

Final Report from Knowledge Centre for Unaccompanied Children

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Preface

In March 2017, the National Board of Health and Welfare was tasked with establishing a knowledge centre for issues related to unaccompanied children and young people (S2017/01863/FST [in part]). The assignment has lasted four years and will be finalised in March 2021 with this report.

The report describes the work conducted by the Knowledge Centre for Unaccompanied Children between 2017 and 2020. Initially, a description is also given of what the National Board of Health and Welfare between 2015 and 2017, when the Centre was started. At the end of the report, there is a description of the current situation for the reception of unaccompanied children and young people in social services and healthcare.

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Summary

In the autumn of 2015, a large number of people sought asylum in Sweden which lead to major challenges in the Swedish society. Just over 35,000 of these were unaccompanied children. As a result, the National Board of Health and Welfare was given a number of assignments to follow up and support the social services and the healthcare sector, including analyzing effects related to the increase in reception. These assignments were initially performed within the National Board of Health and Welfare's regular organisation.

In March 2017, the authority was given a four-year government assignment to establish a special knowledge centre for unaccompanied asylum seeking children and young people (S2017/01863/FST [in part]). The work of the Centre was aimed at stimulating and strengthening knowledge development and knowledge dissemination to help ensure that professionals who encounter and work with unaccompanied children and young people were well equipped to provide medical and social care of good quality, based on the individual needs and the rights of the child or young person.

The Knowledge Centre's working method

To follow-up on how the situation for unaccompanied children and young people developed and to get an idea of the current needs of the target group and the relevant professionals, the Centre conducted external monitoring and had a large number of contacts with authorities, the Swedish Association of Local Authorities and Regions (SALAR), civil society and researchers. The Knowledge Centre also had contact and meetings with professionals in social services, the healthcare sector and student health services to get an idea of current needs and challenges for both the target group and the organizations.

Based on these contacts, the Centre has, among other things, taken the initiative to gather and disseminate knowledge in the following areas regarding asylum seeking unaccompanied children and young people:

- mental health
- children and young people in kinship placements
- new Upper-Secondary School Act
- health examinations.

The Knowledge Centre has produced various forms of knowledge support, such as a handbook on the social services committee's handling of unaccompanied children and young people, and support material for social services regarding children who come to Sweden and are said to be married. The knowledge support is gathered at kunskapsguiden.se together with reports from other national actors.

Asylum-seeking unaccompanied children

In 2015, just over 35,000 unaccompanied children sought asylum in Sweden. The number has gradually decreased since then, with 500 children seeking asylum in Sweden in 2020. Most of the children are boys in their late teens. In recent years, the proportion of girls and younger children has increased. The children mainly come from Syria, Afghanistan, Somalia, Morocco and Eritrea.

Conditions for reception today

Today, the conditions for a good and planned reception of unaccompanied children are better than in 2015 and 2016. This is primarily because the number of children seeking asylum in Sweden has decreased. This is also due to the fact that social services, healthcare, student health services, and other actors who interact with the group have increased their knowledge and expertise regarding the reception of unaccompanied children and young people.

The large number of asylum-seeking unaccompanied children in 2015 and 2016 led to greater attention being paid to phenomena such as child marriage, human trafficking and exploitation, and honour-related violence and oppression, and thus the development of greater knowledge about these issues.

While the conditions for reception are better today, there is a risk that competence will decrease because fewer children are seeking asylum in Sweden and many municipalities have not been assigned any children in recent years. There is also a risk of a shortage of housing and housing alternatives when both municipalities and private actors close down residential care homes (HVB homes) and supported housing units that were specially tailored to unaccompanied children and young people. Additional challenges are asylum seeking children who disappear and do not have contact with social services and other authorities, as well as children who do not intend to seek asylum – children in a street situation.

Increased number of unaccompanied children within the refugee quota

Since 2018, Sweden has increased its refugee quota. This means that there are about 150–200 unaccompanied children annually within the framework of the Swedish refugee quota reception, with one-third of these being girls. This figure was previously about 50. Municipalities with which the Centre has had a dialogue express that there is a big difference in receiving these children compared to asylum-seeking children, since they avoid the uncertainty related to the asylum process. However, the children may have significant care needs, and it takes time to appoint a specially-appointed guardian, which may mean that there is a period of time during which the child is staying in the country without a representative.

Difficulties for young people

For many of the young people who came to Sweden as unaccompanied children in 2015 and 2016, there are still difficulties.

This applies to those who

- Have a refusal decision and received a temporary residence permit and will be refused entry or deported at the age of 18.
- Are still in an asylum process and have been living in uncertainty about their future for several years.
- Are covered by the new Upper-Secondary School Act and who, due to the design of the law, are impacted by the high level of unemployment among young people.
- Live in the country without a legal right, but have no plans to leave the country and are thus at risk of ending up in long-term social exclusion.

The authority's continued work

A large proportion of the issues concerning the reception of unaccompanied children and young people falls under the areas of responsibility of social services and healthcare. Any need for knowledge support within this will resume being handled within the National Board of Health and Welfare's regular organisation when the Centre ceases to operate.

Introduction

This introductory section describes the National Board of Health and Welfare's government assignment to establish a knowledge centre for unaccompanied children and young people.¹ This is followed by a chapter describing the National Board of Health and Welfare's work and assignments regarding unaccompanied children in 2015–2017. Establishment of the Centre and the work performed between 2017 and 2020 is described against this background. The report concludes with a presentation of the current situation for unaccompanied children and young people, with a focus on developments within social services and healthcare in 2019 and 2020.

About the assignment

In accordance with the government assignment, the Knowledge Centre shall, through knowledge development and knowledge dissemination, strengthen the work with issues concerning unaccompanied children and young people in social services and healthcare (as well as closely linked activities) in order to help professionals who interact with the target group have good opportunities to provide them good quality medical and social care based on the individual needs and rights of the child or young person.

The term unaccompanied children and young people refers to children and young people up to the age of 21 who are asylum seekers, who have been granted a residence permit, or who have had their application for asylum rejected. The Centre's work shall also include issues concerning unaccompanied children and young people who are staying in Sweden without the necessary permits.

One of the Centre's main tasks is to develop and disseminate current and relevant knowledge and appropriate knowledge support, methods and working methods for professionals who encounter and work with unaccompanied children and young people within social services and healthcare. The government assignment states that the issues raised in the work should be able to vary over time, depending on the needs of the children and young people and the professionals. Experiences from civil society organisations should also be utilised.

The work shall be carried out in consultation with authorities, municipalities, county councils/regions, and other relevant actors. Experiences from civil society organisations were also highlighted as relevant in the assignment. Moreover, the work is to be carried out from a children's rights, youth, gender equality, disability and LGBTQ perspective.

The government assignment specifies the target group for the Centre's work. The National Board of Health and Welfare's work is primarily aimed at

¹ The term unaccompanied child refers to a child under the age of 18 who, on or after arrival to Sweden, is separated from both of their parents or another representative. The term unaccompanied young person refers to a child over the age of 18 who came to Sweden as an unaccompanied child.

decision-makers and professionals in the healthcare, social services and student health sectors, and rarely directly at those who are most affected by social service and healthcare efforts – in this case, the unaccompanied children. For the entire assignment, the National Board of Health and Welfare was allocated SEK 10 million annually for 2017–2018 and SEK 5 million annually for 2019–2020. A larger investment was thus made in 2017 and 2018.

The time before the Knowledge Centre

In 2015, just over 163,000 people sought asylum in Sweden, of which 35,369 were unaccompanied children. The majority of the asylum seekers arrived in October and November. This posed great challenges for the whole of society. For social services, which is responsible for the reception of unaccompanied children, the strain was great.

Reports to MSB

In December 2015, the National Board of Health and Welfare received a request from the Swedish Civil Contingencies Agency (MSB) to submit an assessment of the situation in healthcare and social services in relation to the refugee situation on four occasions. The four occasions were 11 December 2015, 21 January 2016, 18 February 2016, and 17 March 2016. Social services was to report on the situation using MSB's scale, and report it to the county administrative boards [1].

December 2015: Problems in social services' administration

In the report in December 2015, the National Board of Health and Welfare provided a picture of the situation that was based on both contacts with SALAR and the questions received by the National Board of Health and Welfare. The picture showed that social services had major problems in handling cases related to unaccompanied children in a correct manner, and that there was a lack of placement alternatives [2].

January 2016: Risk of needs going unmet

Prior to the second reporting occasion in January 2016, 50 managers of social services' individual and family services (IFS managers) were interviewed about the situation within social services. The focus was on social child and youth care, and work with unaccompanied children. A statistical selection of municipalities was made among those who stated to MSB that the impact on social services' activities was *critical* or *serious*.

When asked whether the other social services activities had been affected by the work with unaccompanied children, 90 percent answered yes. The impact had led to the need for organisational changes, the hiring of more staff, the purchase of consulting services for assessment, and further training of staff. Just under half stated that the IFS managers had set up a special unit/operations for the work with unaccompanied children.

The National Board of Health and Welfare judged that the situation was strained and, overall, the shortcomings in the work showed that there was a risk that the needs of the unaccompanied children were not being met [3].

February 2016: Situation remains strained

Prior to the reporting occasion in February, telephone interviews were conducted with 22 municipalities that had stated in the interviews in January that they did not handle reports of concern in accordance with the Social Services Act (2001: 453), SoL.

Several municipalities stated that there were fewer unaccompanied children and that they were able to do a better job of handling reception and preliminary assessments. The social welfare officers worked to catch up. They now met with the unaccompanied children who had arrived earlier but they had not yet had time to meet. They began and completed the written assessment work.

The National Board of Health and Welfare assessed that the situation within social services' children and youth care was still strained, and that certain problems were still unresolved [4].

March 2016: Calmer, but noticeable impact

In a statistical sample of municipalities, 52 telephone interviews were conducted with IFS managers or the equivalent over the course of one week.

Several of the municipalities interviewed expressed that the situation calmed down significantly after the turn of the year, as fewer unaccompanied children were assigned. The municipalities now had the opportunity to follow up on placements and supplement the investigations.

The municipalities stated that there were too few places at HVB homes, foster homes and supported housing units, and that placement in foster homes took place without any foster home assessment being carried out. Follow-up of placements did not take place to the necessary extent either.

The National Board of Health and Welfare judged that the municipalities' social services were still affected by the large number of unaccompanied children who arrived in the autumn of 2015. Previous placements needed to be reviewed and, in cases where they proved to be unsuitable, needed to be redone [5].

Response function for refugee issues

The National Board of Health and Welfare set up the response function for refugee issues at the end of 2015 in accordance with a special government assignment (S2015/06822/FST).

The role of the response function was to answer questions from and provide support to social services in the municipalities in relation to the prevailing refugee situation. The response function was staffed by a lawyer and two social work officers. The government assignment ended on 31 December 2018.

Questions were answered both by phone and email. Most of the questions were posed by administrative officers and Head of units in social services. There were also some questions from custodians, specially-appointed guardians, and staff and supervisors at HVB homes. Questions also came from individual foster homes as well as individual organisations (consultant support for foster homes) and professionals working in healthcare and student health

services. A large proportion of the questions related to social services' ordinary administration work. Social services workers were unsure whether the unaccompanied children were subject to the same rules as other children. Other questions were more complex and often concerned several areas of law and situations that social services and other actors had not previously faced.

The questions to the response function changed in step with the asylum process for the unaccompanied children who arrived in 2015, from reception up until many young people reached the age of 18 and received a decision on their asylum application. Through the questions, the National Board of Health and Welfare gained a picture of the current challenges of social services and other actors and, based on this picture, was able to assess where there was a need for clearer knowledge support. Based on this, the authority took steps such as drawing up frequently asked questions and their answers, which were published on the National Board of Health and Welfare's website.

Initially, social services asked questions about different placement alternatives and about the handling of cases where girls under the age of 18 were said to be married. The questions were also about the situation at HVB homes, where there could be situations of threats and violence, about social services' responsibility for children who abscond, about cooperation with a custodian and about what applies regarding financial aid and compensation under the Act (1994:137) on the Reception of Asylum Seekers and Others (LMA).

After a while, questions came to the response function about the possibility of continued placement while an asylum case is being tried in a higher court, what care needs are required in order for continued care to be granted after the person's 18th birthday, and what applies when age is adjusted upwards. Many questions were about changes of placement and repatriation to one's own municipality as well as which municipality is responsible if the child's family comes to Sweden. There were also questions about new and future legislation and about the new compensation system that came into force in 2017.

Additional areas that were asked about were kinship placements, drug tests, rights in case of temporary residence permits, mental health issues, possibilities of obtaining aid under the Act (1993:387) concerning Support and Service to Persons with Certain Functional Disabilities (LSS), housing and the new Upper-Secondary School Act. During all three years of the response function existence, general questions were asked about handling and documentation, confidentiality, and division of responsibility between the municipalities.

Healthcare for asylum seekers and new arrivals

In December 2015, the Government tasked the National Board of Health and Welfare with conducting an in-depth analysis of healthcare's (including dental care's) opportunities and challenges in terms of providing care to asylum seekers and new arrivals (S2015/07982/F [in part]).

The report, which was published in October 2016, highlights the situation for unaccompanied children in certain sectors. A summary of the observations follows [6].

The health of unaccompanied children

Child and Adolescent Psychiatric Services (BUP) reported that they met many unaccompanied children and that the need for care was mainly related to post-traumatic stress disorder (PTSD), self-harming behaviours and difficulty sleeping. There were also assessments and care in relation to suicide plans and suicide attempts. There was a need for emergency care for unaccompanied children.

Most prominent was the need for support in everyday life and for regular daily routines related to food, sleep and activities. The lack of these affected the children's mental health and created a need for care. Comorbidity between psychiatric and somatic disorders, such as stomach pain and difficulty sleeping, was common. Mental health was also negatively affected by uncertainty about family reunification and residence permits. Some unaccompanied children also had problems with drug abuse, which affected their mental health. There was much to suggest a possible lag effect, meaning that mental health issues in affected groups could increase in the future.

Meeting the care needs of unaccompanied children to the same extent as children in the rest of the population was made more difficult by the fact that they often visited a health centre without being accompanied by home staff or a custodian and thus lacked support during treatment. BUP normally works together with guardians, especially in aftercare, and this was made more difficult for unaccompanied children when custodians and the person responsible for the daily care and supervision at the home were not involved.

Drug treatment was another challenge that affected unaccompanied children in particular. Healthcare faced questions about who was responsible for ensuring the child or young person completed their drug treatment.

Age assessment was brought up as a concern by healthcare (especially by BUP). Healthcare does not perform age assessment, but rather uses the Swedish Migration Agency's assessment. But in cases where age was reassessed and adjusted upwards, it changed factors such as the conditions for ongoing treatment [6].

The increased reception of unaccompanied children

In January 2016, the National Board of Health and Welfare received a government assignment due to the increased reception of unaccompanied children, etc. (S2016/00235/FST [in part]). The assignment consisted of the following:

- Perform an in-depth analysis of the consequences for social services stemming from the prevailing refugee situation and the increase in the number of unaccompanied children.
- In relevant aspects, revise the knowledge support for social services in the work with unaccompanied children and young people.
- Develop knowledge support for social services' work with newly-arrived young adults (18–24 years of age) as regards financial aid.
- Develop special target group-adapted educational material for juvenile crisis centres and foster homes that take in unaccompanied children, translated to relevant languages.
- Investigate the need for knowledge support for staff at HVB homes and supported housing in work with the target group unaccompanied children and young people and, if necessary, begin the work of producing relevant support.

The assignment stated that the National Board of Health and Welfare would issue a written report on the assignment on two occasions during the year, in April and December 2016, plus a final report in June 2017.

The report in April 2016 was based on 124 telephone interviews that the National Board of Health and Welfare conducted with IFS managers at the request of MSB [7].

The report in December 2016 was primarily based on social services' perspective, but the picture was supplemented with what came to light in a focus group made up of unaccompanied children [8].

The reports described that the many changes related to the reception of unaccompanied children after November 2015 greatly impacted the municipalities' work. Changes in asylum legislation, the implementation of ID checks, and a number of external factors led to a decrease in the number of asylum-seeking unaccompanied children. The municipalities' ability to act flexibly was tested. At the beginning of the year, the activities for unaccompanied children and young people were expanded. During the summer and autumn, when the number of unaccompanied children became significantly less than expected, a number of activities were discontinued instead [7,8].

The report from December 2016 also showed that there were large variations in the municipalities' ability to receive unaccompanied children. In many municipalities, shortcomings were still noticed in the exercise of authority, especially with regard to follow-up of placements. The workload for the social welfare officers was high, and they did not always have enough time to perform preliminary assessments within the statutory time [8].

Final report of the assignment

The government assignment included several sub-assignments. In the final report in June 2017, the National Board of Health and Welfare reported on what had been carried out [9]. Some of the assignments are presented below.

Summary of the analysis work 2016–2017

Within the framework of the government assignment, three analyses were conducted of the situation within social services' children and youth care and the reception of unaccompanied children. The analyses were based on almost 200 telephone interviews with IFS managers or equivalent. These showed that there was a great level of commitment for the unaccompanied children and a willingness to try to cope with the difficulties that the new situation entailed for the municipalities. It emerged that unaccompanied children and young people as a group did not always receive care and attention on the same terms as other children in the social services, which is a departure from the normalisation principle.

The National Board of Health and Welfare determined that social child and youth care still faced challenges and that work with unaccompanied children and young people needed to be improved. The National Board of Health and Welfare highlighted in particular some observations made in the three sub-reports:

- the application of the new regulations had a negative effect on young people
- there were still shortcomings in social services' exercise of authority
- mental health issues among unaccompanied children and young people had increased
- special attention should be paid to the situation for girls and young children
- careful assessment is required prior to kinship placements.

Films for unaccompanied children

In June 2016, an animated film called *Vad händer nu?* [What happens now?] was published, aimed at unaccompanied children in Sweden. The film provides information about the initial period in Sweden and is available in two versions. One version of the film is intended for unaccompanied children at HVB homes, while the other focuses on foster homes.

The films were supplemented with an information leaflet and two tutorials, one to professionals and one to foster homes, plus web-based support for professionals. The films and the other materials are available at kunskapsguiden.se and on YouTube.

Handbook on social services' responsibilities and tasks

In the autumn of 2015, the National Board of Health and Welfare received many questions from social services about working with unaccompanied children and young people. To quickly meet this needs, frequently asked questions and their answers were published on the authority's website. In parallel with this, the handbook *Ensamkommande barn och unga – Handbok om*

socialnämndens ansvar [Unaccompanied children and young people – Handbook on the social services committee's responsibility] was produced. The handbook has since been reworked and revised based on new legislation and knowledge that has been gained through the Centre's work. This was published in early 2020 [10].

Internal investigation into establishing a knowledge centre

Already in the budget bill for the 2017 budget year, the Government announced that the National Board of Health and Welfare would be tasked with establishing a knowledge centre for unaccompanied children.

Before receiving the assignment, the National Board of Health and Welfare initiated an internal investigation into how the centre could be set up at the authority, *Investigation of the establishment of a knowledge centre for unaccompanied children*.² The purpose of the investigation was to not only give suggestions for the design of the centre in terms of focus and expertise in order to deliver according the assignment, but also give suggestions for organisational placement within the National Board of Health and Welfare that could create both impact and longevity.

The starting point for the investigation was both the work already performed and what was going on at the authority and other authorities. Opinions on what were considered important tasks for a knowledge centre were obtained from a number of authorities, organisations and SALAR. The answers pointed to six clear needs

- additional support for rule application
- knowledge support
- dissemination of knowledge, including from other actors
- national coordination and coordination in the area
- development of new knowledge
- information to unaccompanied children and young people.

The internal investigation led to a decision to set up a temporary unit with an operations manager, two people with healthcare expertise, three people with social services expertise and one communications specialist. Other areas of expertise would be supplied internally within the authority. The centre would be aimed at professionals and not directly at unaccompanied children and young people themselves.

² National Board of Health and Welfare reg. no. 28218/2016

Knowledge Centre for Unaccompanied Children

On 1 April 2017, the Knowledge Centre for Unaccompanied Children was established as a unit within the National Board of Health and Welfare, with a Head of unit and staff with interprofessional expertise. Some of the Centre's employees had previously worked with the municipal interviews and analyses that were conducted in 2016 and brought those experiences to the assignment.

Purpose, goals and sub-goals

When the Centre was established, its purpose and goals were taken from the government assignment and the internal investigation.

The purpose of the Knowledge Centre is for unaccompanied children and young people to get the medical and social care they need.

The overarching goal of the work in the Knowledge Centre is to provide support to staff in social services, healthcare and student health services who work with unaccompanied children and young people.

To achieve this goal, three sub-goals were defined:

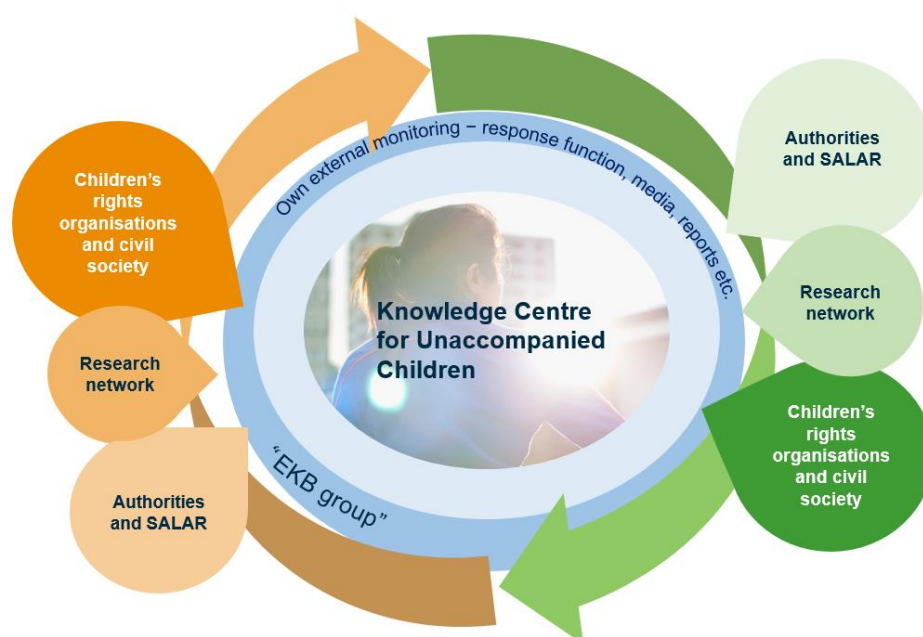
- To follow how the situation for unaccompanied children develops and, if necessary, initiate activities.
- To stay informed about what decision-makers and professionals need in terms of knowledge support and, if necessary, initiate activities.
- To disseminate knowledge.

The Knowledge Centre's working method

The Knowledge Centre has created a working method centred around continuous external monitoring. This has taken place through meetings with various actors, through systematic media monitoring, and by the Centre following the political development and changes in migration legislation. A selection of regulation and law changes that have taken place since 2016 can be found in Appendix 1.

The regulation and law changes that have taken place have affected the conditions for asylum-seeking unaccompanied children and young people and have thereby affected the Centre's work and priorities.

When the Centre initiated various activities, the municipalities, regions student health services, and organisations were contacted to obtain their knowledge and experiences.



External monitoring

External monitoring has involved following media reporting on a daily basis, including what is discussed on social media, and sharing it within the unit. Direct questions received by the authority are also relevant in this context. What has emerged in the monitoring has been both discussed internally and taken up in the Centre's external debriefings on the situation. Another aspect of external monitoring has been to follow changes in legislation and application within the area.

Meetings with government authorities and SALAR

Meetings with other relevant authorities and SALAR have in most cases been held twice a year. Strategic issues such as regulation issues, policy issues, knowledge gaps and more were discussed at the authority meetings.³

The Centre had closer contact with certain actors. The Centre collaborated closely with the county administrative boards and participated in their strategy and training days as well as regional municipal meetings. On these occasions, the Centre provided information about the knowledge bases that have been developed and also learned about the experiences of the municipal representatives.

With SALAR, the Centre had close and continuous cooperation because the issues are related to social services, healthcare and schools. For example, information on the respective website and kunskapsguiden.se has been coordinated as far as possible, based on our respective assignments, so as not to give different messages to the professionals.

³ Participating authorities: Health and Social Care Inspectorate (IVO), Swedish Migration Agency, Public Health Agency of Sweden, Swedish Public Employment Service, National Board of Forensic Medicine, the Gävleborg and Östergötland County Administrative Boards, National Board of Institutional Care (SIS), Barnafriid Linköping University, Swedish Agency for Participation (MFD), National Agency for Education, Swedish Gender Equality Agency, and Swedish Agency for Youth and Civil Society (MUCF).

The meetings also included collecting current reports and other relevant material to assess whether they should be published on kunskapsguiden.se. It was important to decide what is suitable to disseminate or link to, particularly from an ethical and legal perspective. It was preferably material from other authorities and SALAR that was disseminated or linked further.

Swedish Migration Agency's "EKB group"

The so-called EKB group [unaccompanied children group] is a national working group under the Cooperation Delegation⁴ that is tasked with initiating and coordinating joint development work between authorities, with the aim of creating good conditions for the reception of unaccompanied children. The Swedish Migration Agency is the coordinating party. Members of the group include the National Board of Health and Welfare, the Swedish Migration Agency, the county administrative boards and SALAR. The working group meets regularly for a total of 6–8 times a year. In 2017, the National Board of Health and Welfare and SALAR were asked to be part of the EKB group. Since then, the Centre has regularly participated in these meetings.

Meetings with civil society

Children's rights organisations and the rest of civil society play and have played an important role in the work and have taken great responsibility for unaccompanied children and young people.⁵ These actors have the most contact with the target groups that social services do not have contact with. They meet these people in different contexts and are therefore the ones who can most closely assess what the situation for unaccompanied children looks like and how it is developing. The Centre has had meetings with the organisations at least twice a year. On some occasions, when the Centre quickly needed information on how the situation for these target groups was developing, the Centre has also sent out specific questions to these organisations. The Centre has also conducted study visits to organisations such as Ensamkommandes förbund and Skåne Stadsmission, where there was an opportunity to meet individual young people.

Special research network

The Knowledge Centre has initiated and conducted research seminars on four occasions since the spring of 2018. About 60 researchers from various higher education institutions have been invited.

The purpose of the seminars was to share completed and ongoing research related to unaccompanied children and young people, for the Centre to share its experiences and ongoing work, and to create meetings between researchers and the Centre. Researchers from Norway participated on two occasions.

⁴ The Cooperation Delegation is the Swedish Public Employment Service, Försäkringskassan, the county administrative boards, the Swedish Migration Agency and SALAR's joint forum for information exchange, analysis, external monitoring and future prospects within the policy areas migration and asylum and the establishment of new arrivals. The Cooperation Delegation was formed in February 2018.

⁵ Participating organisations: Ensamkommandes förbund, Mötesplats Otto, Malmö, Vi står inte ut, the Red Cross, Sveriges invandrare mot narkotika (SIMON), the Salvation Army, the Church of Sweden, Rädda Barnen's youth association, Swedish Federation for Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Rights (RFSL), Swedish Network of Refugee Support Groups (FARR), UNHCR, Stockholms Stadsmission, Unga Forum Skåne Stadsmission and SOS Barnbyar Hammarkullen.

The research presented touched on forms of housing, gender equality, the situation for girls, mental health issues and psychiatric care, substance abuse, crime, vulnerability, the role of civil society, custodians, school and education.

Kunskapsguiden.se has been the "hub"

Being able to communicate quickly and gather information in one place has been two important ambitions for the Centre's communication. The website kunskapsguiden.se has been the hub of communication. Here, the Centre has been able to quickly post clarifications of regulations that have attracted attention in the external monitoring. Good cooperation with SALAR has also been a success factor in not sending conflicting or unclear messages to those working in the area.

Other communication initiatives were centred around highlighting important messages and getting professionals in the area to return to Kunskapsguiden. Kunskapsguiden is also where the Centre will leave behind updated data for professionals after the work has been completed.

Utilising the National Board of Health and Welfare's established channels has been an important complement to the website, such as press releases and add-ons to the authority's newsletters, which reach many professionals in healthcare and social services in particular. In addition, the Centre held breakfast meetings and produced podcast episodes as part of the National Board of Health and Welfare's podcast "På djupet":

- About unaccompanied children and young people (#6)
- About the Knowledge Centre for Unaccompanied Children and the work of social services (#26)
- About child marriage (#45)
- About children in the asylum process (#49)
- About children in human trafficking and exploitation (#54)
- About medication at HVB homes (#65)
- About meeting and supporting unaccompanied young people (#78).

Focus areas and initiatives

The work of the Knowledge Centre varied depending on how the situation for unaccompanied children and young people developed and what needs were like within social services, healthcare and student health services.

This chapter describes the areas that the Centre gave particular attention to.

Mental health issues among unaccompanied children

In February 2017, organisations and the media sounded the alarm that unaccompanied children and young people had thoughts and plans to take their own lives. On social media and in networks, young people, especially boys from Afghanistan, talked about taking their own lives collectively.

Based on this, the Centre conducted telephone interviews with 51 municipalities on suicide and suicide attempts [11]. It turned out that many of the unaccompanied children had committed self-harming acts; 68 had tried to take their own lives and three had succeeded in taking their own lives. The municipalities believed that the suicide attempts had a clear connection to the asylum process and to the difficulties in getting in touch with BUP.

Many municipalities stated that they felt worried about children and young people who had come to Sweden since the autumn of 2015. These children and young people lived in uncertainty waiting to be told whether or not they could stay in Sweden, with temporary residence permits, with limited opportunities for family reunification, and in uncertainty about what would happen when they turn 18 years old. The municipalities also stated that several of the unaccompanied children were worried about having their age adjusted upwards to over age 18. There was concern among Afghan children and young people about being deported to Afghanistan.

In November 2017, follow-up telephone interviews were conducted in twelve municipalities with questions about the mental health of unaccompanied children [12]. The results were reported to the Committee on Health and Welfare on 14 November. In these twelve municipalities, three boys had tried to take their own lives since February 2017, and in seven of the municipalities it was known that several children had talked about suicide. The organisations Children's Rights in Society (Bris), the Red Cross, Stadsmissionen and the network #vistårinteut also gave a similar picture of the situation.

Karolinska Institutet was tasked with mapping out suicide

In October 2017, the Knowledge Centre tasked Karolinska Institutet (KI) with mapping out self-harming behaviour, suicide attempts, suicide and other mortality among unaccompanied children and young people. The work resulted in the report *Kartläggning av självskadebeteende, suicidförsök, suicid*

och annan dödlighet bland ensamkommande barn och unga [Mapping of self-harming behaviour, suicide attempts, suicide and other mortality among unaccompanied children and young people], which was published in February 2018 [13].

The report revealed that 12 unaccompanied children and young people between the ages of 10 and 21 had committed suicide in 2017. That figure is almost nine times higher than for the corresponding population group in the population of Sweden. Most of those who committed suicide were boys from Afghanistan.

According to the authors of the report, there seemed to be an increase in the incidence of self-harm and suicide attempts among unaccompanied asylum-seeking children and young people in Stockholm between 2015 and 2016. The report highlighted risk and protection factors to draw attention to and prevent suicide. The Knowledge Centre reported the results of the survey to the Ministry of Health and Social Affairs in February 2018. The Centre also disseminated knowledge from the mapping via the agency's podcast *På djupet*, social media, SALAR's webinar and *kunskapsguiden.se*.

KI's assignment also included proposing measures to enable systematic monitoring of the mental health of the group. For this to be possible, the information in the National Board of Health and Welfare's cause of death register had to be improved. KI therefore proposed a collaboration between the National Board of Health and Welfare, the Swedish Migration Agency and the National Board of Forensic Medicine (RMV) in order to get more out of existing information from RMV and the Swedish Migration Agency, if possible. Together with RMV, the Centre developed a procedure for reporting suicide. RMV now reports data to the National Board of Health and Welfare annually at the group level and no less than ten individuals. In the case of more than ten individuals, the exact figure can be reported. RMV reports data even if there are 0 individuals who committed suicide. RMV only includes cases that are coded as suicide, not cases that are coded as unclear deaths.⁶

Detect mental health issues in student health services

Student health services, which meets virtually all newly-arrived children and young people, has the opportunity to identify, assess and, if necessary, issue a referral for children and young people with mental health issues. The Knowledge Centre noted that student health services lacked methods for discussing and assessing the degree of mental illness, and that cooperation with first line psychiatry and BUP did not always work smoothly.⁷

In a study from Uppsala University, the screening form RHS-13 (Refugee Health Screener-13) was tested on young people aged 14–16 in connection with health examinations. The results show that RHS-13 is a useful tool for identifying mental health issues among newly-arrived young people [14].

In the autumn of 2018, the Centre for Epidemiology and Community Medicine (CES) partnered with the Centre to test assessment instrument RHS-13

⁶ National Board of Health and Welfare reg. no. 8972/2019

⁷ National Board of Health and Welfare reg. no. 19567/2018

in three schools in Stockholm. The results of the pilot project showed, among other things, that participating school nurses and school welfare officers felt that RHS was useful in the meeting with newly-arrived children and young people and that the work with the instrument improved conversations with children and young people with mental health issues.⁸

Based on the above positive conclusions, the Centre initiated a project in 2019 to test a working model with a large number of participating schools.⁹ The purpose of the model is to be able to more confidently identify students with mental health issues who may therefore need interventions to both feel better and meet the goals in school, as well as to ensure that pupils who have a need will receive support and care at the right level.

The working model includes use of an assessment instrument. To ensure that no structured relevant methods other than RHS-13 were overlooked, a literature search was conducted to assess which instrument would be included in the model. The search led to the conclusion that RHS-13 was the best available instrument for capturing symptoms of anxiety, depression and PTSD in the target group. The instrument is designed for migrants. It has been validated and tested in Sweden and takes a short time to administer, which was a prerequisite for being able to use it in student health services.

In addition to using RHS-13, the model includes clarifying when and for whom the instrument can be used in student health services and interpretation of results with recommendations regarding the level of intervention in relation to student health services' assignment.

An invitation to participate in the test was sent to student health services staff throughout the country who work with students in language introduction in upper-secondary school. 15 schools are participating in the project.

An evaluation is being conducted by researchers at Mid Sweden University, and the results will form the basis for the National Board of Health and Welfare's work going forward. Due to the current pandemic's impact on upper-secondary school, parts of the project have had to be postponed. The reporting of this will therefore be done after the Centre has ceased to operate and then within the framework of the assignment *Mappings and analyses within mental illness* through appropriation directions 2019 and 2020, which also funded parts of the work.

Children who are said to be married

In 2017, the National Board of Health and Welfare received a government assignment for the social services' handling of asylum-seeking unaccompanied children and children who come to Sweden with their family and are said to be married (S2017/01011/FST [in part]). The assignment was three-fold: 1) conduct an in-depth analysis of social services' handling of cases related to children who are said to be married, 2) produce and disseminate enhanced guidance to social services, and 3) produce and disseminate information on applicable laws and practices in Sweden to children who are said to be married, spouses, parents and other close relatives.

⁸ National Board of Health and Welfare reg. no. 19567/2018

⁹ National Board of Health and Welfare reg. no. 19751/2019

Within the framework of the government assignment, the Centre conducted in-depth interviews in ten municipalities, focusing on the administration process. The interviews showed large variations in knowledge in the municipalities, both about the children who come to Sweden and are said to be married and about what measures the municipalities must take. The municipalities requested guidance in the work.

The following areas were identified as key to strengthening work with children who come to Sweden and are said to be married:

- Social services needs knowledge of the risks associated with child marriage.
- The risk situation that a child marriage entails means that social services needs to perform thorough and careful protection assessments, assessments and follow-ups to see how the individual child is affected by living in marriage.
- Social services needs to ensure that they apply the regulations so that married children are handled in a legally compliant manner.
- Both social services and other public sectors need working methods for detecting, supporting and protecting children who are married.

A guide for social services [15] and information material for both children and adults were created and published in 2018. The guide was translated into English, and the information material was translated into five languages: English, Arabic, Dari, Somali and Persian/Farsi.

The guide and information material have been presented at conferences and seminars, at a breakfast seminar, in a podcast, on kunskapsguiden.se, on the National Board of Health and Welfare's website, and in newsletters.

In 2019, all material was revised based on implemented amendments to the Act (1904: 26 s.1) on Certain International Legal Relationships Concerning Marriage and Guardianship. The law change entailed further restriction regarding the recognition of foreign child marriages.

Over the years, the Centre has collaborated on the issue of child marriage with, among others, the Swedish Migration Agency, the Östergötland County Administrative Board and the Swedish Gender Equality Agency. The collaboration has, among other things, led to the Swedish Migration Agency including the information material in its procedures regarding asylum applications and the Centre and the Östergötland County Administrative Board participating together in two of SALAR's webcasts with information about child marriage.

Children and young people in kinship placements

In January 2018, the National Board of Health and Welfare received a government assignment to support principals and professionals in social child and youth care through efforts to promote competence and stability as well as quality development in the area (S2018/00535/FST). The authority decided

that a certain part of the allocated funds would go to developing knowledge of kinship placements of unaccompanied children.

In one of the analyses of the situation in social services that was conducted before the Centre was established, it emerged that it was usually unaccompanied girls who were placed in kinship homes. The term kinship home refers to a home in which the person being placed already has an established relationship with the family parents [11]. Based on this, the Centre conducted a pre-study to find out how kinship homes are used, what obstacles there are to using them, and what need for support the municipalities have when it comes to placements in kinship homes. The pre-study, *Stöd för socialtjänsten i deras arbete med placering av barn och unga i nätverkshem*¹⁰ [Support to social services in their work to place children and young people in kinship homes], included all kinship placements of children. The study focused in particular on unaccompanied children and children in the national minority groups.

The pre-study highlighted that research shows that there is strong evidence that placement in the child's network is good for the child's health and development. But when it comes to unaccompanied children, there are risks that social services must be aware of in the assessment stage. Examples of these risks include isolation, overcrowding, poorer conditions for establishment in society, poorer school results, exploitation, honour-related violence, and oppression.

The pre-study ended with parts of the results being added to the National Board of Health and Welfare's handbooks, *Ensamkommande barn och unga* [Unaccompanied children and young people] [10] and *Placerade barn och unga* [Children and young people in placement] [16]. The Centre presented the results of this pre-study in a number of seminars and conferences.

Health examinations

All children who are placed shall be offered a health examination to learn about their state of health. If a child has a health problem, whether physical or mental, it could affect both quality of life and their ability to handle school. Two laws regulate health examinations for asylum-seeking children and young people who are placed outside their own home. According to the Act (2008:344) on Healthcare to Asylum Seekers and Others, the county council shall offer these children a health examination, unless it is clearly unnecessary. According to the Act (2017:209) on Health Examinations of Children and Young People who are Cared for Outside Their Own Home, they shall also be offered a health examination in connection with initiation of care outside their own home, at the initiative of the social services committee, unless this is clearly unnecessary.

In 2019, the Centre conducted a pre-study on health examinations of children and young people who are cared for outside their own home, *Hälsoundersökningar för asylsökande barn och unga som placeras* [Health examinations for asylum-seeking children and young people in placement].¹¹ The

¹⁰ National Board of Health and Welfare reg. no. 11133/2018

¹¹ National Board of Health and Welfare reg. no. 5354/2019

results of the pre-study showed that there were ambiguities in municipalities and regions regarding the Act on Health Examinations of Children and Young People who are Cared for Outside Their Own Home. There was also a low level of awareness among the municipalities and regions that asylum-seeking children and young people in placement are covered by the specified legislation and thus must be offered two health examinations. The pre-study shows that social services needs to increase knowledge of the content and scope of the two examinations and how these relate to each other. Social services also needs knowledge of how these health examinations relate to the medical examination in Section 32 of the Act (1990:52) with Special Provisions on Care of Young People (LVU). The pre-study further points to shortcomings in cooperation between municipalities and regions in matters concerning health examinations.

The results of the pre-study have been incorporated into revised handbooks [10,16] for social services and in their newsletter *Meddelandeblad, Socialstyrelsens föreskrifter och allmänna råd* (HSLF-FS 2019:19) *om hälsoundersökningar av barn och unga som vårdas utanför det egna hemmet m.m.* [National Board of Health and Welfare's regulations and general guidelines on health examinations of children and young people care for outside of their own home, etc.], which is intended for both social services and healthcare.

New Upper-Secondary School Act

The amended provisions that make up the new Upper-Secondary School Act, which entered into force on 1 July 2018,^{12 13} gave some unaccompanied young people over the age of 18 an opportunity to apply for a temporary residence permit for studies at the upper-secondary level, if certain other conditions were also met. The young people had until 30 September 2018 to apply. This applied to unaccompanied young people over the age of 18 who had received, or would otherwise receive, a decision on deportation.

In the Centre's meetings with authorities and organisations in the autumn of 2018, it emerged that there were many ambiguities regarding the new Upper-Secondary School Act.

Director-General meeting about the law

Based on, among other things, the Upper-Secondary School Act, the Director-General of the National Board of Health and Welfare invited the relevant heads of authorities and the Director of SALAR to talks.¹⁴ At the meeting, held on 12 October 2018, the situation for the following people was discussed:

¹² In the Act (2016:752) on Temporary Restrictions on the Possibilities of Obtaining a Residence Permit in Sweden.

¹³ The Migration Court in Malmö pronounced in a judgment that the draft of the bill, in the part concerning reduced evidentiary requirements for identity, was so deficient that the legislation may not be applied. The Migration Court in Stockholm pronounced in a judgment a few days later that the reduced identity requirement violates EU legal provisions.

¹⁴ National Board of Health and Welfare reg. no. 10640/2017

- young people granted a residence permit for upper-secondary school studies
- young homeless people without a permit
- homeless asylum seekers over the age of 18.

During the meeting, it was determined, among other things, that there was a lack of knowledge of the municipalities' readiness to provide educational places and housing as well as the handling of applications for income support for young people who apply for a residence permit under the new Upper-Secondary School Act.

Examination of the municipalities' readiness

To get a national picture of the municipalities' readiness to provide education and housing and to handle applications for income support for the young people who apply for a residence permit under the new Upper-Secondary School Act, the Centre sent out a survey to 83 municipalities and city districts (69 responded). The results reflected the state of the situation in October and November 2018 and showed, in brief, that the municipalities were prepared to both offer education places and to handle a potential need for income support after individual assessment. Housing was the most difficult issue to resolve. Nearly half of the municipalities indicated that they cooperated with civil society, especially with regard to the housing situation for young people [17].

The survey was followed up in May 2019 with telephone interviews with representatives chosen from among the municipalities who answered the authority's survey. A total of 19 municipalities were selected, of which 14 participated. The results showed that the situation for the group, i.e. young people who now have a temporary residence permit for studies under the new Upper-Secondary School Act, is once again uncertain. They need to apply for an extended residence permit. Many have lived in uncertainty since 2015, and their conditions changed on a number of occasions and have been unpredictable. The results were presented to the Ministry of Health and Social Affairs in June 2019 [18].

In June 2019, the county administrative boards, in consultation with the Centre, SALAR and the Swedish Migration Agency, sent out a survey to the country's municipalities to obtain a national picture of the situation for young people who have been granted a residence permit for studies. The results of the survey were published in July 2019 [19].

Clarification regarding what applies

In the regular meetings with authorities, SALAR and organisations, it emerged, among other things, that there was uncertainty about the criteria for being granted an extended temporary residence permit under the new Upper Secondary School Act.

This is an issue that is not decided by the National Board of Health and Welfare, but since it has been established that the prevailing uncertainty can affect the target group's health and social situation, the Centre held meetings between the National Agency for Education, the Swedish Migration Agency

and SALAR. The purpose of the meetings was to discuss and, as far as possible, determine what criteria apply for decisions on extended residence permits for upper-secondary school studies. Three meetings were held in the spring of 2019. The Swedish Board of Student Finance (CSN) also participated in one of the meetings.

All of the representatives agreed that information initiatives were needed for both the young people and those working with them, such as schools, about what the law requires.

The cooperation between the authorities resulted in, among other things, the National Agency for Education updating its website with information on "Unaccompanied children's education" that clarifies what applies within the school system as regards the schooling of new arrivals and the education of unaccompanied children. The Swedish Migration Agency also clarified the information on the new Upper-Secondary School Act on their website.

Meeting with unaccompanied young people themselves

In April 2019, the Centre met with about ten unaccompanied young people to learn about their experiences. The young people only represented themselves, and were not intended to give a national picture of the young people's situation. The meeting took place at Unga Forum, Skåne Stadsmission's children and youth services organisation, which has activities for unaccompanied young people. Most of those found in their organisation had had their asylum application rejected and had lived without the necessary permits for a long time before being granted a temporary residence permit for upper-secondary studies. Several of these young people stated that, while waiting for a residence permit, not having the last four digits of a personal identity number not only had legal significance, but also affected how they were treated by, for example, social services. Despite being granted a temporary residence permit, they still faced problems with housing. They moved from one friend to another, and were scared of having to live on the streets.

Continued work in the autumn of 2019 and 2020

In 2019 and 2020, the Knowledge Centre continued following developments for those who applied for a residence permit under the new Upper-Secondary School Act, within the framework of the regular meetings that were held.

The Knowledge Centre was also in contact with the special investigator in the Riksdag who was tasked with conducting a follow-up of the legislation. The Centre contributed its experiences and provided viewpoints and support for the report *Uppföljning – Den nya möjligheten till uppehållstillstånd* [Follow-up – The new opportunity for a residence permit] [20].

Newly arrived children with disabilities

Based on identified needs, the Knowledge Centre initiated a pre-study in 2018 to inventory the situation for unaccompanied children with disabilities, *Förstudie om barn och unga med funktionsnedsättning som är asylsökande, nyanlända eller saknar tillstånd att vistas i Sverige* [Pre-study on children

and young people with disabilities who are asylum seekers, new arrivals or do not have a permit to stay in Sweden].¹⁵ The pre-study also included asylum-seeking children who came to Sweden with their parents, and showed that children in migration who have a disability are at increased risk of being subjected to violence or abuse. The pre-study also showed that intercultural competence within social services needs to be strengthened, as does knowledge on what right to care, support and interventions children and young people have based on their disability. It also emerged that parents and children request information about these rights.

In May 2020, the National Board of Health and Welfare published the newsletter *Meddelandeblad, Rättsliga förutsättningar för barn och unga med funktionsnedsättningar i migration* [Legal conditions for children and young people with disabilities in migration]. The newsletter is intended for social services directors, social services committees, and administrators within social services.

The authority has also begun work to develop support for meetings between social services and the family in an intercultural context. The purpose is to contribute to better conditions for an inclusive meeting with a holistic view of the situation of the parents and the child to draw attention to children with disabilities at an early stage.¹⁶

When a child turns 18 or is judged to be 18 years of age

What happens when a young person either turns 18 or is registered as 18 years of age is an issue that received attention in the years after 2015.

An asylum-seeking child who reaches the age of 18 or who is registered as 18 years of age after an age assessment is considered an adult in the asylum process. In such case, the responsibility for housing shifts from the municipalities to the Swedish Migration Agency. At the age of 18, the right to a custodian also ceases. In some situations, however, the municipality continues to have responsibility even after the young person's 18th birthday. If there are care needs that cannot be met within the framework of the lodging that the Swedish Migration Agency must provide under the LMA, the social services committee may also have a responsibility to provide aid under the SoL. In the preparatory work, it states that a young asylum seeker's possible need for interventions under the SoL may be assessed according to the current rules after their 18th birthday.¹⁷ With regard to care under Section 3 of the LVU (referred to as behavioural cases), such care does not cease because the asylum seeker turns 18 during the care period and the responsibility passes to the Swedish Migration Agency. The care can only cease for the reason that the young person is no longer in need of care or that the young person has reached the age of 21.¹⁸

¹⁵ National Board of Health and Welfare reg. no. 28282/2018

¹⁶ National Board of Health and Welfare reg. no. 36700/2019

¹⁷ Bill 2005/06:46, Mottagande av ensamkommande barn [Reception of unaccompanied children], p. 50

¹⁸ See Parliamentary Ombudsmen (JO) decision dated 7 February 2019, reg. no. 1060-2017

For young asylum seekers over the age of 18, the region's obligation to offer healthcare and dental care is limited to care that cannot be delayed, maternity care, abortion care and contraceptive counselling (Section 6 of Act (2008:344) on Healthcare to Asylum Seekers and Others). The same applies to young people over the age of 18 who are in Sweden without a permit (Section 7 of the Act (2013:407) on Healthcare to Certain Foreigners Staying in Sweden without the Necessary Permits).

Through the recurring meetings and external monitoring, the Knowledge Centre learned that the situation for unaccompanied children who turn 18 in most cases changed, sometimes in the course of a day. Many of them were forced to move out of their housing. In the Centre's contacts and meetings with civil society, it was stated that many who have reached the age of 18 or whose age has been adjusted upwards had not moved to the Swedish Migration Agency's accommodation centre, but rather remained in the municipality and lived with friends, on buses, under bridges, etc. The experiences from the meetings were compiled and discussed in the interim report in 2018 [12]. The Centre communicated this in its dialogues with authorities and SALAR, clarified the regulations on kunskapsguiden.se, and later added the knowledge to the handbook *Ensamkommande barn och unga* [Unaccompanied children and young people] [10].

Leaving care

Within the framework of the assignment to strengthen competence, stability and quality development within social child and youth care (S2018/00535/FST), the National Board of Health and Welfare launched a pre-study to map out social services' support to young people leaving social care. The focus of the pre-study is young people over the age of 17 who no longer have care needs, but primarily need preparation of independent adult life. Unaccompanied children who have reached the age of 18 or are assessed as being 18 years old are part of the target group. Because the pandemic has limited the authority's ability to send out surveys, this pre-study has been delayed and is expected to be completed in the autumn of 2021.¹⁹

Responsibility for medicines at HVB homes

There has been a great deal of uncertainty about the division of responsibility between prescribing doctors and staff when medicines are prescribed to children and young people at HVB homes. The Centre took the initiative to clarify the legal situation, and the authority organised a seminar on self-care and medication for children at HVB homes at a congress held by BUP in April 2018. The authority also recorded a podcast episode about this. A text explaining the division of responsibility was also published on kunskapsguiden.se.

¹⁹ National Board of Health and Welfare reg. no. 9896/2020

External work

National conference with Ensamkommandes förbund

In order to obtain information about what works and what needs development in order to improve conditions for unaccompanied children and young people, the Centre sent out a survey to student health services, youth guidance centres and social services in a random selection of municipalities in 2017.²⁰ The responses expressed different needs and wishes, among other things about meeting and talking to others who work with unaccompanied children and young people. Based on the results of the survey, the Centre organised the conference *Samverkan för ensamkommande barn och unga* [Collaboration for unaccompanied children and young people] in partnership with the National Agency for Education and Ensamkommandes förbund [Association of unaccompanied children] in December 2018.²¹

The conference brought together 450 people who interact with unaccompanied children and young people in schools, healthcare and social services. In addition to six plenary lectures, participants had the opportunity to choose from 18 different seminar sessions, focusing on topics such as

- the importance of care when interacting with unaccompanied young people with mental health issues
- cooperation for the best interests of the child upon return – from asylum to refusal
- the situation for unaccompanied girls
- children and young people who disappear
- support for unaccompanied children – what is effective?
- trauma-conscious care in the school
- cooperation for those outside of society's interventions
- cooperation between regions and municipalities
- BUP – an important actor and partner
- working with norms in everyday life – sexuality, health and LGBTQ.

Parts of the conference were recorded by the National Board of Health and Welfare and by the Swedish Educational Broadcasting Company (UR), and are available at socialstyrelsen.se.

County administrative board's strategy days

In cooperation with the country administrative boards, the Knowledge Centre participated in their strategy and training days as well as regional municipal

²⁰ National Board of Health and Welfare reg. no. 29546/2017

²¹ National Board of Health and Welfare reg. no. 11221/2018

meetings. On these occasions, the Centre provided information about the knowledge bases that have been developed and also learned about the experiences of the municipal representatives.

Participation in conferences

Over the years, the Knowledge Centre has participated in conferences and seminars as a lecturer, at which time they presented the Centre and its ongoing work.

The Centre has participated annually in Barnrättsdagarna [Children's Rights Days], Socionomdagarna [Social Workers Days] and additional professional conferences, such as BUP's congress and Familjehemskonferensen [Foster Home Conference].

Participation in reference groups

Employees of the Knowledge Centre have been part of reference groups at the authority when relevant.

Examples of external reference groups in which employees of the Centre participated include:

- Swedish Migration Agency's project in partnership with Strömsund Municipality and the Jämtland County Administrative Board entitled *Barnets bästa vid återvändande* [The best interests of the child upon return]. The focus on the project is to work at an early stage of the asylum process to prepare asylum-seeking unaccompanied children for the fact that they might not be allowed to stay in Sweden but that they should take advantage of their time in the country while waiting for their decision.
- SALAR's work to design a client survey for unaccompanied children and young people.
- The work of UNHCR and Förnyelselabbet to draw up proposals for improving the initial reception of unaccompanied children in Sweden.
- The Public Health Agency of Sweden's assignment (together with the National Board of Health and Welfare) to map out the scope and type of drug habits among unaccompanied children and young people up to the age of 21, *Narkotikaanvändning bland ensamkommande* [Drug use among unaccompanied children and young people], which was reported in December 2017.
- The Migration Studies Delegation (Delmi), *Those who cannot stay – Implementing a return policy in Sweden*.
- Riksförbundet frivilliga samhällsarbetare's (RFS) three-year project *Min rätt – din roll* [My rights – your role], aimed at unaccompanied children, their custodians, and other actors collaborating in relation to the child.

International knowledge exchange

European conference 2017

Together with the organisation European Social Network (ESN),²² the Centre organised a conference on the theme of the inclusion of children in migration.

The conference was held in Stockholm on 23–24 October 2017.²³ The participants consisted of representatives from Swedish authorities and organisations working with unaccompanied children, children's rights organisations, and 20 odd municipalities selected by SALAR. ESN members from all over Europe were also invited.

The conference had three main themes:

- Important issues for unaccompanied children in social child and youth care.
- Social services' work with the inclusion of newly-arrived families.
- How to support young new arrivals in finding a job and social inclusion after they have left social child and youth care.

Nordic exchange of experiences

The Nordic Welfare Centre's project *Nordic cooperation on integration* focused on identifying and describing learning examples of municipalities' and other societal actors' work with the reception, inclusion and integration of newly-arrived children and young people in the Nordic countries. In 2017 and 2018, the Nordic Welfare Centre acted as a Nordic hub within the project for the dissemination of information and exchange of experiences in the field of integration. The Knowledge Centre was part of the project's reference group.

In 2017, the Nordic Welfare Centre organised a meeting for unaccompanied children and young people for ministries and authorities in the Nordic countries, which was held in Oslo.²⁴ The Knowledge Centre, which was newly established at that time, participated.

In 2020, a follow-up meeting was organised by the Nordic Welfare Centre together with the Knowledge Centre. Nordic authorities, politicians and researchers participated in the meeting. The meeting was followed by about 40 people via Teams and included lectures focusing on four main areas related

²² ESN is a network for publicly-run social services organisations in Europe. ESN is a non-profit organisation supported by the European Union Programme for Employment and Social Innovation "EaSI" (2014–2020).

²³ National Board of Health and Welfare reg. no. 10843/2017

²⁴ National Board of Health and Welfare reg. no. 12018/2017

to unaccompanied children in the Nordic region: mental health issues, the situation for girls, unaccompanied children who disappear, and what happens when unaccompanied children turn 18 years of age.

At the meeting, it was stated that Nordic cooperation is good, in part to exchange experiences and research and in part to maintain competence. At present, most unaccompanied children and young people are coming to Sweden. But that picture may change with time. The conference participants agreed that all countries need to be prepared for a new situation with many asylum seekers.²⁵

The EUROPROM project

The Ministry of Justice in France initiated a collaborative project between France, Spain, Italy and Sweden to gain a better understanding of the challenges faced by unaccompanied children and young people, and to identify good practice. The issues raised in the project plan are mental health, risk of vagrancy, homelessness, vulnerability to human trafficking, crime and drug abuse.

The project is funded through EU funding and is expected to be ongoing 2021–2022. The project plan includes study visits and seminars in each country. The project will conclude with a final conference in France.

The National Board of Health and Welfare, Gävleborg County Administrative Board and the Swedish Gender Equality Agency represent Sweden in the project. The National Board of Health and Welfare will have a coordinating role for the Swedish participants. The Swedish Migration Agency and an administrator at the Swedish National Council for Crime Prevention are also involved and will participate in parts of the project.²⁶

²⁵ The conference is documented in the report "Nordiskt samarbetsmöte kring ensamkommande barn och unga" [Nordic cooperation meeting regarding unaccompanied children and young people]. <https://nordicwelfare.org/integration-norden/publikationer/nordiskt-samarbetsmote-kring-ensamkommande-barn-och-unga/>.

²⁶ National Board of Health and Welfare reg. no. 38855/2020

Status report 2019–2020

Before the Knowledge Centre for Unaccompanied Children ceases to operate, a final overview of the situation for unaccompanied children and young people is given here with a focus on development within social services and healthcare in 2019 and 2020. Further knowledge will come from the National Board of Health and Welfare's ongoing student health assignments, which will be completed in 2021. More information can be found on page 22.

The data for the chapter was collected during the period February to October 2020. Due to the pandemic, it has not been possible to conduct national surveys or to hold physical meetings as planned. Instead, we have, among other things, reviewed relevant reports from the authority, other government authorities, SALAR and volunteer organisations. The Centre also had digital meetings with representatives from municipalities²⁷ and regions²⁸ and has checked on the status of relevant issues with various telephone answer lines and helplines.

The chapter also describes the situation of unaccompanied young people based on the experiences of civil society. Finally, there is a compilation of questions received by information services and telephone helplines during the years 2019–2020.

Appendix 2 of the report contains statistics on, among other things, the number of children who sought asylum over the years, what countries they come from, and how they are placed. There are also current figures on the number of young adults with a residence permit for studies under the new Upper-Secondary School Act.

Appendix 3 of the report contains an illustration of the statistics on the number of children who sought asylum in the country during the years 2015–2020 and the processing time for unaccompanied asylum-seeking children at the Swedish Migration Agency.

Social services

The reception of unaccompanied children

The municipality is responsible for the practical reception of unaccompanied children. Municipal reception is based on what is known as the normalisation principle, which means that all children staying in Sweden shall be covered by the same social care principle to the greatest extent possible.²⁹

²⁷ In August and September 2020, five digital meetings were held with 20 municipalities in total. Selection of municipalities was done in consultation with the county administrative boards. The sampling of municipalities was made up of small municipalities with a population of <5000 and thereby a low level of reception, medium-sized municipalities with reception of about ten children per year, and all metropolitan municipalities. Altogether, the sampling of municipalities represented just over 30 percent of the national reception for all years 2017–2020.

²⁸ On two occasions in September 2020, regions were invited to a digital network meeting. The meetings were conducted in collaboration with SALAR, "Assignment mental health". It was an open invitation, and 33 representatives from a total of 8 regions participated. The theme of the network meetings was the health of unaccompanied children and young people.

²⁹ Bill 2005/06:46, p. 41 f.

The arrival municipality, the municipality where the child makes him/her-self known to a Swedish authority, is responsible for the initial reception and the child's immediate needs. The assigned municipality, the municipality to which the Swedish Migration Agency assigns the child, has long-term responsibility for housing and other interventions for the child under the SoL.

In recent years, the number of unaccompanied children who sought asylum in Sweden decreased drastically from just over 35,000 in 2015 to 500 in 2020. See Appendix 2, Tables 1–4.

The low reception in recent years, as well as the fact that many of those who came in 2015–2016 are now about 20–21 years old and no longer placed by social services, affects the conditions and capability of social services.

Of the municipalities that responded to the county administrative board's municipal survey for 2019,³⁰ a large proportion believe they have a good ability to meet any need for interventions under the SoL, in addition to housing/placement, both for unaccompanied children and for young people over the age of 18 with a residence permit. In the survey, good ability is defined as the activities being carried out according to plan, that statutory and other requirements are met, that available resources are judged to be sufficient, and that the load on staff or operations is not excessive. The greatly reduced reception means that many consider themselves to have a good and adapted organisation to meet the target group [21].

Due to the low reception, the country's municipalities have largely dismantled the special units for unaccompanied children and young people that were established within social services in 2016 [21,22].

The municipalities with which the Centre has had meetings all state that they are able to meet the needs of the unaccompanied children and young people. The quality of both assessment and follow-up of the children assigned to the municipalities is better today than in 2015 and 2016, when the workload for social services was most strained. Today, the assessments are carried out in accordance with guidelines and legislation. Unlike the small and medium-sized municipalities, the metropolitan municipalities state that they still have special units for unaccompanied children, but on a much smaller scale than in 2016–2018. They also handle other children and young people within the units to make the best use of the resources. The municipal representatives state that the work has improved since unaccompanied children and young people were integrated into regular activities. They describe that they previously often made generalized assessments for this group, and not assessments based on the individual's needs. Now they have time to make individual assessments. Several of the municipalities also state that they have learned a lot about girls' specific needs over the years and that they have become better at asking questions about things they previously did not have knowledge and competence about.

³⁰ The county administrative boards have an annual assignment from the Government to compile the statuses of municipalities and regions in each county regarding the impact that the reception of the number of asylum seekers and new arrivals has on operations within social services, school and education, and healthcare. For 2019, just over 190 municipalities (65 percent) chose to answer the eight questions that were about unaccompanied asylum-seeking children both under and over the age of 18, as well as unaccompanied young people over the age of 18 who were granted a residence permit.

The availability of custodians for unaccompanied children is good today and is not perceived to be a concern in the way it was in 2015 and the years thereafter [21].

The reception of unaccompanied quota refugees

The municipality is also responsible for the practical reception of unaccompanied children who come within the framework of Sweden's refugee quota.

As Sweden increased its refugee quota, the number of unaccompanied children within the quota has also increased from about 50 to about 150–200 children per year since 2018. These are children who travel entirely on their own or who travel with adults other than guardians. As quota refugees, the children have a permanent residence permit in Sweden when they arrive in the country.

Most of the municipalities the Centre has met with have received unaccompanied quota refugees. They express that there is a big difference in receiving these children, compared to asylum-seeking children, because they avoid all uncertainty about the asylum process. It is easier to focus on integration when the children feel secure in the knowledge of being allowed to stay.

During the years 2019 and 2020, the question of representatives for these children has been raised. Serving as a representative of unaccompanied children that are quota refugees shall be regulated the same way as for other children who live in Sweden and do not have guardians. This means that the social services committee makes a request or applies for a specially-appointed guardian based on the rules of the Children and Parents Code (cf. Chapter 5, Section 2 of the Social Insurance Ordinance [2001:937]). The social services committee can also request that the court make an interim decision on a specially-appointed guardian that applies until the court has reached a final decision on the matter. If the processing nonetheless drags on, the child may temporarily be in need of a custodian.³¹

Recurring signals from the country's municipalities that it takes a long time to handle cases of specially-appointed guardians in the district court prompted SALAR to make a petition to the Government in September 2020. In the petition, statute amendments are proposed in order to ensure that children who do not have guardians and are quota refugees are assigned a representative as soon as possible after arrival. The proposal means that it should be possible to appoint a custodian for unaccompanied children even for unaccompanied children with a residence permit [23].

Reception-related challenges

Unaccompanied children who disappear from the reception system have been a major challenge, especially in the years directly following 2015, and still are, even though only a small number of children are arriving. In 2020, 89 children absconded according to the Swedish Migration Agency's statistics. Children who disappear and end up outside of society's safety net are at particularly high risk of being exploited.

³¹ See also the National Board of Health and Welfare's handbook "Ensamkommande barn och unga" [Unaccompanied children and young people], p. 63

Several municipalities express fears that knowledge and working methods that were gained when reception was higher are now lost, as well as that the municipalities are losing their readiness for possible increased reception in the future. This emerges both in the reporting to the county administrative board and in the Knowledge Centre's meetings with the municipalities.

The municipal representatives describe more challenges in reception:

- The reduced reception has led to municipalities investing less resources in maintaining competence and initiatives aimed at the target group.
- There are uncertainties regarding in which situations municipalities can receive compensation for care of unaccompanied children and young people with LVU-like needs. Many cases are pending in court.³²
- It is difficult to maintain regional cooperation as fewer unaccompanied children come.
- In many cases, it takes a long time before the children within the quota reception receive a specially-appointed guardian. When there is no representative for the child, it is often the social welfare officer who has to ensure that the child is registered, comes to healthcare, receives an ID card, etc., which is not a legally compliant situation for the child and can take an unreasonably large proportion of the social welfare officer's working hours.

The municipalities express concern about the young adults who previously came as unaccompanied children. This applies to both young people who have a temporary residence permit based on their asylum application and those who have a temporary residence permit to complete their upper-secondary studies. These young adults are going to work and live in a situation where unemployment among young people has increased due to the corona pandemic and where it is generally difficult for young people to get into the housing market.

The concern also applies to young people who for one reason or another had their asylum application rejected or will have their extension application rejected, and who stay in the country illegally instead of leaving the country.

Placement of unaccompanied children and young people

Housing for unaccompanied children and unaccompanied young people over the age of 18 with a residence permit is satisfied through placement according to the SoL or the LVU.

In the National Board of Health and Welfare's register of social services' initiatives for children and young people, it is possible to follow how the unaccompanied children and young people have been placed since 2018. Statistics for 2020 will not be published until 2021, so this report is based on statistics for 2018 and 2019.

³² For information on government compensation to municipalities, see <https://www.migrationsverket.se/Andra-aktorer/Kommuner/Statlig-ersattning.html>

The number of unaccompanied children and young people who were placed decreased from 11,554 to 6,617 (43%) between 2018 and 2019.

In 2019, foster home placement was the most common placement form for unaccompanied children and young people, both girls and boys. This differs from 2018, when HVB homes was the most common placement form for the group as a whole, while foster homes were the most common placement form for girls. See Appendix 2, Table 7.

Housing activities for unaccompanied children and young people have been discontinued as the number of unaccompanied children and young people in need of a placement decreases. This is evident from both the county administrative board's reporting and from the meetings that the Centre has had with municipalities. It is also confirmed by the Health and Social Care Inspectorate's (IVO) statistics on the number of HVB homes and supported housing with permits. This applies to activities in both municipal and private operations. See Appendix 2, Table 10.

The county administrative board reports for year 2019 that 70 percent of the municipalities believe that they have a good ability to meet the housing needs of unaccompanied children under the age of 18. Furthermore, young people over the age of 18 with a residence permit are generally offered continued placement in supported housing, foster homes or other forms of placement until they reach the age of 20 or 21, provided that they are studying in upper-secondary school [21].

This picture is confirmed in the Centre's meetings with the municipalities. It also appears that the unaccompanied children are primarily placed in foster homes, both ordinary foster homes and kinship homes.

About 60 percent of the unaccompanied children who applied for asylum in 2019 and 2020 have family or other close relatives in Sweden. See Appendix 2, Tables 6. This often leads to children being placed in families.

IVO's supervision of HVB homes and supported housing

In its supervision of HVB homes and supported housing organisations in 2019, IVO still saw the same shortcomings in the area that were identified in previous years. The supervision shows a high proportion of recurring shortcomings in the enrolment procedure at HVB homes and supported housing. It has been noted in particular that unaccompanied children and young people who have a greater need for care than can be met in supported housing are nonetheless placed in this housing form. Many municipal HVB homes have been converted into supported housing and are run in the same premises that were previously HVB homes. According to IVO, these premises often do not fulfil the purpose of the supported housing, which is to provide training in independent living and adult life. The many common meeting points, which are positive in an HVB home, entail risks in supported housing because staff do not stay on the premises when the children and young people are there [24].

Housing for unaccompanied young people over the age of 18

Unaccompanied young people in the asylum process

An asylum-seeking unaccompanied child who reaches the age of 18 or is registered as 18 years of age after an age assessment is considered an adult in the asylum process, at which time responsibility for reception generally passes to the Swedish Migration Agency, which must assign an accommodation centre (cf. Section 3 of the LMA).

Despite the Swedish Migration Agency's responsibility, the county administrative board's report shows that 37 percent of the municipalities enable continued housing in the municipality, while 39 percent of the municipalities state that they do not offer continued housing. The main reason is that responsibility for the target group lies with the Swedish Migration Agency [21]. The municipalities that the Centre has had contact with indicate that they do not provide interventions to young adult asylum seekers who have been assigned to the municipality as unaccompanied children. The responsibility for them is generally passed on to the Swedish Migration Agency.

Unaccompanied young people with a residence permit for studies

The group "unaccompanied young adults with a residence permit for studies under the new Upper-Secondary Act" has no expressed right to support for housing, but has the same rights as other municipal citizens applying for housing aid. In the spring of 2019, the county administrative board conducted a special mapping in relation to this group via a web survey to the country's municipalities. Of the country's 290 municipalities, 166 responded to the survey (57%). The country's six largest municipalities are included in the data, which means that a large proportion of the target group is covered by the mapping.³³ The survey responses showed that several of the municipalities with more than 50 people in the target group estimate that a large proportion live in acute homelessness or move around among short-term housing. It also emerged that there are group homes for the target group in some municipalities, and that civil society conducts mentorship activities for the target group in some municipalities [19].

In the Centre's meetings with municipalities, it seems to be most common for the municipalities to not have any special interventions for the target group, but they have the same rights as other municipal residents to apply for aid to receive an individual assessment. Several of the municipalities state that they have a collaboration with civil society to give the young people who are temporarily staying in the country with the support of the new Upper-Secondary School Act support in finding housing.

³³ Calculated based on the Swedish Migration Agency's statistics from 13 June 2019, 65 percent of the target group live in one of the municipalities included in the mapping.

Challenges related to placements and housing

In the county administrative board's municipal survey for 2019, a total of 81 municipalities answered questions about development areas for the municipality's work with housing and regarding initiatives for unaccompanied children and young people. A number of municipalities feel uncertain about how the assignment can be organised and carried out with competent staff as the number of unaccompanied children who are assigned to the municipalities has fallen sharply. Several municipalities propose reception-related collaboration between municipalities. Improved collaboration with housing companies, civil society and internally within the municipality is underscored by municipalities as important areas of development. Some municipalities also point to a need for better support to individuals with special needs, such as individuals with disabilities or substance abuse problems [21].

In the reporting to both the county administrative board and the Knowledge Centre, municipalities state there are difficulties in recruiting foster homes. It is difficult in general, but it is especially difficult to recruit foster homes for unaccompanied children and young people. The municipalities also state that it is difficult to assess, investigate and support kinship families, especially the families that the children within the quota reception come together with.

Healthcare

According to the Convention on the Rights of the Child, children have the right to good conditions for growing up, which include the right to the best attainable health. As with all other children, asylum-seeking children must be offered a health examination in connection with being placed. In addition, a health examination must also be offered based on the Act on Health and Medical Care to Asylum Seekers and Others.³⁴ Asylum-seeking children must also be offered free healthcare and dental care to the same extent and at the same terms as other children in society (cf. Section 5 of the Act on Health and Medical Care to Asylum Seekers and Others). For unaccompanied young people who have reached or are registered as 18 years of age and are still asylum seekers, the region's obligation to offer healthcare and dental care is limited to care that cannot be delayed, maternity care, abortion care and contraceptive counselling (Section 6 of the Act on Healthcare to Asylum Seekers and Others).

With regard to physical health, the Centre has limited itself to describing the scope of health examinations. The lack of a personal identity number makes it difficult to observe care consumption at the individual level. The children and young people who have a residence permit, and thus a personal identity number, are nevertheless difficult to follow because they are not registered as unaccompanied in the healthcare system but are rather children and young people among all other children and young people.

³⁴ Act (2017:209) on Health Examinations of Children and Young People who are Cared for Outside Their Own Home and Act (2008:344) on Healthcare to Asylum Seekers and Others

Health examinations

The Centre's pre-study on health examinations, which was performed in 2019, showed that awareness that unaccompanied asylum-seeking children are supposed to be offered two health examinations is low (read more about the pre-study on page 25 of this report).

SALAR and the National Board of Health and Welfare have subsequently mapped how many of placed children and young people are examined by healthcare, how many have their dental health examined at the request of social services and to what extent the children need follow-up within healthcare. The mapping relates to children and young people who were placed in 2019 and is published in two reports – one report on the health of children in placement from SALAR [25] in December 2020 and one report on the dental and oral health of children in placement from the National Board of Health and Welfare [26] in November 2020. In both reports, results related to unaccompanied children is reported in particular.

SALAR has conducted national mappings of how many children and young people were examined by a doctor in connection with placement in 2014, 2016 and 2019. The results concerning asylum-seeking unaccompanied children and young people are included in the last two mappings. The mapping for 2019 includes 311 unaccompanied children, of which 87 percent had undergone a health examination. However, 149 have only undergone the health examination intended for asylum seekers, but not the health examination concerning placed children. In about one-third of the children examined, a need for further healthcare interventions was discovered. These results are at the same level as the mapping done in 2016, even though the mapping for 2020 covers significantly fewer unaccompanied children [25].³⁵

In the National Board of Health and Welfare's mapping of oral health and dental care for placed children, 118 of all of the country's municipalities responded that they had unaccompanied children and young people placed according to the SoL during the period 1 July–31 December 2019. It related to 280 children in total, but for 95 of the children the municipality was not able to answer whether they had received an oral health examination or not. Of the 185 remaining children, 65 percent had undergone an oral health examination in connection with placement. Of those who had undergone a health examination, 34 percent needed further dental care interventions. No information has been reported on those placed according to the LVU as the data set is too small.

Within the framework of the mapping, interviews were also conducted with social welfare officers and Head of units in 13 municipalities. In the interviews, it came to light that the municipalities' working methods vary when it comes to ensuring that unaccompanied children who are placed receive access to dental care. What is most common is for the person responsible for the daily care of the child (foster home parents, staff at the HVB home or supported housing, or the child's custodian) to make the necessary contacts with dental care. However, these contacts with dental care are not followed up on by social services. Only one of the 13 municipalities interviewed stated

³⁵ SALAR's mapping in 2016 included 1,512 unaccompanied children and young people.

that social services initiate a health examination at the dental clinic for asylum-seeking placed children. Furthermore, the interviews uncovered that unaccompanied children often have a great need for dental care when they arrive in Sweden [26].

Mental health

There is a consensus in the research that unaccompanied children and young people are particularly vulnerable to both self-assessed symptoms and fulfilled criteria for mental health disorders and psychiatric diagnoses. The reasons for this are often a combination of experiences from the time before, during and after they fled. This may relate to difficult experiences from their home country and from their travel to their new country, as well as to the long, drawn-out asylum process and the situation in Sweden [27].

Study on PTSD in newly-arrived children and young people
In October 2020, the Public Health Agency of Sweden published a scientific article analysing the results of a survey study conducted in 2018.

The purpose of the survey study was to map out the incidence of post-traumatic stress disorder (PTSD) in newly-arrived children and young people from Afghanistan, Iraq and Syria. The study included 1,129 children between the ages of 16 and 18. About 30 percent of those who answered the survey were unaccompanied children. Of the children from Syria and Iraq, only about ten percent were unaccompanied, while up to 60 percent the children from Afghanistan had come to Sweden as unaccompanied. The survey results show that 42 percent of the children had PTSD symptoms. The incidence was higher in children from Afghanistan (57 percent) than in children from Iraq (37 percent) and Syria (33 percent). No major difference between the sexes could be seen.

Unaccompanied children from Afghanistan had PTSD symptoms to a greater extent than minors from Afghanistan who came to Sweden with their family or other close relatives. A corresponding difference in the incidence of PTSD could not be seen in the study among children from Syria who arrived unaccompanied or with their family or other close relatives. As for the newly-arrived children from Iraq, they were so few in number that a corresponding analysis was not done for this group.

In the study, the unaccompanied children from Afghanistan were placed in a foreign foster home or in a HVB home rather than with family or close relatives to a greater extent than other placed children. This is assumed to mean that they travelled alone and unprotected to a greater extent. One conclusion in the article is that PTSD symptoms were most common among those who came to Sweden without family or close relatives and were then not placed with anyone they had known since previously [28].

Representatives from regions describe the situation

In the Knowledge Centre's meetings, representatives from regions³⁶ describe that there are fewer unaccompanied children and young people at BUP centres today than four or five years ago, and there is therefore a risk that competence in trauma in particular will disappear.

Furthermore, they express that unaccompanied young people experience a problem when they transition from BUP to adult psychiatric services when they turn 18. The young people may have to wait for a long time before a new contact is established, and they are without support and help during that time.

Asylum seekers who have reached the age of 18 are only entitled to *care that cannot be delayed* (as well as maternity care, abortion care and contraceptive counselling), but in the meeting with representatives from the regions it came to light that the regions do things differently. The consequence is that the young asylum seekers staying in the country are handled differently. One example given is that it is difficult to get referrals accepted by specialist psychiatry units when, for example, assessments of neuropsychiatric symptoms can be considered care that can be delayed. Sleeping problems, headaches, stomach problems and genital issues are described by the representatives as common somatic symptoms of unaccompanied children and young people. The care needs of children who come as quota refugees are often large and demanding. Examples of care needs are serious deformities and infectious diseases.³⁷

Experiences from civil society

Since the autumn of 2015, civil society organisations have played an important role for the unaccompanied children and young people who have come to Sweden. These are support activities in the form of meeting points, legal advice, psychosocial support, social activities, tutoring, and more. Civil society has played and continues to play a compensatory role in resolving the housing situation for young adults who came as unaccompanied children and reached the age of 18 or have been registered as 18 years of while they were still in the asylum process. Even young adults who have a residence permit under the new Upper-Secondary School Act have benefitted from civil society's efforts to combat homelessness in the group.

In March 2018, the Government decided to invest SEK 120 million per year for three years to support non-profit organisations in their work to combat homelessness among young adults, where mental health issues could be a contributing factor in homelessness.³⁸ Some of the money went to civil society's work to offer housing to unaccompanied young people.

³⁶ On two occasions in September 2020, regions were invited to a digital network meeting. The meetings were conducted in collaboration with SALAR, "Assignment mental health". It was an open invitation, and 33 representatives from a total of 8 regions participated. The theme of the network meetings was the health of unaccompanied children and young people.

³⁷ National Board of Health and Welfare reg. no. 11780/2020

³⁸ Prop. 2017/18:1, Budget bill

Civil society testifies to vulnerability among unaccompanied children and young people

In 2020, the Centre's dialogues with civil society³⁹ focused on how the organisations perceive the situation for unaccompanied children and young people, what issues related to unaccompanied children and young people there has been continued work related to, challenges in the work, and what lessons were learned in recent years.

In the dialogues, the organisations stated that the young adults who came in 2015–2016 have great need of the organisations' support. The organisations highlight vulnerability as

- mental health issues
- homelessness, insecure housing situations
- lack of basic needs like food and clothing
- human trafficking and exploitation (sexual, labour, drug trafficking and other crime)
- substance abuse.

A summary of how the organisations view the situation of some of the groups they encounter in their operations is found below.⁴⁰

Children who have been granted a temporary residence permit because a decision on refusal of entry or deportation could not be executed because no reception could be arranged in the home country. They live in a vulnerable situation based on the knowledge that when they turn 18, they will receive a refusal decision and have to leave Sweden.

Young people who do not have a legal right to stay in the country have difficulty receiving emergency aid and are at a high risk of being exploited in criminal networks. The organisations also see a great risk that these people will end up in addiction. It appears that more and more people are testifying that they are being exploited in exchange for e.g. a place to sleep for the night or a meal.

Young adults with a temporary residence permit under the new Upper-Secondary School Act.

The organisations underscore that the new Upper-Secondary School Act results in enormous stress and pressure for many, and causes anxiety and mental health issues. Uncertainties about the legislation lead to high pressure on the organisations that offer legal advice. The organisations also point out that

³⁹ Due to the corona pandemic, the spring dialogue meeting was cancelled. Information was instead sent out by email along with a written request to describe the current situation for unaccompanied children and young people and what lessons have been learned in recent years. Written responses were received from the Church of Sweden, the Salvation Army, Nya kompisbyrån, RFSL Ungdom, the Red Cross and Asylrättsbyrån.. In September, a digital dialogue meeting was held. The participants were the Red Cross, Stadsmissionen Skåne, Stockholms Stadsmission, the Salvation Army, UNICEF Sweden, Rädda Barnen's youth association, the Church of Sweden, RFSL Ungdom, the Swedish Association of the Visually Impaired (SRF), UNHCR, SoS Barnbyar, FARR, and #Vi står inte ut.

⁴⁰ National Board of Health and Welfare reg. no. 11780/2020 and 26073/2017

the requirement for young people to find a job within six months of completing upper-secondary studies can be exploited by dishonest, disreputable employers.

One example of this is young people who "buy their residence permit" by making an agreement with the employer for a salary of SEK 20,000 but are made liable to repay SEK 10,000. In the coming years, more and more people will complete their upper-secondary studies. Here, the organisations see a risk that there will be a growing number of undocumented individuals and young people with physical and mental health issues.

LGBTQ young people undergoing lengthy asylum processes.

According to RFSL Ungdom, a major problem for those who arrived in 2015 and had their asylum application rejected is that they, in many cases, had not mentioned their sexual orientation in their basic application; that the young people felt that stating that they fled from a war-torn country was what was most important. The information about sexual orientation only came up during the enforcement stage, and therefore was not always considered credible.

The young people who have received a deportation decision feel very poorly. Many live in hiding or have left Sweden for other countries. Those with a strong network try to take their case to the European Court of Human Rights.

In November 2020, RFSL Ungdom published a legal review of LGBTQ young people's asylum cases, in which RFSL reviewed the Swedish Migration Agency's decisions and rulings of the Migration Court. RFSL criticised, among other things, the fact that unaccompanied young people were not given the opportunity to testify in sufficient detail to be judged reliable or creditable [29]. The report from the Swedish Research Council for Health, Working Life and Welfare also shows that those who immigrated to Sweden from countries in the Middle East within the past five years were more likely to hide their sexual identity than Swedish-born gay, bisexual and queer men. The migrants tended to be more open about their sexual orientation the longer they lived in Sweden [30].

Civil society's challenges

In the meetings with the Centre, the organisations also bring up the challenges that volunteer forces face. They see a risk that the safety net for the young people will change in 2021, as the support provided between 2018 and 2020 ceased at the start of the year. They also point out that the volunteers carry a heavy load in terms of support for the young people in different situations, particularly young people who for various reasons do not have contact with social services or society in general.

They also point out that families who volunteered to serve as foster homes are tired after prolonged strain. The families have supported young people who lived in uncertainty for many years about whether they will be allowed to stay, who are facing mental health issues, and who in some cases are also suicidal. The young people also have trouble getting support from psychiatric services once they turn 18.

The organisations appeal to society to step in and provide more support to the young people, regardless of legal status. Otherwise, there is risk of ever-greater problems with vulnerability, exploitation and a growing shadow society.⁴¹

Unaccompanied girls in particular

The proportion of unaccompanied girls has gradually increased between 2015 and 2020. See Appendix 2, Table 3. Among unaccompanied girls, there is also a larger proportion seeking asylum at younger ages (0–12 years old) compared to unaccompanied boys. Of the unaccompanied children within the framework of the Swedish quota reception, about one-third are girls.

The fact that there is a growing number of unaccompanied girls and there is a greater proportion at a younger age means there is an increased need for knowledge about the situation and particular vulnerability of girls.

In 2020, 78 percent of asylum-seeking unaccompanied girls were assigned by the Swedish Migration Agency to a municipality with a connection, meaning a municipality that is home to a person or family that the girl or the girl's parents already has a relationship with. The connection assignments often result in social services placing the child in the kinship placement. Of the placement of girls in foster homes in 2020, 37 percent were kinship families. See Appendix 2, Tables 7 and 8. When it comes to placement of unaccompanied children in kinship homes, there are risks that need to be taken into consideration, but also benefits (see also page 25).

The majority of the unaccompanied girls come from countries where child marriage and female genital mutilation are common. In Somalia and Eritrea, over 80 percent of girls and women are reported to have been subjected to genital mutilation [31]. It is therefore still important that both social services and healthcare have knowledge about female genital mutilation and children who come to Sweden and are said to be married.

The number of girls and women who sought care for genital mutilation has increased steadily between 2012 and 2018 in all healthcare regions except the Southern region. This is the finding of the National Board of Health and Welfare's report *Inventering av vård för kvinnor och flickor som har varit utsatta för könsstympning* [Inventory of care for women and girls subjected to female genital mutilation] [32].

In January 2020, the Östergötland County Administrative Board published a report on municipalities' knowledge of children taken out of the country and knowledge of children who come to Sweden and are said to be married.⁴² It shows that 27 out of 192 municipalities knew of children who are said to be married, with the number of children totalling 36. The Östergötland County Administrative Board considers it worrying that such a large proportion of the municipalities, in terms of both school and social services, state that they have no knowledge of children who are said to be married [33].

⁴¹ National Board of Health and Welfare reg. no. 11780/2020 and 26073/2017

⁴² The report does not relate solely to unaccompanied children. It is based on two surveys to the country's municipalities. One to education/schools and one to social services. 192 municipalities in total answered the surveys (66% response rate).

Voices of unaccompanied children and young people

Children placed in foster homes

In 2019, the National Board of Health and Welfare conducted a first national client survey of children in foster homes. Children between the ages of 9 and 17 were asked about their situation placed in a foster home. The younger group (ages 9–14) were interviewed, and the older group (ages 15–17) answered the questions themselves with the help of a survey supporter.

The interview questions were, among other things, adapted to capture the group unaccompanied children. The results of the client survey will be presented in their entirety in the spring of 2021. Preliminary results regarding the target group, unaccompanied children, are presented here.

341 children were interviewed in the client survey. Of these, 87 were unaccompanied children (26%).

The unaccompanied children's experiences of foster home care are essentially similar to those reported by the entire group of children included in the client survey. The group unaccompanied children differs only in a few points: gender, basis of placement, and type of foster home.

For the group unaccompanied children, the decision on foster home placement is in most cases based on the fact that there is no guardian who can look after the child's need for medical and social care rather than there being social problems. This can be seen in the legal code on which the decisions are based.

Only a small proportion of the unaccompanied children are placed with the support of the LVU. Another difference is that the proportion of boys is higher (74%) among unaccompanied children than in the group of children as a whole (52%). A further difference is that the unaccompanied children are more often placed in relative/kinship homes (37%) than the group as a whole (22%).

The unaccompanied children's relationship to their foster home is described by almost all children as positive. They perceive the family members as kind; the children thrive and feel secure. They are listened to, feel they are treated fairly, and can be themselves in the foster home. Several unaccompanied children express that the kinship in a kinship home is important, and some comment that they would rather live in a relative/kinship home than another foster home.

When the children talk about the relationship with their original family, it is clear that many of them miss and worry about their parents and siblings, as well as how important it can be to keep in touch, even though they are far apart. Most of the children have contact with their parents or other relatives, but some children have no contact. Among them are children who state that they do not receive the help they need to make and/or maintain contact.

Among the older children, just over one in ten state that they have no one to talk to when they feel sad. Many turn to their custodian, but most turn mainly to friends. The younger children turn primarily to the foster parents, but they also turn to the staff at the school. The children who are not feeling

well and need to go to the doctor or dentist usually turn to an adult in the foster home for help.

Children and young people on their contact with social services

In the autumn of 2019, SALAR conducted a national client survey in individual and family services for the fifth year in a row. Clients in 132 municipalities participated in the survey.⁴³ The survey concerns the exercise of authority and is carried out, among other things, in social child and youth care with unaccompanied children and young people from 13 years of age.

In the 2019 survey, 387 unaccompanied children and young people responded, which is a response rate of 73 percent. The questions are the same each year and about perception of

- how easy it is to get in touch with the social welfare officer
- how their situation has changed since contact with social services
- how pleased they are overall with the support received
- being able to have an influence over their own situation
- being able to have a say in the type of help
- how easy it is to understand the information provided by social services
- how much understanding the social welfare officer shows.

The proportion of positive responses from unaccompanied children and young people has increased in all question areas each year since 2016.

In 2019, the proportion of positive responses was between 80 and 92 percent. The lowest proportion of positive responses relates to the question regarding how much the individual has had a say in the type of help they received from social services. The highest proportion of positive responses relates to how easy it is to understand the information received from the social welfare officer.

Young people about their situation

The Red Cross' report *Mitt liv räknas – Den humanitära situationen för ensamkommande unga* [My life counts – The humanitarian situation for unaccompanied young people], which was published in January 2020, describes interviews with unaccompanied young people as well as interviews with Red Cross volunteers who interact with the young people.⁴⁴ In the interviews, the young people themselves state that their mental health is affected by the situation in Sweden. They state several different reasons for this, including long asylum processes, temporary residence permits, uncertain housing situations, racism, uncertain future prospects, poor economy, and worry about and longing for family. Several describe difficulties in concentrating in school due to high stress and uncertain living conditions. The volunteers report serious mental health issues among the young people they interact with, but also state that the young people's situation affects their own well-being.

⁴³ www.SKR.se. Client survey IFO 2019

⁴⁴ 20 volunteers and 11 young adults who sought asylum in Sweden as unaccompanied children were interviewed in the report.

For the young people who are lucky enough to be in a more stable situation, there are conditions for improved mental well-being. The report also describes a survey with 24 local associations. In the survey, several stated that the target group's mental state had improved since the previous year. The respondents explain this in different ways. Several explain that those who have been granted a residence permit with the support of the new Upper-Secondary School Act feel better, while those who have been rejected or are still in an asylum or permit process feel worse. The survey also shows that many of the young people experience great loneliness [34].

Questions to information services and telephone helplines

During the past two years, the number of questions received by the National Board of Health and Welfare's information service has fallen sharply. The questions that have been most asked from 2019 to date relate mainly to the division of responsibility between municipalities in matters concerning family reunification, placements of both children and young people over the age of 18, and applications for financial aid. Another area is questions related to the right to financial aid, mainly linked to family reunification, studies and children living at home. Many questions are about placements. The questions concern private placements, termination of care, continued placement after the age of 18, placement of children of unaccompanied children, and the municipalities' responsible for acquiring housing.

To find out what things have been like with other actors who have or previously had an information service or telephone answer line, the Centre obtained information from IVO's information service and their children and youth line, Rädta Barnen helpline, the Red Cross' local associations and asylum counselling via the National Department, Health Promotion and Social security Unit, and Östergötland County Administrative Board's national telephone helpline.

Questions to authorities and organisations have been asked by social services and healthcare professionals, the unaccompanied young people themselves, custodians, specially-appointed guardians, and private individuals. Like the National Board of Health and Welfare's information service, the actors that the Centre has been in contact with indicated that the questions have decreased in recent years. The nature of calls from young people is also said to have changed since 2015. When the children first arrived in Sweden, they asked for information about how Swedish society works. They were hopeful and wanted to start their lives here. In 2019 and 2020, the calls were described as heavier and dejected. They are often about concerns about their asylum application being rejected and thoughts about the future.

There is a great deal of agreement about what questions have come in to the various actors. The difficulties that both the unaccompanied children and young people and the professionals had in navigating and understanding all of the regulation changes that have taken place over the years were highlighted in the contacts that the Centre has had.

Here is a list of the most frequent question areas and what has emerged based on the questions asked:

- placements/kinship placements
- financial aid
- division of responsibility between municipalities
- family reunification
- mental health issues and substance abuse
- the Upper-Secondary School Act
- turning 18 years old or being assessed as an older age
- being undocumented.

Questions about communication and information have been raised by several actors the Centre has been in contact with. They describe difficulties for young people to access and understand the information provided, which is why decisions often come as a surprise to them. Interpreters are not always used. Many testify that it is of great value to be able to speak in their own language.⁴⁵

The impact of the corona virus on unaccompanied children and young people

In its dialogue with authorities, SALAR and civil society organisations, the Centre has asked what impact the corona virus has had on unaccompanied children and young people. They are affected by the pandemic like everyone else, but what has been highlighted for this group in particular is:

- Difficulties completing studies in the spring due to the introduction of distance learning in upper-secondary schools, linked to homelessness, lack of computer and internet connection, and language difficulties.
- Lack of school lunch, which for some is the only cooked meal of their day.
- Closed meeting points for e.g. tutoring and other support.

One of the most noticeable effects of the corona pandemic is the poorer labour market for young people. Young people with a temporary residence permit for upper-secondary studies are hit particularly hard by this. There is a great risk that they will not be able to meet the requirement of getting a job they can use to support themselves within six months of completing their upper-secondary studies to be able to get a permanent residence permit.

Due to the pandemic, within healthcare even emergency visits must be booked, which serves as an obstacle to receiving care for unaccompanied children and young people who lack BankID.⁴⁶

⁴⁵ National Board of Health and Welfare reg. no. 11780/2020

⁴⁶ National Board of Health and Welfare reg. no. 6875/2019

Conclusions

The National Board of Health and Welfare was tasked with establishing a national knowledge centre for unaccompanied children and young people between 2017 and 2020. This enabled the authority to follow-up on how the situation for the target group developed, identify the current needs for the relevant professionals and implement relevant initiatives on this basis. Various forms of support, in the form of handbooks, guidelines and other knowledge support, have been produced and collected on the website kunskapsguiden.se together with support from other national actors. During the years that the Knowledge Centre existed, the situation for unaccompanied children and young people and for society in general has changed. The number of unaccompanied children who sought asylum in Sweden was just over 35,000 in 2015. The number has since decreased each year and was 500 in 2020. Another 200 unaccompanied children arrived as quota refugees that same year. The proportion of girls who sought asylum or came to the country as part of the quota reception has increased over the years.

The fact that there is a growing number of unaccompanied girls means there is an increased need for knowledge about the situation and particular vulnerability of girls.

Today, the conditions for a good and planned reception of unaccompanied children are significantly better than in 2015 and the years thereafter, in part due to the decreased number of asylum-seeking unaccompanied children, but also because social services, healthcare, student health services and other actors who interact with this group have learned a lot. At the same time, several municipalities express fears that they will not be able to maintain the knowledge and working methods and be prepared for a possible increase in reception.

The Knowledge Centre considers cooperation at the national, regional and municipal level as key to maintaining a readiness for continued good reception of unaccompanied children.

In order to meet the specific needs of the individual unaccompanied child, the social services, care and schools must take into account that the child is separated from his family and may have traumatic experiences from his home country and from fleeing from there. Among other things, it is a matter of paying special attention to:

- the child's physical and mental health
- suitable placement forms
- vulnerability such as child marriage, human trafficking and exploitation, as well as honour-related violence and oppression.

There are cases where unaccompanied children disappear and live in risk-filled environments without contact with authorities. In such cases, cooperation is required between, above all, social services, the school, police and the

custodian to give the child the support and protection they need and to prevent children and young people from disappearing.

For many of the young people who came to Sweden as unaccompanied children in 2015 and 2016, there are still difficulties. This applies to those who are still in the asylum process and have lived in uncertainty for many years, those who are covered by the new Upper-Secondary School Act and affected by the high level of unemployment among young people today, and those who are living in the country without a legal right, but have no plans to leave the country and are thus at risk ending up in a situation of social exclusion. Even children who come to Sweden but do not intend to seek asylum are exposed to different risks. Various forms of initiatives and support from civil society have been important for these groups.

The authority's continued work

A large proportion of the issues concerning the reception of unaccompanied children and young people falls under the areas of responsibility of social services and healthcare. Any need for knowledge support within this will resume being handled within the National Board of Health and Welfare's regular organisation when the Centre ceases to operate.

To follow these issues at the national level, the National Board of Health and Welfare will continue to participate in the national network convened by the Swedish Migration Agency, which includes the county administrative boards and SALAR.

Published

Reports to the Government

The current status of social services' work with unaccompanied children has been addressed every year (2017, 2018 and 2019) in the authority's status report on individual and family services.

- 4 June 2019, Unga som fått uppehållstillstånd enligt den nya gymnasielagen – lägesbild i maj 2019 [Young people granted a residence permit under the new Upper-Secondary School Act – status report for May 2019]
- 18 December 2018, Kommunernas beredskap – unga som får uppehållstillstånd enligt den nya gymnasielagen [Municipalities' readiness – young people granted a residence permit under the new Upper-Secondary School Act]
- 5 June 2018, Kunskapscentrum för ensamkommande barn - delredovisning 2018 [Knowledge Centre for Unaccompanied Children – interim report 2018]
- 20 June 2017, Analys av situationen i socialtjänsten våren 2017 – Fokus på ensamkommande flickor, yngre barn samt suicidrisk [Analysis of the situation in social services spring 2017 – Focus on unaccompanied girls, younger children and risk of suicide]
- 19 December 2016, Analys av situationen i socialtjänsten – Läget under hösten 2016 [Analysis of the situation in social services – Status in autumn 2016]
- 1 January 2016, Analys av situationen i socialtjänsten – Läget under hösten 2015 och början av 2016 [Analysis of the situation in social services – Status in autumn 2015 and early 2016]

Press releases

- 12 June 2019, Oklart kring förlängda uppehållstillstånd för ensamkommande [Unclear about extended residence permits for unaccompanied]
- 19 June 2018, Flertal fall av suicid bland ensamkommande asylsökande barn och unga [Several cases of suicide among unaccompanied asylum-seeking children and young people]
- 29 March 2018, Socialstyrelsen drar tillbaka material om barn som är gifta [National Board of Health and Welfare withdraws material about children who are married]
- 30 November 2017, Socialtjänsten efterfrågar vägledning i handläggningen av barn som är gifta [National Board of Health and Welfare requests guidance in the handling of children who are married]
- 24 March 2017, Socialstyrelsen stärker arbetet med ensamkommande barn [National Board of Health and Welfare strengthens its work with unaccompanied children]

Podcast episodes

National Board of Health and Welfare's podcast *På djupet*. Published on Socialstyrelsen.se/podd

- Episode #78: About meeting and supporting unaccompanied young people
- Episode #65: Medication at HVB homes
- Episode #54: Children in human trafficking and exploitation
- Episode #49: About children in the asylum process
- Episode #45: About child marriage
- Episode #26: About the Knowledge Centre for Unaccompanied Children and the work of social services
- Episode #6: Unaccompanied children and young people

Publications

- 26 May 2020, Newsletter Meddelandeblad Rättsliga förutsättningar för barn och unga med funktionsnedsättning i migration [Legal conditions for children and young people with disabilities in migration]
- 18 February 2020, Ensamkommande barn och unga – handbok för socialtjänsten [Unaccompanied children and young people – a handbook for social services]
- 16 January 2020, Newsletter Meddelandeblad Socialstyrelsens föreskrifter och allmänna råd (HSLF-FS 2019:19) om hälsoundersökningar av barn och unga som vårdas utanför det egna hemmet m.m. [National Board of Health and Welfare's regulations and general guidelines on health examinations of children and young people care for outside of their own home, etc.]
- 8 April 2019, Barn som kommer till Sverige och uppges vara gifta – vägledning för socialtjänsten [Children who come to Sweden and are said to be married – guidance for social services]
- 30 November 2017, Barn som kommer till Sverige och uppges vara gifta – analys av socialtjänstens handläggning [Children who come to Sweden and are said to be married – analysis of social services' handling of the situation]

Research studies

- 31 January 2018, Kartläggning av självskadebeteende, suicidförsök, suicid och annan dödlighet bland ensamkommande barn och unga [Mapping of self-harming behaviour, suicide attempts, suicide and other mortality among unaccompanied children and young people] (Karolinska Institutet)

Support for professionals

Web texts based on current issues that were initially published on kunskapsguiden.se and are now part of the handbook Ensamkommande barn och unga

– handbok för socialtjänsten [Unaccompanied children and young people – a handbook for social services].

- 18 May 2019, Updated information: Residence permit based on the new Upper-Secondary School Act – right to income, housing and care
- 3 May 2019, Medicines to children and young people at HVB homes and in LSS housing
- 15 February 2019, Updated information: Responsibility for support for asylum seekers over the age of 18
- 28 January 2019, Care that cannot wait
- 20 December 2018, Responsibility for support for asylum seekers over the age of 18
- 12 September 2018, Aid under the LMA for persons who applied for a residence permit under the Upper-Secondary School Act
- 27 June 2018, Limited opportunities to place unaccompanied children in another municipality
- 16 May 2018, Family reunification
- 19 February 2018, Risk and protective factor for suicide and self-harming behaviour

The publications are available at socialstyrelsen.se and/or kunskapsguiden.se

References

1. Swedish Civil Contingencies Agency. Request for information due to the refugee situation. 1.12.2015
2. National Board of Health and Welfare. Report to the Swedish Civil Contingencies Agency, December 2015. Stockholm: National Board of Health and Welfare; 2015
3. National Board of Health and Welfare. Report to the Swedish Civil Contingencies Agency, January 2016. Stockholm: National Board of Health and Welfare; 2016
4. National Board of Health and Welfare. Report to the Swedish Civil Contingencies Agency, February 2016. Stockholm: National Board of Health and Welfare; 2016.
5. National Board of Health and Welfare. Report to the Swedish Civil Contingencies Agency, March 2016. Stockholm: National Board of Health and Welfare; 2016.
6. National Board of Health and Welfare. Hälso- och sjukvård och tandvård till asylsökande och nyanlända – slutrapport 2016 [Healthcare and dental care for asylum seekers and new arrivals – final report 2016]. Stockholm: National Board of Health and Welfare; 2016
7. National Board of Health and Welfare. Analys av situationen i socialtjänsten. Läget under hösten 2015 och början av 2016. [Analysis of the situation in social services. Status in autumn 2015 and early 2016]. Stockholm: National Board of Health and Welfare; 2016
8. National Board of Health and Welfare. Analys av situationen i socialtjänsten. Läget under hösten 2016 – delrapport 2 [Analysis of the situation in social services. Status in autumn 2015 – interim report 2]. Stockholm: National Board of Health and Welfare; 2016
9. National Board of Health and Welfare. Slutredovisning av uppdraget med anledning av det ökade mottagande av ensamkommande barn mm. [Final report of the assignment related to increased reception of unaccompanied children and others]. Stockholm: National Board of Health and Welfare; 2017
10. National Board of Health and Welfare. Ensamkommande barn och unga – handbok för socialtjänsten [Unaccompanied children and young people – a handbook for social services]. Stockholm: National Board of Health and Welfare; 2020
11. National Board of Health and Welfare. Analys av situationen i socialtjänsten våren 2017. Fokus på ensamkommande flickor, yngre barn, nätverksplaceringar samt suicid – delrapport 3 [Analysis of the situation in social services spring 2017. Focus on unaccompanied girls, younger children, kinship placements and suicide – interim report 3]. Stockholm: National Board of Health and Welfare; 2017

12. National Board of Health and Welfare. Kunskapscentrum för ensamkommande barn. Delredovisning 2018 [Knowledge Centre for Unaccompanied Children. Interim report 2018]. Stockholm: National Board of Health and Welfare; 2018
13. Karolinska Institutet. Kartläggning av självskadebeteende, suicidförsök, suicid och annan dödlighet. [Mapping of self-harming behaviour, suicide attempts, suicide and other mortality]. Stockholm: Karolinska Institutet; 2018.
14. Ådahl K, Rask H, Dahlberg A, Sarkadi A. Strengths and Difficulties Questionnaire and Refugee Health Screener: Klinisk användbarhet bland asylsökande och nyanlända barn och ungdomar i primärvården [Strengths and Difficulties Questionnaire and Refugee Health Screener: Clinical usefulness among asylum seekers and newly-arrived children and young people in primary care]. Uppsala University.
15. Barn som kommer till Sverige och uppges vara gifta [Children who come to Sweden and are said to be married]. Stockholm: National Board of Health and Welfare; 2019
16. National Board of Health and Welfare. Placerade barn och unga – handbok för socialtjänsten [Children and young people in placement – a handbook for social services] Stockholm: National Board of Health and Welfare; 2020
17. National Board of Health and Welfare. Kommunernas beredskap – unga som får uppehållstillstånd enligt den nya gymnasielagen [Municipalities' readiness – young people granted a residence permit under the new Upper-Secondary School Act]. Stockholm: National Board of Health and Welfare; 2018
18. National Board of Health and Welfare. Unga som fått uppehållstillstånd enligt den nya gymnasielagen – lägesbild i maj 2019 [Young people granted a residence permit under the new Upper-Secondary School Act – status report for May 2019]. Stockholm: National Board of Health and Welfare; 2019
19. Gävleborg County Administrative Board. Med uppehållstillstånd för studier [With a residence permit for studies]. Gävle: Gävleborg County Administrative Board; 2019
20. Den nya möjligheten till uppehållstillstånd [The new possibility for a residence permit]- Report from the Riksdag 2019/20:RFR000.
21. Jönköping County Administrative Board. Lägesbilder från kommuner och regioner 2019 - Mottagande av asylsökande, nyanlända och ensamkommande barn [Statuses from municipalities and regions 2019 – Reception of asylum seekers, new arrivals and unaccompanied children]. Jönköping: Jönköping County Administrative Board; 2019
22. Jönköping County Administrative Board. Länsstyrelsens återrapportering av uppdrag 48 enligt regleringsbrevet för 2019 [County Administrative Board's reporting on assignment 48 of the appropriation directions for 2019]. Jönköping: Jönköping County Administrative Board; 2020

23. SALAR. Request for statute amendments in order to ensure that children who do not have guardians and are quota refugees are assigned a representative as soon as possible after arrival. 20/01195
24. Health and Social Care Inspectorate. Final report on the assignment to perform analyses of the results of supervision within social child and youth care S2019/01922/FSTs. Stockholm: Health and Social Care Inspectorate; 2020
25. SALAR. Hälsoundersökningar för placerade barn [Health examinations for children in placement]. Stockholm: SALAR; 020
26. National Board of Health and Welfare. Munhälsa och tandvård för placerade barn [Oral health and dental care for children in placement]. Stockholm: National Board of Health and Welfare; 2020
27. Nordic Welfare Centre. Mental health and well-being of unaccompanied minors. Helsinki: Nordic Welfare Centre; 2020
28. Solberg et al. Conflict and Health (2020) 14:67
29. RFSL Ungdom. Jag vill vara fri – En rättslig granskning av hbtqi-ungdomars asylärenden och nio berättelser om Sverige [I want to be free – A legal review of LGBTQI youth asylum cases and nine stories about Sweden]. Stockholm: RFSL Ungdom; 2020
30. Forte. Hälsa och livsvillkor bland unga HBTQ-personer. Vad vet vi och vilka forskningsbehov finns? [Health and living conditions among young LGBTQ people. What do we know and what research needs are there?] Forte 2018
31. <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>
32. National Board of Health and Welfare. Inventering av vård för kvinnor och flickor som har varit utsatta för könsstympning, Delrapport [Inventory of care for women and girls subjected to female genital mutilation, Interim report]. Stockholm: National Board of Health and Welfare; 2020
33. Östergötland County Administrative Board. Nationell kartläggning Bortförda personer i en hederskontext samt barn som uppges vara gifta – under 2019 [National mapping – Abducted persons in an honour context and children who are said to be married – in 2019]. Linköping: Östergötland County Administrative Board; 2020
34. The Red Cross. Mitt liv räknas, Den humanitära situationen för ensamkommande barn och unga [My life counts. The humanitarian situation for unaccompanied children and young people]. Stockholm: Red Cross; 2020.

Appendix 1 – Regulation changes within migration

From 2016 onwards, there have been a number of regulation and law changes. This has meant that the situation and conditions for asylum-seeking unaccompanied children and young people have been in a constant state of change. The changes have also impacted reception in the municipalities. In some cases, the changes have led to ambiguities regarding application for both the professionals and the children and young people, and have given rise to questions.

ID checks introduced

On 4 January 2016, ID checks were temporarily introduced for travel to Sweden from Denmark.⁴⁷ The decision on ID checks was extended several times before the regulations ceased to apply on 4 May 2017, when a decision was instead implemented to introduce stricter border controls. These measures meant fewer unaccompanied children could seek asylum in Sweden.

A new assignment model

In January 2016, the Government tasked the Swedish Migration Agency with developing a new model for assigning asylum-seeking unaccompanied children.⁴⁸ On 1 April 2016, the Swedish Migration Agency decided on the new model. The purpose was to achieve a more even distribution of reception of unaccompanied children across the country, and give the municipalities better conditions for planning.

Right to aid under the LMA is limited

On 1 June 2016 a change to the LMA came into force, which means that the right to aid under the LMA ceases for people over the age of 18 who do not live with children and who have received a decision on refusal of entry or deportation that has become final, or shortly thereafter. Exceptions are made if the decision is clearly unreasonable. For unaccompanied children, the change in law means that the right to aid under the LMA generally ceases automatically on the child's 18th birthday if there is a decision that has gained legal force.

⁴⁷ Through Ordinance (2015:1074) on certain identity checks in the event of serious danger to public order or the internal security of the country.

⁴⁸ Ju2016/00778/SIM.

Temporary Act restricts the possibility of asylum

On 20 July 2016, the Act (2016:752) on Temporary Restrictions on the Possibilities of Obtaining a Residence Permit in Sweden (referred to as the Temporary Act) came into force. The act restricts asylum seekers' opportunities to obtain a residence permit and the possibility for the applicant's family to be allowed to come to Sweden. The act also means that asylum seekers who are entitled to protection only receive a temporary residence permit in Sweden. Unaccompanied children who applied for asylum no later than 24 November 2015, when the Government presented the proposal for the new law, must be assessed according to the regular Aliens Act (2005:716) and can be granted a permanent residence permit.

Temporary permits in case of impediment to enforcement

In July 2016, the Swedish Migration Agency decided on a legal position⁴⁹ that means that the starting point is that unaccompanied children who are to be assessed in accordance with the Temporary Act must be granted a temporary residence permit if there are practical obstacles to enforcing a refusal of entry or deportation. Previously, the Swedish Migration Agency was able to grant permanent residence permits due to particularly distressful circumstances for children in these situations.

Age assessment early in the asylum process

On 1 May 2017, new rules were introduced in the Aliens Act (2005: 716), which meant that the Swedish Migration Agency is required to perform an age assessment earlier in the asylum process and make a temporary decision on age. An earlier age assessment should only be done in uncertain cases, when there is reason to question whether the asylum-seeking unaccompanied child is under 18 years of age. The new rules do not apply to individuals who applied for asylum prior to 1 February 2017. Age is of great importance for the reception of unaccompanied children with regard to housing and other resources set aside for children.

Residence permit for upper-secondary studies

In June 2017, amendments to the Temporary Act came into force as regards residence permits for studies at the upper-secondary level. The new rules meant, among other things, that unaccompanied children who received, or

⁴⁹ SR 25/2016. The position was later repealed and replaced with SR 10/2020.

would otherwise receive, a decision on deferred refusal of entry or deportation because no reception is organised in the home country would be able to receive a residence permit for studies at the upper-secondary level, and that a person who receives a temporary residence permit under the Temporary Act and unaccompanied children who are granted a temporary residence permit under the Aliens Act because no reception is organized in the home country would be able to receive a residence permit with a longer validity period.^{50 51}

New compensation system

From 1 July 2017, there is a new compensation system to the municipalities for reception of unaccompanied children and young people. The new compensation system is mainly based on flat rates. The purpose of the changes is to simplify the compensation system, improve the municipalities' abilities to plan, reduce the administrative burden, and increase cost-effectiveness.

Placement in another municipality

On 1 July 2018, amendments to the LMA came into force that mean that a municipality that has been assigned reception of an unaccompanied child may place the child in housing in another municipality only provided that the municipalities have entered into a special agreement on placement. The restriction shall not apply to placements that take place with the support of the LVU or SoL in the case of children with corresponding care needs.

The new Upper-Secondary School Act

On 1 July 2018, the amended provisions that make up the so-called new Upper-Secondary School Act came into force. The Act gave unaccompanied young people over the age of 18 who received, or would otherwise receive, a decision on deportation the ability to apply for a temporary residence permit for studies at the upper-secondary level if certain conditions were met. The Swedish Migration Agency accepted applications for temporary residence permits up until 30 September 2018. Shortly after the new rules came into force, uncertainty arose as to whether the law was applicable or not.⁵² Due to this, the Swedish Migration Agency decided in July 2018 to wait to grant approval decisions pending the Migration Court of Appeal's ruling in two appeal cases. On 25 September 2018, the Court decided that the law was applicable. The young people then had the opportunity to apply for a temporary residence permit for 13 months. If the young person requires additional time for their studies, an extended residence permit could be granted. The length of the residence permit extension depends on what the education relates to.

⁵⁰ Important laws and ordinances for half-year 2017, Government Offices of Sweden June 2017, p. 18 f. One purpose of the law changes was to encourage newly-arrived young people to study at the upper-secondary level so they could then support themselves through work or business activities.

⁵¹ Bill 2017/18:252, Extra amending budget for 2018 – New possibility for residence permit, p. 23 f.

⁵² The Migration Court in Malmö pronounced in a judgment that the draft of the bill, in the part concerning reduced evidentiary requirements for identity, was so deficient that the legislation may not be applied. The Migration Court in Stockholm pronounced in a judgment a few days later that the reduced identity requirement violates EU legal provisions.

When the studies are completed, the young person can obtain a residence permit for six months to find a job. If the young person finds a job with which they can support themselves, a permanent residence permit can be obtained.

Appendix 2 – Statistics on unaccompanied children and young people

The appendix begins with a brief description of the refugee situation in the world. This is followed by statistics from:

- The Swedish Migration Agency on unaccompanied children, both children who are asylum seekers and children who come to Sweden within the framework of the Swedish refugee quota, and young people who came to Sweden as unaccompanied children in 2015 and are covered by the new Upper-Secondary School Act.
- The National Board of Health and Welfare's register of initiatives for children and young people in 2018 and 2019 regarding unaccompanied children and young people in placement.
- The Health and Social Care Inspectorate (IVO) on the number of housing organisations for unaccompanied children and young people.

The refugee situation in the world and in Sweden

At the end of 2019, there were 79.5 million displaced persons in the world. The vast majority within their own country or in neighbouring areas. Between 30 and 34 million of the world's refugees are children. Most of the people are fleeing from Syria, Venezuela, Afghanistan, South Sudan and Myanmar. The countries in the world that receive the most refugees are Turkey, Colombia, Pakistan and Uganda.⁵³

In the Swedish Migration Agency's forecasts⁵⁴ for 2020, it is clear that the corona pandemic has affected the situation. The world situation has changed, with extensive travel restrictions introduced in Europe and in the rest of the world as a result of the pandemic. The opportunities for migrants to travel both to and within Europe are severely limited, which has led to fewer asylum seekers in Sweden and many other countries.

Unaccompanied children – asylum

The number of unaccompanied children seeking asylum in Sweden has decreased from year to year since 2015. Just over 35,000 unaccompanied children sought asylum in Sweden in 2015, while in 2019 the number decreased

⁵³ UNHCR Global report 2019

⁵⁴ The Swedish Migration Agency has reported forecasts for 2020–2023 on four forecast occasions during the year

to under one thousand. The opportunity to seek asylum has been further limited due to the corona pandemic, and 500 unaccompanied children sought asylum in Sweden in 2020.

Table 1: Number of asylum-seeking unaccompanied children 2015–2020

	2015	2016	2017	2018	2019	2020
Girls	2 847	435	293	249	257	157
Boys	32 522	1 764	1 043	695	645	343
Total	35 369	2 199	1 336	944	902	500

Source: migrationsverket.se

Most children seeking asylum in Sweden are in their late teens (age 16–17). However, the trend since 2015 has been towards a higher proportion of younger children.

Table 2: Proportion of asylum-seeking unaccompanied children by age, percent

Age	2015	2016	2017	2018	2019	2020
0-12	7	12	15	16	22	25
13-15	43	42	37	30	39	33
16-17	50	46	48	54	39	42

Source: migrationsverket.se

The proportion of unaccompanied girls has varied before and after 2015. In the year prior to 2015, the proportion was between 15 and 20 percent. In 2015, it was eight percent. From 2016, the proportion of girls has increased each year to 31 percent in 2020.

Table 3: Proportion of asylum-seeking unaccompanied girls, percent

2014	2015	2016	2017	2018	2019	2020
19	8	20	22	26	28	31

Source: migrationsverket.se

Citizenship

In 2020, Syria, Afghanistan, Somalia, Morocco and Eritrea have been the countries from which most unaccompanied children have come. These have largely been the most common countries in the past five years. Unaccompanied girls who seek asylum in Sweden come mainly from Syria, Afghanistan, Somalia and Eritrea.

Table 4: Countries from which more than 10 asylum-seeking unaccompanied children came in 2020

Citizenship	Number of asylum-seeking unaccompanied children
Syria	108
Afghanistan	85
Somalia	69
Morocco	62
Eritrea	25
Algeria	17
Stateless	16
Albania	14
Iraq	10

Source: migrationsverket.se

Approval frequency and processing times

Decisions in asylum cases are made in three instances: the Swedish Migration Agency, the Migration Courts, and the Migration Court of Appeals. The table below refers to decisions made in the first instances, i.e. by the Swedish Migration Agency.

The proportion of approvals in the table below does not include Dublin cases, i.e. cases that are decided in another country according to the Dublin Regulation. Nor does it include cases where the applicant has absconded or has otherwise failed to complete their application. The proportion of unaccompanied children who have their asylum application approved in the first instance varies, but has decreased since 2015–2016.

The Swedish Migration Agency's average processing time for first-time applicants has decreased after the peak due to the large number of asylum applications in 2015. In 2020, the average processing time was 229 days.

Table 5: Decided asylum cases, first-time applications, unaccompanied children, decided by the Swedish Migration Agency

Year	Number	Proportion approved, present	Average processing time, number of days
2015	4 660	88	195
2016	9491	86	353
2017	7480	79	578
2018	1 629	65	513
2019	672	56	215
2020	559	60	229

Source: migrationsverket.se

Municipal assignments

In 2020, the Swedish Migration Agency assigned 495 unaccompanied children to the country's municipalities.

Of all the municipalities, 129 did not receive any assignments during the year. Of these municipalities, 23 had not been assigned any children in 2019

either. 124 municipalities had been assigned one to three children. Six municipalities have been assigned more than 10 children: Stockholm 43, Malmö 24, Gothenburg 23, Helsingborg 12, Södertälje 12 and Uppsala 10.⁵⁵

Connection assignments

According to the Swedish Migration Agency's procedures, connection assignments must be done with the child's best interests in mind and after assignment of the connection person's participation in the care.

The main rule is that assignment must take place via equalising assignment. Connection assignments are exceptions to the main rule and can take place when

- the child comes with a co-applicant or companion
- the child has siblings in Sweden and this can be verified
- the child's age is adjusted to under 18 years
- the child has been abandoned or is without a guardian
- the child had absconded and reappears
- in the event of reclaiming or takeover under the Dublin Regulation
- at the request of a municipality
- the child has a special need for care.⁵⁶

Even though connection assignments are to be made in exceptional cases, 63 percent of all unaccompanied children have been assigned based on connection in 2020.

Girls are assigned based on connection to a greater degree than boys. Of the girls assigned to a municipality in 2020, 78 percent were assigned based on connection. Of the boys assigned to a municipality in 2020, 56 percent were assigned based on connection.

Table 6: Proportion of connection assignment, percent

	2016	2017	2018	2019	2020
Unaccompanied children	55	60	62	54	63
Girls	81	79	80	71	78
Boys	49	55	56	47	56

Source: migrationsverket.se

Unaccompanied children – quota

Since 2018, Sweden has decided to accept 5,000 people per year within the framework of the Swedish quota refugee reception. In recent years, the number of unaccompanied children has increased in the refugee quota. The children travel alone or in a constellation with family or other close relatives. Since 2018, Sweden has received 150–200 unaccompanied children (mainly children travelling alone) each year.

⁵⁵ migrationsverket.se

⁵⁶ Swedish Migration Agency 1-17 / 2019, standard for municipal assignment of children without guardians

Most unaccompanied children who are accepted as quota refugees originally come from a country in Africa. In 2018 and 2019, most children have come from Eritrea, Somalia, the Democratic Republic of Congo and South Sudan. Nearly one-third were girls.⁵⁷

Young adults covered by the new Upper-Secondary School Act

A total of 11,689 young people who previously came to Sweden as unaccompanied children applied for a residence permit for studies under the new Upper-Secondary School Act, and 8,000 were granted this permit.

Up to and including 31 December 2020, 6,516 young people applied for an extension of their residence permit under the new Upper-Secondary School Act. 4,932 young people have had their application for extension reviewed, and 572 of these have had their application rejected. 72 young people were granted a permanent residence permit after completing their studies.⁵⁸

How unaccompanied children and young people are placed

Data in this section comes from the National Board of Health and Welfare's statistics on social services' initiatives for children and young people in 2018 and 2019. 2018 was the first year that unaccompanied children and young people were reported separately in the register. Data for 2020 will come after the summer of 2021.

The total number of children and young people placed in 2019 was almost 7,800 fewer than in 2018. Almost the entire decrease concerned children and young people over the age of 15, and almost 5,000 concerned unaccompanied children and young people. The number of unaccompanied children and young people who were placed decreased by 43 percent between 2018 and 2019.

Table 7: Number of placed unaccompanied children and young people

	Total number of placed children and young people	Of which number of unaccompanied children and young people	Proportion of unaccompanied children and young people
2018	38 800	11 554	30%
2019	31 000	6 617	21%

Source: National Board of Health and Welfare's statistics on social services to children and young people

In 2019, foster home placement was the most common placement form for unaccompanied children and young people, both for girls and for boys. This differs from 2018, when HVB homes was the most common placement form for the group as a whole, while foster homes were the most common placement form for girls even then.

⁵⁷ Information from the Swedish Migration Agency

⁵⁸ Information from the Swedish Migration Agency

The figures in Tables 7 and 8 below refer to the number of placements, and not unique individuals. One individual can have several different placements during the year.

Table 8: Number of placements per placement form, 2018 and 2019

Placement form	All placements		Of which un-accompanied children (UC)		Of which UC girls		Of which UC boys	
	2018	2019	2018	2019	2018	2019	2018	2019
HVB home	14 738	10 331	5 409	2 641	428	217	4 981	2 424
Foster home	23 078	20 361	4 703	3 139	828	617	3 875	2 522
Supported housing	5 479	4 477	2 954	2 120	227	161	2 727	1 959
SIS - §12 home	1 234	1 306	167	123	12	8	155	115

Source: National Board of Health and Welfare's statistics on social services to children and young people

Foster home placements can be divided into foster home (a family previously unknown to the child), kinship home (family or other close relative) and emergency foster home. Girls are placed in kinship homes more often than boys.

Table 9: Number of foster home placements, broken down by foster home, kinship home and emergency foster home 2018 and 2019

Placement form	Unaccompanied children and young people		Of which girls		Of which boys	
	2018	2019	2018	2019	2018	2019
Foster home	3 412	2 266	514	357	2 898	1 909
Kinship home	959	661	273	227	686	434
Emergency foster home	904	865	143	143	761	722

Source: National Board of Health and Welfare's statistics on social services to children and young people

Development of HVB home and supported housing for unaccompanied children and young people

The number of applications for permits to run HVB homes and supported housing has decreased significantly in recent years. In 2016, IVO received 608 applications for a HVB home permit, while only 36 applications were received in 2019 (96 percent reduction). The reduction is greater for supported housing: from 440 applications in 2016 to 25 applications in 2019. A total of 67 applications for a new permit

for supported housing and HVB homes were received by IVO in 2020.⁵⁹

The number of supported housing units and HVB homes with permits to conduct operations has also changed. There is a marked reduction in HVB homes for unaccompanied children and young people between 2016 and 2019. From 1,590 organisations in December 2016 to 209 in December 2019. When it comes to supported housing, the change is different. Between 2016

⁵⁹ Information from IVO register data

and 2017, the number of supported housing units increased from 193 in December 2016 to 506 in December 2017. The number then decreased in 2018 to 364 in December 2019. In 2020, the number of organisations continued to decrease.

Table 10: Number of HVB homes and supported housing units for unaccompanied children and young people

Organisations	2016	2019	2020
HVB home	1590	209	94
Supported housing	193	364	274

Source: ivo.se