

## Unaccompanied young refugees – from uprooting to resettlement in Norway: The crucial role of schools in enhancing well-being, adaptation and integration<sup>15</sup>

**Lutine de Wal Pastoor**  
**PhD Educational Anthropology,**  
**Senior Researcher**  
**The Norwegian Centre for Violence and**  
**Traumatic Stress Studies (NKVTS)**

### ABSTRACT

This article explores the psychosocial challenges that unaccompanied young refugees face upon resettlement in Norway and how these affect their school functioning. Furthermore, it discusses how schools may support young refugees in dealing with the transitions needed to adjust to their new life situation. Drawing from a qualitative research project based on interviews with students and staff in five secondary schools, the findings suggest that to make schools refugee-competent the teachers need more knowledge and expertise concerning refugee students' challenges and needs. Moreover, multidisciplinary collaboration regarding psychosocial support in and outside school is called for in order to enhance young refugees' well-being, adaptation and integration in school - and in society at large.

### RÉSUMÉ

*Cet article explore les défis auxquels sont confrontés les jeunes réfugiés non-accompagnés après leur réinstallation en Norvège et comment ceux-ci affectent leur rapport à l'école. Il aborde également la question du soutien qui pourrait y être mis en place, devant permettre une meilleure adaptation de ces jeunes à leur nouvelle situation. À l'issue d'une recherche qualitative menée à partir d'entretiens avec les élèves et les équipes de cinq écoles de l'enseignement secondaire, les résultats soulignent que les connaissances et les compétences des professeurs devraient être renforcées afin que*

*l'espace scolaire soit plus adapté aux besoins des jeunes réfugiés. De même, une collaboration multidisciplinaire en matière de soutien psychosocial au sein des écoles mais aussi à l'extérieur permettrait d'améliorer le bien-être des jeunes réfugiés, ainsi que leur adaptation et intégration tant à l'école qu'à la société en général.*

### INTRODUCTION

In the past two decades, the number of minors seeking asylum on their own has steadily increased in Norway. In 1996, less than 100 unaccompanied minors applied for asylum, whereas in 2014, 1,204 unaccompanied asylum-seeking minors<sup>16</sup> arrived (UDI, 2015).

Young people who seek refuge in Norway face a number of challenges related to uprooting, separation, loss and traumatic events before their arrival (Jakobsen et al., 2014) as well as exile related stress generated by the uncertainty of a pending asylum application and the demands of resettlement in a new society. Moreover, the transition from childhood to adulthood is often more complex for unaccompanied young refugees due to a lack of coherence in their life trajectories as well as the challenge of growing up in an unfamiliar society without parental support and guidance (Vervliet et al., 2013). The developmental and psychosocial transitions refugee adolescents experience upon resettlement may lead to mental growth, psychosocial adjustment and inclusion, but may also involve increased vulnerability and risk for maladjustment and exclusion (Niesel and Griebel, 2005).

Studies of young refugees in exile show a high incidence of mental health problems, mostly related to posttraumatic stress disorder (PTSD), and internalising problems such as sleeping problems, concentration problems, anxiety and depression (Fazel et al., 2012; Huemer et al., 2009; Jakobsen et al., 2014; Vervliet et al., 2013). The prevalence of psychological problems turns out to be much higher among unaccompanied refugee minors than among refugee children who come with their family (Derluyn et al., 2008; Huemer et al., 2009).

<sup>15</sup> The issue discussed in this article was part of my paper "Unaccompanied minors in Norway and the other Nordic countries: Issues of policy, practice and research", presented at the OMM seminar in Poitiers, 21st of October 2014. The present article is an adapted English version of my chapter in a Norwegian anthology on the subject of children, violence and trauma (to be published Spring 2016). The leading theme, the psychosocial role of schools in supporting young refugees, is further elaborated in my article in *International Journal of Educational Development*, 41, 2015. This is a more extensive article with a comprehensive analysis and discussion drawing on the sociocultural constructs of 'mediation' and 'mediational tools'.

<sup>16</sup> Through the article, the terms 'minors', 'children' and 'young people' will be used interchangeably in relation to unaccompanied asylum seekers and refugees under 18 years of age on arrival in Norway.

A Norwegian longitudinal study, where the mental health of 75 young unaccompanied refugee minors (under 15 years upon arrival) were examined, both about six months (T1) and two years (T2) after arrival, showed that around half of them struggled with severe symptoms of PTSD, anxiety and depression. On average there was no improvement in symptoms from T1 to T2 (Jensen et al., 2014).

Although unaccompanied young refugees may be vulnerable at times, those who have managed to come to a country of refuge on their own, despite adversity and harsh conditions before and during the flight, are also resourceful young people with a high motivation to succeed in life (Eide and Hjern, 2013; Pastoor, 2013; Watters, 2008). Adequate education and care as well as psychosocial support during the asylum and resettlement phase prove to be of crucial importance for young refugees' mental health and long-term adjustment (Eide and Hjern, 2013; Kohli and Mather, 2003; Mock-Muñoz de Luna, 2009; Montgomery, 2011).

School plays a decisive role in the lives of unaccompanied young refugees, as an arena for learning as well as an arena for socialisation and integration (Pastoor, 2013). Moreover, school is highlighted as a *salutogenic* arena, i.e. an arena promoting young refugees' mental health and psychosocial well-being (Mock-Muñoz de Luna, 2009; Pastoor, 2013, 2015; Rutter, 2003). In a world with increasing international migration, a question of great interest is how host countries' educational systems may promote young refugees' adaptation to and inclusion in an unknown school environment as well as in a new society (Hamilton and Moore, 2004).

Despite several studies documenting young refugees' mental health issues (Fazel et al. 2012; Huemer et al., 2009; Montgomery, 2011), we know little about what the psychosocial challenges faced by unaccompanied young refugees upon resettlement mean with regard to their functioning in everyday life in general and in school in particular (Kia-Keating and Ellis, 2007). There is thus a great need for more in-depth knowledge about this particular topic.

Based on sociocultural and ecological developmental approaches (Bronfenbrenner, 1979; Ungar, 2012; Vygotsky, 1978) as well as interviews with refugee students and teachers, the article will discuss unaccompanied young refugees' psychosocial challenges upon resettlement and how schools may enhance their well-being, adaptation and integration.

## 1. THE NORWEGIAN MIGRATION CONTEXT

In 2014, 11,480 people applied for asylum in Norway. A significant number, more than 10 per cent (1,204)<sup>17</sup> of the asylum seekers were children and young people who arrived alone as unaccompanied minors (UDI, 2015). The term 'unaccompanied minors' refers to children and young people under the age of 18 who arrive in Norway unaccompanied by parents or others with parental responsibility (Ibid.). Only unaccompanied minors who apply for asylum are entitled to institutional care. While the Directorate of Immigration (UDI) has responsibility for the reception centres and units accommodating unaccompanied asylum seekers aged 15 to 18, unaccompanied minors under 15 years of age stay in separate 'care centres' run by the Child Welfare Services.

In the past decade, almost 10,000 unaccompanied minors have come to Norway to seek asylum on their own (UDI, 2015). If the asylum application is approved, the minor obtains refugee status and is granted residence in Norway. After that, the process of resettling the refugee in a Norwegian municipality starts. A resettlement process is always challenging, but even more for unaccompanied young refugees who need to find their way in unfamiliar surroundings without their parents' immediate care and protection. Consequently, they are in a vulnerable situation and are considered to be a group of children and young people who need special support (Fazel et al., 2012; Huemer et al., 2009, Kohli and Mather, 2003). Yet, it has to be emphasised that unaccompanied minors are a heterogeneous group with respect to age, ethnicity, sociocultural background and education as well as individual life experiences. Consequently, they have different needs for care and support.

<sup>17</sup> During the first nine months of 2015, 2,696 unaccompanied minors applied for asylum in Norway, which is about 20 per cent of the total number of asylum seekers during this period.

Upon arrival in Norway, most unaccompanied asylum-seeking minors are between 15 and 17 years of age. The number of unaccompanied minors under 15 years varies somewhat from year to year; in 2014 it accounted for 15 percent. The majority of the unaccompanied minors are male. The last five years the percentage of females has been between 14 and 18%. For several years most unaccompanied refugee minors came from Afghanistan, but in 2013 the majority came from Somalia and in 2014 from Eritrea (UDI, 2015). The unaccompanied young refugees often originate from places where access to formal schooling has been difficult or has been disrupted. Moreover, many of them were subjected to traumatic events before or during the flight. For that reason, most young refugees not only have high educational needs, they also require special attention and support regarding their psychosocial and developmental needs.

## 2. THE NORWEGIAN SCHOOL CONTEXT

Norway has 10 years of compulsory education for children and young people between 6 and 16 years of age. The ten-year compulsory school in Norway comprises two main stages: primary school (grades 1–7) and lower secondary school (grades 8–10). The Norwegian Education Act (1998) states that ‘all’ young people aged 6-16 years who are expected to stay in Norway longer than three months have a right and an obligation to attend primary and lower secondary education. This means that also asylum seeking and undocumented minors under 16 years old are entitled to free compulsory education.

Students who have completed compulsory primary and lower secondary education are entitled to upper secondary education leading to general university and college admissions certification or to a vocational qualification. However, this only applies to students with a residence permit. Previously, asylum seeking minors aged 16 years and older were not entitled to upper secondary education. In 2014, however, the Education Act (1998) was amended. Young people under 18 years who reside legally in Norway due to a pending

application for asylum or residence permit on other grounds are entitled to both lower and upper secondary education when it is likely that they will be in Norway for more than three months. Students turning 18 during the school year are allowed to complete the school year started (section 3-1, Education Act).

Upper secondary education consists of either a general studies programme lasting three years, or a vocational studies programme involving apprenticeship which lasts four years in total. Young refugees over compulsory school age (16 years and older) who have not completed Norwegian compulsory school or its equivalent need to follow a ‘condensed’ compulsory school programme, equal to lower secondary school (1-3 years), under the auspices of Adult Education<sup>18</sup>. This educational provision was initially organised to offer adults who had dropped out of compulsory school a second chance to complete their schooling, but nowadays most students are newly arrived minority young people. Some larger municipalities offer a compulsory school programme merely for language minority young people targeting adolescents and young adults with short residence in Norway. It is a significant challenge for Norwegian schools to offer appropriate education to these so-called ‘late-arriving students’, that is, language minority students with little previous schooling arriving in Norway in their late teens.

Minority students who themselves have emigrated to Norway, and particularly non-Western male immigrants, have a high dropout rate, i.e. 50 to 60% respectively, when they first enter Norwegian upper secondary education. Especially in vocational education and training (VET) the dropout rate is very high (Pastoor, 2013; SSB, 2015). Adolescents who do not complete upper secondary school or vocational *training* may have difficulty entering the labour market in Norway (SSB, 2015).

The causes of school dropout among minority young people may include educational, socioeconomic and cultural factors (Pastoor, 2013). However, regarding young people from a refugee background, the challenges concerning mental health and well-being may also

<sup>18</sup> Adult Education, i.e., education and training organised especially for adults, is regulated by section 4A of the Education Act (1998).

have an impact (Mock-Muñoz de Luna, 2007; Pastoor, 2015; Ryding and Leth, 2014). It may seem paradoxical that even though most refugee students initially show high motivation to succeed in school, many fail to complete upper secondary education. Consequently, it is important to gain a deeper understanding of why this happens and how young refugees can be supported to reach their full potential in school.

### 3. THEORETICAL FRAMEWORK: PSYCHOSOCIAL TRANSITIONS AND THE SOCIAL ECOLOGY OF RESILIENCE

Traumatic events, disruption, loss and insecurity that were part of young refugees' experiences before and during the flight, may affect their mental health and well-being for a long time to come. Moreover, the uncertainty in the asylum phase as well as finding one's way in a new country can cause a great deal of stress. During resettlement, unaccompanied young refugees' psychosocial well-being is affected by the close interplay between the psychological aspects of past and present experiences as well as their interaction with others in their new social and cultural environment.

#### 3.1 - Psychosocial transitions

The resettlement phase may be regarded as a liminal period in a refugee's integration process, a transitional phase between separation (being an outsider) and incorporation (being an insider). In this critical phase young refugees experience a number of 'psychosocial transitions' (cf. Bronfenbrenner, 1987; Hamilton and Moore, 2004; Niesel and Griebel, 2005; Pastoor, 2013, 2015). A successful transition requires a process of psychological and developmental restructuring on the inner plane (cf. internalisation, Vygotsky, 1978) to gain a better understanding of the new life situation and oneself.

During resettlement, young refugees need to go through several psychosocial transitions in order to come to terms with themselves, their traumatic past and their new environment. Three transitional processes

that are crucial with regard to young refugees' school functioning are:

- A '(re)socialisation process', i.e. the development from childhood to adulthood, a process of acquiring the knowledge, skills and norms of the society one is part of;
- A '(re)integration process', i.e. the sociocultural adaptation to life in a new society with different linguistic, social and cultural demands for interaction and inclusion;
- A 'rehabilitation process', i.e. the mental recovery and restoration of meaning after traumatic pre-migration experiences, as well as dealing with post-migration demands and stressors.

The critical transitions that unaccompanied young refugees have to face when they resettle can at times be quite demanding, especially because they do not have parents to rely on. Nevertheless, with support and guidance from other significant adults that young refugees interact with, such as teachers, social workers and guardians, these transitional processes can lead to development, mastery and resilience (Antonovsky, 1987; Bronfenbrenner, 1979; Masten et al., 2008).

#### 3.2 - The social ecology of young people's development, mastery and resilience

The adopted sociocultural perspective (Vygotsky, 1978) implies that children's learning and development is not merely seen as an individual process but as an assisted process where young people become involved in interaction with – and get support from – more competent members of society. Furthermore, Bronfenbrenner (1979, p. 29) defines the social ecology of human development as "the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings and by the larger contexts in which these settings are embedded".

The concept of development applied in this article in relation to the critical transitions young refugees have to manage, is in line with Bronfenbrenner's (1979, p. 3) definition of development as "a lasting change in the way in which a person perceives and deals with his environment". As the transitions in the resettlement phase involve an intensified development that may entail both mental and emotional stress, it also may lead to increased vulnerability (Niesel and Griebel, 2005). The ability to deal with critical transitions and long-term stress is often referred to as *resilience*. Resilience stands for positive psychosocial adaptation and development of children and adolescents who are experiencing or have experienced stressful life events and adversity (Niesel and Griebel, 2005; Masten et al., 2008; Ungar, 2012).

Developing resilience is not only the result of a child's individual characteristics but depends also on relational and environmental factors. Children's life situation and their interaction with others have implications for how they develop and master the challenges they meet (Bronfenbrenner, 1979; Ungar, 2012; Vygotsky, 1978). Refugee children and young people may thus be vulnerable at a particular time in life but can show resilience when their living conditions change. Collaboration between settings in which the resettled young refugees participate is of great importance for developing mastery and resilience (Bronfenbrenner, 1979; Masten et al., 2008; Ungar, 2012).

Antonovsky's (1987) 'salutogenic' approach, emphasising factors that promote health and well-being, supports much of contemporary resilience research. To be able to succeed in life despite anxieties and uncertainties, it is essential to experience life as a coherent entity. People's 'sense of coherence' consists of three components: comprehensibility, manageability and meaningfulness (Antonovsky, 1987). Schools may function as salutogenic arenas by mediating a sense of coherence in the lives of young refugees through activities that contribute to

restoring safety and predictability as well as promote meaning and understanding (Betancourt and Khan, 2008). In order to achieve this, young refugees need support and guidance from competent adults and peers in the school setting.

#### 4. THE STUDY

The present study draws on the school dataset from the FUS project (2010–2015)<sup>19</sup>, a qualitative research project carried out by the Norwegian Centre for Violence and Traumatic Stress Studies. The project was approved by the Norwegian Data Inspectorate (NSD).

The FUS study's objective is to study the resettlement experiences of unaccompanied refugee minors with a particular focus on their schooling. It aims at getting a better understanding of young refugees' own experiences, needs and desires regarding education, care and support. Moreover, the study intends to increase the involved professionals' awareness of young unaccompanied refugees' complex educational and psychosocial needs. The study adopted a qualitative, ethnographically oriented, case-study design, based on interviews and participant observation in schools and group-homes for unaccompanied young refugees in three municipalities.

The article is based on the FUS project's school dataset<sup>20</sup> which consists of qualitative, semi-structured interviews with young refugee students ( $n = 40$ ), and the school staff involved ( $n = 25$ , i.e. 14 teachers, 8 school counsellors, and 3 heads of department)<sup>21</sup>. Five schools participated; four of them offered the adapted compulsory school programme (equivalent to grade 8-10 in lower secondary school), while one was an upper secondary school. Two-thirds ( $n = 26$ ) of the refugee students interviewed attended the compulsory school programme, while the remaining 14 attended upper secondary school.

<sup>19</sup> Unaccompanied refugee minors resettling in Norway, focusing on education, accommodation and care provisions (FUS): <http://www.nkvt.no/en/Pages/ProjectInfo.aspx?prosjektid=1265>. Through the support of Save the Children Norway, the FUS project was granted Extra funds from the Norwegian Foundation for Health and Rehabilitation. Furthermore, the project received financial support from the Directorate of Integration and Diversity (IMDi).

<sup>20</sup> In addition to the author who initiated the FUS project, three Master's students – Toril Hjorthol, Silje Kjørberg Hernes and Kristina Hegland – participated in the school data collection. Special thanks go to them for their contributions to the data collection of the school study. The author alone is responsible for the content and writing of the present paper. Furthermore, I greatly appreciate the trust and generosity shown by the refugee students and staff at the participating schools.

<sup>21</sup> Additionally, a school psychologist from the municipal Educational-Psychological Services and a psychiatric nurse from the municipal Refugee Agency, who were affiliated with two of the participating schools, were interviewed.

The young people interviewed were refugees between 16 and 23 years of age, who had been granted residence and were resettled in a Norwegian municipality. However, all of them were under 18 years upon arrival in Norway. Of the 40 refugees interviewed, 32 were male and 8 were female. These numbers correspond to the gender distribution of arrivals at the time of the data collection. Also the young refugees' ethnic background was consistent with the arriving unaccompanied refugees' country of origin. The majority, 60%, originated from Afghanistan (24), followed by Somalia (6), Eritrea (2), Ethiopia (2), Iraq (2) Iran (1), Chechnya (1), Nigeria (1), and Zimbabwe (1).

## 5. PSYCHOSOCIAL CHALLENGES, SCHOOL FUNCTIONING AND THE ROLE OF SCHOOLS

Although most young refugees are motivated students having high aspirations, it turns out that their learning outcomes are significantly lower than Norwegian-born minority students and ethnic Norwegian students' outcomes (Pastoor, 2013; SSB, 2015). It requires more than motivation and aspirations to succeed in Norwegian school (Markussen et al., 2011).

Unaccompanied young refugees face several challenges when they enter Norwegian school. Having to learn a new language, new subjects and a new school culture can be quite demanding (Pastoor, 2013). Moreover, the interviews with the unaccompanied young refugees and their teachers disclosed that psychosocial challenges had an impact on students' well-being and school functioning. The psychosocial challenges the refugee students recounted represent two categories involving different needs for help and support. The first category can be seen in the context of being 'an unaccompanied minor', the second category involves challenges related to being 'a refugee'.

The findings below are presented in line with the two categories of challenges the interviewed unaccompanied refugee minors experienced.

The first section present the challenges related to being an unaccompanied minor, where the school's role regarding refugee students' socialisation and integration are discussed (Section 6.1), the second section presents the challenges associated with being a refugee where the school's salutogenic potential is highlighted (Section 6.2). Both sections consist of an introduction first, which is succeeded by a presentation of the findings illuminated by interview excerpts, and then followed by a discussion of the findings. The interview excerpts selected and analysed are not intended to be comprehensive – neither alone nor collected. The intention is rather to demonstrate the various psychosocial challenges the unaccompanied young refugees face upon resettlement and how they are dealt with in school.

### 5.1 - Being an unaccompanied minor: "I need someone who can tell me what to do ..."

Adolescence can be understood as a transition phase from childhood to adulthood, a time where young people prepare themselves to become independent members of society. During adolescence, young people have to make fundamental decisions regarding their future, such as the choice of further education and occupation (Rutter, 2003). Since unaccompanied young refugees do not have access to parental guidance in this crucial phase of life, they are more dependent on help from other competent adults. Furthermore, refugee young people, like all other young people, may need monitoring by adults to meet everyday challenges, like getting to school on time, for example.

Several of the young refugees told in the interviews that they were suffering from nightmares and sleeping problems. Frequent sleep loss affected their ability to fully engage in school life, as illustrated by the story of Saeed<sup>22</sup>, a 19-year-old refugee from Afghanistan. Saeed tells that the three-month-long journey to Norway he made all alone as a 15-year-old was extremely difficult. After having lived in various reception centres, Saeed was granted asylum when he was 17 years old. He was offered residence in one of Norway's largest cities

<sup>22</sup> To protect their anonymity, the pupils and the staff members have been assigned fictitious, yet ethnically distinctive, names.

where local Child welfare authorities placed him in lodging on his own. At the time of the interview, Saeed attends the final year of the compulsory school programme. In the interview, Saeed explains that he often has problems getting up in the morning because of his sleeping problems:

*“Sometimes<sup>23</sup> ... many times there is a problem, a well-known problem too. When I go to bed at night I cannot sleep. When I lie down at eleven or half past eleven, my eyes are closed but I feel awake, wide awake (...) When it is morning, my head really hurts, and I can hardly get up (...) I don't want to go to school. I think if I go there, I will not understand anything, so it is better for me to be at home”*

Furthermore, Saeed revealed that some time ago, he had been very concerned about some close relatives who were in serious trouble. He had felt sad and depressed, which resulted in frequent absence from school. Saeed had expected that his teachers might ask him what was going on, but no one had asked why he had not been at school or why he was distracted during school hours.

*“Interviewer: So you would have liked it if someone had asked how you were doing and had talked with you?”*

*Saeed: Yes, to be able to know what is going on and maybe showing me the way. Because when you are sad or come here alone, you do not know what to do, do you? You need a person to show the way.*

*Interviewer: And do you think that might be a teacher?”*

*Saeed: Yes, I might suddenly choose the wrong way, isn't that it? I need someone who can tell me what to do, as I have no parents. Someone who can say do 'such and such'”*

When unaccompanied young refugees' need for support and guidance neither is seen nor met, it may not only be upsetting, it may also have a detrimental effect on their self-esteem and their confidence in being able to manage the challenges they meet (cf. 'manageability', Antonovsky, 1987).

An experience of inadequacy can weaken the young refugee's academic and social involvement in school, which may make their schooling situation develop from bad to worse.

One of the teachers, Karin, teaching at the same school programme that Saeed attended, reported that several of her students had problems getting to school in the morning. Then, Karin and some of her students agreed on a coping strategy to resist the temptation to stay at home

*“Karin: I definitely get involved in the private lives of my students, perhaps more than I would have done otherwise. So I asked him, 'What is it that makes you not go to school?', and he answered, 'Yes.., no..'. I asked the same question to this girl who cannot sleep at night, is crying and terribly depressed. So we made a deal, a joint agreement that they should not decide that they were ill before they got up, had taken a shower and eaten breakfast, unless they actually had a fever.*

*Interviewer: Did it work?”*

*Karin: Yes, he is at school much more [laughs], and the same applies to this girl. It was rather sweet, one of the first times she did not come to school I got a text message: 'I have done everything you said Karin but I am still not able to come to school'”*

While Saeed's teachers had not asked why he was absent from school, Karin asked her students what was their reason for not going to school. Then, she tried to support them by teaching them a coping strategy. Like Karin, several other teachers interviewed often found themselves in a role going beyond the narrow meaning of teaching as primarily transmitting school knowledge, since they also mentored students by means of “(...) advice and authority, praise for achievement, understanding their experience before and after flight, help in conflict resolution, further education and career advice. (...) This will require time and patience and may require teachers to step outside their role” (Rutter, 2003, p. 167).

<sup>23</sup> The interview excerpts in this article are translated from Norwegian into English by the author. The interviews are transcribed verbatim. Transcription conventions: ..., ... indicate short pauses; (...) indicates that some text has been left out from the excerpt; [text] indicates additional information.

The question is, however, whether teachers have 'to step outside their role', or whether being a teacher can be (re)defined to include being a counsellor and a guide. A comprehensive understanding of the teacher's role would allow teachers to be significant adults in refugee students' lives. In order to prepare young refugees for their life in Norway, it is crucial to educate the 'whole' refugee student, especially because so many young refugees have missed several years of secondary socialisation as a result of the many disruptions in their lives. Furthermore, there is often a significant discontinuity between the knowledge, values and norms that the young refugees have acquired during primary socialisation in their home country and those conveyed in Norwegian schools. The socialisation process in school, involving the acquisition of skills fundamental to active participation in Norwegian society, also represents an integration process for unaccompanied young refugees.

Daniel, Head of Department at one of the compulsory school programmes, emphasised in the interview that particularly the students in the lowest grades have a great need for support and guidance, both academically and socially:

*"They have ... our experience is that they have very large social needs. Very much need for contact with adult figures and guidance in relation to social codes: 'Do's and don'ts in the Norwegian society'. Hence, there are extensive social needs"*

It is of vital importance that both school teachers and counsellors get the opportunity to meet unaccompanied young refugees' substantial need for guidance and support. Being able to make young refugees' new life circumstances more comprehensible and meaningful will strengthen their ability to manage the required transitions which in turn will sustain resilient development and psychosocial adaptation (Antonovsky, 1987; Ungar, 2012).

## 5.2 - Being a refugee: "Often carrying with them a psychological burden in their baggage"

In several international studies, school is highlighted as a salutogenic arena, i.e. an arena that promotes refugee students' mental health and well-being (Fazel et al. 2012; Kia Keating and Ellis, 2007; Mock-Muñoz de Luna, 2009; Montgomery, 2011, Rutter, 2003). Furthermore, school attendance contributes to daily routines and predictable activities, which create a secure and stabilizing framework around refugees' everyday life (Pastoor, 2013).

Most unaccompanied young refugees participating in the present study expressed both joy and gratitude about the opportunity to go to school. Moreover, the social aspect, being together with peers was often emphasised. Although many of them said they managed fairly well in school, several of the refugee students as well as their teachers told that psychological and emotional<sup>24</sup> difficulties interfered with their school functioning. On the other hand, some of the young refugees told that feelings of being lonely and upset were less prominent when they were at school.

Also Daniel, the Head of Department, highlighted the school's health-promoting qualities, and emphasised that many refugee students cope rather well in school even if they are struggling with mental problems:

*"School, going to school, it's in itself positive, as it is offering structure in everyday life. (...) And that will be beneficial for all students of course, but perhaps especially for those who carry a heavy mental load"*

The story of Faiz, a 20-year-old refugee, may provide some insight into how heavy mental 'baggage' can impact school functioning. During his childhood Faiz moved much back and forth between Afghanistan, Iran and Pakistan. After he had lost both parents, he lived with various relatives and never had a chance

<sup>24</sup> The term 'emotional difficulties' refers to psychological difficulties that have an internalising character, for example, sadness or anxiety (Idsøe & Idsøe, 2012).

to attend school. When Faiz was 16 years old he embarked alone on a seven-month-long journey to Norway, which was fraught with many hardships, both physically and mentally. In the interview, Faiz disclosed that he suffers from nightmares and sleeping problems and often has problems concentrating at school due to uncontrollable distressing thoughts:

*“These thoughts just come automatically, I cannot control them. They just come automatically, feeling sad. I cannot talk, I cannot write, I just sit there. I sit in the classroom or I draw when I feel sad, just draw on the table, on paper and suchlike”*

Experiencing recurrent involuntary thoughts and images from memories of traumatic experiences is a symptom of PTSD. Trauma-related memories often have a vivid perceptual content, which makes them very distressing and difficult to dismiss. According to Faiz, it can be difficult to perform well in class as he is unable to concentrate for long periods of time due to the intrusive thoughts he experiences. When feeling restless, he often leaves the classroom. Faiz has told some of his teachers about his problems and while some show understanding not all appreciate his way of dealing with distress. One of his teachers reminded him every day: *“Come to school and study hard, your education is free in Norway. If you want to sleep and relax here, many others can take your place”*.

It may be difficult for a teacher to detect a student who is distracted due to involuntary intrusive memories. The teacher may discover that the refugee student failed to complete a task, but may ascribe it to an intentional poor effort from the student. To be able to give young refugees adequate support, teachers need to have an understanding of the problems refugee students may struggle with. It seems that neither Faiz nor his teachers knew how to actively cope with the problems he experienced. This may bring about feelings of failure as well as not fitting into school. For refugees like Faiz, who have experienced recurrent uprooting, it is of fundamental importance to develop ‘a sense of belonging and connection to school’ (Antonovsky, 1987; Kia-Keating and Ellis, 2007), which may be transmitted through supportive interaction with teachers and peers.

Previously, we learned how the teacher Karin supported her students by teaching them a coping

strategy that enabled them to come to school despite sleeping difficulties or other problems. Nevertheless, Karin admitted during the interview that she did not know how to approach and support students suffering from traumatic stress:

*“I do not ask them, because I am very much afraid of picking at traumas, I am not a psychologist or psychiatrist. I cannot. So I must admit that I ask very little, and especially I try to avoid asking those unaccompanied refugees”*

Moreover, Karin told that concerning a refugee girl who frequently came to her distraught in tears, she eventually contacted the school psychologist. However, in an interview with the school psychologist, he admitted he knew very little about the problems refugee students struggle with – his specialty was assessing learning disabilities. Karin asserted that neither the school psychologist and the school health services, nor the child and adolescent psychiatry outpatient clinic she had referred students to, reported back to her due to their duty of confidentiality. But sometimes she asked her students, *“Are you still talking with him or her?”*. Also other staff members expressed that the collaboration with the various providers of mental health services was unsatisfactory and that they perceived students’ access to specialist help outside school as inadequate.

Head of Department Daniel recounts in the interview that it is very difficult for his students to get ‘any help’ when it comes to psychiatric services:

*“And these are students who have been mentally unstable; these are students who obviously have problems with ... maybe posttraumatic stress ... who do not function in everyday life, who do not function in school. They function very poorly. But school cannot just send a referral to ... to a DPS [District Psychiatric Centre], for example. This is something a student has to do himself, hasn’t he, or a regular general practitioner. But the student himself says ‘I get no help and now I’m desperate. And I know that if I take a knife and start to stab people (...), then I get help”*

The psychological and emotional difficulties several of the unaccompanied young refugees struggle with, and which may cause academic, social and behavioural

problems, must be taken seriously and followed up by providing assistance and support in and/or outside school. Sometimes support and encouragement from an understanding teacher may be enough, other times more help is needed – perhaps significantly more.

The school study shows that most teachers do the best they can within the available limits, but they neither have sufficient knowledge nor competence regarding the mental health problems the refugee students struggle with and how these affect their learning and behaviour. Most teachers are either not familiar with the symptoms or are unsure how to handle them. The role of the teacher should not entail being a therapist, but knowing when to refer young refugees for additional services. However, the study showed that there are no effective support structures in the school system for facilitating identification, monitoring and referring students. It was mainly up to the individual teacher or counsellor to take action – or not.

Access to a well-functioning school health service, which could be a readily available facility for refugee students as well as other students, proves to have low priority in most Norwegian municipalities. The report *Health on children's own terms* (Ombudsman for Children, 2014) points out serious deficiencies in the current school health provisions and it particularly mentions refugee children: "Children from a refugee background often carry with them a psychological burden in their baggage. Too many remain unnoticed, and the health services they need are fragmented and little accessible" (p. 6, my translation).

To provide young refugees with the vital help and support to cope with psychological and emotional distress requires better access to primary and specialist health services as well as enhanced cooperation between school and relevant health services. A closer collaboration between school staff and professionals from other arenas young refugees participate in – for example, staff in group-homes, child welfare workers and guardians – could also improve refugee children and adolescents' opportunities to cope with the psychosocial challenges they face upon resettlement (cf. Bronfenbrenner, 1979; Masten et al., 2008; Ungar, 2012). A multidisciplinary health-promoting collaboration presupposes interaction and dialogue at various levels, where also the young refugees themselves must be heard and listened to.

## 6. GENERAL DISCUSSION: THE DECISIVE IMPORTANCE OF A REFUGEE-COMPETENT SCHOOL

The purpose of this paper was twofold. Firstly, it aimed at exploring the psychosocial challenges unaccompanied young refugees have to face upon resettlement and how these affect their school functioning. Secondly, it wished to discuss how schools may support young refugees mastering the critical transitions experienced and thereby promote their psychosocial as well as their academic functioning in school.

School may play a crucial role in the lives of unaccompanied young refugees who have to find their way in Norway without parental support. Attending school can contribute to the rehabilitation and (re)integration of resettled young refugees by offering them a positive and inclusive environment enhancing learning and development as well as psychosocial adaptation.

However, the study demonstrated that the psychological and emotional problems many young refugees struggle with, affecting their well-being as well as their school functioning, are not followed up sufficiently in the school system. This is because the teachers lack knowledge and expertise about the psychosocial challenges refugee students meet and the schools do not have appropriate support systems to ensure follow-up and/or referral of refugee students who are struggling with mental problems. However, not all young refugees want to talk about their problems, either because they do not want to bother others with their difficulties or because they may not be willing to disclose themselves to people they do not know well. Therefore it is important that they get the opportunity to talk with competent adults they can trust, like teachers, for example (Pastoor, 2015). If refugee students' problems are overlooked, it can lead to withdrawal and school absences, which could aggravate their problems. This may then lead to a vicious circle, where the negative 'coping strategy' becomes part of the problem.

A recently published Danish school report about the mental health and well-being of students from traumatised refugee families (Ryding and Leth, 2014), uses the term 'conspiracy of silence' regarding not seeing or hearing about refugee students' psychological stresses. The 'conspiracy' referred to, is the result of

the teachers' lack of expertise to detect symptoms of stress as well as the refugee students' strategy to hide them from the teachers because they want to be like other 'normal' children and young people. Moreover, it is pointed out that the lack of attention to young refugees' mental health also may be due to the fact that within Danish research most refugees are examined within the larger group of immigrants. This may well apply to Norway too. One of the reasons for carrying out the FUS study was to gain better knowledge of how young refugees are looked after, both in and outside school, as well as to increase the involved professionals' awareness of young refugees' complex educational and psychosocial needs.

It is important to remember that the challenges that young refugees face in Norwegian school are not necessarily comparable with the challenges that minority students in general encounter in school. Unaccompanied young refugees constitute a group of minority students in a particularly vulnerable situation, which are more prone to dropping out of school than minority students who have grown up in Norway. This is due to the following risk factors: (1) short residence in Norway; (2) no, little or incomplete formal schooling; (3) being alone in Norway without parents and established social networks; (4) lack of knowledge about Norwegian society and culture, including school culture; (5) traumatic pre-migration experiences as well as exile-related stress.

These risk factors may result in both academic and psychosocial problems in school and may ultimately lead to school dropout, if young refugees' need for additional support is not acknowledged in the school system.

Moreover, it is important to underline that refugee adaptation is a mutual process. It is not only refugee students who have to adapt to the educational and sociocultural requirements of Norwegian schools. Likewise, Norwegian schools, including the broader ecology involving local and national education authorities, need to actively support resettling refugee students' adaptation to life in a new society. With that in mind, Norwegian schools have to be aware of their educational as well as their psychosocial role in their encounter with refugee students and develop the competencies needed to become a 'refugee-competent' school.

Schools should be allocated the necessary resources to strengthen teachers and other staff's competence concerning refugees' psychosocial and mental health challenges. It is important that teachers have adequate knowledge of how experiences of war, flight and exile may affect young refugees' well-being and everyday functioning. More knowledge about how trauma disorders and psychosocial problems may affect learning would contribute to teachers feeling more confident to ask and act. In this way, teachers can both detect problems and facilitate follow-up, either in class, in school or beyond, in cooperation with others.

School classes with newly resettled refugee students should not be too large, so that teachers have the opportunity to support and guide them during the initial phases of the resettlement and integration process. Furthermore, it is important to have clear rules and procedures in connection with classroom instruction, as predictability creates security for students with mental and emotional difficulties (Idsøe and Idsøe, 2012). In order to be able to create a good psychosocial environment in the classroom and to adapt the curriculum, the teacher must have knowledge of individual refugee student's learning abilities too. It is thus important that teachers can set aside time for talks with individual students about their needs and resources.

Much primary prevention work concerning young refugees' mental health and psychosocial challenges can be done in the school context (Fazel et al., 2012; Kia Keating and Ellis, 2007; Ryding and Leth, 2014). Schools can offer students psychoeducation, so they can learn to deal with the mental and emotional problems they are experiencing. School-based group interventions, with a less individual focus, may be a good option too, since not all refugees appreciate personal talks with a school nurse or a psychologist (Pastoor, 2015). Joint activities such as creative expression workshops, for example, have shown to enhance young refugees' sense of belonging and connection to school, which in turn has a positive effect on their mental health and psychosocial adaptation (Kia Keating and Ellis, 2007). Students who identify with and are engaged in the school they attend are also more likely to complete schooling (Markussen et al., 2011).

## 7. CONCLUDING REMARKS

In today's world, with large numbers of young people and children on the move, schools may expect highly diverse groups of students and, among these, many from refugee backgrounds. Teaching refugee students is already part of many Norwegian teachers' everyday reality in the classroom. A 'refugee-competent' school is therefore more important than ever.

Making schools refugee-competent is of crucial importance for young refugees' well-being, development and learning, and in line with both national laws and international obligations Norway has. According to the Norwegian Education Act (section 9a-3), schools shall promote a good psychosocial environment in which students can experience both security and a sense of belonging at school. Furthermore, according to the United Nations Convention on the Rights of the Child (UNCRC, 1989), which was incorporated into Norwegian law in 2003: "States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. *Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child*" (UNCRC, article 39; emphasis added).

A refugee-competent school strives to create a learning environment in which refugee children and young people's need for rehabilitation and reintegration is recognised as well as is taken care of in a way that enhances their 'health, self-respect and dignity' and resilience. By being refugee-competent schools can make a decisive difference to young refugees who need to find their place in Norwegian schools as well as in Norwegian society.

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