


‘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 into how parents in 'ordinary' families organize 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 its implications 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 was 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 are considered the responsibility of parents. The article focuses on the outsourcing of what we call refugee-related legal issues in the minors' everyday lives, to the legal guardians, which appeared to be a barrier to being understood and supported.

KEYWORDS

development, inter-professional cooperation, residential care, shared care, unaccompanied refugee minors, well-being

1 | INTRODUCTION

By the end of 2018, 25.9 million persons were formally regarded as refugees, and about half of them were children under the age of 18 (UNHCR, 2019). As stated in the UN Convention on the Rights of the Child, states must ensure that children seeking protection, or who are identified as refugees, receive appropriate protection and humanitarian assistance. 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, including alternative care. 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 offers some answers to these questions based on interviews with 15 unaccompanied refugee minors and their professional caregivers at residential care institutions.

1.1 | Care arrangements for unaccompanied refugee minors in Norway

In Norway, care for unaccompanied asylum-seeking minors over 15 years is delegated to the Directorate of Immigration, whereas care

for those under 15 years at arrival is delegated to the Child Welfare Services and secured under the Child Welfare Act, with significantly higher care standards. Shortly after arrival, the young persons belonging to this last group are sent to residential care institutions (hereafter called *care centres*) for unaccompanied asylum-seeking minors. The care centres for unaccompanied minors are supposed to provide services that are as good as the services provided to other children under the care of the child welfare services (Ministry of Children and Families, 2008). After 3 to 6 months or more, those granted temporary residence permits are resettled in different Norwegian municipalities, which are then responsible for their accommodation and care. The type of housing/care offered depends on age and assessments of their needs. For those younger than 14 years, foster homes are preferred, but for those who are 14 or older, group homes—that is, residential care institutions for three to five young persons—are the most common out-of-home care (Lidén, Trættestad, & Ulvik, 2018).

Deinstitutionalization of child care facilities has been the policy and practice since the 1970s across Western Europe, North America, Australia and New Zealand (Davidson, Milligan, Quinn, Cantwell, & Elsley, 2017, p. 755). In many countries, including Norway, residential care tends to be seen as 'a measure of last resort' (Backe-Hansen, Bakketeig, Gautun, & Grønningsæter, 2011). In the United Kingdom and Ireland, this trend is also reflected in the system of care for unaccompanied young people, with most of the young people now being in family placements (De Ruijter de Wildt et al., 2015; Ní Raghallaigh, 2013).

In Norway, foster care is less common for unaccompanied minors than for children from the majority population (see Bufdir, 2020). This situation has been linked to the older age distribution of the unaccompanied minors and the difficulties in recruiting suitable foster homes for older children (Lidén, Aasen, Seeberg, & Staver, 2020; Pastoor, Eide, & Mekonen, 2010).

1.2 | Legal regulations of care responsibility

The Norwegian state is legally responsible for the care of unaccompanied refugee minors and, as such, represents what would otherwise be considered parental care and responsibility. In Norway, as in, for example, the United Kingdom, Ireland and Sweden, care for unaccompanied minors is regulated under the general child welfare legislation (for a comprehensive overview of European countries, see De Ruijter de Wildt et al., 2015). This implies that the young persons have the same rights to care as their citizen peers. Nevertheless, there are elements of the national legislations, or of the implementations, that pave the way for unequal treatment of unaccompanied asylum-seeking minors compared with citizen children (see De Ruijter de Wildt et al., 2015). For example, in Norway, as initially mentioned, rights to care secured under the Child Welfare Act apply only to young persons under the age of 15 at arrival.

Parental responsibility for unaccompanied minors under 15 years of age in Norway is carried out by the legal guardian, responsible for the legal aspects of parenting, and the Child Welfare Services,

responsible for what is termed 'daily care', provided at the care centres and group homes (see Ministry of Children and Families, 2008). This care 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 expected to have responsibility not for daily care but, rather, 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).

The segregation between the legal aspects of parental responsibility and the responsibility for daily care is not due to any particular legal regulation in Norway but, rather, corresponds to a general principle of Western jurisdiction: when the state has parental responsibility, legal issues in the child's life should be dealt with separately from care issues to prevent the same legal body from both controlling and protecting the young person's legal interests. The divided parental responsibility constitutes a central condition for the overall care provision for the unaccompanied minors, and questions have been raised about what this division may imply in terms of responsibility for, for example, who decides on particular health interventions on the young persons' behalf (see Ministry of Children and Families, 2008).

Within the outlined legal regulation of care, staff members find themselves in a field with a wide range of understandings of the aims of care (Storø, 2018). How staff seem to be caught in an ambiguous tension between different understandings of care has been described by Eide, Kjelaas, and Larsgaard (2017): on the one hand, care as practices based on implicit and common-sense understandings, similar to what happens at home, and, on the other hand, care as professional interventions, for example, milieu therapy, which is often explicitly and systematically applied. Such ambiguity may facilitate practices of care that are less reflected upon or without any satisfactory basis.

One aspect of care implied in the UN Convention of the Child, and in the Norwegian Act on Children and Parents, is that care should support the *development* of each child. Persons with parental responsibility for children are at all times obliged to consider objectively the best interest of the child and what might be an asset for the child in the long run (Norwegian Official Report [NOU] 1977: 35, 1977, p. 123). Nevertheless, sparse attention has been paid to what a developmental perspective on care might entail.

1.3 | Models of development as a basis for understanding care

Cultural psychology (Cole, 1996; Shweder, 1999; Valsiner, 2000) anchors children's developmental processes in their everyday lives, embedded within a sociocultural and historical context, and thus offers relevant developmental perspectives when approaching the challenges of arranging and conducting care for unaccompanied minors. Children are conceptualized as meaning-making actors who

develop by 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 responsibility for organizing 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 communities where the young persons live; thus, such goals are intrinsically interwoven with particular sociocultural conditions (Haavind, 1987; Rogoff, 2003). These theoretical perspectives on development allow for methodological approaches that include sociocultural conditions (Rogoff, 2003) and regard caregivers and care receivers as *meaning-making actors* (Bruner, 1990).

Previous work has revealed how different people can provide different aspects of care (Rogoff, 2003, p. 104). This distributed support appears in different versions historically and cross-culturally, but there is one recurrent feature: that at least one person, usually the mother, has a coordinative function (Rogoff, 2003, p. 121). Research on modern parenthood in 'ordinary' families in Norway underlines this point. 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 between parents living together (Andenæs & Haavind, 2018). These studies employ the concept of *shared care* to elucidate how adults with care responsibility bind together distributed care for their children. A crucial aspect of the parental task in the context of shared care is keeping an overview of and evaluating the total care system, thereby 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. Thus, the concept of shared care underlines that coordinating care is more than an administrative function. 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). Informed by this body of theoretical and empirical knowledge, our research question is as follows: What challenges are involved in organizing care across institutional contexts for young unaccompanied minors in residential care, and what kind of life conditions do such arrangements and practices of care constitute for the young persons' well-being and development?

2 | METHODS

To investigate challenges involved in organizing care across institutional contexts and the conditions that these care arrangements and practices seem to constitute for young people, we asked for 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.

2.1 | Participants

Participants were recruited through several steps. 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. 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, with the assistance of an interpreter, informed him/her about the research project and potential participation. Thirty minors were recruited: 24 boys and six girls from different nationalities, and their professional caregivers.

Because we were interested in the practices and experiences of *residential care*, we concentrated on cases in which the unaccompanied children and young persons lived in residential care institutions both before and after resettlement. This resulted in the exclusion of five cases in which the young persons had moved to foster homes after the initial period in the institution. Moreover, to get a picture that was as complete as possible of each young person, we selected cases where interviews with the minor and the caregiver had been obtained at both points in time. As a result, the final group of participants consisted of 15 cases: four girls and 11 boys. The median age (claimed age) at the time of the first interview was 14 years, with an age range of 13–16 years. Countries of origin were Afghanistan, Somalia, Angola and Sri Lanka. All the participants were granted temporary residence permits and were resettled in Norwegian municipalities.

2.2 | Interviews with the young participants and 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 3–6 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 7 to 12 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), the flow of events in chronological time was used as a structuring principle: 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 contextualized descriptions, the interviews focused on the affective, relational and material qualities of the events. These events were used as points of departure to include

associated retrospective and prospective events. Interpreters were engaged in the first round of interviews. The second time, most of the interviews were conducted without interpreters, but the participants were allowed to include them if they so wished.

In both care centres and group homes, each young person is allocated a primary caregiver among the full-time staff. These caregivers at the care centre, and later at the group homes, were interviewed with the young persons' consent. This group of caregivers included professionals engaged in social work, child welfare, social pedagogues and school and preschool teaching, but approximately 50% had no formal training. In these interviews as well, chronological time was used as a structuring principle. In addition, questions were asked about specific measures taken or planned in relation to the minor's health, educational and social situations, as well as information about the status of their legal case and type of residence permit provided. For 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 professional caregivers are described in greater detail elsewhere (Omland & Andenæs, 2018).

2.3 | Analysing distributed care as life conditions for the young persons

The analysis of the interview transcripts was inspired by reflexive thematic analysis (Braun & Clarke, 2019) and theoretically informed interpretive approaches (Magnusson & Marecek, 2015), in our case by the cultural psychological approach to development and care, outlined above. 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 (e.g. home, school, arranged afterschool activities and 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. In the analysis, the concept of 'shared care' was employed as a 'sensitizing concept' (Blumer, 1956) to elucidate particular practices and understandings of care related to how 'ordinary' families organize care. The memos written from each of these readings included descriptions of the relevant institutional contexts at two points in time, roughly 1 year apart, and the manner in which professionals facilitated the young persons' participation in each of those contexts.

We recognized, across cases, that *shared* care practices played a prominent role regarding regular life course issues in the young persons' lives, whereas what we have called *compartmentalized* care practices were prominent regarding refugee-related issues. This seemed to be the case in the care centres as well as in the group homes, which will also be reflected in the following presentation.

Second, we reread each pair of interviews with the young person and the professional caregiver at each time point, focusing on how the specific care arrangements for each young person addressed their expressed concerns. Examples of these concerns were their worries about family members and 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 contributed to their well-being and developmental possibilities, thus suggesting our answers to the research questions about the challenges involved in organizing care across institutional contexts.

According to our analysis, the compartmentalization and outsourcing of responsibility were particularly salient for three categories of issues: (i) mental health issues, especially concerning traumas related to refugee experiences; (ii) economic issues, especially of a transnational character, allocated to the legal guardian; and (iii) legal issues concerning status as asylum seeker or refugee, including age assessment, family reunification and type of residence permits, in full allocated to the legal guardian. All three categories are important, but in this article, refugee-related legal issues will be discussed in more depth. The reason for this choice is that the management of refugee-related legal issues has serious implications for the young persons' well-being and prosperity. However, these issues have received limited attention in the literature and research on care and developmental support for young unaccompanied refugee minors.

After a brief presentation of the results mentioned above, we will 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 understanding care in ways that are sensitive to the young persons' life conditions.

3 | SHARING CARE FOR ORDINARY LIFE COURSE ISSUES AND DIVIDING CARE FOR REFUGEE-RELATED ISSUES

Most of the interviewed caregivers included the tasks of achieving overview and coordinating across contexts as obvious elements of their care responsibility. For example, primary caregivers regarded, as a central task, providing an overview of school life, 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 and bringing lunch). Most of the caregivers reported regular contact with the teacher; at some of the group homes, they had even engaged teachers to help the students with their homework. This kind of support was individualized to suit each young person in the best possible way, and we encountered a pattern of engagement with regard to motivating the young people by helping them experience and recognize progress and success.

However, when it came to other important issues, like those related to the young people's status as refugees, this kind of support was less prominent. The following up of young persons' engagement

with these questions was considered to be outside the caregivers' care responsibility and was allocated to other institutions' administration. The caregivers themselves reported that, when asked about refugee-related legal issues, they frequently responded to the minors with 'Discuss it with your legal guardian'; even the psychological and social impacts of these questions were often parcelled out of the caregivers' care practices. As such, care provision was compartmentalized and 'outsourced', which meant that the professional caregivers' overview of central issues in the young people's lives was lost. We will now present the refugee-related legal issues and how these were dealt with.

3.1 | Age assessment issues

As described in the introduction, age is a defining element for enjoying rights to protection and care. Thus, age assessment was a significant aspect of the asylum procedure. Presently, age assessment entails the evaluation of teeth and X-rays of the carpal bones (Lidén, 2017).

Most of the minors had undergone age assessment as part of the asylum application procedure. Several had their ages either reduced or increased by 1 to 2 years. For one girl, Sakura, the alteration became a central topic. Through her accounts, and as a case that serves to highlight the *variety* of implications of compartmentalized care practices, we became aware of how the age alteration could limit the actual participation in relevant peer groups and might even contribute to an experience of life as hopeless. The example with Sakura illustrates the potential personal meaning of a seemingly small and undramatic refugee-related legal issue. The example underlines the fact that the evaluation of the validity of results is dependent not upon its numerical prevalence among the participants but, rather, upon a particular case's ability to produce new insight (Levitt, Motulsky, Wertz, Morrow, & Ponterotto, 2017; Stiles, 2003).

Sakura came from an African country with her sister. 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 2 years following the age assessment procedure. At the time of the second interview, Sakura claimed to be 15 years old, but the immigration authorities set her age at 17. As a result, she was denied access to upper secondary school where she had an established peer group, and she 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 was significant with respect to 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 an arena where young people cocreate meaning in a peer group, developing a sense of identity here and now and laying the grounds for developmental trajectories towards adulthood (Gulbrandsen, 2003). The fact that Sakura 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. Moreover, the result of the age assessment significantly altered her access to social support and relevant contexts of meaning making.

According to the caregiver, Sakura had complained that 'school was boring'. This may be seen as a quite common complaint from a young person, though it might also have another meaning for Sakura as compared with other youth. Sakura's unease at school was closely connected to the structural conditions related to her refugee status, age determination and asylum procedures, but the lack of engagement in the age assessment issue made the caregiver less inclined to spot this connection. 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, as expressed in the interview undertaken at the group home:

I just want to get out of 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 limited legal problem infused Sakura's perception of her life in a way that made her describe it as sad and hopeless. She saw suicide as the only way out of her problems.

The caregiver considered the issues related to Sakura's age assessment as outside her responsibility and area of involvement:

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 had lost a central meaning context in Sakura's everyday life, which prevented Sakura from receiving the caregiver's support when this could have been of vital importance. In a safe and more parental-like context, the 'administrative detail' could have been an issue to share and elaborate, even supporting the agency of the young person.

3.2 | 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, limitations to the residence permit may apply if the person cannot present a valid ID to the immigration authorities; they will be deprived of the right to apply for a permanent residence permit, the right to family reunification and the right to travel abroad (Sønsterudbråten, 2012). What is more, they must live with 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 danger of returning to their countries of origin (Sønsterudbråten, 2012). Approximately one third of individuals with such limitations in their residence permit will never obtain sufficient documentation (Sønsterudbråten, 2012) and, thus, will have to live with these limitations indefinitely.

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 with the young persons, but it was a central concern for Sachini's caregiver at the care centre:

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 placed some significant restrictions on their lives and that they would have to live with the periodic risk of being returned to their countries of origin. However, at the group home, the sisters' caregivers did not show any concern about the issue. One of them claimed that these kinds of issues were not her responsibility:

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.

Here, the professional caregiver is drawing upon a literal meaning of 'daily care', that is, ongoing everyday care *day by day*, with a very limited temporal perspective. Through the parcelling out of the limited residence permit issue and the categorizing of it as outside the caregiver's responsibility, such a complex and central life condition is not included in the caregiver's understanding of the young person. The exclusion of such central life conditions from the caregiver's understanding of the young person's everyday life contributes to the obstruction of possibilities for relevant developmental support in daily care. One example of such support is the coconstructions of 'prospective narratives' (Mattingly, 1998), or stories about the future, a common element in adults' and children's everyday life conversations (Haavind, 1987) and central to young people's developmental moves (Jansen & Andenæs, 2013).

Practices vary, and two boys who had similar limitations in residence permits, Agith and Lahiru, both 13 years on arrival in Norway, were dealt with rather differently. The caregivers at the group home described how 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. Further, they 'translated' harsh information in sensitive ways to accommodate the young persons' understanding and prevent overwhelming distress. 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 and that further residence permits would be denied, 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 of a sudden.

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:

Will he ruminate and need to talk more about it We said to him: 'If you 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 people, as in the case of Agith and Lahiru. Nevertheless, even in that case, the caregivers framed their active engagement as outside their care responsibility. It was something they wanted to do because they thought that the legal guardian was far too passive. In the light of how parents usually support their children across contexts in everyday life (Malterud & Thornes, 2017), the efforts of Agith and Lahiru's caregivers would be considered as self-evident, but for the unaccompanied refugee minors, this was rarely regarded, or referred to, as tasks of care.

3.3 | 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 with their parents in Norway (Dzamarija & Sandnes, 2016, p. 59).

Most of the young persons expressed concern about the reunification application process, and many of them experienced it as their responsibility to oversee the administration of the application process. Azar, age 14 years, was in the process of seeking assistance to enable his parent to apply for family reunification:

I've spoken to everybody. (Whom 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.

The quote gives an impression of the confusion and feeling of hopelessness when nobody had an overview or engaged in 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. 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 prompt Azar to actually call his lawyer. It seemed to be interpreted the same way as 'Discuss it with your legal guardian'; as signalling 'we cannot help you'; and thus, 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 person for communicating and explaining the rules and procedures regarding the application process:

[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 lacked information regarding what he himself could do in order for the process to continue. He was burdened by the fact that he could not help his family, that it seemed hopeless and that nobody would help him.

Even in the interview with Azar's professional caregiver, following up the family reunification process was framed as Azar's responsibility: 'Azar shouldn't just wait to see that others take responsibility and fix it all'. The responsibility given to Azar in this situation opposes normative ideas of support for children in a basic sense.

4 | DISCUSSION AND CONCLUDING REMARKS

In this study, we have explored how residential care for unaccompanied minors is arranged and practised in Norway and what kind of life conditions such arrangements constitute for young persons' well-being and development. Specifically, our focus has been on the challenges involved in organizing care across institutional contexts for the

young persons. In this last section, we will discuss some aspects of the findings and how our specific methodological approach contributed to bringing these about.

The study has elucidated how parental responsibility for unaccompanied minors in Norway, allocated to the Norwegian state, is enacted and experienced. Although a strict division of parental responsibility between the legal guardian and the care institution is intended to protect the child's personal legal interest, this also became a challenge in carrying out central tasks of care. The study has shown that divided parental responsibility cannot be viewed simply as a legal administration of the care for the young persons but rather as an arrangement that has important implications for the concrete care provision and the child's everyday life. The study underlines that there is a need for heightened awareness of these implications. The article highlights that the divided care responsibility may represent an inbuilt risk that the caregivers with most frequent contact with the young persons may avoid, or sidestep, complex legal issues in the lives of the young persons. The outsourcing of such 'compartments' of care may hinder the caregiver's understanding of the particular 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—may obscure the caregivers' understanding of what is at stake in each of the young persons' lives.

Furthermore, the study revealed that the relative absence of a coordinative function in the young persons' lives often left them alone in making sense of and dealing with legal matters in their everyday lives. As described, this was accompanied by feelings closely related to psychological distress, namely, feelings of being alone, of not being understood and of not being helped. In the most severe case, as the one with Sakura, this was related to deep desperation and even suicidal ideation. The compartmentalized enactment of care responsibility made it difficult for the adults in charge to work out how and why the young people suffered.

Given the vital importance of protecting the young persons' personal legal interests through the division of parental responsibility between the state and the civic society, the care system might have an inevitable tension, compromising a well-coordinated system of care. However, a vital role for professionals should then be to alleviate the unintended consequences of the divided parental responsibility. An important step would be to increase awareness among care professionals of the significance of legal issues in young persons' everyday lives, creating a concern that may be spoken about, even when it is not immediately solved on a practical level.

The study illustrates that theoretical perspectives that take into account the complex life situations of young persons and consider young persons to be meaning-making actors who develop through participating in the practices of everyday life contribute to a more contextualized understanding of care. First, 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 the young persons. Moreover, it

enabled us to explore the young persons' experiences and concerns as grounded in everyday life.

Second, by employing a developmental perspective in the analysis, informed by knowledge of ordinary family life and the concept 'shared care', we identified and elaborated on the coordinative function and its significance in residential care. Although coordinative efforts, in principle, were incorporated to handle the connection between school and caregivers, this was not the case for the connection between legal guardianship/lawyer and caregivers. We highlight possible consequences when such coordinative efforts are weak or totally absent, and we claim that the need for such coordinative efforts in daily care is of the essence. Moving from an understanding of care that is *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 an overview and responsibility for the coordination, is urgently needed.

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CONFLICT OF INTERESTS

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

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Research data are not shared.

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REFERENCES

- Andenæs, A. (2011). Chains of care: Organising the everyday life of young children attending day care. *Nordic Psychology*, 63(2), 49–67.
- Andenæs, A., & Haavind, H. (2018). Sharing early care: Learning from practitioners. In M. Fleer, & B. van Oers (Eds.), *International handbook of early childhood education* (pp. 1483–1502). Dordrecht: Springer Netherlands.
- Backe-Hansen, E., Bakketeig, E., Gautun, H., & Grønningsæter, A. B. (2011). *Institusjonsplassering-siste utvei?* [Residential care-measure of last resort?] (Rapport 21/2011). Retrieved from <https://fagarkivet-hioa.archive.knowledgearc.net/handle/20.500.12199/3370>
- Blumer, H. (1956). Sociological analysis and the "variable". *American Sociological Review*, 21(6), 683–690. <https://doi.org/10.2307/2088418>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Bruner, J. S. (1990). *Acts of meaning*. Cambridge, Massachusetts: Harvard University Press.
- Buifdir. (2020). Statistikk og analyse: Barn og unge som bor i fosterhjem eller institusjon [Statistics and analyses: Children living in foster homes or residential care]. Retrieved from https://buifdir.no/Statistikk_og_analyse/Barnevern/Barn_og_unge_med_tiltak_fra_barnevernet/Barn_og_unge_plassert_utenfor_hjemmet/
- Cole, M. (1996). *Cultural psychology: A once and future discipline*. Cambridge: The Belknap Press of Harvard University Press.
- Davidson, J. C., Milligan, I., Quinn, N., Cantwell, N., & Elsley, S. (2017). Developing family-based care: Complexities in implementing the UN Guidelines for the Alternative Care of Children. *European Journal of Social Work*, 20(5), 754–769. <https://doi.org/10.1080/13691457.2016.1255591>
- De Ruijter de Wildt, L., Melin, E., Ishola, P., Dolby, P., Murk, J., & Van de Pol, P. (2015). *Reception and living in families: Overview of family-based reception for unaccompanied minors in the EU member states*. Utrecht, the Netherlands: Nidos, SALAR, CHTB.
- Dzamarija, M. T., & Sandnes, T. (2016). *Familieinnvandring og ekteskapsmønster 1990–2015* [Family immigration 1990–2015]. Retrieved from <http://hdl.handle.net/11250/2442002>
- Eide, K., Kjelaas, I., & Larsgaard, A. K. (2017). Hjem eller institusjon? [Home or institution?]. *Tidsskrift for velferdsforskning*, 20(04), 317–331. <https://doi.org/10.18261/issn.2464-3076-2017-04-05>
- Gulbrandsen, L. M. (2003). Peer relations as arenas for gender constructions among young teenagers. *Pedagogy, Culture and Society*, 11(1), 113–132.
- Haavind, H. (1987). *Liten og stor: Mødres omsorg og barns utviklingsmuligheter* [The little one and the big one: Maternal care and the developmental possibilities for children]. Oslo: Universitetsforlaget.
- Højholt, C., & Kousholt, D. (2018). Children participating and developing agency in and across various social practices. In M. Fleer, & B. Van Oers (Eds.), *International handbook of early childhood education* (pp. 1581–1597). Dordrecht: Springer Netherlands.
- Jansen, A., & Andenæs, A. (2013). 'Heading for Japan': Prospective narratives and development among young people living in residential care. *Qualitative Social Work*, 12(2), 119–134. <https://doi.org/10.1177/1473325011423588>
- Jevne, K. S., & Andenæs, A. (2017). Parents in high-conflict custodial cases: Negotiating shared care across households. *Child & Family Social Work*, 22(1), 296–305. <https://doi.org/10.1111/cfs.12240>
- Levitt, H. M., Motulsky, S. L., Wertz, F. J., Morrow, S. L., & Ponterotto, J. G. (2017). Recommendations for designing and reviewing qualitative research in psychology: Promoting methodological integrity. *Qualitative Psychology*, 4(1), 2–22. <https://doi.org/10.1037/qp0000082>
- Lidén, H. (2017). *Barn og migrasjon: Mobilitet og tilhørighet* [Children and migration: Mobility and belonging]. Oslo: Universitetsforlaget.
- Lidén, H., Aasen, B., Seeberg, M. L., & Staver, A. B. (2020). Fra bosetting til voksenalv: Den kommunale tjenestekjeden for enslige mindreårige flyktninger [Resettlement and transition to adulthood: A study of the service chain for unaccompanied minor refugees] (2020:1). Retrieved from <https://hdl.handle.net/11250/2641091>
- Lidén, H., Trætteberg, H. S., & Ulvik, O. S. (2018). *Kommunale botiltak for barn og unge: En hvit flekk i velferdsstaten* [Municipal housing measures for children and youth—A blind spot in the Welfare State]. Retrieved from <http://hdl.handle.net/11250/2565120>
- Magnusson, E., & Marecek, J. (2015). *Doing interview-based qualitative research: A learner's guide*. Cambridge University Press.
- Malterud, M. H., & Thornes, J. (2017). "Ring hvis det er noe!" En kvalitativ undersøkelse av foreldreskap for ungdom ["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-OPPGAVENmedp-skeendringer.pdf?sequence=5%26isAllowed=y>

- Mattingly, C. (1998). *Healing dramas and clinical plots: The narrative structure of experience*. Cambridge: Cambridge University Press.
- Ministry of Children and Families. (2008). Proposition to the Odelsting (Ot.prp.): Om lov om endringer i lov 17. juli 1992 nr. 100 om barneverntjenester mv.—(Omsorgen for enslige mindreårige asylsøkere inntil bosetting eller retur) [On Act on revisions in act 17. July 1992 no. 100 on Child Welfare Services (Care for unaccompanied asylum-seeking minors until resettlement or return)]. (Ot.prp. no. 28, 2007–2008). Oslo: Ministry of Children and Families Retrieved from <https://www.regjeringen.no/no/dokumenter/otprp-nr-28-2007-2008-/id496950/>
- Ní Raghallaigh, M. (2013). Foster care and supported lodgings for separated asylum seeking young people in Ireland: The views of young people, carers and stakeholders. Retrieved from <https://researchrepository.ucd.ie/handle/10197/4300?mode=full>
- Norwegian Official Report (NOU) 1977: 35. (1977). *Lov om barn og foreldre [Norwegian act on children and parents]*. Oslo: Ministry of Children and Families.
- Omland, G. B., & Andenæs, A. (2018). Negotiating developmental projects: Unaccompanied Afghan refugee boys in Norway. *Childhood*, 25(1), 78–92. <https://doi.org/10.1177/0907568217718032>
- Pastoor, L. D. W. (2015). The mediational role of schools in supporting psychosocial transitions among unaccompanied young refugees upon resettlement in Norway. *International Journal of Educational Development*, 41, 245–254. <https://doi.org/10.1016/j.ijedudev.2014.10.009>
- Pastoor, L. d. W., Eide, K., & Mekonen, L. (2010). Reception of asylum-seeking and refugee children in the Nordic countries: The Norwegian report. In: Gothenburg, Sweden: Nordic Network for Research on Refugee Children.
- Rogoff, B. (2003). *The cultural nature of human development*. Oxford: Oxford University Press.
- Shweder, R. A. (1999). Why cultural psychology? *Ethos*, 27(1), 62–73. <https://doi.org/10.1525/eth.1999.27.1.62>
- Sønsterudbråten, S. (2012). Lovlig med forbehold [Conditioned residency] (2012: 38). Retrieved from https://www.udi.no/globalassets/global/forskning-fou_i/beskyttelse/lovlig-med-forbehold.pdf
- Stiles, W. B. (2003). Qualitative research: Evaluating the process and the product. In S. P. Llewelyn, & P. Kennedy (Eds.), *Handbook of clinical health psychology* (pp. 477–500). Chichester: Wiley.
- Storø, J. (2018). To manage on one's own after leaving care? A discussion of the concepts independence versus interdependence. *Nordic Social Work Research*, 8, 1–12. <https://doi.org/10.1080/2156857X.2018.1463282>
- UNHCR. (2019). Global trends: Forced displacements in 2018. Retrieved from <http://www.unhcr.org/statistics>
- Valsiner, J. (2000). *Culture and human development: An introduction*. London: Sage Publications.
- Weisner, T. S. (2002). Ecocultural understanding of children's developmental pathways. *Human Development*, 45(4), 275–281. <https://doi.org/10.1159/000064989>

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