“I just want them to feel safe, unfortunately, it’s not always as easy as it sounds”
- A qualitative study highlighting the experience of working in accommodations for unaccompanied refugee minors

Fredrik Segerberg
Abstract

In the last couple of years there has been an immense increase in the number of unaccompanied refuge minors seeking asylum in Sweden. These minors share one thing in common; they have all abandoned things they hold dear in pursuit of a better life. The majority of them are placed into residential care homes, accommodations where they are aided and cared for by personnel. Unfortunately, there is a lack of research regarding how these personnel experience their work. With help of the method grounded theory and interviews, I investigate their working situation and their role in these homes. All participants agree that their primary role and task are to establish a feeling of safety amongst the minors, however, organizational aspects can hinder this process. Organizational aspects are also key factors that have to be adequate in order for the personnel to increase their professional knowledge. By including the framework resilience therapy and comparing this to my result, I put my study in a bigger context, suggesting that if the minors are capable of feeling safe, they will also develop skills that increase their wellbeing throughout their lives.

Keywords: personnel, residential care homes (RCH), unaccompanied refugee minors, a feeling of safety, organizational aspects, grounded theory
Preface

The process of writing this thesis has been inspiring, rewarding and fun as well as frustration and demanding. There were a few moments when I questioned everything I had done or even if I was on the right track. Luckily, my participants showed me how important and relevant my task was and that gave me extra energy when I needed it. Big thanks to all of you and for sharing your stories, reflections and thoughts.

I also want to take this moment and show my most humble gratitude to my supervisor, Ildikó Asztalos Morell, for giving me support, feedback and critic when I needed it the most. Your words of inspiration made this thesis better than I hoped for.

Västerås, September 2016

Fredrik Segerberg
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1. Introduction

There has been an immense increase in the number of immigrants and refugees seeking safe havens and settlements within the European Union (EU) the last couple of years. More than 1 300 000 individuals applied for asylum in August 2015. The same time 2014, this number was approximately 650 000, indicating a doubling between these years and in August 2013, this number was 420 000 (European Commission, Eurostat - statistics explained, 2016).

These individuals are seeking a living in EU due to complex and overlapping reasons; they seek entry in European countries in order to build or rebuild a normal life that isn't characterized by political or economic turmoil, conflicts or persecution (Banulescu-Bogdan & Fratzke, 2015, 24 September). A great deal seeks retreat in adjacent countries, however, many of these countries have implemented strict border controls and regulations, thus forcing individuals to head to countries far away within EU (ibid.). Unfortunately, the way into EU is not an easy one and they are forced to find illegal ways into it. The majority buys themselves a ticket on one of the inadequate and overcrowded trafficking boats that will take them over the Mediterranean. Between January and September 2015, more than 350 000 people travelled in these boats (ibid.), resulting in more than 2600 drowning’s (Kit, 2016).

The increasing flow of refugees coming into EU of course results in higher numbers of asylum seekers in Sweden.

Graph that illustrates the number of individuals seeking asylum in Sweden from 2013-2016

(Migrationsverket, 2015a)

Of these 160 000 asylum seekers in Sweden 2015, 35 369 were unaccompanied refugee minors (Migrationsverket, 2015b) i.e. individuals who are under the age of 18, unaccompanied by any parents, relatives or equivalent guardians (Migrationsverket.se) and fulfill following criteria’s for being a refugee:

“Someone who’s "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country.” (The 1951 Refugee Convention, cited in UNHCR, 2016).
Following table illustrates the amount of minors that applied for asylum in Sweden 2015.

<table>
<thead>
<tr>
<th>Age</th>
<th>Girls</th>
<th>Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 years</td>
<td>157</td>
<td>155</td>
<td>312</td>
</tr>
<tr>
<td>7-12 years</td>
<td>421</td>
<td>1 830</td>
<td>2 251</td>
</tr>
<tr>
<td>13-15 years</td>
<td>1 057</td>
<td>14 181</td>
<td>15 238</td>
</tr>
<tr>
<td>16-17 years</td>
<td>1 212</td>
<td>16 356</td>
<td>17 568</td>
</tr>
<tr>
<td>Total</td>
<td>2 847</td>
<td>32 522</td>
<td>35 369</td>
</tr>
</tbody>
</table>

(Migrationsverket, 2015b)

We can see that the majority of these minors were boys; out of the 35 369, there were 32 522 boys. The age of these minors differed to some extent, but the highest proportion were between 13-17 years. Of these 35 369 minors, 22 859 applied for asylum in September (4 712), October (9 339) and November (8 808), indicating a huge increase since August (2 959) and the months before, January-July (6 334). Although these minors come from different countries, the majority of them come from Afghanistan (23 480), Somalia (2 058), Eritrea (1 939) and Iraq (1 097) (Migrationsverket, 2015b). In 2015 there were 3 076 unaccompanied refugee minors that got permit to stay in Sweden whilst 426 minors were declined to stay (Migrationsverket, 2015c.). These last numbers gives you an idea of how many minors there still are in Sweden waiting for their application to be dealt with.

These minors, who are bearers of horrible stories that often includes prosecution, abandonment, loss and deaths are divided and placed into different accommodations with personnel working to support and care for them. The personnel handle these situations, minors and aspects of their work life differently, but what they have in common are that they face various minors with different experiences and life stories out of the ordinary. How they handle their work situation and their role at these homes is what I intend to highlight.

Following sections will elaborate on this profession and their responsibilities, but first I describe the different procedures the minors have to go through here in Sweden, their situation in general and the different institutions that are responsible for including them in society.

1.1. Being an unaccompanied refugee minor

The process of being an unaccompanied refugee minor in Sweden

In Sweden, if you do not qualify for being a refugee minor, you are being tested for being in need of “subsidiary protection” (alternativt skyddsbehövande), “otherwise in need of protection” (övrigt skyddsbehövade) or for having “particularly distressing circumstances” (synnerligen ömmande omständigheter). In order to qualify for a subsidiary protection, you need, according to 2 § 4 chapter Utläningslagen (Utl, SFS 2005:716) to be situated outside your country of origin due to a fear of returning home, based on beliefs that you would be exposed to capital or corporal punishment, torture or other inhumane treatment and being neglected necessary protection in that country. If you do not meet these criteria’s, you are being tested against the criteria’s of “otherwise in need of protection”. According to 2a § 4 chapter Utl (SFS 2005:716), you qualify for this if you are situated outside your country of origin due to inner or outer-armed conflicts, other oppositions or environmental disasters and when your country cannot give you necessary protection. If none of these alternatives have been met, your only chance to stay is if you have “particularly distressing circumstances” which
makes it impossible for you to go back and have a decent life in your country. This assessment takes the individual's state of health, assimilation to the new country and the situation in the country he/she fled from into account (6-7 § 5 chapter UtlL, SFS 2005:716).

As you see there are different criteria’s to be met and not all of them gives you the genuine refugee status. I will however call all these categories for refugees in this thesis.

Whilst the minors application is being tested, the Migrations Board, which is also the first agency refugees face arriving in Sweden, delegates them to different municipalities which are responsible to care and house them (Migrationsverket.se).

The minors’ situation and wellbeing
The process of waiting for your application to be tested is in itself often protracted and leaves the minors in a state of “not-knowing” about the future. In order to grasp the minors perceived health, Huemer, Niranjan, Voelkl-Kernstock, Granditsch, Granita, Max and Steiner (2009) conducted a systematic review regarding the subject. The review showed that unaccompanied refugee minors have a higher degree of PTSF-syndromes than “ordinary” minors (2009). These symptoms derive from the situations and experiences they have gone through and, to name a few, results in feelings of guilt for abandoning their family, friends and country as well as feelings of helplessness to the situation and that they have lost contact with themselves and the surrounding world (Waddington, Ampelas, Mauriac, Bronchard, Zeltner & Mallat, 2003).

Kohli (2007) published a book that highlights the work with unaccompanied refugee minors in the UK and he states that the minors often had to abandon everything that was safe and familiar to them without the opportunity to have a proper goodbye, thus being neglected the opportunity for much-needed closure (2007). A study published in the UK showed that these minors, besides going through traumas from abrupt abandonments, also can get it from the fact that they witnessed violence, torture or loss of family members as well as the stressful journey they had to go through in order to arrive at the new country (Fazel & Stein, 2002).

A Dutch case study examining the health amongst accompanied and unaccompanied refugee minors shows that there are a significant higher proportion of unaccompanied minors that experience psychological symptoms and distress than minors that are accompanied by their family members or relatives (Pinto Wiese & Burhost, 2007).

Furthermore, a qualitative study from Sweden, by Wernesjö (2004), aimed to shed light on unaccompanied refugee minors’ feelings of belonging and sense of home. Interviews showed that they constantly have to make an effort in order to be accepted in society. The term immigrant/refugee seems almost impossible for them to distance themselves from, thus makes it difficult for them to experience belonging to Sweden. This belonging is constantly under negotiation in relation to their behavior, how they perceive themselves and how other individuals perceive them, thus illustrating the complex situations these minors face.

Handling the situation
In order to handle these situations they often have to devote themselves to different kinds of coping strategies. A qualitative study from Norway reveals that the most common one is adaptation i.e. assimilation to the new culture, environment and surroundings (Christoffersson, 2007). Furthermore, Mels, Derluyn and Broekhart (2008) conducted a case study in Belgium in order to elaborate on different coping strategies these minors could use and it showed that personnel at the different accommodations gave the minors the best social support as well as constitutes the largest part of their social network (ibid.).

With the help of various and appropriate strategies, inner resources and help from the surrounding, there is a good chance that minors who experience these kind of traumas can have good psychological wellbeing within 5-10 years (Brunnberg, Borg & Fridström, 2011).
The different range of feelings, experiences and setbacks unaccompanied refugee minors face was all highlighted and studied before 2014 (the year the refugee situation escalated); however, I think all this is very applicable on minors today. The process of arriving in a new, unfamiliar country without any social support is very much the same.

1.2. Different institutions, their responsibilities and work

The process of including them in the Swedish society and providing them with the best suitable care is a complex task. There are various institutions involved in this and each institution has their own responsibly and guidelines to follow (Migrationsverket.se). Following section will present, according to me, the most important and relevant institutions.

1.2.1. The Migration Board

The Migrations Board's responsibility is to handle the asylum application, conduct a health and age evaluation of the minor, initiate a search for their relatives and parents, investigate how many minors there are at each municipality and which ones that are able to handle more, assign a specific municipality with the responsibility to care for the minor and administer financial compensation to these municipalities (Migrationsverket, 2011).

1.2.2. The municipalities

Before the Migrations Board has assigned a specific municipality with the responsibility, it is the social service (socialtjänsten) in the municipality where the minor announced him/herself that is responsible to provide the accommodation and care. Once the minor has been located in the assigned municipality, it is this municipality's social services that are responsible for them. These municipalities are, besides providing care, support and legal guardians responsible to investigate the minor's needs and meet them in the best possible way, contribute to a good physical, psychological and social development, promote education and support them to be included in society. The majority of these minors are allocated to residential care homes (RCH) [Swe, hem för vård och boende, HVB] where most of these responsibilities are to be fulfilled. A legal guardian is as a person that will help them deal with institutions included in their asylum process, take contact with the social services as well as other institutions and help them with relevant issues their parents normally would do (Migrationsverket, 2016).

1.2.3. Residential care homes

As stated above, RCH have the overall responsibility to nurture, support and foster these minors (IVO, 2016a) and can be either private or public and house minors that are both in the process of having their application tested and minors that got permanent residence permit. Private homes have to apply from permission to the Inspection of Care (IVO- Inspektionen för vård och omsorg) before opening. IVO also inspects and makes sure that these accommodations fulfill their responsibilities and care according to the Social Service Act (socialtjänstelagen) (IVO, 2016b). Although these homes can vary in sizes, the majority of them have the ability to house 5-25 minors (godmanakuten, 2013). According to social provision (SOSFS, 2003:20), these accommodations have to be manned around the clock with personnel that provide them with the care and support they need, includes them in society as well as fulfills recently mentioned responsibilities. There are no higher educational criteria’s the personnel must meet in order to work in these homes i.e. personnel are hired based on personal suitability for the work. Although it is seen as favorable if they have experience or education within
the area of human science. The number of personnel that have to be present at these accommodations are regulated and based on the number of minors and their needs, administrative work and the need to be prepared for unexpected events (ibid.), indicating that there are no specific rules regarding how many that has to be present at the same time. The same provision also states that there must be one director at each accommodation and that his/hers responsibility is to organize the work, make sure that the care and support are of good quality, make sure the working environment contributes to good health, aid the personnel with support and guidance as well as evaluate and develop interventions that are used. This person must have adequate education from university (SOSFS, 2003:20). Furthermore, all personnel have to, according to the law of records for personnel at homes that receive minors, be investigated in order to see his/hers criminal record implying suitability for this work (SFS 2007:171).

1.2.4. The County council

Unaccompanied refugee minors are entitled the same health and dental care, including child psychiatry as the rest of minors in Sweden are. It is the County council (landstinget) that is responsible to provide this (Migrationsverket, 2016).

1.3. The ”forgotten” perspective

One of the perspectives I have mentioned has not been highlighted to the same extent as the others, namely the perspective from the personnel in RCH. Therefore, this is the perspective I will highlight. There is quite a lot of research from the minors’ perspective and a lot of literature related to different legislations the municipalities and social services must follow but not much from the personnel that meet these minors on a daily basis. They are, as the headline indicates, “forgotten”. As I previously stated, the care and bond these minors receive from the personnel working with them is one of the biggest factors in their journey back to a “normal” life. Kohli (2006a, 2007) argues that personnel working with unaccompanied refugee minors can be, if there is a reciprocal respect between the minor and worker, someone who listens to the minors’ story and this is a crucial step that must be met in order for the minor to get a sense of eternity in their life again. Needless to say, these stories can of course be very difficult and tough to hear.

By focusing on how these social workers perceive their situation I hope to broaden the knowledge about their working life and the different aspects included in it. This will result in enhanced knowledge regarding different problematic situations and aspects that can arise and affect their wellbeing as well as lead to better insight in the different issues they have to handle, how important their work is and, in the end, elaborate on how these minors are integrated into society in a fruitful and successful way.

2. Aim and research question

I wish to shed light on a group of people whom on a daily basis work with unaccompanied refugee children; the personnel in their accommodations attending their needs. My intention with this is to increase the knowledge of their working situation and different aspects of their working life. In order to capture this phenomenon, I will answer the following research question:

*How do personnel working with unaccompanied refugee minors in residential care homes perceive their work situation and role?*
3. Disposition

In order to answer my research question I divided the thesis up as following: after introduction, background, aim and research question I present previous research. This part includes the following three themes, “handling social work”, “facing and managing difficult situations within social work” and “the minors interrupted narratives and how to mend them” as well as a summary of the research. Following this is the method section, including a presentation of my chosen method, grounded theory, why this method suits my research the best, the research process this method advocates, how I conducted it as well as ethical considerations and reflections I took into account. The result is then divided into two parts; the first part includes a description of the result in forms of quotations to all the categories I found and the second part includes a visual theory that explains the phenomena and the relations within it. Following this is the discussion section, including a discussion regarding my result, both by itself, in relation to previous research as well as presentation and discussion of my chosen theoretical framework, Resilient Therapy. Succeeding this is a discussion regarding the method and the research process, reflections as well as strengths and weaknesses that arose during the process. Following this is some suggestions for further research and a conclusion i.e. a section that summarizes and highlights my primary results in relation to my aim and purpose as well as some concluding remarks.

4. Previous research

I accessed the databases Sociological abstracts, Discovery and PsycINFO, in order to find research about the working conditions and working life amongst personnel who worked with unaccompanied refugee minors on a daily basis. By using the terms; working with and unaccompanied refugee minors I got 1 hit in Sociological abstracts, 5 hits in Discovery and 1 hit in PsycINFO. Of these 7 articles, there were 3 duplicates, leaving me with 4 articles. Furthermore, I used the terms social work and unaccompanied refugee children as well as the Swedish translations of them; socialt arbete and ensamkommande flyktingbarn, in order to highlight the context of social work with these minors. From 19 hits I only found 2 articles relevant due to the fact that the rest highlighted the minors perspective.

The lack of research within this topic reassures me of how important it is to highlight the personnel's perspective. In addition to these articles I was aware of one author and professor, Ravi Kohli, who has an area of research related to mine and therefore included research from him as well. I also found it relevant to include research from similar areas of work and included research that elaborates on the conditions for social- and home care workers in general. All research is presented under three themes. Handling social work and facing and managing difficult situations within social work focuses on the personnel’s work situation in relation to organizational aspects as well as how they perceive it, whereas the minors interrupted narratives and how to mend them elaborates on the unaccompanied minors damaged life stories and how to help them recover from it.

4.1 Social work

Social work is a rather difficult concept to define but includes working with subjected and vulnerable people in different situations and times. The focus is to ensure that everyone has a pleasant and good journey through life and this includes working with individuals on different levels and under different conditions (Brunnberg, 2001).
Wimelius, Isaksson, Eriksson, Hanberger and Ghazinour (2012) made a literature review concerning Swedish research related to unaccompanied refugee minors health, institutions involved in their lives and different conditions included in it. It showed that the work conducted by personnel in RCH is regulated by documents the social services provide them with. Besides the opportunity to have a decent living, these documents highlight certain individual goals and aspects that the minor, with the help of the personnel, should achieve and strive towards. These goals are based on interviews between social services and the minor and focus on the minor’s best interest and how to educate/help them to become healthy and independent individuals (2012). A quantitative Swedish study published by Sundqvist, Hansson, Ghazinour, Ögren and Padyab (2015) states how personnel working with unaccompanied refugee minors often struggle to reach these principles and goals to the fullest when they struggle with organizational factors such as limited resources and time (2015).

Social work is conducted via the individual that receives the help and the one conducting the social work, this puts the relationship between them in focus (Brunnberg, 2001).

Brunnberg (2001) conducted comparative research amongst social workers in Sweden and the UK and she concluded that the worker had to establish a close relationship with the client in order for the client to trust the worker (ibid.). Furthermore, Astvik (2002), who conducted qualitative research in Sweden with the aim to highlight the working conditions for home-care workers argues that one important criterion that has to be met in order for the worker to be able to demonstrate sufficient and good support is that they have the possibility to create these personal relationships with the clients (2002). However, Astvik (2002, 2013) also states that the workers are afraid of becoming too close to their clients due to fear of hurting them, or themselves, if the relationship for some reason would cease to exist.

When workers do not have the time and resources to establish these caring and trusting relationships, often due to lack of support from management or the fact that there is a larger focus on quantity instead of quality which in turn limits time with each client, they do not only struggle to give good care but also experience disappointment and remorse (Astvik, 2002; Brunnberg, 2001) as well as stress and feelings of insufficiency (Astvik, 2002; Sundqvist et al., 2015).

Even though social work often is stressful and underappreciated (Astvik, 2002; Astvik & Melin, 2013; Brunnberg, 2001; Sundqvist et al., 2015) there are several elements that makes the workers appreciate it and continues with it e.g. working with people in need of help opens them up for emotional closeness in which the social worker can gain perspective on their own life, as well as the notion of being one of the influential factor in helping these people establish a good life (Brunnberg, 2001).

4.2. Facing and managing difficult situations within social work

Due to limited research of the personnel at RCH I will instead present research from other kinds of care work, namely home-care workers. I find it appropriate to use this research because they, as well as the personnel I wish to highlight, spend their days working with people that for some reason are in need of care and help in order to manage their daily lives.

Home-care workers in their ordinary work i.e. cleaning, taking care of and supporting the clients in their everyday life, often face interactions which render them uncomfortable or insecure in how they should react. Some workers tell stories of how they must draw boundaries between themselves and the clients in regards to their work and how to treat on and other. If these lines are not drawn, they may experience that the client takes advantage and exploits them. Being able to draw these lines is something they see as a necessary “quality” they must possess in order to manage their work. Other ways of dealing with this are that they them-
selves think they know what is best for the client and therefore pay little attention to what the client says (Astvik, 2002).

When the clients treat them with various kinds of discrimination and/or offensive treatment, they often shift their perspective onto their client and try to understand that their behavior is consequential of things they have gone through. Unfortunately, this rationalization of behavior causes damage to their own integrity and health (ibid.).

When demands are too high e.g. if the client is incapable of doing anything on their own, the workers often handles this pressure by only attending to the client’s basic needs and follows the procedures handed down by the organization (ibid.).

From time to time they meet depressed clients with problematic backgrounds or traumas from the past that they want to share with them, thus resulting in that workers are being dragged into their destructive emotional mood (ibid.).

These situations and problems can be dealt with in an efficient and promoting way i.e. by having the opportunity to discuss them and get support from colleagues (Astvik, 2002, 2013), reflect upon events together or to attain psychotherapy. This often opens up a channel where one can express emotions that are otherwise difficult or burdensome to handle alone. This is often something workers feel they need and are neglected due to lack of time and resources. If they can reflect on it with someone else, they get a wider perspective and understanding of their own behavior and situation and can devote their free time to something they enjoy instead of being occupied with these unwanted thoughts (Astvik, 2002).

Kohli (2007) also talks about difficult situations and interactions, although in relation to working with unaccompanied refuge minors in the UK, similar findings were concluded. He states that being a witness to the minors’ stories can be burdensome and many workers experience shock, grief, sorrow and stress as they listen to them. Talking and reflecting about it with colleagues is one thing the majority of workers perceive as the best way to handle it, although speaking to a professional helps ease the burden as well (ibid.).

4.3. The minors interrupted narratives and how to mend them

Qualitative research from Norway (Bræin & Christie, 2011) and the UK (Kohli, 2006a, 2006b, 2007; Kohli & Mather, 2003; Sutton, Robbins, Senior & Gordon, 2006), with the intention to highlight the perspective from unaccompanied refugee minors all state the same; they are one of the most vulnerable groups of people there is, bearing memories of abuse, injustice, inequality, prosecution, war, misery and loss.

Montgomery, Rousseau and Shermarke (2001) conducted a qualitative research in Canada that states that all unaccompanied refugee minors handle their experiences differently and therefore they must be seen as individuals. Bræin & Christie (2011) states that although they handle their experiences differently, they all have a weakened ability to feel safe, to control their own emotions and feelings as well as difficulties managing personal relationships.

These experiences and feelings of shock, resignation and trauma interrupt their imagined lives i.e. their narratives, and leaves them with confusion about what they have experienced, when they experienced it and why they experienced it. They are dislocated from themselves and their surroundings (Bræin & Christie, 2011; Kohli, 2003, 2006a, 2006b). What they need in order to fix these scattered pieces of memories and confusion is to talk to someone they trust. Sadly, the ones they trust the most (usually their parents or close relatives) are absent in their lives. This is one of the factors making these minors so vulnerable; in times when they need support and trust the most, they have the hardest time finding it (Bræin & Christie, 2011; Montgomery et al., 2001).

Social workers are often the ones offering this support, thus, they become the primary source of support and care for them and are the ones that most efficiently help them restore a
“normal” life (Kohli, 2003, 2006a, 2006b, 2007; Montgomery et al., 2001; Sutton et al., 2006). Once the minor trust the individuals caring for them, and this can take months, they exchange their silence or thin stories they often initiate with thick descriptions about their past, their emotions and their journey. The workers then become “witnesses” to their stories. In this process of telling their own genuine stories to someone, they weave together their narratives again. This means that the minor can distinguish different experiences from the past and incorporate them with their present while managing to think about the future. Their surrounding makes sense again and they can reflect about their past events and process them, not just experiencing them again and again in their mind (Kohli, 2003, 2006a, 2006b, 2007).

In order for the minors to trust the workers, workers must be flexible, responsive and able to see each minor individually (Bræin & Christie, 2011) as well as being supportive, sympathetic, honest and clear (Kohli, 2003, 2006a, 2007; Sutton et al., 2006). If these criteria are met, the minor often behaves likewise and a reciprocal trust is established (Kohli, 2006a, 2007). In addition to this, it is very important that the worker does not stress the minor or force them to tell their story i.e. they themselves have to be ready for it. This waiting in silence over a long period of time and not “actively” helping the minor can be very frustrating for the worker, however, in the end it is best for the minor (ibid.).

There are other ways to improve the minor’s wellbeing as well. The ability and opportunity to attend school or activities involving peers helps the minor to focus on something else while at the same time creating a sense of community for them, a sense of not being alone (Montgomery et al., 2001; Sutton et al., 2006). German and Ehnholt (2007) conducted a qualitative research in the UK, which indicated that encouraging them to express their feelings in different suitable ways e.g. poems, songs and drawing can also aid in their recover.

4.4. Summary and reflections

The definition of social work is vast, extensive and includes jobs where the worker is helping someone in a vulnerable position. The work with unaccompanied refugee minors in RCH is regulated via social services as well as the individual goals they set up together with the minor. This indicates that there is different work with different minor. However, there is no research highlighting how personnel experience these conditions or the work they have to conduct, only research indicating they sometimes struggle to meet the demands. What happens when they cannot meet the demands?

While some research shows how close relationships can be rewarding and necessary for successful work, some research states the opposite, saying how harmful close relationships can be. How does personnel at RCH perceive this and how do they handle it?

Having the opportunity to establish these trusting relationships, characterized by respect and warmth clearly increases the minors’ ability of feeling well. Organizational aspects are factors that can hinder this process. This makes me wonder, how big of an influence do organizational aspects have on the personnel’s work and the minors wellbeing, and if it differ from organization to organization, how come?

Having the ability to talk with colleagues or attend psychotherapy makes it possible for the personnel to reflect upon and handle burdensome feelings. What happens when the organization is inadequate and unable to provide this? The research suggest that if these feelings are not handled there are various strategies to overcome them and protect themselves e.g. distancing themselves from the clients, drawing boundaries as well as objectifying their clients and conduct work purely guided by regulations and procedures. Are these techniques something the personnel in RCH also devote themselves to?

These reflections and questions are aspects I hope to be able to answer by turning to the personnel’s own stories and perspectives.
5. Method
This section initiates with some reasoning about the chosen method and a description of the main features. After that the different phases within the method are explained, including how I handled every phase i.e. sample, data gathering and data analysis. Finally I present the ethical considerations and reflections I took into account while conducting the study.

5.1. Choice of method
My area of interest is as I have shown a relatively unexplored area. There is limited research regarding it and the little information there is, tends to only include a small part of research related to the minors perspectives. Due to the fact that I want to create a deep understanding of a rather unexplored phenomenon, which includes the subjective perspectives from the personnel, I find it appropriate to use a qualitative method. According to Creswell (2013, 2014), a qualitative method has the ability to do this in a fruitful way.

GT aims to explore and highlight the perspectives that are involved, in my case the personnel’s perspective, and by doing this, information and data that is relevant for the participants are revealed. These different sets of data are compared and analyzed with each other and this will tell you how the phenomenon is constituted. From this understanding the researcher is then able to generate a theory that explains the situation for the participants i.e. GT is a method of inductive theory generating (Glaser, 2010).

By using GT I will be able to create an understanding of how personnel perceive their situation from their perspectives. The openness GT advocates allows their statements to be the center of attention, thus a theory that is grounded in the data is created. This is something I found is missing, as well as something other methods aren't fully capable of doing.

5.2. Grounded theory
There are several versions of GT and all versions have some unique attributes (Creswell, 2013). I however, have chosen to use the version created by Barney Glaser. This version takes it points of departure from the inductive stance, a stance where the focus is to be as open and free to your own interpretation as possible. By adopting this inductive stance, relevant concepts and categories will emerge from the participants and lead the way of the research. There are three phases within this method in which the participant’s own stories and perspectives guide the following phase. By staying true to the data and allowing the participants perspectives to be the center of attention and to be the force which guides the analysis, the researcher ends up with a theory that explains how different relevant concepts are related and together they create a bigger understanding of the phenomenon (Glaser, 1978, 2010; Glaser & Strauss, 1967). In addition to this, each phase has the mission to improve the understanding of the data as well as enhance the abstract understanding of the phenomenon (Glaser, 2010).

5.2.1. The open phase
The initial phase focuses on finding as many different categories as possible. This is being done by staying as open as possible to the participants and the data, not forcing your own interpretations or theories on them i.e. the researcher allows the data to speak for itself (Glaser, 1978, 2010). These categories are found through a process of coding and analyzing the data. A category are to be seen as an aspect that has a certain value or meaning for a specific group of people (Glaser, 2010; Hartman, 2001). An example from my study: the category job grati-
**fication** includes aspects which relate to what participants find rewarding with the job and when they experience it.

While the researcher reads the data, different indicators e.g. statements or something that stands out from the rest appears to be relevant (Glaser, 1978). In my study an indicator to the category job gratification was the statement: “when you feel you’ve helped them getting a functional life, then you get happy”. This clearly illustrates how a certain aspect gives her feeling of gratitude towards the job.

These indicators tell the researcher which category the different data should be divided into and what the category should be called (Glaser, 1978). Among these different categories, there is one category that stands out from the rest i.e. the core category. This is the category that explains the phenomenon the best, which is most relevant and central for the participants as well as the category the other categories relate to in some way (Glaser, 2010; Hartman, 2001). Once the core category is found and the researcher is unable to distinguish any more categories or data that can change the categories, theoretical saturation is reached. Theoretical saturation is to be seen as the point when new data does not contribute to any further knowledge about the categories or the relationships between them and when the same kind of data reappears (Hartman, 2001). This is the sign to move on to following phase.

**Sample**

In order to find participants I used what Patton (2002) refers to as an intensity selection. This aims to find participants that you know have information about your research. I used several groups and forums on Facebook; “network for behavioral scientist” (nätverket för beteendevetare) and “TGVS - together we make a difference (tillsammans gör vi skillnad) in order to get people to acknowledge my study (see appendix 1 for participant callout). Six people contacted me saying that they wanted to participate and- or that they had someone they knew would like to. I was also aware of people in my surrounding i.e. friends of friends that worked in RCH and contacted them, resulting in a total of 10 possible participants.

It is always preferable to have a sample that contains maximum variation due to the fact that the researcher can then get more reliable results as well as the opportunity to apply the result to a wider public. If the researcher in relation to the study includes relevant and various criteria’s e.g. age, gender, education et cetera he, - and or she, can then pick participants that fulfill these criteria’s and by doing this, maximize the variation (Patton, 2002). I wanted participants that differed in gender, age, educational background, employment status (part or full time employees), the time they had worked there as well as variation between the accommodations they worked in i.e. public or private, the amount of minors, the size of the organization and if it is for boys, girls or mixed. I thought these differences could influence the way they perceived their work situation and therefore strived to include them all. Furthermore, I only included participants that had been working in RCH for at least 3 months because I wanted to reassure myself that the participants were familiar in their situation.

Participant 1 was a 30-35 year old male. He is an educated PE teacher (three years at university) and has been working full time the past two years. This home opened in the middle of 2014, is 51 % owned by a private agency and 49 % owned by the municipality. It is the only RCH in this organization and houses 10-15 boys and girls in the ages of 14-18.

Participant 2 was a 35-40 year old male. He is currently studying a one-year humanistic pedagogue program (vocational school) and has been working full time for the last year. He works at the same accommodation as the previous participant.

Participant 3 was a 20-25 year old woman. She is currently studying a three year long behavioral science program in university and has been working part time (50%) for the last two years. She works for a recruitment agency and works in four different homes. The homes are owned by the municipality and house 10-15 and 25-30 minors. In addition to these houses
the municipality own one more. The different homes have been open from a couple of months to several years and house boys between the ages of 14-18.

Participant 4 was a 55-60 year old woman. She is an educated assistant nurse (one year at vocational school) and have been working full time for the last four months. The home is owned by the municipality, opened in December 2015 and the third one in the organization. It house 10-15 boys between the ages of 14-18.

Data gathering
I thought interviews were the most relevant and suitable technique to use in order to attain data that could elaborate on the phenomenon. Interviews are often seen as the best qualitative technique to use (Creswell, 2013) and the best technique to use when the aim is to highlight individual's subjective feelings and perception of something (Bryman, 2011; Creswell, 2013, 2014; Kvale, 1997). I explained ethical considerations and aim of the research several days in advance to the participants (see Appendix 3) as well as right before the interview. The interviews were held face to face in a location the participant themselves decided on due to the fact that I wanted them to feel as comfortable as possible. These procedures were something I applied on all three phases. After their permission I recorded the interviews. Glaser (2010) opposes that you record interviews, meaning that the relevant and essential aspects will be presented and clear for you anyway and that recordings run a risk of missing valuable facial expressions and body language. I however, felt that it was necessary because I have not developed the same skills as experienced researcher and did not want to miss important aspects of their stories.

My interview guide (see Appendix 4) can be seen as what Bryman (2011) refers to as a semi-structured one i.e. containing different themes and open ended questions, not steering the participants in any particular direction, leaving them with opportunity to elaborate on the questions rather freely. It also opens up for the researcher to be responsive and use follow-up questions (ibid.). I argue for that these positive aspects of a semi-structured interview are in line with the aim of this phase i.e. to be as open and receptive as possible to the participants. The interviews lasted between 40 and 60 minutes.

Analysis
I transcribed the interviews and read them several times in order to get a good understanding of them. I highlighted important and prominent indicators and divided them up into various categories. Indicators concerning the same aspects were included in the same categories and the four interviews altogether created 12 categories, in which the category a feeling of safety, were the core category. This refers to the fact that all personnel perceive the ability to establish a place where minors feel safe and have the ability to thrive as the most important task. In order for this to happen, the minors must have opportunity to build trusting relationships with the personnel as well as perceive the surrounding as safe. Unfortunately, several aspects can hinder this. However when it is achieved, several positive outcomes awaits.

After the data from these interviews I experienced a sense of saturation and proceeded to the next phase.
Following table illustrates the categories I found in the open phase

<table>
<thead>
<tr>
<th>The core category</th>
<th>Other categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>A feeling of safety</td>
<td>Various tasks and roles</td>
</tr>
<tr>
<td></td>
<td>Organizational aspects</td>
</tr>
<tr>
<td></td>
<td>The possibility to pay attention to and care for the minors</td>
</tr>
<tr>
<td></td>
<td>To make successful interpretations and act according to them</td>
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<tr>
<td></td>
<td>To motivate the minors</td>
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<tr>
<td></td>
<td>To activate the minors</td>
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<tr>
<td></td>
<td>To integrate the minors</td>
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<tr>
<td></td>
<td>Burdensome tasks and aspects</td>
</tr>
<tr>
<td></td>
<td>The feeling of powerlessness</td>
</tr>
<tr>
<td></td>
<td>Learning the profession and how to deal with it</td>
</tr>
<tr>
<td></td>
<td>Job gratification</td>
</tr>
</tbody>
</table>

5.2.2. The selective phase

This phase aims to define the research by focusing on the categories, mainly the core category, that was found in previous phase. By using the same techniques of coding, categorization and analyzing data, the researcher attains further and deeper knowledge about what is relevant in the different categories and to the phenomenon (Glaser, 1978). However, before this can be done, a new sample and data gathering has to be done. This sample is conducted through what is called a theoretical sample in which the researcher lets the core category as well as the other categories form the basis of and steer the sample. Here, and in the beginning of the next phase, is where the researcher takes a more deductive stance. Once the researcher reaches theoretical saturation i.e. when no new or broaden knowledge about the categories can be found, it is time to move on to the last phase, the theoretical phase (Glaser, 2010).

Sample

I found it appropriate to conduct more interviews in order to enhance my knowledge regarding the different categories and contacted individuals that earlier announced that they wanted to participate. I argue for that it was fruitful to use other but similar participants in this phase due to that I wanted to enhance my knowledge about the categories i.e. I do not think there is a better way to increase my knowledge about their work other than talking directly to them. I used the same inclusion and variation criteria’s as before and strived to include a wide variety of participants in order to not narrow the sample down too much and miss certain aspects.

Participant 5 was a 45-50 year old woman. She has a bachelor degree in behavioral science and has been working 80 % for the last 4 years. The home is one of many that are owned by the municipality, opened in 2011 and houses 15-20 boys in the ages of 14-18.

Participant 6 was a 25-30 year old woman. She has a bachelor degree in behavioral science as well as experience and knowledge from several other courses from university e.g. leadership, psychology and social law. She has been working full time the last three months. This municipality owned home opened in 2013 and house 40 boys in the ages of 15-18.

Participant 7 was a 20-25 year old woman. She is currently studying a three year long behavioral science program at university. She has been working between 30-50% the last year in the same home as participant 1 and 2.

Participant 8 was a 25-30 year old woman. She has bachelor degree in behavioral science and have been working full time for the last three months. This municipality owned home is one of four, opened in 2013 and house 24 boys in the ages of 14-18.
Participant 9 was a 25-30 year old woman. She has a bachelor degree in behavioral science plus a couple of independent university courses (social law and social work) and has been working full time for the last 6 months. The home is one of three that is owned by the municipality, opened in December 2016 and house 10 boys between the ages of 14-17.

**Data gathering**

Before the interviews were held, I designed a new semi-structured interview guide (see Appendix 5), which focused on the core category as well as the other categories. This interview guide included questions that were more directed to what was found in previous phase in order to widen the knowledge about them. Whilst the majority of the interviews were held face to face at their chosen location some interviews were conducted via telephone (participants 5 and 8). I made the decision to include people I did not have the opportunity to meet face to face due to the fact that they helped me get a broader variation of participants, something I think makes up for the fact that I did not personally meet them.

The interviews stretched between 35-45 minutes and were with permission, recorded.

**Analysis**

I read the transcriptions several time and analyzed the data the same ways as before i.e. highlighted important and relevant indicators and categorized them into existing categories. This helped me get a deeper understanding of the categories. After five interviews I felt saturation and decided to move on to the next phase. This phase indicated that the category organizational aspects included important elements regarding the work group, elements that had to stand on there own, hence the category the workgroup was found. Even though there are similarities between these categories, there are also differences between them. These differences are the reason why they have to be separated, although related and affecting one another.

**5.2.3. The theoretical phase**

This phase starts with a new theoretical sample, which is based on the findings from previous phases and aims to highlight and clarify the different relationships between the categories. By focusing on these relationships the researcher ends up with a theory that explains the phenomenon and the various aspects of it. Because the researcher continuously allows the data, the core category as well as the other categories to steer the research the theory that is being created derives from the participants own experiences and statements about it. It therefore highlights the essence of the phenomenon (Glaser, 1978, 2010).

**Sample**

I once again found it most relevant to conduct interviews. However this time the focus was to highlight and explore the different relationships between the categories and therefore I strived to find participants that could help me with this. Two of the former participants (3 and 6) were contacted and asked to participate again due to the fact that I found their earlier interviews rich of information and because there were big distinctions between them and the homes they worked in, thus highlighting various important aspects. Because the questions in the questionnaire are completely different from before, I argue for that this will result in completely different interviews and include aspects we did not talk about before. Furthermore, one new participant contacted me via a friend and notified me she wanted to participate and was included. I mainly choose to include her due to the fact that she worked in a public RCH and the majority of the ones I had interviewed worked in municipality owned homes. I strived to use the same inclusion and variation criteria’s as before in order to get variation amongst the participants.
Participant 10 also figured as participant 3 (see previous presentation for details).
Participant 11 also figured as participant 6 (see previous presentation for details).
Participant 12 was a 50-55 year old woman. She is an educated wellness consultant and has studied several external courses at university including leadership and culture of honor problematic and violence. She has now been working fulltime for the last 6 months at a private RCH. This home opened in November 2015, is the second RCH within the organization and house 11 boys in the ages of 14-18.
(See appendix 2 for summarizing description of all the participants)

Data gathering
Before the interviews were held I designed a new interview guide (see Appendix 6) that included questions regarding how the different categories relates to and influence each other. The interviews were held at their chosen locations and lasted approximately 50 minutes. I got permission to record the interviews.

Analysis
After I transcribed the interviews I read them several times in order to grasp the content. By highlighting and examine indicators that related to the relationships between the categories I started to see clear patterns in how they related and influenced each other. By seeing this, my theory was grounded. A feeling of safety has throughout my research been the core category.

The issue of generalizability regarding the samples is discussed in reflections over the method and research process at the back of the paper.

5.2.4. Memos
Memos i.e. taking separate notes, are an important aspect when conducting a GT (Glaser, 2010). I wrote down spontaneous thoughts and ideas related to the research in a little notebook, and by doing this, I could save, go back and examine various thoughts and ideas. This helped me in the process of developing categories and attaining a theory.

5.2.5. Ethical considerations and reflections
There is always a risk of harming the individuals the researcher highlight and study. Questions or aspects that in some way can challenge the individual's integrity and/or physical/psychological state can arise and affect their wellbeing (Nygren 2012). In order to minimize this risk and to preserve the participants wellbeing I followed the Swedish Research Council's ethical guidelines (Hermerén, 2011). The participants were informed a couple of days before (see Appendix 3) as well as right before the interviews about my aim with the research, their part in it and following ethical considerations. They were told that they could withdraw themselves from the interview at any time without any negative consequences and that the information they shared with me would not be used in a way that could reveal their true identity, their workplace or something that could be traced back to them. Furthermore, I told them that their interviews were only being used in this thesis.

These guidelines are something I have been keen to follow throughout the process. For example, I store the interviews and the data on my computer that requires the correct password to open, listens to the interviews on my own and never talks about or mention them in a way that could jeopardize their anonymity.

6. Result
The result will be presented in two parts. The first part will describe all the categories and the second part will include a visual representation of the theory as well as highlight the relationships between the categories. This is the result from all three phases and therefore quotes from all of them are being used to illustrate the categories and the theory.

6.1. The categories and their relationships

The first category I will describe is the category that includes the personnel’s everyday work. It is important to have knowledge about this before other aspects are explained, and this is the reason why I do not initiate the result with a description of the core category.

Various tasks and roles

There are various tasks included in their work with these minors. When asked what their workdays looked like, P1 said:

“We have our daily routines i.e. cleaning, grocery shopping, cooking, administrative work (writing about the minors) and talking to legal guardians [...] the days also includes, when we have time, spending time with them, helping them with their homework and just be with them”

This quote illustrates the fixed tasks that are included in their workdays as well as what they do when they done i.e. spending time with minors in various ways. Following participant talks about other factors that influence the workdays, P10:

“The minors often have things planned; doctor’s appointment, school, activities and so on [...] in relation to this the personnel who works that shift have the possibility to plan and carry out time with the minors, if they themselves (the personnel) have time”

This participant says that their workdays are, alongside their daily routines, pretty much set up by what the minors do. Aiding the minor in the process to and from different activities, appointments and so on are included in their work. When there is time over, the personnel themselves have the opportunity to decide what to do. P11 “if there is nice weather we (the personnel) can decide to spend time with them outside, taking walks in the forest or something. It’s pretty much up to us what to do when we have time. The situation often decides what we do”. This makes it evident that the personnel themselves are rather free to decide what to do when the daily routines have been made. The situation, in this case the weather, gives them ideas of how to spend time together with the minors.

P12 says, “all activities except the ordinary i.e. wakening time, cooking time et cetera, are documented and available for the director to review. For instance, we document if we do a trip to a lake or any activities that are out of the ordinary”. This highlights another aspect of their working days, to keep record of the “out of the ordinary” situations and activities in order for the manager or director to keep track of everything.

Furthermore, there are some differences between the substitutes and the full time employees. Following statement from a full time employee shows that they have slightly different responsibilities, P12 “you devote a little extra time to the minors you are a contact person for [...] we have little more knowledge of them then the rest of the personnel”. All the full time employees are assigned a few minors (often 2-4) that they are extra close to and most responsible for. These minors are the ones that the personnel know the best and spend slightly more time with.

P1 states that they are “psychologists, chefs, police officers- telling them what to do, cleaners and tutors”, thus indicating they have a wide variety of roles to fill. In these roles
they also integrate the minors into society on a daily basis, learning them rules, rights and wrongs, how to cook, clean et cetera. Even though they have many different roles, P5 states that, “my biggest role as a personnel is to give them a safe place”. This is something all the personnel agree on and it indicates that their primary role and task are to provide the minors with a sense, or feeling of safety.

**A feeling of safety (the core category)**

All the social worker I interviewed emphasized the importance of a feeling of safety as well as talked about in a way that was central to their work.

By using the following statements I will describe why this feeling is so important, aspects included in it, how to achieve it as well as factors that could hinder it.

P10 describes why this feeling is so important:

“They have so much to worry about so it can be good for them to have a safe and stable point they can lean back on. So that they can experience a feeling of safety when everything else in their lives are unstable and chaotic”

This quote illustrates how this feeling helps them to manage their otherwise unstable and unsafe life situation. By establishing this feeling they find a place where they do not have to worry so much, and by having this they can cope with their situation. According to P9, once this feeling is established, the minors often become more relaxed, “once they feel safe they are less restless and worried in their behavior. For example, minors who had difficulties sleeping didn’t have it once they felt safe”. As the quote illustrates, the feeling of safety influence the minor’s behavior and enhances their wellbeing in a good way. It almost seems that this feeling of safety is vital in the process of promoting their wellbeing.

P12 talks about primary aspects that have to be fulfilled in order for the minors to experience safety: “a feeling of safety includes that they are full and satisfied as well as perceive this place (the RCH) as safe”. As evident in this quote, safety is when they have the opportunity to feel safe and when their primary need of hunger is satisfied. This quote illustrates the more physical bodily needs they have. If they are neglected the opportunity to feel full or safe, a feeling of safety is difficult to achieve.

The personnel also have to act in certain ways in order for the minors to feel safe, P4:

“It’s very important to be consistent. If I'm consistent in the way I behave and act, then they don’t have to worry about me treating them unfair in relation to each other or invest time in trying to figure out who I am. They get to know me and how I am”

This shows how consistent behavior makes it easier for the minors to trust the personnel's behavior and to get to know them. Furthermore, consistent behavior helps the minor to save energy; they do not have to waste energy trying to anticipate who the personnel are. Besides being consistent, the personnel have to show that they are available for them, P6 “in order for them to feel safe, they have to know we are always there for them, willingly listening when they are worried or need someone to talk to”. The personnel's ability to be available to the minors concerns and thoughts are crucial in the establishing of a feeling of safety.

Something that helps the minors to feel safe is the ability to create an environment that is similar to the ones at “ordinary” homes. P8 “a big part of making it safe for the minors are to establish a home that resembles the ones they had before they fled; lots of lights, couches et cetera. Nice and comfortable”. By having the opportunity and resources to design the homes in comfortable, pleasant and home-styled ways, the minors have a greater chance of feeling safe.
Another relevant aspect that has to be met is about making them comfortable in the surrounding area. P7: “it's very important to make them feel safe in the surroundings [...] by accompany them to the school, the dentists, the bus stops the first time, we help them feel safe in the environment around the home”. In order for the minors to feel safe, the personnel accompany them, guide them and make them familiar with the surroundings for the first time.

These quotes have illustrated how it is not enough to only attend to the minor’s basic need of hunger in order for them to feel safe. It is also about creating relationships with them, relationships that is characterized by consistent behavior that includes knowing that the personnel are always available to them. Furthermore, it is also important to make them comfortable in the surroundings as well as designing and furnishing the homes in a home-like way.

Unfortunately, there are a lot of aspects that hinders the minor’s ability to experience this feeling. P1 illustrates how the lack of trusting relationships hinder this process, “it can take weeks, even months [...] it's different from person to person [...] it's often more difficult for substitutes to establish this feeling, the minors don't know them. This illustrates that the feeling of safety can be established once the minor know the personnel in their surrounding and that the process of getting to know someone is a protracted one. The minors also have difficulties establishing this feeling when they meet substitutes, something that derives from the fact that they do not know them. This relates to the fact that it is difficult to feel safe when you do not know or have trusting relationship with the one caring for you.

Furthermore, P8 states that:

“It can be difficult to talk to them and show that you are there for them sometimes [...] I don't know their language and they don't know English so good [...] it can be difficult to ask them how they really feel and what they think about”

Different languages can be an aspect that complicates things. As the quote shows, she do not always find the right words and therefore cannot be fully there and support them, and unfortunately this is, as I earlier showed, a very important aspect in establishing a feeling of safety.

P11 show other times when it can be difficult to establish safety:

“I sometimes experience difficulties in making them feel safe when they are worried about their parents which they have not seen for a while or know how they are. The only thing you can do is to be available to them, it's not always enough”

In these situations, when they do not have the answers or solutions to the problems, it can be difficult to establish a feeling of safety. The only thing left to do is to be there next to them.

All these quotes have illustrated how the feeling of safety not only depends on the physical surrounding or primary needs such as hunger but also on relational aspects and meetings with the minors. When these are factors inadequate, the feeling of safety is difficult to establish.

These aspects are related to and affected by several other aspects as well. See this category, a feeling of safety, as the top of the pyramid, something that is possible to achieve only if other factors are attained as well. The other factors are presented in the following four categories.

Organizational aspects
First, it is important to grasp how these organizations look like: the organizations include one coordinator who has extra responsibilities and administrative work, one director/manager and the “ordinary” workers i.e. the ones I interviewed. The coordinator functions a little bit like a
middleman between the “ordinary” workers and the director. If nothing is out of the ordinary, this coordinator has office hours.

All of the personnel highlight how various organizational aspects are the first things that affect their ability to establish a feeling of safety. P5:

“The biggest hinder for us are when we don’t know how and what to do, when it’s unclear for us what’s decided on in the organization [...] If we don’t know, then how can we create a feeling of safety for the minors? We get insecure on how we should act”

As this quote illustrates, uncertainties are one factor that affects their behavior; they simply do not know how to behave. Without clear decisions or directives they struggle to establish a safe place for the minors.

However, different routines are one thing that will guide the personnel in their work. P11 illustrates the importance of them:

“Sometimes, or some days, when I don’t know what to do or lack some kind of structure I’ll go to the routine papers in order to see how to think and act [...] they are like a helping hand when I struggle”

It is evident that available routines help them structure their work as well as guides them on how they should act towards the minors. If there are routines missing, there will be consequences. P10 “routines are very important, if you don’t have any there will be chaos, both for me and the minors, we would be disoriented [...] it can be the time they have to go to bed or be home from activities”. This statement shows how a lack of routines will affect the organization, the personnel as well as the minors. Without them, the personnel and the minors have nothing to help them structure their days. Following quote reinforces this reasoning, P6 “routines help me and them (the minors) to create a weekday, that we all see and know what and when things are happening. Without routines we, and especially them, would have too many things in our heads”. Routines are beneficial for both the personnel and the minors. With the help of routines, the minors can plan their days and therefore build up a sense of ordinary life as well as decrease their worries about everyday aspects.

Although there are routines that guide the personnel in their work tasks, none of the participants find any guidelines that explain how they should talk and socialize with the minors. P4 “it would be nice to have some kind of tutorial regarding on how to think and act in certain situations, for example help in how to respond when they tell you something horrible they’ve been through”. As you see, she misses information on how she should react when faced to one of the stories a minor tells her. She does not know the appropriate way to respond to it. The participants that have tutorial set up by the organization can handle these kinds of questions and they feel that it helps them to interact with minors.

These statements have demonstrated the importance of routines and how many organizations, both private and public, lack routines, guidelines and information on how to behave and socialize with the minors. Instead they focus on routines regarding the daily operation.

There are also other aspects that influence their work with the minors, P12 “our directors accessibility affects our work [...] to always be able to call her and ask for help of course guides us and implements a supportive climate and promotes good job”. This illustrates how an available leader that is always there for them enhances their ability to do a good job. In this case it is also the leader that is responsible for the beneficial working climate.

If these aspects are missing there will be consequences. P3:
“Some homes are so chaotic I don't want to work there. It makes sense they are chaotic [...] there are new facilities, no routines or visible leader that can guide us [...] this of course impinges on our ability to pay attention to the minors' needs, we simple have no knowledge or resources to do so”

This illustrates what will happen when organizational aspects are lacking and not sufficient i.e. difficulties for the personnel to fully see and satisfy the minors' needs.

The workgroup

This category will explain how the constellation of the work group is affected by organizational aspects as well as affects the personnel’s work with the minors.

P5 talks about how the work group is affected by the organization, "yeah you know, it's up for the organization to hire and schedule personnel, they decide how many that is working". It is the organizations responsibility to make sure that there are enough personnel working at the home. As there is no law of how many personnel there ought to be, this can vary from home to home and from organization to organization. Some feel they have the right amount of personnel, P6: “we have so much personnel working at the same time that we can see the minors needs and meet them in appropriate ways. Of course this leads to a more safe and stable environment”. By having appropriate amount, they can investigate the minors’ individual need and help them, resulting in a feeling of safety. P5 describes the opposite: “I'm afraid we cannot highlight and help each individual in a perfect way. We simply don't have time to do so. It's all a matter of economics and personnel”. She experiences inadequacy due to the lack of personnel and this affects her ability to see each individual and act accordingly to it. These quotes illustrate how the personnel’s ability to care for the minors are related to the size of their work group, something the organization and management handles.

Following quote illustrates what a good work group comprises, P2 “we are such a good team, we complement each other. There are some things I'm better at and some things other are better at. We divide things up according to this. This makes us very good at our job”. By paying attention to each other's strengths and weaknesses the personnel can divide up the work and be as efficient as possible.

The ability to trust your colleagues is also one important aspect in their work, P3 “we are part of the same team and we work together. It is important for me to feel that my colleagues have my back in every aspect and that we display a united front. If not, then I can't be stable and trusting for the minors”. This shows that it is of great importance that there is trust in the work group and that they can display a unity towards the minors. If this is not achieved they have trouble giving the minors the trust they need.

Furthermore, it is also important to have diverse work group, P5 “I think the work group have to include different kind of people, different backgrounds, education and so on, in order to use various kind of competences and experiences”. This person, as well as the rest participants, thinks that the more diverse perspectives the work group includes, the better. The different perspectives broaden their common knowledge and improves their work.

Unfortunately, not all participants have experience from good work groups, P10:

“Some people are just unmotivated to work and only wants to do as little as possible [...] they don't feel motivated to help me as a substitute and of course it influences how well I know the place, the routines and how I can interact with the minors”

In this statement it is evident that the work substitutes can do is highly related to the personnel who are familiar to the place and the minors. If these persons are unmotivated, it hinders the
substitutes ability to do a good job. P6, on the other hand, illustrates how substitutes can hinder the full time employees’ ability to do a good job:

“There have been a lack of personnel recently, then we take what we can get. We often get inexperienced substitutes that have difficulties with the language (Swedish) or difficulties to understand the minors and this creates an environment in which the minors feel unsafe”

When the work group includes personnel that have difficulties understanding, or making themselves understandable for the minors, they affect the environment in a negative way, thus makes it difficult for the minors to establish a sense of safety.

Furthermore, I have found no differences between public or private RCH i.e. there are personnel from both sides that experiences and share these perceptions.

The possibility to pay attention to and care for the minors

As previous categories show, the ability to pay attention to and care for the minors are highly related to organizational aspects such as routines and guidelines, leadership and economic situations as well as aspects within the work group i.e. supportive/trusting climate, amount of personnel as well as the diversity and teamwork within it.

P5 says that it is all about “me being there as a human, that I can be there with them to the fully, not somewhere else in my mind [...] this creates respect and I always get it back if I’m there in the moment with them”. A reciprocal respect is built between the personnel and the minors when she has time and opportunity to be fully committed to them. Unfortunately, when there is a lack of personnel, they can only handle the most important issues, P3:

“There is no time to plan these extra fun activities or moments, we have to deal with the most crucial ones, that's tough [...] it's these moments, to be able to sit down, relax, drink tea, chatting and listening to them that are important. The things that makes them feel safe”

When there is no opportunity to spend quality time with the minors it is difficult to give them the feeling of safety they so much need and long for. There is no time available to build trusting and caring relationships.

P10 highlights other issues that impinges on their ability to pay attention to and care for the minors, “if I’m at a place where I don't know them so well, of course I cannot care for their every needs, I don't know what they need or want. If I know them, then I can care for them in better ways”. This illustrates how difficult it can be to pay attention to and aid minors the personnel are unfamiliar with. She simply does not know how to meet the minors and their needs because she does not know how they are as individuals.

Furthermore, when meeting the minors, P8 states that:

“It’s about finding the balance and see what each minor needs, to see what I can do to make them feel better [...] I would like some more tutorial or training on how to meet and treat them, it’s not the same as the theories I read in school”

This person states that it is a matter of how you judge the situation and the minors’ need in order to find the right care for them. This is something she would like to be trained and guided in and something different from what she learned in school.

To make successful interpretations and act according to them

The possibility to pay attention to and care for the minors clearly affects the personnel's ability to make correct interpretations and act according to it in their everyday situations. P8
states that: “it's about getting to know the minors and then, with the help of my own experiences and values I can make successful interpretations”. If they have the ability to pay attention to them, they get to know them and then, with the help of their own baggage, they can interpret the situation and how to deal with it.

In the process of acting to what the situation demands, they sometimes have to bend the rules. P5:

“The routines cannot be followed to every extent, sometimes we have to deviate from them, if the situation calls for it [...] we are flexible but always lets the minors know why we do stuff differently [...] it's about being flexible to upcoming issues”

This person states that situations sometimes demand deviation from routines in order to be handled. This of course opposes previous quotes and the importance with strict routines. P7 elaborates on this contradiction:

“We have a very existentialistic approach, it's about meeting each minor individually. To know them and to be able to interpret the situation [...] there are of course strict routines [times for food, bedtime, when they have to be home et cetera] to follow, but it's almost always a question of judging the situation according to the situation and minor”

It is evident that it is fruitful to not have to many routines, but instead be able to meet the minors as individuals. To many routines would decrease the possibility to see them as separate beings and therefore would decrease the possibility to make suitable actions.

The possibility to do correct interpretations and act accordingly to it of course have positive outcomes, P1 “one time we took a minor to a movie together, just spent time with her, made her think on something else [...] you can handle things differently, but this person needed this to be safe”. Once the personnel know the minor, they often know what is best for him/her. In this case, successful interpretations and actions resulted in a feeling of safety.

Following quote illustrates one aspect that can hinder successful interpretations and actions, P7 “all the minors experiences are different. It can be difficult to understand them to the full extent when we have difficulties understanding each other due to the language issue. This makes it hard to see what they need”. It is evident that miscommunication and difficulties in understanding each other hinders the personnel's ability to interpret the situation and the minors need, resulting in difficulties handling the situation in the best possible way.

To motivate the minors
The impact motivation can have on them is something worth recognizing, P6: “motivation fuels their will to live”. This short quote has power. Motivation is a huge factor that influences their will to live and therefore have a huge impact on their health.

There are however aspects that have to be met in order for them to be motivated, P10:

“It’s easier for the minors to feel hope and motivation when they are at a good and safe home [...] then they can see a positive future, that things will work out. If they don’t have it, it’s difficult to be motivated to anything but pure survival”

Whenever the minor experience a feeling of safety, they can easily imagine a brighter future. They do not have to focus or be motivated to cope with the basic needs and aspects related to safety. Their motivation can be directed to the future.

The minors motivation to do things is also highly related to their situation, P10 “many of the minors feel like it is no idea to invest time or effort in school or other activities if they don't know if they are able to stay or not”. This quote illustrates how difficult it can be for the
minors to be motivated to do things due to the fact that their situations are uncertain. They feel like it is a waste of time and energy to learn or do something if they, in the end, are neglected residence permit in Sweden.

P7 talks about how to motivate them “I ask a lot of question, what their dreams and goals are, what they want out from life, their ambitions and so on. They don't have to know the answer, but asking them opens the thought of a future life”. Imagining yourself in the future can be difficult for these minors; their lives just became interrupted. Asking them questions about their ambitions and dreams opens up the idea of a future in which they can live a good life and this is an important step in becoming motivated to something. Another way of motivating them are to make comparisons, P6 “by making them compare situations, from now to before, they can see that they have it better now, better possibilities, school and stuff like this. If they realize this then they often want to more active and do stuff”. By comparing their situations from right before they fled till now, they realize they have it much better here and now. This in itself is often used as a motivational tool and results in more active minors.

Without the ability to know and talk Swedish the minors often face difficulties in activities outside the home, P9:

“We make it clear for them that it is difficult to be a part of society if you don't know the language, knowing Swedish will open many doors for you [...] it is difficult to learn the language or how society works if they don't attend school”

The ability to be more active and integrated in society depends on their knowledge in Swedish and therefore all the personnel constantly tries to motivate them to go to school.

It is difficult to motivate these minors if they do not experience a feeling of safety. Once they do that, it is easier to motivate them and make them active in their own lives.

To activate the minors

Activities these minors devote themselves to can be sports such as football, floor hockey, dance, swimming et cetera as well as attending school. They all serve many purposes, P6:

“Activities make them clear their minds. If they are here all the time [at the home], doing nothing, they often start to think on their family, if they are alive, what they are doing and so on. If they activate themselves, they can distance themselves from these thoughts”

Engaging in different activities enables them to distance themselves from destructive and burdensome thoughts.

They can also use activities to think in new ways, P12 “physical activities helps them when they are sad or worried. Afterwards, when they are tired, they can with greater ease hold their head high and reason in different and more positive ways”. Physical activity widens their perspective and analytical capability as well as makes them feel better.

Furthermore, P7 states that activities “helps them take responsibility [...] it can be from making them arrange and pack their own equipment to being a part of something bigger”. To be involved in activities demands certain aspects from the minors, such as preparing themselves and the necessary tools they need. This forces them to be more responsible.

Activities (most of them) includes them in a group, thus creates a sense of community for them. P9, “being involved in activities is a very easy and natural way to be integrated in society and with other Swedish kids”. This quote illustrates how important activities are in the process of integrating them in society. Activities opens up for meetings with other youths in society, which leads to that the minor becomes a part of it.
In the task of finding appropriate activities for the minors, it is important, according to P5, to “find something they like and let them focus on it”. This highlights the fact that the personnel have to treat every minor as individuals in order to find what each minor appreciates and wants to do.

However, there are several aspects to take into account, P8 “first of all, I have to have a lot of patience [...] to sit and search on the computer and find things he/she likes. To be engaged and help them find what they want to do [...] furthermore we have to get financial support, almost everything costs”. This quote illustrates how two factors influence the opportunity for the minors to get involved in desirable activities; first the personnel have to be involved and help them find what they want to do and then they have to get money to be able to participate. It differs from home to home how much money they can spend on activities. It is the manager of the home that makes these decisions.

To integrate the minors
Activities such as engagement to school or physical activities integrate them in society. Besides this and the everyday aspects of integration I mentioned in the category various tasks and roles, there are various things the personnel can do in order to increase their integration.

P8 “we have and offer them introduction to society, a course in which we talk about all kinds of stuff, healthcare, laws and regulations, equality, gender et cetera”. This introduction to society helps the minors grasp a comprehensive understanding of the Swedish society. All homes have some kind of introduction like this and they all say that it is a good way of getting the minors used to the Swedish society.

P6 talks about another tool she uses, “finding the right way” (hitta rätt): “it’s like a book the minors can look in that includes description of how it is to live in Sweden [...] we use it in order to make the minor understand the Swedish society, rules, culture, norms and so on”. This tool is something several participants from various homes find useful. The minors have the opportunity to, when it suits them, look in it and learn about Swedish ways, rules, laws, cultures and norms. By doing this, their understanding of Sweden enhances.

The same participant states that: “the minors ask a lot of questions e.g. about Swedish culture, how to make friends et cetera. Then we just sit down and talk about different situations and how you can think and behave in them”. Having the opportunity to sit down with them and have conversations about Swedish customs and everyday stuff increases their understanding of the society and various situations they might face. Answering their questions and aiding them in how to think is both important and educational, resulting in minors that becomes more integrated.

Furthermore, it is important to make sure they become independent individuals, P11:

“we must not interfere too much in their lives, it’s about giving them the opportunity and tools to realize their own ideas. We want them to be independent humans, not accompanied by us all the time [...] the best way to integrate them are to not help them “too” much”

This illustrates how important it is to be able to “let go” of the minors and just handing them the tools they need in order to be integrated, not making them dependent on you as a personnel. To be rather independent of everyday care and help are the best way to be integrated.

Burdensome tasks and aspects
As in all jobs, there are some tasks or aspects that are more burdensome than others.

P1 states that what he experienced as burdensome are “to make them follow rules, and when they don’t do that [...] then you have to confront them and that are both exhausting and challenging. It takes energy to argue with them. The tasks he find tough are situations when
they defy the rules in the daily operation. He then has to confront them and this is something that drains his energy. Another participant that find aspects related to rules though are P3: “they often want to test my boundaries because I’m a substitute. To see how far they can push me [...] maybe if they don’t clean their rooms or something [...] this testing me by not doing what they should are tough”. This women state that they test her in certain situations in the daily work in order to see how far they can stretch the limits. By not doing what they are told to, or supposed to do, they defy her and this is something she finds burdensome.

P1 mentions other aspects that are tough, “to hear and witness when someone doesn’t get permit to stay. To listen when they suffer about it”. Not all minors get permit to stay and being the person who support and comforts them in the process of not getting it is difficult.

When they do not get residence permit, their motivation decreases and this can be challenging, P7, “to find motivation for them to continue to go to school, learning Swedish and so on. Of course they aren't motivated when they know they have to go back. To motivate them in these situations are tough, pointless”. This person describes tasks when he has to try to motivate them, despite the circumstances, to be active as burdensome. He sees no reason in doing them.

Other factors that can cause burdensome feelings are illustrated by P8:

“I am constantly afraid that something will happen to the minors, for example that someone from the outside break in or that the home will catch on fire. If you are two in the personnel then it's ok, but at nights we are always alone and that's tough”

This person perceives times when she cannot guarantee their safety as burdensome. This derives from organizational aspects i.e. more personnel would diminish this feeling.

The feeling of powerlessness

This category are somewhat related to previous one and includes a feeling that can arise when some burdensome tasks happen. I decided to have them separated due to the fact that this category, in many cases, is to be seen as intensification from burdensome tasks and aspects.

The relationship between these two categories is illustrated in following quote, P7: “when they get this rejection (not getting permit to stay in Sweden) and are forced to go back. To not being able to do anything are tough. Its like its out of my control”. A feeling of powerlessness arises when the situation is out of her control. She cannot do anything to fix the situation or to maintain the minors feeling of safety.

Derived from these rejections, another aspect of powerlessness arises P7:

“I cannot give them a belief in the future [...] I don't know how the situation in their home countries look like or how it will be when they return. At the same time, I cannot give them any beliefs in the future here. They cannot stay. I feel impotent”

Besides being unable to fix the situation, she cannot give them clear visions on how their lives will be in the future due to instability. This incapability evokes a feeling of powerlessness.

P9 describes how various institutions also creates this feeling:

“When the system doesn't really work as it could, when they have no access to emergency dental care or when the school enrolment gets prolonged. When the process of testing their applications takes to long. You know, to kind of being trapped in between”

This person experience this feeling when she is caught in the middle of the system, unable to speed things up or when the minors are not handed the care they are entitled.
Another aspect is illustrated by P11:

“When I am exposed to situations I don’t have any knowledge of [...] When I don’t know how to act or behave towards the minor when they are sad and depressed [...] Then I experience a feeling of powerlessness [...] I handle it by learning from my mistakes”

This woman feels that she is lacking knowledge on how to behave in certain situations and this is her source of powerlessness. She learns how to handle it by doing mistakes. This takes us to the next category learning the profession and how to deal with it.

Learning the profession and how to deal with it

This category includes two dimensions. First I will illustrate how the personnel in the process of working acquire the right knowledge to be able to carry out their profession i.e. the production of knowledge, and secondly how they cope with things that demands to be handled.

P4 “I have a really good manager. I like her a lot. If I have any problems or reflections I know I can always go to her. It is always very good talking and reasoning with her about situations”. As illustrated, the boss is very helpful in the process of both figuring out what to do as well as debating issues that arises. She finds answer to her questions in her. Not all have the opportunity or want to go to the boss when they are unsure about a certain situation, P10 “I constantly learn from my colleagues, I always observe what they are doing, how they are doing it, how they behave with the minors and so on. I learn a lot from this”. This woman gathers information on how to behave in the profession from observing her colleagues, thus she can see what and what not works. She continues and says, “of course we talk a lot to, what to improve, how to handle certain things, why we did this and that and so on, we learn from one another by talking. We help each other improve our work”. This shows how important it is to have colleagues to discuss and analyze things together with. Through each other they learn a great deal, widen their perspectives and improve their work.

P3 mentions other ways to find guidance in how to proceed and handle a situation:

“I often go to our routine books to make sure I do things right. If you check things up in there you minimize the risk of doing wrong [...] There is a book with routines for the daily operation in most homes, but some misses it and this makes things difficult”

This woman turns to existing routines in order to be guided in her work. In there she find answers to what, when and how she should do things. The quote also illustrates how some homes have lacking routines, thus neglects the personnel the possibility to reassure themselves. P10 lets us know when these routines are best used “the routines are extra valuable when I am alone, often late at nights or in the morning, when I have no one to discuss with or ask”. It is evident that the times when the personnel are alone are the times when adequate routines are the most necessary tool and a good way to learn the profession.

One of the participants, together with her colleagues, has the opportunity to attend tutorial and guidance from an external professional once every other week, P12:

“We either talk about specific situations or minors and, with guidance, reason about it and learn or have guidance and discuss group culture and how to increase our sense of community [...] you never have to carry burdensome feelings to long, they are treated here”

Tutorials are a very useful way to learn new ways of looking at something and broaden their knowledge, an opportunity to be more close to the colleagues as well as a time when they can get rid of unwanted thoughts or feelings.
From the quotes in this category we can see that in the process of doing the work i.e. talking to the manager, colleagues and checking routines, the personnel acquires knowledge related to the profession and how they should act and behave in it. If some of these aspects are unavailable, the personnel struggle to attain knowledge. The last quote also illustrates how the personnel can get rid of unwanted feelings. This brings us to the second dimension of this category i.e. to handle and cope with burdensome and difficult thoughts and feelings.

P5 illustrates other ways than attending tutorial to discard burdensome feelings and emotions that can arise within the work, “talking to your colleagues is a good channel to get rid of feelings [...] if I do a hard workout, then it feels like I’m cleansing my body”. By talking to her colleagues regarding issues that are burdensome she gets them out in the open and this is one way to discard them.

In addition to this, you can handle burdensome aspects on your own, P12 “I usually work out a lot in order to get rid of feelings [...] if I do a hard workout, then it feels like I’m cleansing my body”. By getting physically worn out, this woman gets rid of feelings and emotions that are unwanted.

P1 talks about less concrete ways of dealing with them; “learn to shut off, to not take these feelings home. It was difficult in the beginning but now I’ve learnt to do it [...] for me it’s been an automatic process [...] once I leave the work its gone”. Initially he experienced difficulties getting rid of burdensome feelings, however, after a while he learned to leave them at work, to shut of and to distance himself from them.

P3 is talking about not grasping the full content of the stories the minors tell you, “it is difficult and tough to listen to them, but it’s kind of like a filter that makes it impossible to grasp everything on a deeper level. It is like their situations are to unreal to understand”. She has a filter inside of her that makes it impossible to comprehend and take in their stories. This filter protects her from their suffering. Although she is not as affected as you might think, listening to their out-of-the-ordinary life stories, she states that “some kind of tool on how to think in these situations is something I would like to have, to help you process it”. As a substitute she have never really gotten any suggestions on how to deal with these feelings and emotions that can arise in the work. This is something she is missing.

**Job gratification**

Even though there are aspects within this work that can be seen as tough, burdensome and difficult to grasp, all personnel experience a great joy and gratification in their job.

P2 “when you feel you've helped them getting a functional life you get happy. You are proud that you have contributed to this, it’s a very good feeling and the reason why I do it”. The feeling of helping the minors establishing a functional life makes the personnel experience pride. This is a very nice feeling and one of the reasons why they have this job.

P3 talks about gratification in the everyday practice, “when you sit down and chat with them, make them laugh. You experience you have impact, mean something to them and make them happy, it's awesome”. In the daily basis she experience happiness due to the fact that she increase their wellbeing and means something to them. P4 also experience gratification in the everyday practice, “sitting down and spending time with the minors [...] go away shopping together, going on trips, helping them with the homework and so on, that is really nice”. This illustrates how the most ordinary chores and the time she spends with them makes her happy and appreciate the work.

P7 states, “the best thing with this work is when you see they are comfortable here and when it feels like their home. They invite friends over, make sandwiches for them and like “this is my home”. This quote illustrates a gratification related to a feeling of safety. When the minors invite friends over and behave and act like it truly is their home, then they have succeeded in making it a safe and nice place for them. This is something to be very happy and grateful for.
6.2. A theory that highlights a feeling of safety

Following figure illustrates my theory and how the different categories are related to each other. The numbers next to the arrows are to clearly illustrate the relationships between the categories in the following elaboration.
This theory is grounded on all the participants’ statements and I have throughout my research found none evidence supporting that there is any differences between homes that are owned publicly or private. The theory is a generalized illustration on how the personnel at RCH experience their work situation and role.

The work with the minors is, as I have mentioned earlier and according to Wimelius et al., (2012) regulated by documents handed by the social services. These documents are not something my participants mention as something that guides their work, instead they mention that their work days constitutes of various tasks and roles in which they attend the minors needs. The possibility to establish a feeling of safety is their main role and includes safe and adequate housing, access to food and the opportunity to be full as well as personnel that have the opportunity to create trusting relationships with the minors. When this is fulfilled, the minors can get, according to the personnel, order and structure in their lives, resulting in increasing wellbeing as well as motivation (1) to take control over their lives.

Once the minors have this motivation, the work to activate (2) and integrate them (3) in society becomes much easier. This result in healthier, happier and more responsible individuals that have more insight and knowledge about the Swedish language and culture as well as individuals who can with greater ease become part of both smaller groups such as sporting teams as well as bigger groups such as school, community and society.

Unfortunately, the ability to establish this feeling is influenced by several factors. In order for the minors to have a feeling of safety, the personnel have to be able to make successful interpretations and act according to them (4) in relation to upcoming situations.

To make these successful interpretations and actions, the personnel must have the possibility to pay attention to and care for the minors (5). This includes having a work group that have a good and supporting working climate, different perspectives as well as the right amount of personnel within it (6).

Organizational aspects, the management and the leadership within it are responsible of this and, as you can see, affect the work group and their ability to care for the minors (7). Organizational aspects such as routines and guidelines are also important aspects that, when adequate and available, help the personnel to pay attention to and care for the minors (8) as well as gives the minors the structure they need in order to feel safe (9).

Once the minor have established a feeling of safety, as well as time spent with them in the everyday practice, the personnel experience job gratification (10, 11). This functions as the main reason why they do their job and the highlights within in.

There are also times when the personnel experience burdensome tasks and aspects i.e. aspects related to times when they cannot give the minor a feeling of safety (12), times when the minors test the personnel’s boundaries in the everyday practice (13) when they have difficulties to motivate them (14) as well as when organizational aspects hinders their work (15).

The process of learning the profession and how to deal with it includes both learning how to perform the work and learning how to cope with feelings that might arise within it. The personnel can turn to their manager or different routines (16) as well as their work group (17) in order to reassure themselves or find guidance, leading to increased knowledge on how to perform their work. This process of learning the profession is a big part in their everyday work. If none of the above options are available, the personnel will be unable to attain desired knowledge and run into trouble.

In order to deal with burdensome feelings or emotions, the personnel often talk it out with their colleagues (17), devote themselves to physical activities (18) or, if they have the possibility, attend tutorial or guidance on how to think and behave (16). While some feel the need to get rid of these feelings, some personnel experience a kind of filter that makes them incapable of understanding the minors’ situations or distances themselves from them.
7. Discussion

Following sections include discussions regarding the results and the main findings, earlier research, a presentation of Resilient Theory and how my results relate to it, the method and the research process including strengths and weaknesses and finally some suggestions for further research within this area.

7.1. Discussion of results

The lack of research and knowledge regarding how the personnel at RCH experience and perceive their working life and situation motivated me to conduct this research. By addressing the question: *how does personnel working with unaccompanied refugee minors in residential care homes perceive their work situation and role*, I aimed to widen the knowledge regarding this phenomenon.

*A feeling of safety* has throughout my research been the core category. It emerged in the open phase and was elaborated on until the theory was developed. All participants highlight how important it is for the minors to feel safe. Having their primary need of hunger and shelter over their heads is so natural and obvious for the personnel that they do not mention it unless I ask for the basic conditions within this feeling. Nonetheless, these primary needs are crucial and cannot be overlooked. Due to the fact that these primary needs are so well implemented and a part of the everyday practice, they instead focus on the psychological aspect included in *a feeling of safety* i.e. feeling secure in the environment, having trusting relationship with the people in their surroundings and always having someone to talk to. Unfortunately, these conditions are the most difficult ones to meet, especially when there are *organizational aspects* such as lacking management and routines as well as *work group* aspects i.e. inexperienced and unmotivated personnel that hinders the process.

*Organizational aspects* are to be seen as the fundamental aspect that influences all other aspects in some way. In the light of this, it is possible to see that a well organized, structured and supportive organization results in a bigger chance that the minors will establish *a feeling of safety* due to the fact that it increases the personnel’s possibility to pay attention to and care for the minors and to make successful interpretations and to act according to it, thus creates trusting relationships between the personnel and the minors. *A feeling of safety* is so much more than just having the minors primary needs met and it surprises me how little the organizations have knowledge and insight in this.

There are limited guidelines from the organizations on how to give the minors these trusting and caring relationships and the support they need; it is rather up to each individual personnel to find ways to do so. If the organization establish a good and stable *work group* with the possibility to learn from each other as well as time and opportunities to ventilate and discuss thoughts and issues it is possible to come up with solutions on how to do so. If not, it impinges on their ability to learn the profession and to help the minors feel safe.

Furthermore, personnel working within well-functioned organization with adequate routines, resources and support experience less *burdensome tasks and aspects* and *feelings of powerlessness* than personnel working under opposite conditions, thus illustrates aspects that affects the personnel’s wellbeing.

These discussions and aspects makes you wonder, how many RCH out there have inadequate organizations and work groups that struggle to establish this safe place for the minors with personnel who experience decreasing wellbeing because of it?

Moreover, *Organizational aspects* also affect the integration amongst the minors. Successful and fruitful integration amongst the minors are achieved once they are motivated
and activated, something that is difficult to achieve without a feeling of safety. This, once again, empathizes the importance of it. When you give them the ability to establish a feeling of safety and the motivation and tools to be active in society, then the integration often comes naturally.

This discussion highlights and focuses on the big influence the organizations have on the social workers profession at RCH, the health and wellbeing amongst them as well as the wellbeing and integration regarding the minors. Sadly, the fact that the organizational aspects affect the personnel’s wellbeing is not surprising. I was however surprised to see the extent in which these aspects influenced the minors’ situation and wellbeing. These two aspects are, in my opinion, the most important findings. These organizations and homes lay the groundwork and the conditions for establishing a feeling of safety for the minors and therefore are the primary factor that influences their ability to integrate into society. By acknowledging this and giving the personnel appropriate amount of resources and support, organizations would enhance the personnel’s wellbeing, resulting in better care for the minors and a more fruitful integration if them into society.

This result could be used in order to highlight the personnel’s situation, what they need out of the organization to enhance their own and the minors’ wellbeing and increase the minors’ integration in society as well as show the very important role the organization have in this. By spreading this knowledge to organizations included in this process they would see what has to be done in order to promote wellbeing for both the minors and the personnel. This would of course increase the integration of these minors, resulting in more independent and assimilated individuals that would promote Sweden's economy i.e. the faster they get integrated in society, the less support they would need and the more we could benefit from healthy individuals. Organizations aware of this would also be aware of what the personnel need in order to feel good, and could therefore make decisions that would promote their health, leading to less sick-leave, work fatigue et cetera, thus increasing the Swedish economy in several ways.

7.2. Discussion about earlier research

This section includes an elaborative discussion regarding my results and theory in relation to the research presented in earlier research. My results indicate that a feeling of safety includes and focuses on two fluxes i.e. the things that make the minors feel safe and organizational conditions that can hinder/facilitate this, thus, these themes will be the topics of discussion.

7.2.1. To aid and care for unaccompanied refugee minors

In line with the research from Bræin and Christie (2011), Brunnberg (2001), Kohli (2003, 2006a, 2006b, 2007), Montgomery et al., (2001) and Sutton et al., (2006), my research emphasizes the importance of available, trusting and caring relationships in order to increase the wellbeing for the minors. These relationships are a component that has to be met in order for the minors to feel safe and increase their wellbeing. Furthermore, my research also states that these relationships is not enough on their own i.e. in order for the minors to thrive and feel safe, they have to have their primary need of hunger met and perceive their surrounding as safe and stable, conditions other research pay surprisingly little attention to.

Whilst Astvik (2002) talks about the danger of becoming to close to the clients the home care workers care for, due to the risk of any kind of harm if the relationships would cease to exist, my theory states the opposite regarding relationships with the minors. My result clearly states that in order for minors to establish a feeling of safety, a close and caring
relationship with the personnel is a necessity and never something the personnel feel threatened by. This close relationship can be attained when the personnel have the possibility to pay attention to and care for the minors, resulting in an increase in their possibility to pay attention to and care for the minors, thus problematizing the situation i.e. indicating there are various factors that can hinder these caring relationships to exist (elaboration in following theme).

Kohli (2003, 2006a, 2006b, 2007) emphasizes the importance of having their stories told as something crucial in establishing a normal and good life. My research does not perceive this as something crucial but instead focuses on, as previously stated, comfortable housing, food, and trusting relationships as vital aspects, indicating contradictions within the research. However, bear in mind my study did not highlight the minors perspective per see, and this could be the reason why I did not found this aspect as an important one. Either way, it would be interesting to investigate this aspect and to explore this contradiction.

My theory states, in line with Montgomery et al., (2001) and Sutton et al., (2006) that activity outside the homes increases the minors’ wellbeing. It opens up for the minors to spend time with peers i.e. becoming a part of something bigger than themselves as well as helps them to think of something less burdensome. My result also puts this in a bigger context, showing how difficult it can be to motivate and activate them without a feeling of safety as well as how these activities integrates them into society in a very fruitful way.

7.2.2. Organizational conditions within the work

The research from Wimelius et al., (2012) indicate that there are several guidelines and documents handed by the social services that controls and steer the work with each minor at RCH. Sundqvists et al., (2015) study shows how personnel struggle to fully follow these documents when there are factors within the organization that hinders it e.g. lack of time. These documents are for some reason not something my participants talk a great deal about; some of them do not even mention them. These document have perhaps been incorporated so well into their work they do not reflect upon them as something particular or perhaps they are so distant they are not something that are integrated in the personnel’s daily work. My result rather indicates that their work is influenced by the daily happenings occurring or the time they have at their disposal. What seems to be the absence of these documents can of course problematize the whole situation i.e. if the personnel are not fully aware or guided by these documents, how can they know what the minors need, possibly resulting in improper care.

My research, as well as the research from Astvik (2002) and Brunnberg (2001) indicates that when the organization do not provide the resources, time or personnel that is needed in order to give good care towards the caretaker, these trusting relationships are difficult to attain. As my research shows, this makes it almost impossible for the minors to establish a feeling of safety as well as become motivated and active in the society, resulting in less integration. This immense affect organizational aspects have on the minor’s continuous lives is something my research contributes with and not something highlighted to this extend before.

The result also shows that when there are adequate organization aspects such as support, both from the manager and the colleagues, as well as opportunities to ventilate, the personnel can handle upcoming daily issues such as arguments, testing of boundaries et cetera in a positive way, thus resulting in more satisfied personnel. This support is also something research from Astvik (2002, 2013) and Kohli (2013) emphasizes.

My theory also indicate that organizational aspects influence the personnel’s ability to learn the profession and to increase their knowledge within it, thus, once again, makes it clear the massive responsibility the organization have in the work with the minors, something other research does not pay much attention to.
7.2.3. The gap my research fills

Although I have found some similarities and some contradictions within earlier research and mine, I think my biggest contribution to this field is the theory I have grounded. It, in a very holistic way, shows how several conditions have to be met in order for the minors to feel safe and become integrated in society on a fruitful way. The theory clearly captures what the minors need in order to feel safe as well as how the personnel have to be in order for it to happen, primarily focusing and showing how it is organizational aspects that hinder/enables this. My theory also problematizes the situation within these homes, showing that the majority of them lack guidance and opportunity for guidance on how to act and behave towards the minors. A theory like this, which captures the whole process of working with unaccompanied refugee minors and the various aspects included in it is something well need in a time like this and not something other research have developed.

7.3. Theoretical framework

GT advocates that the researcher enters the field he/she is interested in without any ideas of how to interpret it (Glaser, 1978, 2010). Therefore, I did not decide on or reflect over any theoretical perspectives before my result was interpreted. In relation to my main findings i.e. the personnel’s ability to establish a feeling of safety for the minors, I found similar reasoning and aspects within the perspective of Resilient Therapy (RT), thus this is the framework I have chosen to present and later discuss my results from.

Furthermore, and as previously stated, there is a lack of existing guidelines and routines on how the personnel should behave and act in relation to the minors i.e. it is up for each personnel to find appropriate ways. RT however, has a more guided approach on how to treat vulnerable and subjected minors. Following part includes a discussion and comparison between my theory and RT.

7.3.1. Resilient Therapy

Hart, Blincow and Thomas (2007, 2008) developed RT for individuals working with minors in and under specific destructive and difficult life stages. RT is used to work with minors who have experienced physical or mental abuse, abandonment, separations, unsupportive climates/surroundings in their lives and who have few possibilities to increase their wellbeing on their own or with the help from family or relatives. The aim with RT is for the workers to help the minors bounce up from their unwanted situation and destructive mind-set they are accompanied with (ibid.).

RT is an outcome-focused strategic tool and approach that is designed to be used with children in different contexts and situations in order to meet their needs. It involves interaction with the person aiding the minor e.g. social workers, volunteer workers and the minor in need of help, in which the “therapist” i.e. the worker, helps the minor regain his or hers well-being by fostering his/hers resilience (ibid.) Masten (2001) defines resilience as “a class of phenomena characterized by good outcomes in spite of serious threats to adaption and development” (2001:228). In other words; when the resilient therapist has implement resilience in the minor, he/she can harness positive outcomes regardless of past experiences.

Although the authors do not mention work with unaccompanied refugee children, I found the reasoning within RT as something that could be applicable to any kind of social work that involves help from a professional adult to a minor in the need of it. Furthermore, RT is well used in the work with “dandelion children” (maskrosbarn) here in Sweden.
7.3.2. RT´s noble truths and my theory

In order for resilience to appear within the minor, the worker has to reflect and implement what RT refers to as four “noble truths”. These noble truths have to characterize all the work with the minors and be a part of their daily work (Hart, Blincow & Thomas, 2007, 2008).

**Accepting**
This refers to when the worker can truly immerse her/himself into the minor’s life, including their history, experiences, thoughts, feelings and behavior. By being able to see the minor and their situation, the worker can then accept it and start to work with them in the situation where they are at. Being aware of the minor’s history and personality opens up and gives the worker the ability to use actions and interventions the minor would benefit the most from. When accepting is possible and implemented, the worker minimizes the risk of generalizing the minor and the way she/he should be treated (Hart, Blincow & Thomas, 2007, 2008).

There are several similarities with this truth and my theory i.e. they both emphasizes and puts the personnel’s ability to devote themselves to the minor in the center. RT, as well as my theory, sees this as a crucial aspect and something that has to be met in order for the minor to thrive. The results from my study also indicate that it is not only enough for the personnel to be there and to see the minor, but to also behave respectfully, truthfully and warm-hearted towards him/her, thus emphasizes how they should be there for them.

**Commitment**
This concept refers to the notion of being committed to the minor you are working with and staying motivated to help them. Being committed often comes naturally once the worker is able to implement the first truth, accepting, and it helps the worker to establish a real and genuine relation between him/her and the minor, thus minimizes the risk that the worker are unmotivated to help (Hart, Blincow & Thomas, 2007, 2008).

This truth highlights the fact that the practitioner of RT has to, at all time working with the minor, stay committed to him/her. I think this is a rather abstract concept and not something the practitioners can really decide to “turn on”. My result mentions nothing like this but instead focuses on more concrete ways of behavior such as the opportunity to listen to them, behaving politely and respectfully et cetera, indicating there are differences between how my theory and RT views the personnel’s work and demands.

**Conserving**
This includes several aspects. The first aspect refers to establishing everything that is already working for the minor and to develop this. Secondly, it refers to the process in which the worker enters a relationship with the minor. In this relationship the worker have to act consistently, be reliable as well as have the ability to withhold complex emotional expressions instead of pushing them to the minor. The third aspect is to make the surroundings as conserving and stable as possible e.g. furniture, furnishing (Hart, Blincow & Thomas, 2007, 2008).

This truth highlights and emphasizes the importance of the relationships between the worker and the minor, something my theory also acknowledge and confirms. In order for help to be exchanged between the two, a trusting relationship is a necessity. Without it, the minor have difficulties to trust the worker and therefore have difficulties to receive help. In this sense, RT and my theory are in line with each other. However, RT highlights aspects in this truth my theory do not confirm i.e. the fact that the personnel have to withhold emotional feelings. My result rather indicate that as long as the personnel behave consistently it is acceptable, suggesting that the personnel could behave emotionally as long as it is a part of who the person is and his/hers ordinary behavior.
Enlisting
This refers to how difficult it can be for RT workers to succeed in their job on their own. Being several workers that care for and helps the minor is almost crucial in order to succeed. If there are workers that do not cherish or implement these truths, or if there are too many different workers in their environment, resulting in confusion of whom that is there to help them, there will be difficulties to be resilient (Hart, Blincow & Thomas, 2007, 2008).

Similar findings in this could be found in my results. The difference is that my theory explains why it is important to have several committed workers that behave in certain ways, stating that it is difficult to establish and attain trusting relationships without it i.e. on your own. This trusting relationship is one crucial factor that has to be met in order for the minors to establish a feeling of safety.

Summarizing thoughts regarding the noble truths and my theory
There are both differences and similarities between RT and my theory and although my result indicate that there are no guidelines similar to the noble truths in the work with unaccompanied refuge minors, the personnel talk about conditions that resembles this that have to be met in order for the minors to feel good e.g. being there for them, getting to know them, establishing trusting and caring relationships and acting consistently. As you see, both theories focus on the fact that the personnel have to behave in certain ways in order for the minors to be resilient. Furthermore, the suggestions within RT are of a more abstract form i.e. misses more concrete ways on how to behave, whilst my result have suggestions of both abstract and concrete character.

Unfortunately, the difference is that the personnel at RCH have to figure this out by their own e.g. turning to organizational aspects such as management or daily routines or the work group and the colleagues.

The problem is when the organization is inadequate, jeopardizing these ways of learning how to behave or when organizational aspects such as insufficient leadership, destructive working climate and limited resources effects the workgroup (e.g. not enough personnel), and the personnel’s ability to care for the minors in the best possible way. This makes it impossible for the minors to establish a feeling of safety and to increase their wellbeing.

My theory also problematizes the personnel’s situation; showing how organizational aspects are the primary factor that influences their ability to devote themselves to behavior similar to RTs noble truths, and therefore is the crucial factor that hinders/enables them to do a good work and to help the minors. When organizational aspects are inadequate or lacking, the personnel struggle to implement and work in ways similar to these truths but when they are adequate, they personnel, without knowing it, automatically work from the basis of them.

7.3.3. RT’s five aspects of need and my theory
Besides implementing these truths, the worker according to RT, also have to make sure that the minor have following five aspects satisfied in order to be resilient (Hart, Blincow & Thomas, 2007, 2008).

These aspects can be satisfied or handled simultaneously and should not be seen as Maslow’s hierarchy of needs (ibid.) i.e. where five needs are divided into a pyramid and where the bottom need has to be fulfilled before the following need can be handled and so on (Heidenborg, 1981).

Basic needs
This comprises the fundamental needs every human have and is designed specifically to handle deprivation and health inequalities associated to it. Aspects included in the basic needs
are; good-enough housing, enough money to live, being safe, healthy diet, exercise and fresh air and being free from prejudice and discrimination (Hart, Blincow & Thomas, 2007, 2008).

RT sees these needs as crucial aspects that have to be met in order for the minors to be resilient. My result does not highlight these aspects to the same extent, one cause for that could be that RCH automatically provides the majority of them, and therefore the personnel do not have to reflect upon them. Although, when the personnel was asked about the basic needs that had to fulfilled for the minors, good-enough housing and food was mentioned, indicating similarities in the both theories regarding these aspects.

**Belonging**
Belonging is about being able to help the minor create and develop promoting and good relationships in his/her surrounding. From these relationships a feeling of belonging arises and this is a crucial aspect in RT. It helps them feel confident and significant to the world (ibid.).

My theory highlight the fact that good relationships in the surrounding, trusting relationships with the personnel to be specific, are a vital aspect that has to exist in order for the minor to experience any lasting wellbeing. However it does not indicate that these relationships help them become confident or significant to the world. The fact that these minors instantly becomes a part of and belongs to something bigger than themselves the minute they walk into the RCH can provide an answer to this. Belonging is never any issue for these minors due to the fact that they all become a part of a bigger group so fast.

**Learning**
Learning is much more than just attaining information from school. It also includes learning various life skills, skills used in the daily lives, talents and interests. The school and the educational system are however the biggest part of learning and helps the minors develop a sense of achievement and competence (ibid.).

This aspect also includes aspect that minors at RCH are presented to in the everyday life. These minors experience various life lessons, increase their everyday skills and devote themselves to their own interests and education on a daily basis and are therefore not something the personnel, per see, highlight as a health promoting activity. However, my result indicate that unwillingness to learn Swedish neglects them the opportunity to assimilate to customs, culture and language in Sweden and can therefore decrease their sense of community and integration, leading to ill-health. In other words, my theory does not state learning as a crucial aspect in the work to increase the minor’s well-being, however it is fruitful for them and the lack of learning can instead decrease their health.

**Coping**
To help the minor build up a particular set of skills in which he/she can use in order to cope with everyday life is another aspect that makes he/she resilient. By doing this, he/she can protect him/herself from storms that blow up around them. Besides decreased stress, due to the fact that he/she can cope with unpleasant aspects, he/she also feels that he/she is capable of handling things, resulting in increased self-esteem (ibid.).

The personnel at RCH do not mention any idea similar to this in their everyday work. However I think that the daily interactions with the minors e.g. when they ask question about how to act/behave in certain situations, how to think about this and that et cetera are ways of learning how to cope with things surround them. This suggests that when the personnel have time and opportunity to be available to the minors, their concerns and their questions, they help them learn how to cope with upcoming issues and situations.

**Core self**
This concept is about working with the minor on an interpersonal level i.e. focus on his/hers inner worlds. Many of these minors have been neglected opportunities to grow for themselves due to their circumstances and by giving them tools to grow on their own they can increase their core self and this is important in order to make them secure and happy in themselves (ibid.).

Once again, my result indicate that the everyday work and interactions the personnel have with the minors have the possibility to give them the tools to increase their core self’s. Being there for them and establishing trusting and caring relationships with them gives them the security and feelings of safety that makes it possible for them to work on an intrapersonal level such as with motivation, activation and integration. This shapes them to be independent and strong individuals.

**Summarizing thoughts regarding the five needs and my theory**

Whilst RT focuses on these aspects, some of which are similar to aspects I found in my theory, my results indicate that the primary factor that influences and increases their wellbeing are a feeling of safety. My definition of a feeling of safety includes several other components than the definition by Hart, Blincow and Thomas (2007, 2008) (included in the “basic needs”). They refer being safe to a house that have electricity, warmth and walls whilst my definition of it includes personnel that on a consistent way have the opportunity to establish caring and trusting relationships (similar to RTs “belonging”), an environment they are familiar and safe in as well as access to food (similar to the RTs “basic needs”). This shows that my definition of being safe, a feeling of safety, is more complex and vast than the definition within RT, although it contains some aspects that are similar. While RT focuses of five categories of needs, my theory focuses on one.

Furthermore, Hart, Blincow and Thomas (2007, 2008) states that the five aspect within RT can be dealt with parallel to each other while I state that being safe, a feeling of safety, is a pre-requisite that has to be met in order for the minors to work on a intra-personnel level i.e. similar to RTs “learning”, “coping” and “core self”. These diverse thoughts on how to view the minors needs and in which order to deal with them are the biggest different between their theory and mine.

My result also shows that successful RCH with beneficial organizational aspects automatically fulfill these needs, in other words, the everyday work with the minors creates conditions which will aid them with “the basic needs”, “belonging”, learning”, “coping” and “core self”.

### 7.3.4. Concluding remarks

Both RT and my theory highlight aspects that have to be met in order for the minors to thrive, and while there are some similarities such as similar views on the minors primary needs of hunger and safe housing there are also some differences. One aspect that differs is that RT have clear guidelines on how to behave and what needs to be fulfilled in order for the minors to have positive outcomes whilst my research indicate there are rarely anything similar to this in the RCH. This is most likely the reason why the personnel I interviewed sometimes lack knowledge on how to interact with or help the minors.

However, when there are favorable organizational aspects such as supportive leadership, opportunities to learn from each other as well as good and enough personnel, the personnel then often, without knowing it, learn, incorporate and behave in ways very much similar to the noble truths RT suggests. If organizational aspects are lacking, this becomes almost impossible, and the ones suffering from it are the minors as well as the personnel, due to the fact that they then often miss opportunity for support, coping and learning within the work.
My theory also has another way of viewing the needs that has to be fulfilled in order for the minors to increase their wellbeing. RT simultaneously focuses on five basic needs whilst my theory indicates one primary need, a feeling of safety. Even though this aspect includes some of the need RT talks about (“basic needs and “belonging”) it also differs. When organizational aspects are favorable, the minors have a big chance of establishing a feeling of safety and then devote themselves to aspects much alike “learning”, “coping” and “core self”, indicating that the process of increasing their wellbeing is not the same. However, when these organizational aspects are unfavorable, it is difficult to fulfill the needs these minors have and therefore neglects these minors a feeling of safety and resilience.

In the light of the positive outcomes successful RT implements, successful RCH not only increases the minors wellbeing and integration but also learn these minors how to retain this wellbeing for a long time i.e. they learn the minor to be resilient and to enhance and evolve their core self’s and to cope with their everyday lives. By acknowledging and cherishing the four noble truths, and making sure that the personnel have the opportunity to work from the basis of them, the everyday practice with the minors would enable them to be more resilient individuals, something that would be beneficial throughout their lives.

7.4. Reflections over the method and research process

The perspective from the personnel at RCH for unaccompanied refugee children has not been the focus of attention this global situation demands. Instead, the focus has been to highlight the minor’s perspective. It is due to this lack of knowledge in the personnel’s working life my chosen method is so appropriate. The openness GT initially advocates makes it possible to put all the focus on the personnel’s own stories and statements. It is throughout these statements and the different phases GT goes through the theory is made, resulting in a theory that is closely connected to their reality.

Being open to the participants has not been an issue for me due to the fact that the majority of the research I found was related to the minors’ situation and how various laws were constituted. Therefore, I had little insight and limited preconceptions about the personnel’s situations and role. Staying close to the data helped me build the result from interpretation on the personnel’s own statements, thus making it difficult to misinterpret or overanalyze them.

The whole process of staying true and close to the data increased the validity and reliability of the theory i.e. it is difficult to get an invalid and unreliable theory when it is the participants statements that fuels the research and guides the researcher.

Other methods, such as phenomenology or hermeneutics, would possible give me a more in-depth knowledge of the phenomena. However, these methods also suggest that the researcher interprets the things that are not mentioned and encourages the researcher to read between the lines (Dahlberg, Dahlberg & Nyström, 2008). It is these abstract ways of interpreting the data that would be, in my opinion, devastating to use when the researcher highlights something he/she lacks knowledge about. Without enough knowledge the researcher could end up with misinterpreted results. Nonetheless, I think these methods would be suitable to use once the knowledge about the phenomenon is expanded.

Unfortunately my samplings have some minor weaknesses. The first thing is that I only have two men, approximately the same age, thus makes it difficult to generalize the theory to men outside this interval. I could not find any data on how many men in relation to women in this profession, thus makes it difficult to say how many more men I needed. Despite this, I argue for that at least two more men in various age intervals would be beneficial for the study.

The other thing is that all of the participants have some kind of higher education. They have either attended vocational school or have some kind of degree within human science. Even though this, hopefully, increased the personnel’s knowledge regarding aspects of the
human life such as behavior, culture and differences it would be fruitful to include participants without any form of higher education. These two aspects could of course be corrected by conducting a similar study under a longer period of time.

There are also factors in the samplings that make them strong i.e. they include both full time and part time workers, a wide variety of ages, individuals who work at several homes as well as individuals who work at only one home, big difference in the amount of time they have worked at the homes and variations in forms of ownership; private or public.

By having participants who contacted me via Facebook as well as participants I contacted via friends of friends hopefully led to the fact that I got participants who where both eager to share their experiences (the ones who contacted me) as well as participants that were not as outgoing as them (the ones I contacted). Furthermore, I did not personally know any of my participants well and this is to be seen as a positive thing; I argue for that I got more truthful and reliable data because of this.

In the theoretical phase I asked questions that would test my theory: “are there other aspects that are equally important or more important than safety related to their wellbeing (e.g. education, social skills). By doing this I opened up for and gave the participants the opportunity to defy or change my theory. They all said that safety was the most important aspect related to their wellbeing and this resulted in a much more valid and reliable theory.

There was no information that suggested that these homes only accepted minors in the ages of 13-18, however none of the homes accepted minors under it. The participants notified me that minor younger than 14 were located to family homes instead. This explains why none, with the exception of one, of my participants cared for minors under the age of 14.

Even though the minors staying at these RCH have not had the opportunity to get their voices heard, my theory includes several aspect related to them e.g. their wellbeing, their motivation, integration et cetera. I argue for that the personnel who all have been working for a minimum of three months (this was a criteria I had) have good insight and knowledge regarding the minors perception of it and therefor functions as a good messenger on their behalf’s.

By respecting the participants’ integrity and reassuring them of the ethical conditions as well as following them throughout the process, I did not come across any ethical problems that could have led to any kind of harm on the participants, the minors or the organizations.

7.5. Suggestions for further research

Even though this study highlights the personnel's perspective and how they perceive their work and role at the homes it is not remotely enough. In order to grasp their work and situation to the fully, there have to be more research focusing on them alone. By conducting larger qualitative research with the same intention as this, the knowledge around the subject would be widened and the insight in their work would increase. This would be beneficial for both the personnel i.e. increased knowledge regarding their work would make it easier to handle aspects they find difficult, increasing their wellbeing as well for the minors i.e. more efficient work from the personnel and insight in how to handle the minors would result in healthier minors who can integrate in society with much greater ease.

With the help of this study, questionnaires could be developed and quantitative studies could be executed in order to get a more generalized picture on how the situation looks like at different homes. By attaining a more generalized picture, we would see where the problems are e.g. if some municipalities struggle more with establishing a safe place for the minors and how big of a problem it is.

The organizations and homes who struggle to establish a feeling of safety for the minors could, with the help of this research, go through the aspects they find they are lacking and improve them. Both before and after interventions have been made it would be beneficial
to conduct research in order to examine how well these interventions worked. By sending out questionnaires and conducting interviews, to both the personnel and the minors, we would be able to see the changes and how they affect these two groups. Needless to say, these kind for research that aims to develop suitable tools and interventions to increase the wellbeing for the personnel and the minors are fruitful in every aspect i.e. healthier personnel and minors as well as minors who integrate into society in a much more efficient way.

7.6. Conclusion

The theory that was driven by and developed by twelve interviews show that the personnel at homes for unaccompanied refugee minor primary task is to establish a feeling of safety for the minors. Furthermore, this study created a wider insight regarding the personnel’s work, showing how the organization and the management are the single biggest factor influencing their ability to do a good job.

Organizational aspects influence and manage existing routines, guidance and support as well as the motivation and the amount of personnel working. When these aspects are lacking or inadequate the personnel struggle to enhance their competence as well as struggle to establish a feeling of safety for the minors, leading to ill-health, lack of motivation, activation and integration amongst the minors.

Not only does inadequate organizations hinder the minors ability to feel safe and becoming a part of society in a successful way, they also affect the personnel’s wellbeing i.e. implementing unsupportive working climate with little chance of opportunities to cope with burdensome thoughts, emotions and aspects within the job.

By conducting more qualitative, as well quantitative research, our knowledge about this rather unexplored phenomena would be increased. This would hopefully lead to suggestions and information that would contribute to better conditions for both the personnel and the minors.

Acknowledging and implementing the noble truths within RT into the work with unaccompanied refugee minors would make the personnel’s work easier i.e. they would have more guidance on how to behave, as well result in more resilient minors who would be capable of attaining a good life quality throughout their lives.
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Printed sources


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**Laws and regulations**


**Internet sources**

Appendices

Appendix 1, participant callout
(Translated from Swedish)

Hello, my name is Fredrik Segerberg and I study Health and Welfare - work life orientation. It’s now time for me to begin the first part of my Master thesis and I’m looking for persons that work in accommodations for unaccompanied refugee minors.

My aim with this study is to find out what it means to work at these accommodations and what the work is characterized by. In order to do this I intend to interview personnel at these workplaces. Is this something you would like to share with me, or do you know someone that might want to, please contact me so we can talk more.

Due to the fact that I look for variety in the people I interview, please fill in following questions if you are interested so I can get a sense of who you are.

Thank you very much!
Fredrik Segerberg
*******@hotmail.com
070 *******

Regarding you:
- Sex
- Age
- Education
- Employment status

Regarding the accommodation you work at:
- Private or public owned
- Number of minors at the accommodation
- If the organization is well established or not
- If the organization is big or small
- If it’s a accommodation for boys, girls or both

You will have full anonymity throughout the thesis as well as after.
### Appendix 2, summarizing description of the participants

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<th>P</th>
<th>Age</th>
<th>Gender</th>
<th>Education</th>
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<th>Ownership</th>
<th>Time being opened</th>
<th>Number of minors</th>
<th>Minors gender and age</th>
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<td>30-35</td>
<td>Male</td>
<td>PE teacher. 3 year at university</td>
<td>Full time</td>
<td>2 years</td>
<td>51 % private, 49 % municipality owned</td>
<td>2 years</td>
<td>10-15</td>
<td>Boys and girls. 14-18</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>35-40</td>
<td>Male</td>
<td>Humanistic pedagogy program. 1 year at vocational school</td>
<td>Full time</td>
<td>1 year</td>
<td>51 % private, 49 % municipality owned</td>
<td>2 years</td>
<td>10-15</td>
<td>Boys and girls. 14-18</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>20-25</td>
<td>Female</td>
<td>Studying a 3 year long behavioral science program at university</td>
<td>Part time (50%) for a recruitment agency. Works at four different homes</td>
<td>2 years</td>
<td>Municipality</td>
<td>Couple of months-several years</td>
<td>10-15 25-30</td>
<td>Boys. 14-18</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>55-60</td>
<td>Female</td>
<td>Assisting nurse. 1 year at vocational school</td>
<td>Full time</td>
<td>4 months</td>
<td>Municipality</td>
<td>1.5 year</td>
<td>10-15</td>
<td>Boys. 14-18</td>
<td></td>
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<tr>
<td>5</td>
<td>45-50</td>
<td>Female</td>
<td>Bachelor degree in behavioral science</td>
<td>Part time (80%)</td>
<td>4 years</td>
<td>Municipality</td>
<td>5 years</td>
<td>15-20</td>
<td>Boys. 14-18</td>
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</tr>
<tr>
<td>6</td>
<td>25-30</td>
<td>Female</td>
<td>Bachelor degree in behavioral science. External courses: social law and leadership</td>
<td>Full time</td>
<td>3 months</td>
<td>Municipality</td>
<td>3 years</td>
<td>40</td>
<td>Boys. 15-18</td>
<td></td>
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<tr>
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<td>20-25</td>
<td>Female</td>
<td>Studying a 3 year long behavioral science program at university</td>
<td>Part time (40-50%)</td>
<td>1 year</td>
<td>51 % private, 49 % municipality owned</td>
<td>2 years</td>
<td>10-15</td>
<td>Boys and girls. 14-18</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>25-30</td>
<td>Female</td>
<td>Bachelor degree in behavioral science</td>
<td>Full time</td>
<td>3 months</td>
<td>Municipality</td>
<td>3 years</td>
<td>20-25</td>
<td>Boys. 14-18</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>25-30</td>
<td>Female</td>
<td>Bachelor degree in behavioral science. External courses: social law and social work</td>
<td>Full time</td>
<td>6 months</td>
<td>Municipality</td>
<td>4 months</td>
<td>10</td>
<td>14-17</td>
<td>3</td>
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<tr>
<td>10</td>
<td>20-25</td>
<td>Female</td>
<td>Studying a 3 year long behavioral science program at university</td>
<td>Part time (50%) for a recruitment agency. Works at four different homes</td>
<td>23 years</td>
<td>Municipality</td>
<td>Couple of months-several years</td>
<td>10-15 25-30</td>
<td>Boys. 14-18</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>25-30</td>
<td>Female</td>
<td>Bachelor degree in behavioral science. External courses: social law and leadership</td>
<td>Full time</td>
<td>Three months</td>
<td>Municipality</td>
<td>3 years</td>
<td>40</td>
<td>Boys. 15-18</td>
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<tr>
<td>12</td>
<td>50-55</td>
<td>Female</td>
<td>Wellness consultant (one year at vocational school). External courses: leadership and cultural violence</td>
<td>Full time</td>
<td>6 months</td>
<td>Private</td>
<td>1.5 year</td>
<td>11</td>
<td>Boys. 14-18</td>
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</table>
Appendix 3, information about the ethical considerations

(Translated from Swedish)

Hi, I really appreciate that you are interested in sharing your experiences about working at these accommodations. My name is Fredrik Segerberg and I write a thesis with the aim to highlight and explore how the personnel at these accommodations perceive their working situation, their work and role there.

During the interview, which will take around 30 and 60 minutes, I will ask questions about your work, what you think of it, the experiences you have had there and so on. I guarantee you full anonymity throughout the process e.g. I will never mention your name or other aspect that can jeopardize your identity. You can, at any time, choose to cancel the interview or choose to not answer any questions. The information I get form you will only be used in this thesis.

Also, with your permission, can I record the interview?

If you have any questions or thoughts about it, please contact me!

Fredrik Segerberg
*******@hotmail.com
070*******
Appendix 4, interview guide, the open phase

(Translated from Swedish)

Theme 1, who are you?
- What’s your name?
- When are you born?
- What does your educational background look like?
- What does your employment status look like?

Theme 2, what does the accommodation look like?
- Is it private or public?
- Is the accommodation and organization well established?
- How big would you say that the organization is?
- How many minors live there?
- Is it for boys, girls or mixed?

Theme 3, what does your work look like?
- What does a workday look like?
- What are your chores and tasks?
- Do the days differ? If yes, in what way?
- Are there any tasks that are more complicated? Any that is easier than others? How come?
- How do you handle difficult and cumbersome tasks?
- How does the interaction with the minors look like? Do they differ?
- What do you think you mean for the minors? Why is that?
- What do they mean to you?
- What are your emotions before a shift? After?
- What’s the best thing with your work?
- What’s most challenging with it?
- How do you perceive your colleagues and what do they mean to you?
- Do you like your job? Is there something you would want to change? Why? In what way?

- Is there something you think I’ve missed to ask about that is relevant to your work and your part there?

Thank you for your participation and cooperation!
In case anything comes up or you just want to talk about something from the interview, please contact me!
Appendix 5, interview guide, the selective phase

(Translated from Swedish)

Theme 1, who are you?
- What’s your name?
- When are you born?
- What does your educational background look like?
- What does your employment status look like?

Theme 2, what does the accommodation look like?
- Is it private or public?
- Is the accommodation and organization well established?
- How big would you say that the organization is?
- How many minors live there?
- Is it for boys, girls or mixed?

Theme 3, elaboration of the categories
- How do you establish a sense of safety for the minors? Are there any difficulties in doing this? What is most difficult in the process of establishing it? How do you know you have given them it?
- What does your colleagues mean to you? In what ways are they important?
- Are there any routines regarding how you should act in different situations? Are there any routines you think is missing?
- In what way do you pay attention to each minor? Do you have the possibility to pay attention to and cater for every minor?
- Do you find any difficulties in observing and interpreting different situation and to make a good decision in them?
- Are there any tasks that are more difficult than others? Which are the most burdensome tasks? How do you handle these tasks?
- Why do you think it is so important to motivate these minors? How do you do that?
- Why do you think it is so important to activate them? How do you do that? Are there any conditions that have to been met in order to motivate and activate them?
- In what way do you integrate them in society? Is there anything missing in this process?
- Do you sometimes experience a feeling of powerlessness? How come? How do you deal with it?
- What is it that is so great with this work? Why do you do it?
- Is there something you think I've missed to ask about that is relevant to your work and your part there?

Thank you for your participation and cooperation!
In case anything comes up or you just want to talk about something from the interview, please contact me!
Appendix 6, interview guide, the theoretical phase

(Translated from Swedish)

Theme 1, who are you?
- What’s your name?
- When are you born?
- What does your educational background look like?
- What does your employment status look like?

Theme 2, what does the accommodation look like?
- Is it private or public?
- Is the accommodation and organization well established?
- How big would you say that the organization is?
- How many minors live there?
- Is it for boys, girls or mixed?

Theme 3, different relations between the categories
- Who decides on how your workdays are to be conducted and planned?
- What kind of guidelines and routines do you have to follow when you work with the minors? Where do they come from? What do they include?
- What does the sense of safety mean to the minors? Are there other aspects that are equally important or more important than this safety related to their wellbeing (e.g. education, social skills)?
- What does it take to establish a sense of safety for the minors? Are there moments when this is more difficult to accomplish?
- In what ways does your colleagues affects your work? How do you learn from each other? Are there moments you wish your colleagues would behave differently?
- What does the existing routines means to you? Are there moments you use them more frequently? What does the routines means to the minors?
- Are there any aspects that affect your ability to pay attention to each minor?
- How do you handle tasks you find difficult or burdensome?
- Does the minors’ wellbeing influence their motivation and will to be active? What does it take in order to enhance their motivation and activity?
- What conditions have to exists in order for the minors to be integrated in the best possible way in society? How do you give them this?
- Do you experience a feeling of powerlessness in your work? Why do you think? What does this feeling derive from? How do you handle it?

- Is there something you think I've missed to ask about that is relevant to your work and your part there?

Thank you for your participation and cooperation!
In case anything comes up or you just want to talk about something from the interview, please contact me!