

Are the Problems and Motives Clear Enough? A Study on the Placement of Unaccompanied Asylum-Seeking Minors at Compulsory Care Institutions in Sweden

MEHDI GHAZINOUR

Police Education Unit, Faculty of Social Sciences, Umeå University, 907 36 Umeå, Sweden

ARIAN ROSTAMI 

Police Education Unit, Faculty of Social Sciences, Umeå University, 907 36 Umeå, Sweden

arian.rostami@umu.se

MALIN ERIKSSON

Department of Social Work, Faculty of Social Sciences, Umeå University, 901 87 Umeå, Sweden

MOJGAN PADYAB

Department of Social Work, Faculty of Social Sciences, Umeå University, 901 87 Umeå, Sweden

MALIN WIMELIUS

Department of Political Science, Faculty of Social Sciences, Umeå University, 901 87 Umeå, Sweden

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The Swedish National Board of Institutional Care (SNBIC) is an independent governmental agency that provides compulsory care for minors with psychosocial problems, criminal behavior, and substance abuse. During recent years, a noticeable number of the youth placed at compulsory care institutions have been asylum-seeking minors who have arrived in Sweden without parents or guardians. This steady increase in placements has raised questions and concerns among the involved actors regarding the motives and needs underlying these placements. This qualitative study investigates the main motives that lead unaccompanied asylum-seeking minors to be placed at SNBIC residential homes and the problems that are to be solved during their placement, according to social workers and SNBIC staff. The study is based on 28 in-depth interviews with social workers and SNBIC staff. Findings indicate clear disagreement between social workers and SNBIC staff with regard to the motives for placing unaccompanied minors at SNBIC homes. Although the social workers and

SNBIC staff explain that most of the unaccompanied youth placed at SNBIC homes have some form of criminal behavior or substance abuse, SNBIC staff believe, in some cases, the problem is not sufficiently serious to warrant compulsory care. As these disagreements and misunderstandings between the actors have an impact on their collaboration and, consequently, the situation of the unaccompanied minors, all attempts to reach a consensus on the leading causes for placement and the problems that need to be solved with SNBIC placement would increase security for both the young people and the relevant staff.

Keywords: unaccompanied asylum-seeking minors, compulsory care, Swedish National Board of Institutional Care, social workers

Introduction

In Sweden, the social services and the legal system are responsible for handling young people who are involved in crime and delinquency. According to the Care of Young Persons (Special Provisions) Act (LVU) (SFS 1990:52) and the Secure Youth Care Act (LSU) (SFS 1998:603), the Swedish National Board of Institutional Care (SNBIC) (Statens institutionsstyrelse, SIS), as an independent governmental agency, provides compulsory care for minors with psychosocial problems, criminal behaviour, and substance abuse. Compulsory institutional care is provided when the social services determine that voluntary interventions are insufficient to help a minor. In each of Sweden's 290 municipalities, local social services are presided over by a social welfare committee that can apply to the administrative court (förvaltningsrätten) for compulsory care based on LVU, specially section 3 (LVU§3), which refers to risks related to a youth's own behaviour, such as criminal behaviour, substance abuse, and other psychosocial problems. The administrative court is the authority that decides on compulsory care for young persons upon an application from the social services. If the administrative court, based on LVU, recognizes that a young individual needs compulsory care, the youth may be placed at an SNBIC residential home, which is one of several alternatives for compulsory care for minors (other alternatives might be foster care or institutions run by other agencies) (Sile and Kronberga 2015; The Swedish National Board of Institutional Care 2016).

Compulsory care at an SNBIC residential home (under the terms of LVU) is provided at three wards: an emergency ward, an evaluation ward, and a treatment ward. The majority of the youth stay at an emergency ward to receive emergency care to stop an acute situation of behavioural problems. The maximum stay in emergency placement is not to exceed 8 weeks. An assessment takes place at an evaluation ward to determine sufficient treatment for the youth, and this process often takes 8 weeks. Some of the young people who need more intervention and treatment remain at the treatment ward for longer care (The Swedish National Board of Institutional Care 2018a).

During recent years, a noticeable number of SNBIC-placed youth have been asylum-seeking minors who have arrived in Sweden without parents or guardians

(The Swedish National Board of Institutional Care 2018b). This steady increase has raised questions and concerns among the involved actors regarding the needs and motives underlying these placements. According to the social workers who work with unaccompanied asylum-seeking minors (UAMs), compulsory care at an SNBIC residence is their last option for helping these minors, whereas SNBIC staff state that the causes of placement at SNBIC are unclear and vague for this group. This study investigates perceptions on what problems that are to be solved during a placement of UAMs at SNBIC residential homes and what motives that lead to the placement, and if these perceptions differ between social workers and SNBIC staff.

Placement of UAMs in Sweden

The United Nations High Commissioner for Refugees defines UAMs as ‘children under 18 years of age who are separated from both parents and are not being cared for by an adult who by law or by custom is responsible to do so’ (Office of the United Nations High Commissioner for Refugees (UNHCR) 2005). The UAMs are considered to be an extremely vulnerable group because of traumatic experiences not only from their country of origin, but also from journeys to new countries. In addition, they have often experienced multiple losses, been exposed to violence, vague residential situation, and must face a demanding process of resettlement in the host country (Bean *et al.* 2007; Bronstein and Montgomery 2011; Fazel *et al.* 2012). There are many studies on assessing mental health of UAMs, and findings have indicated an increased risk of mental health problems, such as PTSD, depression, anxiety, suicide attempts, drug abuse, and psychotic disorders leading to psychosocial problems in this young group (Weaver and Roberts 2010; Bronstein and Montgomery 2011; Seglem *et al.* 2011; Fazel *et al.* 2012; Jakobsen *et al.* 2014; Ehntholt *et al.* 2018).

Upon arrival in Sweden, UAMs are first offered a temporary place to stay by the Swedish Migration Agency but are later assigned to a municipality. According to the Swedish Social Services Act (SFS 2001:453), the social services in each municipality have the ultimate responsibility for providing care and support to all individuals in need, including UAMs. Thus, the municipal social services are responsible for the accommodation and care of UAMs, and the main principle is that UAMs (irrespective of asylum status) have the same rights as every child in Sweden. This is in line with the UN Convention on the Rights of the Child and other UN guidelines stating that children, and especially UAMs, are entitled to special care and protection (Office of the United Nations High Commissioner for Refugees Geneva (UNHCR) 1997). The social services in Sweden have, in general, two accommodation options for UAMs: Family home or/and Home for Care or Housing (HCH) (*Hem för vård eller boende*) (Eriksson *et al.* 2014; Söderqvist *et al.* 2016). The majority of UAMs are placed in HCH housing where minors live together in a group home and are under the 24-h care and supervision of staff. When living at an HCH, the minors become familiar with the new host society and

Table 1

Descriptive Statistics of Asylum-Seeking Applications of UAMs and LVU Placement in Sweden: 2014–17

	Total asylum-seeking applications	Applications of UAMs		Total LVU placement	UAMs in LVU placement	
	<i>N</i>	<i>N</i>	%	<i>N</i>	<i>N</i>	%
2014	81,301	7049	8.7	799	139	17.4
2015	162,877	35,400	21.7	825	221	26.8
2016	28,939	2199	7.6	838	269	32.1
2017	25,666	1336	5.2	791	259	32.7

are prepared to integrate into Swedish society ([European Migration Network \(EMN\) 2015](#); [HEALTH AND SOCIAL CARE INSPECTORATE \(IVO\) 2018](#)).

Based on LVU, in cases of serious psychosocial problems, such as violence, substance abuse, and criminal behaviour, the Swedish court system can decide about compulsory care at an SNBIC residential institute for UAMs (as well as for other minors in Sweden). Based on the statistics from [The Swedish National Board of Institutional Care \(2018b\)](#), an increased proportion (17.4–32.7 per cent) of unaccompanied minors are among those placed at SNBIC residential homes between 2014 and 2017. One possible explanation for these figures might be the dramatic increase in the number of UAMs who sought asylum in Sweden in 2015 ([Migrationsverket \[Swedish Migration Agency\] 2019](#)) (Table 1). According to the different backgrounds of the UAMs and the traumatizing situations that they have experienced, assessing the motives of SNBIC placement and the problems that are to be solved during the compulsory care can help to clarify other explanations for this trend.

Bacchi's 'What's the Problem Represented to Be?' Approach

In this study, the 'What's the problem represented to be?' (WPR) approach ([Bacchi 2012, 2016](#)) was applied to analyse and discuss perceptions of the problems of UAMs that are to be solved during placement at an SNBIC residential home and the motives that lead to the placement. Bacchi states that all policies are characterized by problematization, and all policy proposals contain implicit or explicit perceptions about what is problematic and needs to be solved. According to this approach, a policy is not an attempt of government to solve 'problems', in fact policies produce 'problems' with particular meanings that affect the way people live their lives. Bacchi proposes that the assumptions and fundamental conceptual logics within problem representations help us to understand and analyse policy. Different problem representations are created based on different interpretations of reality, which, according to Bacchi, means that problems that

authorities are expected to manage do not exist independently either of interpreters or of power relations.

In contrast to other approaches, the ‘problems’ and ‘solutions’ are not analysed separately in the WPR approach. The process starts with a proposed solution and recognizes the problem representation implicit within it. In fact, the analysing begins with recommendations to see the way the ‘problem’ is defined within them (Bacchi 2016). Bacchi (2012) proposes the WPR approach as an analytical tool to probe policies and proposals by applying six interrelated questions (which can be applied sequentially or as part of an analysis). These questions are: (1) what the ‘problem’ is represented to be in a specific policy, (2) what assumptions underlie this representation of the ‘problem’, (3) how this representation of the ‘problem’ has come about, (4) what is left unproblematic in this problem representation, (5) what effects are produced by this representation of the ‘problem’, and (6) how/where this representation of the ‘problem’ was produced, disseminated, and defended (Bacchi 2009: 2).

It should be stressed that the present study is not a policy analysis. The empirical material does not consist of policy proposals, guidelines, or handbooks; nevertheless, we think that Bacchi’s questions are helpful analytical tools in an endeavour to identify problems, or competing representations of problems and motives. Social workers and staff at SNBIC residential homes are part of different policy contexts linked to their different missions and tasks. SNBIC residential homes can be described as institutions in the ‘borderland between the social services and the legal system’ (Andersson Vogel 2012). It is the responsibility of the social worker to apply for care, in accordance with LVU, but decisions on care are taken by the administrative court. The social worker thus functions as the ‘extended arm of the law’, while the staff at SNBIC are the ones to ensure that the decision of the court is implemented. Furthermore, the responsible municipality/social service that apply for compulsory care is responsible for the funding of the care; meaning that, they would ‘buy’ a service to be provided from SNBIC. The policy context of the SNBIC staff differs to the extent that they do not have the mandate to make decisions about the placement—neither when it should be initiated or terminated—but they have to execute decisions that other authorities make. The task of NBICS is ultimately regulated by laws (the Social Services Act, LVU, and LSU) and described as follows: ‘to give young people better conditions for a socially functioning life without abuse and crime, and through collaboration with other authorities and other actors ensure that young people receive coherent care’. An emergency placement aims to ‘interrupt a socially disruptive behaviour and create conditions for further planning of the social services’ (The Swedish National Board of Institutional Care 2019: 2). The different policy contexts in which SNBIC staff and social workers are located probably have an impact on how different problem representations are created among these two different social welfare actors. Their missions and tasks include interpretation of decisions about care as well as interpretation of policies and guidelines. In an analytical sense, social workers are often depicted as street-level bureaucrats with discretionary powers; political steering relies on their professionalism and experiences. This

means that in effect, social workers also *make* policy when they meet clients, and their decisions—to apply or not apply for care for instance—become concrete expressions of social policy. This is why Bacchi's questions are relevant. We ask what problems compulsory care are supposed to solve, what assumptions underpin these problem representations, what their effects are, to identify if there are competing problem representations, and also the extent to which aspects are left unproblematised in relation to the placement of UAMs at SNBIC residential homes.

Method

The present qualitative study is based on 28 interviews with social workers and SNBIC staff. In-depth interviews were conducted with 9 social workers in different local settings (S) and 21 SNBIC staff including 2 heads of institutions (HI), 7 ward managers (DM), 7 treatment assistants (TA), and 3 school teachers (ST). The SNBIC staff generally had long experience of working at the SNBIC; the majority had worked at the SNBIC for about 10 years, some as long as 30 years, and the others had been employed at the SNBIC for just a few years. The SNBIC staff had a varied background in education and professional experience, but the heads of the institutions and the ward managers had in general a higher education and more professional experience than other SNBIC staff. However, one of the treatment assistants was a trained social worker, as was one of the heads of the institutions. The in-depth interviews were used to collect information about the social workers' perceptions and motives underlying the assessments and considerations in their SNBIC placement decisions and how SNBIC staff perceive the motives and reasons of UAM placement, and what UAM problems are to be solved by compulsory care at SNBIC homes.

Qualitative in-depth interviews are useful for obtaining knowledge about an individual's subjective perspectives on a particular topic (Dahlgren *et al.* 2007). We used a thematic interview guide that contained questions that were similar for the social workers and SNBIC staff. These were questions about their experiences of UAM placements at SNBIC; perceptions of motives for UAM placements at SNBIC; opinions about the specific care needs among UAMs; perceptions and experiences of the content of the care received by UAMs at SNBICs; and the impression of collaboration with other authorities in working with UAMs.

Interviews with Social Workers

In total, nine social workers agreed to participate in an interview. Since ongoing research in this field focused on experiences from major urban centres (Backlund *et al.* forthcoming), we wanted to capture experiences from social workers working in smaller municipalities in Northern Sweden. Through the local governments in the three northernmost counties (County Administrative Board in Norrbotten, Västerbotten, and Jämtland), we got a list of municipalities in Northern Sweden that had applied for compulsory care for UAMs at SNBICs from March 2015 to

March 2016. We then contacted social service managers in these municipalities to inform about the project and request their help in recruiting concerned social workers. It proved to be somewhat hard to recruit participants, but nine interviews provided us with quite good insight into some essential perspectives of the social workers regarding UAM placements at SNBICs, to be compared with the perspectives of SNBIC staff. Most of the interviews were performed in the office of interviewees, also due to long geographical distances, telephone interviews were applied for some of the social workers. The interviews took between 45 min and one and a half hours.

Interviews with SNBIC Staff

Staff from two special youth homes located in different parts of Sweden with long experience of receiving UAMs were invited to participate in the study. All ward managers (a total of seven) and both heads of the institutions were interviewed. The duration of the interviews was approximately between one to one and a half hours, and they were conducted at the institutions during the interviewees' working hours.

To obtain additional perspectives from those working close to UAMs on a daily basis, treatment assistants from one of the SNBIC institutions were also invited. The concerned head of the institution and ward manager facilitated the selection of participants based on their availability for the day of the interview. Nevertheless, our wish to interview treatment assistants from various backgrounds and with different experiences was fulfilled. The treatment assistants were selected with the intention to have participants from various backgrounds and with different experiences. The treatment assistants had worked at the SNBIC institutions between 1 and 16 years. Both men and women were represented, and several of them were born and raised in countries other than Sweden. All interviews with SNBIC staff took around 1.5 hours and were conducted in a conference room at the institution during ordinary work hours.

Data Analysis

All interviews were recorded and transcribed with the exception of one interview with a social worker, which was carefully noted and summarized afterwards. A thematic analysis, steered by our research questions and the theoretical frame, was applied to extract the main themes from the collected data. By applying this method, researchers can identify and describe both implicit and explicit ideas and capture the complexities of meaning in data (Guest *et al.* 2011). After each interview, field notes were written that reflected on the content and analytical issues surrounding each interview, which were useful in the further analysis. All transcripts were first read carefully to obtain an overview of the entire interview material, and then, they were compiled under the two overall themes: 'the motives for SNBIC placement' and 'the problems that should be solved during an SNBIC placement'.

Ethical Considerations

The project was tested and approved by the Regional Ethics Review Board in Umeå (Dnr: 2016/03-31Ö). Written information was sent to all interviewees. The purpose of the study and the interview was explained to all participants, including the way the interview material would be represented, anonymity, and confidentiality. Their participation was voluntary, and they could withdraw at any time without any consequences.

The informants were happy to share their experiences and had no objections to the interview being recorded (in those cases). The social workers in the study were from different municipalities, then their identity and participation in the project were not known to one another. On both institutions, all ward managers and both heads of the institutions were interviewed. Thus, being interviewed was not perceived as something strange but part of their professional tasks. However, we have been careful in the use of quotations, to try to ensure the confidentiality of all participants.

Results

The analysis resulted in two main themes. The findings are presented under the two main subtitles, 'social worker views' and 'SNBIC staff views', which are addressed below.

Social Worker Views

The problems that need to be solved during SNBIC placement in UAMs: daily routines, structure, and understanding the consequences of behaviours On the one hand, most of the interviewees pointed out that UAMs comprised a heterogeneous group with various problems and needs. Therefore, it was important to focus on individual needs of UAMs. On the other hand, UAMs from North Africa were considered as experiencing similar problems and needs. According to the social workers' experiences, this group was the hardest group to help since most of them were involved in crime, had problems with routines and rules, and were known for trying to run away from HCHs and other institutions (S3, S7). In addition and among the social workers, there was also clear consensus that UAMs often had problems related to their past lives when they had to take care of themselves without any home or supportive parents, and when they had to struggle with everyday challenges to survive (S7). With regard to this point, the social workers emphasized the importance of the backgrounds of the youth in their home country and the traumas that they experienced in their backgrounds, although it was difficult to understand *how* the traumas caused the problems the youth experienced (S4, S5). The interviewed social workers indicated that the main common problems of UAMs who were placed at the SNBIC were the need for 'structure and daily routine', 'understanding the consequences of

their behaviours', 'protection', 'prevention of substance abuse', and 'prevention of self-harm'.

The social workers stated that their care plans for the placed youth were completely specified and clear, i.e. what should be accomplished during the placement. However, they felt that sometimes these plans, or some aspects of them, had not been considered by the SNBIC, and the staff lacked necessary skills to draw up a treatment plan in accordance with care plan. They also believed that UAMs struggled with the Swedish language and SNBIC staff did not book interpreters to the extent it was needed, for instance for important conversations. Language issues were thought to exacerbate the situation and reinforce problematic behaviour. One of interviewees stated: '...social workers have a feeling that they should not have too high hopes for SNBIC placements' (S1). One reason being that SNBIC staff often thought that UAMs had been placed for the wrong reasons and they therefore could not meet their needs. Instead of dealing with this at the SNBIC, they complained about the placement of unaccompanied youth to the social services and claimed that they could 'do nothing, this youth should not be here' (S5). Despite the experiences of failure in SNBIC placements, in which UAMs ended up on the run or in which the situation got worse, there were also some positive experiences of collaboration with SNBICs and, as one of the social workers explained, the placement 'rescued' some of the youth (S3).

The motives that lead to SNBIC placement in UAMs: last option, mainly due to lack of placement alternatives and limited collaboration with psychiatric care The majority of social workers emphasized that an SNBIC placement is their last option 'when no other resort exists' (S4) and 'all other options have been tried' (S1). They described how other alternatives, such as collaboration with school counsellors or health and medical staff to find new ways of working at care homes, such as sending the UAM to another care home that could meet their needs better or even a family home placement, had been tried before the SNBIC placement was considered. When none of those options were successful, the social workers had to choose an SNBIC residential home as the last option. For example, one of the social workers described a youth who had run away several times from an HCH and was arrested for shoplifting. The social service sent him to another HCH, but he ran away again. He was then placed in a family home but disappeared again and was arrested for theft from a nightclub. When all of these efforts failed, they had to make a decision about compulsory care at an SNBIC institution (S6). According to one social worker, when after a long process, all actors around a youth had not reached any other alternative and 'felt desperate' (S4), and they went for the SNBIC placement decision.

Although there was consensus about applying for placement at an SNBIC, several social workers had experienced cases in which they did not think that an SNBIC placement was the right way to go. One of them described a 'lack of competence among HCH staff' (S8) as a reason to why that happened anyway. The lack of knowledge and experience on the part of some HCH staff in managing conflict situations had been particularly obvious in some cases that had led to the

SNBIC placement of UAMs. The social workers reported that, on some occasions, as HCH staff were not competent in relation to the way UAMs should be treated, they forced social services to do something and take the youth out of the HCHs;

'First, we try to keep them at the HCH as long as possible. But if then perhaps drug abuse is discovered or the UAM somehow acts out these traumas very quickly, then they shut the HCH door and force them out. . . Therefore the choice is HCH or . . . to lock them up at an SNBIC' (S9).

The social workers believed that they were faced with a gap in the UAM care system, which made them almost forced to place UAMs at an SNBIC. They emphasized the absence of other care placement alternatives between HCHs and SNBIC institutions for youth who need more special care but not in the SNBIC context, 'you wish that there were other options than a locked institution' (S7).

Another point that the social workers mentioned was the missing link with the healthcare system. Some of the social workers pointed out that, in cases of drug abuse, mental illness, severe self-harm, and psychosis, getting psychiatry support was not easy for UAMs, especially when they did not have a residence permit. These social workers argued that there was a lack of options for psychological support for this group of youth. Considering the vulnerability of UAMs, social workers felt that they needed collaboration with paediatric psychiatry services and healthcare centres, but this was not easy. One choice would have been the 'Child and adolescent psychiatry centres' (*barn- och ungdomspsykiatri*, BUP) but as a social worker explained:

' . . . BUP has its guidelines, they are tough . . . It is a bit like . . . they do not initiate treatment if the UAM does not have a residence permit. . . Also BUP has had, as well, a very difficult time with its own operations lately . . . a lot of staff turnover. . . but you wish there was another kind of . . . that you could look at this in a different way' (S9).

Another social worker stated that, although the social services in general had good collaboration with the healthcare centres, it was insufficient when they needed psychiatric support: 'But if someone needs psychiatric help, then we should go to the first line of help; the health care centers and they do not want to initiate processes before the UAMs have received a residence permit' (S9). Furthermore, the social workers believed in having a support system; in that case, the structure and forms of collaboration among actors would be clear: '. . . we have collaborative days when BUP is also included, but it feels like BUP is an actor who . . . yes . . . is a bit on the sidelines and maintains a certain distance as well'.

SNBIC Staff Views

The problems that need to be solved during SNBIC placement in UAMs: milder problems with drugs and criminality that could be solved with structure and holding The majority of the SNBIC staff stated that the social workers' care plans were unclear. In advance of the placement at SNBIC, the responsible social

worker should fill in an application form and tick different boxes, describing the youth's problem. Regarding SNBIC staff, most of the boxes were ticked by social workers indicating all kinds of (unspecified) problems; therefore, there was no clear treatment plan for most of this youth group. They explained that many UAMs were placed at an SNBIC solely on suspicion of crime, mild addiction problems, or due to violence at the HCH. The majority of SNBIC staff, both managers and treatment assistants, believed that, although unaccompanied minors were involved in some forms of substance abuse and/or crime in the form of theft, violent crimes, or sexual offences, these problems were 'different' and/or milder than those of other youth who were placed at SNBIC. For example, drug abuse was described common among UAMs because many of them were from countries where using drugs was part of their lifestyle (HI2, TA3), 'So they come here with this drug use, they may not know it is forbidden here. But they come here with an addiction' (HI2). One of the ward managers also believed that sexual offences among this group were interpreted as a way of exhibiting control power, or humiliation (DM1). The staff also pointed out differences between groups of UAMs, for instant youth from North Africa were involved in drug abuse and crime more than other youth at SNBIC, while the problems of young people from Afghanistan were described as outgoing behaviours, drug abuse, and traumatic disorders.

'Trauma' was presented as one of the problems of UAMs who were placed at SNBIC residential homes. The heads of institutions and ward managers stated that most of the young people who were placed at SNBIC residential homes had trauma problems, but the kinds of trauma were different and harsher among unaccompanied youths; they might have been raped, had witnessed the murder of parents, family, or friends, or had experiences of being a child soldier. However, there was a consensus among SNBIC staff that trauma treatment requires qualified treatment, which is currently not available at SNBIC. Furthermore, staying locked up at an SNBIC without any special treatment would put them in a worse situation. Some of the ward managers pointed out that as many of the youth required psychiatric help, more cooperation between psychiatric services and the SNBIC was essential.

'We have another actor we should be able to cooperate with, and the cooperation currently does not look good. Many of the young people who come to us are in need of psychiatric help... But this form of cooperation is rarely a smooth one' (DM7).

As the heads of institutions and the ward managers explained, the youth need structured routines and 'holding', which are provided by SNBIC residential homes even when no specific problems as defined in LVU are found. The care plans were often about 'Get him to relax, be able to talk to others, get back his circadian rhythm, be able to communicate with others without using threats and violence' (HI1). Many UAMs ran away or had self-harm behaviour at HCHs or family homes, and then, they were placed at SNBIC residential homes to prevent

these problems. The staff believed that the needs for holding, structure, and care must be met but not necessarily at SNBIC homes: ‘These guys require a lot of care. Now they end up at an SNBIC, but I think some places other than SNBIC could offer care’ (HI2).

The motives that lead to SNBIC placement of UAMs: vague and unclear, mainly an intention to keep them locked up The SNBIC staff perception of the main motives for the placement of unaccompanied youth at an SNBIC does not converge with that of the social workers. Most of the SNBIC staff believed that, although some UAM placements at an SNBIC were decided because the UAMs required compulsory care for their psychosocial problems or criminal behaviours, the motives were often unclear. They stated that there were some unaccompanied youth who ‘are not so problematic that they should be locked up’ (ST1), i.e. the placement decision was made based on vague evidence. Some staff explained that when something happens at an HCH, e.g. ‘a youth does not work out at an HCH’ (DM3), the HCH refuses to accept UAMs, and social services are forced to apply for youth placement at an emergency ward based on no obvious problem, as one of the staff described:

‘You have lived in an accommodation where you have become furious, overturned a table, screamed at the staff, threatened to kill them, and then run away. This is not cause for compulsory placement, as I see it. A Swedish youth in that situation would not be placed in compulsory care’ (ST1).

The ward managers explained that the general lack of competence among HCH staff could be considered as an important cause for placement at a compulsory care institution. They stated that the low proficiency of HCH staff in dealing with the problems and conflicts that occurred at HCH homes makes them ‘panic’ and powerless in managing the situations. Under such circumstances, they refuse to keep the youth at the HCH. Several ward managers believed that many of these conflicts happened because UAMs did not have sufficient information about Swedish society and social and cultural differences between Sweden and their home countries. Sometimes behaviours that are defined as illegal and criminal in Sweden are not assumed illegal in their societies, and if the youth knew about Swedish social patterns and laws, they probably would not involve themselves in those problematic situations. ‘Unaccompanied minors come from a completely different culture from Swedish culture ... things that are okay in their home country, are not okay here. And we have to work with them about these differences in society’ (DM3).

There was a common opinion among treatment assistants that social services just want these young people to be ‘locked up’. The care plans from social services were described as very vague because: ‘social services have no goal with the placement, only that they need to be here, locked up’ (TA3). Since SNBIC is a possibility to lock young people up within the framework of LVU, social services assign youth replacement at emergency ward because: ‘He must be locked up. He should

not be out on the streets. There is nowhere else to be but here for him' (TA4). As the interviews show, the placement motive is 'keeping them locked up', a motive which the SNBIC staff found hard to understand: 'we work with abuse and crime, we work with treatment - not with keeping minors locked up' (TA7). One of the ward managers underlined the problem with too few beds at the SNBICs, at the same time as resources and the facilities of SNBICs are utilized for UAMs who do not need to be at an SNBIC. 'We cannot afford to accept young people just because they need a bed . . . ' (DM3).

Several treatment staff perceived UAM placement at an emergency ward as a precaution when there was high probability of their asylum application being rejected: 'sometimes it feels like social services are just waiting for them to be rejected, and want to keep them locked up until then' (TA3). Also, the head of institutions and ward managers believed that placement at an emergency ward gave a 4-week opportunity for social services to assess the situation and decide about the next step and a long-term plan for the youth.

'There is rarely any clear assignment from social services because they probably do not have the proper knowledge themselves. Because these young people do not have any history, so it becomes an emergency placement. . . . An emergency placement should preferably not be more than acute, i.e. a few days or at most a week, but we often see that these emergency placements become very long' (HI2).

Ward managers and the heads of institutions also indicated that there might be financial motives for placing UAMs at an SNBIC. According to the interviewees, as the Swedish Migration Agency is responsible for the expenses of unaccompanied minors, a UAM placement at an SNBIC may help to save costs for the municipality: 'social services earns money from SNBIC placement, they receive compensation from the Migration Agency for the placement and earn money' (DM5).

Several SNBIC staff also explained about the necessity for an alternative option between HCH and SNBIC. School staff and treatment assistants pointed out that an intermediate place between HCH and SNBIC would be needed. This alternative option has been described as a place with 'a firm hand, many activities, clear structure, and clear frameworks, and meaningful activities' (ST1). According to SNBIC staff interviews, many of the unaccompanied youth need help and support but not in a locked place, such as an SNBIC. They need to receive these services in more open forms.

Discussion

The results show an obvious difference in the definition of the problems that lead UAMs to be placed at SNBIC residential homes. Bacchi's questions were helpful in identifying competing problem representations, the assumptions that underpin them and their possible effects. Competing representations guide the actors along different paths and can—in terms of effects—cause disagreement and

misunderstanding between the actor categories, which may have an impact on their collaboration and, consequently, the situation of the UAMs. The social workers and the SNBIC staff mentioned that such problems would limit them in helping the UAMs; the social workers stated: '[we] did not have any other option', and the SNBIC staff said: 'we had nothing to offer them'. A consensus on the leading causes for placement and the problems that are to be solved by SNBIC placement would probably create greater security for both young people and the relevant staff.

Our results consequently indicate that both social workers and SNBIC staff have some sort of common misunderstanding about each other. The social workers expressed their disappointment when SNBIC staff 'in advance' claimed that an UAM has been misplaced and could not be helped, and the SNBIC staff expressed their disappointment when the reasons for placement and care plans often were vague and unclear.

Although the social workers and SNBIC staff believed that most of the UAMs that were placed at SNBIC residential homes had some form of criminal behaviour or substance abuse, SNBIC staff believed that the problems were often milder or 'different' compared to other SNBIC-placed youth. There were certainly experiences of substance abuse and /or crime among UAMs, but, in some cases, the problem was not serious enough to warrant compulsory care. The problems of these youths did not match those of other SNBIC-placed youth, who had serious drug or crime problems and needed to be motivated for change in their life. So, this fact can explain the notion of SNBIC staff that they had nothing to offer UAMs. It also raises the question of the extent to which UAMs are placed at SNBIC on weaker grounds than other youths.

The social workers described SNBIC placement as their last option after all other options had been proven ineffective, but they also claimed that sometimes they had to apply for SNBIC placement because of lack of alternatives. They did not have any other appropriate placement choice and wished that there were other alternatives to HCH and SNBIC. This can be considered as an implicit confirmation of some insufficient placement decisions made for UAMs. It seems that some SNBIC placement decisions for UAMs have been due to a lack of intermediate alternatives and not because of serious problems of the youth. [Mellquist \(2014\)](#) has shown that SNBIC placement of unaccompanied youth has been based on vaguer grounds than the placement of Swedish minors, and SNBIC has been considered as an emergency solution for youth placement when the social services have not found any other alternative. [Kaunitz and Jakobsson \(2016\)](#) found that, although almost all reviewed cases in their study had a documented care plan from the social services, the care plans were often perceived as more diffuse and vague. They showed that, in some cases, the care plans had been perceived as 'locking up' in the absence of other alternatives, and many of the care plans were described in general terms, such as 'need for structure and care' or 'need to be protected from themselves and others'. Considering the interviews with SNBIC staff, in some cases, SNBIC placement was a precautionary action that was linked to a negative decision on a UAM application for residency and subsequent deportation. In this

situation, SNBIC placement was considered as a lockup place to hold the youth until the time of deportation and prevent their escape, and the staff of the SNBIC institution perceived that their duty had been shifted from care to safekeeping. The lockup perception is, to some extent, consistent with previous research in which the risk of escape was found to be 72 per cent among UAMs placed at an SNBIC home (Mellquist 2014).

The findings of the present study indicate a clear disagreement between social workers and SNBIC staff with regard to the motives for the placement of UAMs at SNBIC. While social workers emphasized clear and explicit placement motives, the SNBIC staff described vague and unclear motives for the placement of UAMs at SNBIC. Despite the fact that SNBIC staff described motives and some of the care plans provided by social workers as ambiguous and inoperative, social workers believed that sometimes SNBIC staff disregarded their care plans, which to them had been drawn up in clear and distinctive ways. It seems that since the motives and care plans were not perceived as clear and acceptable by SNBIC staff, their response was interpreted as disregarding by the social workers.

Notwithstanding the disagreement on placement motives between social workers and SNBIC staff, there was some consensus on many other subjects in relation to the placement of UAMs at SNBIC. The social workers and SNBIC staff had a similar view of HCH staff. Both actors stated the lack of competence among many HCH staff regarding understanding and treating UAMs. As the Health and Social Care Inspectorate's report (*Inspektionen för vård och omsorg, IVO*) (Munier *et al.* 2013) has explained, many HCHs lacked personnel with education focused on youth care and treatment. The report pointed out that the provided care and treatment seemed inadequate and often unscientific, as well as half of the staff had insufficient knowledge and education in relation to the care and treatment of youth. The report said that UAMs who live without their guardians in Sweden are not placed at HCHs because they require treatment; in contrast, they need support in their integration and adult lives. Indeed, some of them have had difficult experiences, and it is important that HCH staff understand them and take their needs into account. Likewise, some HCHs show a lack of authority, boundary setting, and a contextual understanding of the vulnerability of this category of youth. In many cases, UAMs were placed at SNBIC residential homes to learn the structure and rhythm of life, which, based on LVU, is not sufficient to warrant compulsory care. These kinds of placement reasons indicate the important role of skilful and educated HCH staff in preparing UAMs for a new life and living with new rules and also in handling conflicts and violence at HCHs instead of sending the UAMs to compulsory care institutions.

Both social workers and SNBIC staff mentioned the unclear role of the healthcare system in relation to mental health and psychiatric services for UAMs. As the actors explained, the quality and extent of cooperation with the healthcare services varies between regions and, in the case of professional caregiving, such as psychiatric support, access to care is limited. In Sweden, county councils provide healthcare services for asylum seekers through an agreement with the state. Therefore, healthcare services vary by county (Brendler-Lindqvist and Hjern 2010).

According to legislation, UAMs are entitled to the same access to health care as all Swedish minors, but it seems that this legislation has been interpreted and implemented differently in different regions ([European Migration Network \(EMN\) 2014](#)). This weakness had been mentioned in some other reports and documents in this field ([European Migration Network \(EMN\) 2014](#); [The Swedish Society of Nursing 2017](#); [Doctors Without Borders \(MSF\) 2018](#)). In addition to an uncertain residential situation, the harsh circumstances that UAMs experience in their home countries, their journeys to a new country and the process of adapting to the new society, make them vulnerable to mental problems. Therefore, access to mental health services for UAMs and a distinct defined role for different parts of the healthcare system to cooperate with social workers and SNBIC staff are essential. The social workers and SNBIC staff mentioned that there are no professional caregivers at SNBIC residential homes, and then in cases of mental problems and PTSD, SNBIC placement cannot be helpful and even may exacerbate the mental situation of the individual. In Sweden, a large number of treatment homes with different skills in treating psychiatric disorders are available for Swedish-born young people. These kinds of facilities could be one of the alternatives for the social services to support UAMs. Therefore, considering alternatives other than SNBIC homes for UAMs who suffer from different kinds of mental health problems can be an appropriate way to prevent unnecessary SNBIC placement in this group. To facilitate social service access to these alternatives, a clear definition of roles and responsibilities is necessary.

According to [Bacchi \(2016\)](#), analytical attention must also be paid to aspects and issues that are left unproblematized in a problem representation. The findings of the current study and also other research indicate that the complex and uncertain situation of the asylum process is considered as an essential problem for the majority of UAMs especially those who are placed at SNBIC residential homes. [Mellquist \(2014\)](#) has pointed out that 68 per cent of the SNBIC-placed UAMs were in the asylum process. Many researchers have found that the long asylum procedure has a significant negative effect on the mental health of asylum seekers ([Laban et al. 2004](#); [Hallas et al. 2007](#); [Jakobsen et al. 2017](#)). [Ghazinour et al. \(2015\)](#) have shown that UAMs, who were waiting to be deported, had very negative experiences of the asylum system and were mentally affected by the process. Passivity can be a result of an extended asylum process among asylum seekers, which leads them to a lack of meaningful daily activities and a lack of control over their lives ([Doctors Without Borders \(MSF\) 2018](#)). Therefore, a chaotic life situation, the lack of structure in everyday life, and a great need for 'holding' among many of the SNBIC-placed UAMs are clearly linked to their uncertain residential situation. The lack of knowledge about the asylum process and what happens in the process increase the powerlessness and insecurity of the involved youth.

In addition to these findings, UAMs who live at HCHs are under 24-h supervision of the staff, and their behaviours and reactions are watched and monitored by staff and authorities. Also, there is no social network, such as parents, grandparents, or other close family members, who can fight for them and support them in crucial situations. Subsequently, the probability of social services interfering

might increase for this group compared with other youth who live with their families and have support and caregivers.

Conclusion and Implications

The results from the present study confirmed differences in the perceptions of social workers and SNBIC staff in relation to the UAMs' problems that are to be solved and the motives that lead them to SNBIC institutional placement. Interviewed SNBIC staff believed that UAMs are more likely to be placed at SNBIC compared to minors born in Sweden and that placement is the result of milder problems than those of Swedish youths placed at SNBIC institutions. With regard to the problems, however, the findings showed that the SNBIC staff did not consider all unaccompanied youth as incorrectly placed. In fact, they thought that there were some who were placed at SNBIC based on legitimate grounds, and necessary treatment and support were offered to them. However, the problem was the group of UAMs for whom SNBIC compulsory care was not the right choice for three reasons, and there were no other alternatives; individuals had experiences of trauma or did not have the kind of serious problems that require treatment at SNBIC.

Based on our findings, the following recommendations to the authorities in this field could be proposed. To prevent unnecessary placement of UAMs at SNBIC institutions, there is a need for:

Holding joint periodic meetings/events (e.g. once every 3 months) for social services staff and SNBIC staff with the intention of converging the perceptions of the actors in relation to unaccompanied youth problems and improving their collaboration in this field, i.e., relevant intervention programmes aiming to fulfill psychosocial needs of UAMs at SNBIC, as well as joint planning for requirements needed for discharge from SNBIC institution.

Providing more educational programmes to improve the competence of actors responsible for the care of UAM, particularly for HCH staff, in understanding UAMs in the context of their cultures, crucial experiences, and current uncertain situation: conflict management and communication with youth.

Clarifying the responsibilities of the healthcare system in relation to social services and SNBIC institutions for UAMs. Close monitoring may also help to strengthen the process of providing sufficient regular and professional care to unaccompanied minors in HCHs and at SNBIC institutions. Likewise, facilitating access to treatment homes in the event of psychiatric problems in UAMs would provide more alternatives for social workers to help UAMs more effectively.

Developing a comprehensive educational intervention on some subjects, such as Swedish society and its rules and values, cultural differences, mental health, healthy communication, and the process of residence application, would be helpful to improve the integration of UAMs into society and prevent conflicts.

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