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# Forced repatriation of unaccompanied asylum- seeking refugee children – Towards an interagency model

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Umeå 2017

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ISBN: 978-91-7601-772-2  
ISSN: 0346-6612  
New Series Number 1920  
Cover picture by: Meja Sundqvist  
Layout: Ida Åberg  
Electronic version available at: <http://umu.diva-portal.org/>  
Printed by: UmU Print Service  
Umeå, Sweden 2017

*To all unaccompanied asylum-seeking refugee children out there – this study is dedicated to you and your struggle. Hang in there.*



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# **Abstract**

## **Introduction**

Not all children seeking asylum without parents or other relatives are entitled to residence permits. In the last few years, more than one in four unaccompanied asylum-seeking refugee children have been forced to repatriate, either to their home country or to a transit country. Mostly the children refuse to leave the country voluntarily, and it becomes a forced repatriation. Five actors collaborate in the Swedish child forced repatriation process: social workers, staff at care homes, police officers, Swedish Migration Board officers and legal guardians. When a child is forced to repatriate, the Swedish workers involved must consider two different demands. The first demand requires dignified repatriation, which is incorporated from the European Union's (EU's) Return Directive into Swedish Aliens Act. The second demand requires that the repatriation process be conducted efficiently, which means that a higher number of repatriation cases must be processed. The fact that the same professionals have different and seemingly contradictory requirements places high demands on the involved collaborators. Two professionals have a legal responsibility for the children until the last minute before they leave Sweden: social workers and police officers. That makes them key actors in forced repatriation, as they carry most of the responsibility in the process. Further, they often work with children who are afraid what will happen when they return to their home country and often express their fear through powerful emotions. Being responsible and obliged to carry out the government's decision, despite forcing children to leave a safe country, may evoke negative emotional and mental stress for the professionals involved in forced repatriation.

## **Aim**

The overall aim of this study is to explore and analyse forced repatriation workers' collaboration and perceived mental health, with special focus on social workers and police officers in the Swedish context.

## **Materials and methods**

The study combines a qualitative and quantitative research design in order to shed light at both a deep and general level on forced repatriation. In qualitative substudy I, a qualitative case study methodology was used in one municipality in a middle-sized city in Sweden. The municipality had a contract regarding the reception of unaccompanied asylum-seeking refugee children

with the Swedish Migration Board. The municipality in focus has a population of more than 100,000 inhabitants. The city in which the data were collected has developed a refugee reception system where unaccompanied asylum-seeking refugee children are resettled and await a final decision regarding their permit applications. This situation made it possible to recruit participants who had worked with unaccompanied refugee children without a permit. Semi-structured interviews were conducted with a total of 20 social workers, staff at care homes, police officers, Swedish Migration Board officers and legal guardians. A thematic approach was used to analyse the data. In quantitative substudies II, III and IV, a national survey of social workers (n = 380) and police officers (n = 714), with and without experience of forced repatriation, was conducted. The questionnaires included sociodemographic characteristics, the Swedish Demand-Control Questionnaire, Interview Schedule for Social Interaction, Ways of Coping Questionnaire and the 12-item General Mental Health Questionnaire. Factor analysis, correlational analysis, and univariate and multivariable regression models were used to analyse the data.

## **Results**

The qualitative results in substudy I showed low levels of collaboration among the actors (social workers, staff at care homes, police officers, Swedish Migration Board officers and legal guardians) and the use of different strategies to manage their work tasks. Some of them used a teamwork pattern, showing an understanding of the different roles in forced repatriation, and were willing to compromise for the sake of collaboration. Others tended to isolate themselves from interaction and acted on the basis of personal preference, and some tended to behave sensitively, withdraw and become passive observers rather than active partners in the forced repatriation. The quantitative results in substudy II showed that poorer mental health was associated with working with unaccompanied asylum-seeking refugee children among social workers but not among police officers. Psychological job demand was a significant predictor for mental health among social workers, while psychological job demand, decision latitude and marital status were predictors among police officers. Substudy III showed that both social workers and police officers reported relatively high access to social support. Furthermore, police officers working in forced repatriation with low levels of satisfaction with social interaction and close emotional support increased the odds of psychological disturbances. In substudy IV, social workers used more escape avoidance, distancing and positive-reappraisal coping, whereas police officers used more planful problem solving and self-controlling coping. Additionally, social workers with experience in forced repatriation used more planful problem solving than those without experience.

## **Conclusions**

In order to create the most dignified forced repatriation, based on human dignity, for unaccompanied asylum-seeking refugee children and with healthy actors, a forced repatriation system needs: overall statutory national guidance, interagency collaboration, actors working within a teamworking pattern, forced repatriation workers with reasonable job demands and decision latitude, with a high level of social support and adaptive coping strategies. The point of departure for an interagency model is that it is impossible to change the circumstances of the asylum process, but it is possible to make the system more functional and better adapted to both the children's needs and those of the professionals who are set to handle the children. A centre for unaccompanied asylum-seeking refugee children, consisting of all actors involved in the children's asylum process sitting under the same roof, at the governmental level (Swedish Migration Board, the police authority) and municipality level (social services, board of legal guardians), can meet all requirements.

## **Keywords**

collaboration, coping, forced repatriation, interagency collaboration, mental health, social support, social workers, Sweden, police officers, psychosocial job characteristics, unaccompanied asylum-seeking refugee children

# Abbreviations

ADAT	Adequacy of attachment
ADSI	Adequacy of social integration
AVAT	Availability of attachment
AVSI	Availability of social integration
CRC	Convention on the Rights of the Child
EA	Escape Avoidance
D	Distancing
DCQ	Demand-Control Questionnaire
EU	European Union
GHQ-12	General Health Questionnaire-12
ISSI	Interview Schedule for Social Interaction
LACS	Looking After Children System
PR	Positive Reappraisal
PPS	Planful Problem Solving
SC	Self-Controlling
SFS	Swedish Statute Book (Svensk författningssamling)
SMB	Swedish Migration Board
UARC	Unaccompanied Asylum-Seeking Refugee Children
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization
WOCQ	Ways of Coping Questionnaire

# Sammanfattning på svenska

## Bakgrund

Alla barn som söker asyl på egen hand utan föräldrar eller andra släktingar har inte rätt till uppehållstillstånd. Under de senaste åren har fler än 1 av 4 ensamkommande asylsökande flyktingbarn tvingats återvända, antingen till sitt hemland eller till ett transitland. För det mesta vägrar barnen att lämna landet frivilligt, och det blir ett så kallat påtvingat återvändande där barnen med polishjälp blir eskorterade till hemlandet. Fem aktörer samarbetar med barnen i den svenska återvändandeprocessen: socialsekreterare, personal på Hem för Vård och Boende (HVB), poliser, personal vid Migrationsverket och gode män. När barnen tvingas till ett återvändande måste de svenska aktörerna betrakta två olika krav. Det första kravet rör att ett återvändande ska vara värdigt. Detta krav finns inskrivet i Europeiska Unionens (EU:s) Återvändandedirektiv och har även skrivits in i den svenska utlänningslagen. Det andra kravet gäller att återvändandeprocessen ska genomföras effektivt, vilket innebär att ett högre antal återvändanden måste behandlas från ett år till ett annat. Att samma aktörer har olika, och till synes motsägelserfulla krav, ställer höga krav på de inblandade samverkansaktörerna vid ett påtvingat återvändande. Två aktörer har ett juridiskt ansvar för barnen ända tills de lämnar svensk mark, socialsekreterare och poliser. Detta faktum gör dem till nyckelaktörer, med det största juridiska ansvaret vid just påtvingade återvändanden. Dessa två aktörer arbetar således med ensamkommande asylsökande flyktingbarn som är rädda för vad som ska hända när de återvänder till sitt hemland och som ofta uttrycker sin rädsla genom kraftfulla känslor. Att vara ansvarig och skyldig att utföra regeringens beslut, trots att man tvingar barnen att lämna ett säkert land, kan framkalla negativ känslomässig och psykisk stress för de aktörer som är involverade vid påtvingade återvändanden.

## Syfte

Det övergripande syftet med studien är att utforska och analysera samverkan och upplevd psykisk hälsa hos de aktörer som arbetar med påtvingat återvändande, med särskilt fokus på socialsekreterare och poliser.

## Material och metod

Studien kombinerar både kvalitativ och kvantitativ forskningsdesign för att belysa påtvingade återvändanden ur olika vinklar. I delstudie I användes en kvalitativ fallstudiemetodik i en medelstor svensk kommun med en befolkning

på mer än 100 000 invånare. Kommunen har ett avtal om mottagande av ensamkommande asylsökande flyktingbarn hos Migrationsverket. Kommunen har utvecklat ett mottagningssystem där ensamkommande asylsökande flyktingbarn bor i väntan på ett slutgiltigt beslut om deras asylansökning. Detta faktum gjorde det möjligt att rekrytera aktörer som arbetat med asylsökande ensamkommande flyktingbarn och dem som fått avslag på sin asylansökan. Semi-strukturerade intervjuer genomfördes med totalt 20 aktörer, det vill säga socialsekreterare, personal på HVB-hem, poliser, tjänstepersoner på Migrationsverket och gode män. En tematisk ansats användes för att analysera materialet. I de kvantitativa delstudierna II, III och IV, genomfördes en nationell enkätundersökning med socialsekreterare (n = 380) och poliser (n = 714), med och utan erfarenhet av påtvingat återvändande. Frågeformuläret omfattade sociodemografiska frågor, den svenska versionen av krav- och kontroll formuläret (DCQ), den svenska versionen av socialt stöd (ISSI), den svenska versionen av copingformuläret WOCQ och GHQ-12 som mäter generell psykisk hälsa. Faktoranalys, korrelationsanalys, univariata och multivariabla regressionsmodeller användes för att analysera datamaterialet.

## **Resultat**

De kvalitativa resultaten i delstudie I visade en låg samverkan mellan aktörerna (dvs. socialsekreterarna, personalen på HVB-hem, poliserna, tjänstepersonerna vid Migrationsverket och de gode männen) och användningen av olika typer av strategier för att hantera sina arbetsuppgifter. Några av dem använde en lagarbetande strategi där de förstod de olika rollerna i det påtvingade återvändandet och var villiga att kompromissa för att samverkan skulle fungera. Andra däremot tenderade att isolera sig från interaktion och agerade på grundval av personliga preferenser, medan ytterligare andra tenderade att uppträda känsligt, dra sig tillbaka och bli passiva observatörer snarare än aktiva partners i det påtvingade återvändandet. De kvantitativa resultaten i delstudie II visade att det var förknippat med sämre psykisk hälsa att arbeta med ensamkommande asylsökande flyktingbarn bland socialsekreterare men inte bland poliser. Höga psykologiska arbetskrav var signifikant associerat med sämre psykisk hälsa bland socialsekreterarna, medan höga psykologiska arbetskrav, lågt beslutsutrymme och civilstånd var prediktorer bland poliserna. Delstudie III visade att både socialsekreterare och poliser rapporterade en relativt hög tillgång till socialt stöd, både i arbetslivet och privat. Delstudie III visade vidare att de poliser som arbetar med påtvingade återvändanden och som samtidigt upplever en låg nivå av social interaktion med andra samt upplever sig ha ett litet känslomässigt stöd från andra, hade en ökad risk för sämre psykisk hälsa. I delstudie IV visade resultatet att socialsekreterare använde sig

mer av undvikande, distanserad och positiv omvärdering som coping medan poliserna använde mer planerad problemlösning och självkontrollerad coping. Resultatet visade vidare att socialsekreterare med erfarenhet av påtvingade återvändanden använde sig av mer planerad problemlösning som coping än andra socialsekreterare som arbetar med barn.

### **Slutsats**

För att skapa det mest värdiga påtvingade återvändandet för de ensamkommande asylsökande flyktingbarnen med friska aktörer som genomför detta återvändande har studien visat att ett antal åtgärder behövs. För det första behövs nationella riktlinjer för påtvingade återvändanden då detta saknas, för det andra behövs en hög nivå av samverkan i form av s.k. interorganisatorisk samverkan. För det tredje behövs aktörer som arbetar utifrån en lagarbetande strategi. Slutligen, för det fjärde behövs arbetstagare som har rimliga jobbkrav och beslutsutrymme i sitt arbete, samt har en hög nivå av socialt stöd och en adaptiv coping för att klara stress. Dessa behov skulle kunna uppnås med hjälp av en interorganisatorisk modell. Utgångspunkten för en interorganisatorisk modell är att det är omöjligt att förändra omständigheterna i själva asylprocessen, men det är möjligt att göra systemet mer funktionellt och anpassat för både barnens behov och för de yrkesverksamma som ska hantera barnen vid ett påtvingat återvändande. Ett centrum för ensamkommande asylsökande flyktingbarn, som består av aktörer som är involverade i barnens asylprocess och som alla sitter under samma tak skulle kunna uppfylla dessa krav på värdighet. Detta center skulle kunna liknas vid hur Barnahus eller Familjecentralerna är organiserade. Ett sådant center för ensamkommande asylsökande flyktingbarn skulle bestå av både statliga organisationer (Migrationsverket, polismyndigheten) och aktörer på kommunnivå (socialtjänsten, gode män).

# Original papers

The thesis is based on the following papers, referred to as substudies I–IV:

- I. Sundqvist, J., Ögren, K., Padyab, M., & Ghazinour, M. (2015). Collaboration patterns among Swedish professionals in the repatriation of unaccompanied asylum-seeking refugee children: An explorative study. *European Journal of Social Work, 19*(6), 901-916.
- II. Sundqvist, J., Hansson, J., Ghazinour, M., Ögren, K., & Padyab, M. (2015). Unaccompanied asylum-seeking refugee children's forced repatriation: Social workers and police officers' health and job characteristics. *Global Journal of Health Science, 7*(6), 215-225.
- III. Sundqvist, J., Padyab, M., Hurtig, A-K., & Ghazinour, M. (2017). The association between social support and mental health of social workers and police officers in work with unaccompanied asylum-seeking refugee children's forced repatriation: A Swedish experience. *Manuscript submitted*.
- IV. Sundqvist, J., Ghazinour, M., & Padyab, M. (2017). Coping with stress in forced repatriation of unaccompanied asylum-seeking refugee children among Swedish police officers and social workers. *Psychology, 8*, 97-118.

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# Introduction

This chapter will be organized into four sections. First, a brief description of the relevance of the study will be provided, followed by the aim and research questions. With the aim in mind, thirdly, some of the overall background of refugee children worldwide will be given. Fourthly, repatriation of children will be in focus together with a description of the Swedish repatriation system and the actors involved. It starts with the key actors, focusing on their role and mental health, followed by the other collaborating authorities and some context information at policy level.

## Relevance of the study

The Swedish asylum system of unaccompanied refugee children works under the assumption that children will obtain residence permits. This becomes clear when we see that the system for investigating a child's needs when arriving in Sweden is based on an investigation tool, the Looking after Children System (LACS<sup>1</sup>, or Barns Behov I Centrum (BBIC) in Swedish), which is developed for a child that will spend their future in Sweden (Ghazinour et al., 2015). However, not all unaccompanied asylum-seeking refugee children are considered by the Aliens Act (SFS 2005:716) to have reasons for asylum. At the same time, unaccompanied asylum-seeking refugee children have been identified by the European Union (EU) as a particularly vulnerable group that requires special attention by law (Directive 2008/115/EC). These children, who are not considered to have reasons for asylum, and are alone in a host country without legal reasons to stay, might be put in an even more vulnerable situation than when they arrived in the country seeking asylum on their own.

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<sup>1</sup> The LACS method is used in child social welfare as a working tool to ensure the psychosocial development of children and to implement a child perspective in social welfare investigations. Health, education, emotional and behavioural development, identity, family and social relationships, and the social ability to take care of yourself are focus areas. The National Board of Health and Welfare (2015). *Grundbok BBIC. Barns behov i centrum* [Basic Book BBIC. Children's needs in the centre]. Falun: Edita Bobergs.

Based on this vulnerable situation, limited research has been found focusing on how forced repatriation is viewed. Most of the research available is child focused (Gladwell, 2013; Ghazinour et al., 2015; Robinson & Williams, 2015; Bowerman, 2017). Robinson and Williams (2015) proposed that education is a way for the host country to prepare children for their future life, no matter where they will reside. Even less research has been found on how working in the area of forced repatriation of unaccompanied asylum-seeking refugee children is perceived (Wright, 2014; Ghazinour et al., 2015). Wright (2014), for example, discussed the conflict between governmental legislation and the values of social work support in the repatriation of unaccompanied asylum-seeking refugee children in the UK. Ghazinour and colleagues (2015) studied how actors and children involved in forced repatriation acted and perceived the seemingly contradictory governmental demands – to have both a *dignified* and *efficient* repatriation from a Swedish perspective.

Both the EU's Return Directive (2008/115/EC) and the Swedish Aliens Act (SFS 2005:716) state that the dignity of refugee children must be respected when forcing them back to their countries of origin. This includes ensuring that a family member, a designated guardian or a well-suited receiving unit for children in the home country receives unaccompanied asylum-seeking refugee children who are forcibly repatriated. At the same time, the Swedish government insists that repatriations need to be conducted efficiently, meaning increasing the number of forced repatriations in comparison to the year before (Swedish Government, 2014a; Swedish Government 2014b). These seemingly contradictory directives should be interpreted and implemented by all actors in forced repatriation. However, policymakers have not clarified how a dignified repatriation should be performed. Right now, forced repatriation workers have two seemingly contradictory demands to handle – dignity and efficiency. Ghazinour et al. (2015) showed that the actors involved in forced repatriation perceived these demands differently depending on their profession. Police officers and officials at the Swedish Migration Board tended to hold the view that dignity and efficiency could be balanced, while legal guardians, social workers and the staff at care homes were more dubious regarding the possibility of combining these two concepts.

Further, when children are at risk of ill health, the social services have the primary responsibility for collaborating with other actors according to the Social Services Act (SFS 2001:453). This obligation also includes unaccompanied asylum-seeking refugee children. The process of repatriation can be considered a risk situation for ill health if it is not handled properly. Because several actors are involved with unaccompanied asylum-seeking refugee children, they are required to collaborate in this process.

This study will contribute to the knowledge about forced repatriation of unaccompanied asylum-seeking refugee children. The focus will be on the mental health of the actors working in this system. Specifically, the key actors in forced repatriation will be studied. Both social workers (SFS 2001:453) and police officers (SFS 2005:716) have a legal responsibility for unaccompanied asylum-seeking refugee children until the last minute before they leave Sweden. That makes them key actors in the forced repatriation of children, as they carry most of the responsibility in the process. As described earlier, these professions have governmental obligations to conduct both a dignified (Directive 2008/115/EC; SFS 2005:716) and at the same time efficient repatriation (Swedish Government, 2014a; Swedish Government 2014b). Further, they often work with children who are afraid what will happen when they return to their home country and often express their fear through powerful emotions. Being responsible and obliged to carry out the government's decision, despite forcing the children to leave a safe country, may evoke negative emotional and mental stress for social workers and police officers. In addition, this negative stress can lead to poor mental health for the workers. The association between work stress and poorer mental health is supported in both social work and police work (Evans et al., 2005; Peterson et al., 2008; Backteman-Erlanson, 2013; Chopko, 2010). Further, poor mental health in combination with their work task, i.e. handling children in forced repatriation, might not create good opportunities for a dignified repatriation. However, we do not know how mental health is perceived among forced repatriation workers.

In Figure 1 below, the actors involved in this study are visualized. Key actors (social workers and police officers) are in focus, but also other actors, such as Swedish Migration Board officials, legal guardians and staff at care homes, will be part of the study. These actors are all directly linked to unaccompanied asylum-seeking refugee children. But they are also linked to each other in different ways. Sometimes they have direct contact, but sometimes they influence each other indirectly. For example, when a negative decision from the Swedish Migration Board affects a child, it is likely that staff at care homes and social workers will be affected, even if they have not had direct contact with the Swedish Migration Board. In view of this intertwined relationship, this study will adopt an overall ecological systems approach in order to improve the understanding of how the parts in the system of forced repatriation are connected and influence each other.



**Figure 1.** Actors involved in this study.

### **Aims and objectives**

The overall aim of this study is to explore and analyse forced repatriation workers' collaboration and perceived mental health with a special focus on social workers and police officers in the Swedish context.

The specific research questions are:

- How can patterns of collaboration be characterized between Swedish authorities in the forced repatriation system? (*substudy I*)
- To what extent are psychosocial job characteristics and social support associated with the general mental health of social workers and police officers? (*substudies II and III*)
- In what ways do social workers and police officers cope with stress in the context of forced repatriation? (*substudy IV*)

## **Unaccompanied asylum-seeking refugee children**

Both in Swedish and international research, different terms are used to describe children (refugees or others) under the age of 18 who arrive on their own in a country seeking asylum without the care or support of parents or other relatives.

The United Nations High Commissioner for Refugees (UNHCR) defined in the Refugee Status Determination (2005) that a *child* is any person under the age of 18, unless maturity is reached earlier under the national law applicable. The UNHCR (2005, p. 122) also defined *unaccompanied children* as ‘children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so’. Synonymously the term *unaccompanied minors* is used. The Swedish government uses the same definition with the addition that a minor shall be counted as an unaccompanied child, even if he or she has come to Sweden with a close relative, such as a grandparent (SFS 1994:137). According to the Aliens Act (SFS 2005:716), the term *asylum-seeker* is used for those who have applied for asylum, and whose application has not yet been legally approved. In addition, Aspinall and Watters (2010) also include those whose applications have been refused. An alternative definition, made by Save the Children International (Smith, 2003), is *separated children*, which highlights that the children are separated from their parents, even if other adults may accompany them at the time of arrival. However, this term is not commonly used in Sweden.

The term *refugee* is, in its legal form, usually adopted for asylum-seekers who have been given recognized refugee status in accordance with the 1951 Convention Relating to the Status of Refugees (UNHCR, 2010) and the Swedish Aliens Act (SFS 2005:716). However, in research on forced migration it usually also encompasses those who have been granted humanitarian protection (Aspinall & Watters, 2010). The term refugee is commonly used when describing unaccompanied asylum-seeking children, since they are often fleeing from armed conflicts or persecution (Ayotte & Williamson, 2001).

Since the children in focus for this study have often fled from war or persecution, and are in a vulnerable situation due to a repatriation decision, the broader definition by Aspinall and Watters (2010), *unaccompanied asylum-seeking refugee children*, is used.

## **Refugee children worldwide**

There are a number of reasons why children, separated from their parents, migrate from their home countries and seek asylum in other countries. Armed conflicts and persecution are cited as major factors for leaving the country of origin, the same reasons as for adults (Ayotte & Williamson, 2001; Echavez, Lyn, Bagaporo, Pilingo, & Azadmanesh, 2014). Nevertheless, there are other reasons too, for example economic hardship resulting from fragmentation after armed conflict, or trafficking for the purpose of sexual exploitation or other illegal activities. Another motive may be escaping from dangerous families or kinship networks. In the majority of cases, research suggests that unaccompanied refugee children seek political protection rather than economic wealth (Kohli & Mitchell, 2007). The countries of origin differ as well as the child's social and economic background and the reason for seeking asylum. However, parents sending their children away generally do it believing it to be best for their children under the circumstances (Hessle, 2009).

Traditionally it is mostly boys who seek asylum unaccompanied. Ayotte (2000) gives three possible explanations for that. First, boys are more likely to suffer in a war or conflict situation in the country of origin than girls are. Second, parents in many cultures who send their children to another country traditionally value boys over girls, especially the eldest son, and therefore choose to protect him first. A third reason is that it is usually less dangerous for boys than for girls to travel alone.

Children seldom leave their country of origin by themselves. They commonly travel with an adult or an 'uncle', often with no information about either the route or the final destination (Hopkins & Hill, 2008). Often, children have reported that they were left uninformed during their migration and excluded from the decision-making process prior to the migration. Instead, their parents, or other adult relatives, made the decision for them (Hopkins & Hill, 2008).

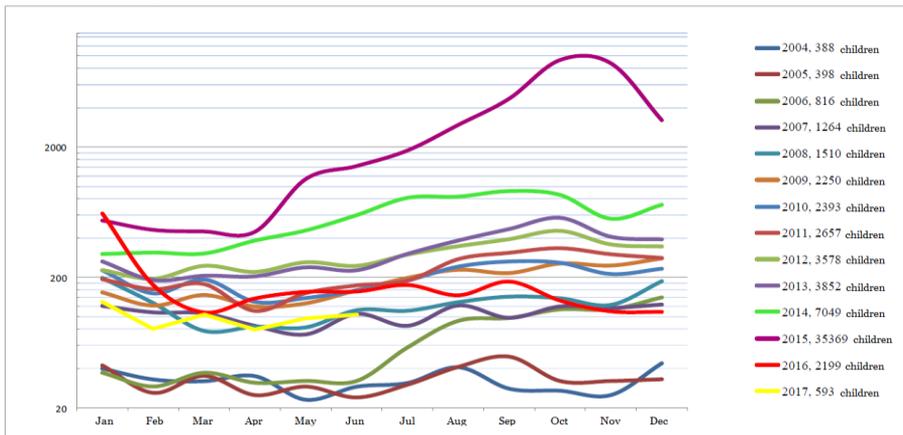
The number of people fleeing in the world today is estimated to be higher than after World War II (UNHCR, 2015). The UNHCR has estimated that over 65.3 million people worldwide have been forced from their home, of whom 21.3 million are considered refugees. Over half of the refugees were children under the age of 18 (UNHCR, 2017). The ten largest hosts of the global refugee population are in Africa and Asia, with Turkey hosting a sixth of all refugees.

Available data indicate that during 2015, more than 100,000 unaccompanied refugee children arrived on their own to seek asylum in 78 industrialized

countries, primarily children from Afghanistan, Eritrea, Syria and Somalia (UNICEF, 2016). However, the hidden statistics are substantial regarding unaccompanied refugee children, and it is important to remember that many of these children’s home countries themselves receive a large number of refugees or other people in exile (Hessle, 2009).

Among the EU countries, Sweden received 40% of the asylum applications from unaccompanied refugee children coming to the EU in 2016. That makes Sweden the largest recipient country in the EU. The second-largest recipient country is Germany, which received 16%, followed by Hungary with 10%, and Austria with 9% (Eurostat, 2016).

Because of the large number of refugee arrivals in the EU in 2015, the reception of unaccompanied asylum-seeking refugee children in Sweden increased substantially from 7,000 in 2014 to over 35,000 in 2015 (Swedish Migration Board, 2014a; Swedish Migration Board, 2016a). As a result of the large amount of refugees seeking asylum in the EU and Sweden during 2015, the Swedish government tightened the asylum legislation with a three-year restricted legislation. This resulted in a substantially lower number of unaccompanied refugee children seeking asylum during 2016 and 2017, down to 2,199 in 2016 and 593 from January to June 2017 (Swedish Migration Board, 2016b; Swedish Migration Board, 2017a). Although most of the children coming to Sweden are boys, aged 13 to 17 years, 20 per cent of them were girls in 2016 (Swedish Migration Board, 2016c). Further, Afghanistan, Somalia, Syria, Morocco and Ethiopia were the top five countries during 2016 (Swedish Migration Board, 2016c).



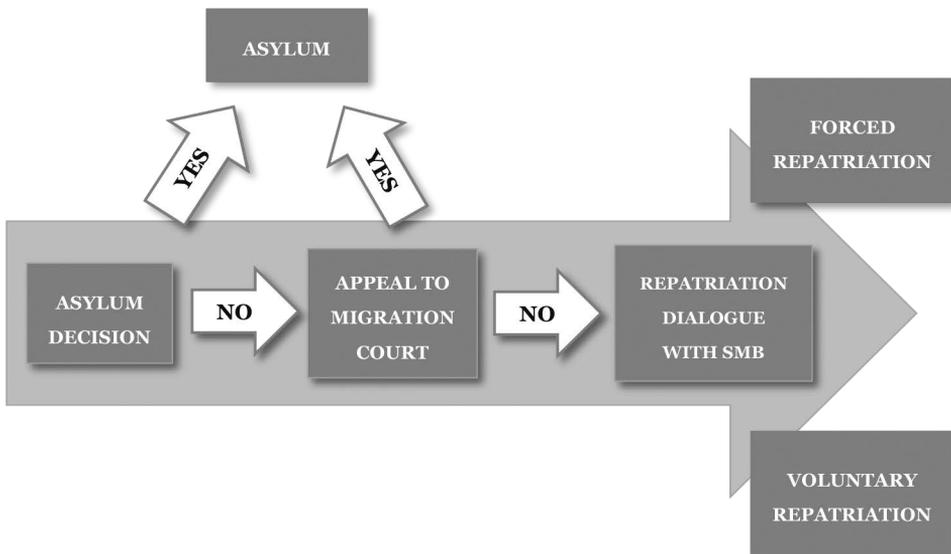
**Figure 2.** Number of received asylum cases, unaccompanied children 2004-2017, July. From: (Swedish Migration Board, 2017a).

## Repatriation of children

If the Swedish Migration Board decides that a child is not considered to be in need of protection or has other reasons to stay, they have to return, or be *repatriated*, which is the word used in this study. According to the definition in the EU's Return Directive (2008/115/EC), these people should have the opportunity for a dignified repatriation to the country of origin, a transit country, or to another third country where the third-country national concerned voluntarily decides to return and in which he or she will be received. This definition is incorporated in the Swedish Aliens Act (SFS 2005:716).

There are two types of repatriation, *voluntary* and *forced* (Directive 2008/115/EC). *Voluntary* repatriation occurs when the child participates and accepts the repatriation. *Forced* repatriation, however, occurs when the child objects, absconds or in other ways refuses to cooperate. Then the Swedish Migration Board submits the enforcement case to the police. This study focuses on forced repatriations, since they are the majority of all repatriation cases.

The various stages from the decision to seek asylum to repatriation are illustrated in the figure below.



**Figure 3.** Brief overview of the Swedish repatriation system.

Although all EU countries have the same definition of repatriation, they have different regulations regarding how and when to repatriate. For example, in the Netherlands, unaccompanied asylum-seeking refugee children are obliged to be given a special permit to stay until they turn 18 and are no longer a child (Kromhout, 2011). Only in special cases can they be repatriated as children. If they have been in possession of a special permit for more than three years by the time they turn 18, they are eligible for a new residence permit. Also, in the UK, children receive temporary permits (Robinson & Williams, 2015). When they are 17 and a half, they are entitled to apply for an extension of leave to remain, but Wright (2014) noticed that many asylum-seeking young people are refused permission to stay in the UK after they reach their 18th birthday.

In the Swedish context, there was a total of 9,491 asylum cases regarding unaccompanied asylum-seeking refugee children in 2016, with 72% of them being granted asylum, while 28% were denied (Swedish Migration Board, 2016b, c). In 2015 and in 2014, 25% were rejected (Swedish Migration Board, 2014b; Swedish Migration Board, 2015). The percentage of rejections has been stable over the years, it is the actual number of children that has changed, meaning that when the number of asylum-seekers increases, the number of rejected children also increases. However, how many of these children gone missing after a negative asylum decision is impossible to know exactly. The County Administrative Board of Stockholm was commissioned by the Swedish government to conduct an overview of missing children (County Administrative Board of Stockholm, 2016). The report is based on a national survey of Swedish municipalities. In May 2016, a total of 1,829 children, 4% of all asylum-seeking children during the period 2013–2016, went missing. However, this is a rough estimation and there are believed to be a large number of unreported cases.

### **Key actors in forced repatriation: social workers and police officers**

Social workers and police officers are key actors in forced repatriation. Although legal guardians have a major responsibility as custodians, they are laypersons within the system. Further, the staff at care homes do not have a legal responsibility, they work on the social workers' assignments. Accordingly, social workers have the overall legal responsibility for a child until the last minute before he/she leaves the country due to the Social Services Act (SFS 2001:453), and police officers have the legal responsibility to force a child to leave the country due to the Aliens Act (SFS 2005:716).



**Figure 4.** Illustration of social workers and police officers as key actors in forced repatriation system and the links to both other actors and the unaccompanied asylum-seeking refugee children.

### ***Social workers' role in forced repatriation***

*Social services* has the overall responsibility for collaboration between authorities when vulnerable children are involved according to the Social Services Act (SFS 2001:453) and a governmental bill (2002/03:53). Unaccompanied children's needs should be assessed according to the same rules and procedures that apply to investigations of other children who may need social services. An investigation for the protection or support of a child should focus on the child's situation and needs and how their needs are met. Based on the investigation, the social services will decide whether the child requires support. Most municipalities follow the structure of the Looking after Children System (LACS), although the investigation tool is designed for children living in Sweden now and in the future.

Apart from investigating the child's needs, the specially appointed social worker for each unaccompanied asylum-seeking refugee child also provides assistance and arranges suitable accommodation. During the whole of their stay in Sweden, the social worker continues to follow up on the child's needs in relation to accommodation, leisure activities, school and health-care contacts, and ensures that the contact with the legal guardian is satisfactory for the child.

In the repatriation process, social workers continue, as in the asylum process, to be responsible for unaccompanied asylum-seeking refugee children's well-being as well as to provide support, not only for the children but also for legal guardians and personnel at the care homes who have worked closest with the children. Sometimes they have contact with the police, and obtain information about when and how a child will be taken care of, and transported out of the country.

The core of the social worker profession is about promoting social change, helping to solve problems and acting for the good of individuals' well-being (Blok, 2012). Further, Morén (2010) states that the ultimate task for a social worker should be to represent and assist vulnerable people as part of the social moral mission of the profession. Chase (2010) and Wright (2014) argue that being a social worker in a repatriation system and encouraging a child to repatriate defies the values and ethics of social work. Complying with government regulations and encouraging a child to return to their home country would go against the values and ethics of social work, which aim to ensure that the protection and welfare of unaccompanied asylum-seeking refugee children are the same as those afforded to any other children in the social services system. This is practically explained by Ghazinour et al. (2014), who demonstrated how difficult the work of social workers is when they stated that forced repatriation could never be dignified and that children would be best served by remaining in the host country, however they had to participate in this process and support these children.

### ***Police officers' role in forced repatriation***

The *police authority* receives an enforcement decision from the Swedish Migration Board in those cases where a child objects or gives off signals about not intending to cooperate in the repatriation (SFS 2005:716). In contrast to the Swedish Migration Board, the police ultimately have the right to use coercive methods to force a child to leave the country (SFS 2005:716). Furthermore, the Aliens Act emphasizes the importance of these coercive measures being proportionate and not implying more compulsion than reasonable. The compulsion must also be carried out with respect for the individual's fundamental rights and for the dignity and physical integrity of the person concerned (SFS 2005:716). Under the current circumstances, if a child is unwilling to be repatriated, it is challenging for the police to conduct the repatriation without the child disappearing. Often, the police make contact with the social workers and with the care homes in advance and plan how and when to come and initiate the repatriation process. This is done in order to prevent the child from disappearing. Usually, the police arrive at the care home in the early hours of the morning when it is most likely the child will be

there (Wright, 2014). When the police are responsible for a forced repatriation, they either travel on their own with the child to the home country or together with the Swedish Prison and Probation Service.

The general assignment of police officers is to maintain public order and security, prevent and solve crime, and collaborate with prosecution authorities, social services and other actors whose activities are affected by policing, for example the Swedish Migration Board when it comes to the repatriation of unaccompanied asylum-seeking refugee children (SFS 1984:387). Police officers are routinely exposed to dangerous and unpredictable situations that are likely to trigger stress, anger and anxiety (Berking, Meier, & Wupperman, 2010). Further, they are trained to make difficult decisions, and they may suffer afterwards from shame, guilt, worry and doubts about the necessity of their decisions (Amaranto, Steinberg, Castellano, & Mitchell, 2003).

Being a police officer and going to force a child from Sweden is often combined with meeting a young person with an extreme mental health status (Ghazinour et al., 2015). This makes the police enforcement extremely difficult and requires the police to be perceptive about the child's vulnerability. Police officers have argued that the children's best interest is to be removed and returned to their families in their home countries (Ghazinour et al., 2014). Dorling (2008) states that it is common for professionals to justify this stance by asserting that there is no risk of persecution for children returning.

### ***Mental health of social workers and police officers in general***

In a comparison of the experience of work stress among 26 different occupations, six of them reported 'worse than average' in stress evaluations, and two of those were social workers and police officers (Johnson et al., 2005).

#### ***Social workers' mental health***

A number of studies have focused on social work as a risk occupation for work stress (Evans et al., 2005; Evans et al., 2006; Maslach, 1993; Kahn, 1993; Padyab, Chelak, Nygren, & Ghazinour, 2012; Peterson et al., 2008; Tham & Meagher, 2009). Evans et al. (2006), for example, reported high levels of stress and emotional exhaustion among social workers in the UK. The scores were twice the level reported by similar surveys of psychiatrists. Maslach (1993) highlights the importance of the relationship with the client and, at the same time, the sensitivity to a client's problems as parts of social work practice that make social workers particularly vulnerable to work stress. In a study in the Swedish context where child welfare social workers were compared with other professions in the social sector (teachers, medical personnel, etc.), Tham

and Meagher (2009) showed that social workers had unusually demanding work based on workload, the severity of tasks and the experience requirements of the work compared to the others.

The association between work stress and health outcomes, including mental health issues, has also been investigated among social workers (Evans et al., 2005; Peterson et al., 2008). Evans et al. (2005) compared social workers with statutory duties with those without such responsibility in relation to the association with stress, burnout and job satisfaction. The results showed that statutory social workers reported a higher level of GHQ score (poorer health status) and over two-thirds of all social workers (both statutory and non-statutory social workers) showed emotional exhaustion. However, only 8% of the sample were actually 'burnt out', with this being more common among statutory social workers.

In order to maintain well-being in demanding work structures, social support and adaptive coping strategies have been found to be mechanisms that can function as buffering the effects of stress on mental health in social work (Barak, Nissly, & Levin, 2001; Ben-Zur & Michael, 2007; Collins, 2008; Gellis, 2002; Padyab, Ghazinour, & Richter, 2013; Ting, Jacobson, & Sanders, 2008). Collins (2008) reviewed psychological research suggesting that adaptive coping strategies and social support all moderate stress, and suggested that these factors predict well-being among social workers.

#### *Police officers' mental health*

Also among police officers there are a number of studies supporting police work as a risk occupation for work stress (Bakteman-Erlanson, Padyab, & Brulin, 2012; Bakteman-Erlanson, 2013; Chopko, 2010; Garbarino et al., 2011; Morash, Haarr, & Kwak, 2006; Stinchcomb, 2004). In police work, exposure to traumatic incidents and interactions with violent people are severe work stressors, where police officers may be suddenly called to respond to critical situations requiring the use of different strategies and force to protect both their own lives and the lives of others (Garbarino et al., 2011). Further, Bakteman-Erlanson, Padyab and Brulin (2012) found in their study among Swedish police that high work demand was a risk factor for emotional exhaustion. Also, Stinchcomb (2004) addresses the impact of organizational stress in police work and considers coping a symptom rather than a cause of an individual's poor mental health.

The association between work stress and health outcomes, including mental health issues, has been investigated among police officers (Bakteman-Erlanson, 2013; Chopko, 2010). Chopko (2010) investigated the relation between post-traumatic distress and post-traumatic growth among 183 police

officers in a Midwestern state in the US. The results showed that post-traumatic distress was significantly and positively related to post-traumatic growth. Further, the results showed that being involved in a duty-related shooting was the most significant predictor of post-traumatic growth.

Adaptive coping strategies are also seen to buffer stress among police officers (Aaron, 2000; Larsson, Kempe, & Starrin, 1988; Morash, Haarr, & Kwak, 2006; Patterson, 2003; Prati & Pietrantonio, 2010; Schwarzer, Bowler, & Cone, 2013; Stinchcomb, 2004). Patterson (2003) examined the effects of coping and social support on psychological distress in response to stressful work and life events among police officers. He found that the relationship between work events and distress was associated with higher distress, and that seeking social support buffered the relationship between work events and distress. Further, emotion-focused coping buffered the relationship between life events and distress.

#### *Facing the children in forced repatriation work*

The practical work of social workers and police offices in forced repatriation involves unaccompanied asylum-seeking refugee children who will be repatriated involuntarily to their home country or another country, most of them carrying difficult experiences in their past. These children have often been exposed both to multiple traumatic events and to severe losses (Ehnholt & Yule, 2006). A literature review by Fazel, Reed, Panter-Brick and Stein (2012) found that exposure to violence pre-migration is strongly predictive of psychological disturbances. Further, Ehnholt and Yule (2006) showed that the stressful situation in the host country while they are under asylum-seeking status is ongoing. Minimal information during the asylum process, delays, stressful interviews and uncertainty over the future could contribute to this *host-country traumatization*, as Brunnberg, Borg and Fridström (2011) call it.

The final rejection of asylum applications is extremely distressing and the children often fear being detained or even killed if they return to their home countries (Wright, 2014). Others hold hope that, at the last minute, they will be granted asylum, and therefore reject voluntary repatriation (Wright, 2014). Crawley (2010) points out that the children have often been financed by family members, relatives or community groups and a voluntary repatriation would therefore be seen as ungrateful and disrespectful to their families and the communities who supported and provided for them.

Ghazinour and colleagues (2015) have interviewed unaccompanied asylum-seeking refugee children facing forced repatriation. The interviews show how the children fight for their existence in a chaotic environment, but also hope

for a better future life. On the one hand, the stories demonstrated how children experienced a series of interruptions in their daily lives, disregarding Swedish law and the actors they met. On the other hand, the stories showed how the children struggled to learn Swedish, get an education and learn how the society works.

As professionals employed by the municipality, as in the case of social workers, or by the government, as in the case of police officers, they are expected to comply with the Swedish Migration Board and believe they have made the right decision and therefore these children will not be at significant risk when they return home. Both social workers and police officers are responsible for making judgements and decisions in the best interests of both the individual child and society in a forced repatriation system. However, there is no way that social workers or police officers can predict or know what will happen once an unaccompanied asylum-seeking refugee child has been repatriated and arrives in their home country. They may be able to get on with a new life but there is no guarantee of this. If the Swedish Migration Board were wrong in their assessment of the potential risk on being repatriated to their home country, the child could actually be persecuted or even killed, as the children themselves often fear (Wright, 2014).

### ***Collaborating authorities involved in forced repatriation***

This study has concentrated on five collaborating authorities within forced repatriation: the *Swedish Migration Board*, the *board of legal guardians*, the *care homes*, the *social services* and the *police authority*. Social services and the police authority have already been described under the heading *Key actors in forced repatriation* since they are the key actors in the study. All these authorities are chosen because they all have a special responsibility within repatriation. However, there are more authorities involved in an unaccompanied asylum-seeking refugee child's life that are not mentioned in this study, for example schools, health-care services, Swedish Prison and Probation Services, friends, compatriots and maybe family members.

*The Swedish Migration Board* carries out asylum investigations and, based on the Aliens Act (SFS 2005:716), makes individual asylum decisions. A negative asylum decision can be appealed to the Migration Court and, if a trial permit is given, to the Migration Supreme Court. If the negative decision is upheld, a plan for repatriation is activated. The Swedish Migration Board has to ensure that children who are due to be repatriated are received by a member of the family, a designated guardian or a suitable reception unit, as part of a dignified repatriation (SFS 2005:716). If not, the repatriation is impossible at that time, and depending on the child's age, they either receive a temporary

residence permit until they turn 18 (as in the Netherlands and the UK) or, if they are 'close to 18', a repatriation with deferred enforcement, meaning that they are allowed to stay until they turn 18 (Swedish Migration Board, 2017b). As with the other regulations of the Aliens Act (SFS 2005:716), the child's best interests must be in focus.

The preparation for the repatriation is done by the Swedish Migration Board through special repatriation conversations, in which the child and the legal guardian participate. According to the Swedish Migration Board's regulations, the authority is responsible for preparing a dignified reception in the country of origin (or another country the child is going to). The Swedish Migration Board officers escort the child to their home country where the parents, other relatives or ultimately a children's home will receive the child. The social services and the legal guardian are also responsible for following up on the child's health and education.

*The Board of Legal Guardians* in the municipality where the child resides appoints a legal guardian (SFS 1994:137). The legal guardian is responsible for the child's personal circumstances and manages their affairs but does not handle the child's daily care and has no financial responsibility. The legal guardian's assignment is to accompany the child to the Swedish Migration Board when receiving the asylum decision and often has regular contact with care homes and social workers. If the decision involves a rejection, the legal guardian helps the child with any appeals. In the repatriation process, the legal guardian helps the child with practical matters and acts as a support for the child. A legal guardian is usually a layperson. The assignment as a legal guardian ends when the child turns 18, when he or she is granted a residence permit or is repatriated.

*Care homes* can be operated by a municipality, a non-governmental organization or a private owner. The majority (80 per cent) of unaccompanied asylum-seeking refugee children live in care homes at the beginning of their stay in Sweden (Ghazinour et.al., 2014). The Health and Social Care Inspectorate, a state agency, inspects the care homes. In a care home, there are one or more contact persons (a social worker at the care homes) responsible for the child's daily living arrangements, schooling, health-care needs and nutrition. The contact person's interventions are governed by documents that are the responsibility of the social worker, who follows up on the child. The child remains at the care home until the day he or she is repatriated. The staff at the care homes are involved in the practical arrangements for the repatriation, such as assisting with packing bags or arranging farewell meetings with friends and school. The staff at care homes are often the ones who see the child's needs for additional mental health

support and inform the social workers. Care homes often have close contact with the legal guardians. The children who are not placed in care homes live either in foster homes or with relatives.

### ***Policy governing forced repatriation***

Different policies and regulations govern the Swedish asylum process. Sweden has by signing international conventions on human rights (The Universal Declaration of Human Rights, 2015), refugee rights (UNHCR, 2010) and children's rights (United Nations General Assembly, 2015) pledged to respect and follow them. For example, the *Convention on the Rights of the Child* (CRC) states in the portal section that in all actions concerning children, including public and private social welfare, institutions, courts of law, administrative authorities and legislation, the child's best interest must be the primary consideration. The CRC itself is not a law now, but it has been transformed into Swedish national legislation and the portal section is incorporated in the Aliens Act. Thus, if a conflict occurs between the CRC and the Aliens Act, the latter prevails. However, the Swedish government has stated that the CRC is going to be a law from 1/1 2018 (Children's Rights Investigation, 2016).

Swedish law and praxis are also affected by EU membership. Sweden is, as a member, involved in the development of an EU common and supranational asylum and refugee policy. Because of that, the *EU's Return Directive* (Directive 2008/115/EC) is incorporated in the Swedish Aliens Act. The purpose of the Return Directive is that member states should introduce common standards and procedures for the repatriation of third-country nationals residing illegally in their countries. One part considers unaccompanied asylum-seeking refugee children, who are seen as an especially vulnerable group. The *Aliens Act* (SFS 2005:716) controls who gets to stay in Sweden, taking both international conventions and EU regulations into account.

*A temporary law* (SFS 2016:752) *of restrictions on the ability to obtain a residence permit* states that only temporary residence permits should be granted. These temporary residence permits can be granted if the Swedish Migration Board finds that an asylum applicant has grounds for protection or subsidiary protection as a refugee. For asylum-seekers receiving refugee status, a residence permit for three years is granted, and those who receive the status of subsidiary protection receive a residence permit for 13 months. This includes unaccompanied asylum-seeking refugee children too. The Aliens Act also regulates the terms for repatriation.

In order to govern the authorities' focus each year, the Swedish government sends out *appropriation directives* (regleringsbrev) to government authorities. With regard to 2017, the Swedish government has told the Swedish Migration Board and the police authority that the repatriation process needs to be prioritized and conducted effectively and with dignity to respect human rights (Swedish Government, 2016a; Swedish Government 2016b). However, in 2014, when this study was conducted, both the Swedish Migration Board and the police authority had an efficiency requirement regarding repatriation cases. In comparison to the previous year's statistics, more repatriation cases had to be processed (Swedish Government, 2014a; Swedish Government 2014b).

The police authority and the Swedish Migration Board have signed an agreement on the distribution of responsibility with regard to the enforcement of forced repatriations (National Criminal Police, 2010). The purpose of this agreement is to provide guidelines for collaboration so that forced repatriations can be both effective and properly secure. The agreement indicates that the enforcement should be done in a dignified manner. Cases involving children without custodians are specifically addressed and the agreement points out that the police and the Swedish Migration Board need to collaborate both before and after the case is handed over to the police to ensure dignity.

## Conceptual framework

In this chapter, the conceptual framework will be presented. The study is influenced by an ecological system theory, and after a short description of the core of the theory, a description of all concepts will be presented consisting of *collaboration, job demand, social support* and *mental health*.

As seen earlier, repatriation of asylum-seeking refugee children involves different actors and is dependent on mutual collaboration in order to provide a dignified return. Because the context involves vulnerable asylum-seeking children without families in Sweden, it is fair to assume that the actors involved work in highly demanding conditions. This study will specifically focus on the work of key actors, social workers and police officers. These assumed high demands might have an impact on their mental health (Johnson et al., 2005). To be able to remain as healthy as possible in this work, social support from colleagues and friends (Cohen & Wills, 1985), together with adaptive coping strategies, have been found to be beneficial (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986).

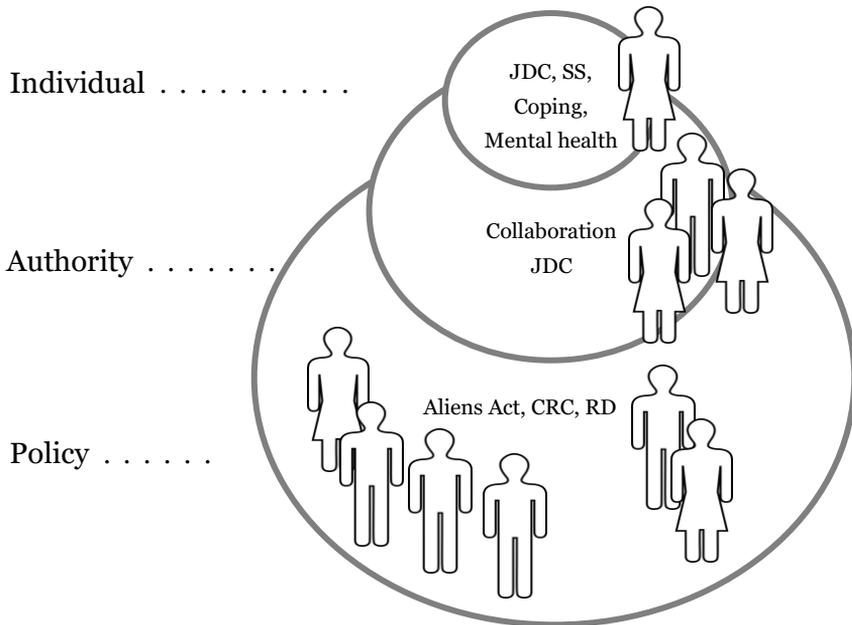
In order to explore and analyse how forced repatriation work affects social workers and police officers, it is also necessary to broaden the picture and look at the context of forced repatriation of unaccompanied asylum-seeking children, because the different actors are connected to each other and are also dependent on each other. A systems approach can contribute to structures and processes for understanding collaboration (Crawford, 2012). Also, in collaborative research in work with vulnerable children, Horwath (2001) suggests that the use of an ecological systems approach is important for assessing the balance between the stresses and support of a child's environment and their personal perceptions of their experiences. Taking all aspects of a child's life into consideration enables the child workers to work towards the best possible health for each child.

Stokols (1996) identifies five core principles of ecological theories that make them appropriate for public health. First, ecological models include aspects of the environment that impact on health, including physical, social and cultural characteristics. Second, ecological models include aspects of individuals, and

can incorporate their genetic heritage, psychological attributes and behaviours. Third, concepts from systems theory are used in order to understand the interplay between environmental and individual characteristics and their mutual influence on health. Fourth, the ecological perspective highlights the interdependence of all factors contributing to health, including nearby and distant factors, as well as family, work, the neighbourhood and the community. Fifth, the ecological perspective is interdisciplinary, which is required for public health. However, ecological systems theory has been criticized for overly focusing on the ‘whole’ and not taking account of individuals within the system (Crawford, 2012).

This study is influenced by an ecological systems perspective, but does not claim to follow any particular ecological model. Instead, it is used as a theoretical frame to understand how the parts in the system of forced repatriation are connected and dependent on each other. Additionally, an ecological model suggests that factors at different levels may not only influence individual behaviors, but also have an impact on or modify each other (Shtarkshall, Baynesan, & Feldman, 2009). The individual is placed in the middle of the model and is affected by, and affects, the other levels, for example the interpersonal, institutional, community and social systems/policy level.

This study is divided into three levels, spanning from overall *policy regulations* to *authority* and to *individual* level, which all interact with each other in a forced repatriation system (see figure 5). With forced repatriation of children in focus, at *policy level*, the laws and regulations regarding unaccompanied asylum-seeking refugee children are legislated by politicians at both national and international level, e.g. the appropriation directions (Swedish Government, 2016a; 2016b), the Aliens Act (SFS 2005:716) and the EU’s Return Directive (RD) (Directive 2008/115/EC), and the CRC (United Nations General Assembly, 2015). The legislation is then implemented by the *authority level*, where the *collaboration* theory of Horwath and Morrison (2007) is used to capture the patterns of collaboration between staff at care homes, social workers, legal guardians, officers at the Swedish Migration Board and border police officers, who are all involved in the process of forced repatriation of unaccompanied asylum-seeking children (substudy I). The *job demands control* model spans over both the *authority level* and the *individual level* because the focus in the model is on the environment surrounding the individual at both levels, but is here categorized into the individual level because the substudy is based on self-assessment (substudy II). On the *individual level*, the *social support* model, the outcome of *mental health* and *copings* theory will help in understanding the phenomena from the workers’ perspective (substudies III–IV).



**Figure 5.** Forced repatriation system at policy, authority and individual level.

## Collaboration

Different social challenges are considered so complex that their solution requires collaboration between different types of actors over profession and agency boundaries in order to create the optimal outcome. Politicians at *policy level* initiate programmes, and formulate general political intentions and rules, but rely on authorities' problem-solving ability at *authority level* to make sure the work is done (Gossas, 2006).

However, there is no clear definition of collaboration (Mallander, 1998). For instance, Berggren (1982) focused on the character of collaboration and the degree of integration between collaborating workers, while Danermark and Kullberg (1999) distinguished a structural, organizational and individual level of collaboration. Abrahamsson and Rosenthal (1995) divided collaboration into interdisciplinary collaboration, which spans over professional boundaries, and interorganizational collaboration, which spans over organizational boundaries.

Horwath and Morrison (2007; 2011) focused on collaboration in relation to vulnerable children. Based on previous research in the safeguarding children context, they defined five types of collaboration: *Communication*, or talking

to each other, is the easiest form. *Cooperation* involves more enhanced cooperation on a case-by-case basis, while *coordination* involves coordinating efforts in a more formalized way. *Coalition* occurs when organizations retain their peculiarities, such as working on shared premises, and *integration* means that organizations intend to create a new identity together. Horwath and Morrison (2007) present communication as the lowest level of collaboration and integration as the highest level. Low-level collaboration is authority focused and is characterized by working towards different targets and goals, whereas high-level communication focuses on services and is collaboration oriented. Furthermore, the authors emphasize the importance of clear agreement on the structure of collaboration to achieve separation between different responsibilities. Since the aim of the collaborating part in substudy I involves defining patterns and describing different types of collaboration, Horwath and Morrison's definition of collaboration is used. The choice is based on their work with vulnerable children and the use of an ecological approach in collaboration theory (Horwath & Morrison, 2007; Horwath, 2001).

Two categories can be identified in collaboration research. One category indicates the difficulty of collaboration (Sandfort, 1999; Johnson, Zorn, Kai Yung Tam, Lamontage, & Johnson, 2003), while the second focuses on how organizations can achieve benefits from collaboration (Boklund, 1995; Danermark & Kullberg, 1999; Darlington, Feeney, & Rixon, 2005). A lack of information on available services and a lack of knowledge about the role of other collaborators have been reported as barriers to initiating and maintaining collaborative work (Johnson et al., 2003). Further, if there are strong disagreements between collaboration partners, all information about and interactions with the other authority are perceived in a way that amplifies the unwillingness of the professionals to collaborate (Sandfort, 1999).

To achieve an effective collaborative relationship, it is important to respect and positively regard the other collaborators (Darlington et al., 2005). Examples of success factors include a common starting point and frame of reference; common methods of developing collaboration; careful discussion of objectives, principles and ethics before beginning collaboration (Danermark & Kullberg, 1999); and the ability to understand each other and the various assignments (Boklund, 1995). A commonly held opinion is that collaboration is a necessity that produces better outcomes than non-collaborative situations.

However, Bergmark and Lundström (2005) argue that collaboration consumes both time and energy, and research showing that the advantages outweigh the disadvantages has been insufficient. Johansson, Linde and

Svensson (2013) hold the opinion that there is an inherent conflict in collaboration where the conditions for the work of the organizations through a number of legal regulations and norms meet and must be negotiated around. An inherent dilemma in relation to collaboration can be said to exist in the sense that the actors, on the one hand, are expected to exceed limits, exchange perspectives, coordinate efforts, work toward a common goal and achieve consensus, and on the other hand, maintain boundaries, and monitor their own professional duties, roles and perspectives.

## **Psychosocial job characteristics**

The psychosocial work environment is one of the central themes that affect work performance, production, stress and health. The most central concept of the model is stress. There is no universally accepted definition of stress, but it is often described as either individual stress, where the biological alarm system reacts as a response to external threats, or as environmental stress, where stress is a consequence of an imbalance between resources and demands, for example at work (Mason, 1975). The latter definition is in line with Karasek's (1979) job demand and control model.

Different psychosocial job characteristic theories are available (Hackman & Oldham, 2005; Siegrist, 1996), but Karasek's work-stress model has been one of the most dominant since the early 1980s. The purpose of the job demand and control model is to analyse the causes but not the consequences of psychosocial work environment problems in the workplace. Work-related stress has an impact on health and well-being and two psychosocial job characteristics may particularly affect an employee's stress and health: job demand and job control.

According to Karasek (1979), the *job demand* variable constitutes both the volume and intensity of one's workload as well as how one copes with unforeseen tasks. *Job control* refers instead to the working individual's potential control over the pace and content of the tasks. In other words, the researchers focused on the environment surrounding the individual (at individual and authority level) and not the individual's personality. Control is measured as *decision latitude* in the model, but consists of skill discretion and decision authority. Skill discretion is the breadth of skills workers can use on the job, while decision authority is related to control on the job, for example what tasks are to be performed, when and in what order they will be done. Decision latitude (control) can be close to or far from the working task. A close connection to the working task is control on the job, i.e. the performance of work, while a far connection is control over the job, i.e. the overall decisions.

Karasek and Theorell (1990) state that job demands and decision latitude affect strain, job satisfaction and learning. Illness and mental stress occur when there is a disparity between perceived job demands and workers' control over the job situation. Job demand and control theory was later developed to include the relationship between psychological job demands and control at work and social support from colleagues and managers (Karasek et al., 1998).

In substudy II, the relationship between job characteristics and mental health was in focus. In order to capture social workers' and police officers' job demand and control at work, the job demand and control model was used as a theoretical framework.

### **Social support**

Social support is assumed to mainly have a buffering effect on perceived stress within and outside of work (Cohen & Wills, 1985; Viswesvaran, Sanchez, & Fisher, 1999; Michie & Williams, 2003). The perception of social support can affect how an individual assesses a stressful situation and the individual's reactions, in the form of feelings, actions and physiological responses during stress. Individuals who feel they have a well-functioning social support have been shown to develop fewer stress symptoms than others (Lazarus & Folkman, 1984b; Michie & Williams, 2003).

Social support is often described in terms of its structure and function (House, Kahn, McLeod, & Williams, 1985). Structure refers to the network of colleagues, friends, families and other social support sources. Function refers to the provision and perception of instrumental, informational and qualitative emotional support. Henderson, Duncan-Jones, Byrne and Scott (1980) added attachment and acknowledgement of a person's range of social relationships to their model of social support. Their definition is based on various psychological needs that a person can satisfy through relationships with others. These needs are called *attachment*, i.e. the need for deep emotional relationships, and *social integration*, i.e. relationships through shared interest, reassurance of personal worth and through alliances in difficult situations. Henderson et al. (1980) define social support as close emotional support, appreciation and contacts within and outside the family, and describe how a person can manage everyday stress, both at work and in family life, through social networks and contacts. This comprehensive definition of social support is used in substudy III.

The relationship between social support and health outcomes is often explained by two models: the stress buffering effect model and the direct (main) effect model (Cohen & Wills, 1985). The two models are not mutually

exclusive, because the processes involved in social support are multidimensional. The *stress buffering effect model* suggests that support is primarily related to well-being during stressful situations because support protects or buffers the person from the potential influence of stressful events. The *direct (main) effect model* proposes that social resources have a beneficial effect on health in general, regardless of whether the person is exposed to a stressful event or not. Research has shown a coexistence of both the direct and buffering effects models (Cohen & Wills, 1985; Viswesvaran, Sanchez, & Fisher, 1999).

## **Coping with stress**

This study has adopted Lazarus and colleagues' (Coyne & Lazarus, 1980; Lazarus, 1981; Folkman, 1984) model of stress and coping, where *stress* is viewed as a relationship between an individual and the environment and is the result of the perception that the individual's environmental demands (for example, work demands) exceed his or her ability to cope with them.

Cognitive appraisal and coping are core processes in the model (Folkman et al., 1986). *Cognitive appraisal* is the process where the individual evaluates whether a specific stressful encounter is relevant to oneself, and if so, in what ways. Cognitive appraisal is further divided into primary and secondary appraisal. Primary appraisal involves the process of perceiving a threat to oneself, whereas secondary appraisal consists of the process of identifying a potential response to the threat. During the coping process in this model, an individual appraises the actual demands of the encounter and their own resources for managing those demands (Lazarus & Folkman, 1984b).

*Coping* is defined as an individual's strategies for managing internal and external demands in perceived stressful situations (Folkman, 1984). The definition does not imply general assumptions about adaptive or maladaptive coping, it is the outcome of the specific situation that determines whether the coping was successful or not. Further, it emphasizes the context, pointing out that specific individual and situational variables combine to shape coping efforts. An individual's coping may vary over time depending upon situational demands and available coping resources (Ahlström & Wenneberg, 2002). Other models, for example trait-oriented research on coping, focuses instead on stable personality dispositions in order to determine what individuals typically do (Lundqvist & Ahlström, 2006).

The function of coping is to deal with the problem causing the distress (problem-focused) and regulate stressful emotions (emotion-focused) (Folkman, 1984). Problem-focused coping aims to deal directly with the

situation by addressing the source of stress. On the other hand, emotion-focused coping involves efforts to prevent or tolerate the emotions associated with the distress without attempting to change the situation itself. Both coping styles, problem-focused and emotion-focused, are part of the coping process in stressful situations. Depending on how the situation is appraised, the individual's resources and the surrounding environment, different coping styles are used.

## **Mental health**

Work-related stress can have a negative effect on individuals' health outcomes, both mentally and physically. One key area in work-related health within the World Health Organization (WHO) deals with occupational and work-related diseases, which are primarily 'a result of an exposure to risk factors arising from work activity' (WHO, 2017c). Psychosocial risk factors may negatively affect an individual psychologically and physically. The WHO states that mental health problems and other stress-related disorders are recognized as affecting work productivity (WHO, 2017c). In this study, health is based on the 1948 definition of health given by the WHO (2017a):

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

This definition implies that human health is something more than biology, as an individual is also a mental and social being, and these three factors together have an impact on health (Medin & Alexandersson, 2000). The definition has not been changed since 1948, but has been challenged. Huber et al. (2011) identify criticism, noticing that there are concerns that the word 'complete' (as related to well-being) is problematic since it 'unintentionally contributes to the medicalization of society' (Huber et al., 2011, p. 243).

The WHO definition has evolved over the years and important additions have been implemented. On the official site of the WHO (2017b), mental health is defined as

A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

As regards mental health, the WHO states that it refers to 'a broad array of activities directly or indirectly related to the mental well-being component included in the WHO's definition of health' (WHO, 2017c). There are a number of factors, social, psychological and biological, that determine the level of mental health of an individual at different points in time. Poor mental

health is affected by sudden social change, social exclusion, risk of violence, discrimination and violation of human rights. Vulnerability due to personality factors may affect disposition towards mental disorders (WHO, 2017c).

# Overview of study aims, material and methods

Sub-study	Aim	Study design	Participants	Instruments	Analytical approach
<b>I</b>	Explore patterns of collaboration between authorities in forced repatriation process	Qualitative case study	In total 20 interviews with - 4 social workers - 6 staff at care homes - 5 border police officers - 2 SMB officers - 3 legal guardians	Semi-structured interviews	Thematic analysis
<b>II</b>	Examine social workers and police officers' psychosocial job characteristics in relation to forced repatriation processes and their association with mental health	Cross-sectional	National survey with 380 social workers, and 714 police officers	- Demand-Control-Support Questionnaire (DCSQ) - General Health Questionnaire (GHQ-12)	- Pearson's correlation coefficient - Chi-square test - T-test (or Mann-Whitney U test) - Univariate and multivariable logistic regression
<b>III</b>	Explore the modifying effect of social support on the association between working with forced repatriation and psychological disturbances among social workers and police officers	Cross-sectional	National survey with 380 social workers, and 714 police officers	- Interview Schedule for Social Interaction (ISSI) - General Health Questionnaire (GHQ-12)	- Chi-square test - T-test (or Mann-Whitney U test) - Univariate and multivariable logistic regression
<b>IV</b>	Describe and compare police officers and social workers coping in forced repatriation work.	Cross-sectional	National survey with 380 social workers, and 714 police officers	- Ways of Coping Questionnaire (WOCQ) - Interview Schedule for Social Interaction (ISSI)	- T-test (or Mann-Whitney U test) - Univariate and multivariable linear regression - Confirmatory factor analysis - Exploratory factor analysis

## **Materials and methods**

In this chapter the methodological frameworks and choices are described. After this, a description of the study settings, methods for data collection and analysis used in each of the four substudies will be presented.

This study combines information from four different substudies, referred to as substudies I–IV in the study overview.

### **Research design**

The study builds on both qualitative and quantitative research design to explore forced repatriation workers' and key actors' (social workers and police officers) perceived mental health in order to shed light at both a deep and general level on forced repatriation. The first substudy is qualitative, and this is followed by three quantitative substudies. All four substudies have their own theoretical paradigm, but together in the overall study they complement each other in a broader picture of forced repatriation workers' mental health. Structurally, the substudies are presented in the order they were conducted.

Qualitative substudy I was conducted first in order to get an overview of the actors involved in forced repatriation. After acquiring a greater understanding of the actors' collaboration, social workers and police officers were found to be key actors in the system. Questions about their eventual job demands and mental health arose, leading to substudy II. Substudy III, with its focus on social support, followed naturally after the focus on job demand and job control. The extended job demand model of Karasek and Theorell (1990) included social support in the model. However, the choice in this study was to go deeper into the variables in focus, in order to try to explore social workers' and police officers' mental health in forced repatriation work, rather than bring all variables together in one study. The intention in substudies II and III was not to compare social workers and police officers, and the data analysis were conducted separately. It was not fair to compare them because of their different work tasks and roles, but also because of their gender distribution, where social workers are predominantly female and police officers predominantly male. However, in substudy IV, the intention was to compare

the two key actors and describe their coping strategies. Because the study was focused on the individual level and both social workers and police officers had a similar scenario to consider, a comparison was deemed meaningful.

### ***Qualitative substudy I***

The focus of the first substudy was to understand the complexity of collaboration between professionals engaged in a repatriation system. A qualitative approach was chosen based on Denzin and Lincoln's (2003) argument that qualitative research involves an interpretive, naturalistic approach to the world and studies things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them. Yin (2013, s. 19) describes qualitative research based on five characteristics:

1. Studying the meaning attributed to people's lives in real conditions;
2. Representing people's opinions and views included in the study;
3. Covering the context and circumstances of people's life;
4. Providing insights into current or emerging concepts that can explain human social behaviour;
5. Striving to use many sources rather than a single type of evidence.

Further, this substudy was viewed as a case study. Common to all case studies is the focus on exploring contemporary social phenomena within their real-life context, which has implications for the design and the methods for data collection (Thomas, 2011). The case study approach is based on the assumption that social phenomena are intertwined with their context and that boundaries are not clear (Yin, 2009). Thomas (2011, s. 513) defines case studies as

Analyses of persons, events, decisions, periods, projects, policies, institutions, or other systems that are studied holistically by one or more methods. The case that is the subject of the inquiry will be an instance of a class of phenomena that provides an analytical frame—an object—within which the study is conducted and which the case illuminates and explicates.

Yin (2009) argues that a case study is suitable for studying complex social phenomena, such as collaboration in a forced repatriation system. Further, he says that case studies often benefit from the use of existing theories and frameworks to guide data collection and analysis.

### ***Quantitative substudies II–IV***

Substudies II–IV were based on two national self-administered surveys of social workers and police officers. Data were collected using a cross-sectional

design on the whole study population at a single point in time to examine the relationship between different variables of interest (Hennekens & Buring, 1987). Cross-sectional studies therefore provide a snapshot of the frequency of, for example, a population's particular health condition related to a specific variable. Therefore, it is suitable for examining the burden of a disease or condition and is useful for health-care service planning (Pandis, 2014).

The cross-sectional design in the study enabled the assessment of social workers' and police officers' job characteristics (substudy II) and social support (substudy III) in relation to mental health outcomes amongst those with and without experience of forced repatriation work, as well as the comparison of coping strategies (substudy IV) amongst social workers and police officers with and without experience of forced repatriation work.

## **Study settings**

The substudies included were conducted in two different settings. Substudy I was carried out at municipality level in Sweden between May and August 2013 and is based on 20 face-to-face interviews. Substudies II–IV consisted of a Swedish national survey of both social workers and police officers and were conducted during the spring and autumn of 2014.

### ***Qualitative substudy I***

Qualitative substudy I took place in a middle-sized municipality in Sweden with a contract regarding the reception of unaccompanied asylum-seeking refugee children with the Swedish Migration Board. The municipality in focus has a population of more than 100,000 inhabitants and all five types of actors were represented in the municipality: (1) social workers, (2) staff at care homes, (3) police officers, (4) the Swedish Migration Board and (5) legal guardians.

Since 2007, the city in which the data were collected has developed a refugee reception system through which unaccompanied asylum-seeking refugee children are resettled and await a final decision regarding their permit applications. This situation made it possible to recruit participants who had worked with unaccompanied refugee children with or without a permit.

### ***Quantitative substudies II–IV***

#### *Social services*

Sweden comprises 290 municipalities, all of which have their own social services. Social services are an administration governed by separate municipal

social welfare committees that are responsible for practical and political work regulated by the Social Services Act (SFS 2001:453). Social services can be organized in different ways, but all municipalities have social workers responsible for unaccompanied asylum-seeking refugee children. According to the first chapter of the Social Services Act (SFS 2001:453), also called the 'Preamble', the municipality has the ultimate responsibility for ensuring that adults, children and young people residing in the municipality receive the support and help they need. Municipalities are responsible for both unaccompanied asylum-seeking refugee children and those with residence permits. Accordingly, unaccompanied asylum-seeking refugee children are also able to benefit from some of the support efforts provided by the social services. The first task of the municipality, and therefore the social workers working with unaccompanied children, in the asylum process is to investigate the children's needs. Among other things, this involves making decisions about interventions and accommodation, appointing legal guardians (through the board of legal guardians) and ensuring that the children receive a school education. The social workers continuously follow up the decisions concerning the children through meetings.

#### *The Swedish police authority*

The Swedish police was, until 2014, composed of 21 police county authorities, but from January 1, 2015, it was reorganized into one National Police Authority. Each county has a police authority responsible for daily police activities, with a chief commissioner as department head and a police board with politicians appointed by the government. In general, every police authority consists of an investigation and legal unit, a crime prevention unit and a service unit. Most of the police authorities also have a border police unit that is responsible for border control and investigating crime against the Aliens Act. One specific task, often administered by the border police unit, is to collaborate with the Swedish Migration Board in forced repatriation cases.

## **Study populations and data collection**

### ***Qualitative substudy I***

The qualitative study was based on semi-structured interviews (Kvale & Brinkmann, 2009). The aim of this type of interview is to try to understand aspects from the interviewee's perspective. A semi-structured interview uses a pre-designed interview guide that contains various themes. In this study the interviews were divided into four sections: the participant's background, experience with forced repatriation of unaccompanied asylum-seeking refugee children, guidelines and policies, and collaboration within the forced repatriation process. Each section included a number of questions, and all

interviews used the same questions. With permission from the participants, the interviews were audio-recorded and transcribed. The average duration of the interviews was approximately one hour.

The sample consisted of a total of 20 face-to-face interviews with representatives from (1) social workers, (2) staff at care homes, (3) police officers, (4) the Swedish Migration Board and (5) legal guardians. All of them were involved in the forced repatriation of unaccompanied asylum-seeking refugee children.

Participants were emailed a letter that explained the aim, voluntariness and confidentiality of the study. To collect data from staff at care homes and social workers, contact was made with a senior officer at the social service centres in order to explain the aim and purpose of the study. Permission was obtained from the senior officer to contact the social workers themselves. In the field of unaccompanied asylum-seeking refugee children, there were four social workers, 30 staff at care homes, five police officers, two Swedish Migration Board officers and 14 legal guardians at the time of the research project. The same procedure was repeated to collect data from the police, the Swedish Migration Board and legal guardians.

**Table 1.** Description of participants

<b>Type of actor</b>	<b>Males</b>	<b>Females</b>	<b>Total</b>	<b>Working experience in years</b>
Social workers	1	3	4	3
Staff at care homes	2	4	6	4.5
Police officers	4	1	5	2
SMB*	1	1	2	5.5
Legal guardians	1	2	3	6

\* SMB = Swedish Migration Board

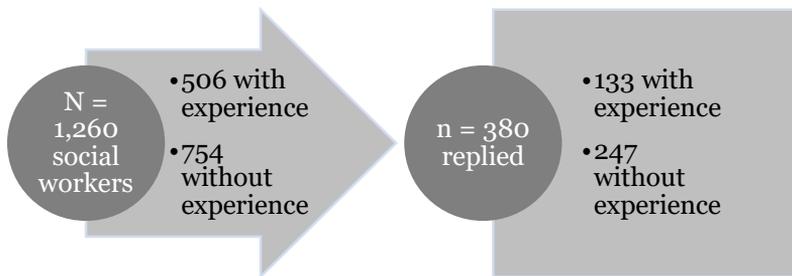
The data collection with care homes and legal guardians was conducted at their convenience until saturation was reached, meaning when no substantial new knowledge with regard to the aim of the study was collected (Dahlgren, Emmelin, & Winkvist, 2007).

### ***Quantitative substudies II-IV***

The current study was based on two national self-administered surveys, one of police officers and one of social workers.

### *Social workers*

All municipalities in Sweden in 2013 that had an agreement with the Swedish Migration Board on the reception of unaccompanied asylum-seeking refugee children were included in the quantitative part of the study. This resulted in 265 municipalities. An e-mail list of all social workers working with unaccompanied asylum-seeking refugee children with or without a residence permit was established. After contact with county administration boards in different counties and due to organizational factors in social services, e-mail was considered to be the best way to get in touch with the social workers. Some e-mail addresses could be obtained from various county administration boards; these were sent by e-mail. In cases where a county administration board had no indication of any municipalities or persons in the municipalities who worked with these issues, contact was made with the specific municipality to get the names of the social workers. This was done in the form of an e-mail with an information letter or with phone calls. Once all the information was collected, the social workers were contacted by a Web-based survey. In total, 1,260 social workers, comprising 506 who worked with unaccompanied asylum-seeking refugee children and had experience in forced repatriations, and 754 who were involved in working with other vulnerable children and/or families at the municipality level, were contacted. After two reminders, 380 social workers replied, 133 of whom worked within forced repatriation and 247 of whom worked with other vulnerable children, giving a response rate of 30%.



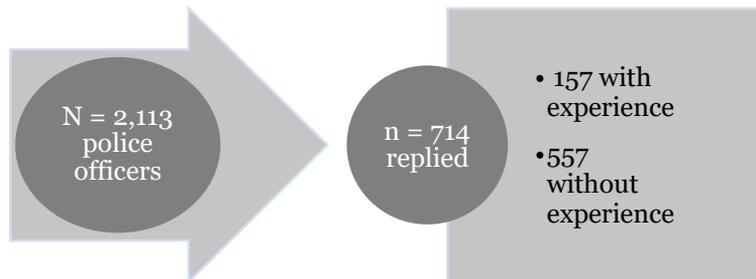
**Figure 6.** Survey sample of social workers with and without experience of forced repatriation work.

### *Police officers*

All 21 police authorities in Sweden were contacted. The purpose and the voluntariness of the study were described in a written letter and oral contact was made with the police authorities. Three of the police authorities declined to participate in the study. The remaining 18 police authorities received the survey through their human resource personnel or unit or squad leaders. A paper survey was used due to technical factors concerning Internet issues in the police organization. Police officers have trouble getting access to the

Internet through their office computers due to safety precautions. Due to secrecy rules, the Swedish police organization did not allow the research team access to personnel lists in order to conduct a random sample. Instead, convenience sampling was used. The survey and a prepaid return envelope were sent in a sealed envelope to the contact persons at each authority. These individuals gave the envelopes to the police officers that would respond to the survey. The police officers themselves could then complete the survey and return it in the prepaid envelope. The contact person that received the surveys in all police authorities conveyed them to the police officers in the border police unit, or the equivalent, and the police officers that were available based on the prevailing conditions at their respective authorities.

In total, 2,113 surveys were sent out and a total of 714 police officers responded and returned the questionnaires, giving a response rate of 34%. Experience of working with unaccompanied asylum-seeking refugee children was identified using a single-item question in the sociodemographic questionnaire ('yes/no'). In total, 157 police officers had experience of working with the forced repatriation of unaccompanied asylum-seeking refugee children.



**Figure 7.** Survey sample of police officers with and without experience of forced repatriation work.

### *Instruments*

Both the Web-based and the paper version of the survey included an introductory letter stating the purpose of the study and a consent form, and a self-administered questionnaire was used to collect information on the sociodemographic characteristics, psychosocial job characteristics, social support, coping and general mental health of the participants. Before sending the surveys to the participants, pilot surveys were sent to a group of social workers and police officers in order to test the surveys.

**Table 2.** Overview of the instruments in the survey

Instruments	Measures
Socio-demographic characteristics	Age, gender, having children, work experience, education level, marital status
Demand-Control Questionnaire	Demand and control at work
Interview Schedule for Social Interaction	Social support, consisting of both availability and adequacy aspects of social interaction and emotional support
Ways of Coping Questionnaire	Coping
General Health Questionnaire-12	General mental health

*Sociodemographic characteristics* included age, gender, having children, working experience, education and marital status. Working experience referred to the number of years participants had been working in the profession. Education was a two-category variable: upper secondary education and higher education. Marital status was categorized into two groups: married/cohabiting and single. The latter included separated/divorced and widower/widow.

*Psychosocial job characteristics* were measured using the Swedish version of the Karasek demand/control model (Karasek & Theorell, 1990). This model is commonly used in occupational research and has been tested for reliability in the Swedish population (Theorell et al., 1988). *Psychological job demands* and *decision latitude* are calculated based on four job demand items and six job decision latitude items on a four-point Likert scale, giving the score values 4–16 for job demand and 6–24 for decision latitude. Job demand and decision latitude were dichotomized by the median scores. The questionnaire covered areas such as workload, work strength, time to finish work tasks, work skill and decision about work performance.

*Social support*, consisting of both quantitative (availability) and qualitative (adequacy) aspects of social interaction and emotional support and both within and outside of work, was measured using an abbreviated version of the Interview Schedule for Social Interaction (ISSI) (Henderson et al., 1980), with 30 items. The ISSI has previously been tested for validity and reliability both in the original study (Henderson et al., 1980) and in the Swedish context (Undén & Orth-Gomér, 1989). The *availability of social integration (AVSI)* describes the magnitude of a person's social relationships and contacts and the supporting function of these relationships in managing everyday life. The *adequacy of social integration (ADSI)* measures whether social interactions and contacts are enough and if the person is satisfied with these interactions,

while the *availability of attachment (AVAT)* describes the extent of close emotional support, appreciation and attachment within and outside of the family. Last, the *adequacy of attachment (ADAT)* measures whether close emotional support, appreciation and attachment are perceived to be enough for the individual (satisfaction). The social support variables were dichotomized by their mean value.

The *Ways of Coping Questionnaire (WOCQ)* was developed by Folkman and Lazarus (1988) and was used to assess coping. It is widely used and measures the cognitions and behaviours that people employ to handle the internal and external demands of perceived stressful situations. The WOCQ is scenario-based and consists of 66 items. The police officers and social workers were asked to indicate the coping strategies they would use in a specific scenario that was similar for both of them. *'Two days ago, you were involved in executing a repatriation order for a 16-year-old unaccompanied asylum-seeking refugee child who told you about fleeing to Sweden and the fear of being forced to go back and then killed.'* The coping strategies were then rated on a four-point Likert scale and consisted of eight subscales: *Escape Avoidance (EA)* refers to wishful thinking and behavioural efforts used to escape or avoid a stressful situation. *Distancing (D)* consists of cognitively separating oneself and minimizing the significance of a stressful situation. *Planful Problem Solving (PPS)* involves using both deliberate problem-focused strategies to change the situation and an analytic approach to solving the problematic situation. *Self-Controlling (SC)* consists of regulating one's feelings and actions. *Seeking Social Support (SS)* refers to informational, tangible and emotional support. *Accepting Responsibility (AR)* acknowledges one's own role in the problem. *Positive Reappraisal (PR)* involves attempting to create positive meaning from the stressor. And *Confrontive Coping (CC)* describes aggressive efforts to alter the situation and suggests some degree of hostility and risk-taking (Folkman & Lazarus, 1988).

*The general health questionnaire (GHQ-12)* was used as a self-administered screening test to assess general mental health. The GHQ-12 is a 12-item questionnaire developed to detect psychiatric disturbances in community settings and non-psychiatric clinical settings (Arnetz, Arble, Backman, Lynch, & Lublin, 2013; Banks et al., 1980; Goldberg & Williams, 1988). The psychometric properties of the GHQ-12 have been extensively investigated (Goldberg, Oldehinkel, & Ormel, 1998; Martucci et al., 1999; Werneke, Goldberg, Yalcin, & Stn, 2000). The original scoring by Goldberg with response categories scored 'not at all' and 'no more than usual' as 0 and 'rather more than usual' and 'much more than usual' as 1, giving a possible range of 0 to 12, with higher scores being indications of poorer mental health (disturbances). The GHQ-12 asks questions about concentration, sleeping

ability, decision-making, ability to cope with problems and happiness during the past few weeks. In accordance with Goldberg, Oldehinkel and Ormel's (1998) recommendation that a mean score will provide a rough guide to the best threshold, the mean GHQ score was 3.11 among all social workers, and 1.5 among all police officers. Following the recommendations on cut-offs of the GHQ, the cut-off was four for social workers and two for police officers. This means that scores above four (for social workers) and above two (for police officers) were considered cases of psychological disturbances.

## **Data analysis**

### ***Qualitative study***

All transcribed interviews were manually interpreted, structured and compressed by thematic analysis, in which the intention was to search for patterns in the data. There are two different types of approaches in thematic analysis: *inductive* and *deductive* (Braun & Clarke, 2006). *Deductive analysis* (theory driven) refers to themes based on existing theories. *Inductive analysis* involves identifying themes that are based on what transpires in the data (i.e. themes identified during the analysis). Thematic analysis can combine both inductive and deductive approaches.

Most of the themes in the qualitative study were predetermined according to Horwath and Morrison's (2007) five types of collaboration: *communication*, *cooperation*, *coordination*, *coalition* and *integration*. However, during the analysis, new themes arose from the empirical material, adding an inductive component to the analysis based on our findings of patterns of collaboration.

In the inductive part of the analysis, Braun and Clarke's (2006) six stages of recommendation were followed: (1) becoming familiar with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. Moreover, together with the research group, several meetings took place, focusing on the transcriptions in order to discover the workers' behaviour patterns in the repatriation system. Three types of patterns were identified: *teamwork patterns*, *isolated patterns* and *sensitive patterns*.

**Table 3.** Overview of sub-themes and themes

<b>Sub-themes</b>	<b>Themes</b>
Compromises within the collaboration Understanding each other's roles Help each other in the repatriation work	Teamwork patterns
Feeling lonely in repatriation work Distancing themselves in repatriation work Make their own decisions in repatriation work	Isolated patterns
Criticizing other actors Uncertainty about each other's roles Role bordering	Sensitive patterns

### ***Quantitative study***

The data analysis had a descriptive and analytical character and descriptive statistics for the continuous variables were presented as means and standard deviations, and as percentages for the categorical demographic variables.

In sub-study II *Pearson's correlation coefficient* was used to assess the associations between general mental health and age, demand and decision latitude total scores, and years of work experience.

In both substudies II and III, the *chi-square test* was used to compare the nominal variables and *T-tests* or the *Mann-Whitney U test* (depending on the Gaussian distribution) were used in all three substudies in order to compare continuous variables between males and females as well as between those with and without experience working with unaccompanied asylum-seeking refugee children's forced repatriation.

Further, in all three substudies, *univariate* and *multivariable regression models* were employed – in substudy II in order to describe the association between sociodemographic and psychosocial job characteristics and psychological disturbances, while in substudy III, the logistic regression model was used to describe the association between sociodemographic and social support variables and the likelihood of undergoing psychological disturbance. AVAT, AVSI, ADSI and ADAT were dichotomized by their mean value to 'high' and 'low'. In substudy IV, univariate and multivariable regression were applied to test for the predictive value of the sociodemographic variables, working with unaccompanied asylum-seeking refugee children and social support as independent variables and the coping subscales as dependent variables.

The factor analysis in substudy IV consisted of both *confirmatory factor analysis* (CFA) and *exploratory factor analysis* (EFA). First, CFA was used to test whether the original eight-factor structure based on the WOCQ manual (Folkman & Lazarus, 1988) would fit the data. Secondly, EFA was used on the police data (since the size of the sample was dominant) in considering whether a more appropriate model could be identified for both police officers and social workers. The EFA was performed with oblique rotation due to the supposition that the factors were not independent of each other. To obtain the optimal number of factors in the EFA, parallel analysis as an accurate factor retention method was used. In the third step, based on the EFA factor structure in the police data, a CFA for the social workers was conducted.

Statistical analyses were performed using STATA version 13.1 (StataCorp, College Station, TX). The confirmatory factor analyses in substudy IV were performed using LISREL 8.8.

## Results

This chapter will highlight the main findings from the four substudies. It will be organized into two sections. The first section focuses on the authority level and will explore actors' collaboration patterns in a forced repatriation system; both the level of collaboration and behaviour patterns will be investigated (substudy I). From that perspective, the focus will be narrowed down to the individual level and the two key actors, police officers and social workers. The aim is to get a broader understanding of how social workers and police officers perceive their mental health in the forced repatriation of unaccompanied asylum-seeking refugee children. Since this work can be seen as demanding, the aim of this study is to investigate how the actors perceive their job characteristics (substudy II) and social support (substudy III) in relation to their mental health. Lastly, in order to deepen the understanding further, the last substudy (IV) focuses on what patterns of coping they use in a forced repatriation scenario.

### **Collaboration patterns in forced repatriation system**

In substudy I, semi-structured interviews with social workers, staff at care homes, police officers, staff at the Swedish Migration Board and legal guardians were conducted in a single municipality with long experience of receiving unaccompanied asylum-seeking refugee children.

#### ***Three levels of collaboration***

The workers described different collaboration needs within their roles in the repatriation system. However, most collaboration took place at the *communication* level.

The Swedish Migration Board staff, who had relatively little contact with the involved children, generally indicated less of a need for collaboration than the other workers did. Their general opinion was that first and foremost they needed contact with legal guardians and, in forced repatriations, with the border police. Other workers could have contact with legal guardians, if necessary.

I feel that the SMB's role is to work with the legal guardian. The legal guardian is the one who will monitor the young person's interests, and if the legal guardian thinks that the municipality should know that they received a negative decision, then the legal guardian has to say it [to the municipality] ... [Staff at Swedish Migration Board].

The social workers, for their part, spoke about 'receiving information' when describing their communication with the other workers. One part of their communication with care homes was reading the children's client files.

The *cooperation* level involves more enhanced cooperation on a case-by-case basis. All workers saw the need for like-minded thinking as necessary for achieving successful collaboration, except for the border police. Instead, because of their executive role, their opinion was:

No, we're thinking in different ways. We should reasonably do that... [Border police].

The social workers saw a need for stronger collaboration with coordinating efforts in a more formalized way, at the *coordination* level. However, they seemed to be unable to implement collaboration. At one previous meeting, a group of representatives from different fields had discussed issues concerning unaccompanied asylum-seeking refugee children and one social worker said:

We actually talked about that we would like to resume it [coordination]... [Social worker].

The border police officers expressed their need for close collaboration with other workers to keep the enforcement process as dignified as possible for the child. One of them explained why he gathered everyone involved around a table:

I wanted everyone's [the authorities' and the child's] voice to be given considerable weight somewhere... [Border police].

It was seen by all workers that most of the collaboration took place at *communication* and *cooperation* level. No examples of collaboration at the two highest levels, *integration* and *coalition*, were found in the material.

### ***Three patterns of collaboration***

It should be noted that all professionals involved in repatriation aimed to consider the children's best interest and that mission was their main reason for collaborating with other workers. The findings in substudy I suggested that the professionals used one out of three patterns of collaboration in their work with the repatriation of unaccompanied asylum-seeking children. The patterns were *teamworking*, and *isolated* and *sensitive patterns*. These

patterns emerged from the empirical material. The *teamwork pattern* was characterized by professionals who understood the different roles in the repatriation process, were willing to compromise for the sake of collaboration and were helpful to the collaborating workers in the repatriation system. One social worker at a care home described how they compromised with the social workers in order to understand each other better:

It is hard work as well. They [social workers] have said what they thought not has been working out from our side, and we have done the same thing. Then, we have made something good out of it... [Staff at care home].

All of the workers in this pattern mentioned the core of understanding each other's role as a success factor for collaboration.

Instead, the *isolated pattern* was characterized by professionals who made their own decisions in repatriation work, distanced themselves and felt lonely. The social workers described a feeling of loneliness when they argued with other workers about what is best for the child's well-being or when they lacked a common mission in their work.

A legal guardian outlined the feeling of damaged collaboration when other authorities decide what they should do:

You feel compelled to participate, but you are trying to not make it easy for them [border police]... [Legal guardian].

Lastly, *the sensitive pattern* was characterized by professionals who criticized other workers in the repatriation system. They were uncertain of the other workers' roles, and they wanted to maintain the boundaries of their role by not interfering with the work of others. They were passive observers rather than active participants in the repatriation system. One social worker mentioned the importance of not interfering with other authorities' assignments and remaining within the boundaries of their roles:

I assume my responsibilities and have not taken it as my responsibility to care about how the police do their job, for example. I must assume that they do their job, and they will assume that I'm doing mine... [Social worker].

## **Individual mental health in forced repatriation system**

The social workers group consisted of 380 children and/or family social workers, 133 of whom worked specifically with unaccompanied asylum-seeking refugee children while 247 worked with other children and/or families. The majority of the social workers were female (84%) and 95% of

them had a bachelor of science in social work while 5% had postgraduate degrees. In total, 76% were married and 78% had children.

The police officers comprised 714 participants, of whom 157 (22%) had experience of working with unaccompanied asylum-seeking children who were due for repatriation. Two-thirds of them were male. In the participating police officer sample, 83% were married and 76% had children. More detailed characteristics of the participants are presented below (Table 4).

**Table 4.** Characteristics of the study participants, by gender

	Social Workers			Police Officers		
	Males	Females	Total	Males	Females	Total
N	59	321	380	494	220	714
Age Mean ± SD <sup>a</sup> years	49±12**	45±11	45±11	43±11	39±11**	42±11
Range in Years	27-69	22-66	22-69	24-67	24-65	24-67
Marital Status % Married	85	74	76	87**	74	83
Work Experience Mean ± SD years	16±11	15±10	15±10	16.7±13.6**	12.6±11.8	15.5±13.3
Having children % Yes	73	80	78	81**	65	76
Experience with UARC* % Yes	27	36	35	24	18	22

Note. \*p < 0.05 \*\*p < 0.01 \*\*\*p<0.001 compared to females

<sup>a</sup> SD = Standard Deviation

\*Unaccompanied asylum-seeking refugee children

### ***Social workers' and police officers' mental health***

The GHQ-12 questionnaire was used to assess social workers' and police officers' general mental health. For social workers, the cut-off was set to four, following GHQ-12 recommendations (Goldberg, Oldehinkel, & Ormel, 1998). For police officers, the cut-off was two, meaning that scores above two were considered cases of psychological disturbances.

For all social workers, the mean GHQ score was 3.11 and the proportion of social workers who might possibly suffer from a psychological disturbance was

38% in total. For police officers, the mean GHQ was 1.5 among all police officers. Following the guideline, 28.5% of the police officers were found to be suffering from a psychological disturbance.

A significantly poorer mental health was associated with working with unaccompanied asylum-seeking refugee children among social workers than working with other vulnerable children ( $3.5 \pm 3.3$  vs.  $2.8 \pm 3.5$ , respectively,  $p < 0.01$ ). However, the police officers did not show any differences in mental health whether they worked with unaccompanied asylum-seeking children or not ( $2.0 \pm 2.9$  vs.  $1.4 \pm 2.2$ , respectively,  $p = 0.2$ ).

#### *The association between psychosocial job characteristics and mental health*

In substudy II, social workers perceived working with unaccompanied asylum-seeking refugee children as having higher psychological job demand ( $12.8 \pm 2.5$  vs.  $11.8 \pm 2.5$ , respectively,  $p < 0.001$ ) and lower decision latitude ( $19.4 \pm 1.6$  vs.  $20 \pm 1.7$ , respectively,  $p < 0.001$ ) than other child-focused social work. The calculated effect size for the difference for psychological demand and decision latitude between the two groups was 0.032 and 0.026, respectively. These effect sizes are considered medium (Tabachnick, 2006). A higher psychological job demand was related to poorer mental health, indicated by a mean GHQ score of  $4.1 \pm 3.5$  among those with high demand and  $1.6 \pm 2.6$  among low-demand social workers ( $p < 0.001$ ). At the same time, low decision latitude was associated with poorer mental health (mean GHQ score of  $3.8 \pm 3.5$  among those with high decision latitude and  $2.6 \pm 3.2$  among low-decision-latitude social workers,  $p = 0.001$ ). Thus, social workers perceive working with unaccompanied asylum-seeking refugee children as more stressful than other social work.

This association was not empirically confirmed among police officers. Psychological job demand ( $10.9 \pm 2.2$  vs.  $10.7 \pm 1.9$ , respectively) and decision latitude ( $19.1 \pm 2.4$  vs.  $19.2 \pm 1.9$ , respectively) were not statistically different between police officers with experience with unaccompanied asylum-seeking refugee children and those who were not involved with these children. As for the social workers, higher psychological job demand ( $2.1 \pm 2.8$  among those with high demand and  $0.91 \pm 1.7$  among low-demand police officers,  $p < 0.001$ ) and lower decision latitude ( $1.2 \pm 2.01$  among those with high decision latitude and  $1.8 \pm 2.7$  among low-decision-latitude police officers,  $p = 0.03$ ) were related to poorer mental health among police officers.

After considering all independent variables, such as age, gender, marital status and experience of forced repatriation work, it was found that psychological demand was a significant predictor for psychological

disturbances among social workers while psychological demand, decision latitude and marital status were predictors among police officers.

*The association between social support and mental health*

The results in substudy III showed no difference in social support among those working with unaccompanied asylum-seeking refugee children’s forced repatriation and those without such experience among social workers (see table 5). In total, the overall mean of all subscales was over half of the total score. For availability (AVSI), adequacy (ADSI) of social integration and adequacy of persons emotionally close to them (ADAT), police officers with and without experience of forced repatriation achieved similar scores (see Table 5). However, police officers with experience of forced repatriation experienced a significantly lower level of persons emotionally close to them (AVAT) than those without such experience.

**Table 5.** Social Support Scale, by experience of forced repatriation

Mean ± SD <sup>a</sup>	Social Workers			Police Officers		
	UARC+ <sup>b, c</sup>	UARC- <sup>d</sup>	Total	UARC+	UARC-	Total
AVAT at Scale 0-6	5.2±1.1	5.3±1.3	5.3±1.2	4.9±1.3 *	5.1±1.3	5.0±1.3
AVSI at Scale 0-6	3.9±1.5	3.9±1.5	3.9±1.5	3.9±1.5	3.9±1.5	3.9±1.5
ADAT at scale 0-10	5.9±2.7	6.1±2.6	6.0±2.6	6.7±2.3	6.7±2.3	6.7±2.3
ADSI at scale 0-8	5.1±2.1	5.0±2.3	5.1±2.2	5.9±1.8	5.8±1.8	5.8±1.8

Note. \*p < 0.05 \*\*p < 0.01 \*\*\*p<0.001 compared to females

<sup>a</sup> SD = Standard Deviation

<sup>b</sup> UARC = Unaccompanied asylum-seeking refugee children

<sup>c</sup> + = with experience of forced repatriation

<sup>d</sup> - = without experience of forced repatriation

When controlling for other predictors in the model, lower levels of availability of social integration (AVSI) and lower levels of satisfaction with social integration (ADSI) were associated with psychological disturbances among social workers. Among police officers, being female, single and having lower levels of satisfaction with social integration (ADSI) were associated with psychological disturbances.

The modifying effect of social support variables on the association between forced repatriation work and psychological disturbances showed that the odds of psychological disturbances increased for social workers who had few people in their social network (ADSI), and a feeling of low satisfaction with the emotional support (ADAT) around them. This effect was shown irrespectively

of whether they worked with unaccompanied asylum-seeking refugee children or not. Among police officers, the modifying effect showed that low satisfaction with both social integration (ADSI) and close emotional support (ADAT) increased the odds of psychological disturbances.

### ***Coping in forced repatriation work***

Based on the results from factor analysis in substudy IV, a five-factor model consisting of 55 items for police officers and 50 items for social workers was used.

**Table 6.** Coping among social workers and police officers, by gender (n=1094)

	<b><i>Social Workers</i></b>			<b><i>Police Officers</i></b>			<b>P-value<sup>b</sup></b>
	<b>Males</b>	<b>Females</b>	<b>Total</b>	<b>Males</b>	<b>Females</b>	<b>Total</b>	
Coping	(Range: 0-3) Mean ± SD <sup>a</sup>						
EA	2.0±0.4	2.0±0.2	2.0±0.4	0.5±0.4*	0.6±0.5	0.5±0.4	<0.001
PPS	1.1±0.7	1.1±0.7	1.1±0.7	1.1±0.7***	1.4±0.7	1.2±0.7	0.005
SC	1.1±0.5***	0.9±0.5	1.0±0.5	1.6±0.6***	1.7±0.5	1.6±0.6	<0.001
D	2.0±0.5	2.0±0.5	2.0±0.5	1.2±0.5***	1.0±0.5	1.1±0.5	<0.001
PR	1.5±0.6	1.5±0.5	1.5±0.5	1.4±0.6	1.4±0.5	1.4±0.5	<0.001

Note. \*p < 0.05 \*\*p < 0.01 \*\*\*p<0.001 compared to females

<sup>a</sup> SD = Standard Deviation

<sup>b</sup> P-value for the comparison between police officers and social workers

In general, social workers used more escape avoidance (EA) (2.0 ± 0.4 vs. 0.5 ± 0.4, p = < 0.001, Table 6) and distancing (D) coping than the police officers (2.0 ± 0.5 vs. 1.1 ± 0.5, p = < 0.001, Table 6). Furthermore, positive reappraisal (PR) was used more frequently by the social workers than the police officers (1.5 ± 0.5 vs. 1.4 ± 0.5, p = < 0.001, Table 6). In total, the police officers used planful problem solving (PPS) (1.2 ± 0.7 vs. 1.1 ± 0.7, p = 0.005, Table 6) and self-controlling (SC) (1.6 ± 0.6 vs. 1.0 ± 0.5, p = < 0.001, Table 6) more than the social workers.

A univariate regression model was used to examine the relationship between each independent variable and coping. The coping subscales were the dependent variables and sociodemographic characteristics, professional group and social support were the independent variables. After controlling for all the variables in the multivariable regression model, social workers and

those with higher levels of availability of attachment (AVAT) used EA coping more frequently than others.

The univariate model suggested that police officers used PPS more than social workers. The multivariable regression confirmed that police officers and being younger are predictors of higher use of PPS coping. Among those who had experience with forced repatriation, social workers and females were found to use PPS more than police officers and men in the bivariable model. These differences disappeared in the multivariable model due to the high correlation between occupation and gender. The social workers used PPS more and males used it less to nearly the same degree. The ratio of indirect to direct effect suggested that approximately 70% of the effect of occupation on PPS was indirect via gender.

With respect to SC, the multivariable model suggested that police officers and younger individuals use more SC. Among those with experience of forced repatriation, only occupation as a police officer remained significant, perhaps because of male dominance.

Social work and male gender were significant for the total study population in D coping. However, after controlling for all variables among those with forced repatriation experience, only social work remained significant.

After controlling for all the variables in the multivariable model, occupation as a social worker was associated with higher use of PR coping for both the total population and among those with and without experience of forced repatriation.

## Discussion

In this chapter, the main findings, methodological considerations and implications of the four substudies will be discussed. The overall aim of this study was to explore and analyse forced repatriation workers' collaboration and perceived mental health, with a special focus on social workers and police officers in the Swedish context. Both qualitative and quantitative methods were used. In order to shed light on the phenomenon of forced repatriation, an ecological framework inspired the overall study.

Substudy I showed that all actors involved in forced repatriation have the same goal – to create the most dignified forced repatriation for the child possible, based on CRC principles. Further, substudy I demonstrated that conflicting demands at policy level – dignified repatriation on the one hand and efficiency on the other (Directive 2008/115/EC; SFS 2005:716; Swedish Government, 2014a; 2014b) – made it challenging to ensure legal security for the children and that a lack of collaboration separates actors from each other. At individual level, high demand and low decision latitude contribute to poor mental health among the actors, specifically the social workers (substudy II). Further, it is observed that social support has a small buffering effect on health outcomes (substudy III) and that adaptive individual coping can be interpreted as a factor influencing mental health positively (substudy IV).

Taking all the findings from the four substudies into consideration, it appears as though the actors, regardless of their goal to ensure a dignified forced repatriation, work within a disorganized system that has difficulty in protecting the children's need for dignity. As has been seen, there is room for improvement in forced repatriation where a dignified repatriation is a prerequisite and this requires healthy forced repatriation workers. Forced repatriation is a clear area of concern that affects forced repatriation workers from all levels in the system. At policy level, the implementation of political decisions and policy issues concerning child repatriations will affect the individual workers, and will also affect the collaboration actors at organizational level and down to individual level.

## **Policy level**

Swedish law allows the system to force unaccompanied asylum-seeking refugee children to return to their home country in the case of a rejected asylum application, while declaring that this process should be conducted with dignity (SFS 2005:716). So far, this study has demonstrated that the actors involved do not work together as a team in forced repatriation work; therefore, it is likely that the high demands and increased risk of poor mental health will remain. For example, substudy I described the social workers who saw a need for a stronger collaboration, but were not aware of their own legal responsibility for collaboration as a social services representative, and therefore did not take responsibility. A forced repatriation system consists of different actors, both at governmental and municipality level, and laypersons (the legal guardians), but they have no true connection with each other and collaboration is low, as seen in substudy I. Horwath and Morrison (2007) state that government and state policy, irrespective of jurisdiction, require collaboration to be specified with regard to children in need. Further, political support and legislative requirements are considered important incentives (Horwath & Morrison, 2007; Darlington & Feeney, 2008). Nevertheless, effective implementation also depends on political consensus, systematic reinforcement of collaborative practice and shared values at partnership level. Therefore, in order to fully implement forced repatriation in accordance with the Aliens Act (SFS 2005:716) in a legal and secure manner and to reduce the gap between the forced repatriation system and dignity in the interest of children's human rights, policymakers need to provide *national guidance* in the forced repatriation area. In order to ensure standardization and equality for all children facing repatriation, legislation might be considered. A statutory guidance, with clearly stated responsibilities for all actors, might provide an opportunity for all actors not only to have the same goal – to create a dignified repatriation for children – but also to actually *work* towards that goal.

## **Authority level**

Substudy I has also shown low levels of collaboration among forced repatriation workers and the use of different disorganized patterns to manage their work. Some tended to isolate themselves from interaction while others tended to behave sensitively, withdraw and become passive observers rather than active partners. One way of interpreting their behaviour is that they might not think that they (or the children) will benefit from collaboration, even if by law they are obliged to promote collaboration. Darlington and Feeney (2008) argue that professionals from different authorities may operate with different knowledge bases and conceptual frameworks that may lead to different conceptions of the children's needs, leading to difficulties in

communication and joint decision-making. Johansson, Linde and Svensson (2013) go further than Darlington and Feeney and question whether collaboration at all costs is always the best approach among public authorities.

However, substudy I also showed a collaborating perspective according to Horwath and Morrison (2007). This teamwork pattern proved to be characterized by professionals who understand the different roles in forced repatriation, are willing to compromise for the sake of collaboration and are helpful to the other collaborating workers. This corresponds to previous research on success factors in collaboration that include a common starting point and frame of reference, common methods of developing collaboration, careful discussion of objectives, principles and ethics before beginning collaboration, and the ability to understand each other and the various assignments (Boklund, 1995; Danermark & Kullberg, 1999). Research in child services has shown that effective collaboration at a high level can have benefits for both workers and clients (Darlington & Feeney, 2008). Among others, reduced anxiety for workers and faster access to services have been found. Children with complex social and mental health needs, who require comprehensive and efficient services, also need workers within the system to be working together effectively (Cleaver, Unell, & Aldgate, 2000).

In order to ensure that unaccompanied asylum-seeking refugee children will get access to a dignified forced repatriation, it is important to clarify what type of collaboration the system needs. Horwath and Morrison (2007) advocate a high level of collaboration that focuses on services and is collaboration oriented.

A high level of collaboration is often known as *interagency collaboration*. Zwarenstein, Goldman and Reeves (2009, p. 2) define interagency collaboration as ‘the process in which different professional services work together to try and positively impact care’. Horwath and Morrison (2007, p. 58) say that ‘interagency collaboration is characterized by a unified management system, pooled funds, common governance, whole systems approach to training, information and finance, single assessment and shared targets’. A review of interagency collaboration literature in child and mental health services has shown that professionals, parents and carers generally see interagency collaboration as helpful and important (Cooper, Evans, & Pybis, 2016). However, correlational findings are more mixed, some indicating that interagency collaboration is associated with greater and more equitable service, but others indicating that it is associated with reduced service access and quality. Darlington, Feeney and Rixon (2005) have examined factors that promote and hinder interagency collaboration in child protection services in the UK. The results revealed that the workers have the will to collaborate, but

they need structure and resources to support their efforts. The barriers that were identified consisted of how human service organizations were structured in order to deliver services.

In the Swedish context, Hjortsjö (2005) argues that a new need for integrated agencies emerged in the 1990s, although interagency collaboration within and between human service organizations in itself is not typical of Sweden today. From the mid-1990s, more *familjecentraler* (family centres) were established that are based on the idea of multi-professional workers working together under one roof. Further, since the mid-2000s, some municipalities in Sweden have created a collaboration model designed for children who have been victims of violence or abuse. The model is inspired by Children's Advocacy Centres in the US and is called *Barnahus* (children's house) (Johansson, 2011). The purpose of Barnahus is that all involved authorities should be placed together so that a child can go to one place and tell their story.

In order to increase the level of teamworking patterns in forced repatriation work, it might be beneficial if the system uses a higher level of collaboration in the shape of an interagency model.

### **Individual level**

Forced repatriation work means that individual workers have to cope with children who are afraid of being repatriated. Sending such a child forcefully back from a country he/she regarded as a saving grace may evoke stress for the professionals involved. Substudies II and III have shown that 38% of social workers and 28.5% of police officers can be regarded as suffering from psychological disturbances in forced repatriation work. Social workers working with unaccompanied asylum-seeking refugee children are at higher risk of poorer mental health than other child and family social workers. In relation to the general Swedish population, this can be considered poorer mental health than in general. The Public Health Agency of Sweden (2017) showed in their latest screening of the Swedish population from 2016 that 16% of Swedes had psychological disturbances based on the GHQ-12.

### ***Job demands and decision latitude in forced repatriation work***

Substudy II showed that social workers perceived working with unaccompanied asylum-seeking refugee children as more stressful (indicated by higher psychological demands and lower decision latitude) than social workers working with other vulnerable children. The association between high job demand and poorer mental health remained in the multivariable model, suggesting that working with unaccompanied asylum-seeking refugee children was explained by the already high demands. One possible

explanation for this is social workers' interpretation of their supportive role. Both Ghazinour et al. (2015) and Wright (2014) describe social workers' perception that forced repatriation is not in the children's best interests and that this view highlights the conflict between the Aliens Act (SFS 2005:716) and the rights of the child. Irrespective of this ethical dilemma, being forced to support something the social worker does not believe in, they are expected to use the positive relationships built with the child to assist the forced repatriation (Wright, 2014). Further, the National Board of Health and Welfare (2015) has produced guidelines for social workers working with unaccompanied asylum-seeking refugee children. However, these guidelines include only a small part about repatriations, and an even smaller number of social workers expected assignments in this process. Instead, focus is on other actors' support for the children, where legal guardians and staff at care homes are viewed as important actors within repatriation. What is not mentioned is that social workers often serve as support for these actors, and that social workers themselves have the ultimate responsibility, according to the Social Services Act (SFS 2001:453), for unaccompanied asylum-seeking refugee children facing forced repatriation. This impossible mission for forced repatriation social workers can contribute to making the psychological demands particularly high and affecting their mental health.

Police officers' problem-solving and executive role could be one possible explanation for why police officers with experience of forced repatriation work did not perceive psychological demands or decision latitude differently to officers without such experience. In general, Ghazinour and colleagues (2015) showed that police officers perceived forced repatriation as equivalent to any other police task. Also, police officers tended to argue that the children's best interest is to be reunited with their families and that the police help them with that. This justification of asserting that there is no risk of persecution for children returning is common among professionals in forced repatriation work (Dorling, 2008) and is consistent with police officers' executive role, which requires them to be task-oriented and follow governmental regulations.

Further, these job characteristics did not have a negative effect on police officers' mental health. According to Karasek and Theorell (1990), police officers have control and decision latitude in their work. Police officers are trained for extreme situations, which makes them focus on their working tasks and solve problems without considering them excessively.

As has been seen, workers in forced repatriation need reasonable job demands and decision latitude within their assignments. Police officers do have that, and maybe social workers and their organization can learn from police officers in order to improve their mental health. One challenge for social workers is

their supportive role, which is hard to manage in forced repatriation work. If this supportive role becomes more based on true reality, instead of as it is now, based on the perception that every child will get a residence permit, then social workers might feel that what they provide is relevant support for the child and to the best of their ability whilst working within the constraints of government policy (Wright, 2014). At the very least, social services managers, and at national level the National Board of Health and Welfare, need to fully understand forced repatriation social workers' assignment and their responsibilities. When the assignment and the actual work provided are consistent, then the ability to achieve healthy work conditions is available. Both the police officers and the police organization have a clear view of their assignment in forced repatriation, which might influence their mental health in their work.

### ***The role of social support and coping in relation to psychological disturbances in forced repatriation work***

Substudy III demonstrated that forced repatriation social workers showed the same amount of relatively high access to social support as other child and family social workers, although forced repatriation social workers had poorer mental health. The police officers also showed relatively high access to both quantitative and qualitative social support, both for those in forced repatriation work and those without that experience. Although there was no association between police officers' mental health, forced repatriation and social support, low levels of satisfaction with social interaction and close emotional support, being single and female increased the odds of psychological disturbances for police officers in forced repatriation work. This is consistent with previous results on gender (Macintyre, Hunt, & Sweeting, 1996) and marital status (Johnson, Backlund, Sorlie, & Loveless, 2000).

Further, substudy III showed that social support had a small buffering effect on mental health, both for social workers and police officers. This buffering effect is supported in other studies for both social workers (Barak, Nissly, & Levin, 2001; Collins, 2008; Ting, Jacobson, & Sanders, 2008) and police officers (Morash, Haarr, & Kwak, 2006; Prati & Pietrantonio, 2010; Schwarzer, Bowler, & Cone, 2013).

However, among social workers, high job demands, the complexity of work tasks and the already existing association with poor mental health could be the reason why social support did not contribute to reducing stress. Amongst police officers, on the other hand, the high access to social support might be part of the reason why police officers have maintained good mental health in forced repatriation work.

In order to maintain a high level of social support, not only for specific actors in a forced repatriation system, but for the whole system, relations with the other actors involved are necessary. To achieve that, knowledge of each other's roles and a high level of collaboration are essential (Horwath & Morrison, 2007).

One way to improve job satisfaction and reduce the level of stress is supervisor support (Chen & Scannapieco, 2010; Moen & Yu, 2000). Supervision can have the function of providing both educative and managerial support for professionals (Morrison, 2001). In forced repatriation work, 85% of the social workers and 50% of the police officers have access to external supervision (Ghazinour et al., 2015). Continuous supervision might be one organized social support function that the employer can provide for forced repatriation workers in order to increase the possibility of maintaining a good mental health status in a demanding work environment.

Substudy IV showed that the police officers used more PPS and SC coping, while social workers used more EA, D and PR. Additionally, social workers with experience in forced repatriation used more PPS than those without experience. Further, the substudy showed that police officers managed their work stress via adaptive coping strategies and control over the situation. This might be because of police officers' task-oriented assignment in forced repatriation. This assignment, to make decisions regarding when and how children are repatriated, makes police officers actively involved in the process and generally in control of their task (Ghazinour et al., 2014). Being able to use relevant tools and receive training in this assignment increases the possibility of addressing children with dignity and still remaining as professional as possible.

Unlike police officers, social workers' assignment and methods are not designed for forced repatriation. For example, social workers often have to face the fact that they do not know when the child is leaving Sweden, and therefore do not have the opportunity to say goodbye (Ghazinour et al., 2014). Further, 60% of the social workers reported that their use of LACS (BBIC in Swedish), an investigation tool developed for children living in Sweden now and in the future, is not appropriate for their work (Ghazinour et al., 2015).

Social workers in forced repatriation use PPS coping more than those without such experience. Supporting a child who fears for their life when returning to their home country could be considered a stressful and unchangeable situation for social workers. In such situations, using problem-focused coping to address obstacles in the external environment that trigger psychological stress (forced repatriation in this case) is seen as maladaptive coping as they

try to 'solve' an unsolvable situation. Lazarus (1993) argued that maladaptive coping could by extension lead to psychological disturbances. The actual stressful situation may be the reason why forced repatriation social workers use maladaptive coping more frequently than social workers without experience in forced repatriation.

Police officers involved in forced repatriation manage their work stress via adaptive coping and control over the situation, whereas social workers use maladaptive coping more. Therefore, the repatriation system seems to be more suited to police work than social work. This could be another explanation for why police officers are less mentally affected than social workers in forced repatriation work – adaptive coping and high access to social support help them to buffer stress.

### **Methodological considerations**

This doctoral study has been part of a more comprehensive research project, funded by the European Return Fund (grant number R16-209-1-01). The research group was interdisciplinary, with participants from political science, police education, social work and public health. Naturally, this specific study has been influenced by all these theoretical points of view, which is why an ecology-inspired theory was chosen when the four substudies were combined in a cover story.

The main strength of this study lies in the context of working with forced repatriations. The research area of forced repatriation workers is small and this study makes a valuable contribution to new knowledge and insights that have not been focused on earlier. Further, research in this area is highly relevant from a Swedish and European perspective. Focusing on Sweden, more and more unaccompanied asylum-seeking refugee children are now getting their final asylum decisions from the Swedish Migration Board due to the high number of children coming in autumn 2015 and the delayed asylum process after that. It is expected that at least the same amount of children as in earlier years will get negative decisions (around 25%). This means that more social workers and police officers around Sweden will soon become forced repatriation workers for the first time. This study is of interest to them, their managers and those responsible for forced repatriation policy.

### ***Qualitative study***

The quality criteria of qualitative research methods have largely been translated from the quantitative research paradigm into the qualitative term *trustworthiness* (Rolfe, 2006). Thus, trustworthiness has been suggested to define aspects of validity and reliability. Trustworthiness is essential for

transparency and for reflecting on the effectiveness of the sample design, data collection and analysis in addressing the research questions (Dahlgren et al., 2007). Further, *credibility*, *dependability* and *transferability* are all aspects of trustworthiness. *Credibility* addresses how well methods for data collection and analysis correspond to the intended focus of the study and relates to the concept of internal validity (Rolfe, 2006). The aim of the qualitative study was to explore collaboration patterns between actors involved within the system for repatriation of unaccompanied asylum-seeking refugee children. The participants varied in terms of gender, age and actorship. Some of the actors consisted of all individuals in the actor group (social workers, police officers and the officials at the Swedish Migration Board) whereas others were representatives of a larger population of actors (legal guardians and the staff at care homes). Overall, the participants made a fair representation of the municipality case and saturation was reached with 20 interviews.

In order to further increase credibility, data collection was performed by several researchers and analysis was discussed in the research group. Investigator triangulation was applied through continuous negotiations and discussions in the research group about the preliminary findings. The research group represented different areas of expertise and cultural understanding, which made it possible to understand and evaluate the findings from different angles. Two of the researchers (including the author) are native Swedes and social workers with experience working with vulnerable people within the field of social work in Sweden. The other two researchers are Swedish-Iranian, one of them a social worker with asylum-seeking refugee experience in the mental health field. This made it possible to evaluate both 'inside' and 'outside' perspectives of the analysis.

*Dependability* can be linked to the concept of reliability and refers to consistency in the process, meaning how data collection and analysis correspond to change over time (Dahlgren et al., 2007). All interviews were conducted in the same period of time. All actors had their own interview guide, based on actor differences, but all guides covered the same themes and served as guarantees to limit the risk of inconsistency during the data collection.

*Transferability* involves how findings can be transferred to other contexts or groups and corresponds to the concept of external validity and generalizability (Dahlgren et al., 2007; Rolfe, 2006). A single municipality was chosen for the qualitative study as representative of a forced repatriation system. Although it is representative with respect to years of contract regarding the reception of unaccompanied asylum-seeking refugee children with the Swedish Migration Board, and all actors representative in the municipality, it is limited to one case. How well it represents the forced repatriation system is unclear.

Therefore, the conclusions and transferability of the results to other contexts need to be viewed with caution. In order to facilitate transferability, detailed descriptions of the municipality case and their context were given in substudy I. Further, the use of a theoretical framework (collaboration theory) also improved the transferability of the results.

### ***Quantitative study***

The quality criteria of quantitative research methods can be described in terms of *causality*, *internal validity*, *reliability* and *external validity* (generalizability).

*Causality* refers to the relating of causes to the effects that they produce (Porta, Greenland & Last, 2008). No causality can be inferred in cross-sectional studies, which is a limitation (Pandis, 2014). Nevertheless, important knowledge about the associations between different variables, such as experience with forced repatriation, job characteristics, social support, coping and mental health outcome, can be reported. This is valuable research, since the lack of existing studies drove the choice of a cross-sectional study as a starting point for identifying police officers' and social workers' mental health in the forced repatriation of unaccompanied asylum-seeking refugee children. However, in a second stage, a longitudinal design would create the ability to detect casual relationships.

*Internal validity* concerns the degree to which a study is free from bias or systematic error (Porta, Greenland, & Last, 2008). Internal validity depends on the methods used to select the study subject, collect information and conduct analysis. Data from *social workers* consisted of representatives from all municipalities with an agreement on the reception of unaccompanied asylum-seeking refugee children and resulted in a response rate of 30%. In order to ensure that the low response rate does not bias the data, a non-response analysis among social workers was performed, using the only available initial information (gender and community). The results showed no gender or geographical difference between respondents and non-respondents. In addition, the proportion of mental health disturbance among social workers who participated in the study, 38%, was similar to that in previous studies, both in Sweden, 31% (Tham, 2007), and in the UK, 36% (Coffey, Lindsey, & Tattersall, 2009). Coffey, Lindsey and Tattersall (2009) used the same outcome measure as in this study, the GHQ-12.

Data from *police officers* consisted of a convenience sample sent out to 18 police authorities without individual addressing, making it impossible to know who did not reply in the survey. Further, the response rate was 34%. A

low response rate could lead to selection bias. After controlling for what could be controlled for outside the sample – in this case there was information about gender and mean age – it was found that the police sample did not differ from Sweden’s police officers (National Police Board, 2014). Although this is not a guarantee of not having selection bias, it is an indication when the sample does not differ from the total population (Pandis, 2014). Also, studies on health concerns have shown that even with moderate response rates, the prevalence and associations between variables are relatively unbiased (Sogaard, Selmer, Bjertness, & Thelle, 2004).

Although the non-responses have been dealt with in the study, there is a limitation in terms of the low response rates in both surveys. There might be several reasons for this that the pilot study did not capture. Field et al. (2002) and Kellerman and Herold (2001) have shown that shorter questionnaires increase survey response. On the one hand, this survey was comprehensive, with four different questionnaires and sociodemographic variables, which might be reason why there were uncompleted Web surveys at the end (unusable data) where respondents did not have the energy/time to finish the survey. On the other hand, valid instruments were considered important in order to strengthen the internal validity and reliability. That was the reason why a comprehensive survey was chosen in the end.

Nulty (2008) describes in an article on response rate in surveys that Web surveys on average receive lower response rates than paper-based ones – 33% compared with 56%. He refers to Watt, Simpson, McKillop and Nunn (2002), who showed a similar low response rate both among Web surveys (32.6%) and paper-based surveys (33.3%). The context for the low response rates in Watt and colleagues’ research is that these paper surveys were not handed out in a face-to-face environment.

Despite all these limitations, the response rate is comparable to other surveys of health and social service professionals (Byrne et al., 2000; Darlington, Feeney, & Rixon, 2005). With this experience in mind, a future study might consider using a reduced survey after all, in order to increase the response rate. Also, a future study might put even more emphasis on preparing managers and other responsible for the benefit of participating in research studies, and also consider a more face-to-face distribution of the surveys. Further, as this study used a self-report questionnaire possible biases and inaccuracies stemming from misunderstanding and misinterpretation among the respondents could have affected the results.

*Reliability* refers to the degree to which the results obtained by a measurement procedure can be replicated (Porta, Greenland, & Last, 2008).

Often reliability and validity tests are used to see whether a measurement is sound, sufficient (valid) and reproducible (reliable). In this study, four internationally and in the Swedish context validated instruments were used to assess job characteristics (DCQ), social support (ISSI), coping (WOCQ) and mental health (GHQ-12). All of them were previously translated and validated for the Swedish population. Using internationally established measurements has the advantage of allowing direct comparisons with results obtained in other studies. However, it is important to bear in mind that although all applied instruments had been translated and adapted for the Swedish context following established guidelines, contextual differences might have caused some biases in the understanding of item content. Many years of use of the measurements may reduce that risk. With regard to the use of the WOCQ, validity and reliability analyses (CFA, EFA) were calculated in the context of unaccompanied asylum-seeking refugee children, suggesting a five-factor solution with high reliability.

*External validity* refers to the degree to which the results of a study may apply, be relevant or be *generalized* to populations or groups that did not participate in the study (Porta, Greenland, & Last, 2008). In order to generalize the findings, unbiased inferences are needed. In this study, this has been taken care of with non-response analysis. Since generalization is context-dependent, it is not likely that these findings can be generalized to forced repatriation contexts other than Sweden due to different asylum regulations. Maybe this will change if the EU does as discussed, and unites the asylum regulations into one directive for the whole union.

## **Ethical considerations**

Participants engaged in research invest their time, effort and confidence in the research inquiry. In order to ensure that participants involved in research may be processed in order to be protected from damage or violations in connection with their involvement, great caution and awareness from researchers is needed. The Swedish Research Council suggests that the following broad rules should apply to research (Hermerén, 2011):

1. Tell the truth about your research.
2. Consciously review and account for the purpose(s) of your studies.
3. Openly account for your methods and results.
4. Openly account for commercial interests and other associations.
5. Do not steal research results from others.
6. Keep your research organized, for instance through documentation and archiving.
7. Strive to conduct your research without harming people, animals or the

environment.

8. Be fair in your judgement of others' research.

Ethical issues related to this study were reviewed and approved by the Regional Ethical Review Board at Umeå University, Dn 2014/69-31Ö.

All study participation was voluntary and based on informed consent. Both the interviewees and the survey participants received written information concerning the research project and the ethical guidelines for the research, including the voluntary nature of participation, anonymity and confidentiality of the study (Hermerén, 2011). Contact information for the responsible researcher was also included. In the interview situation, the participants were verbally reminded of the ethical guidelines.

The results of the studies have been reported back to the participating organizations and been made publicly available through publication in journals, and all substudies have been presented at national and international conferences.

In order to ensure *participant confidentiality*, the municipality in qualitative substudy I is not mentioned by name. Some informants comprised the entire sample in their group of actors. Mentioning the name of the municipality is not considered to add anything to the understanding of the case. Further, access to the data was limited to the research team in order to protect the participants' confidentiality.

## Conclusions

This study has explored and analysed forced repatriation workers' collaboration and mental health, with a special focus on social workers and police officers. In order to create the most dignified forced repatriation, based on human dignity, for unaccompanied asylum-seeking refugee children and with healthy actors that are set to enforce them, a forced repatriation system needs:

- An overall statutory national guidance for forced repatriation
- Interagency collaboration
- Actors working within a teamworking pattern
- Forced repatriation workers with reasonable job demands and decision latitude
- Forced repatriation workers with a high level of social support in order to reduce stress
- Forced repatriation workers with adaptive coping in order to cope with stress

Earlier research in forced repatriation has approached interagency collaboration and one of this study's contributions lies in supporting this idea. Wright (2014, p. 1042) argued that 'working together as a multi-professional team will allow young people to benefit from the knowledge and expertise of each profession'. Further, previous interdisciplinary research on repatriation conducted by Ghazinour and colleagues (2015, p. 57) suggested a version of Barnahus: 'The idea of Barnahus regarding unaccompanied asylum-seeking refugee children would be that forced repatriation processes began in a safe and child-friendly environment'.

The point of departure for an interagency model is that it is impossible to change the decisions taken in the asylum process, but it is possible to make the system more functional and better adapted to the needs of both the children and the professionals who are set to handle them. Today, each actor acts based on their own profession, their own mission and their own organization. One result of a low level of collaboration, for example, is that when the police go to enforce repatriation on the children, they are often in poor mental health, and in fight- or-flight mode, which makes the police enforcement difficult (Ghazinour et al., 2015). Instead, this proposal suggests, that work should be organized more collaboratively, with all actors under one roof. According to Horwath and Morrison (2007), collaboration is characterized by organizations that retain their peculiarities, but that work on shared premises. Since the asylum process requires collaboration from day one, until a decision (positive or negative) is implemented, the suggestion is a

model for the entire asylum process of unaccompanied asylum-seeking refugee children. Due to the specific complex work of repatriations, as this study has focused on, a special unit for repatriation is suggested.

*A centre for unaccompanied asylum-seeking refugee children*, consisting of all actors involved in the children's asylum process at governmental level (the Swedish Migration Board, the police authority), municipality level (social services, board of legal guardians) and county level for health-care services (not included in this study, but also an important actor in children's health) can meet all requirements. This model is already used and known in the Swedish context, both as *Barnahus* (children's house) and *familjecentraler* (family centres), and should also apply to unaccompanied asylum-seeking refugee children. An evaluation of Barnahus (Kaldal, Diesen, Beije, & Diesen, 2010) stated that Barnahus was better than ordinary childcare methods in at least two regards. First, it is better for child safety that all actors are located in the same local area so they do not have to be passed around to various authorities for the investigation. Secondly, the collaboration between the actors increases, providing a broader knowledge base for the investigations and an opportunity to tackle the child's problems from different angles. In addition, interagency collaboration creates opportunities for a wider and deeper basis for the investigation work.

One of the results of increased child safety and a higher level of collaboration might be that the children's understanding of the asylum process and willingness to collaborate with repatriation might increase, so the number of forced repatriations (where the police are engaged) decreases. Today most repatriations are forced.

A more united forced repatriation system might increase the chance of professionals perceiving their work as manageable and healthy. It is important to recognize that increased levels of neither collaboration nor planning can make the forced repatriation experience pleasant for unaccompanied asylum-seeking refugee children. However, with an interagency model and the emphasis on providing the most dignified repatriation possible for the children, it might be more reasonable to work within the constraints of a government policy that forces children to leave the country when a negative asylum decision is made. As Horwath and Morrison (2007) stated, interagency collaboration is challenging and filled with dilemmas, but not working towards an interagency collaboration seems to be even more worrying.

## **Towards the future**

The results of this study have offered insights into how forced repatriation is viewed, primarily from the key actors' perspective. There seems to be room for improvement in order to make forced repatriation more dignified for all actors involved, not forgetting the unaccompanied asylum-seeking refugee children themselves. An interagency model needs a high level of collaboration, something that is lacking in forced repatriation work today. Changing a system can be time-consuming, but hopefully an interagency model will be real in the future. When it is, it needs to be tested in real practice, but also scientifically illuminated through collaboration between researchers and the actors involved in this model. This action-oriented research methodology consists of collaboration between practitioners and community partners and can inform practice, community development and policy while contributing to the scientific knowledge base (Small & Uttal, 2005). Further, action-oriented research usually focuses on an issue or concern with some type of change in focus, for example individual, social or organizational. Together, researchers and community partners can combine their different knowledge and skills to produce insightful and usable findings for both collaborators.

## **Personal reflections**

This work has combined the knowledge of clinical social work from my previous experience as a youth social worker with new insights regarding public health, scientific methods, the police profession in both research and practice and, of course, the system of forced repatriation of unaccompanied asylum-seeking refugee children. It has truly been a process.

From the beginning, my focus was rather one-dimensional; I was a social worker, skilled in giving therapy to adolescents in need, entering the world of research. Those experiences were resources at the beginning of the study. I had inside knowledge about social services and care homes. I knew their 'language' and was trusted. I had the necessary channels for collecting qualitative social worker data and an understanding of how to interpret the data. However, by working in an interdisciplinary research group, I have learnt to view things from different perspectives and scopes, and my rooted social worker view became more and more influenced by the four Ps: *political science, psychology, policing* and *public health*. Adding those Ps into my own social worker thinking gave detail and depth to the study, but it also helped me to search for general patterns and the broad scope. At the end, when it was time to wrap this all together into an overall study, I realized that my former one-dimensional focus was not enough to understand the big picture. The study about police officers' and social workers' mental health in forced repatriation work that I thought I was writing about was not what I was actually studying. Instead, with help from the four Ps, and with some theoretical guidance in the ecological framework, I could do this study more justice.

# Acknowledgements

Omne totum est maius sua parte  
*Helheten är större än summan av dess delar*  
-Euklides

I början av min doktorandtid hade jag ett citat som bakgrundsbild på min dator (istället för solnedgången, ni vet). Där fanns en bild på Pippi Långstrump med texten ”*Det har jag aldrig provat tidigare, så det klarar jag helt säkert*”. Tack Pippi för de orden, de har hjälpt mig många gånger när modet sviktat och ohjälpsamma tankar försökt få fäste. För mig har den här resan handlat mycket om tillit. Både till mig själv och till andra, men också till processen. För vänner, det ordnar sig till slut, bara en vågar tro!

Den här avhandlingen hade aldrig kommit till om det inte varit för en mängd olika personer. På omslaget står det bara mitt namn, men ni är många som delar det här med mig. Att få göra saker tillsammans, vilken grej!

Först och främst vill jag rikta ett innerligt tack till alla informanter! Tack för att ni så generöst delat med er av era upplevelser och erfarenheter. Utan er – ingen avhandling. Tack också till alla andra därute som jobbar med ensamkommande flyktingbarns påtvingade återvändande. Ni gör ett fantastiskt jobb!

Min huvudhandledare Anna-Karin på Epidemiologi och global hälsa. Tack för att du öppnade dörren till Epi för mig så att jag fick möjlighet att träffa alla fina människor med stor forskningserfarenhet i en miniversion av världen. Du har inte bara gett mig kloka råd i stort som smått, du var även en stor del i att hjälpa mig att hitta en lösning så att jag kunde färdigställa avhandlingen. För det är jag evigt tacksam!

Mehdi, min bihandledare på polisutbildningen. Jag kan inte med ord beskriva min tacksamhet för allt du gjort för mig! Du har funnits där, ett mail eller telefonsamtal bort, så fort jag behövt dig. Du har orubbligt trott på mig och mina kvalitéer, och inte varit sen att utmana mig när jag själv tvivlat. Du har emellanåt drivit på, krävt resultat och gjort helomvändningar, men alltid med

respekt och lyhördhet. Ibland har du varit ljusår före mig i tanken, tack för ditt tålmod med mig. Du har ett hjärta av guld och en beskyddarinstinkt mot dem som finns i din närhet som jag beundrar. Vi har delat många erfarenheter under de här åren och jag är glad att kalla dig kollega och vän.

Mojgan, min bihandledare på socialt arbete. Tack för ditt tålmod och dina pedagogiska förklaringar till en socialarbetare som ska försöka begripa sig på statistik. Många och långa timmar har vi suttit och du har alltigenom varit min klippa, som stöttat och peppat mig! Tack också för allt annat roligt vi gjort, på våra resor (vi hittade själva till Martin Luther King Memorial i Atlanta!) och i de gemensamma projekten. Ja, gemensamma projekt kan också innefatta att renovera en lägenhet ☺

Kenneth, min bihandledare på socialt arbete. Kamrat K, tack för ditt fina sociala stöd under den här resan! Du har lyssnat och stöttat precis på det sätt jag har behövt. Ett särskilt tack för att du offrade dig och följde med på Phantom of the Opera när vi var i NY, det minnet värmer extra.

Jonas, min partner in crime! Jag kommer fortfarande ihåg vårt första möte, hur vi stod på parkeringen utanför Universum och gjorde planer för hur vi skulle hjälpa varandra med våra respektive avhandlingsskisser. Det var starten på ett fantastiskt kollegialt samarbete. Tack för att du hjälpt mig att hålla det löftet vi gav till varandra från början, att vi skulle hjälpas åt att göra de här åren roliga. Jag har verkligen haft roligt med dig! På våra resor, i Leónrummet, i kulverten och i klassrummen. Tack för att du kompletterar mig, både arbetsmässigt, men också som människa. När jag tänker och processar, så pratar du och vill ha action.

Lars-Erik, föreståndare på polisutbildningen, projektkollega, granne och stolt Långvikenbo. Ett innerligt tack för att du hjälpt till att göra det här möjligt. Tack också för att du välkomnade mig med öppna armar till polisutbildningen och tidigare än mig själv såg mig som en kollega på NBVH. Det har betytt mycket. Tack också för allt stöd och goda råd under årens lopp, inte minst när det gäller våra gemensamma intressen i Taveljö AIK.

Malin E W, projektkollega. Tack för att du generöst delat med dig av all din kunskap, som berikat mig både som forskare, men också som samhällsvarelse. Tack för att jag fått ta del av dina smarta lösningar, goda struktur och din fenomenalt analytiska förmåga.

Malin E, projektkollega. Tack för din klokskap, både som människa och forskare. Bland mycket annat delar vi metaforen om resan som skulle gå till

Italien men där vi välkomnades till Holland. Trots utmaningarna har vi ändå (bokstavligen) tagit oss till Italien ☺

Till mina andra projektkollegor: Mattias H – tack för din finurlighet och ditt tålamod med min bristande juridiska kompetens. Veronica – tack för din sakkunskap och trevliga reseuppdatering i våras. John – thanks for your pure English humor, and science wisdom! You inspire me.

Tack Ulrika på Epi för all hjälp vid upploppet! Din ”Det fixar jag”-mentalitet har varit så skön att ha i ryggen. Tack också till övrig administrativ personal på Epi, gamla som nya (och pensionerade), för er administrativa support i stort som smått! And thanks Wolfgang for excellent computer support during the years!

Till doktorandkollegorna, vissa numera stolta doktorer – tack för sällskapet längs vägen: Linda, Masoud, Julia, Annorna B, S och W, Anne, Frida, Ida, Susanne, Kateryna and Ying. Last, but not foremost, a big thank you to all doctoral students associated to Epi for the struggle for a better world. You are needed!

Tack också till Fredrik, Kristina, Anna M, Anni-Maria, Anna-Britt, Helene, Curt, Lars W, Lars L, Marie, Raman, Nawi, Lena, Karin och Isabel för trevlig samvaro. Tack också till all övrig personal på Epi för fina år och roliga upptåg. Sent ska vi glömma maskeraden i Sollefteå... ☺ Ett stort tack till Anneli och övrig ledning för ert förtroende för mig och för det fina arbete ni gör för Epi.

Tack till Eva-Marie, Katrin (min nyckelräddare i nöden!), Jenny S, Sabhina och Mona på polisutbildningen för all praktisk hjälp ni bistått med under de här åren. Ni är helt enkelt ovärderliga! Pontus, tack för all hjälp med att förstå vilka delar en kurs innehåller. Jag är inte fullärd än. Oscar, tack för goda råd på vägen och inspirerande forskningssamtal i fikarummet och på seminarier. Tack också till resten av gänget i korridoren på NBVH för trevliga pratstunder i fikarummet. Sist men inte minst, tack alla övriga kollegor på polisutbildningen – institutionslärare som polislärare, för att ni sprider sådan glädje omkring er. Jag har känt den varje gång vi setts.

Tack alla ni som varit en del i att göra den här avhandlingen bättre: Urban och Faustine som gav konstruktiva förslag för att förbättra forskningsskissen; Staffan, Oscar och Paola som granskade mittseminariet och slutligen Masoud och Ewa, tack för ert engagemang vid min fördisputation.

Stort tack till alla anslagsgivare som varit inblandade och ekonomiskt stöttat de projekt jag varit delaktig i under de här åren. Utan er hade detta inte varit

möjligt. Tack till Återvändandefonden, polisutbildningen, Medicinska fakulteten vid Umeå universitet, Kempefonderna, Lars Hiertas minnesfond, Sigtunastiftelsen, Wallenbergmedlen och Sahlénstiftelsen. Ett stort tack också till Jenny N på polisutbildningen för att du räknat och fixat och trixat på alla möjliga och omöjliga sätt. Tack också till Susanne W på Epi för att du hållit ekonomisk ordning så att jag inte överspenderat.

Äldsta vännerna. Hanna, Elin och Lina-Marie. Ni har nästan alltid funnits där, och gör det än. Nu med äkta hälfter och en hel drös fina barn. Jag är så innerligt tacksam för att jag har er och era närmaste i mitt liv. Ni gör skillnad. Tack också till alla andra fina vänner i gänget: Alexandra, Oscar, Tiina, Jörgen, Neta och Andreas. Inte kunde jag föreställa mig att en lös diskussion om öl hemma hos oss skulle sluta med ett helt microbryggeri!

Emma och Mattias, fina grannarna. Tack för allt trevligt sällskap under åren och alla galna idéer som förverkligats i syfte att främja folkhälsa och göra Taveljö till en ännu roligare plats.

Tack till styrelsen i Taveljö AIK för vår fina tid tillsammans: Mattias, Marcus, Ulrika, Anders och Henrik. Under mina två år som ordförande gjorde vi stordåd tillsammans och satte Taveljö på kartan. Det var frigörande att emellanåt tänka på annat.

Tack mina gamla arbetskamrater Stina och Anneli för att ni hejade på mig när jag var i startgroparna och för er fina vänskap. Ett stort tack till min gamla chef Mats, som gjorde det möjligt att ta tjänstledigt från kommunen och vidga mina vyer.

Tack familjen för ert stöd och för att ni delar vardag som fest med mig. Alltid. Tack mamma Britt-Marie, pappa Sven-Olof, lille (stora 2 meters) bror Andreas, mini (bara 1.89 m) bror Erik och Martina & Lovis (Mjau!). Ett extra tack till dig Erik för att du hjälpt till med korrekturläsningen. Ingen skugga ska dock falla på dig, de fel som finns är mina egna. Tack mormor Inga-Lill för allt stöd du gett mig under hela mitt liv. Din kökssoffa i huset på Västerbacka är min mentala bild för trygghet. Tack svärmor Kjerstin, svärfar Jan-Erik och Linnéa för all hjälp på vägen. Allt från barnpassning till middag och biltvätt uppskattas enormt. Tack också till min svåger Peter, svågerns Karoline och Filippa och Oscar. Ni är ett skönt gäng att hänga med för att få perspektiv på livet! Tack kusinerna Emma och Anna för alla kalas vi delat under årens lopp. Till er som alltid varit med men som nu finns bevarade i hjärtat - morfar Alvar och moster Barbro - tack för alla fina minnen och för tiden vi fick tillsammans. Ni är alltid saknade men aldrig glömda.

Till han som kör över barn i sjumilaspår, syr morotsdräkter, anordnar Västerbottens största halvmarathon på semestern, gör hemsidor men glömmer att ta betalt, är en kombination av snickare, elektriker, rörmokare och målare på fritiden, kan uppvigla till lek bättre än någon annan, är snäll, rolig och extremt dålig på att läsa instruktioner – Tobias. Min kärlek och livspusselpartner. Tack för att du alltid ser möjligheter och för att du tar hand om vår familj så bra. Tack också för att du hjälpt mig med ”datan” och för att du kan djupandas när jag inte har den förmågan. Nu är det snart din tur att påbörja en sådan här resa. Jag är redo att följa med dig.

Pälsbollen och den sibiriska katten Leo Håkan Zingo Sundqvist, tack för ditt sällskap när jag jobbat hemma. Du har många egenskaper som jag ser upp till; du går din egen väg, vilar mycket, borrar ned huvudet när du vill vara i fred, bryr dig inte om vad andra tycker, har tålmod, uthållighet och är väldigt snäll för att vara katt.

Mina finaste, Alvin och Meja. Tack för att ni varje dag visar mig vad som är viktigast. Ni är den största gåvan jag fått! En extra puss till Meja som ritat det fina omslaget. Nu har du också varit med och gjort en bok!

# References

Aaron, J. D. K. (2000). Stress and Coping in Police Officers. *Police Quarterly*, 3, 438-450.

Abrahamsson, J., & Rosenthal B. (1995). Interdisciplinary and inter-organizational collaboration. In R. Edwards (Ed.), *Encyclopedia of social work* (19th ed., pp. 1479-1489). Silver Spring, MD: National Association of Social Workers.

Ahlström, G., & Wenneberg, S. (2002). Coping with Illness-Related Problems in Persons with Progressive Muscular Diseases: The Swedish Version of the Ways of Coping Questionnaire. *Scandinavian Journal of Caring Sciences*, 16, 368-375.

Amaranto, E., Steinberg, J., Castellano, C., & Mitchell, R. (2003). Police Stress Interventions. *Brief Treatment and Crisis Intervention*, 3(1), 47-54.

Arnetz, B., Arble, E., Backman, L., Lynch, A., & Lublin, A. (2013). Assessment of a prevention program for work-related stress among urban police officers. *International Archives of Occupational and Environmental Health*, 86(1), 79-88.

Aspinall, P., & Watters, C. (2010). *Refugees and asylum seekers: A review from an equality and human rights perspective*. Research report 52. Manchester: Equality and Human Rights Commission.

Ayotte, W. (2000). *Separated Children coming to Western Europe*. London: Save the Children.

Ayotte, W., & Williamson, L. (2001). *Separated Children in the UK: An Overview of the Current Situation*. London: Save the Children.

Backteman-Erlanson, S., Padyab, M., & Brulin, C. (2012). Prevalence of burnout and associations with psychosocial work environment, physical strain, and stress of conscience among Swedish female and male police personnel. *Police Practice and Research*, 14(6), 491-505.

Backteman-Erlanson, S. (2013). *Burnout, work, stress of conscience and coping among female and male patrolling police officers*. (Doctoral Thesis). Umeå: Umeå University.

Banks, M. H., Clegg, C. W., Jackson, P. R., Kemp, N. J., Stafford, E. M., & Wall, T. D. (1980). The use of the General Health Questionnaire as an indicator of mental health in occupational studies. *Journal of Occupational Psychology*, 53(3), 187-194.

Barak, M. E. M., Nissly, J. A., & Levin, A. (2001). Antecedents to Retention and Turnover among Child Welfare, Social Work, and Other Human Service Employees: What Can We Learn from Past Research? A Review and Metanalysis. *Social Service Review*, 75(4), 625-661.

Ben-Zur, H., & Michael, K. (2007). Burnout, Social Support, and Coping at Work among Social Workers, Psychologists, and Nurses: The Role of Challenge/Control Appraisals. *Social Work in Health Care*, 45, 63-82.

Berking, M., Meier, C., & Wupperman, P. (2010). Enhancing Emotion-Regulation Skills in Police Officers: Results of a Pilot Controlled Study. *Behavior Therapy*, 41(3), 329-339.

Blok, W. (2012). *Core social work: International theory, values and practice* (Rev. English ed.). London; Philadelphia: Jessica Kingsley.

Berggren, B. (1982). Psykiatriska kliniken i Ängelholm. [Psychiatric Clinic in Ängelholm]. In *Psykiatri i omvandling, SPRI-rapport 1982:107* [Psychiatry in transition, SPRI report 1982:107] (pp. Appendix 5, 1-11). Stockholm: Sjukvårdens planerings- och rationaliseringsinstitut.

Bergmark, Å., & Lundström, T. (2005). Med förenade krafter? Om individ och familjeomsorgens samverkan med andra myndigheter [Joint strengths? On the collaboration between personnel social services and other authorities]. *Socionomens Forskningssupplement*, 17, 1-20.

Boklund, A. (1995). *Olikheter som berikar? – Möjligheter och hinder i samarbetet mellan socialtjänstens äldre- och handikappomsorg, barnomsorg samt individ- och familjeomsorg* [Enriching dissimilarities? Co-operation within the local social services in Sweden]. (Doctoral Thesis). Stockholm: Stockholm University.

Bowerman, E. (2017). Risks encountered after forced removal: The return experiences of young Afghans. *Forced Migration Review*, 54, 78-80.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

Brunnberg, E., Borg, R., & Fridström, C. (2011). *Ensamkommande Barn: En Forskningsöversikt* [Unaccompanied Children: A Research Review]. Malmö: Studentlitteratur.

Byrne, L., Hearle, J., Plant, K., Barkla, J., Jenner, L., & Mcgrath, J. (2000). Working with parents with a serious mental illness: What do service providers think? *Australian Social Work*, 53(4), 21-26.

Chase, E. (2010). Agency and Silence: Young People Seeking Asylum Alone in the UK. *British Journal of Social Work*, 40, 2050-2068.

Chen, S-Y., Scannapieco, M. (2010). The influence of job satisfaction on child welfare worker's desire to stay: An examination of the interaction effect of self-efficacy and supportive supervision. *Children and Youth Services Review*, 32, 482-486.

Children's Rights Investigation [Barnrättighetsutredningen]. (2016). *Barnkonventionen blir svensk lag* [The Children's Convention becomes Swedish law]. Stockholm: Elanders Sverige AB.

Chopko, B A. (2010). Posttraumatic Distress and Growth: An Empirical Study of Police Officers. *American Journal of Psychotherapy*, 64(1), 55-72.

Cleaver, H., Unell, I., Aldgate, J. (2000). *Children's needs—Parenting capacity: The impact of parental mental illness, problem alcohol and drug use, and domestic violence on children's development*. London: The Stationery Office.

Coffey, M., Dugdill, L., & Tattersall, A. (2009). Working in the Public Sector: A Case Study of Social Services. *Journal of Social Work*, 9(4), 420-442.

Cohen, S., & Wills, T. A. (1985). Stress, Social Support, and the Buffering Hypothesis. *Psychological Bulletin*, 98(2), 310-357.

Collins, S. (2008). Statutory Social Workers: Stress, Job Satisfaction, Coping, Social Support and Individual Differences. *British Journal of Social Work*, 38(6), 1173-1193.

Cooper, M., Evans, Y., & Pybis, J. (2016). Interagency collaboration in children and young people's mental health: A systematic review of outcomes, facilitating factors and inhibiting factors. *Child: Care, Health & Development*, 42(3), 325-342.

County Administrative Board of Stockholm. (2016). *Lost in migration. A report on missing unaccompanied minors in Sweden*. Stockholm: Oxford Research AB. Retrieved from <http://www.lansstyrelsen.se/Stockholm/SiteCollectionDocuments/Sv/publikationer/2016/R2016-28-lost-in-migration-webb.pdf>

Coyne, J. C., & Lazarus, R. S. (1980). Cognitive Style, Stress Perception, and Coping. In I. L. Kutash, & L. B. Schlesinger (Eds.), *Handbook on Stress and Anxiety: Contemporary Knowledge, Theory, and Treatment* (pp. 144-158). San Francisco, CA: Jossey-Bass.

Crawford, K. (2012). *Interprofessional collaboration in social work practice*. Los Angeles; London: SAGE.

Crawley, H. (2010). *Chance or choice: Understanding why asylum seekers come to the UK*. London: Refugee Council.

Dahlgren, L., Emmelin, M., & Winkvist, A. (2007). *Qualitative methodology for international public health*. Umeå: Epidemiology and Public Health Sciences, Department of Public Health and Clinical Medicine, Umeå University.

Danermark, B., & Kullberg, C. (1999). *Samverkan: Välfärdsstatens nya arbetsform* [Collaboration: The welfare state's new work form]. Lund: Studentlitteratur.

Darlington, Y., Feeney, A. J., & Rixon, K. (2005). Interagency collaboration between child protection and mental health services: Practices, attitudes and barriers. *Child Abuse & Neglect*, 29, 1085-1098.

Darlington, Y., & Feeney, A.J. (2008). Collaboration between mental health and child protection services: Professionals' perceptions of best practice. *Children and Youth Services Review*, 30(2), 187-198.

Denzin, N K., & Lincoln, Y S. (Eds.). (2003). *Strategies of qualitative inquiry*. Thousand Oaks: Sage.

Directive 2008/115/EC of the European Parliament and of the Council of 16 December 2008 on common standards and procedures in Member States for returning illegally staying third-country nationals. Strasbourg: European Union.

Echavez, C. R., Lyn J. L., Bagaporo, L. W, Pilongo, R. E., & Azadmanesh, S. (2014). *Why do children undertake the unaccompanied journey?*

*Motivations for departure to Europe and other industrialised countries from the perspective of children, families and residents of sending communities in Afghanistan.* Afghanistan: Afghanistan Research and Evaluation Unit & United Nations High Commissioner for Refugees.

Ehnholt, K. A., & Yule, W. (2006). Practitioner Review: Assessment and Treatment of Refugee Children and Adolescents Who Have Experienced War-Related Trauma. *Journal of Child Psychology and Psychiatry*, 47, 1197-1210.

Eurostat (2016). *Almost 90 000 unaccompanied minors among asylum seekers registered in the EU in 2015.* Luxemburg: Eurostat Press Office. Retrieved from <http://ec.europa.eu/eurostat/documents/2995521/7244677/3-02052016-AP-EN.pdf/>

Evans, S., Huxley, P., Webber, M., Katona, C., Gately, C., Mears, A., Kendall, T. (2005). The impact of 'statutory duties' on mental health social workers in the UK. *Health & Social Care in the Community*, 13(2), 145-154.

Evans, S., Huxley, P., Gately, C., Webber, M., Mears, A., Pajak, S., Katona, C. (2006). Mental health, burnout and job satisfaction among mental health social workers in England and Wales. *British Journal of Psychiatry*, 188, 75-80.

Fazel, M., Reed, R.V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *Lancet*, 379, 266-282.

Field, T. S., Cadoret, C. A., Brown, M. L., Ford, M. M., Greene, S. C., Hill, D. T., . . . Zapka, J. (2002). Surveying Physicians: Do Components of the "Total Design Approach" to Optimizing Survey Response Rates Apply to Physicians? *Medical Care*, 40(7), 596-605.

Folkman, S. (1984). Personal Control and Stress and Coping Processes: A Theoretical Analysis. *Journal of Personality and Social Psychology*, 46, 839-852.

Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R. J. (1986). Dynamics of a Stressful Encounter: Cognitive Appraisal, Coping, and Encounter Outcomes. *Journal of Personality and Social Psychology*, 50, 992-1003.

Folkman, S., & Lazarus, R. S. (1988). *Ways of Coping Questionnaire.* Palo Alto, CA: Mind Garden.

Garbarino, S., Magnavita, N., Elovainio, M., Heponiemi, T., Ciprani, F., Cuomo, G., & Bergamaschi, A. (2011). Police job strain during routine activities and a major event. *Occupational Medicine*, 61(6), 395-399.

Gellis, Z. D. (2002). Coping with Occupational Stress in Healthcare. *Administration in Social Work*, 26, 37-52.

Ghazinour, M., Hansson, J., Lauritz, L E., Padyab, M., Sundqvist, J., Wimelius, M E., & Ögren, K. (2014). *Avvisningar och utvisningar av ensamkommande flyktingbarn: om effektivitet, värdighet och barnens bästa från tjänstemäns och gode mäns perspektiv*. [Deportations of unaccompanied asylum-seeking refugee children: effectiveness, dignity and children's best interests by officials and legal guardians]. Umeå: Umeå University.

Ghazinour, M., Hansson, J., Lauritz, L E., Mojgan, P., Sundqvist, J., Wimelius, M. E., & Ögren, K. (2015). *En resa medtvång: Erfarenheter av avvisningar och utvisningar av ensamkommande asylsökande flyktingbarn* [A Travel by Force: Experience of Deportations of Unaccompanied Asylum-Seeking Refugee Children]. Umeå: Umeå University.

Gladwell, C. (2013). No longer a child: From the UK to Afghanistan. *Forced Migration Review*, 44, 62-64.

Goldberg, D., & Williams, P. (1988). *A User's Guide to the General Health Questionnaire*. Windsor, Berks: NFER-Nelson.

Goldberg, D., P., Oldehinkel, T., & Ormel, J. (1998). Why GHQ threshold varies from one place to another. *Psychological Medicine*, 28(4), 915-921.

Gossas, M. (2006). *Kommunal samverkan och statlig nätverksstyrning*. [Municipal cooperation and governmental network control]. Stockholm: Institutet för framtidsstudier.

Governmental bill 2002/03:53. (2002). *Stärkt skydd för barn i utsatta situationer m.m.* [Strengthening protection for children in vulnerable situations, etc.]. Stockholm: Ministry of Health and Social Affairs.

Hackman, J. R., & Oldham, G. R. (2005). How Job Characteristics Theory Happened. In K G Smith & M A Hitt (Eds.), *The Oxford Handbook of Management Theory: The process of theory development*. (pp. 151-170). Oxford, UK: Oxford University Press.

Henderson, S., Duncan-Jones, P., Byrne, D. G., & Scott, R. (1980). Measuring social relationships. The Interview Schedule for Social Interaction. *Psychological Medicine*, 10(4), 723-734.

Hennekens C.H, & Buring J.E. (1987). *Epidemiology in Medicine*. USA: Lippincott Williams & Wilkins.

Hermerén, G. (2011). *Good research practice*. Stockholm: The Swedish Research Council. Retrieved from [https://publikationer.vr.se/produkt/god-forskningssed/?\\_ga=2.160866045.1952156822.1494154175-477567476.1480405736](https://publikationer.vr.se/produkt/god-forskningssed/?_ga=2.160866045.1952156822.1494154175-477567476.1480405736)

Hessle, M. (2009). *Ensamkommande men inte ensamma: Tioårsuppföljning av ensamkommande asylsökande flyktingbarns livsvillkor och erfarenheter som unga vuxna i Sverige*. [Unaccompanied but not alone: A ten-year follow-up study of the life conditions of unaccompanied asylum-seeking children and their life experiences as young adults in Sweden]. (Doctoral Thesis). Stockholm: Stockholm University.

Hjortsjö, M. (2005). *Med samarbete i sikte. Om samordnade insatser och samlokaliserade familjecentraler*. [With cooperation in sight. About coordinated efforts and co-located family centers]. Lund: Lund University.

Hopkins P E., & Hill M. (2008). Pre-flight experiences and migration stories: The accounts of unaccompanied asylum-seeking children. *Children's Geographies* 6(3) 257–268.

Horwath, J. (2001). *The Child's World*. London: Jessica Kingsley Publishers.

Horwath, J., & Morrison, T. (2007). Collaboration, integration and change in children's services: Critical issues and key ingredients. *Child Abuse and Neglect*, 31, 55-69.

Horwath, J., & Morrison, T. (2011). Effective inter-agency collaboration to safeguard children: Rising to the challenge through collective development. *Children and Youth Services Review*, 33, 368-375.

House, J., Kahn, R. L., McLeod, J. D., & Williams, D. (1985). Measures and concepts of social support. In S. Cohen & L. Syme (Eds.), *Social support and health* (pp. 83-108). San Diego: US Academic Press.

Huber, M., Knottnerus, J., Green, L., Horst, H., Jadad, A., Kromhout, D., . . . Smid, H. (2011). How should we define health? *British Medical Journal*, 343(Jul26 2), D4163-d4163.

Johansson, S. (2011). *Rätt, makt och institutionell förändring. En kritisk analys av myndigheters samverkan i Barnahus* [Law, power and institutional change. A critical analysis of public agencies' collaboration in Barnahus]. (Doctoral Thesis). Lund: Lund University.

Johansson, S., Linde, S., & Svensson, K. (2013). Samverkan som konflikt: Om förhållandet mellan rättsliga strukturer och organisatoriskt handlande [Collaboration as a conflict: The relationship between legal structures and organizational behavior]. In Linde, S., & Svensson, K. (Eds.), *Förändringens entreprenörer och tröghetens agenter. Människobehandlande organisationer ur ett nyinstitutionellt perspektiv* [The entrepreneurs of change and inertia agents. Human-trade organizations from a new institutional perspective] (pp. 127-144).

Johnson N J., Backlund E., Sorlie P D., & Loveless C A. (2000). Marital status and mortality: The National Longitudinal Mortality Study. *Annals of Epidemiology*, 10, 224–238.

Johnson, L. J., Zorn, D., Kai Yung Tam, B., Lamontage, M., & Johnson, S. A. (2003). Stakeholders' views of factors that impact successful interagency collaboration. *Exceptional Children*, 69(2), 195-209.

Johnson, S., Cooper, C., Cartwright, S., Donald, I., Taylor, P., & Millet, C. (2005). The experience of work-related stress across occupations. *Journal of Managerial Psychology*, 20(2), 178-187.

Kaldal, A., Diesen, C., Beije, J., & Diesen, E.F. (2010). *Barnahusutredningen 2010* [Children's house investigation 2010]. Stockholms University: Jure Förlag.

Kahn, W A. (1993). Caring for the Caregivers: Patterns of Organizational Caregiving. *Administrative science quarterly*, 38(4), 539-563.

Karasek, R. (1979). Job demands, job decision latitude, and mental strain - implications for job redesign. *Administrative science quarterly*, 24(2), 285-308.

Karasek, R., & Theorell, T. (1990). *Healthy work: Stress, productivity, and the reconstruction of working life*. New York: Basic.

Karasek, R., Brisson, C., Kawakami, N., Houtman, I., Bongers, P., & Amick, B. (1998). The Job Content Questionnaire (JCQ): An instrument for internationally comparative assessments of psychosocial job characteristics. *Journal of Occupational Health Psychology, 3*(4), 322–355.

Kellerman, S., & Herold, J. (2001). Physician response to surveys: A review of the literature. *American Journal of Preventive Medicine, 20*(1), 61-67.

Kohli, R., & Mitchell, F. (2007). *Working with unaccompanied asylum seeking children: Issues for policy and practice*. Basingstoke: Palgrave Macmillan.

Kromhout, M. (2011). Return of Separated Children: The Impact of Dutch Policies. *International Migration, 49*(5), 24-47.

Kvale, S., & Brinkman, S. (2009). *Den kvalitativa forskningsintervjun*. [The Qualitative Research Interview]. Lund: Studentlitteratur.

Larsson, G., Kempe, C., & Starrin, B. (1988). Appraisal and Coping Processes in Acute Time-Limited Stressful Situations: A Study of Police Officers. *European Journal of Personality, 2*, 259-276.

Lazarus, R. S. (1981). The Stress and Coping Paradigm. In C. Eisdorfer, D. Cohen, A. Kleinman., & P. Maxim (Eds.), *Models for Clinical Psychopathology* (pp. 177-214).

Lazarus, R. S., & Folkman, S. (1984a). Coping and Adaptation. In W. D. Gentry (Ed.), *The Handbook of Behavioral Medicine* (pp. 282-325). New York: Guilford.

Lazarus, R. S., & Folkman, S. (1984b). *Stress appraisal and coping*. New York: Springer Publishing.

Lundqvist, L.-O., & Ahlström, G. (2006). Psychometric Evaluation of the Ways of Coping Questionnaire as Applied to Clinical and Nonclinical Groups. *Journal of Psychosomatic Research, 60*, 485-493.

Macintyre, S., Hunt, K., & Sweeting, H. (1996). Gender differences in health: Are things really as simple as they seem? *Social Science & Medicine, 42*(4), 617-624.

Mallander, O. (1998). Samverkan [Collaboration]. In V. Denvall & T. Jacobson (Eds.). *Vardagsbegrepp i Socialt arbete – Ideologi, teori och praktik*.

[Everyday Concepts in Social Work - Ideology, Theory and Practice] (pp. 133-155). Stockholm: Norstedts Juridik.

Martucci, M., Balestrieri, M., Bisoffi, G., Bonizzato, P., Covre, M. G., Cunico, L., . . . Tansella, M. (1999). Evaluating psychiatric morbidity in a general hospital: A two-phase epidemiological survey. *Psychological Medicine*, 29(4), 823-831.

Maslach, C. (1993). Burnout: A multidimensional perspective. In W. B. Schaufeli, C. Maslach & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 19-32). Philadelphia, PA, US: Taylor & Francis.

Mason, J W. (1975). A historical view of the stress field. *Journal of Human stress*, 1, 6-27.

Medin, J., & Alexandersson, K. (2000). *Begreppen hälsa och hälsofrämjande - en litteraturstudie*. [The concepts of health and health promotion - a literature review]. Stockholm: Studentlitteratur.

Michie, S., & Williams, S. (2003). Reducing work related psychological ill health and sickness absence: A systematic literature review. *Occupational and Environmental Medicine*, 60(1), 3-9.

Moen, P., & Yu, Y. (2000). Effective Work/Life Strategies: Working Couples, Work Conditions, Gender, and Life Quality. *Social Problems*, 47(3), 291-326.

Morash, M., Haarr, R., & Kwak, D-H. (2006). Multilevel Influences on Police Stress. *Journal of Contemporary Criminal Justice*, 22(1), 26-43.

Morén, S. (2010). Att studera socialt arbete – vadan och varthän? [Studying Social Work – Whence and Whither?] In Sandström, G. (Ed.). *Att vara socionom: från utbildad till erfaren*. [To be a social worker: From trained to experienced]. Lund: Studentlitteratur.

Morrison, T. (2001). *Staff Supervision in Social Care: Making A Real Difference For Staff and Service Users (3rd Edition)*. Pavilion Publishing.

National Board of Health and Welfare. (2015). *Utreda barn och unga. Handbok för socialtjänstens arbete enligt Socialtjänstlagen* [Investigate children and young people. Handbook for social service work under the Social Services Act]. Falun: Edita Bobergs AB.

National Police Board. (2014). *The Police service's annual report*. Retrieved from [http://polisen.se/Global/www\\_och\\_Intrapolis/Arsredovisningar/01\\_Polisen\\_nationellt/Polisen\\_Arsredovisning\\_2013.pdf](http://polisen.se/Global/www_och_Intrapolis/Arsredovisningar/01_Polisen_nationellt/Polisen_Arsredovisning_2013.pdf)

National Criminal Police. (2010). *Ansvarsfördelningen mellan Migrationsverket och Polisen vid verkställighet av avvísnings - och utvisningsbeslut samt förvar*. [The responsibilities of the Swedish Migration Board and the Police at enforcement of repatriation, and detention]. Stockholm: National Criminal Police.

Nulty, D. (2008). The adequacy of response rates to online and paper surveys: What can be done? *Assessment & Evaluation in Higher Education*, 33(3), 301-314.

Padyab, M., Chelak, H. M., Nygren, L., & Ghazinour, M. (2012). Client Violence and Mental Health Status among Iranian Social Workers: A National Survey. *British Journal of Social Work*, 42(1), 111-128.

Padyab, M., Ghazinour, M., & Richter, J. (2013). Coping and Mental Health of Iranian Social Workers: The Impact of Client Violence. *Social Behavior and Personality: An International Journal*, 41, 805-814.

Patterson, G. T. (2003). Examining the Effects of Coping and Social Support on Work and Life Stress among Police Officers. *Journal of Criminal Justice*, 31, 215-226.

Pandis, N. (2014). Cross-sectional studies. *American Journal of Orthodontics and Dentofacial Orthopedics*, 146(1), 127-129.

Peterson, U., Demerouti, E., Bergström, G., Samuelsson, M., Åsberg, M., & Nygren, Å. (2008). Burnout and physical and mental health among Swedish healthcare workers. *Journal of Advanced Nursing*, 62(1), 84-95.

Porta, M., Greenland, S., & Last, J. M. (Eds.). (2008). *A dictionary of epidemiology* (5.ed.). New York: Oxford University Press.

Prati, G., & Pietrantonio, L. (2010). The Relation of Perceived and Received Social Support to Mental Health among First Responders: A Meta-Analytic Review. *Journal of Community Psychology*, 38(3), 403-417.

Robinson, K., & Williams, L. (2015). Leaving Care: Unaccompanied Asylum-Seeking Young Afghans Facing Return. *Refuge*, 31(2), 85-94.

Rolfe, G. (2006). Validity, trustworthiness and rigour: Quality and the idea of qualitative research. *Journal of Advanced Nursing*, 53(3), 304-310.

Sandfort, J. (1999). The structural impediments to human service collaboration: Examining welfare reform at the front lines. *Social Services Review*, 73(3), 314-339.

Schwarzer, R., Bowler, R. M., & Cone, J. E. (2013). Social integration buffers stress in New York police after the 9/11 terrorist attack. *Anxiety, Stress, & Coping*, 27(1), 18-26.

SFS 1984:387. [Swedish Statute Book]. *Polislag*. [Police Act]. Stockholm: Ministry of Justice.

SFS 1994:137. [Swedish Statute Book]. *Lag om mottagande av asylsökande m.fl.* [Swedish Reception of Asylum Seekers and Others Act]. Stockholm: Ministry of Justice.

SFS 2001:453. [Swedish Statute Book]. *Socialtjänstlag*. [Social Services Act]. Stockholm: Ministry of Health and Social Affairs.

SFS 2005:716. [Swedish Statute Book]. *Utlänningslag*. [Aliens Act]. Stockholm: Ministry of Justice.

SFS 2016:752. [Swedish Statute Book]. *Lag om tillfälliga begränsningar av möjligheten att få uppehållstillstånd i Sverige*. [Law of temporary restrictions on the ability to obtain a residence permit in Sweden]. Stockholm: Ministry of Justice.

Shtarkshall, R A., Baynesan, F., & Feldman, B S. (2009). A Socio-ecological analysis of Ethiopian immigrants' interactions with the Israeli healthcare system and its policy and services implications. *Ethnicity & Health*, 14, 459-478.

Siegrist, J. (1996). Adverse health effects of high-effort/low-reward conditions. *Journal of Occupational Health Psychology*, 1(1), 27-41.

Small, S., & Uttal, L. (2005). Action-Oriented Research: Strategies for Engaged Scholarship. *Journal of Marriage and Family*, 67(4), 936-948.

Smith, T. (2003). Separated children in Europe: *Policies and Practices in European Union Member States*. Save the Children international.

Sogaard, A. J., Selmer, R., Bjertness, E., & Thelle, D. (2004). The Oslo Health Study: The impact of self-selection in a large, population-based survey. *International Journal for Equity in Health*, 3(1), 3.

Stinchcomb, J. B. (2004). Searching for Stress in All the Wrong Places: Combating Chronic Organizational Stressors in Policing. *Police Practice & Research*, 5(3), 259-277.

Stokols, D. (1996). Translating social ecological theory into guidelines for community health promotion. *American Journal of Health Promotion*, 10(4), 282– 298.

Swedish Government. (2014a). *Regleringsbrev för budgetåret 2014 avseende Migrationsverket*. [Appropriation directions for the budget year of 2014 regarding Swedish Migration Board]. Retrieved from <http://www.esv.se/sv/Verktyg--stod/Statsliggaren/Regleringsbrev/?RBID=15760>

Swedish Government. (2014b). *Regleringsbrev för budgetåret 2014 avseende Rikspolisstyrelsen och övriga myndigheter inom polisorganisationen*. [Appropriation directions for the budget year of 2014 regarding National Police Board and other authorities within the police organization]. Retrieved from <http://www.esv.se/Verktyg--stod/Statsliggaren/Regleringsbrev/?RBID=15843>

Swedish Government. (2016a). *Regleringsbrev för budgetåret 2017 avseende Migrationsverket*. [Appropriation directions for the budget year of 2017 regarding Swedish Migration Board]. Retrieved from <http://www.esv.se/statsliggaren/regleringsbrev/?RBID=18175>

Swedish Government. (2016b). *Regleringsbrev för budgetåret 2017 avseende Polismyndigheten*. [Appropriation directions for the budget year of 2017 regarding National Police Board]. Retrieved from <http://www.esv.se/statsliggaren/regleringsbrev/?RBID=17773>

Swedish Migration Board. (2014a). *Inkomna ansökningar om asyl, 2014*. [Applications for asylum received, 2014]. Retrieved from <http://www.migrationsverket.se/download/18.39a9cd9514a346077211boa/1422893141926/Inkomna+ans%C3%B6kningar+om+asyl+2014+-+Applications+for+asylum+received+2014.pdf>

Swedish Migration Board. (2014b). *Avgjorda asylärenden beslutade av Migrationsverket, 2014*. [Decided asylum cases by the Swedish Migration Board, 2014]. Retrieved from

<https://www.migrationsverket.se/download/18.39a9cd9514a346077211b04/1485556218895/Avgjorda+asyl%C3%A4renden+2014+-+Asylum+desicions+2014.pdf>

Swedish Migration Board. (2015). *Avgjorda asylärenden beslutade av Migrationsverket, 2014*. [Asylum decisions, Swedish Migration Board, 2014]. Retrieved from <http://www.migrationsverket.se/download/18.7c00d8e6143101d166d1aad/1420637880589/Avgjorda+asyl%C3%A4renden+2014+-+Asylum+desicions+2014.pdf>

Swedish Migration Board. (2016a). *Inkomna ansökningar om asyl, 2015*. [Applications for asylum received, 2015]. Retrieved from <https://www.migrationsverket.se/download/18.7c00d8e6143101d166d1aab/1485556214938/Inkomna+ans%C3%B6kningar+om+asyl+2015+-+Applications+for+asylum+received+2015.pdf>

Swedish Migration Board. (2016b). *Inkomna ansökningar om asyl 2016*. [Applications for asylum received, 2016]. Retrieved from <https://www.migrationsverket.se/download/18.2d998ffc151ac3871592560/1485556054299/Inkomna+ans%C3%B6kningar+om+asyl+2016+-+Applications+for+asylum+received+2016.pdf>

Swedish Migration Board. (2016c). *Avgjorda asylärenden beslutade av Migrationsverket, 2016*. [Decided sylum cases by the Swedish Migration Board, 2016]. Retrieved from <https://www.migrationsverket.se/download/18.2d998ffc151ac3871592564/1485556054285/Avgjorda+asyl%C3%A4renden+2016+-+Asylum+decisions+2016.pdf>

Swedish Migration Board. (2017a). *Aktuellt om ensamkommande barn och ungdomar, juli 2017*. [News about unaccompanied children and adolecents, July 2017]. Retrieved from <https://www.migrationsverket.se/download/18.4100dcob159d67dc614c82e/1499252053243/Aktuellt+om+juli+2017.pdf>

Swedish Migration Board. (2017b). *Så jobbar Migrationsverket med ensamkommande barns asylprövning* [The Swedish Migration Board's work with unaccompanied child asylum procedures]. Retrieved from <https://www.migrationsverket.se/Om-Migrationsverket/Nyhetsarkiv/Nyhetsarkiv-2016/2016-09-27-Sa-jobbar-Migrationsverket-med-ensamkommande-barns-asylprovning.html>

Tabachnick, B G. (2006). *Using multivariate statistics* (5. ed.). Boston, MA: Boston, MA: Allyn and Bacon.

Tham, P. (2007). Why are they leaving? Factors affecting intention to leave among social workers in child welfare. *British Journal of Social Work*, 37(7), 1225-1246.

Tham, P., & Meagher, G. (2009). Working in Human Services: How Do Experiences and Working Conditions in Child Welfare Social Work Compare? *British Journal of Social Work*, 39(5), 807-827.

The Public Health Agency of Sweden. (2017). *Nationella folkhälsoenkäten – Hälsa på lika villkor*. [National Public Health Review - Health on equal terms]. Retrieved from <https://www.folkhalsomyndigheten.se/folkhalsorapportering-statistik/statistikdatabaser-och-visualisering/nationella-folkhalsoenkaten/>

The Universal Declaration of Human Rights. (2015). Retrieved from <http://www.un.org/en/documents/udhr/>

Theorell, T., Perski, A., Åkerstedt, T., Sigala, F., Ahlberg-Hultén, G., Svensson, J., & Eneroth, P. (1988). Changes in job strain in relation to changes in physiological state. *Scandinavian Journal of Work, Environment & Health*, 14(3), 189-196.

Thomas, G. (2011). A Typology for the Case Study in Social Science Following a review of definition, discourse, and structure. *Qualitative Inquiry*, 17(6), 511-521.

Ting, L., Jacobson, J., & Sanders, S. (2008). Available Supports and Coping Behaviors of Mental Health Social Workers Following Fatal and Nonfatal Client Suicidal Behavior. *Social Work*, 53(3), 211-221.

Undén, A. L., & Orth-Gomér, K. (1989). Development of a social support instrument for use in population surveys. *Social Science and Medicine*, 29(12), 1387-1392.

United Nations Children's Fund (UNICEF). (2016). *Uprooted. The Growing Crisis for Refugee and Migrant Children*. New York, USA: UNICEF.

United Nations High Commissioner for Refugees (UNHCR). (2005). *Refugee Status Determination - Identifying who is a refugee*. Switzerland.

United Nations High Commissioner for Refugees (UNHCR). (2010). *Convention and Protocol Relating to the Status of Refugees*. Geneva: UNHCR. Retrieved from <http://www.unhcr.org/3b66c2aa10.pdf>

United Nations High Commissioner for Refugees (UNHCR). (2013). *Statistical yearbook*. Geneva: UNHCR. Retrieved from <http://www.unhcr.org/52a7213b9.html>

United Nations High Commissioner for Refugees (UNHCR). (2015). *Global Trends*. Geneva: UNHCR. Retrieved from <http://www.unhcr.org/576408cd7.pdf>

United Nations High Commissioner for Refugees (UNHCR). (2017). *Figures at a Glance*. Geneva: UNHCR. Retrieved from <http://www.unhcr.org/figures-at-a-glance.html>

United Nations General Assembly. (2015). *Convention on the rights of the child*. Retrieved from <http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>

Viswesvaran, C., Sanchez, J. I., & Fisher, J. (1999). The Role of Social Support in the Process of Work Stress: A Meta-Analysis. *Journal of Vocational Behavior*, 54(2), 314-334.

Watt, S., Simpson, C., McKillop, C., & Nunn, V. (2002). Electronic course surveys: Does automating feedback and reporting give better results? *Assessment & Evaluation in Higher Education* 27(4), 325-337.

Werneke, U., Goldberg, D., Yalcin, I., & Stn, B. (2000). The stability of the factor structure of the General Health Questionnaire. *Psychological Medicine*, 30(4), 823-829.

World Health Organization (WHO). (2017a). *Frequently asked questions*. Retrieved from <http://www.who.int/suggestions/faq/en/>

World Health Organization (WHO). (2017b). *Mental health: A state of well-being*. Retrieved from [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/)

Wright, F. (2014). Social Work Practice with Unaccompanied Asylum-Seeking Young People Facing Removal. *British Journal of Social Work*, 44, 1027-1044.

Yin, R. (2009). *Case study research: Design and methods* (4.ed.). London: SAGE.

Yin, R K. (2013). *Kvalitativ forskning från start till mål*. [Qualitative research from start to finish]. Lund: Studentlitteratur.

Zwarenstein, M., Goldman, J., & Reeves, S. (2009) Interprofessional collaboration: Effects of practice-based interventions on professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, 3(CD000072).