role as researcher and clinical psychologist.

First, my previous experience in talking with young persons in vulnerable life situations was employed when developing strategies for ensuring well-being and dignity
My knowledge and competence in addressing psychological responses to psychological trauma as well as recognising symptoms of psychopathology were used to assess potential harm and benefit throughout the conversations with the young ones as well as ensuring that serious symptoms were addressed and followed up by the care system in consent with the young person. Also, knowledge of procedures to access mental health services was utilised to assist caregivers at the group homes to facilitate help if it appeared essential for the young person to receive additional support and help.

For example, in one of the interviews, the young person appeared seriously depressed with suicidal ideations. In the conversation, I incorporated questions with the intent of preliminary assessing the suicide risk based on elements from suicide risk assessment used in the mental health services. I informed the young person about the types of help that were accessible and how I could contribute to initiate help and inform the caregivers at the group home. The young person agreed that I inform the caregivers and the person in charge of the group home when the young person had not before revealed the serious depressive thoughts and suicidal ideation. Upon on this, I contacted and informed the professionals, and provided them with a letter with my assessment when this was needed for further referral to the mental health services. In addition, the young person consented to my calling the day after the interview, and then after one week, in order to learn how the young person was doing after the interview. These phone calls were carried out as part of my obligation to follow up our conversation given the trust the young person had shown me in the interview and to ensure that their challenging situation was attended to or was in the process of being so.

The described interventions in the young person’s life meant going outside of a traditional researcher’s role and mobilising my role as a mental health professional. Ethical management of the dual role as a health professional and as a researcher in a highly relational setting, as most qualitative research is, has been sparsely elaborated in the literature. One researcher that does elaborate on this issue describes the ethical call to prevent harm through using the clinical competence of the psychologist researcher: ‘instances in which participants are clearly in distress may call for stepping outside one’s researcher role in order to prevent harm’ (Haverkamp, 2005, pp. 153-154). Haverkamp furthermore underlines the importance of ‘monitoring and clarifying expectations, throughout, [to] guard against misunderstandings and feelings of betrayal’ (ibid.).

My role as a researcher was underlined in the written and oral presentation of the projects and throughout the interview. My background as a psychologist was introduced at the
start of the interview with the participants. Even though many of the young persons did not know what a psychologist was, for others, this knowledge may have served to trigger different ideas of what kind of conversation this was supposed to be. I agree with Haverkamp that for the psychologist researcher to ‘maintain one’s role as a researcher during interviews that are characterised by high levels of rapport, intimate disclosure, and potential close emotions’ is an ethical challenge and deserves attention throughout the research process (Haverkamp, 2005, p. 153).

I did not detect confusion among the participants concerning my roles. However, because I acknowledge the potential for confusion of roles, I will pay more attention to this issue in future research.

**Disseminating research**
The researcher has an ethical responsibility to minimise the possibilities of misunderstandings and heighten the possibilities of interpreting and using the results in valid ways, that is, in ways that correspond with the premises of the research (Kvale & Brinkmann, 2009). Because research results are transformed through the readers’ interpretations (Haavind, 2000, pp. 40-41), it is essential to know the places where the results are intended to have an impact, and the related understandings and lenses through which the results possibly will be interpreted (Andenæs, 2000, p. 308).

When disseminating research in public media, receivers of the text/talk are manifold and less delineated compared to dissemination in scientific contexts. Thus, the pedagogical work of disseminating research in ways that heighten the chances for valid readings and uses of the results will necessarily be more difficult. Moreover, because research on migrants is highly politicised, the research and the researchers are often themselves looked upon from the angle of suspicion (Andersson, 2018). Also, one runs the risk of having the presented results stretched in polarised directions taken for or against particular political arguments. An example of this is when research is drawn into specific discussions and understandings, such as when used to substantiate an interpretation of young unaccompanied asylum-seeking minors either as ‘strategic migrants’ or ‘child victims’ (Stretmo, 2014). This PhD project faced all these challenges when making my research visible in public media (e.g., Smaadal, 2015). For example, I was exposed to threats and distortion of my observations based on the study. I was even described as being a ‘traitor’ for ‘promoting migration and islamisation’.

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Moreover, results from article I (‘Developmental projects’), presented in a newspaper interview (see, Smaadal, 2015) was used by the Norwegian minister of immigration at the time, to argue for limiting the possibility the get protection for unaccompanied asylum-seeking minors. This was based on, as she claimed, that this research showed that unaccompanied children arrive in Norway, not because they need protection, but because they were ‘sent’ by parents to send money back to them (see, Listhaug, 2016). This invoked both the ideas of the minors being strategic migrants and child victims.

This interpretation of my results was clearly stretched beyond what had grounding in both the newspaper interview and in my research altogether (see, Jensen, Omland, & Sveaass, 2016). This situation further triggered a public debate concerning politicians’ moral responsibility to interpret and use research in ways that are valid, promoted among others by the Rector at the University of Oslo at the time (e.g., Rosa, 2016). Thus, disseminating my research in public media proved to be particularly difficult, and some of the readers’ polarised interpretations seemed to contribute heavily to this. These challenges set aside, hopefully, the public dissemination also contributed to broadening and enhancing public understandings of the experiences and challenges of the young persons, and by this, contributing to an informed public debate.
7. Results

Results from qualitative studies can be approached with two main knowledge aims: *Descriptions of the state of affairs*, on the one hand, that is, descriptions of a particular situation situated in time and place, and the second aim, as *models of understanding* that might be applicable outside the particular research context (Polkinghorne, 1991). My aim was both to highlight the state of affairs—in what kinds of tasks and challenges are the young participants engaged?—and to develop and try out models of understandings of the young unaccompanied minors and their arrangements of care as more general analytic approaches to understanding care and support for young persons growing up under different conditions and circumstances. In the following, I will present the results from the three articles successively. In the presentation of each article, I will both attend to the results as thick descriptions of the state of affair, as well as models of understanding.

**Article I: Negotiating developmental projects: Unaccompanied Afghan refugee boys in Norway**

The aim of the first article was to grasp the young unaccompanied minors as developing young persons moving towards adulthood—just as other young persons. To this aim, I chose one group among the participants—the young Afghan boys—in order to facilitate analyses of developing persons who shared cultural resources. Central developmental projects of the young unaccompanied Afghan boys were analysed as well as the ways these projects were negotiated with their caregivers in Norway.

The concept ‘developmental project’ was developed and used to highlight development as a process and to approach the developing person as a meaning-making and intentional individual. The article describes two main developmental projects: To create a liveable life in Norway and to help the family in the country of origin. The content of the first developmental project was to gain safety, to build social relations and to succeed in school. The professional caregivers were engaged in the same project of creating a liveable life for the young person by the same means, that is, creating a safe and predictable daily life, helping them with schoolwork and learning Norwegian. The caregivers were also engaged in mediating the boys’ peer relationships at the residential care institutions, for example, assisting the young persons in cases of quarrels and teasing. The young persons and the caregivers were thus mutually engaged in the same projects—and in many cases, the young people felt helped and attended to, and the caregivers seemed to experience these tasks as
meaningful and fruitful. This is well-known from the research literature (Kohli, 2011; Vervliet, Vanobbergen, Broekaert, & Derluyn, 2015).

The second developmental project, helping the family in the country of origin, was, on the other hand, a rather sparsely described phenomenon among unaccompanied minors in the literature nationally as well as internationally. In the interviews with the young Afghan boys, the centrality of the developmental project of helping their family, that is, the source of hope and meaning it seemed to have in some of the young persons’ lives, showed that this developmental project deserves considerably more attention than what it has received.

Children’s experiences of growing up several places at the same time termed ‘translocal childhoods’, have received growing attention in childhood studies and migration studies (e.g., Ní Laoire, Carpena-Méndez, Tyrrell, & White, 2010). This research aims at making visible that the phenomenon of translocal childhoods, particularly as a result of their own, or their families’, migration experiences, is common globally, and, consequently, can be seen as one of several versions of childhood. However, for unaccompanied refugee minors, the experience of growing up several places parallelly, and to have orientations towards both their country of residence and their country of origin, represents new problems (De Graeve & Bex, 2016), also in a Norwegian context (Engebrigtsen, 2002). In the current study, the caregivers were commonly hesitant when the boys expressed their wish to help their family of origin, and some caregivers also used this to question the legitimacy of the boys’ reasons for migrating. The developmental project of helping the family of origin seemed to be a source of hope and at the same time, a source of psychological pain.

Attending to what the young persons tried to achieve in their everyday lives and their ideas of their future, as well as how these projects were negotiated with their significant others, turned out to be a useful model of understanding developmental processes as intentional and relational, embedded in a cultural context. The results shed light on the challenges when the caregiver and the young person are not engaged in the same project, or the projects pull in opposite directions. Moreover, it sheds light on the situation where a layer of suspicion towards the young person becomes a part of the interpersonal exchanges between the caregiver and the young person, leaving the young persons alone with their struggles. This particular result broadens the scope of potential sources of psychological suffering that has been reported by health researchers and may, thus, contribute to an understanding of health and well-being that is sensitive to the particular circumstances, conflicts and conditions of young persons’ everyday life.
Article II: Peer relationships at residential care institutions for unaccompanied refugee minors: an under-utilised resource?

In this article, we explored how the young persons created relational practices that could facilitate a sense of togetherness in their everyday lives during resettlement, and how these practices were grounded in everyday life at the residential care institutions.

The aim of using the concept ‘sense of togetherness’ rather than ‘social support’, was to direct the research perspective towards the subjects’ perspective, that is, to conceptualise the young persons as meaning-making, feeling and acting subjects (Osterkamp & Schraube, 2013). By connecting sense of togetherness to sociomaterial conditions of everyday life, the point was to situate experiences to the conditions of everyday life – the structural embeddedness of individuals in their contexts. By employing the concept ‘relational practices’, I aimed at exploring a range of practices – also those associated with vertical family-based care-relations - avoiding the familisation of childhood (Alanen, 1988), that is, reifying the idea that children should be understood through their position in a family. In order to explore how peers could be a source of a sense of togetherness, it turned out to be crucial to analyse the young persons’ descriptions of their everyday life and how it developed and changed from their daily lives at the care centres, and then at the group homes.

Article II sheds light on the variety of ways peers at residential care institutions for unaccompanied minors can act as resources for each other. The practices were categorized as (1) collective meaning-making practices, (2) emotional care practices and (3) social inclusion, and the conditions for their evolvement centred around the possibility of sharing events of everyday life and sharing symbolic resources, that is, native language and traditional social practices, for example, religious rituals. The care centre and group home differed in whether their arrangements of everyday life supported a collective, or individual, conduct of everyday life for the young persons, respectively. The collective conduct of everyday life at the care centre supported collective coping practices by arranging for young persons to move across contexts as a group throughout the day and creating opportunities for young persons from similar cultural backgrounds to meet. The group homes were, on the other hand, less organised to support the co-habitants’ cohesion. For example, some group homes endorsed compositions of cohabitants that differed with respect to nationalities of origin and age. Caregivers accentuated the importance of finding friends in the local community, and for example, by means of not encouraging strong affiliations within the group home.
The enduring loneliness that many of the young persons experienced at the group homes have also been recognised by other researchers in Norway (e.g., Lidén et al., 2018). Because of the longitudinal design of the current study, we could follow each participant through the different stages of the resettlement procedure, and thus compare each young person’s everyday life experiences and the conditions for conducting their particular everyday life at the two different places – the care centres and later the group homes. When exploring this issue across the group of participants at each place, this design also enabled us to elucidate the different sociomaterial conditions at the two kinds of residential care institutions. Moreover, we could analyse how these conditions seemed to shape the young persons’ opportunities to create practices characterised by a sense of fellowship and togetherness. As such, this study contributed to the existing knowledge about what their psychological suffering may be connected to.

Research on how peers contribute to each other’s mental health by supporting and caring for each other, especially in times of hardship, has received sparse attention but has nevertheless a relatively long history in psychology (e.g., Burlingham & Freud, 1944). Article II contributes to the growing body of knowledge on unaccompanied minors acting as resources for each other (e.g., Ní Raghallaigh, 2011) by pointing out how the young persons were supporting each other’s well-being. Moreover, the article underlines the importance of sharing routines in everyday life and the conditions for such sharing. In order to get to know each other and develop into significant persons for each other, shared repetitive routines of everyday lives seemed vital. This has been described in great detail when it comes to parents and their children (Haavind, 1987), but seems vital also in order to understand how peers develop into each other’s significant other.

One implication in order to strengthen the mental health and development of the young persons is thus to pay attention to everyday life routines that can strengthen the companionship between the young persons, for example through following some of the same tracks throughout the day. Another implication is to pay attention to maintaining peer relationships, for instance, in the transit from care centres to group homes as part of resettlement. Article II demonstrates that peer relationships have the potential to be a central resource for the young persons in a period of their lives that put extreme demands on them. This is why the title of the article is ‘Peer relationships at residential care institutions for unaccompanied minors: an under-utilised resource?’
Article III: ‘Discuss it with your legal guardian’: Challenges in practising care for young unaccompanied refugee minors

When asylum-seeking children arrive in Norway without caregivers, the Norwegian state has parental responsibility for them. What are the challenges regarding the Norwegian state’s care for the young unaccompanied minors in loco parentis? Most of these young persons are cared for in residential care institutions, and this article investigates the challenges of practising care in such institutions, with a focus on how care is shared across institutional contexts. Furthermore, what kind of conditions do these arrangements of shared care constitute for the young people’s well-being and development? These questions were posed in order to understand better the care system around the young persons and the way it shapes their everyday lives. In order to explore these questions, we needed detailed accounts from both the primary professional caregivers and the young persons at the care centres and group home about the care arrangements and routines of everyday life and the young persons’ experiences and concerns in their everyday life.

An overarching result is that care responsibility for ordinary life-course issues, for example, educational or social issues at school, was shared and co-ordinated between professionals representing different institutional contexts in the young persons’ lives, such as teachers and professional caregivers. However, when it came to refugee-related issues, it was different. The latter issues were typically parcelled out of the responsibility of caregivers and allocated to other institutions’ administration. This way of ‘compartmentalising’ care and ‘outsourcing’ issues to different official bodies in residential care for unaccompanied minors has been reported by others as well (De Graeve & Bex, 2017). The allocation of refugee-related legal issues, particularly related to age assessment, family reunification and type of residence permit to the legal guardian, made it difficult for caregivers at the care centres and group homes to keep the overview over vital issues in the young persons’ lives. These legal issues were far from remote and abstract issues in the young persons’ lives but instead constituted central questions in their everyday lives and futures. One example is the central significance and meaning of age assessment issues in some of the young persons’ lives: Going to upper secondary school with peers or to adult education with immigrant adults of different ages is not administrative details; it has immensely different implications in the young persons’ lives. As such, when the caregivers lost the overview and track of these legal issues, they became less adept at spotting how and why the young persons suffered psychologically.
Parcelling out these issues from the caregivers’ responsibility also made it challenging to offer developmental support. Examples of such needed support were making sense of the issues here and now and their future consequences, mediating the communication between the young persons and official persons, lawyers and legal guardians, for example by taking initiative to contact and speak with official persons, helping them to formulate their concerns, and helping them gathering the resources needed to make an impact in their lives.

The article is based on an understanding of care as a shared enterprise in which coordination across contexts and keeping the overview of the total care is central. It sheds light on the particular challenges in carrying out such care tasks in a residential care setting in which responsibility for the young person is divided between several professionals. The article suggests attention to ways of performing coordinated care in a compartmentalised care system in order to minimise the disadvantages and potential harm for the young persons.
8. Discussion: Care for ordinary children in extraordinary situations

The aim of my PhD project was to find out how young unaccompanied refugee persons go about to re-create their lives and futures in exile and to explore how care arrangements and practices address these efforts of the young persons.

In the introduction, I described some of the hardships that many young unaccompanied refugee minors have endured prior to their life in exile as well as those they commonly face in exile. I have further given a presentation of how researchers have approached these challenges. Based on the literature review and the overarching theoretical perspectives from cultural psychology, I articulated some needs of the knowledge situation and suggested directions that could possibly compliment this field of research and practice: (1) To attend to the concrete everyday lives of the young persons; (2) to consider the young persons’ agency and vulnerability as relational dynamic processes; and (3) to see the unaccompanied refugee minors, not as a separate group of children, but more as ordinary children with particular living conditions. In the methodology section, I described how I tried to follow these directions when developing the research strategies. The Life Mode Interview, inviting the participants to a systematic talk about their participation in everyday life, including information about context and reflections attached to the descriptions of everyday practices, resulted in an empirical material that seemed suitable in order to pursue the suggested paths.

Informed by a preliminary analysis of what the young persons were concerned about and what was at stake for them, three issues in their lives were focused. Each of these issues corresponds to each of the three articles:

1) The negotiation of developmental projects between the young persons and their professional caregivers.
2) The young persons’ efforts to create sustainable relationships with their peers and how the care arrangements facilitated or limited these efforts.
3) How arrangements of shared care at residential care institutions act as conditions for the young persons’ possibilities to make use of care and developmental support and the implications for their well-being and prosperity.

The variational mode of thinking opened for using knowledge about ordinary parenthood for children and youth in the analyses. Research on how parental care is exercised nowadays informs us about one vital aspect that directs parents in their approach to care for their children: that care for children concerns being attuned to that particular child’s everyday
life and the way the child’s life is embedded in other persons’ everyday lives and institutional practices (Andenæs, 1996; Andenæs & Haavind, 2018; Haavind, 1987; Sundnes, 2018b). Furthermore, this approach made it possible to look at how care practices develop by engaging in creating meaning with the child that reflects who the child is and what she/he can be in the world, and furthermore, that developmental support is performed through building on the young person’s own motivation for growing older (in a residential care context, see e.g., Jansen, 2010; Jansen & Andenæs, 2013). This knowledge inspired me to ask how continuity and overview were secured. The short answer is that it was not secured.

The articles shed light on characteristics of the young persons’ care system and its significance and meaning for the young persons in their navigation of their lives and futures. All three articles, and especially article III (‘Coordination of care), point at tensions in how unaccompanied minors are met. On the one hand, they were treated as extraordinary young persons as illustrated by the professionalised arrangements around them: legal guardian, lawyer, child welfare caseworker, psychologists in primary health care, and for some, caseworkers working with newly arrived refugees in the municipalities. On the other hand, the daily care practices proceeded without taking the refugee-related issues into consideration. The particularities of the young persons’ situations following their asylum-seeking or refugee status seemed to be sparsely incorporated in the daily care arrangements. For example, the young persons’ concerns related to their transnational family members’ well-being, and refugee-related legal issues in their lives, for example, age assessment and application for family reunification, were outsourced from the primary caregivers’ responsibility. Consequently, the tendency was that the refugee-related experiences and issues related to particular legal statuses and the implications of this seemed to be left out of the daily care practices.

The analytic models developed to understand care and support for unaccompanied refugee young persons would take into account the concrete contexts in which each of the young persons live their lives, as well as their ways of participating in social practices, their intentions and meaning-making. The models developed were able to catch the variation of all of the participants, and in this respect followed up the variational mode of thinking (Valsiner, 1984). My claim is that the models also could be transferred to other young persons and other contexts. Questions about personal developmental projects, about relational practices that create a sense of togetherness, and about how shared care is practised, and how it addresses
the concerns of the young person, apply to everybody while the answers to the questions will vary.

**A broader understanding of unaccompanied refugee young persons’ mental health**

The articles draw upon and communicate with several fields of knowledge. Research on mental health, particularly for young unaccompanied refugee minors, is one of them. The three articles highlight the young persons’ efforts to navigate their lives within arrangements and practices of care in everyday life, and the implications for their mental health and well-being. As mentioned in the literature review, research on mental health for unaccompanied minors has become gradually more aware of the necessity of including ‘everyday hassles’ to understand the mental health problems of the minors. By investigating the concrete everyday lives, with conflicting demands and challenges, the study has given the concept of ‘everyday hassles’ a concrete and richer content.

In all three articles, there is an ambition to grasp subjects’ in their everyday life. Furthermore, interactions in their everyday life were considered as particular experiential sources for the young persons that at times developed into intense experiences of hopelessness and desperation – in mental health terms; symptoms of serious mental health problems. At other times, their ongoing interactions in their everyday life were characterised by emotions related to pleasure, sense of fellowship and purpose in life, and, in mental health terms, demonstrations of coping and resilience.

The study shows how experiences related to mental health symptoms were grounded in the young persons’ management of a conflictual everyday life (see, Højholt, 2016). In article I (‘Developmental projects’) the caregivers’ hesitancy towards the young persons’ wish to help their families in their country of origin, illustrates some of the conflicting demands of some of the young persons’ everyday life, and the high costs this had for the young persons, measured in psychological suffering. In a Norwegian context, their wish to help the family was a contested developmental project, not only by touching upon politicised discourses about high-income states’ migration management where simplistic dichotomies of legal/illegal or forced/economic migration prevail. But also because their wish to help their family challenged prevailing developmental discourses about children (e.g., should not have responsibilities for their family), and ideas of childhood as a time for play and innocence (Bauer, 2016). What was experienced as centrally important for some of the young persons, was met by, what they experienced as, lack of acknowledgement and support. They
experienced being left to themselves in dealing and processing these most difficult issues, and several were overwhelmed by feelings of sadness and desperation.

Article II (‘Peer relationships’) speaks to mental health research that is concerned with social support. In the article, I elucidate details of relational practices that facilitate a sense of togetherness among the young persons and discuss how such practices are grounded in everyday life at the residential care institutions. The article shows the ways the young persons actively created a kind of platform that enables them to cope as a collective with the demands of their everyday life. The article elucidates three main ways this was achieved: through collective meaning-making practices, practices of social inclusion and through emotional care practices. Moreover, the article shows that facilitating such health-promoting practices seemed to be highly dependent upon the sociomaterial conditions of the young persons’ everyday life, for example, the possibilities for a collective conduct of everyday life.

Article III (‘Coordination of care’) focuses on the organisation of care in the everyday lives of the young persons. The article shows that the arrangements and practices were characterised by what I termed ‘compartmentalisation’ and ‘outsourcing’. The absence of the coordinative function among the professionals put quite extreme demands on the young persons, especially connected to making sense of technical legal issues, and their implications for their lives and futures. For example, age assessment was not only a formal issue in the young persons’ lives. It had implications that were of central importance in their lives, for example having to go to school with adults rather than being with peers in upper secondary school. Consequently, many of the young persons were on their own in managing central questions and worries in their lives. This situation seemed to be related to feelings of being alone, not being understood and not helped, and in the most severe cases, related to deep desperation and suicidal ideation. Moreover, because the coordinative function in many cases was absent or weak, the psychological distress related to being alone in managing vital and complex issues in their lives, seemed to remain hidden for the adults in charge of the care.

In all three articles, the focus has been on the young persons as meaning-making and intentional actors in concrete sociomaterial contexts, that participate in social and institutional practices, and interact with each other in everyday life. Such a focus extends the range of what is usually considered when practitioners, policymakers and researchers attend to the young persons’ psychological coping and suffering. Because of the serious psychological suffering of many of the young persons I studied, I need to underline the relevance of including the conflicting demands of their everyday lives for mental health research and
policy development. Moreover, many of them were alone in managing their suffering because it was not shared or not adequately understood by caregivers. The suffering of the young persons seemed, to some extent, to be framed as ‘natural’ experiences for ‘URMs’ (an abbreviation of Unaccompanied Refugee Minors, in Norwegian: ‘EMA’er’) by professionals, that is, something that all members of this category had to endure even though it was hard. The idea was that painful feelings would ease with time. What is more, the mental health services did not appear as a relevant service for the young ones or as services they felt like approaching.

In the articles I suggest some measures that may function as preventive health strategies and as strategies to strengthen the mental health of the young persons: (1) to assist the young persons to manage their wish to help their family of origin in a way that is compatible with creating a liveable life in Norway, (2) to become aware of and support the creation and maintenance of peer relationships that may facilitate a sense of togetherness for the young persons, and (3) to strengthen the coordinative function in the care system in a way that protects the young persons’ personal legal interests and that follows the implications of the legal issues into the everyday life of the young persons.

By grounding persons’ experiences that are causing concern, in their management of a conflictual everyday life, their struggles appear more accessible and understandable for researchers as well as for other persons, than if the struggles are presented as generalised experiences without connection to their life mode (Haavind, 2019). This is important not only to strengthen the understanding of particular persons and their particular environments but also to avoid ‘othering’ them, by experiencing that it is not necessary to use a whole new vocabulary or modes of understanding, applicable only to a particular category of persons.

The articles illustrate the importance of investigating the concrete everyday lives of the young persons, how they are organised and the challenges and possibilities these everyday lives represent when it comes to creating hope and directionality for the future, sense of togetherness, and a sense of coherence. These are experiences that are central in the process of strengthening the mental health of persons in general, and for the young unaccompanied refugee minors in particular.

**Strengthening the bridge between Developmental psychology and Childhood studies**

Another field of knowledge that the articles communicate with is Childhood studies. Childhood studies have developed partly in opposition to traditional developmental
psychological understandings. The relative absence of developmental psychology in the interdisciplinary field of Childhood studies has been pointed out and regretted by several researchers within this interdisciplinary field, most notably by Thorne (2007). What is sought for is a developmental psychology that takes into account the historical, social and cultural contexts that children are living their lives through and in, and that emphasises the meaning-making processes of the developing person (Thorne, 2007). Perspectives from developmental psychology that would enable an understanding of the children as ‘becoming’ as well as ‘being’ are still lacking in Childhood studies (Uprichard, 2008). In article I, the concept ‘developmental project’ is introduced, thus integrating personal development in an approach that is sensitive to context, and takes intentionality for granted. This work of making connections between developmental psychology and Childhood studies adds to the efforts of other researchers within the cultural psychological tradition (e.g., Andenæs, 1996; Greene, 2014; Gulbrandsen, 1998; Haavind, 1987; Sundnes, 2018b).

The results also speak to a recent discussion in Childhood Studies, namely the discussion about agency. If agency is understood as the capacity of a category of persons (for example ‘children’s agency’), or the general capacity of a particular person (‘she is agentic’), then there is risk that discussions of how the environment restricts and enables agency comes in the background or is reduced to general environmental factors, thus blurring the processes leading towards the particular result. In addition, these analytical foci seem to be reified as describing conceptual features of the ‘group’, and thus may contribute to misrepresentation, obscuring the variety of challenges that persons meet and deal with, in a variety of ways. This is what happens when unaccompanied refugee minors are represented as ‘victims’ or as a ‘heroes’.

An alternative is to consider vulnerability and resilience as aspects of people’s lives constantly in motion and inseparable from the environments in which persons live their lives. The philosopher Albertson Fineman argues that vulnerability is, conceptually, a part of the human condition (Fineman, 2008). By claiming that vulnerability is not a feature of specific groups of people, but a feature of the unit person/environment, Fineman locates vulnerability in the merging of individuals with environmental conditions and societal structures.

Such ideas are highly present in recent discussions of agency within Childhood Studies, and a similar approach to agency as the one above is launched to prevent a static and essentialistic notion of agency as a feature the individual possesses. The alternative is to
approach agency as a specific interactional quality located within dynamic person/environment complexes (Esser, Baader, Betz, & Hungerland, 2016).

The study sheds light on the young persons’ personal and collective efforts to create meaning, continuity and directionality in their lives by creatively bringing together the here and there, the now and then, and their possible futures. The articles further highlight how the content of these efforts are negotiated with their surroundings, represented by the caregivers at the care centres and group homes, with peers, as well as with their family of origin. The research strategy, using the young persons’ conduct of everyday life as a point of departure has proved useful in terms of identifying the variation and the depth of challenges the young persons seemed to have and how they handled these challenges. Furthermore, it has also shed light on how such challenges evolve and the young persons’ possibilities of participation and enactment. Thus, the young persons were not locked in a narrative that was reduced to either coping or suffering but opened up for an analysis of what each of the young persons tried to achieve and the conditions that shape the possibilities to attain their goals.

This approach also demonstrates the limits of the young persons’ agency and illustrates agency and vulnerability as relational phenomena. The study pointed at particular challenges in conducting their everyday lives. First, there was a tension between the young persons’ wishes to contribute to their families in the country of origin and the hesitancy with which the professional caregivers met such wishes. This illustrates the limited possibilities to attain their developmental projects that did not harmonise with the ideas of development for their Norwegian peers. Second, there was a tension between the young persons’ efforts in trying to build and maintain peer relations that mattered deeply to them on the one hand, and arrangements of care and resettlement that obstructed these efforts of the young persons on the other hand. Finally, there was a tension between the young persons’ efforts to understand and manage the refugee-related legal issues in their lives on the one hand, and their limited possibilities to participate in relevant institutional activities that could enhance their possibilities to make an impact on the other hand.

These tensions illustrate both the possibilities and limitations of the young persons’ agency. Parallelly, the limitations to their agency point at sources of vulnerability.

**Trustworthiness**

Trustworthiness refers to the question if readers can trust the results (Kvale & Brinkmann, 2009; Lincoln & Guba, 1985). In the following, I will discuss the trustworthiness of the
research, which concerns both the reliability of observations and the validity of interpretations (Stiles, 2003). First, I will address the trustworthiness of the research design as a whole. Then, the following aspects of the trustworthiness of the research will be discussed in specific: trustworthiness of data production; and trustworthiness of interpretations and analyses. I will mainly use Levitt et al. (2017)’s concepts of fidelity to the subject and utility of reaching the research goals in this discussion. Their approach to facilitating and assessing trustworthiness will be presented shortly.

Trustworthiness of the research design
Several approaches to assess the quality of qualitative studies, based on their different epistemological bases, have been proposed since Lincoln and Guba’s seminal work in the 1980s (e.g., Lincoln & Guba, 1985) in which quality criteria were developed based on the distinct characteristics of qualitative research. However, a more general conceptual framework to assess the quality of qualitative research has been lacking (Levitt et al., 2017). The lack of a common framework has resulted in research designs with ‘inflexible sets of procedures’ as well as peer reviews that ‘provide contradictory feedback’ (ibid. p. 2). In order to evade such consequences, and to provide a joint base from which to flexibly assess the quality of qualitative research, the Task Force on Resources for the Publication of Qualitative Research from the American Psychological Association has recently provided recommendations for designing and reviewing qualitative research in psychology, published in the article of Levitt et al. (2017). According to these recommendations, the trustworthiness of the results rests on the use of relevant and useful methodological strategies to understanding the phenomenon in question. The internal consistency of the interrelated parts of the research process should function coherently with the utility of the methods ‘to generate insightful findings that usefully answer their research questions’ (Levitt et al., 2017, p. 2). According to Levitt et al. (2017, p. 2), this way of approaching reliability represents a ‘shift from using standardised and decontextualised procedures as criteria for rigour toward assessing the underlying methodological bases for trustworthiness as they function within research projects’.

The Methodology Cycle, presented in the introduction, is a reminder of the use of relevant methodological strategies. It encourages the researcher to clarify and strengthen the correspondence between the study’s basic assumptions, phenomena of interest, constructed theory, constructed methods and derived data (Valsiner, 2017). My aim of presenting the
Methodology Cycle in the introduction was to invite readers to assess the trustworthiness of the research design from the start. In order to clarify the correspondence between the methodological strategies of the research design and the understanding of the phenomena, I have tried to explicate my theoretical framework and further to describe how that framework corresponds to the methodological strategies.

**Trustworthiness of data production**

Data was constructed based on the assumptions of the phenomenon of interest, described in the theory chapter. In the interviews, I aimed to facilitate conversations about the young persons’ everyday life and about their various ways of creating meaning to their present, past and imagined future lives. According to Levitt et al. (2017, pp. 11-12), the richness of the subject matter is a crucial feature of, what they term, adequate data and enhances fidelity to the subject. This was achieved by conducting interviews that facilitated thick descriptions of the young persons’ everyday lives and their ways of creating meaning of their lives, and by using several sources and from two different time periods. In addition, the number of participants in the study, 30 young persons, proved to grasp a sufficient variation of the phenomenon under investigation. For example, these participants lived in a variety of care facilities – care centres, group homes and foster homes – which proved to produce rich knowledge of the different everyday lives and challenges that these everyday lives held. There are still analyses to be made and articles to be written out of this material. This applies, for example, for the young persons who lived in foster homes, where it would be central to explore more specifically what living in this particular care facility meant for the young persons’ possibilities to participate in various settings in everyday life and to re-create their lives and futures in exile.

Another way of improving fidelity to the subject, according to Levitt et al. (ibid), is to be transparent about one’s perspectives upon data collection. By presenting my research interest and the theoretical framework, I have tried to facilitate transparency concerning the perspectives I have ‘brought with me’ into the investigation.

When it comes to the assessment of the data’s utility in achieving the research goals, the data should allow for proper contextualisation (ibid.). In the Methodology chapter, I have presented some of the strategies I employed to facilitate such contextualisation, for example, how I connected the different sources of data.
Another way of assessing the data’s utility in achieving the research goals is the capacity of understandings to be changed by the encounters of observations, also called the permeability of the data (Stiles, 2003, p. 481). The data in this study proved to give vital insights into the everyday lives of the young persons that altered the researchers understanding of the issues under investigation. One such insight was, for example, how the young persons acted as central resources for each other in everyday life at the care centres, an observation that was presented in article II (‘Peer relationships’).

Trustworthiness of interpretations and analyses
According to Levitt et al. (2017, p. 13), ‘[f]idelity is increased when researchers consider how their perspectives influenced or guided their analysis (…) to enhance their perspectiveness in their analysis. One of my efforts in this regard has been to discuss the analyses with co-author(s) and with scholars from relevant research fields. The point was not to reach consensus (e.g., Hill et al., 2005), but rather to strengthen the argumentation by consciously applying other perspectives for example by adding, suspending, countermanding perspectives to carve out a more precise and more convincing argument that could contribute to valid interpretations (Stiles, 2003, p. 487). An example of how discussions augmented and nuanced an analysis, was the feedback I received on the analysis developed in relation to article II (‘Peer relationships’), from a researcher who, for decades, has researched unaccompanied minors’ relationships with significant others. His response to my initial analysis of resourceful peer relationships was that it seemed to bracket experiences of conflict and disharmony among the young persons, and as such, seemed less trustworthy. This comment inspired me to take a new look at my analysis, and systematically search for conflicts in the material and how this might alter the initial analysis and results. This additional analysis contributed to a stronger and more nuanced argument: surely there was conflict and disharmony among the young persons, but it did not seem to alter the meaning and significance of the resourceful relational practices that were thematised. What is more, I urged readers to be aware of the issue of peer conflict when evaluating possibilities for generalising this knowledge to other settings.

Discussions with other scholars, and especially with my supervisors, contributed to critically examining how the analyses and results were grounded in the data. These discussions also assisted the process of developing coherent arguments for example by being more explicit about how the results could contribute to the knowledge situation within the
research fields and practice fields, and as such enhance the utility in achieving the research goals (Levitt et al., 2017, p. 16).

**Generalisation**

Generalisation has to do with how the knowledge produced in a study is transferable to other persons and situations than the persons and fields that were investigated (Kvale & Brinkmann, 2009). In order to discuss how the results can be transferred to other settings, it is paramount to know what the results are (Andenæs, 2000). That is why I chose to discuss potentials for generalisation after the results have been presented, not in the methods section.

The answer to the question about what the results are does not merely follow by being loyal to a technical procedure. Instead, the results are developed by paying careful attention to, and specifying, not only what they are and how they could best be described, but also where the results of the analysis are intended to make an impact, and to what dialogues the researcher wants to contribute (Haavind, 2000). In other words: The results of the analysis are developed as arguments in a dialogue with particular knowledge fields, in my case, for example, the field of Mental health research and the interdisciplinary field of Childhood studies.

It should also be underlined that the results are presented as knowledge suggestions, not as claims of how the world really is (ibid.). These knowledge suggestions are taken as point of departures for discussing how the results can be applied in other settings. Such a discussion is, among other things, based on an assessment of similarities and dissimilarities of the researched field and the potential field of generalisation (Andenæs, 2000, p. 305). Thick descriptions of the researched unit(s), including their contexts, is useful to make valid comparisons between the two fields (ibid.). This way of approaching the question of transferability of results is called *analytic generalisation* (Kvale & Brinkmann, 2009). Such an approach to generalisation fits well with a variational mode of thinking (Valsiner, 1984) in that the results aim at reflecting a spectre of possible manifestations of the phenomenon of interest and its context-dependence.

Results from qualitative investigations can be divided into two different types: *descriptions of the state of affairs*, and as *models of understanding* (Polkinghorne, 1991), as introduced in the results section. When assessing the potentials for generalisations, it is central to distinguish between these two types of results. In the following, I will illustrate some of the
ways the results from the articles may be generalised and the strategies I have used in order to facilitate valid generalisations.

In article I (‘Developmental projects’) the result under the label ‘the state of affairs’, was the content of the boys’ developmental projects and how this content was met and understood by their caregivers, for example, the lack of acknowledgment for the developmental project of helping the family in the country of origin. I related this aspect of some of the young participants’ struggles, to political regulations (immigration regulation) and ideological discourses of childhood (as ‘a time for play and innocence’) and of unaccompanied refugee minors (as ‘anchor children’). Thus, by presenting discourses that are in motion for unaccompanied refugee young persons in Norway nowadays, I facilitated for transferring this result to other unaccompanied refugee young persons in Norway and other places that share some of these political and discursive practices. The results from this article under the label ‘models of understanding’ may have a broader field of potential generalisation. The analytic model developed to investigate young persons’ ‘developmental projects’, directs attention to what the young person tries to achieve in his/her everyday life, as well as how the content of his/her projects are met and negotiated. This model of understanding could be applicable for a range of persons in a plethora of life circumstances, represents an approach to persons’ coping and suffering that is sensitive to these persons’ intentionality and contexts of living. While the analytical model is transferable to other settings than the original one, the empirical content will be specific for each setting.

In article II (‘Peer relationships’) the results under the label ‘state of affairs’ concern the content of the young persons’ relational practices that facilitated a sense of togetherness, presented as three overarching practices: practices of collective meaning-making, social inclusion and emotional care. The results include particular conditions that seemed to be central for the evolution of these practices. These conditions included a collective conduct of everyday life at the care institutions as well as organisational principles at the group homes that facilitated that young persons with similar cultural background could live together. The argument for the transferability of these results is based on an assessment of the similarities between the interviewed young persons and their context and the persons and context of the field of potential generalisation. For example, these results may be valid for other unaccompanied refugee minors in Norway that live under similar conditions as the participants. The results under the label ‘models of understanding’ are to be found in the analytic model that was developed. The model illustrates a way of investigating social support
by exploring relational practices among peers. And not just any practices, but those practices that facilitated a sense of togetherness, and what kind of sociomaterial conditions that seemed to be central for the evolvement of these practices. Such a model may be useful for investigating and understanding social support and resourceful relational practices in a range of settings where persons under hardships are placed together.

In article III (‘Coordination of care’), the ‘the state of affairs’ - results were descriptions of the aspects of care for the young persons that were compartmentalised and outsourced, and the personal consequences of this. For example, caregivers were sparsely adept at knowing what was at stake concerning residence permits and potential family reunification in the young persons’ lives, which meant that the young persons missed out on care and developmental support that otherwise is taken for granted for their Norwegian peers living in ‘ordinary’ families. This result offers a deepened understanding of particular challenging aspects of care provision for unaccompanied refugee minors in Norway at the point of time of the investigation. The applicability of the result to other unaccompanied refugee minors in Norway depends on the similarity between the young persons’ care provision and that of the informants. The analytic model developed in the article was used to investigate how care is shared between different persons and systems for young persons and its consequences for the young persons’ access to care and developmental support. This model describes a way of understanding and investigating care that is applicable outside the setting for unaccompanied minors as well, and may be useful in a variety of different care settings - especially for different sorts of residential care settings.

In order to enable the reader to make valid generalisations, I have given thick descriptions of the contexts of the researched phenomena. In addition, I ended every article with suggestions on which aspects of the results that might be transferred to other settings and how that could possibly be done. I also warned readers of some pitfalls concerning potential generalisations of the results. In Article II (‘Peer relationships’) I discuss the sociomaterial conditions for the development of caring peer relations, for example enabling collective conducts of everyday life and composing the group of cohabitants so that there are possibilities for the young ones to share symbolic resources such as language. However, I warn against transporting these results to other settings without taking into account the young persons’ types of residence permits. Most of the young participants in this study received residence permits with possibilities for permanent residency. This reflected the asylum policies for young unaccompanied minors at the time of the interviews. However, now at the
time of finishing the thesis, the situation is very different. A larger share of the minors who arrive in Norway are either rejected protection and residency or receive residence permits that imply highly uncertain futures (NOAS, 2017, 2018a, 2018b). In the article, I pointed out research reports that suggest that peer relationships may be severely troubled when protection and residency are uncertain or rejected. This underlines the importance of including contextual knowledge when taking into consideration what are similar and dissimilar aspects of the researched situation and the situation that is the ‘target’ for transfer of the knowledge.
9. Concluding remarks

In this study I have tried out a cultural psychological approach to care for children and young persons that 1) binds together the demands of the concrete environment with care arrangements and practices that guide the young persons in managing these particular environments, and 2) that takes into account the intentions and active efforts of the young persons and their caregivers to create coherence and direction in the young persons’ lives.

There are several actual and potential tensions within the field of care and support for unaccompanied refugee minors that need to be investigated further. One of these is the tension implicated by the legal frameworks that regulate the parental care responsibility, where the responsibility is divided between legal guardian and Child Welfare Services. I have pointed out some of the problems, those connected to the compartmentalisation of the care system and the practice of outsourcing care issues to different institutions. The legal aspects of the care system and their implications should be further analysed in order to find better ways of dealing with the tensions concerning the legal regulation of responsibility for the young ones.

Another tension is related to the power asymmetry of the care relations: care professionals have the mandate to care for the young person, but also the mandate to control them, by being part of a public administrative body. This particular tension inherent in the role of the professional caregivers should be given more attention than what I have been able to do, in order to elucidate the impact of such power relations on the care and support provision.

Finally, a word about uncertainty and future: The analytic gaze in my work has shed some light upon the difficult task of supporting the development of the young persons when multiple uncertainties characterised their near and distant futures. One significant uncertainty is linked to the type of temporary residence permits that imply unpredictability as to whether the young person would be able to continue their lives in Norway or would have to go to another country. Thus, their developmental trajectories lacked predictability in the most basic sense. Uncertainties like that were, however, sparsely incorporated in the caregivers’ guiding of the young persons. Due to current changes in the Norwegian asylum and refugee policies, this precariousness is even more urgent today as I am finishing my thesis than it was when the project started: today unaccompanied asylum-seeking minors receive residence permits that are even more uncertain and unpredictable – with the possibility of being sent back constantly representing a threat (NOAS, 2017, 2018a, 2018b). This particular development of the Norwegian asylum and refugee policies creates an urgent need to understand what such
precariousness means in the life and situation of the young persons. The concept hyper-precarity (Jørgensen & Shapiro, 2019) seems to be a useful concept in this context. This concept stresses the multiple and entangled uncertainties that permeate the lives and futures of asylum-seeking and refugee persons – a highly relevant notion for further theory development on young persons’ conditions and possibilities to re-create their lives and futures in exile.

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Hopefully, the stories about the young persons’ struggles and coping, as described in this study, may broaden the understanding of what it means and takes for young unaccompanied refugee minors to re-create their lives and futures in Norway. Furthermore, the study demonstrates how the mental health problems of resettling unaccompanied minors’ can be understood as intimately linked to their efforts and struggles in creating livable everyday lives and sustainable futures. Even more, the study suggests ways of arranging care in ways that facilitate a good everyday life here and now, and in ways that pave the way for a sustainable future. This knowledge can be applied to other settings as well, especially residential care settings for children in general. The following models of understanding, developed from this study, can be useful in a range of settings that aim at supporting young persons’ mental health and development: (1) to actively explore and engage in young persons’ developmental projects; (2) to organise living arrangements in ways that secure and support the development of peer relationships; and (3) to organise daily care in ways that facilitate caregivers’ coordinative function and overview of overall care.

In the introduction, I described the analytic effort to understand young unaccompanied refugee minors’ through the term ‘residual childhood’. This term points to the vulnerability that permeates young persons’ lives when no states are investing in them as ‘their’ human futures. The cultural psychological approach used in this study, with its focus on the young persons as developing individuals, defines them as human futures. Thereby, this study, with its focus on the young persons’ conditions and possibilities to participate and shape relevant social and institutional practices, and consequently, re-creating their lives and futures in sustainable ways, invites states to strengthen their investment in these young persons as human futures.
10. References


Alemi, Q., & James, S. (2019). Editorial – Introduction to the “Special Issue on Adolescent and Young Adult Refugees and Unaccompanied Minors in Residential Care”. Residential Treatment for Children & Youth, 36(2), 81-82. doi:10.1080/0886571X.2019.1582666


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Negotiating developmental projects: Unaccompanied Afghan refugee boys in Norway

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Abstract
Unaccompanied refugee minors are, like other youngsters, making their moves towards adulthood, but under most challenging conditions. Informed by a cultural psychological approach to development, we analysed interviews with 18 unaccompanied Afghan boys and their professional caregivers. ‘Establishing a liveable life in Norway’ and ‘helping the family in the country of origin’ were analysed as central developmental projects for the boys, the former actively supported by the caregivers, the latter typically not. Considering what each individual is trying to achieve and how their projects are received by significant others sheds light on the boys’ struggles, as well as their coping.

Keywords
Childhood, cultural psychology, developmental projects, developmental psychology, everyday life, migration, unaccompanied refugee minors

By the end of 2015, 65.3 million individuals were forcibly displaced worldwide as a result of persecution, conflict, generalised violence or human rights violations (United Nations High Commissioner for Refugees [UNHCR], 2016). Among the displaced persons, unaccompanied minors who have fled to seek refuge without parents or primary caregivers are considered a particularly vulnerable group (UNHCR, 1997). In Norway,
almost 5300 unaccompanied asylum-seeking minors arrived in 2015, 2 of 10 of whom are younger than 15 years old (Norwegian Directorate of Immigration (UDI, 2016).

According to health-related research, unaccompanied minors are at risk of psychological suffering in their new country of residence, even several years after resettlement (Bean et al., 2007; Jensen et al., 2014). This body of knowledge has placed the vulnerability of the group on the agenda, but little is known about how and under what conditions these children are coping with life in exile (Fazel et al., 2012; Wernesjö, 2012). The experiences and agency of migrating children have been rather invisible in both Childhood studies and Migration studies (Ni Laoire et al., 2010), but recently there has been growing attention to childhoods characterised by migration (e.g. special issue of Childhood, Ni Laoire et al., 2010). However, perspectives from developmental psychology that would enable an understanding of the migrating children as ‘becoming’ as well as ‘being’ are still lacking (Uprichard, 2008).

The relative absence of developmental psychology in the interdisciplinary field of childhood studies has previously been pointed out and regretted (see Thorne, 2007). What is sought is a developmental psychology that takes into account the historical, social and cultural contexts that children are living their lives through and in that emphasises the meaning-making processes of the developing person (Thorne, 2007).

Our focus is on unaccompanied refugee boys from Afghanistan. They represent the largest population of unaccompanied refugee minors in Norway (Norwegian Directorate for Children Youth and Family Affairs (Bufdir, 2017). More specifically, we focus on those below the age of 15, who are considered to suffer the most from the lack of adult protection and care (Dittmann and Jensen, 2010). Our approach is based on a psychological understanding of development that highlights how contexts and persons mutually constitute each other and that regards children as actively engaged in their own developmental process (Rogoff, 2003; Valsiner, 1997, 2000). In general, the developing persons draw on the meaning systems and practices available within their community and are guided by more experienced participants, often their parents (Rogoff, 1995, 2003; Valsiner, 1997, 2000). The task of getting older has been found to occupy a central position in the lives of children and young people (Gulbrandsen, 2003), and we will use the concept of developmental project to draw attention to how the boys actively negotiated meaning of what growing older might entail and thus created direction in their own pathway towards adulthood (Zittoun et al., 2013). This concept allows a sharpened theoretical and analytical focus because it specifically highlights the intentionality and goal orientation of the developing person. Moreover, it accentuates that imagining the future has significantly different implications at different stages in the life course, which is a central tenet in the current developmental approach.

Informed by this general framework, our research questions are as follows: What seem to be the central developmental projects of the young unaccompanied Afghan boys in this study? How do the boys negotiate these projects, and how do they experience their opportunities to pursue them?

Although young unaccompanied minors are appropriately considered at risk, research focusing on the characteristics that define them as such, and thus differentiate them from other young persons, may inadvertently hinder an understanding of these boys as being
seriously involved in the process of becoming older – similar to other young people, and we want to emphasise the variability (Valsiner, 1984) within such processes.

The study

The article is based on a research project on 30 unaccompanied refugee minors from different nations at the time of their resettlement in Norway. In order to investigate the boys’ developmental projects and how such projects were negotiated, it was crucial to explore both how the boys constructed meaning of their lives over time and the changing contexts in which the boys lived their lives. Acknowledging that developmental projects are culturally mediated, as initially mentioned, we analysed interviews of boys from one nation – Afghanistan – and their professional caregivers.

In Norway, unaccompanied asylum-seeking minors less than 15 years old are under the auspices of the Norwegian Child Welfare Services. Shortly after registration, they are placed in reception centres organised as child protection care centres (hereafter referred to as care centres). Later, those who are granted residence permits move to smaller care units or foster homes in different parts of Norway.

Recruitment

Unaccompanied asylum-seeking minors are regarded as a vulnerable group, and consequently, recruitment to a particular study demands strict requirements (Hopkins, 2008). The recruitment of the informants was achieved via several steps. First, ethical approval of the research project was obtained from the National Committee for Medical and Health Research Ethics, and clearance to contact the children was given by the Norwegian Directorate for Children, Youth and Family Affairs. All care centres for unaccompanied asylum-seeking children in Norway, five at the time, were contacted and subsequently agreed to take part. Thereafter, the legal guardians of children who recently had been provided with temporary residence permits were contacted. With the guardian’s consent, the interviewer contacted the child by telephone and informed him about the research project and potential participation. This was done with the assistance of an interpreter on the telephone line.

Participants

The recruitment process resulted in a group of 30 minors from different nationalities, and interviews were conducted with all the minors as well as their professional caregivers. As mentioned, only the interviews with the Afghan participants, 18 in total, all boys, were selected for this study, including the interviews with these boys’ professional caregivers. The boys were aged between 10 and 16 years at the time of the first interview, with a mean and median age of 14 years. At that point, they had lived at the care centre for unaccompanied children from 3 to 14 months, the majority from 3 to 6 months, and all had recently been provided with temporary residence permits. The boys’ and/or their professional caregivers’ descriptions of their lives before and during the journey made clear that these boys had been suffering for a long time and had grown up in environments hardly any
youngsters in Norway have experienced; life-threatening experiences related to the conflictive and warlike conditions in their country of origin, for example, bombs and persecution, and experiences of the deaths of loved ones were typical elements in the descriptions. The journey to Norway was, without exception, described as dangerous, with several life-threatening events both experienced and witnessed by the boys.

With the boys’ consent, each caregiver was invited. In sum, 28 were interviewed. Two were foster parents, and the remaining 26 were professional childcare workers who were employed at the care centres or care units. All interviewees held primary care responsibility for the minor in question.

Of the 18 boys, 14 were interviewed once more, following their resettlement 1 year later, while four declined the second interview. In two of the four cases, the boys themselves declined, with no further reason given. In the other two cases, the legal guardians of the boys expressed that they wanted to protect the children from talking about the difficulties they had experienced at the time. These four cases illustrate ‘informed consent’ as a process: the more the experience of actual participation, the more informed the decision about further participation (Raghallaigh and Sirriyeh, 2015).

At the time of the second interview, the boys had moved to different parts of Norway, most of them to small communities. Three of the boys, among the youngest in the sample, were living in foster homes. The others lived in small care units for unaccompanied minors with staff present both day and night.

**Interviews with the boys**

In order to explore the boys’ developmental projects and how these were negotiated, we needed detailed and contextualised accounts of the boys’ various ways of creating meaning of their current, past and future lives. The Life Mode Interview (Andenæs, 1991; Haavind, 1987), which includes detailed descriptions of the stream of events of a specific day – usually the day before the interview – enabled such accounts because it anchors the events in the actor’s own context and includes the interactional and affective qualities of the events. In this study, talking about the events of yesterday functioned as a starting point for exploring similar and dissimilar events and creating narratives of their lives at the care centre, their lives before their arrival in Norway and their imagined future. *Chronological time* structured the conversation about each of these time periods in the boy’s life course; to investigate ‘doing’ – what the boy did – followed by an exploration of the boy’s reflections upon his ‘doing’, and in a way that included the relational, institutional and material *contexts* in which the boy’s ‘doings’ were carried out.

In the second round of interviews, the interviewer followed up on what had happened in the period between the two interviews and again talked through ‘yesterday’. interviewing the boys before and after their resettlement within the span of 1 year made it possible to explore how their developmental projects were negotiated and pursued over time.

In the first round, all the interviews were conducted with professional interpreters of the children’s native language present in the room, and in the second round, half of the interviews were conducted this way. In the rest of the cases, the boys either preferred to speak Norwegian or had the option of using a professional interpreter via the telephone line in cases where access to translators was difficult, which was the case in the more rural
parts of Norway. In both rounds, the interviews were conducted in a separate room in the respective residences where the boy, the interviewer and, in most cases, as described above, an interpreter were present. After resettlement, one interview was carried out by telephone and another interview in a quiet restaurant, both according to the boys’ wishes.

The interviews lasted from 1 hour to almost 3.5 hours, and all were conducted by the first author. All interviews except one were audiotaped with the boys’ permission and transcribed verbatim. For one interview in which the boy refused to be audiotaped, a memo was made based on notes taken during the interview.

The interviewer continuously assessed the interview situation in order to promote meaningful and engaging conversations (Jansen, 2015) with each boy. In accordance with the ethical standards for conducting research with young people in vulnerable life situations (Hopkins, 2008), the interviewer, a clinical psychologist previously working with young people in vulnerable life situations, made clinical assessments regarding potential stress for the child and adjusted the questions accordingly to reduce unnecessary discomfort. Also, assessments were made whether there were additional concerns for a child, and if so, the responsible caregiver was alerted in consent with the child.

In the second round of interviews, the previously established relationship between the interviewer and the boy laid the groundwork for a positive emotional atmosphere from the beginning of the interview. In the first round, the translator’s presence in the room contributed to a positive emotional atmosphere, as the translators approached the minor with empathy and warmth, and could draw upon their shared cultural resources.

**Interviews with caregivers**

As we focused on the boys’ developmental projects, the interviews with the boys will be given the primary attention in this article. However, as our aim was to explore how the boys negotiated their developmental projects, we chose to explore how such projects were understood by and negotiated with their closest caregiver in Norway. The caregivers can be considered as central developmental ‘guides’ in their capacity as experienced participants in the community in which the boys were newcomers and by organising the boys’ everyday lives.

In total, interviews with 28 childcare workers and foster parents were analysed: 16 interviews in the first round and 12 interviews in the second round. Again, chronological time, focus on ‘doing’ and context were used as the structuring principles in order to encourage the interviewee to talk about the daily life of the particular boy and any specific measures taken or planned in relation to the boy’s health and educational and social situations. For practical reasons, we used telephone interviews in every case. The interviews lasted from 20 minutes up to over 2 hours. The interviews were audiotaped and transcribed verbatim, and in addition, the interviewer wrote field notes from the visits to the boys’ residences.

**Analytical steps**

In order to investigate the developmental projects of the boys, how the boys negotiated these projects and how they experienced their opportunities to pursue them, the interview
transcripts were systematically analysed in several steps. First, we read and reread all the interviews with the boys with the following broad analytical question in mind: ‘What is this boy trying to achieve in his everyday life?’ The interview transcripts were first analysed ‘vertically’, focusing on one interview at a time, and then analysed ‘horizontally’, or across the interviews. A memo was made for each case, as well as for the analysis across cases, and the last memo listed concrete activities in which the boys were engaged. When discussing these activities across cases, we recognised that many dealt with establishing a new life in Norway, whereas there were other activities that were transnational in nature and were related to the boys’ desires to help their loved ones who were left behind, which we named establishing a liveable life in Norway and helping the family in the country of origin, respectively. As will be described in more detail in the following sections, this overarching divide gave substantial meaning to the interviews with the boys.

In order to explore how the two overarching projects were negotiated between the boys and their closest caregivers, we returned to the boys’ interviews with the following question in mind: ‘What kind of support or lack of support do the boys experience in relation to the two projects?’ Likewise, we read the interviews with the boys’ closest caregivers considering the following analytical question: ‘How are the two projects reflected in the interviews with the adult?’

In order to take advantage of the longitudinal design of the study, all the questions had a temporal aspect that examined changes from the first to the second interview. Both authors were involved in conducting the analysis.

**The project of establishing a liveable life in Norway**

The first project involved central elements in what is required to establish a liveable life in Norway. The term liveable refers to conditions that are more than what is bearable and needed for simple survival (Phoenix, 2007).

The interviews consistently indicated that gaining safety was a central and immediate concern, that is, safety from persecution, bombs and abuse. After the resettlement, several of the boys were still uncertain about whether they might be sent back to their country of origin, but most of them viewed their opportunities to build a life in Norway as promising.

The next element of the project of establishing a liveable life was building social relations. This was prominent in all the interviews with the boys. They tried to maintain contact with the boys from the first institution in which they were placed as new arrivals to Norway and to establish new relations in the local municipality where they were resettled, both with Norwegians and with other boys with backgrounds as asylum-seeking minors.

Furthermore, the boys described extensive efforts to succeed in school. The only boy who did not express getting an education as an aspiration had had a significant quarrel with the staff at the care centre just before the interview took place and, therefore, wanted to talk about that rather than the themes introduced by the interviewer. The others spoke about how to structure their everyday lives in ways that could support and strengthen this endeavour, such as getting enough sleep, getting up in the morning and choosing the right friends who could support this objective. They stated that they were at school to
learn and became disturbed by other pupils who were noisy and much less serious in their aims to learn. Their educational ambitions ranged from passing the necessary exams to winning prizes at school, but they all expressed a wish to learn the Norwegian language quickly. In Norway, most asylum-seeking and refugee children attend special classes in order to improve their Norwegian language skill level before they are allowed to attend regular classes (Berg and Tronstad, 2015). Several of the boys explained that they aspired to gain such admittance by quickly learning the Norwegian language. As reported by others (Pastoor, 2015), succeeding in school was hard, not only because of language, and in some cases, almost no prior schooling, but also because of different psychosocial challenges. For example, many of the boys were afflicted with disturbed daily rhythms due to nightmares and feelings of anxiety. They might experience daily tension between going to school early in the morning after a night with almost no sleep and staying in bed after finally being able to fall asleep.

The repeated interviews enabled us to follow how the project of establishing a liveable life in Norway developed. As mentioned above, gaining safety was more prominent in the first interview, as were more ‘airy’ ideas of the future, such as a wish to be a football star or famous singer. One trend from the first to the second interview was a move towards more specific and concrete goals, for example, becoming an electrician, and more realistic strategies in pursuing such goals, for example, learning the Norwegian language as quickly as possible. Lemar, 12 years old upon arrival, had worked in a factory for several years before he fled. In the first interview, he expressed gratefulness for having reached safety from war, abuse and exploitation at the factory, but said nothing about the years to come. However, in the second interview, he articulated specific goals for his future in Norway. He expressed a wish to work in the public sector and a desire to give something back to the Norwegian society. He was also still concerned about being protected from exploitation and physically dangerous conditions.

These elements – gaining safety, building social relations and succeeding in school – in the project of establishing a liveable life have also been reported by other researchers as central themes in the lives of unaccompanied minors in exile (Kohli, 2011; Vervliet et al., 2015). As has been described in another study of care centres for unaccompanied minors in Norway (Gulbrandsen and Østereng, 2011), the childcare workers considered it to be one of their primary tasks to assist the children in integrating into the Norwegian society. Helping them to learn Norwegian quickly and to do well at school and supporting the boys in establishing social relationships with peers at the institution, and, after resettlement, even outside the institution, were crucial in this endeavour. As such, the childcare workers and the boys were mutually engaged in the same project, establishing a liveable life in Norway, and the project was embedded in the routines of the boys’ everyday lives.

The project of helping the family in the country of origin

A number of the boys who still had family in the country of origin expressed a strong wish to help their families. While conducting the interviews and when reading the transcripts afterwards, we were struck by how committed these boys appeared when they talked about their families and the emotional intensity that accompanied their statements.
The boys who did not show such a commitment either avoided talking about their families and did not speak of their past experiences at all or did not have any contact with their families.

The boys who wanted to help their families spoke about it as an act of their own will and decision throughout the interview. One boy explicitly refused to let this wish be framed as something that had been put on him as a ‘duty’, a term which the interviewer unreflectively used when asking him to tell more about the responsibility he felt toward his family: ‘They are not duties. All I want is for my family to be happy and have a good life. […]. I can do anything for them. Whatever they need, I will fulfil it’. According to another boy, Taher, who was 10 years old upon arrival in Norway, his mother urged him to use the money on himself when he told her he wanted to send his weekly allowance to her and his younger siblings: ‘You need the money, we will manage’.

The thought of being able to help their families in the future was typically described as a source of strength, hope and connectedness, not as a burden. Omid, 13 years old upon arrival, struggled with the staff at the care unit in which he was resettled and cut the skin on his arms with a knife after quarrels with the staff. The interviewer asked Omid if he had had suicidal thoughts. He strongly rejected this suggestion:

I haven’t come here to kill myself. I want to build a good life and future. But I have a strong sense of commitment to my family – they are on my mind all the time. I have a commitment to and responsibility for them, and that’s why I don’t think about actually killing myself. If I didn’t have them, then maybe these thoughts [about committing suicide] would enter my mind. But now the thought [of committing suicide] doesn’t exist.

It was the thought of his family that gave his life purpose and meaning, particularly thoughts about how he might be of help to them.

Furthermore, some of the boys explicitly expressed helping their families as being a developmental move, in which the act of helping marked the transition from being a child towards becoming an adult. Jaabir, 14 years old upon arrival, expressed his wish to help in the following way:

The parents have done a great favour for the child so he can grow up. Now, it is our turn to do something good for the parents. […] I want my journey to be used to help them. Because they have done their jobs for the children, and me, now I expect that I will get an opportunity to help them.

Even the youngest boy, 10 years of age, expressed a wish to help his family in the country of origin and tried to fulfil this wish. This observation corresponds with how developmental transitions in Afghanistan are described, that is, as being based on social, not age-based, definitions. Being the oldest man in the family is one of the defining points of the young boys’ social careers, and increased responsibility within the family system, rather than detachment from parents, is described as the norm (De Berry, 2008).

While the wish to help family members at home has received growing attention in the research literature regarding the adult refugee population (e.g. Lindley, 2009), this has not been the case for minors. Thus, in the rest of the article, we will focus on the project of helping the family, not only because of its central personal meaning in the lives of
some of the boys and the sparse attention in the literature but also because the boys strug-
gled intensely in pursuit of this project. In the next section, we will present more detailed
features of their struggles. The presentation is still based on an analysis of all the inter-
views, but we will focus on two of the boys: Hafez and Omid. They represent two oppo-
sites concerning not only the outcome of their struggles but also how they experienced
the acknowledgement of their family project by their surroundings.

*Increased acknowledgment and a move in the desired direction*

Hafez, 14 years old upon arrival, lost his mother at a young age, and his father died after
Hafez arrived in Norway. He has three younger sisters in Afghanistan for whom he feels
responsible, so he asked the childcare worker to help him in his pursuit to take care of his
sisters. The child welfare services suggested that he apply for family reunification so that
the Norwegian government could take care of them, but the application was eventually
rejected. Hafez told that he just sat on his bed after the rejection and was very sad. In his
words, ‘the troubles were doubled’, and he thought about the hardship and dangers that
his sisters were experiencing.

Since family reunification did not succeed, Hafez had to find another way to help his
sisters. His next plan was to send money home and thus provide for them where they
were. This was not an easy task. The boys received a weekly allowance from the child
welfare services, an amount that was intended to cover their expenses for clothes, toilet-
tries and cell phone bills. In order to obtain money to send home, the boys would ask for
more money from the services. This was what Hafez did, but they said they could not
give it to him: ‘We have a responsibility for you, not your family’. However, Hafez
would not accept that there was nothing he could do for his sisters: ‘I said to myself that
I must work hard, I mustn’t give up. Every day, I thought about how I could earn money;
[…] without money I can’t help them’.

Some of the boys tried to do more household chores at the care institutions and care
units to increase their weekly allowance, and some tried to get a job outside school hours.
Furthermore, according to one of the childcare workers, the desire to raise money might
motivate the boys to move away earlier – and perhaps too early – from the care unit into
a household with other youths, where the boys themselves would have more control over
their cost of living. Then, they could spend less money on themselves and save the extra
money for their families.

In Norway, there are few jobs for children of this young age, but Hafez succeeded. He
signed up with an employment agency for unemployed young people and accepted any
job he could get. He expended a great deal of effort, developed a good reputation and
eventually started to earn money by working at a grocery store every weekend and on
holidays, thereby making it possible to combine his work with his schooling. Hafez man-
aged to send money to his sisters every month to pay not only for their rent but also for
their food and other monthly costs. He proudly stated, ‘So all the time I have worked and
worked, and I could get a house there for them’.

Hafez was the only one of the boys who actually succeeded in his efforts to help his
family. He shared his family project with the childcare workers who supported him
emotionally – but who told him that pursuing the project was not feasible. Nevertheless,
Hafez was determined to continue his project, and after a while, they guided him in how he could search for jobs. They helped him structure his everyday life so that the project of helping his family did not conflict with his schoolwork and social relationships in the local community. Hafez felt that his efforts were respected by the boys, as well as the childcare workers at the care unit. He proudly stated that one of the childcare workers had told him, ‘I could never have done what you have done’. The childcare workers’ gradual mutual engagement in his project was, however, an exception among the boys in our study. Omid’s case is actually more typical.

**Efforts that are not acknowledged and wishes that do not come true**

During the first interview, Omid was 13 years old. His father was dead, and his mother and younger brother remained in Afghanistan. In the first interview, he stated, ‘I want my mother and my brother to be with me in the place that I’ll be living, and then you can meet them as well’. Omid dreamily described how he wanted to earn a lot of money so that he could buy everything his mother and brother desired.

In the second interview, he expressed his longing for and concern about his mother and brother in a way that was more intense than in the previous interview. Omid had monthly contact with his mother through phone calls and was informed of their sufferings; his mother had acquired serious health problems, and his younger brother had been injured in an accident. He wanted to apply for family reunification, but as his mother did not know how to perform the initial steps, the process had been halted. Omid wanted to start working to be able to send his mother and brother money, but he had no concrete plans about how to make this happen. He was sad and frustrated and quite often did not want to go to school. He described one episode:

> I said to the adults [the childcare workers] that I am very sad, I miss my family, and it is difficult to go to school. I don’t feel good. And then they said: Okay, if you don’t go to school, then you will lose your weekly allowance. Then, I started cutting myself in the arm, and it bled.

The childcare workers attempted to steer Omid onto the right track by withdrawing his weekly allowance. Yet for Omid, this response exacerbated his feelings of being misunderstood, disliked and isolated, and his further pathway was oriented towards creating even more distance from the childcare workers and strengthening his relationships with friends from outside the institution. These friends led him even further away from the project of getting through school, for example, by smoking hashish and going out into the city late at night. In his mind, his developmental project was not acknowledged, and all his efforts were in vain, leading to feelings of loneliness and despair.

**Helping the family – A contested project**

A growing body of research has focused on the significant position of transnational ties in the country of origin in the future aspirations of migrant children (e.g. Jørgensen, 2017), but as our study illustrates, for the particular group of unaccompanied minors, it is difficult to gain acknowledgment of such aspirations. Why are the childcare workers
reluctant to help the boys in pursuing the project of helping their families in their country of origin? To understand this, we draw upon a recent study by De Graeve and Bex (2016). They claim that the humanitarian and moral responses in the host country seem to be heavily dependent on the ability of the unaccompanied minors to be considered as either essentially belonging to their birth family and nation or as needing to be incorporated into the host family and nation. We will also include two other characteristics of the discursive landscape in which the developmental projects of the boys are negotiated: first, the notion of unaccompanied minors as ‘anchor children’ and, second, the dominant developmental discourses.

According to the notion of ‘anchor children’, unaccompanied asylum-seeking minors are sent by their families and then apply for family reunification so that their families can follow them to Norway (Engebrigtsen, 2002). This notion has received little support in empirical research, which includes both statistical analyses of family immigration (Pettersen, 2007) and research on children’s reasons for migrating (Engebrigtsen, 2002; Watters, 2008). Nevertheless, it has had a profound influence on the development of Norwegian immigration policy (Pettersen, 2007). It illustrates a more general aspect of the Norwegian context of children and migration, described as a tension between considerations of migration management, on one hand, and children’s rights, on the other, and with a tendency that children’s rights must give way (Seeberg et al., 2009). When the boys in this study expressed their desire to help their families, through family reunification or other means, such wishes may easily be interpreted and judged in light of this notion: Do the children have legal motives for seeking asylum, or are they being (mis)used by their families? Some of the childcare workers drew upon the notion of the anchor child in the interviews in their descriptions of how they handled the boys’ desire to help their families, either by explicitly confronting the boys or by refraining from talking about plans to help. In Hafez’s case, both his parents were dead, and consequently, for the childcare workers, the notion of the anchor child was most likely ruled out, making it easier for the childcare workers to empathetically engage with his project of helping his family. In cases in which one or both parents were still alive, yet without the resources to care for their children, the legitimacy of the boys’ migration was questioned on the cost of addressing the boys’ desire as deeply human: helping one’s closest family to survive.

The second characteristic of the discursive landscape pertains to the developmental understandings drawn upon by the boys and their childcare workers. When the childcare workers were engaged in the boys’ project of establishing a liveable life in Norway, they shared an understanding about growing older, namely through education and through developing reciprocal relationships with peers. However, when the boys sought to help their families, they drew upon understandings of developmental trajectories towards adulthood that may be difficult for most ethnic Norwegians to identify and understand. These understandings differ from contemporary Western ideas of developmental changes in family relations, that is, the increased independence and autonomy of the young person, especially through detachment from one’s parents (Gulbrandsen, 2008; Phoenix, 2007). Minors’ acts of providing for their families have gradually shifted from belonging to the historically continuous traditions of the care-taking responsibility of older children in their families (Weisner et al., 1977) to, in the contemporary Western context, indicate
families at risk (Wihstutz, 2011). Thus, what these boys were trying to achieve deviates from what is typically expected from young people growing up in Norway and may even be defined as problematic. This point is also illustrated by another study involving Norwegian care centres for unaccompanied minors (Gulbrandsen and Østereng, 2011): When siblings lived together at the care centre, the childcare workers tried to reduce the older children’s responsibilities for their younger siblings with the intent of removing a burden from their shoulders and fulfilling the Western idea of childhood as a time for play and innocence (Bauer, 2016).

Combining the two projects?

As described in the case of Hafez, the two developmental projects of ‘establishing a liveable life in Norway’ and ‘helping the family in the country of origin’ could mutually reinforce each other, resulting in a potentially fruitful direction and impetus for both projects. More typically, however, the two projects pointed in opposite directions, consequently making it difficult to pursue both. The latter situation might increase the risk that the boys could lose their belief in who they are and who they might become, their hopes and motivation for the future ebbing out, as in Omid’s case.

Regardless of whether they succeeded in combining the two projects or not, their efforts to help their families in their country of origin brought about suffering and struggles for Hafez, as well as for Omid. This underscores the challenging and meaningful task that faces childcare workers and foster parents who meet boys like Hafez and Omid who want to help their families: guiding them in setting up long-term plans to build a bridge between schoolwork today and helping their families tomorrow. Getting up in the morning, going to school and concentrating on homework may be more meaningful for boys with such aspirations when it can be framed as a way to get an education, which, in turn, will lead to the prospect of a job with a decent salary, thus enabling them to help their families in their country of origin.

Concluding remarks

Grounded in young unaccompanied Afghan boys’ descriptions and reflections about their everyday lives and informed by the concept of developmental project, we explored what each of the boys strived to achieve in their own lives, how their strivings were understood and met by significant others and the degree to which their own efforts accomplished movement in the direction they aimed for. The analysis of the opposite poles represented by Hafez and Omid provides a piece in the puzzle of why some asylum-seeking minors continue to suffer psychologically, even several years after resettlement, as mentioned initially. While Hafez’s story was about efforts that were supported and had effects that pointed in the direction he wanted, Omid’s was about efforts that were not supported and that did not lead anywhere, eliciting feelings of loneliness and sadness.

Thus, conceptualising the young person as a meaning-making actor in his own development, embedded in the social and cultural landscape, has widened our understanding of the range of these boys’ lives and struggles. Moreover, it has shed light on how
symptoms of psychological sufferings are anchored within a broader context. In this way, cultural developmental psychology may contribute to connect the knowledge of Mental Health research and that of the interdisciplinary field of Childhood and Migration.

Furthermore, an awareness of children and young people’s ideas about their future, about ‘becoming’ (Uprichard, 2008), can be seen as a resource for enabling their participation and extending their agency in their own lives. When trying to assist children and young people living under challenging conditions, such as the unaccompanied Afghan refugee boys in Norway, this becomes urgent. Our claims go even further; the developmental approach applied in this study may be fruitful in attempting to understand children and young people who live in a plethora of life conditions. We may thereby not only increase our understanding of specific children in specific situations but also identify and explore the broad variation of developmental projects: how they evolve and are negotiated, and their implications.

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Notes
1. We use the term refugee for those who have been granted residency after applying for asylum.
2. We use the age referred to by their professional caregivers.
3. A temporary residence permit opens up the possibility for applying for a permanent residence permit after 3 years of residency in Norway, but this is not guaranteed: If new information about the person’s application is obtained which changes the grounds on which the application was assessed or if the person gets convicted of a crime, the application for a residence permit can be rejected, and the applicant risks being returned to his country of origin.
4. The formal English term for professionals working in the child welfare services is ‘child welfare worker’. However, the term ‘childcare worker’ represents more precisely that care work is at the core of the professionals’ responsibility at the care centres and care units.

References


Peer relationships at residential care institutions for unaccompanied refugee minors: An under-utilised resource?

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Abstract
Without access to their own families, how do young, unaccompanied refugee minors re-establish their social lives in ways that facilitate a sense of togetherness in their everyday lives during resettlement? This question was approached by exploring the young persons’ creation of relational practices and the kinds of sociomaterial conditions that seemed to facilitate the evolvement of these practices, including the professional caregivers’ contributions. Interviews with 11 boys and 4 girls (aged 13–16) from Afghanistan, Somalia, Angola and Sri Lanka, as well as their professional caregivers in their country of residence, Norway, were analysed systematically by searching for, and categorizing, the variation of relational practices among the young persons. Three overarching practices are presented. First, the young persons worked to connect past, present and future contexts through collective meaning-making practices. Second, they regulated their peers’ emotions through emotional care practices. Third, they widened each other’s social networks through practices of social inclusion. Following the resettlement procedure the young persons moved from one kind of institution
(care centre) to other parts of the country and to another kind of institution (group home) where the relational practices mentioned above appeared to be less prevalent. The article suggests that arranging everyday life as collective enterprises, as well as housing peers with similar cultural backgrounds, were central for the evolution of the relational practices. As such, the article both elucidates a range of health-promoting relational practices that the young persons' realised as a group as well as how these practices are embedded in sociomaterial conditions.

Keywords
Unaccompanied refugee minors, cultural psychology, conduct of everyday life, relational practices, social support, peer support, development, health-care work

Introduction
When young people legally considered as unaccompanied asylum-seeking minors arrive in their host country, they do so without the protection and care of their families and wider social networks. They live with losses of loved ones and traumatic experiences from war and conflict (Jensen et al., 2015), find themselves in countries where public debate regularly constructs them as either child victims or strategic migrants (Stretmo, 2014), and they fear a rejection of their asylum application (Sourander, 1998). In this stressful situation, they are faced with the task of fully redeveloping their social networks (Ní Raghallaigh, 2011). Experiences of loneliness and lack of social support are commonplace (Oppedal et al., 2009). Health-related research has documented the health benefits of social support as well as the health risks of its absence, in general (Cohen, 1992), and specifically in the case of unaccompanied minors (Oppedal and Idsoe, 2015). Still, knowledge regarding the ways in which social support contributes to the young persons' health and well-being, and under what conditions such support evolves, remains sparse. This article is based on a study of 15 unaccompanied young people's re-establishment of their social lives in the resettlement phase. We focused on the ways in which the young persons created relational practices that seemed to facilitate a sense of togetherness. For policymakers and professionals seeking to facilitate the health and development of resettled young people, these processes are crucial to understand.

The resettlement process in a Norwegian context
In Norway, the resettlement for unaccompanied refugee minors below 15 years of age at arrival¹ can be described as a two-step process. Once the young asylum-seeking minors have arrived in Norway and have been registered at the reception office, they are immediately placed at asylum reception centres for children. These centres, hereafter called 'care centres' (in Norwegian: ‘Omsorgssentre’), are

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¹ Care centres are temporary facilities where unaccompanied minors below 15 are placed until they are placed in a permanent care setting or a group home.
organised by the Child Welfare Services and specifically arranged for unaccompa-
nied asylum-seeking minors below the age of 15. Ideally, the young persons stay
here for no more than three months. However, many stay longer due to delays in
legal and resettlement proceedings.

Those who are granted a residence permit are resettled in municipalities in
different parts of Norway. The youngest move to foster homes, but most are
placed in shared accommodation care arrangements, hereafter called ‘group
homes’ (in Norwegian: ‘Bofellesskap’), typically with three or four other young,
unaccompanied refugee minors. The care centres as well as the group homes are
staffed with personnel both day and night.

Theoretical framework and research questions

Informed by theoretical perspectives from cultural developmental psychology
(Haavind, 1987; Rogoff, 2003; Valsiner, 2000), we explored the young people’s
social lives by focusing on their participation in social practices in everyday
life. Participation is embodied and always situated in particular locations
(Dreier, 2016). Thus social practices are practically inseparable from the specific
settings of everyday life – the meeting place of all activities with their differences
and conflicts (Lefebvre, 1991: 97), and ‘the space in which our social relations
are produced and reproduced’ (Schraube and Højholt, 2016: 2). Everyday life is
societally arranged, socially grounded and subjectively experienced, and as such
represents an analytical site where the environment and subject expand together to
form a nexus (Dreier, 2016). The concept ‘conduct of everyday life’ seeks to cap-
ture this nexus by focusing on ‘human subjectivity from the standpoint of where
and how subjects live their everyday lives in societal structures of practice’ (Dreier,
2016: 15). To underline that material conditions restrict and enable particular
conducts of everyday life, the concept of ‘sociomateriality’ (Tanggaard, 2013)
is employed.

Because we were interested in ‘social support’ we explored the practices that
seemed to be related to togetherness, implying shared emotional connection, sense
of belonging, mutual influence and fulfilment of needs, or ‘sense of community’
(McMillan and Chavis, 1986) in everyday life. Such experiences are considered as
central aspects of mental health (Hagerty et al., 1992). In order to underline
the affective and experiential aspects of these practices, we preferred the concept
‘sense of togetherness’, implying that the political and ideological projects that
construct belongings in particular ways (‘the politics of belonging’; Yuval-Davis,
2006) were in the background. To guide our analytical gaze towards the variety of
ways relationships are ‘done’, the concept ‘relational practices’, inspired by the
concept ‘family practices’ (Morgan, 2011), was chosen.

The research questions are as follows: How do the young persons create relational
practices that facilitate a sense of togetherness during resettlement, and how are these
practices grounded in everyday life at the residential care institutions?
Methods

In order to answer these research questions, exploration of the young persons’ descriptions of everyday life was crucial. Moreover, to examine how their everyday life develop and change during resettlement, interviews were conducted both before and after they moved to new municipalities following the resettlement procedure. As will be described, the conduct of everyday life before and after moving differed significantly, as did the evolvement of the relational practices of interest.

Recruitment

Participants were recruited via several steps. First, ethical approval of the research project was obtained from the National Committee for Medical and Health Research Ethics, and clearance to contact the children was provided by the Norwegian Office for Children, Youth and Family Affairs. All five care centres for unaccompanied asylum-seeking children in Norway were contacted, and all agreed to take part. Subsequently, the legal guardians of children who had recently been provided with temporary residence permits were contacted.2 With the applicable guardian’s consent, the interviewer contacted the young person by telephone and informed him/her about the research project, assisted by an interpreter on the telephone line. The interviewer underlined that participation was voluntary and had nothing to do with their application for protection and residency or for their care treatment. It was also made clear that the young person had the final assent whether to accept the invitation or not, as well as the right to withdraw at any time. To facilitate processual consent (Raghallaigh and Sirriyeh, 2015), this information was repeated before the interview started and during the interview. The recruitment process yielded a group of 30 minors from different nationalities and their professional caregivers, all of whom were interviewed separately.

Interviews about everyday life

The empirical material consists of transcribed interviews with the young participants and their professional caregivers. At the time of the first interview the young persons had lived in Norway for approximately three to six months and were still at a care centre. One year later, once all had been resettled in new municipalities, new interviews were conducted with both the young person and his or her new professional caregiver. By this point, the young persons had been at the group homes for approximately 7 to 12 months.

The interviews with the young participants were conducted in a separate room in the residencies by the first author, a clinical psychologist, and were structured as conversations about their everyday life. Informed by the life mode interview (Andenæs, 1991; Haavind, 1987), time was used as a structuring principle and the young participants were invited to talk about the events of the day prior to the interview, from waking up to going to bed. Through detailed and contextualised descriptions, the interviews focused on the affective, material and relational
qualities of the events, and these events were used as points of departure to talk about associated retrospective and prospective events. Interpreters were used in the first round of interviews. The second time, most interviews were conducted without interpreters’ help, although the young participants were invited to include them if needed.

As expected, the interviews from the second round were “thicker” and more nuanced than those from the first round, possibly reflecting the young persons’ functional silence and distrust (Kohli, 2006) when meeting the interviewer for the first time. Further, emphasising topics from their everyday life in the interview, seemed to act as a kind of shelter from other, generally contested, topics of their lives, as for example the reasons for seeking asylum.

With the young participants’ consent, their professional caregivers in both the care centre and later at the group home were interviewed in a similar way as the young ones, using time as the structuring principle in a conversation about the daily life of the particular young person. Of practical reasons, we used telephone interviews in every case. Also these interviews were audiotaped and transcribed verbatim. The interviews with the young participants and the professional caregivers are described in greater detail in a previous publication (Omland and Andenas, 2018).

**Analysing relational practices**

For the analysis, we selected only the complete interview cases consisting of interviews with both the young participant and the professional caregiver, before and after moving to new municipalities following the resettlement procedure, four interviews per case. Given our interest in the development of relational practices in the context of residential care, not a family, we omitted two of the complete cases in which the young persons moved to foster care. This gave a total of 15 young participants, 4 girls and 11 boys, all between 13 and 16 years at the time of the first interview. Their countries of origin were Afghanistan, Somalia, Angola and Sri Lanka.

The interviews with the young participants were read systematically in several steps, with the following analytical questions in mind:

1. With whom did the young persons create relationships during resettlement?
2. What characterized the relational practices performed within these relationships in ways that seemed to facilitate a sense of togetherness for the young persons in their everyday lives?

These questions were applied to all interviews, first vertically to the interviews from each case, and then horizontally, across cases. The interviews with the young participants were given most attention. The interviews with the professional caregivers were mainly read as to give more context to the analytical questions.
described above, for example through giving detailed accounts of the way everyday life was organised at the care centres and group homes.

We were struck by the many and varied examples of how the co-habitant peers acted as resources for each other at the care centres. From the second step of the analysis and onwards, we therefore focused on relational practices among peers, and relational practices that seemed to facilitate a sense of togetherness, both at the care centres and the group homes. Surely, sense of togetherness did not imply harmonious relationships. Conflicts were experienced as well, including quarrels, teasing and at times, exclusion, but we did not find that conflicts between peers contradicted the presented relational practices. Still, when evaluating these results’ potential for generalisation, it is important to bear in mind that grave conflicts and irreconcilability between peers at asylum centres have been reported by other researchers (e.g., Berg and Tronstad, 2015: 131). One central source of conflict relates to the different outcomes of the young people’s applications for protection and residency and the associated challenges in creating a sense of togetherness in this situation (Berg and Tronstad, 2015: 132). Such narratives were not elicited in the present study, possibly reflecting that all the young participants were granted temporary residence permits and resettlement.

Memos were written for each of the steps described. The final memo categorised the different practices across cases, that we have named practices of (1) collective meaning-making, (2) emotional care and (3) social inclusion.

As noted, the care centres and group homes differed significantly from each other in the abundance and variety of relational practices connected to a sense of togetherness, and we found no additional categories of the relational practices of interest at the group homes. Thus, for the reader to grasp the details and contexts of the three overarching practices, we first present them through how they seemed to unfold at the care centres and continue to discuss them through how the practices appeared at the group homes.

The care centres: Peer belonging and connectedness

The care centres housed young persons of different nationalities and ethnicities. Four of the five care centres consisted of three to five care units, the last centre comprised of one care unit. Each unit housed 6 to 10 young people. The staff typically organised everyday life by emphasising routines and shared activities for the cohabitants.

Collective meaning-making practices

The interviews with the young persons reflected the central human act of creating meaning (Bruner, 1990). The young persons were involved in creating such meaning together, and in different ways.

One practice was narrative work that connected their past, present and future contexts. Shared symbolic resources — shared language and shared meaning
systems – seemed to be basic requirements in order to transform past experiences to present narratives.

Some of the young participants, such as Tareq\(^3\) (aged 14), explicitly highlighted the significance of sharing references in such narrative work. He described how he and Masood, a fellow Pashtun peer at the care centre, drew upon their shared knowledge of home when mourning and longing for their families and the places they had left behind.

When I was sad or missed my family, he comforted me. When he was sad, I comforted him. [Sometimes] we bought an energy drink, and shared it. We talked about Afghanistan and listened to music. (...) There were no secrets.

As the quote illustrates, the experience of collective meaning-making seemed to be central to Tareq’s experience of being emotionally connected to Masood. Even a year after being separated far away from each other, owing to the resettlement procedure, Tareq described Masood as his best friend and as his brother.

The joint narrative work also illustrates a potential for collective post-trauma reconstruction, often localised in families (e.g., Kevers et al., 2017). Together, the young persons constructed narratives of the extraordinary and life-threatening events they had experienced, but not told to others. Tareq, introduced above, described how he empathetically asked the new Pashtun-speaking boys to tell their stories of their journeys to Norway. ‘It makes me think of my own journey’, he said. A potential that may be realised in such a setting when stories are related to one another, is the weaving together of individual recollections into collective narratives and transforming them into resourceful experiences, for example by drawing upon political or historical contexts (Rousseau, 2000). Studies regarding refugee families coping with trauma underline the significance of collective identifications in order for such resourceful transformations to happen (Rousseau, 2000).

The second collective meaning-making practice was creating local versions of traditional practices. Family plays a fundamental role in creating continuity in cultural practices and patterns of relationships, and such connections may play a significant part in feeling ‘settled’ in exile (Ager and Strang, 2008: 178). Without access to their own families, the young people in the current study organised cultural and social practices in collaboration with other young people with similar cultural backgrounds, thereby creating continuity and a sense of familiarity in their lives. For example, similar religious background was used as a resource to continue praying practices. This was the case for Wahid (15) who was assisted by another Sunni boy at the care centre who introduced him to a web application that kept track of sunrise and sunset and the direction to Mecca.

Collaboration in traditional practices also enabled the young persons to mutually explore and experiment with shared traditions. An example was the use of traditional collective dance to explore innovative dance practices, as illustrated by Tareq, introduced above. In the interview, he used a film clip on his phone to
demonstrate himself making solo dance moves with point of departure in a traditional group dance. He and his Pashtun friends were celebrating Eid, and Tareq explained that his solo dance was ‘just for fun’, demonstrating similar moves to those in popular music videos. The collective practice of dancing seemed to function as a field where they explored and tried out ways of making connections between the old and the new, between the ‘here’ and ‘there’, and between ‘them’ and ‘us’. Such explorations might thus transform and transport traditional dance into dance practices that would potentially correspond with those at a local Norwegian nightclub and youth culture, and thus pointed to new belongings. For such a creative space to develop, the young persons needed to share some knowledge about the original forms to creatively modify them into new versions: new collective practices that suggested identities of multiple belonging (Ní Laoire et al., 2010).

The third collective meaning-making practice we termed understanding and distributing information about the residency and the asylum and resettlement process. The young persons helped each other to understand what to expect at the residency and from the staff, and how they should behave towards the latter. Qader (13) describes how a fellow Tadjik boy at the care centre helped him to understand the rules at the residency:

All the time he says: ‘Are you all right?’ Nice boy. He says ‘Don’t do this. Don’t do this. Here it’s not allowed to hit children’, he says. Rules. He speaks Dari. He says to me: ‘Do it like this’.

The fellow Tadjik boy took on the role of a supervisor when Qader had newly arrived. The ‘supervisors’ were more experienced and often shared the newcomer’s native language. They knew something about their place of origin, as well as their potential concerns. This kind of supervision was further passed on, as the former ‘apprentices’ supervised the next ‘generation’ of newcomers. Most spoke about being supervised by peers in ways that seemed to be connected to an experience of being cared for, but there were exceptions from this. For example, when Qader moved from the care centre, he arrived in a group home with a fellow Sunni peer, and Qader seemed ambivalent to the direction this peer was paving an everyday life living for him:

He is praying a lot. He doesn’t like to talk with . . . he doesn’t like to be boyfriend with anybody, he’s very Muslim (…). For example, he doesn’t smoke – it’s haram, he doesn’t drink alcohol, and (…) when I play games, he turns to me and says ‘Come let’s pray’.

According to Qader, his class mates excitedly talked about the activities referred to in the quote – being romantically involved, smoking, drinking and playing games. As both the group home and the class at school were the primary places of
interaction with peers in his everyday life, he seemed ambivalent towards this particular supervision, as it implied a movement away from his classmates.

**Practices of social inclusion**

The young persons helped each other in the process of creating or widening their social networks. The more experienced ones seemed to support the newly arrived and with whom they shared cultural background or interests, for example football. In this way, the more experienced ones seemed to try to ‘match’ their peers based on shared features that they believed might enable them to develop friendships.

After being informed of their resettlement municipality, several of the young persons helped the moving girl or boy to getting to know other peers in their networks who lived nearby. This was primarily done by young people who shared cultural background, as exemplified by Qader’s experience. He did not know anybody at the place where he was resettled, but a friend from the care centre knew a boy in a nearby city and informed this boy of Qader’s move. According to Qader, the boy phoned him and said: ‘Tomorrow, I will come to your place, and if you want, we can go to the mosque in [neighbouring city], and we can meet others there as well’. The invitation from his friend from the care centre thus widened Qader’s social network even further.

**Practices of emotional care**

The practices already mentioned seemed to be central to the young persons’ emotional well-being: their feelings of being cared for, committed to, understood and supported. However, some practices seemed to specifically target the regulation of the young persons’ emotions.

Some of the more experienced young persons helped those who were newly arrived (and often frightened), making them feel welcomed and cared for, such as by offering enjoyable activities like playing computer games or watching amusing videos on YouTube. Some of these practices were initiated by the young persons, and other by the staff who encouraged the more experienced to take special responsibility for the newly arrived. Three girls from the same care centre all referred to this experience in their interviews. On their first days, other girls at the care centre helped them fold their clothes and put them in their closets. Awrala, a Somali girl aged 14 at arrival, additionally claimed that one of the girls living at the care centre, Maisara (from Central Asia), had arrived at the reception office to greet her with a staff member. The girl sat with Awrala on her first journey to the care centre, an event that most of the young participants described as frightening and bewildering. This girl seemed to achieve a special place in Awrala’s narrative.

(So, who did you get to know in the beginning of your stay here?) Maisara.  
(Yes, that’s the one who met you at the police office?) Yes. (Tell me a little about her, how did you get to know each other?) I came here and she welcomed me very
nicely. She helped me to get my clothes in order in the closet. We had supper together (...). And she asked: ‘Do you want to watch a movie?’, and I said: ‘Yes’, and we watched a movie together.

Awrala seemed to have developed a sense of togetherness toward Maisara in the course of the two months they had lived together at the care centre. The experience of receiving care from a peer at a time of extraordinary uncertainty seemed to be a central aspect of this development.

The emotional care practice of *bodily closeness* was initiated by the young persons and seemed to calm down their peers, offering them a greater sense of security. Some claimed that they appreciated being near to each other at school when meeting new peers. Sleeping beside one another constituted a further example of this practice of bodily closeness. This widespread practice was particularly commonplace when the young persons experienced nightmares and anxieties at night. The staff typically did not allow for this to occur on weekdays lest young people disturb one another by joking and talking. Indeed, staff preferred that the young persons knock on their bedroom door so that an adult could sit beside their bed. This rarely occurred, according to the staff. Certainly, the young persons preferred being close to each other, and some told the interviewer that they sneaked into each other’s rooms as quietly as possible. According to one care worker, the young persons preferred this kind of closeness, in spite of not knowing each other particularly well or being especially good friends.

The young participants also reported that they encouraged each other, especially when detecting unrest. Stories of receiving such encouragement when feeling unhappy were narrated by the young participants as prominent episodes in what seemed to be the development of affectionate relationships. Drawing on shared symbolic resources such as a religious faith was often central:

> I was sad because I was alone. (...). When I came and talked Pashto with [a fellow Pashtun peer], I felt better. And he said that there were other Pashtuns here. (...). [T] hey said “God is good” and “It will be better”. (...). Now I feel very good. I am happy.

In this quote, Malem describes how fellow Pashtun peers encouraged him not to lose courage. These were peers with whom he had come to trust, but who would soon be moved to different parts of Norway and thus find themselves in a new place all alone again.

**The group homes: Loneliness prevails**

During the process of resettlement, typically, relationships based on biological family were protected. Five of the participants arrived in Norway with a sibling and they were all resettled together. Some of the young persons who had family members living in Norway were resettled strategically, in geographical proximity
to them, in order to facilitate visits. Similar strategies for maintaining friendships
did not exist, however. With one exception, no considerations were made of the
resourceful relationships that had already been established.

The group homes were comprised of young persons of different ages (often 14 to
18), and usually included four to six people, often of different cultural back-
grounds. Two adults were always present at the group home, working in shifts
(typically two days on, four days off), akin to the organisation of staff at the
care centres.

No formal guidelines exist for how to compose the group of cohabitant young
people. However, as suggested by some of the professionals, a strategy to avoid
similarities in ethnic and cultural backgrounds seemed to exist. One professional
referred to the experience that same-ethnic boys sharing household would facilitate
an excessive mutual affiliation and loyalty, which would make it more difficult for
the staff to take charge. And further, that the boys would exclude cohabitants of
other ethnicities at the group home, creating ‘cliques’, as well as lose their moti-
vation to meet peers at school and in the neighbourhood. In particular, same-
ethnic boys from Afghanistan were perceived as a poor match.

Almost all of the young participants strongly objected to being separated from
friends. In the second interview, several compared the relationships they had devel-
oped at the care centre with those at the group home: almost all missed the former
and sought to maintain them. They tried to be close, now at a distance. Given that
the young people were spread all over the country, this objective was mainly
achieved via social media, especially Facebook, with weekly (and for several
even daily) updates. The use of social media as a component of their social lives
did unfortunately not receive elaborate attention in the interviews, and would be
central to explore in future research.

The routines of everyday life at the group home were organised similarly to that
at the care centre. But due to age variation, the cohabitants did not attend the same
class, and few went to the same school. Furthermore, after-school activities were
often organised as separate activities for each young person, rather than as joint
activities as seen at the care centre. The care workers seemed to have as an ideal
that the young people were to find ‘their’ special interests and join local peers.

‘There’s nothing for me here’, stated Abdul when I spoke to him at the group
home. One year earlier, when we met at the care centre, he had been very optimistic
about his possibilities to make friends among the local boys after moving as part of
the resettlement procedure. However, this did not happen. According to Abdul’s
primary care worker at the group home, local young people had shown little
interest in getting to know him – a common experience for many – and he had
not made friends at the group home either. Given that nobody at the group home
shared Abdul’s religion, he was alone when cooking and eating food after dusk
during the month of Ramadan. Therefore, he greatly appreciated when his long-
distance friend from the care centre visited him and they could do this together.
But on the other days of Ramadan, nobody was available to share what should be
central social events for Abdul.
There were exceptions from the striking overall picture of loneliness, and the three overarching resourceful relational practices from the care centre could also be identified at the group homes. Developing and distributing knowledge about the local community represented the most typical collective meaning-making practice, and the young persons were engaged in widening each other’s social networks. However, the relational practices were less varied and abundant than at the care centres.

In particular, there were few descriptions of emotional care practices at the group homes. There were examples of welcoming practices and encouragement, but the interviews conveyed none of the more intimate regulations of emotion, such as bodily closeness. While sleeping beside each other was a prevalent practice at the care centre, no such examples were described in the interviews at the group homes, aside from those very few who had been resettled together. The young persons who complained about nightmares and who were often afraid to sleep at night tried to cope individually in order to distract themselves and calm down, such as by sleeping with the light on, chatting with friends on the Internet, watching a movie or listening to music. A shift appeared to occur from a collective coping strategy, as seen at the care centres, to more individual coping strategies.

**Different institutions – different sociomaterial conditions for conducting everyday life**

The separation of friends as part of the resettlement procedure was acknowledged by the professionals as emotionally difficult for the young ones, but as something they just had to live through. Staff at the care centres seemed to expect they form new affectionate relationships relatively swiftly after moving, as they had already shown such a capacity. Yet, in the second interview at the group homes, this was not the story told. Moreover, the same young persons described by staff at the care centres as social and extroverted could be characterized by staff at the group homes as introverted and lacking social skills. The longitudinal design of this study enabled us to spot these incongruences. In addition, the longitudinal design enabled us to turn our attention to how the care centres and the group homes could represent different sociomaterial conditions for the evolvement of friendships. A third and final analytic step was thus added: How were the three overarching relational practices grounded in everyday life at the care centres and at the group homes, respectively?

This final step involved reviewing each case and identifying the ways in which the three overarching practices were grounded in the two different contexts of everyday life (before and after moving from the care centre to the group home as part of the resettlement procedure). We explored the ways in which the residential care institutions were composed and arranged materially, socially and spatially, and how that might be of significance for the conduct of the three overarching relational practice in everyday life. This step resulted in memos for each case at the
care centre and at the group home, and memos describing the two contexts across cases. Finally, we compared the final two memos to shed light on the importance of everyday life contexts for the evolvement of the three relational practices.

Although the care centres as well as the group homes were residential care arrangements, the shift from *waiting for resettlement* to *being resettled* seemed to pose different arrangements of everyday life at the institutions.

**Care centres: A collective conduct of everyday life**

First, at the care centre the young persons *shared everyday life across context*. They moved together throughout the day, not only at the care centre itself but also in the classroom and in sports and leisure activities. And they moved together between places by walking or taking the school bus together. This joint movement from one place to another was used as a space for joint meaning-making, where they could draw upon their shared routines, and shared references to places and persons. Typically, at the care centre the young persons described themselves as ‘we’: as a unit that moved together through the day. This was the case for the young persons across cultural backgrounds. The staff seemed to build upon this notion of a ‘we’, organising shared activities for all of the children throughout the day. The children hence became each other’s constant witnesses and companions.

Second, the care centres were composed of groups of young persons who *shared cultural backgrounds*. In part, this represented an implication of housing a larger group of children, but it also comprised a strategy utilised by staff to help boys and girls with shared cultural backgrounds to meet in and across care units. Accordingly, the young persons could make use of mutual meaning systems and traditional practices in everyday life, and in the process find a sense of continuity, safety and belonging.

**Group homes: An individual conduct of everyday life**

As noted, the group homes housed fewer children than the care centres. They were located far away from each other, rendering it difficult for young people to meet other unaccompanied peers across residencies on a daily, or even weekly, basis. In addition, the group homes consisted of children of different ages, reducing the possibility of a collective conduct of everyday life, as was prominent at the care centres.

Aadel’s (13) description of his everyday life at the group home illustrates the sparse availability of relational resources in his everyday life. Aadel was resettled in a group home with three other boys, aged 16, 17 and 18. Two of the boys were from Afghanistan and the third was from Somalia, like Aadel. Aadel spoke yearningly of his previous relationships with the cohabitant boys at the care centre. He emphasised how they did ‘everything’ together, highlighting the collective conduct of everyday life at the care centre, in contrast to his descriptions of everyday life at the group home, which was more like an *individual* trajectory through the
day. He referred to a particular day, when he had some additional school-related obligations. Loneliness was conspicuous throughout the story:

I came home from school. Nobody was home, just the staff, but I was very tired. Because yesterday, we had a party at school. And I made sambosa – it’s a dish from Somalia. At 5.30 a.m. I woke up to make sambosa, and when I finished I went back to bed to sleep. I got up at 7.45 and brushed my teeth, ate breakfast, and then [the staff] drove me to school. We ate together with the pupils, and when we finished I got home and I was so tired and had a headache. I went to sleep.

Given that Aadel was not the same age and accordingly not in the same class at school as the other cohabitants at the group home, he had to prepare for the party at school by himself, and present himself and his cultural heritage on his own. Moreover, when he arrived home, he had nobody with whom to discuss the event. The conditions did not enable him to cope collectively with cohabitant peers, as shared experiences and references from the past or from the present were almost non-existent.

The relational practices that were reinforced by the staff at the care centres did not seem to be encouraged in the same way at the group homes. The separation of friends, the avoidance of similarity in cultural backgrounds at some of the group homes, and the organisation of everyday life based on individual trajectories, made it difficult to develop relational practices that facilitated a sense of togetherness.

**Discussion and concluding remarks**

In order to promote the health and development of unaccompanied refugee minors, understanding how they create and take part in relational practices that facilitate sense of togetherness in everyday life is crucial. This was a starting point for our study, and in the presentation of the results, we have elucidated not only the details of such relational practices, but also under what circumstances they may evolve. The young people in the study acted as resources for one another through creating a sense of continuity and personal belonging in their new country of residence in several ways. Their creative collective acts had potentials for restoring a sense of continuity and directionality through collective reorientations in the midst of multiple transitions. Considering our understanding of these young people’s past, present and future contexts, characterised by losses, loneliness and uncertainty, creating and securing continuity in their lives is especially important.

As such, the results underline that there is more to these relational practices than enjoying each other’s company. It has to do with health and well-being, and can be seen as the young persons’ own health-care work (Mayall, 1998). Research on care practices in families underline that sharing routines in everyday life is a central condition in order to become important persons to each other (Haavind, 1987) and depicts health-care work as collaborative enterprises between mothers...
and children – those who share the routines of everyday life (Mayall, 1998). This study elucidates similar phenomena, but with peer groups as central collaborative units.

The results also suggest the relational practices’ dependence on sociomaterial conditions of everyday life. Sharing everyday life across contexts as well as sharing interpretative tools such as language, meaning systems and social practices facilitated shared references and were thus vital for collective coping practices. However, according to our analysis, several of the young persons were resettled with cohabitant peers who did not share interpretative resources. Thus, the resettlement practices in several cases weakened the conditions for collective coping to evolve. The resettlement policies, by its separation of friends and moving each young person separately to completely new locations, not only weakened the young persons’ possibilities to develop health-promoting strategies, but also added to their hardship. Accordingly, reconsidering these policies should be included in strategies to promote the health for the young persons.

The practical implications of this study may be summed up as three reminders. First, be aware of the geographical placement of young people, in order to ensure the possibility of being near to friends with whom they share significant contexts of everyday life, such as school, and also be resettled together (akin to siblings) based on the relational qualities of the relationships developed at the care centres. Second, be aware of the composition of cohabitants at the group home, by ensuring possibilities for collective meaning-making based on shared symbolic resources and social practices. Third, be aware of the day-to-day organisation of everyday life, by ensuring the conduct of everyday life as a collective process, as well as assisting relational practices among peers.

The knowledge that has been highlighted in this article regarding the significance of relational practices among unaccompanied refugee minors has relevance beyond this particular group. The study has given new insight into how acts of care and support that are usually associated with vertical care relations can be performed even in horizontal relations, by peers, and thus make visible relationships that hold resources for young persons’ development and mental health.

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Notes
1. In Norway, the care for unaccompanied asylum-seeking minors below 15 years at arrival is delegated to the Child Welfare Services and secured under the Child Welfare Act, while the care for those over 15 is delegated to the Directorate of Immigration with significantly lower care standards. This differential treatment has been repeatedly criticized by the UN Committee on the Rights of the Child (e.g. UNCRC, 2018).
2. A temporary residence permit usually allows for applying for a permanent residence permit after three years of residency in Norway, but with no guarantee. If new information is obtained that changes the grounds on which the application was assessed, or if convicted of a crime, his/her application for a residence permit can be rejected.
3. All names are pseudonyms.

References


‘Discuss it with your legal guardian’: Challenges in practising care for young unaccompanied refugee minors

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Abstract
How is care arranged for unaccompanied refugee minors at residential care institutions, and what kind of conditions do these arrangements constitute for young persons’ well-being and development? Informed by developmental perspectives that consider young people’s
development through participation across contexts in everyday life, and by research on how parents in ‘ordinary’ families share care, we developed a study based on interviews with 15 unaccompanied refugee minors and their professional caregivers at residential care institutions. The interviews were analysed systematically by exploring how care is arranged between professionals and the implications of this in the young persons’ lives. The results elucidate how responsibility for following-up and making sense of central issues in the lives of the minors were allocated to professionals outside the daily care rather than being part of the primary caregivers’ contact with the minors. This practice contrasts with what young persons in ‘ordinary families’ in Norway enjoy, where coordination across contexts and keeping an overview of the total care is considered the responsibility of their parents. The article focuses on the outsourcing of what we call refugee-related legal issues in the minors’ lives, to the legal guardians. The outsourcing appeared as a barrier for being understood and supported.

Keywords
Residential care, unaccompanied refugee minors, development, well-being, shared care, interprofessional cooperation

Introduction

By the end of 2017, nearly 25.4 million persons were formally regarded as refugees worldwide. Children below 18 years of age constituted about half of them (UNHCR, 2018). As stated in the UN Convention on the Rights of the Child, states must ensure that children seeking protection or are considered refugees, receive appropriate protection and humanitarian assistance (art. 22, no. 1). Furthermore, when no parents or family members can be found, the child must be accorded the same protection as any
other child who permanently or temporarily is deprived of his/her family environment. A child in this situation is entitled to special protection and assistance provided by the state (art. 20, no. 1), including alternative care (art. 20, no. 2). How is such alternative care for unaccompanied minors arranged in Norway, and what kind of conditions do these arrangements constitute for young persons’ well-being and development?

This article is based on an interview study with 15 unaccompanied refugee minors and their professional caregivers at residential care institutions. Our focus is on challenges in providing care for children below 15 years of age when applying for asylum, and whose rights are secured by the Norwegian Child Welfare Act.¹

Care arrangements for unaccompanied refugee minors in Norway

Young persons applying for asylum in Norway are sent to residential care institutions (hereafter called care centres) for unaccompanied asylum-seeking minors, shortly after arrival. Those granted temporary residence permits move to group homes or foster homes in different Norwegian municipalities, after three to six months or more. Group homes are smaller residential care institutions and the most common out-of-home care for these young persons after resettlement. At both care centres and group homes, they are allocated a primary caregiver among the staff.

For unaccompanied refugee minors, the Norwegian State is legally responsible for their care and as such represent what would otherwise be considered as parental care
and responsibility. The parental responsibility is shared between the legal guardian and Child Welfare Services (Ministry of Children and Families, 2008). The former is responsible for the legal aspects of parenting, the latter for the care, which is realised at the care centres and group homes (the ‘daily care’). The care provided in care centres includes all necessary safeguarding, continuous observation and attention not delegated to other authorities or the legal guardian (Ministry of Children and Families, 2008). The guardian is not expected to have any responsibility for the daily care but is responsible for the long-term aspects of the child’s life, such as choices concerning education, religion, place of residence, medical care beyond everyday care, and administration of significant amounts of savings (Ministry of Children and Families, 2008).

Dividing parental responsibility in this way may invoke doubts concerning who is responsible for a range of care tasks in everyday life, for example, who will decide particular health interventions on the young persons’ behalf (Ministry of Children and Families, 2008). The segregation between the legal aspects of parental responsibility and the responsibility for daily care is laid down in different guidelines, intended to protect the young persons’ personal legal interests (e.g., The County Governor of Oslo and Akershus, 2017).

Within these regulations, the staff members find themselves in a field where there is a range of understandings of care (Storø, 2018). For unaccompanied minors, researchers have described a situation where the staff is caught in an ambiguous tension
between understanding care, on the one hand, as practices based on implicit and common-sense understandings similar to what happens at home, and on the other hand, understanding care as professional interventions, for example, milieu therapy. Such ambiguity may open up for non-reflective practices and “private ideas” of care work (Eide et al., 2017).

One aspect of care, implied in the UN Convention of the Child, as well as in the Norwegian Act on Children and Parents, is that care should support the development of each child. According to these sources, persons with parental responsibility for children are at all times obliged to consider objectively what will be in the best interest of the child and be an asset for the child in the long run (Norwegian Official Report (NOU) 1977: 35, 1977: 123). Thus, care not only covers protection and empathetic engagement here and now, but includes support regarding the future of the child. Nevertheless, sparse attention has been given to what a developmental perspective on care might entail. One aspect of concern is the need to connect understandings of care with an understanding of the developmental conditions that the young person encounters.

Models of development as a basis for understanding care

Relevant developmental perspectives when approaching the challenges of arranging and conducting care for unaccompanied minors are grounded in a sociocultural tradition. Cultural psychology (Cole, 1996; Shweder, 1999; Valsiner, 2000) anchors children’s
developmental processes in their everyday lives, embedded within a sociocultural and historical context. Children are conceptualised as meaning-making actors who develop through participating in the practices of everyday life (Højholt & Kousholt, 2018), within contexts that are socially and culturally arranged (Weisner, 2002). In the Western world, parents usually take the responsibility to organise the child’s everyday life in ways that secure the child’s welfare here and now, and that facilitate the child’s development by providing direction to their future activity (Weisner, 2002).

Developmental goals are related to increased participation and social influence in the particular communities in which the young persons live; thus, such goals are intrinsically interwoven with particular sociocultural conditions (Haavind, 1987; Rogoff, 2003). This theoretical perspective on development allows for methodological approaches that include sociocultural conditions (Bronfenbrenner & Morris, 1998; Rogoff, 2003) and regard caregivers and care receivers as meaning-making actors (Bruner, 1990).

One aspect of care of particular relevance in our case is that care for each child is shared between several persons and institutions. Historical, anthropological and cross-cultural research provide knowledge of how different aspects of care can be provided by different people, and are intimately related to the support provided by extended family and community (Rogoff, 2003: 104). This distributed support appears in different
versions historically and cross-culturally, but there is one recurrent feature: that one person, usually the mother, has a coordinative function (Rogoff, 2003: 121).

Research on modern parenthood in ‘ordinary’ families in Norway has shed light upon what shared care may look like in a modern industrialised country. It describes how care is carried out between several responsible adults in young people’s everyday lives, for example, between kindergarten and home (Andenæs, 2011), between separated parents (Jevne & Andenæs, 2017), and also between parents living together (Andenæs & Haavind, 2018). A crucial aspect of the parental task in the context of shared care is keeping an overview of, and evaluating the total care system, coordinating and enabling the other responsible adults to carry out ‘good enough’ care for this particular child. This is done, for instance, by informing the adults about the child’s recent experiences and preferences, and about how life is lived in other parts of everyday life. Though this kind of research has mainly addressed younger children, studies indicate that such coordination is of vital importance even for parents of teenagers (Malterud & Thornes, 2017), and underlines that coordinating is more than an administrative function.

Studies of out-of-home care, like residential care, show that the task of care is distributed among several professionals and institutions (‘institution’ refers to bounded and self-contained organisations, such as school, specific administrative procedures and health care offers (Zittoun, 2017: 181)), and thereby constitutes an even more complex
landscape of care than for children living in ‘ordinary’ families (Schwartz, 2017). It is well known that cooperation between professions and institutions is pivotal to the effective management of institutional care arrangements (e.g. Schwartz, 2017).

Informed by this body of theoretical and empirical knowledge, our research question is as follows: *What challenges are involved in sharing care across institutional contexts for young unaccompanied minors in residential care, and what kind of conditions do they seem to constitute for the young people’s well-being and development?*

**Methods**

In order to investigate challenges of sharing care across institutional contexts, and the conditions these care arrangements and practices seem to constitute for young people, we needed detailed accounts from both the primary professional caregivers and the young persons about the arrangements and routines of everyday life and the young persons’ experiences and concerns in their everyday lives.

**Participants**

Participants were recruited through several steps. First, ethical approval of the research project was obtained from the National Committee for Medical and Health Research Ethics, and clearance to contact the children was provided by the Norwegian Office for
Children, Youth and Family Affairs. All five care centres for unaccompanied asylum-seeking children in Norway were contacted, and all agreed to take part. Subsequently, the legal guardians of children who had recently been provided with temporary residence permits were contacted. With the applicable guardian’s consent, the interviewer contacted the child by telephone and informed him/her about the research project and potential participation. This was done with the assistance of an interpreter. The recruitment process yielded a group of 30 minors, 24 boys and six girls from different nationalities, and their professional caregivers.

Because we were interested in the practices and experiences of residential care for unaccompanied children and young people, we concentrated on the cases where the young persons had spent time in residential care institutions both before and after resettlement. This implied removing two cases where the young persons had moved to foster homes after the initial period in the institution. Moreover, in order to get a picture as complete as possible of each young person, we selected cases where interviews with the young person and the caregiver at both points in time had been obtained. As a result, 15 cases comprised the final group of participants, 4 girls and 11 boys, median age (claimed age) at the time of the first interview was 14 years, age range 13–16 years. Their countries of origin were Afghanistan, Somalia, Angola and Sri Lanka. All were granted temporary residence permits and were resettled in Norwegian municipalities.
Interviews with the young participants and the professional caregivers

The empirical material consists of transcribed interviews from two points in time with the young participants and their professional caregivers. The young persons had lived in Norway for approximately three to six months at the time of the first interview. One year later, once all had been resettled in new municipalities, new interviews were conducted with the young person and his/her new caregiver. At that point, the young people had been living in the group homes for approximately seven to twelve months.

The interviews with the young persons were conducted in a private room by the first author, a clinical psychologist, and were structured as conversations about their everyday lives. Informed by the life mode interview (Haavind, 1987), time was used as a structuring principle, and the young persons were invited to describe and reflect upon the events of the day prior to the interview, from waking up in the morning to going to bed at night. Through detailed and contextualised descriptions, the interviews focused on the affective, relational and material qualities of the events. These events were used as points of departure to include even associated retrospective and prospective events. Interpreters were engaged in the first round of interviews. The second time, most interviews were conducted without interpreters, but the participants were given the opportunity to include them if they so wished.

With the boys’ and girls’ consent, their professional caregivers at the care centre and later at the group homes were interviewed. This group of caregivers included
professionals engaged in social work, child welfare, social pedagogy, school and pre-
school teaching. Approximately 50% had no formal training. Time was used a
structuring element in these interviews, as in the interviews described above. In
addition, specific measures taken or planned in relation to the minor’s health,
educational and social situations were thematised, together with background
information such as status of their legal case and type of residence permit provided. Of
practical reasons, telephone interviews were used in conversations with all the
caregivers. Interviews were audiotaped and transcribed verbatim. The interviews with
the young persons and the professional caregivers are described in greater detail
elsewhere (Omland & Andenæs, 2018).

**Analysing shared care as life conditions for the young people**

The interview transcripts were analysed systematically. First, we read the interviews
with the young person and his/her professional caregiver from the residential care
institution in relation to each other – drawing as much information as possible from the
interviews on how the care system for each young person was arranged across
institutional contexts (for example, home, school, arranged afterschool activities, legal
guardianship). This procedure was conducted twice for each young person, first from
the interviews when the young persons lived at care centres, and then from the
interviews when the same young persons had moved to group homes, with new
professional caregivers. The memos that were written from each of these readings included descriptions of the institutional contexts in which the young persons were involved at both time points and how the professionals practised their responsibility for the young persons’ participation in each of those contexts.

We recognised, across cases, that shared care practices were prominent regarding regular life course issues in the young persons’ lives both at the care centres and group homes. And what we have called compartmentalised care practices were prominent regarding refugee-related issues. In the following presentation, we, therefore, treat the two residential care institutions as representing similar care systems regarding the arrangements and practices of care across contexts.

Secondly, we reread each pair of interviews with the young person and the professional caregiver at each time point, focusing especially on how the specific care arrangements for each young person seemed to address their expressed concerns. Examples of these concerns were worries about family members and worries about incomplete residence permits due to insufficient identification documentation.

In the following, we will describe how the caregivers dealt with the young persons’ participation across institutional contexts, and how these practices seemed to contribute their well-being and developmental possibilities.

According to our analysis, the compartmentalisation and outsourcing of responsibility were particularly salient for three categories of issues. These were (1)
mental health issues, especially concerning traumas related to refugee experiences, allocated to the mental health services; (2) economic issues, especially of transnational character, allocated to the legal guardian; and (3) legal issues concerning status as asylum-seeker or refugee, in full allocated to the legal guardian. All three issues are important; however, in this article, the refugee-related legal issues will be discussed more in-depth. The refugee-related legal issues included age assessment, family reunification and type of residence permits. We will argue that the way these issues were managed seemed to have serious implications for the young persons’ well-being and prosperity. In addition, sparse attention has been given to these issues in the literature and research on care and developmental support for young unaccompanied refugee minors.

After a brief presentation of the overarching results mentioned above, we continue to elaborate on how the refugee-related legal issues were administered and what this meant in the lives of the minors. Finally, we discuss the need for analytically informed understandings of care that are sensitive to the particular life conditions of the young persons.

Sharing care responsibility for ordinary life-course issues, dividing care responsibility for refugee-related issues
For most of the caregivers interviewed, it seemed obvious that coordinating was part of their responsibility. For example, having an overview of school life was considered a central task for primary caregivers, that is continuously assessing how the young persons’ experience at school (e.g., teasing at school) affected their experience at home and vice versa (e.g., getting enough sleep, bringing lunch). Most of the caregivers reported regular contact with the teacher, and at some of the group homes, they had even engaged teachers to help the students with their homework. This kind of support was individualised to suit each young person in the best possible way, and we encountered a pattern of engagement with regard to motivating the young ones by helping them experience and recognise progress and mastery.

However, when it came to other important issues, all related to their position as refugees, such kind of support was less prominent. The following up of young persons’ engagement with these questions was considered as outside the caregivers’ responsibility and allocated to other institutions’ administration. The caregivers themselves reported that they frequently responded the minors with ‘Discuss it with your legal guardian’ when asked about refugee-related legal issues. What further struck us was that even the psychological and social impact of these questions were often parcelled out of the caregivers’ care practices. As such, care provision was compartmentalised, and ‘outsourced’, and the professional caregivers’ overview of
central issues in the young peoples’ lives was lost. In the following, we will present the
details of how these refugee-related legal issues were dealt with.

**Age assessment issues**

For the young people, age assessment is a significant procedure in the asylum procedure
because age is a defining element to enjoy rights to protection and care (De Graeve &
Bex, 2017). Presently, age assessment entails evaluation of teeth and X-rays of carpal
bones (Lidén, 2017).4

Most of the minors in this study had undergone age assessment as part of the
asylum application procedure. The majority ‘kept’ the age they had claimed, but several
had their age raised by one to two years, and one had his age reduced by two years. It is
worth noting that most of those who had their age altered did not thematise this in the
interview, except for one girl, Sakura to whom it became a central topic. Through her
accounts, we became aware of how the age alteration limited her actual participation in
relevant peer groups and contributed to her experience of life as hopeless.

Sakura came from an African country together with her sister. As expressed by
Sakura and confirmed by the professional caregiver, the two sisters had been lured to
Europe with a promise of education, but on arrival, they were forced to work in a
brothel. They managed to escape, were settled in a care centre, and eventually received
temporary residence permits on humanitarian grounds.
Both girls had their claimed age raised by two years following the age assessment procedure. At the time of the second interview, Sakura claimed to be 15 years, but the immigration authorities set her age to 17. As a result, she was denied access to upper secondary school where she had her established peer group and had to pursue adult education:

> When we applied for school, I found out that I was 17 and my sister 15. I was shocked and sad. Then I said: I am not that old. At this school, people are older than me, but they said, “This is the information that UDI [the Norwegian Immigration Office] gave us, and there is nothing we can do about it”.

Thus, this apparently administrative detail had significance for Sakura’s access to central social arenas in everyday life. School is a vital arena of psychosocial support, especially for unaccompanied minors (Pastoor, 2015), and it is an arena where young people co-create meaning in a peer group, developing a sense of identity here and now and laying the grounds for developmental trajectories towards adulthood (Gulbrandsen, 2003). Accordingly, the result of the age assessment severely altered her access to social support and relevant context of meaning-making. Moreover, the fact that she was no longer allowed to attend upper secondary school seemed to create a rupture in her understanding of herself as a member of the peer group, and her future.

According to the caregiver, Sakura had complained that ‘school was boring’. This may be seen as a quite common complaint that teenagers have. However, the lack of engagement in the age assessment issue made the caregiver less inclined to spot that
the claim ‘school is boring’, might have another meaning for Sakura than for another young person. Sakura’s unease at school was closely connected to the structural conditions related to her refugee status, age determination and asylum procedures. Sakura seemed to experience that she was administered as an ‘object’ and that her plea for justice had little significance. This seemed to affect her experience of being in the world, and in the interview undertaken at the group home, she expressed severe depressive thoughts:

I just want to get out from this world. This world is very sad for us. (…) I don’t have any hopes in this life. (For how long have you had this feeling?) Since I moved here, and they told us that we cannot do anything. Nobody can help us to get our right ages back. Nobody can help us with that. (…) I feel sick. I never feel good. I regret coming here [to Norway]. (…). [I] can’t breathe here.

The apparently delimited legal problem infused Sakura’s perception of her life in a way that made her describe it as sad and hopeless, seeing suicide as the only way out of her problems. The legal issue of age assessment became, in combination with other problems, a mental health problem.

The caregiver considered the issues related to Sakura’s age assessment as outside her responsibility and area of involvement, as implied by the division of parental responsibility. Her understanding of the significance of this vital issue in Sakura’s life was therefore limited:

Yes, she has mentioned it [the age assessment] a couple of times and says that it is the wrong age, but I do think…. She has gotten the message that she can (…) talk about it with her legal guardian (…) .
The complete allocation of this ‘administrative detail’ to the legal guardian, implied that the caregiver lost a central meaning context in Sakura’s everyday life. Likewise, it stripped Sakura from the possibility of receiving the caregiver’s support when this could have been of vital importance. In a safe ‘parental’ context, the ‘administrative detail’ could have been an issue to share and elaborate, even underlining the agency of the young person. In Sakura’s case, the detail was rendered as something outside the range of daily life at the group home.

**Issues concerning type of residence permit**

Valid identity documentation (ID) is crucial in the process of obtaining rights in Norway. For those granted residency in Norway on humanitarian grounds, certain limitations to the residence permit may apply if the person cannot present a valid ID to the immigration authorities. Lack of sufficient identity documents at arrival will deprive them of the access to apply for a permanent residence permit, the right to family reunification, and the right to travel abroad (Sønsterudbråten, 2012). Their residence status will remain ‘temporary’ until the necessary ID is presented to the immigration office. Approximately 1/3 of the individuals with such limitations in their residence permit will never obtain sufficient documentation of their identity (Sønsterudbråten, 2012). They have to live with these limitations, as well as the continuous risk of being
sent back to their countries of origin. The question of return is linked to the immigration office’s periodic assessment of the potential reduced danger of returning to their countries of origin (Sønsterudbråten, 2012).

The limitations described above applied to some of the young participants in this study, among them two sisters, Sachini and Thilini, aged 15 and 13 years old. The issue of limited residence permits was not addressed in the interviews by any of the young persons, but for the Sachinis’ caregiver at the care centre, this was a central concern:

The sisters haven’t got the same decision [on their applications for residence permit] as the other children here. They have some limitations (…). I know from other care centres that other children from [the same country] have been sent back.

The caregiver knew that limited residence permits set some significant restrictions on the lives that these young people can possibly pursue and that they would have to live with the periodic risk of being returned to their countries of origin.

However, the sisters’ caregivers at the group home did not show any concern for the limitations in their residence permits. One of the caregivers claimed that these kinds of legal issues were not her responsibility, and as such outside the range of questions she wanted to engage in:

What is in the past or in the future is not what is in my job description. My job is to provide them with daily care.
The professional caregiver is here drawing upon a literal meaning of ‘daily care’, that is, ongoing everyday care day by day, with a very limited temporal perspective.

Parcelling out this particular legal issue and categorising it as outside the caregivers’ responsibility implied that such complex life conditions for those in this situation were not included in the staff’s understanding of the particular circumstances in which the minors lived. For example, co-constructions of ‘prospective narratives’ (Mattingly, 1998), a common element in adults’ and children’s everyday life conversations (Haavind, 1987), and central in young people’s developmental moves towards the future (Jansen & Andenæs, 2013), would be difficult to do, or be based on incorrect premises.

A rather different approach was demonstrated for two boys from the same country who had similar limitations in residence permits, Agith and Lahiru, both 13 years on arrival in Norway. According to the caregivers at the group home, they initiated and took part in meetings with the legal guardian and brought forward and promoted questions they knew had central significance for each of the young persons’ present and future lives. According to Agith’s caregiver at the group home, they ‘translated’ harsh information in sensitive ways to accommodate the young persons’ understanding and to prevent overwhelming reactions. At the same time, they retained the essence of what was at stake, for example, the possibility that the boys’ identities
would never be confirmed, further residence permits denied, and with the risk of being forced back to their country of origin:

It is not sure he fully understands his situation (…). That he may be sent home when he’s old enough. We must approach it step by step (…), so he doesn’t get it thrown upon him all in a sudden.

Moreover, the caregiver was sensitive to suit the approach to Agith and his concrete everyday life situation at the group home:

He sees that some of the boys from Afghanistan still live here, and they are over 18. And he might think that it’s safe now. But he is in another situation.

Thus, these caregivers were attuned to how Agith might interpret his situation. They also planned to meet Agith’s needs for support and care by imagining how Agith might feel and think after they had spoken about the limitations of his residence permit:

[W]ill he ruminate and need to talk more about it… We said to him: ‘If you’ll get a lot on your mind now, please tell us, don’t lie awake at night’

This kind of support is possible when the caregivers share significant parts of everyday life with the young ones, as was the case with Agith and Lahiru. But, even in these cases, the caregivers’ active engagement was framed as peripheral or outside their care responsibility. When it was carried out, it was, first of all, because they perceived this as needed due to a legal guardian who was too passive. In light of how parents usually support their children across contexts in everyday life (Andenæs, 2011; Andenæs &
Haavind, 2018; Malterud & Thornes, 2017), the efforts of Agith and Lahiru’s caregivers would be considered as central. But for the unaccompanied refugee minors, these kinds of efforts were rarely undertaken and rarely regarded as, or referred to as, tasks of care.

**Family reunification issues**

Many of the young persons’ coming to Norway as unaccompanied asylum-seeking minors try to reunite with their families, but very few succeed. During the last 20 years, only 3% of unaccompanied refugee minors have reunited in Norway with their parents (Dzamarija & Sandnes, 2016: 59).

Most of the young persons in our study expressed concern about the family reunification application process. In many cases, they experienced having the responsibility of seeing that the application process was appropriately administered. Azar, age 14 years, was in the process of seeking assistance to enable his parent to apply for family reunification. The following quote gives an impression of the confusion and feeling of hopelessness that seemed to be a common experience when nobody had the overview and nobody engaged in coordinating the process:

I’ve spoken to everybody. (Who have you spoken with?) The child welfare caseworker, legal guardian, the primary care worker (What has your legal guardian said in response to your question?) I have spoken with the legal guardian, and he said that I have to contact my lawyer and discuss it with him. I’ve spoken to the child welfare caseworker after I spoke with my legal guardian, but she said that they cannot help me with this issue. (…). (Mhm. And your legal guardian said you had to discuss it with your lawyer?) Yes. I haven’t spoken to him.
Nobody seemed to keep track of the application process, and it was up to the boy himself to understand the complex information and institutional practices and to make contact with officials. This was done with very limited support and guidance. As the quote illustrates, Azar claimed that he himself had to take the initiative to call his lawyer. It is difficult to envision any of his Norwegian 14-year old peers undertaking such a task.

The response ‘Discuss it with your lawyer’ did not lead to Azar actually calling his lawyer. It seemed to be interpreted in the same way as ‘Discuss it with your legal guardian’; as signalling ‘we cannot help you’, and thus, interpreted as a dead-end in seeking further assistance. What is more, Azar claimed that the child welfare caseworker advised him to be the one to inform his mother about the legal procedures in Norway, thus, making Azar the responsible one for communicating and explaining the rules and procedures regarding the application process, to his mother. Indeed, a heavy burden on the shoulders of a child:

[The Child Welfare Services’ case worker] gave the advice that my mother had to submit the application from her country of origin [Afghanistan]…. But they [the mother and brother] are in Pakistan, and they can’t send it from there, and they don’t know where to seek assistance, and it’s difficult for them.

Azar confirmed that he had to be the one to guide his mother in navigating the legal procedures from Pakistan, and the procedure had halted as the mother was at loss regarding the next steps to take. Azar seemed confused by the lack of information
regarding what he himself could do in order for the process to continue. He seemed felt
burdened by the fact that he could not help his family, that it seemed hopeless and that
nobody would help him.

The interviews with Azar’s care workers at the care centre and later at the group
home confirmed the impression in the interviews with Azar; at the care centre, the
primary care worker expressed that ‘Azar shouldn’t just wait to see that others will take
responsibility and fix it all’. Azar’s caregiver expressed the same idea at the group
home: ‘Also, Azar has a responsibility to create a good relationship with the legal
guardian and to be active’. Thus, the support to mediate the communication and
relationship between the young person and the legal guardian seemed quite absent in
Azar’s daily life.

**Discussion and concluding remarks**

In this study, we have explored how institutional care for unaccompanied minors is
arranged and practised in Norway, and what kind of conditions such arrangements
constitute for young person’s well-being and development. Specifically, our focus has
been on the challenges involved in sharing care across institutional contexts for the
young persons. In this last section, we will discuss some aspects of the findings in this
study, and how our specific methodological approach contributed to bringing these
about.
This study has elucidated the parental responsibility for unaccompanied minors in Norway, allocated to the Norwegian State, as enacted and experienced. Compartmentalising care and support through the division of parental responsibility between the legal guardian and the care institutions created a barrier in the caregivers’ understanding of the individual young person’s everyday life, meaning-making and concerns. In particular, the ‘outsourcing’ of refugee-related legal issues – age assessment, type of residence permit and the struggle for family reunification – obscured the caregivers’ understanding of what was at stake in each of the young persons’ lives.

Furthermore, the outsourcing of refugee-related legal issues had implications for the young persons’ well-being: The relative absence of the coordinative function in their lives left them alone in making sense of and dealing the implications of the legal matters in their everyday lives. This was accompanied by feelings that were tightly related to psychological distress, namely feelings of being alone, of not being understood and not helped. In the most severe case, it was related to deep desperation and suicidal ideation. The way in which the outsourcing created difficulties for the young persons seemed to remain hidden for the adults in charge. The compartmentalised responsibility of care made it difficult to spot how and why they suffered.

Though a strict enactment of a divided parental responsibility between the legal guardian and the care institution is intended to protect the child’s personal legal interest,
it became a central challenge in carrying out central tasks of care. Beyond the scope of this article, these findings call for more attention given to the legal regulations and practices of public administrative bodies in their communication with and about unaccompanied minors. These procedures must be carried out in ways that both protect the minors’ personal and legal interests, and at the same time, facilitates a coordinated system of care.

As to the methodological approaches chosen for the study, we will, in particular, discuss two points. The first one has to do with the production of the empirical material. Interviewing the caregivers as well as the care receivers about the details of everyday life enabled us to explore the practices and intentions of the caregivers to create a coherent everyday life for each young person. Furthermore, it allowed us to explore how the young person in question experienced these efforts, and how they corresponded with his or her own concerns.

The second methodological point concerns the analytical gaze, informed by knowledge of ordinary family life in a Norwegian setting. By employing a developmental perspective in the analysis, as well as drawing upon research on parental tasks in ‘ordinary families’, we could spot and elaborate on the coordinative function and its significance in residential care. Using ‘shared care’ as an analytic concept, enabled us to elucidate particular practices and understandings of care, for instance, the importance of coordination, that is taken for granted in home-based care, but not in out-
of-home care. The coordinative efforts are incorporated in both ‘ordinary’ homes and residential care when it comes to the connection between school and caregivers, but such efforts were hardly seen between the legal guardianship/lawyer and primary caregivers, while the need for such efforts can be considered as even stronger.

Theoretical perspectives that can take into account the complex life situations of the young persons and consider them as meaning-making actors who develop through participating in the practices of everyday life have shown to be useful in this respect. Such perspectives may contribute to a more specific understanding of what care is about in the context of residential care for unaccompanied minors. Moving from an understanding of care as divided into separate compartments, towards approaching care as a shared enterprise, with responsible adults coordinating their efforts and understanding of the young person, where at least one adult person has overview and responsibility for the coordination seems highly required.

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1 In Norway, the care for unaccompanied asylum-seeking minors below 15 years at arrival is delegated to the Child Welfare Services and secured under the Child Welfare Act, while the care for those over 15 is delegated to the Directorate of Immigration with significantly lower care standards. This differential treatment has been repeatedly criticized by the UN Committee on the Rights of the Child (e.g. UNCRC, 2018).

2 A temporary residence permit opens the possibility of applying for a permanent residence permit after approximately three years of residency in Norway. However, exceptions apply, for example if valid ID from the country of origin is required but cannot be presented.

3 The given age is the young persons’ *claimed age*. When the results of age assessments where taken as point of departure, median age was still 14 years, mean age was raised less than half a year and age range was 13-17 years.

4 There is significant uncertainty associated with the age range of 16–20 years: According to X-ray experts, the outcome of the test for a 17-year-old asylum seeker may be that he is 14.5 or 19.5 years (Lidén, 2017). Those who are considered to be over the age of 18 lose rights such as schooling and a representative (legal guardian) while they are waiting for the appeal from the Immigration Appeals Board (Lidén, 2017).
References


Malterud, M.H. & Thernes, J. (2017) " Ring hvis det er noe!" En kvalitativ undersøkelse av foreldreskap for ungodom ["Call me if you need me!" A qualitative study of parenthood for youth]. Master thesis. University of Oslo Retrieved from [https://www.duo.uio.no/bitstream/handle/10852/56248/SELVE-OPPGAVENmedpskeendringer.pdf?sequence=5&isAllowed=y](https://www.duo.uio.no/bitstream/handle/10852/56248/SELVE-OPPGAVENmedpskeendringer.pdf?sequence=5&isAllowed=y)


