

Considerations of refugees' mental health and conditions for social participation in the Swedish establishment program: a street-level bureaucrat's perspective

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Abstract

Purpose – The purpose of this study is to examine and highlight the conditions and limitations that caseworkers at the Public Employment Service experience when considering the mental health and opportunities for social participation of newly arrived refugees and asylum seekers within the framework of the establishment program. The establishment program aims to help newly arrived individuals learn Swedish, find employment and become self-supporting.

Design/methodology/approach – The study is based on 10 qualitative interviews with caseworkers at the Public Employment Service who meet newly arrived individuals in their daily work. The empirical data is analyzed using Lipsky's theory of street-level bureaucrats to understand the experiences and challenges faced by the caseworkers when considering newly arrived refugees' mental health and social participation within the establishment program.

Findings – The results of the study can be summarized into four themes: "barriers to speaking openly," "same demands but different conditions," "limited expertise, limited time," and "external actors." In summary, the results show that caseworkers felt that consideration for the mental health and opportunities for social participation of newly arrived refugees was very limited within the framework of the establishment program. Despite the good intentions of the program, the special vulnerability of the newcomers was not sufficiently taken into account. The caseworkers recognized themselves in the description of street-level bureaucrats who are influenced by routines and legislation but simultaneously face complex cases that require discretion, although this freedom is hindered by time constraints and lack of knowledge.

Originality/value – The originality of the study primarily lies in its focus on the experiences of the caseworkers who work directly with newly arrived refugees within the framework of the Swedish establishment program. Previous research has focused more on legislation, policy or the refugees' own experiences. This study contributes an important perspective from those who actually implement the program and interpret the guidelines in their interactions with individuals. It also focuses on a specific program and context, the Swedish establishment program and the administrative support documents used within it. By examining the caseworkers' experiences within this specific national context, the study provides context-specific knowledge that is relevant to Swedish integration policy and practice.

Keywords Health, Employment, Social participation, Street-level bureaucrats, Newly arrived refugees
Paper type Research paper

Introduction

Refugees and asylum seekers are vulnerable in terms of health and social conditions. For example, studies have shown that refugees who emigrate to Western countries are much more likely to experience depression, anxiety and/or post-traumatic stress disorder than the rest of the population in these countries (Fazel *et al.*, 2005; Tinghög *et al.*, 2017). Not being able to speak the language of the host society, not having employment or being socially

excluded increases the risk of mental illness and anxiety. The lack of social participation, such as isolation, has been shown to contribute to psychosocial stress (Hyypä *et al.*, 2007). It is also clear that mental illness due to refugee trauma can affect people's sleep patterns and cognitive functions, thereby making it more difficult for them to learn a new language, complete an education or remain in employment (Sigvardsdotter *et al.*, 2016).

At the same time, research has shown that social participation in various social activities, networks and communities after migration is important for increasing people's well-being and reducing mental illness (Niemi *et al.*, 2019). Employment has a particularly strong integrating power and is a decisive factor for mental health (Stuart, 2006), and long-term unemployment can increase the risk of ill-health, and especially mental ill-health (Folkhälsomyndigheten, 2020).

In Sweden, the Public Employment Service runs an establishment programme that provides training and activities for newly arrived refugees to help them to learn Swedish quickly, find employment and be self-supporting (Arbetsförmedlingen, 2019). As newly arrived refugees are a particularly vulnerable group in terms of health and social conditions, it could be assumed that the programme takes the conditions of the newly arrived into consideration. However, the analysis underlying this study (Larsson *et al.*, 2022) shows that the administrative support document – which functions as a step-by-step manual to assist caseworkers in guiding participants through the establishment programme – pays very limited attention to issues related to newly arrived refugees' mental health and conditions for social participation. Neither is it stated how the health and social conditions of new arrivals can affect their opportunities to participate in the programme, become integrated into the labour market or Swedish society, or what the possible consequences of their exposure might be in encounters with the Swedish healthcare system and other social institutions (Larsson *et al.*, 2022). Studies focusing on refugees' experiences have shown that their perceived needs often differ from the support provided by public agencies (see, for example, Tovatt, 2013; Ikonen, 2015; Abdulla, 2017; Ennerberg, 2020; Brännström *et al.*, 2018). In a 2021 study, Eriksson and Johansson found that participants in the establishment program do not receive adequate support to address practical, health-related and psychosocial issues related to ensuring safe living conditions, which would, in turn, facilitate their participation in the labor market. At the same time, the establishment programme, together with the administrator support document, only provides basic directives for the caseworkers' meeting the newly arrived refugees. This presupposes a kind of freedom or room for action on the part of the administrator to make decisions of a complex nature (Svensson *et al.*, 2008).

The study situates the Swedish establishment programme within a broader Western shift from "welfare" to "workfare," where social policy increasingly emphasizes work as the key to inclusion. As Larsson (2015) demonstrates, this reorientation increasingly ties the conditions for social participation and mental health among newly arrived refugees in Swedish society to expectations of activity and reciprocal contribution. For international readers, the analysis provides insights into how this emphasis on work operates in practice for the group of newly arrived migrants, as well as caseworkers' experiences in addressing the specific needs that newly arrived may have. At the same time, the material shows how responsibility for integration is increasingly shifted onto the individual. This transfer of responsibility is part of a global trend in modern public administration and has significant consequences, particularly for especially vulnerable groups who risk bearing a disproportionately large share of the demands for adaptation.

The challenges of the Street-Level bureaucrat

Caseworkers at the Public Employment Service can be described as street-level bureaucrats (Hertzberg, 2003). The term street-level bureaucrat was coined by Lipsky (2010) and denotes a public official who interacts directly with citizens in their everyday lives and who has the power to make judgements and decisions that structure and delimit

their lives. The work of street-level bureaucrats is governed by routines and legislation, and they often face complex issues that cannot be reduced to programmatic formats. This means that street-level bureaucrats need to exercise a certain amount of discretion when responding to complex situations. Their work is also characterised by a constant tension between organisational conditions and policies and the clients' needs (Eriksson and Johansson, 2021; Lipsky 2010). The task of a street-level bureaucrat can therefore be complicated. Lipsky believes that the difficulties are reinforced if the resources and policy directives are contradictory or perceived as impossible to achieve. However, although a lack of directives can be experienced as challenging, it can also give a certain freedom in the exercise of authority, or a space in which to act (Svensson *et al.*, 2008; Lipsky 2010). For example, a Dutch study in 2017 (Belabas and Gerrits) shows that street-level bureaucrats working on integration issues were able to bypass certain organisational frameworks and regulations and find what they considered to be more beneficial solutions for the newly arrived refugees.

The aim of this article is to investigate caseworkers' experiences of the consideration of newly arrived refugees' mental health and their conditions for social participation within the framework of the establishment programme. Against the background of Lipsky's (2010) claim that street-level bureaucrats' work is characterised by policy documents, the rules relating to participants' more complex circumstances and organisational conditions in relation to policies and clients' needs, the following research questions were asked: What kind of support does the administrative support document provide when it comes to paying attention to and responding to the new arrivals' mental health and conditions for social participation in the establishment process? How much freedom is there to consider and respond to the new arrivals' mental health and conditions for social participation in the establishment programme?

"Health" and "social participation" are two central concepts in the article. "Health" is a multifaceted concept. In this study we use the World Health Organization's (WHO) definition of health, which is: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". According to WHO, mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one's intellectual and emotional potential". WHO also defines the concept of health as "a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and contribute to their communities" (WHO, 2003). It should be noted that there is extensive international research on the health of newly arrived refugees (Miller and Rasmussen, 2017), much of which focuses on the severe traumas underlying flight and forced migration (Steel *et al.*, 2009). In contrast, research exploring the reciprocal relationship between mental health and integration in the host country remains comparatively limited (Folkhälsomyndigheten, 2021).

The concept of social participation can be defined in multiple ways (Folkhälsomyndigheten, 2021). Despite the lack of a universally accepted definition, it frequently appears in policy documents and on the socio-political agenda. This definitional ambiguity is also evident in the research literature (Piškur *et al.*, 2014), even though a substantial body of studies documents the links between social participation and various health outcomes (Khawaja *et al.*, 2006; Lindström, 2004).

A scoping literature review of the concept of social participation, and of the relationship between refugees' social participation and mental health (Folkhälsomyndigheten, 2021), underscores the complexity of the concept. At the individual level, the association between social participation and health or ill-health has been explained, among other factors, by access to – or the absence of – emotional support and practical assistance.

Furthermore, the link between social participation and health has been explained by the fact that societal resources, such as advice and information, become more accessible to

individuals with social connections, which in turn can contribute to positive health outcomes (Lindström, 2004; Kawachi *et al.*, 1997). Other explanations for how a lack of social participation may contribute to mental and physical ill-health are based on the idea that social isolation and exclusion cause prolonged psychosocial stress, thereby constituting a risk factor for poor health (Hyypä *et al.*, 2007). In the case of refugees, engagement in the community and participation in various social activities, networks and groups after migration have been shown in several studies to have beneficial health effects (Khawaja *et al.*, 2006; Beiser and Hou, 2017).

According to the European Commission, indicators such as education, housing, income, working conditions, health, social cohesion and social participation should be included when assessing the integration of migrants (EC, 2015). Social participation should not be understood as an isolated phenomenon but as one aspect of individuals' and groups' activities across different societal arenas, such as education and the labour market. In this regard, it is essential to consider individuals' and groups' specific living conditions to assess opportunities and barriers to participation in various areas of society (Council of Europe, 2006).

The loss of established social networks and structures in their home country, experienced by many refugees, makes it particularly important to consider this group's specific living conditions and opportunities for social participation in the host country. Moreover, the institutional structures and legal systems of the host country may impose restrictions regarding employment, education and housing, thereby increasing the risk of socio-economic vulnerability.

For refugees, social participation cannot be understood solely as involvement in pre-existing societal arenas; it is largely about finding or creating new contexts in which to participate. The particular social conditions of refugees therefore mean that social participation for this group cannot be readily analysed using pre-existing models developed for the host population (Lindgren and Lipson, 2004).

Background

The establishment programme

In 2010, as part of a state reform, the Swedish state took over the responsibility for the establishment of newly arrived refugees from the municipalities in the so-called establishment assignment (Act 2010:197 on establishment efforts for certain newly arrived immigrants). The reform implied that the Public Employment Service was given coordination responsibility for the measures aimed at speeding up the establishment of newly arrived refugees in working and social life in Sweden. The responsibilities included guiding the participants and ensuring that everyone had an individual establishment plan with appropriate activities, such as training and activity measures, as well as following up on these efforts. The assignment also included supporting and helping the organisers who offered the activities (such as the municipalities).

The programme was characterised by conflicting goals and political tensions (Larsson 2015; Ennerberg, 2020). On the one hand, there was a clear ambition to introduce stricter requirements for migrants and to reinforce the workfare approach. On the other hand, the programme emphasised individually tailored measures, freedom of choice and various forms of social investment, such as labour market training. The results indicate that these contradictions were manifested in everyday practice. For example, both public caseworkers and private coaches reported difficulties in distinguishing migrants' need for social support from the programme's workfare-oriented demands (Ennerberg, 2020).

In a follow-up of the establishment assignment in 2017, the Public Employment Service found that good coordination and individual adaptation were important prerequisites for a successful

establishment. It was also seen that the work would benefit from an increased number of caseworkers, intensified search and matching assistance, job coaching, work practice and subsidised work. At the same time, it was established that it did not have the resources required to maintain an acceptable level of quality (Sveriges Kommuner och Regioner, 2020).

In January 2018, a new set of regulations was adopted. The previous establishment assignment was replaced with the current establishment programme (based on Act 2017:584 on responsibility for establishment efforts for newly arrived migrants, Ordinance 2017: 820 on establishment efforts for newly arrived migrants and Ordinance 2017: 819 on compensation for participants in labour market policy initiatives). The new regulations aimed to increase newly arrived individuals' own responsibility for establishing themselves in the labour market by being more consistent with those for other jobseekers and reducing the administrative workload for the Public Employment Service's caseworkers. For example, the administration of the establishment allowance was moved from the Public Employment Service to the Swedish Social Insurance Agency (Statskontoret, 2019). The new establishment programme also gave greater opportunities than before for caseworkers to decide on sanctions in the form of reduced or suspended compensation if the participants did not follow the programme as agreed (www.migrationsinfo.se/arbetsmarknad/etableringsreformen/). Another new element was the so-called education requirement, which meant that if a participant had no formal schooling, had only attended primary school, or had not studied at the equivalent level as the Swedish upper secondary school, they could be offered municipal adult education.

It should also be noted that the Public Employment Service underwent an extensive reform programme between 2014 and 2021, aimed at developing and streamlining its operations, which also changed newly arrived refugees' conditions for establishing themselves in Swedish society, as well as caseworkers' working conditions. The reform process was linked to the administrative reform Public Employment Service and was carried out under the name *Förnyelseresan* (the *Renewal Journey*). The changes introduced a number of challenges, primarily related to increased individual responsibility (responsibilisation) and the growing digitalisation of the agency's services. According to the reform, jobseekers are increasingly expected to "carry their own case" through the administrative process and thereby manage tasks that were previously handled by caseworkers. The reform is based on the assumption that jobseekers display agentic and self-managing qualities. They are expected to be proactive, flexible and socially competent, in line with the notion of "the entrepreneurial individual." The reform has had serious consequences for the most vulnerable jobseekers, such as newly arrived refugees, the long-term unemployed, older individuals and those with low levels of education. These groups – who are most in need of personal contact and tailored support – often struggle to adopt digital tools and risk being left without adequate assistance. At the same time, caseworkers' availability to clients has decreased. In a 2024 study (Bengtsson *et al.*), caseworkers expressed concerns that the reform creates additional barriers for marginalised groups trying to enter the labour market. At the same time, some caseworkers noted that the reduction in face-to-face meetings with "challenging clients" was experienced as liberating and made their workdays more predictable and less stressful.

Up to and including the first half of 2017, the number of participants in the government establishment efforts in Sweden increased. The highest level was reached in July 2017, with just over 73,700 participants. In December 2017, the numbers began to decrease, and by the end of 2019 approximately 33,000 people were enrolled in the programme. This change in the number of participants occurred at approximately the same time as the new establishment programme was introduced in 2018. The reduction in participants was primarily due to a reduced demand for establishment efforts, which was linked to the lower number of asylum seekers who had the right to a residence permit as refugees or who were relatives of refugees (Andersson Joona, 2020).

The administrative support document

The administrative support document that is used within the framework of the establishment programme aims to support the Public Employment Service's caseworkers in their meetings with the programme participants. This document, which is 67 pages long, describes the establishment programme's purpose, the target group and the activities offered. It also serves as a step-by-step manual to help the caseworkers guide participants through the programme. It provides bureaucratic and technical directives, such as what questions to ask, what information needs to be recorded when someone is registered in the programme and how to map the participants' backgrounds and determine what their individual establishment plans should look like.

The establishment programme consists of two phases: the mapping and planning of activities. Phase 1, the mapping, aims to make the participants' experiences, competences and conditions for establishment visible. In this phase, the caseworker asks questions about the participants' health situation and resources, such as motivation, contacts and networks. Phase 2, planning the activities, aims to increase the participants' skills and introduce them to the labour market, primarily through training and subsidised employment ([Arbetsförmedlingen, 2019](#)).

The document analysis that led to this study ([Larsson et al., 2022](#)) shows that the administrative support document takes very little account of aspects related to the newly arrived refugees' mental health and conditions for social participation. Nor does it give any indication of how the health and social conditions of the new arrivals might affect their ability to participate in the programme, their integration into the labour market or Swedish society, their access to the Swedish healthcare system or other social institutions. In addition, the results shows that the current administrative support document takes less consideration of the social conditions of new arrivals than previous administrative support document used in the establishment assignment ([Larsson et al., 2022](#)).

Method

The study is based on qualitative interviews with 10 people with experience of casework at the Public Employment Service and who in their daily work encountered newly arrived refugees in the establishment programme. One of the interviewees worked as a psychologist at the Public Employment Service. The number of interviews was determined based on the notion that qualitative studies should be limited to a manageable amount. According to [Kvale, \(1997, p. 98\)](#), qualitative interview studies typically include around 15 interviews, with a possible variation of plus or minus 10. An excessively large number can make the material difficult to oversee and process. It is therefore better to conduct a few well-executed interviews than many less thoroughly conducted ones ([Trost and Levin, 2010, pp. 143–144](#)). After the 10 interviews, we also experienced saturation in the material.

In typical interview studies, the number of interviews is usually around 15, plus/minus 10 ([Kvale, \(1997, p. 98\)](#)). After the ten interviews, we also experienced saturation in the material.

The interviews were held on Zoom (due to the COVID-19 pandemic), lasted between 30 and 60 minutes and were conducted by Linda Vikdahl Günséus sometimes together with Sofia Larsson and David Gunnarsson.

The approach was exploratory, which meant that the interviews were open and sometimes took the form of a conversation. This approach was chosen because the aim was to identify new and partly unexpected knowledge. Examples of the questions that were asked were: Do you think that the administrative support document considers the mental health of new arrivals and the conditions for social participation in a satisfactory way? If not, what do you think is missing? Do you think that the establishment programme considers the mental

health of new arrivals and the conditions for social participation in a satisfactory way? If not, what do you think is missing?

The explorative approach resulted in the interviewees talking about experiences related to the establishment programme and the new arrivals' mental health and conditions for social participation and the interviewer then asking new questions related to these experiences. The interviews were recorded and transcribed. The transcriptions were analysed by Linda Vikdahl Günséus and Sofia Larsson using sentence categorisation (Kvale, (1997), sentence interpretation involves moving beyond the explicit content of the text to develop underlying structures and relationships that are not immediately visible. This requires a certain degree of detachment from what is being said, achieved through a defined methodological or theoretical stance (Kvale, 1997). In our case, this meant using "experiences related to the establishment programme and the new arrivals' mental health and conditions for social participation" as a sensitizing concept (Blumer, 1969) in the analysis. We identified narratives and quotations connected to "experiences related to the establishment programme and the new arrivals' mental health and conditions for social participation" and examined how individual statements related to the broader context, and vice versa. We looked for patterns and recurring themes across the material, which allowed us to develop categories that structured the interview data. Our theoretical stance was then grounded in Lipsky's theory of street-level bureaucrats.

We used ChatGPT-4 to help us translate the text from Swedish into English. We used ChatGPT-4 to assist with translating the text from Swedish into English. In this process, ChatGPT served as a conversational partner, and all quotations and expressions were carefully reviewed and verified against the original Swedish text.

The interview participants were employed, or previously employed, at the Public Employment Service. During the interviews, it became clear that one of the participants primarily responded in the capacity of a representative of the agency. That is, they expressed personal or critical views only to a limited extent and instead referred to the rules and regulations that govern the role of a caseworker at the Public Employment Service. Had more participants responded in a similar manner, it would have been impossible to carry out the study – but fortunately, this was not the case.

Results

The results of the interviews on which this study is based can be summarized in four themes: "obstacles to speaking openly," "same requirements but different conditions," "developed their own strategies," "limited time, limited expertise" and "external actors."

Hindrance for speaking openly

As already indicated, the establishment programme aims to increase newly arrived refugees' own responsibility for establishing themselves in the labour market by making the regulations more consistent with those applying to other groups of jobseekers. This change has resulted in participants in the establishment programme no longer being assigned a personal caseworker as in the previous establishment assignment but instead being referred to a caseworker who happens to be free at the time. This was perceived as a difficulty by most of the interviewees, as it made it harder for them to consider the mental health of newly arrived refugees and their conditions for social participation. For a newly arrived refugee to speak openly about their life circumstances and psychological well-being, more than a single meeting is usually required. It becomes problematic – if not impossible – when they are unable to meet the same caseworker each time, as trust takes time to develop. This lack of continuity can give rise to feelings of anonymity, depersonalization and frustration, directly undermining psychological well-being.

Researchers who have studied public institutions, such as the Public Employment Service, have highlighted how citizens, in their interactions with the bureaucratic structures of these institutions, are often forced to transform into clients (Hertzberg, 2003; Jonsson, 1997; Lipsky (2010); Prottas, 1979), since these institutions are unable to treat people as unique individuals. One of the primary tasks of street-level bureaucrats, therefore, becomes to carry out this transformation – to align the individual with the organization's requirements (Johansson, 2011). This transformation is more easily achieved if the street-level bureaucrat has only brief and limited contact with citizens, as there is simply no time or opportunity to listen to the individual and adjust to their specific needs (Lipsky (2010)). As a result, the assessment process tends to become more general and impersonal, which was also described by the interviewees at the Swedish Public Employment Service in their meetings with newly arrived refugees.

At the same time, the opposite is also true: the closer the contact between client and street-level bureaucrat, the more the client is perceived as a unique individual by the case manager. While the transformation from individual to client often results in the depersonalization or anonymization of the person, more intensive interaction between the bureaucrat and the client may allow the client to regain their individuality, no longer viewed as just another case. This means that a personal caseworker, who meets the same refugee multiple times, is better able to take into account newly arrived refugees' mental health and their conditions for social participation within the framework of the establishment programme. Continuous contact can thus function as a protective factor by fostering a sense of security, trust and social inclusion.

One of the interviewees explained that the rationale behind the new system was its perceived greater legal security compared to the previous one, as it reduced the risk of special treatment and conflicts (Caseworker 7). This reasoning seems plausible, as the new system, with different case managers assigned to each case, essentially makes individual adjustments impossible. However, limited opportunities to build a personal relationship can lead to frustration and a sense of powerlessness among newly arrived refugees, negatively impacting both their mental health and their chances for social participation. This also presents a challenge for caseworkers, who may feel unable to provide the individualized support they believe the newcomer requires.

However, having less time with a single client can also serve as a form of protection for the caseworker, who no longer faces the same difficult moral decisions or personal judgments as before (Hertzberg, 2003). One caseworker also noted that the restrictions made the job easier in some ways, as the framework clearly defined what was within the caseworker's responsibilities and what was not (Caseworker 1).

Same requirements, but different conditions

The majority of the interviewees were highly critical of the fact that the administrative support document does not consider the special vulnerability of newly arrived refugees in terms of mental health and limited social networks, as this vulnerability affected the ability of the newly arrived to establish themselves in the labour market and in Swedish society. The programme puts the same demands on this group as on other groups of jobseekers, despite the refugees' different conditions (Caseworker 5, Caseworker 6).

Admittedly, there is a certain focus on health in the administrative support document in the section entitled 'Support questions for clarification of health statuses. However, in addition to the fact that the support questions do not cover the special vulnerability of newly arrived refugees, the questionnaire was perceived as lacking. The administrative support document that was used in the previous establishment assignment was more encompassing, in that it highlighted more aspects and approaches for how participants

with deteriorating health could be assisted (Caseworker 2), while the support issues that now existed would need to be developed to function satisfactorily (Caseworker 6).

The interviewees highlighted several circumstances that show the newly arrived refugees' difficulties within the establishment program, and which the administrative support document does not consider sufficiently. The refugees often faced several parallel challenges in life, such as understanding how Swedish society works and dealing with clashing cultural values (Caseworker 10, Caseworker 1). One interviewee said:

The fact that many of them have problems in their lives at the same time. Others may have their whole life ahead of them, but for them everything comes at once. (Caseworker 10).

Another difficulty was that many female refugees had a low educational background, and some had never attended school at all. Some of these women could not read or write in their own mother tongue, and many had little or no work experience outside the home. These women often experienced great stress due to the demands made in the establishment program (Caseworker 1, Caseworker 6).

People with disabilities also found it more difficult to get the help they needed within the framework of the program, partly because of the increased demands on personal responsibility and partly because the disability coding did not work well enough if a person did not have an established care contact in Sweden (Caseworker 5).

Several interviewees noted that it was not uncommon for health issues to emerge among newly arrived refugees after they had been in the establishment program for a longer period. At the outset, many newly arrived refugees struggled to discuss their mental health problems, not only because they did not know their case manager, but also due to the stigma surrounding mental illness in many cultures. Interviewees often felt that participants were hesitant to open about their feelings because of fear of stigma, lack of trust in authorities and concerns about potential negative consequences (Caseworker 6, Caseworker 7). As one interviewee explained:

Some fear they will be singled out. And [...] when you say 'we have psychologists,' you know, in some countries, psychologists are associated with a taboo. It means you're crazy, something's wrong with you. 'No, no, I don't want to. (Caseworker 2).

The interviewees also questioned the requirement for language skills in Swedish, because this often hindered rather than helped some participants' chances of finding employment in Sweden (Caseworker 10, Caseworker 6). Participants with a low educational background or trauma may have difficulty benefiting from theoretical instruction. They therefore wanted to see flexibility and alternative routes into the labour market. Similarly, the teaching of Swedish was perceived as too streamlined. At present the teaching as carried out as so-called classroom teaching, via SFI (Swedish for Immigrants), which the interviewees experienced as being too difficult for some new arrivals. A couple of caseworkers thought that it would be better if the language teaching could also include work practice or be connected in some way to other activities (Caseworker 6, Caseworker 4). One said:

Sometimes I know [...] that people would perhaps learn the language better if they had to do it practically, because then it is easier to understand. Sitting at a desk at school [...] they may not have sat at a desk at school in their home country! And learning Swedish when you are traumatized [...] Then it's better to learn the language practically. (Caseworker 6).

One caseworker emphasised that the community orientation, which was part of the establishment programme and aimed at participants learning about Swedish society, should take place in the participants' home language to facilitate understanding and enable participation (Caseworker 10).

In summary, the interviewees emphasize that multiple factors interact to create challenges for newly arrived refugees: trauma and psychological vulnerability, multiple simultaneous

life challenges, low educational levels, disabilities, language barriers and cultural differences (Caseworker 10, Caseworker 1). When the program and its administrative support document do not take these factors into account, participants risk experiencing increased stress, deteriorating mental health and reduced social participation. As one interviewee put it:

The problem is that many of them face multiple challenges at once. Some may have their whole life ahead of them, but for them, everything comes all at once. (Caseworker 10).

Developed their own strategies. As a result of the establishment program's goal to apply the same requirements to newly arrived refugees as to other jobseekers, caseworkers felt they no longer had the same opportunities to assist refugees in integrating into Swedish society as they had in the past, which can adversely impact the mental health of newly arrived refugees and limit their opportunities for social participation.

General documents can offer advantages by providing street-level bureaucrats with greater flexibility to interpret and apply rules to specific cases (Belabas and Gerrits, 2017; Svensson *et al.*, 2008; Lipsky (2010)). However, this was not something highlighted by the interviewed administrators. Instead, they viewed a key shortcoming of the new administrative support document as its failure to address the unique vulnerabilities of newly arrived refugees. This suggests that the caseworkers felt they lacked the autonomy to make their own interpretations, partly because the division of labor – where different caseworkers handle different cases – made it difficult to build rapport with individual clients. At the same time, they reported that they had to develop their own strategies, beyond the official guidelines, to assist newly arrived in integrating into Swedish society. In the past, there were more opportunities to assist with practical tasks, but with the new administrative support document that have made such tasks more challenging, caseworkers found themselves needing to find ways around these limitations (Caseworker 1). For example, one of the caseworkers reported that she maintains an active involvement in a non-profit organization during her personal time and leverages the organization's resources to support her professional work with newly arrived refugees in her capacity as a caseworker at the Swedish Public Employment Service:

Yes, and I do quite a bit of work in a non-profit organization as well. I send women there and people who need to talk or who need information in their own language. (Caseworker 2).

It is well known that street-level bureaucrats sometimes compensate for a lack of clear guidelines by creating their own routines and systems (Eriksson and Johansson, 2021; Maynard-Moody and Musheno, 2000; Tummers *et al.*, 2015). However, this approach is not without its challenges, as it can lead to an increased bureaucratic burden (Belabas and Gerrits, 2017; Bruhn, 2015) and result in stress and decreased motivation among caseworkers (Lipsky (2010)).

There are several pitfalls associated with generally held governing documents that grant street-level bureaucrats' wide discretion in interpreting and enforcing rules. While increased flexibility and the ability to adapt to individual client needs can be beneficial, it may also foster inequality and inconsistency in how the rules are applied, depending on the personal judgments and values of case managers. Eriksson and Johansson (2021) argue that when street-level bureaucrats are forced to rely on their own judgment to address insufficient resources or unfavorable working conditions – rather than making professional decisions that allow for individualized care (Handler, 1986; Wallander and Molander, 2014) – the risk of unequal and substandard practice increases (Lipsky (2010); Astvik and Melin, 2013; Brodtkin, 2012).

Limited time, limited expertise. The caseworkers also described their workload as overwhelming and felt they lacked sufficient time to provide each participant with the support needed to fully engage with the opportunities and requirements of the

establishment programme (Caseworker 1, Caseworker 2). Many newly arrived refugees needed more meetings with a caseworker than were offered to fully absorb the opportunities and requirements of the establishment programme, but this was often not possible due to the heavy workload (Caseworker 10). One interviewee said:

[...] I have heard several times colleagues signalling, "what if there was someone who could take care of these cases", because there is not enough time for them. (Caseworker 5).

There was a particular need for more meetings at the start of the programme to better assess individuals' needs and identify the necessary interventions (Caseworker 5). Several interviewees emphasized the importance of adopting a "holistic view" or a comprehensive understanding of individuals' life circumstances, which they believed could be achieved if more time were available. Gaining insight into a person's background and family situation would also enable caseworkers to better understand the support needed for successful integration into the Swedish labor market (Caseworker 10). Lack of time made it difficult to develop this broad understanding, which may increase the risk of stress and social isolation among newly arrived refugees.

At the same time, with the introduction of the establishment programme and its aim that the regulations for newly arrived refugees should be consistent with those for other groups of jobseekers, there was now a lack of cutting-edge expertise to meet the needs of the newly arrived refugees in an adequate way (Caseworker 10, Caseworker 6, Caseworker 9). Many of the refugees faced psychological challenges and complex existential issues that the caseworkers were neither trained nor equipped to handle. This lack of expertise and support had led to some refugees struggling to cope with their studies or secure employment, which, in turn, increased the risk of them becoming trapped in a cycle of unemployment (Caseworker 6, Caseworker 9).

The combination of limited time and insufficient expertise contributed to an institutional environment in which individuals risked being seen as "one client among many" rather than as a person with unique needs. Strengthening caseworkers' expertise could, however, partially compensate for the limited time they have with newly arrived refugees. [Hertzberg, \(2003\)](#) argues that the quality of a street-level bureaucrat's work largely depends on their freedom to act based on an understanding of the client's needs, preferences and unique circumstances. When there is little freedom to act, due to insufficient time with the client, this can be seen as a barrier to delivering high-quality work. However, meaning and quality in work can also be achieved by developing professional competence to accurately apply rules and regulations, which benefits newly arrived refugees' access to psychological and social support.

One interviewee (Caseworker 10) noted that several caseworkers who had previously worked with newly arrived refugees under the former establishment programme had left their positions. This resulted in a loss of expertise within the Public Employment Service regarding the identification and support of newly arrived refugees with disabilities. This loss of expertise can undermine caseworkers' sense of agency, as the absence of a formal knowledge base and shared professional norms within the team limits their scope for action ([Hertzberg, 2003](#)), ultimately negatively affecting the mental health and social participation of newly arrived refugees.

External actors

In recent years, the Swedish Public Employment Service has had a more limited responsibility for activities within the Establishment Programme. Today, parts of the programme are instead outsourced and operated by private actors or by municipalities, which has led to increased fragmentation of responsibility and execution.

Several of the interviewees described this shift as problematic. They argued that the division of responsibility makes it more difficult to develop and improve the establishment process in a coordinated and long-term manner. When multiple actors share responsibility, there is a risk that the overall perspective is lost to an even greater extent, while coordination and information transfer between actors becomes more complex.

A recurring view was that external actors primarily operate within the scope of their own assignments and contractual objectives, rather than regarding the overarching purpose of the Establishment Programme (Caseworker 10, Caseworker 6). The interviewees felt that these actors took responsibility for their limited area of accountability but rarely adopted a holistic perspective or a broader understanding of the newly arrived refugees' life situation.

The consequence of the programme being implemented by many different actors is that the establishment process risks becoming divided into separate and parallel tracks rather than functioning as a coordinated chain of support interventions. Over time, this can negatively affect newly arrived refugees' opportunities for stable integration, both in terms of labour market participation and social conditions. A lack of holistic perspective can also have implications for the individual's mental and physical health, especially if support is experienced as fragmented, unclear or insufficiently coordinated.

Lipsky (2010) argues that, to ensure effective collaboration, it is crucial to establish clear goals and guidelines, as both individuals and organizations can interpret governing documents in different ways. When guidelines are unclear or open to interpretation, variations in the implementation of interventions easily arise, creating inconsistency and frustration for both caseworkers and participants. As noted earlier, however, the Establishment Programme pays little attention to factors related to newly arrived refugees' mental health or their conditions for social participation (Larsson *et al.*, 2022). This means that important aspects of an individual's life situation often fall outside the programme's formal framework, despite their significant influence on how effectively participants can engage with support measures and integrate into the labour market and society at large.

The administrative support document also does not address how refugees' health and social circumstances may affect their ability to participate in the programme, establish themselves in the labour market, integrate into Swedish society or access healthcare and other social services. This lack of clarity can lead to ambiguities and misunderstandings between caseworkers, external actors and participants, which in turn complicates collaboration and reduces the effectiveness of establishment efforts. Without concrete guidelines, caseworkers risk making decisions based on different interpretations, potentially creating inequality in the support provided, delaying interventions and making it harder to monitor participants' progress. At the same time, uncertainty about how different actors should collaborate may result in important participant needs being overlooked, particularly regarding mental health and social participation.

However, several interviewees saw potential benefits in strengthening cooperation with civil society (Caseworker 2, Caseworker 6). We already know that social participation – such as engagement in social activities, networks and community work after migration – is important for well-being and mental health (Beiser and Hou, 2017; Khawaja *et al.*, 2006; Niemi *et al.*, 2019). Research has also linked social participation to social capital (Bourdieu, 1986; Knack, 2001), meaning the collective resources individuals can access through their relationships and connections within social networks, which have positive effects on health. Civil society can also play an important role in organizing and complementing the efforts of public authorities in migration and integration (Dubois, 2014; Hansen, 2018; Osanami Törngren *et al.*, 2018). The advantages highlighted include a more holistic approach, more client-oriented services and greater flexibility, for example regarding job descriptions, which enables many civil society organizations to channel resources – often in the form of volunteers – for emergency situations (Hellqvist and Sandberg, 2026; Ramboll, 2021).

The interviewees described positive experiences with non-profit organizations working with newly arrived refugees, noting that civil society organizations can help mitigate the resource gaps – both in terms of time and expertise – that caseworkers face in their roles. However, the administrative support document does not include any formalized collaborations with civil society organizations, which represents a significant limitation. As a result, caseworkers are not able to fully use the opportunities offered by civil society to strengthen newly arrived refugees' health and social conditions.

Summary

In summary, the study highlights a complex problem within the Swedish establishment programme. On the one hand, the programme aims to integrate newly arrived refugees into society and the labor market, but on the other hand, the programme's current design and administrative support documents prevent administrators from fully considering the particular challenges that new arrived refugees face, especially in terms of mental health and social inclusion. A central question is whether the administrative support document provides sufficient support for the administrators to be able to identify and respond to these needs. The study shows several shortcomings in the document. First, there are no clear guidelines for how caseworkers should handle mental illness and promote social participation. Second, the specific vulnerabilities that newly arrived refugees may have are not considered, despite the fact that there are supporting issues of health. Third, the establishment programme applies the same requirements to everyone, which risks simplifying complex problems and ignoring individual needs.

This lack of clarity results in managers feeling that their room for action is restricted, often forcing them to rely on their own judgment. This can lead to inequalities and inconsistencies in how newly arrived refugees are treated. In addition to these challenges, the study identifies other factors that further constrain case managers' autonomy. The high workload and limited time resources make it difficult to build trusting relationships with the participants and to provide the individualized support they need. Many caseworkers also lack specialized expertise in mental health and social work, leaving them ill-equipped to address the complex challenges that newly arrived refugees often face.

Despite these constraints, the study suggests that caseworkers have developed their own strategies to provide support beyond the formal guidelines. For example, they may bypass certain rules, create their own routines and systems or refer newly arrived to civil society organizations.

To improve the situation for both caseworkers and newly arrived refugees, the study emphasizes the need for a more comprehensive support document. This document should provide clear guidelines on how caseworkers should address mental health issues and promote social participation. In addition, more resources are required in the form of time and more case managers with specialized skills to ensure that new arrivals receive the support they need. A more formalized collaboration with other stakeholders, such as civil society organizations, could also enhance the support available to new arrivals.

In summary, the discussion leads to an important conclusion: For the establishment programme to achieve its goals and offer newly arrived refugees a fair opportunity to integrate into Swedish society, a review of the programme's design, administrative support documents and resource allocation is essential.

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Further reading

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