

# Excluded Youth in Iceland, the Faroe Islands and Norway

Cecilie Høj Anvik

Senior Researcher, Nordland Research Institute

[cha@nforsk.no](mailto:cha@nforsk.no)

Ragnhild Holmen Waldahl

Research Director, Nordland Research Institute

## ABSTRACT

In the Nordic countries, there are increasing concerns for the growing number of young people who are in neither education nor employment who are simultaneously struggling with mental health issues. These are challenges that cut across different welfare policy areas. This article is based on experiences from the youth group and the challenges they describe in their everyday lives, as well as accounts from public authorities and the welfare services in Iceland, the Faroe Islands and Norway. The article is based on qualitative interviews with 22 young people and 58 practitioners within the welfare authorities and services in Norway, Iceland and the Faroe Islands, conducted in 2014 and 2015. The authorities and service areas represented are public employment services, education, social services and health. The young people that are included in the study have in common that they have not completed (or never started) education, they have weak or no ties to the employment market and most also articulate having mental health challenges. In the article, we discuss how the services' specialized silo organizations limit their ability to attend to the complexity of problems characterizing this group. Our findings show that the authorities of the three countries only to a limited extent coordinate their policies and services to this group of young people. Those who are capable of attending to the complex needs of the youth are, rather, individual actors, so-called enthusiasts, working closely around the youth and in extensive collaboration with other services.

## Keywords

youth, welfare services, coordination, collaboration, Nordic

## INTRODUCTION

In the Nordic countries there are growing concerns for the group of young people who drop out of education, are jobless and who have mental health problems. These are challenges that pertain to, while at the same time cut across different welfare policy areas. As a point of departure the article considers experiences both from the young people and the challenges they describe in daily life, and from authorities and support services in Iceland, the Faroe Islands and Norway.

We discuss *how public welfare actors in the three Nordic countries can be better prepared to meet and protect this group of young people*. We provide examples of so-called «enthusiasts» who are able to help the young out of their distinct and complex situations. These «enthusiasts» are characterised, among other things, by having sector-wide skills and experience that give them the scope to go beyond their own roles and mandates.

The article is based on qualitative interview studies conducted in 2014 and 2015<sup>1</sup> with young people in the target group and with representatives of authorities and support services in Iceland, the Faroe Islands and Norway. The background for the study is a paucity of systematic expertise on conditions in Iceland and the Faroe Islands in particular, and on the relationship between the daily life situations of the young and the welfare system in the Nordic region in general (Aaltonen, Berg & Ikäheimo 2016). The aim of the studies has been to build knowledge of the situation of the target group in the three west Nordic countries, addressing causes and consequences, while revealing examples of good practice around young people in vulnerable circumstances in their lives (Anvik & Waldahl 2016a).

## ICELAND, THE FAROE ISLANDS AND NORWAY AS MODERN WELFARE STATES

Iceland, the Faroe Islands and Norway all have in common that they are demographically small countries<sup>2</sup> to the west of the Nordic region. The Nordic welfare states' policies are typified by the balancing of living conditions and by ensuring the entire population a certain standard of living (Hvinden 2009). They are referred to as «welfare-aspirational», whereby the authorities attempt to the greatest degree possible to meet the social, health and economic needs of the citizens (Rugkåsa 2012). This is done through active welfare and labour market policies coupled with a clear mission and goal. Welfare payments are designed in order to stimulate work rather than a dependence on state benefits. At the same time the state offers schemes that compensate for loss of work income.

The Nordic welfare states share many similarities in the way their welfare schemes are designed (Wulf-Andersen, Follesø & Olsen 2016), not least that they are all modern welfare states controlled by political management systems and bureaucratic structures that, together, seek to bring order to society's complexity. Here the problem areas are specialised and structured according to sector. However, such a process means that the individual is

1. The studies are financed by the Regional Research Fund North, Norway, and the Nordic Welfare Centre, Stockholm.
2. The Faroe Islands are an autonomous region that formally belongs to Denmark, but one that has extensive autonomy. The Faroe Islands themselves are responsible for the major welfare service areas.

divided up and reduced down into delimited categories that fit into and can be handled by each sector's area of administration (Gullestad 1996). In this context, the complexity of and correlation between the individual's challenges and variations in daily life can easily disappear.

The central welfare sectors that we have studied in the three Nordic countries are employment, education, health and social services. Even though there are certain differences between the countries, with regard to the level to which the services are offered and the type of measures provided to the target group, the wider picture is that the countries are relatively similarly organised, with well-developed welfare services.

## THE SITUATION FOR EXCLUDED YOUNG PEOPLE IN ICELAND, THE FAROE ISLANDS AND NORWAY

There is a clear link between poor mental health, dropping out of upper secondary education, weak connections to ordinary working life and the probability of becoming and remaining dependent on the public welfare system in the Nordic region (Albæk, Asplund, Simson & Vanhala 2014; Hultquist 2015; Markussen 2010; Olsen & Tägtström 2013). For OECD member nations, mental disorders constitute the single largest determinant of disability benefits in their populations (Albæk et al. 2014; OCED 2010). Participation in working life is considerably lower among people with mental disorders compared to the general population. In Iceland, the Faroe Islands and Norway the number of young people on disability allowance is increasing as a result of mental health problems (Arnardottir 2016; Brage & Thune 2015; Petersen 2016).

The relationship between mental health problems, school dropouts and poor connections to working life among the young encompasses several different marginalisation processes (Bremer 2013; Due et al. 2011; Furuberg & Myklebø 2013; Gustafsson et al. 2010; Hagquist 2015; Halvorsen, Hansen & Tägtström 2012; Hammer & Hyggen 2013; Olsen, Hyggen, Tägtström & Kolouh-Söderlund 2016; Pless 2014; Sletten & Hyggen 2013; Soest & Hyggen 2013, Anvik & Waldahl 2016b). Studies show a close correlation between mental health problems and upper secondary education dropout rates (Breslau 2010; Markussen & Seland 2012). Markussen and Seland (ibid.) have shown that more than 40 per cent of upper secondary education dropouts were due to a combination of mental health status and wellbeing at school. Often this stems from earlier bad circumstances and difficult conditions in childhood and adolescence, in particular bullying and loneliness (Lund 2014; Mjaavatn & Frostad 2014; Olsen, Jentoft & Jensen 2009, Anvik & Waldahl 2016b). These are all situations that take a toll and are a burden on both society and the individual.

## FRAMEWORK

The article's framework includes both perspectives from the bottom-up and from the top-down. We study, empirically and analytically, the relationship between individual young persons' daily situations and the welfare policy area. We do this by gaining insight into the challenges that young people experience in their life situations, and by looking closer at the various service areas that hold responsibility for policy over the young.

Although the young people in our studies are often users of various public services, their own descriptions seldom focus on the quality of or needs addressed towards specific services. A view from the bottom, through the young people's descriptions of their daily lives, nevertheless gives important insights into awareness of exclusion, marginalisation processes, dropouts, unemployment, welfare measures and benefits, as seen from the places that they occur.

This view becomes particularly relevant and interesting when it is seen in parallel with a top-down look from the welfare policy area. In this case, the tension between the *problem*, understood as the individuals' complex challenges and needs, and features of the sectorisation of the welfare state, are especially pertinent and thought provoking.

Like other western states, the Nordic welfare states have in recent decades been characterised by a global wave called New Public Management, or NPM (Christensen & Lægreid 2011). NPM is typified by both horizontal and vertical specialisation and fragmentation of public institutions. Increasing horizontal specialisation has led to a division of bureaucracy into small, «single purpose» units (silos) which, to a minor degree, overlap in role and function (Christensen & Lægreid 2007). Another characteristic is the increased focus on goal and result management of the silos' endeavours. The emphasis on control, through hierarchical goal management, can temporarily allow vertical loyalties in their various forms to hinder horizontal interactions between silos and service providers (Vike 2013).

Partly as a consequence of NPM reforms, there has in recent years been increased focus on interaction. Interaction should contribute to solving societal challenges that appear complex and where different actors perceive the content of and solution to the challenge differently – so-called wicked problems (Bjørøgo, Sandvin & Hutchinson 2015; Lægreid & Rykkja 2015:476; Morris & Miller-Stevens 2015; Rittel & Webber 1973). With this, it is only when different actors work towards a common goal that they are able to address and respond to wicked problems (Mayer & Kenter 2016). In this regard we want to distinguish between two forms of interaction: coordination and collaboration.

Coordination can be seen as procedures designed to create interaction between authorities. Verhoest and Bouckaert (2005) understand coordination as the «purposeful aligning of units to achieve a defined goal» (ibid: 95). Coordination is especially emphasised as a solution when there is a mismatch between the structure of the problem (here: young people's complex needs) and existing organisational structures (sectors of the welfare state) (Lægreid, Sarapuu, Rykkja & Randma-Liiv 2015). We use the term «coordination» for when authorities interact by adapting tasks and efforts in order to solve societal problems that cannot be solved within existing organisational structures.

While we will use «coordination» to describe interaction at the authority level, we will apply the term «collaboration» for interaction between service providers. Central to the term is how actors share resources and make common efforts to solve concrete problems (Bardach & Lesser 1996:198; Gray 1985).

## METHODOLOGICAL APPROACH

The article is based on qualitative interviews with 22 young people and 58 actors within the welfare system, conducted in Iceland, the Faroe Islands and northern Norway in 2014–

2015. The young people who participated in the interviews were between 17 and 28 years old, with most being around 19 or 20. Of these, 13 were women and nine were men, from various backgrounds. Important selection criteria were young people who were not in regular education or regular work, and who experience mental health-related challenges. In the Norwegian part of the study we used the county-level follow-up service as a door opener. In Iceland and the Faroe Islands we came into contact with the young people through key persons in the national welfare administration. When it comes to the welfare systems, we interviewed service providers and authorities (but not authorities in Norway). The specific areas here are education, employment, social services and health, at both the local and national level. In Iceland and the Faroe Islands we conducted interviews in the capital regions and in one district. In Norway we conducted interviews in two geographically and demographically different municipalities. The interviews were conducted either in a Scandinavian language (Norwegian or Danish) or in English.

Each individual interview lasted between one and three hours. Audio recordings were taken of most of the interviews. The data is analysed through interpretative text analysis within the genre of thematic content analysis (Berg & Lune 2012). In this article we have coded and categorised the data from the interviews with the young people with themes such as background and circumstances during childhood, relations with adult family, the help services, school and working life, their current situations and daily lives, together with thoughts on the future. The categories follow the main structure of the guide to semi-structured interviews. The data from the welfare system interviews are coded according to themes such as the organisation of welfare services, the types of measures directed towards the target group, the organisation of measures and procedures, and cooperation and obstacles in the work directed towards the target group.

## YOUNG AND EXCLUDED

The interviews with the young people show that, across all the countries, they experience some common challenges that begin predominantly with issues in childhood and adolescence. In the descriptions of this, there are tales of family relationships – especially disruptions in the form of divorce and relocation – bullying, loneliness, experiences of being different, abuse and difficulties with learning and concentration, across all three countries. The experience of feeling excluded and different is the hallmark of these ordeals. One of the young women in Iceland talks about her experiences with loneliness in school and in relation to people her own age: «If they didn't want to be with me, I didn't want to force them to either.» One of the women in the Faroe Islands says that she has always felt left out. One of the Norwegian women says that, at lower secondary school, she was seen to be «weird-different, instead of cool-different.» Powerful descriptions of bullying are also a common feature in material from all three countries. For one of the young men from Iceland, bullying was something that followed him throughout his school career: «The bullying and I got, kind of, friends.» One of the young women in the Faroe Islands, who also grew up with bullying as a part of her daily life, says that at upper secondary school she finally fell apart and was admitted for psychiatric treatment. When she got there, it felt like a relief: «Then I got some peace.» One of the young Norwegian women, who was also the

target of bullying in adolescence, says that she does not have – nor has she ever had – close friends. She thinks that it is difficult to tell her parents what she has been through. She describes loneliness as: «There is only me. Myself is all I have.»

Through the stories of bullying, loneliness, abuse and neglect in adolescence, the young people describe themselves as having been left very much to their own devices. They have come across few adults who have seen them, taken responsibility and helped them through difficult circumstances in their adolescence, or who have taken steps in ways that have contributed to a positive change. Many continue to struggle with weak relationships of trust up to this day.

Most describe mental health conditions with anxiety and/or depressive disorders. Several of these include self-harming, suicidal thoughts, suicide attempts, eating disorders and, for some, substance abuse. Amongst the young people we spoke to, particularly in the Faroe Islands but also in Iceland, many have been very seriously mentally ill before it has been recognised and helped.

Across all the countries the young people sense that failing to rebuild a life is a shameful defeat. Both men and women spoke of shame and guilt as an obstacle for sharing their difficulties with others. Many describe having a close relationship with their families, while at the same time not being able to be completely open about the difficulties they are going through.

They also feel it is shameful and problematic not to be able to attend school or work, despite the support services making it easier for them. They would rather not cause more problems. One of the young Norwegian women talks about all the help she has received, from student services and teachers in upper secondary school, from NAV<sup>3</sup>, child services and the psychiatrist. In spite of this she was nevertheless unable to stay in school or in a work placement. «I felt such a failure, I felt like a zero. I really felt, purely and simply, like society's trash. Just that I was there at work and that NAV was paying me to be there, you know. I felt, well, I felt so stupid.»

Of the 22 young people in the studies, only two had completed upper secondary education. The majority had dropped out of upper secondary education because of demanding life situations. This was mainly due to struggles with poor mental health, a lack of self-belief and in the possibilities of emerging from difficult, entrenched situations.

At the time of the interviews, 15 of the 22 young people were participating to varying degrees in different activation measures or work placements overseen by the employment office, the social office or by NAV. These were taking place either in normal working life, in vocational schools or under other youth activation procedures. Some young people expressed the view that the measures were pointless. At the same time, they all thought that it was a good thing to have «an alternative to being at home,» as one of the young Icelandic men expresses it. In this context there are several factors that are highlighted as important: to receive an offer tailored to current circumstances in their lives; having understanding employers and colleagues; having a good work environment and meaningful tasks and duties. Daily life is often described as more meaningful and active than it is by those who isolate themselves at home.

---

3. NAV (Arbeids- og velferdsforvaltningen) consists of the national work and welfare state and those parts of the regional social services that are a part of the NAV local offices.

Some of these «home-sitters» nevertheless attempt to create structure and routine in daily life, encompassing sleep, meal times and housework. Others, especially those in the middle of mentally tough periods, struggle just to get through the day. As one of the young Norwegian women says: «I am almost tired of being tired.» They have passive day-to-day lives in which sleep can be a challenge, food can be difficult, where social contact is avoided and time feels like the enemy. Several struggle too with overpowering depression that sucks life and energy out of them. One of the Icelandic women describes it thus: «if I am awake, I try to sleep again. At the same time, if I get up, I have to feel that I am alive. I don't want to sleep because then I have to wake up again.» In bad times the days go by «just sitting on the sofa, staring at the wall in front of me.»

The ways in which the young people think about the future varies. Some have hope for a different, better situation and think that it is good to have a plan and a goal of independent adult life. Others have «future anxiety» and think the future is frightening and awful to think about. They feel weary of the hopeless situation they find themselves in. For the majority, life is on hold and the future seems to be beyond their horizon. The longer they have been stuck in these entrenched situations, the more hopeless and difficult the individual perceives it. As one of the young Icelandic men sums it up: «Big things in life are difficult.» Several experience the future as unmanageable. One of the Norwegian women describes it thus:

I don't dare to plan for tomorrow because I don't know if I will have the will to survive until then. So when people ask me about where I see myself in five years, I don't know, I like see a grave, a gravestone. So I never think about it, I never answer the question because I don't know what I should say.

In summary, the young people that we interviewed all share that they have dropped out of school, or never started upper secondary schooling, they have weak or non-existent connections to working life, and the majority express challenges with mental health. The difficulties that the young people describe around their current situations have principally emerged from difficult childhoods and adolescence – contexts that continue to characterize them, in different ways, up to the present day. What distinguishes them is that, amongst the young people who we spoke to, particularly in the Faroe Islands but also in Iceland, most were very seriously mentally ill before it was recognised.

## THE AUTHORITY AND SERVICE AREAS IN ICELAND, THE FAROE ISLANDS AND NORWAY

Across authorities and services in Iceland, the Faroe Islands and Norway, concerns were reported for young people in the target group's poor mental health as an explanation for upper secondary school dropouts, a lack of qualifications for working life and the risk of permanent exclusion. There are also concerns that the number of young people who are struggling with their mental health – especially in the form of stress, anxiety and depression – appears to be on the rise. At the same time there exist very few statistics on the relationship between mental health and upper secondary school dropout rates, particularly so in Iceland and the Faroe Islands.

Through the interviews certain differences between the countries emerge. A significant difference is that work and social services have been merged into NAV in Norway, which means that social issues are less prominent in the interviews in Norway than in the other two countries. Furthermore, the Faroe Islands have lesser-developed local mental health services. In its monitoring of young people who are on the verge of dropping out of upper secondary school, Norway engages its follow-up service, which has specific responsibility for this group. The other two countries do not have an equivalent. In Iceland and the Faroe Islands there is somewhat less oversight of what is happening with this young group.

In general we find that the education sector is focussed on giving the majority the ability to complete their education, that the work/social/welfare sector is concerned that as many as possible are in salaried employment while as few as possible are on passive benefits, and that the health sector is working to improve the young people's health status. In Iceland and the Faroe Islands we find very few examples of coordinated, dominant or cross-sectoral policies to meet the challenges of this young group. An exception is found in the Faroe Islands, where the Department of Health was in the process of initiating increased coordination between the health, social services and education sectors.

This government's governing agreement puts a lot of emphasis on closer cooperation. This will put children and the young in focus so that they don't have to consult so many different authorities; rather, the services come to them. So the minister [Department of Health] appointed a group to work on it. [...] There were three ministries, social services, health, and culture/education that were involved.

*(Ministerial employee, Faroe Islands)*

Apart from the Faroe Islands we do not find examples of coordination between the health sector and other sectors, neither nationally nor locally. The few examples that we find of interaction that includes the health sector involve collaboration between service providers. We found one such example at an upper secondary school in Norway, where student services had established a prevention team working around and with the monitoring of students struggling with psychosocial issues. The team consists of a school nurse, a social education advisor and a coordinator for follow-up service. They collaborate by quickly and closely following up students with psychosocial issues. The team works closely together and makes active use of each other's skills. Amongst other things, the school nurse says the following:

[...] if I have someone who is very sick of school and really cannot bare to attend. Then I can just go to the follow-up service and say, «Listen, come in for a chat and see what alternatives we have.» Because then you have kind of made the introduction much easier.

At the same time as the team collaborates closely among themselves, they also use each other's network of other actors. The coordinator's experience in both specialist health services and local child protection is actively put to use in this work.



I have regular meetings with BUP<sup>4</sup>, with the local psychiatric hospital, various departments there. And from there the autism team and the short-term youth unit. And then there is the county education department, who I work with. Then there are the primary schools. And the office for primary schools. Then I have a lot of meetings with NAV. Then you have the county department for public health, we work together with them too. Then of course there is the job training office. They deal with placements for apprentices and candidates for apprenticeships. There are several job training offices.

Another example is in Iceland where one upper secondary school has employed a school psychologist to monitor students who suffer from psychosocial issues, working with teaching staff and social workers internally within the school and externally with specialist health services. Common to both these examples is collaboration that has occurred locally and individuals who yearn to help young people. These individuals can be seen as enthusiasts who, in their work, go above and beyond the mandate that they have been assigned to administer. The enthusiasts who we interviewed all share that they are employed in the public sector.

In summary, the three countries all have large welfare service areas that are organised into their own sectors that work towards their «own» goals. Across the countries our data show little relationship between coordination at the level of the principal authority and local collaboration between service providers, as regards efforts targeted towards this group of young people. On the other hand we find individual collaboration that occurs locally. These local collaborations are commonly founded on individuals – enthusiasts – who go above and beyond their mandates in order to help the target group.

## DISCUSSION – HOW DO WE CREATE HORIZONTAL SPACES FOR ACTION?

To summarize, the findings demonstrate that in spite of the differing conditions (the ways in which services and measures around young people are organised and practised, and so on) in different countries, when it comes to outlining the situation in Iceland, the Faroe Islands and Norway, the broader picture is relatively similar. We have presented descriptions of the conditions that lay between the experiences and needs of individual young people and centralised welfare policy service sectors. These sectors are organised and rooted in separate policy areas such as education, health, work and social services. Despite the fact that all three countries involved in the study are small, transparent nations with well-developed welfare services, the study shows that they are not able to provide coordinated help across sectors, even though the problems that the young people experience are interrelated and are difficult to isolate.

The young people encompassed by our interview studies represent a growing group of the young who fall outside of and lack connection to the central arenas of a social life. These young people have not chosen to break off their school careers or to leave work. Not a single one of the young people we interviewed was satisfied with their situation. To be

4. BUP (Barne- og ungdomspsykiatrisk poliklinikk): Child and adolescent psychiatric polyclinic.

standing back, passive, alone, usually at home with their parents, while other young people follow a steady course into the future merely helps to strengthen the feeling of having lost control over one's own life. At the same time they have weak attachments to a community that they are expected to and wish to be a part of. What they are struggling with is how to get there. The young ask for an adult, *somebody* who grasps what is going on, who can help them from the starting point they find themselves in, and who is not going to give up on them. They need the entirety of their complex situation to be seen in context. This implies health care, education, work qualifications, finance, housing, a social network and somebody to help them take charge of their own lives.

Yet, in a variety of ways, the young people are in a relationship of dependence with the welfare state. Several require financial help, health care, medical check-ups and more. The young people face not one problem, but many concurrently. The young people's circumstances are complex while the help that is offered seems fragmented and partitioned by sector.

Those that are described as intractable problems belong not to the young people, but to the welfare state's silo mentality. This is an issue with many owners, and this is the greatest problem in this context (Anvik & Gustavsen 2012; Anvik & Waldahl 2016a). It is time to raise the question of whether the welfare state's partitioned help services are able to deal with the complexity of the challenges that the young people face, and the implications this has for the authorities' policy and service offerings. Based on the findings from the system interviews, there are few who problematise such conditions. In bureaucratic contexts the young people are only understood as students, users or patients.

We find little interaction between the various sector areas, particularly when it comes to health. We also find few examples of coordination across authorities' sectors of responsibility. The collaborations in the field, close to the young people, are not the result of major coordination. These have occurred in spite of, rather than because of coordination. In other words, this type of collaboration can be seen as a need to close the gap between differing sectors of responsibility in the real work of helping individual young people. It is interesting that these local service providers, so-called enthusiasts, largely operate beyond their own mandates or areas of responsibility when they collaborate with others. These are, therefore, people who relate only to a small degree to the services' vertical structures, but who nevertheless create their own horizontal spaces for action.

Another interesting feature is that these enthusiasts often have sector-wide skills. Often they are people who have their professional background from one sector, but work in another. This could, for example, be a psychologist who is working in a school, or someone in student services who has experience of working in local child protection or specialist health services.

Despite growing fears for the mental health of the young, our findings demonstrate that the health sector contributes very little in sector-wide coordination and collaboration with other welfare sectors. Our study cannot answer the question of why this is so. These are, however, important questions for future studies.

## CONCLUSION

This article argues that those who best meet the complex challenges and needs of these young people are individual actors and enthusiasts locally, who go above and beyond their mandates and service areas to coordinate help. Common to these individuals is that they possess skills that work across sectors of responsibility. They have good knowledge of and contacts in other services. They use this in real cases concerning the young people. They have created horizontal spaces for action that goes beyond the mandate and the vertical structures they are tasked with administering. These individuals are able to see the young people's complex needs, usually in collaboration with other «like-minded» people, and manage to fulfil the youths' desires to be seen as whole people and not as a patient, a client of the social services, a jobseeker or a student within delimited and divided sectors. They thus close the gap between young people's complex challenges in daily life and the welfare state's fragmented sectors of responsibility.

The study further reveals an on-going lack of coordination of service offerings towards the target group. The question is, however, to what degree coordination is sufficient to tackle the challenges that the target group faces day to day. Perhaps it can be better handled through closer local collaboration? The challenge for authorities is what they can do to facilitate better collaboration. This collaboration is currently scattered and fragmented. We see particular need to coordinate the health sector with the other welfare sectors, so that the offering to the target group becomes less dependent on the initiative of individuals.

## BIBLIOGRAPHY

- Aaltonen, S., Berg, P., & Ikäheimo, S. (2016). Relationship between Young People and Welfare Services. *Nordic Center for Welfare and Social Issues, Stockholm.*
- Albæk, K., Asplund, R., Simson, K. v., & Vanhala, P. (2014). Young disabilities beneficiaries – A pertinent policy issue of today. I T. Valkonen & V. Vihriälä (red.), *The nordic model – challenged but capable of reform* (bind. 531). Copenhagen: Nordic Council of Ministers.
- Anvik, C. H., & Gustavsen, A. (2012). *Ikke slipp meg! Unge, psykiske helseproblemer, utdanning og arbeid.* NF-rapport nr. 13/2012.
- Anvik, C. H., & Waldahl, R. H. (2016a). *Når noen må ta regien. Om unge med psykiske helseproblemer: utfordringer, tiltak og samhandling på Island, Færøyene og i Norge.* NF-rapport nr. 1/2016.
- Anvik, C. H., & Waldahl, R. H. (2016b). *When someone has to take charge. Youth and Mental Health: Challenges, Policy and Collaboration in Iceland, the Faroe Islands and Norway.* Norden, Nordic Centre for Welfare and Social Issues, Stockholm.
- Arnardottir, J. R. (2016). *Mental Health Among Youth in Iceland. Who is responsible? What is being done?* Norden. Nordic Centre of Welfare and Social Issues
- Bardach, E., & Lesser, C. (1996). Accountability in human services collaboratives—for what? and to whom? *Journal of Public Administration Research and Theory*, 6(2), 197–224.
- Berg, B. L., & Lune, H. (2012). *Qualitative research methods for the social sciences.* New Jersey: Pearson Education Inc.
- Björgo, F., Sandvin, J. T., & Hutchinson, G. S. (2015). Gjenstridige problemer og samarbeidsdrevet innovasjon. I O. J. Andersen, L. Gårseth-Nesbakk & T. Bondas (red.), *Innovasjon i offentlig tjenesteytring. Vågal reise med behov for allierte.* Bergen: Fagbokforlaget.
- Brage, S., & Thune, O. (2015). Ung uførhet og psykisk sykdom. *Arbeid og Velferd*, 1, 37–49.

- Bremer, S. (2013). Development of mental health problems, educational achievement and labour market participation among young people in the Nordic countries. I T. Olsen & J. Tägtström (red.), *For det som gror*. Stockholm: Nordens Välfärdscenter.
- Breslau, J. (2010). *Health in Childhood and Adolescence and High School Dropout*. 17. California: University of California
- Christensen, T., & Læg Reid, P. (2007). The whole-of-government approach—regulation, performance, and public-sector reform. *Public Administration Review*, 67(6), 1059–1066.
- Christensen, T., & Læg Reid, P. (2011). *The Ashgate Research Companion to New Public Management*. Surry: Ashgate Publishing Limited.
- Due, P., Krølner, R., Rasmussen, M., Andersen, A., Damsgaard, M. T., Graham, H. et al. (2011). Pathways and mechanisms in adolescence contribute to adult health inequalities. *Scandinavian Journal of Public Health*, 39(6 suppl), 62–78.
- Furuberg, J., & Myklebø, S. (2013). *Unge tilknytning til arbeidslivet*. Oslo: NAV
- Gray, B. (1985). Conditions facilitating interorganizational collaboration. *Human relations*, 38(10), 911–936.
- Gullestad, M. (1996). *Hverdagsfilosofer : verdier, selvforståelse og samfunnssyn i det moderne Norge*. Oslo: Universitetsforlaget.
- Gustafsson, J.-E., Allodi, M. W., Åkerman, B. A., Eriksson, C., Eriksson, L., Fichbein, S. et al. (2010). *School, learning and mental health: a systematic review*. Stockholm: The Royal Swedish Academy of Sciences, The Health Committee.
- Hagquist, C. (2015). *Skolelevers psykiska hälsa*. Stockholm: Nordens Välfärdscenter.
- Halvorsen, B., Hansen, O. J., & Tägtström, J. (2012). *Unge på kanten*. Norden.
- Hammer, T., & Hyggen, C. (2013). Ung voksen – risiko for marginalisering. I T. Hammer & C. Hyggen (red.), *Ung voksen og utenfor. Mestring og marginalitet på vei til voksenlivet*. Oslo: Gyldendal Akademisk.
- Hultquist, S. (2015). *Unge vuxna med nedsatt arbetsförmåga – En beskrivning av trygghetssystemen*. Stockholm: Norden Välfärdscenter
- Hvinden, B. (2009). Den nordiske velferdsmodellen: Likhhet, trygghet og marginalisering? *Sosiologi i dag*, 39(1).
- Læg Reid, P., & Rykkja, L. H. (2015). Organizing for «wicked problems» – analyzing coordination arrangements in two policy areas: Internal security and the welfare administration. [Article]. *International Journal of Public Sector Management*, 28(6), 475-493. DOI: <http://dx.doi.org/10.1108/IJPSM-01-2015-0009>
- Lund, I. (2014). Dropping out of school as a meaningful action for adolescents with social, emotional and behavioural difficulties. *Journal of Research in Special Educational Needs*, 14(2), 96–104.
- Læg Reid, P., Sarapuu, K., Rykkja, L. H., & Randma-Liiv, T. (2015). New Coordination Challenges in the Welfare State. *Public Management Review*, 17(7), 927–939.
- Markussen, E. (2010). *Frafall i utdanning for 16 til 20-åringer i Norden*. Norden.
- Markussen, E., & Seland, I. (2012). *Å redusere bortvalg – bare skolens ansvar? En undersøkelse av bortvalg ved de videregående skolene i Akershus fylkeskommune skoleåret 2010–2011*. Oslo: NIFU
- Mayer, M., & Kenter, R. (2016). The Prevailing Elements of Public- Sector Collaboration. I J. C. Morris & K. Miller-Stevens (red.), *Advancing Collaboration Theory*. New York: Routledge.
- Mjaavatt, P. E., & Frostad, P. (2014). Tanker om å slutte på videregående skole: er ensomhet en viktig faktor? *Spesialpedagogikk*, 79(1), 48–55.
- Morris, J. C., & Miller-Stevens, K. (2015). *Advancing collaboration theory: Models, typologies, and evidence* (bind 13). New York: Routledge.
- OECD (2010). *Sickness, Disability and Work: Breaking the Barriers*. Paris: OECD

- Olsen, T., Hyggen, C., Tägtström, J., & Kolouh-Söderlund, L. (2016). Unge i risiko – overblik over situasjonen i Norden. I T. Wulf-Andersen, R. Follesø & T. Olsen (red.), *Unge, udenforskap og social forandring. Nordiske perspektiver*. Fredriksberg: Frydenlund Academic.
- Olsen, T., & Tägtström, J. (red.). (2013). *For det som vokser*. Stockholm: Nordens Välfärdscenter.
- Olsen, T. S., Jentoft, N., & Jensen, H. C. (2009). *Et liv jeg ikke valgte. Om unge uføre i fire fylker*. 9. Kristiansand: Universitetet i Agder, Agderforskning
- Petersen, T. (2016). *Mental Health among Youth in the Faroe Islands. Who is responsible? What is being done?* Norden. Nordic Centre for Welfare and Social Issues.
- Pless, M. (2014). Stories from the margins of the educational system. *Journal of Youth Studies*, 17(2), 236–251.
- Rittel, H. W., & Webber, M. M. (1973). Dilemmas in a general theory of planning. *Policy sciences*, 4(2), 155–169.
- Rugkåsa, M. (2012). *Likhetens dilemma. Om sivilisering og integrasjon i den velferdsambisiøse norske stat*. Oslo: Gyldendal Akademisk.
- Sletten, M. A., & Hyggen, C. (2013). *Ungdom, frafall og marginalisering* (bind): Oslo: Nova Temanotat.
- Soest, T. v., & Hyggen, C. (2013). Psykiske plager blant ungdom og unge voksne – hva vet vi om utviklingen de siste årtiene? I T. Hammer & C. Hyggen (red.), *Ung voksen og utenfor*. Oslo: Gyldendal Akademiske.
- Verhoest, K., & Bouckaert, G. (2005). Machinery of Government and Policy Capacity: The Effects of Specialization and Coordination. I M. Painter & J. Pierre (red.), *Challenges to State Policy Capacity*. Hampshire: Palgrave MacMillian.
- Vike, H. (2013). Egalitarianisme og byråkratisk individualisme. *Norsk antropologisk tidsskrift*, 24(03–04), 181–193.
- Wulf-Andersen, T., Follesø, R., & Olsen, T. (2016). Unge, udenforskap og social forandring – nordiske perspektiver. I T. Wulf-Andersen, R. Follesø & T. Olsen (red.), *Unge, udenforskab og social forandring. Nordiske perspektiver*. Fredriksberg: Frydenlund.