Interaction



Ukom



INVESTIGATION FOLLOWING THE TRAGIC DROWNING IN TROMSØ

Interaction

Publisert 10. mai 2022

Interaction between various services

As described, several agencies met with Sarah and the family. These parties were not aware of there being anything serious bothering Sarah. In retrospect, several of them have asked themselves whether there was anything they should have noticed. The investigation shows that Sarah experienced major stress overall.

It transpires from the interviews that there may have been a need for greater interaction between the agencies. Employees had limited knowledge of the different areas of responsibility and dealt with different pieces of legislation. There was limited collaboration between e.g. the health service and the adult learning service.

NHIB's assessment:

- There is a risk that the fragmentation of the services will mean that no-one has a complete overview of the living situation of the individual refugee.

We find that there were several factors that the family found difficult. Together, these may have constituted a problem.

The different services concentrate on providing support in line with the regulatory requirements applicable to their own service. Other needs for support may therefore have been ignored. One of the informants stated that he wished that the service had had a better overview of Sarah’s situation:

In retrospect, I can see that there is no-one who has a complete overview of the person as a whole. There is always a focus on the introduction plan. I did not know the husband, I did not meet the children and family was the most important part of her life.

- Municipality of Tromsø employee

The refugee service focused on the introduction programme and the individual plan.

Individual indicators were not enough for any individual service provider to react. The introduction programme does not adequately focus on identifying whether participants are experiencing health difficulties or are struggling in other ways. If the different service providers had had the opportunity to consolidate information, they might have realised that the family and the woman had a particular need for help.

When there is no specific system in place for interaction between the various agencies, symptoms may be ignored and refugees may not receive the facilitation and support that they need.

Some providers note that the understanding they have of the duty of confidentiality also poses a hindrance to proper interaction.

There is a risk that the system does not allow for interaction that would provide an adequate overview of issues.The services are therefore unable to identify families and individuals who require additional follow-up.



A more interdisciplinary approach may make it possible to identify those who require more support, help and facilitation.

It is difficult for refugees to know who to turn to. The reasons for this may be linked to not being familiar with Norwegian services. One example of this is that many refugees raise issues relating to their housing situation with many different service providers.

NHIB's assessment:

- There is a risk that refugees do not know who to turn to with various questions.

A study conducted by Agderforskning found that adult learning teachers would sometimes be constantly involved in assisting their students with everyday challenges. At the same time, teachers found that there was little flow and interaction within the services and the teachers therefore became the link between the immigrants and the services (69).

In order to provide proper services to refugees, service providers need to have a flexible understanding of their own role, both in terms of time and the duties they assume. The needs of the refugees are diverse and their understanding of the system is limited, they are also dependent upon gaining trust in the person who will assist them. This has been highlighted by both the Norwegian Association of Local and Regional Authorities (42) and in interviews with service employees and specialist communities during our investigation.

NHIB's assessment:

- There is a risk that the parties will be unable to meet the needs of the refugees if they stick strictly to their own mandate and therefore have too limited an understanding of their own role.

This means that service providers should rarely refuse an enquiry but rather assist the refugees to reach other parts of the system if there are other agencies that are more appropriate.

Those who refer refugees within the system must ensure that other agencies or service providers actually address the issue. Several people called for “a single point of entry” for new arrivals.

The Norwegian Public Health Act (70) also notes local authorities’ responsibility for interaction between different sectors. The act stipulates that public health is a responsibility in all sectors and at all levels of public administration. The act is based, among other things, on the principle of health in everything that we do, the precautionary principle and the principle of participation and the equalisation of social health differences. The investigation shows the importance of the entire local community when it comes to welcoming newly arrived refugees and identifying needs for support. The local authorities must promote public health and ensure that services are coordinated.

Interaction with voluntary organisations

The refugee health nurse explained how voluntary organisations can be somewhere to meet, somewhere to seek advice and a place where refugees can feel that they belong. The refugee service and the adult learning service in Tromsø collaborate with volunteers and organisations that make a difference to integration work. According to the Norwegian Public Health Act, (70) the local authorities must accommodate collaboration with the voluntary sector. The Norwegian Directorate of Integration and Diversity (71) notes that volunteers may help make the transition to Norwegian society easier for refugees. Report to the Storting no. 13 (2018-2019) “Muligheter for alle - Fordeling og sosial bærekraft (Opportunities for all - Distribution and social sustainability) (72) states that refugees’ own participation in voluntary work may strengthen their influence and participation in society.

Refugees are often used to leaning more on their networks and families than public providers.

Many of those we have spoken to have highlighted the importance of volunteering and have described how they use this in their work. Several refugees explained that they use various voluntary services for language training and to get to know others.

Several voluntary organisations also work to provide guidance about the public system and the rights of refugees. The refugee health nurse provides information about the services and refers

some refugees to such services. Other interviewed refugees had less knowledge of the various services that are available.

We have not been able to find a single system or procedure to ensure that refugees gain knowledge of the voluntary services that may be relevant to them. It rather seems to be somewhat random what information is provided. Collaboration between local authorities and volunteers may be more or less formalised. The voluntary organisations want the local authorities to finance the use of interpreters when they assist new arrivals.

NHIB's assessment:

- There is a risk of the potential of the voluntary organisations not being adequately known and not benefiting the refugees if there is no formalised collaboration with the local authority.

The local authorities have a duty to provide statutory services, but voluntary organisations are still a key resource. Even though the primary responsibility falls to the local authority, the organisations still have important expertise and experience that may help strengthen the efforts of the local authority. A knowledge summary from the Institute for Social Research (73) has called for greater knowledge of e.g. collaboration types, obstacles and success factors in collaboration between the authorities and voluntary providers.

Statens undersøkelseskommisjon
for helse-og omsorgstjenesten

Postboks 225 Skøyen
0213 Oslo
E-post: post@ukom.no
Org nr: 921018924