

## **Transition to adulthood: Experiences of service providers working with disabled immigrant adolescents and young adults in Norway.**

### *Abstract*

*Most research exploring transition to adulthood for disabled adolescents and young adults has often had the tendency to focus on paediatric to adult healthcare transition. This negligence is a relic from a past where disability was more a medical than a social issue. This is a qualitative study using purposive sampling and in-depth interview. It investigated the experiences of professional service providers working with disabled immigrant adolescents and young adults, age 16-25 in Norway. Transition experience to adulthood is not universal. Every cohort of children; disabled or not, will have challenges and opportunities that influences entry and outcomes to adulthood. However, intersection between immigration background and disability ushers in additional challenges; because many disabled children will inherit, some of the post-migration difficulties their parents encounter. Results from this study revealed service providers experienced challenges related to language and communication, collaboration with parents, inadequate human and material resources and interdisciplinary cooperation.*

Keywords: Transition to adulthood, disabled immigrant adolescents and young adults, service providers, experiences of service providers, immigrant parents, qualitative study

### Introduction

Although there are many international research works on the experiences of service providers related to transition to adulthood for disabled young adults (e.g.s. Bagatelle, 2017, Binks et al. 2007, Oskoui, 2012, Stewart, 2002; Stewart, et al. 2009), there is very little research on the experiences of those working with disabled immigrant young adults. Moreover, the available research that indirectly would explain the experiences of service providers, often concentrate on the experiences of immigrant parents' access and barriers to basic healthcare and social services for their disabled pre-school children or thereafter (e.g.s., Balcazar, Suarez-Balcazar and Taylor-Ritzler, 2009; Berg, 2015; El-Yousfi, et al., 2019; Lindsay, et al. 2012; You and Rosenhoetter, 2015). The tendency to lay emphasis on access to health and social service is also evident in Norway where research on immigrant parents of children with disabilities focuses on narratives about parents' grief, coping mechanisms, physical and mental stress, and not least, access to information on services or the lack of it (e.g.s. Arfa, et al., 2020; Lundeby, 2008; Kittelsaa and Berg. 2012; Sajjad, 2012; Sørheim, 2004; Tossebro and Lundeby, 2002; Wendelborg, 2010). While medical care is an element in the transition from paediatric to adult healthcare service, it is important that the public support systems have holistic approaches that will help to mitigate challenges on professional service providers in the field.

There are no universal trajectories defining transition to adulthood. It is not a marker of chronological age, but a staged achieved (Settersten, 2012). Every cohort of children: disabled or not, challenges and opportunities that influences entry and outcomes during transition to

adulthood. Factors such as “race class and hierarchies shape the kinds of resources young people have access to during this transition, and these inequalities reverberate throughout the life course” (Ciabattari, 2016: 56). However, the intersection between immigration background and disability brings in additional challenges, because disabled children often inherit from their parents some of the post-migration disadvantage such as poverty, unemployment and underemployment (Hynie, 2017; Li et al., 2016; Woodhams et al., 2014), limited social network (Kittelsaa and Berg 2012) and discrimination and victimisation (Cheung & Phillimore, 2013). Providing services to disabled immigrant adolescents and young adults and immigrant families raising a disabled child can be challenging because of linguistic and cultural differences. Such differences can have negative influence on the quality of services such as, for example, school-collaboration (Bub, McCartney and Willett, 2007; Nordahl, 2007), housing (Couch, 2011), multidisciplinary rehabilitation setting (Niemeier, Burnett and Whitaker, 2003), healthcare delivery (Carnevele, Vissandjée, Nyland and Vinet-Bonin, 2009), adherence to treatments (Yu, et al., 2004) and other life outcomes as well (Isphording, 2017).

This is a qualitative study using purposive sampling and in-depth interview. It explores the experiences of professional service providers in contacts with disabled immigrant adolescents and young adults between 16-25 years, and their families during the gradual transition to adulthood in Norway. The study define service providers as professionals who are engaged in organised service delivery to disabled immigrant adolescents young adults as mandated by the concerned State Organ. Laws, for example, the user-controlled personal assistance act (BPA, "brukerstyrt personlig assistanse"); governs mandated services (Ministry of Health and Care Services, 2015). The law gives the disabled with substantial needs for assistance more freedom to regulate and manage their services and everyday lives themselves (Kjønstad, syse and Kjelland, 2017; Olsen, 2011). Informants in this study are teachers, social workers and health practitioners who work with disabled immigrant adolescents and young adults in their different stages of life. The research discusses service providers’ contextual experiences in their day-to-day contacts with the population group. Information on the challenges professionals encounter could help in bridging the gap in knowledge in the field and generate policy reforms in the service provision sectors.

## **Research method**

In this qualitative study, we employed a two-step purposive sampling approach in selecting the relevant institutions and informants. First, we selected institutions that provide services to disabled young adult immigrants. We approached the identified institutions through emails, letters and telephones with request for participation in the study. We wanted to recruit professionals with at least three years of working experience with disabled immigrant adolescents and young adults. In the second phase, and based on the criteria for participation mentioned above, we took in informants who accepted to participate in the study project. Selected informants were secondary school teachers, social workers, healthcare professionals and a county official. We labelled the informants with numbers roman numbers one to seven. The sample units have similar particular features or characteristics that will enable detailed exploration and understanding of the central themes and questions which the researcher wishes to study (Bryman, 2012).

The method of data collection was in-depth interviews with semi-structured questions. Results in this study represent the experience of seven out of ten informants who all have over three years of working experience with disabled immigrant adolescents and young adults. Each interview lasted on average one hour and fifteen minutes and was audio-recorded with permission from the participants. We decided on the one-on-one interview format to allow for a better exploration of informant's experiences and reactions in a confidential setting. The interviewee had the option of listening to the recording to verify the content. Moreover, receiving acknowledgement from informants ensures that "the participants' own meanings and perspectives are represented and not curtailed by the researchers' own agenda and knowledge" (Tong, Sainsbury and Craig, 2007: 356).

The first author and a member from the supervision team conducted the interviews. The place of interviews were where the informants worked. We took the interviews in Norwegian and translated verbatim into English. Data saturation theory guided the data collection process (Francis, et al., 2010). We obtained data saturation after the seventh participant. Validity and reliability of qualitative research depends on the appropriateness of the tools and the processes of data collection (Leung, 2015). The research question was:

*“What is the experience of service providers working with disabled immigrant adolescents and young adults and their parents during transition to adulthood in Norway”?*

We designed the interview guide containing semi-structured questions and in-depth interviews to answer the question. The interview guide included questions about the role of the service providers, what they did, the challenges they encountered and how they overcame those challenges. The objective was to gain information that describe and explain social phenomena under investigation.

## **Data analysis**

The method for analysis in this study is inductive thematic analysis. Braun and Clark (2006: 79) argues that thematic analysis is a method for “identifying, analysing and reporting patterns (themes) within data”. It also provide a flexible and useful research tool, which can potentially generate a rich and useful research tool, which can contribute to a detailed account of data by analysing the word and sentence structure (Braun, and Clarke, 2006). The first author transcribed the data verbatim and read repeatedly every page of the interviews. In this initial stage, the author worked diligently through the data material to capture interesting aspects of the interviews, acquiring familiarity with the narratives and noting down relevant information from the various interviews and assigning specific and preliminary codes. After this stage, it was possible to discard information that were irrelevant and grouped information that answered the research question, and deduced communalities between them into a system of codes for contents relating to the experiences and challenges of informants.

Coding qualitative research to find common themes and concepts is part of thematic analysis. Inductive coding, starts from scratch and creates codes based on the qualitative data itself. Themes emerge when codes and their relations were refined, one shaping the other (Alvesson and Skoldberg, 2000). This results into a build-up of codes, ideas and thoughts on what potential topics you have in the data material. Assigning codes to words and phrases in each response

helps capture what the response is about which, in turn, helps better analyse and summarise the results. There were no preconceived codes. All the codes resulted from responses given by informants. The first author read the interview once more with reference to the codes as a guide. The rigorous rereading of the data material was important to identify whether to maintain some of the original themes, or split them into several independent themes.

With each repetitive reading of the sampled data, and by going back to the response, it was easy to create new codes w additional codes did not match. Given that, informants worked in different organisations, and the challenges were diverse, the first author subjected the themes to further scrutiny to generate subthemes that capture variations in the sampled dataset on the same themes. At the end of this phase, a familiar group of themes emerged that portray the data material in a relevant and appropriate way, and at the same time represented the subject of the research study. After a minor, but sustained period of arranging and rearranging of communalities of the data, four themes emerged, namely: (i) language and communication barriers (ii) collaboration with parents (iii) organisational challenges (v) information sharing and coordination challenges between service agencies.

## **Ethics**

For the protection of human subjects, this study obtained approval from the Norwegian Ethical Committee and NSD (Ref: 61283 AMS/LR). In addition, the study obtained permission for audio recording of the respective interviews. After the study ends, the sampled material would be stored according to the regulations set forth by the NSD data protection services. Before conducting the interviews, informants received information containing the study aim and objectives, and the roles of the participants. Informants signed a consent form. To maintain anonymity and easy identification of the information sources, the author coded all the information obtained during the study for safekeeping.

## **Results**

The results of this study revealed a number of challenges service providers encounter while working with disabled immigrant adolescents and young adults. Service providers experienced barriers related to language and communication, collaboration with parents, inadequate human and material resources and interdisciplinary cooperation. Overall, the results revealed both similarities and differences from informants' experiences. Differences in experiences resulted mainly from the context in which they worked and the nature of the work they did. To ensure credibility of the results (Graneheim and Lundman, 2004), presented below are the themes and findings from the analysis with exemplary quotes used to highlight the voices of informants.

### **Language and communication challenges**

Language barrier was an important element hindering effective contact with immigrant parents raising disabled children. All informants maintained they encountered difficulties in both verbal and written communication with parents of disabled immigrant young adults. They noted this when parents came for meetings or when they gave out written information to parents.

Responses from these encounters were poor because parents spoke and understood little Norwegian. Informant #1 summed the difficulties this way:

*“It has been difficult talking to some of the parents because they did not understand much of the content of the conversation. Sometimes they gave an impression that they understood what was going on, but I do not think they did”.*

Another participant was frustrated that she relies on one of her bilingual workmate to reduce communication difficulties with some parents. This dependency was problematic given that the institution had rotating shift workers.

*“It is Norwegian, yes. Everyone speaks Norwegian at work, yes. I have bilingual employees. It facilitates communication with parents. It is difficult when they are not at work”.* #3

While it was much easier to communicate with the children. The same was not true for the parents and some young adults whose parents kept them away from organised residential activities for disabled young adults.

*“Sometimes we have those (parents) who do not speak any Norwegian at all. However, we are always obliged to have an interpreter with us during assessment interviews. If the youths have attended school and are in activities, then they speak Norwegian. When parents refuse our service and opt to take care of their disabled child at home, then they (children) will not be able to learn to speak Norwegian”.* #4

Another informant had an experience of parents who refused homecare help from the support services. The homecare services appealed against the decision of the parents to the county governor, but lost. The informant described their frustration in this way:

*“I know for example about a sibling couple in this neighbourhood...it is one of the cases where the county governor said, “The parents should be paid allowances instead of getting help from the homecare service to look after their disabled children”. Now the children are adults. It is a pity because it is late to learn Norwegian when you are 25”.* #3

While there are, significant efforts made to overcome communication barriers, many problems remains. An informer have experiences that sometimes different ways of understanding events constraint translation to bridge the gap between what she says and what parents understand through translations.

*“Most times, translators are very good at explaining what the situation actually is. Nevertheless, there are also interpreters who are so concerned with interpreting so literally that it becomes almost difficult to communicate with users.* #6

### **Collaboration with parents in the transition process**

Institutions such as schools, home and healthcare facilities and organised recreational activities are quite often arena for collaboration challenges in the transition process. In addition, when the teenagers turn eighteen, they, regardless of the nature of disability are lawfully adults and

have options to independent living. Informants shared some of those experiences, ranging from those that are cordial and cooperative to those characterised by mistrusts.

Informant #1, a class contact teacher had difficulties getting parents to come for end of terms meetings with immigrant parents raising disabled children:

*“I am the contact teacher. We talk about the progress of their children in the school, about the school subjects and the plan for the school year. We also talk about work placement. However, not all of them come (parent meetings). Some are very difficult to contact; it is frustrating”.*

Another teacher described collaboration with parents in the following words:

*“I am very concerned that we should have a close and secure relationship with both parents and students. Parents of disabled children have many challenges. I do not want them to feel the school is adding to their difficulties. At the same time, it is difficult when they do not respond when we need them”.* #4

One of the informants, however, described a school-home relationship characterised by indifference on the part of the parents. She felt that some of the parents were either difficult to engage or simply less engaged into what and how their children were at school.

*“Yes, I have three parents that I consider as little interested in what we do here (school) for their children. We call them for meetings, they do not answer. We send email, we send text messages; they will not respond. We think now is the time to contact the child welfare services to take up the case.”* #2

Although most informants overall felt collaboration was poor, one informant, however, had positive experience with immigrant parents. The informant felt that dialogue, building trust and creating sustainable relationships with immigrant parents raising a disabled child is important for the welfare and learning outcomes of the child.

*“Having an open dialogue with parents about the children here in the school is important. However, it takes so much time to explain things, and we do not have a lot of time. I feel that the parents here are very, very satisfied with the service the children receive. In addition, we take good care of them. We do a fantastic job and parents are satisfied”.* #5

Institutions that care for disabled children often arrange outdoor activities and recommend that children also participate in these activities including those organised outside normal working hours. However, findings from this study reveals that service providers are often left frustrated because parents hold back children from participation in recreational activities that falls outside normal working hours and days. On such an involvement, an informant had this to say:

*“We do not arrange leisure activities ourselves, no. We facilitate connections and help with obtaining information. We have a good overview of when and where organised activities are in Oslo. We can arrange transport for students who need it to get to the events. However, often parents do not ask for help because they think it is a shame to ask help to care for your own child. It is frustrating”.* #6

Another informant who had experience in organising outdoor activities for disabled immigrant young adults in the neighbourhood vented out frustrations this way:

*“On activities, that I am responsible for, there are helpers on site to assist those who need help to participate. Most activities are very adaptable in terms of adapting to cultural differences and things like that. We serve halal food if that is a prerequisite for participation. I do not think that there is a requirement that we cannot really fulfil. The challenge is getting children to participate”. #3*

An informant complimented this view by saying that they do try to adapt activities as much as they can. However, there are cultural issues that create unpredictable situations whereby they can do very little to help.

*“One thing that is a challenge in organised activities is that some immigrant parents do not accept their daughters get help from our male workers. Although we try our best to meet this request, it is a requirement we cannot always guarantee”. #4*

Service providers feel that in many instances, parents of disabled adult immigrants are a hindrance to the independence of their children. Their worries for the future prospects of the children is normal and justifiable, but that it should become a barrier to empowerment to the children is unjust. This is how an informant expressed her concern:

*It is in fact in meeting with immigrants that you really notice the difference (Norwegian parents) especially about how to understand the child's difficulties, both limitations and opportunities. There is often disagreements about independent living, and the way forward should be. #7*

It was difficult for most parents to accept that their children regardless of the disabilities at 18 years were by definition, adults. Informants met difficulties each time they tried to explain this to the parents.

*“What some (immigrant parents) do not understand is, when the children are 18, parents no longer apply for support services, but the person himself or herself. The county officer can put in place guardians or other relatives or persons who can speak on behalf of the young adult”. #3*

Another informant confirmed the frustrations she encounters whenever the issue associated with empowering the children came up. She thought culture was being used an excuse to justify the phenomenon.

*Although we feel that the care the family provides is very good and it is given in the best interest, we also see that the weaknesses in it. The youth, for example, never come out and do not participate in activities. They do not have the opportunity to develop themselves and to be themselves. Sometimes it is not about culture, but the allowance they get for the care they give. #4*

Getting married and having a family is one of the markers of adult life. We often hear disabled persons express desires to marry and have children. This nonetheless, becomes an impossible proposition when the disabled persons do not have the capacity to make independent decision to have or not to have a family. An informant expressed her dismay of what she feels could be happening.

*Some parents associate adulthood and independence with marriage and having children, even though they have a disability. (...) We hear some send their disabled*

*daughters to the ancestral homeland and try to get them pregnant because they think it should cure them of disability. It is a huge challenge for us who work in the field #5*

### **Organisational challenges**

Data revealed that human and material resources constitute major challenges to service delivery. According to informants, resource allocation posed challenges in various ways. In one particular institution, an informant meant that the disabled children's learning outcomes and the working environment would be better if they had organised two classes instead one. There was also uneasiness about having special needs children sharing the same corridors with ordinary students. Informants thought the non-disabled children disrespected the disabled students.

This is how an informer describe the disappointment:

*"The school does not allocate enough resources to special needs students. I think we should organise two groups, not one. The leadership can decide on this. My colleagues feel this is unbearable, and some are already intending to move away".*

*"I am very inclusive. I do not know if I will succeed when the other students look down on the disabled. I think the disabled students should have its own environment. I think it is better that way. This is my opinion".*

*"I cannot live and fight alone in the leadership team. It is getting too heavy. You become a pain, right. Troublemaker, which is just it. You are simply a scourge". #2*

Another informant felt the school needed to employ more teachers and give some refresher courses for those who are already there. The workload was a drain on the ability to prepare for classes.

*"I want to do a proper job. However, sometime it is too much. I want to, yes, make a difference. You do not take things personally".*

*"No. I have never been to any course on cross-cultural understanding. We need more knowledge on how to do our work". #1*

Another informant who insisted they needed to bring in more teachers that are qualified supplements this sentiment.

*"We have very few special teachers here. We assign regular teachers to teach the special needs students. It is difficult for both the students and the teachers when the teachers do not have any training in teaching special needs students. I remain worried about this development because it affects learning outcomes for this group of students". #5*

On the question of where they got the strength to continue working with this group of disabled young adults when the working environment was this bad, an informant responded in this way:

*"The children motivates me. Yes, they do. It is the heart of these students. The heart is so big. You do this little and get so much back. You cannot measure it. I am in the middle of my working life. Mine is what I have wanted to do for the last half of my working career". #2*



Another informant supplemented this by saying:

*“We need more resources yes. At the same time, it is very nice to be with these students. After all, they are generally speaking, always very positive and happy when they come to school. I have very nice colleagues who work in the same direction, work purposefully and I think that is very motivating. In addition, it is fun when the students make progress. (...) Yes. There will be (continue to work) several years here, or at least with something similar. It is sure to be here (current work place)”. #6*

### **Information sharing and coordination challenges between service agencies**

Data revealed service providers experiences of interdisciplinary cooperation, characterised by lack of information sharing and coordination of activities as frustrating. Successful transition outcomes dependents on how the support systems interacts with each other in producing a holistic approach to service delivery. Below are some reports from service providers' experiences:

*“(...) Yes. Most pupils have a reference group made up physiotherapists, healthcare personnel, teachers, and others. We are involved in and when needed. The children homecare service cooperate directly with the rehabilitation services, for example, the state centre for epilepsy or centre for early intervention, Nordvol School. It is not always smooth going”. #3*

Another informer reflects on the level of contacts with the local borough administration and the infrequency with which it occurs. It was difficult to get things done timely. Some agencies are not willing to share information.

This is how an informant described the situation:

*“Our borough is large, and we have many children who need assistance. We work well with some (agencies) and others not quite well. NAV (The Norwegian Labour and Welfare Administration), for example, prefer not to take anyone in until after they finish high school (18 years old). “First, finish high school, and then come to us”, they say”. #4*

An informant who is a bureaucrat in the local borough with responsibility of coordination and acquisition of housing for disabled young adults said they understood the frustrations but were waiting what the coming reforms in the local council would mean for the quality of service delivery.

*“There are major changes coming up. For now, the support systems are working independently, which is frustrating. NAV sits with some of the cases, the Health and Homecare services sits with others, the Education department sits with something else, and so it goes. (...) We do not share information. It should be different. We actually have to collaborate, unite our efforts and try to pull things more together”. #7*

## Discussion

### Language and communication barriers

Results indicate that language and communication is a major barrier. Informants experienced that limited verbal and written language skills among immigrants' parents affected their ability to communicate. It was often difficult for service providers to have constructive meetings about the progress of their children in the school or to inform the parents on the level of participation in organised activities. The parents service providers had contact with, had difficulties in understanding explanations or written information. This placed limits to the efforts of service providers who work to provide services to disabled immigrant adolescents and young adults. Informants are of the opinion that sometimes parents of disabled immigrant adolescents and young adults would give an impression that they understood the contents of the meetings or written information, but their actions reveal they do not. It is evident from the findings that although some parents understood Norwegian, communication is not only about uttering words nor reading brochures that outline the activities of the serving agencies. The frameworks around communication include language, culture and society. All communication takes place in a context, always in a relation to something. Context is important for the understanding both words and expressions and the interpretation of the foregoing communication (Høigård, 2013). The true meanings of the communication will emerge only when the parties are on level terms. Even then, we must remember that communication remains a dynamic process where misunderstanding and misinterpretation are inevitable (Ulleberg, 2014). When that happens, as it often does, provision of services suffers.

Language competence is one of the most important tools in the social and economic integration of immigrants (OECD, 2006). This applies to both oral and written communication. Having good command of the language is more than talking freely; it is also about the ability to convey what you want. Moreover, proficiency in expressing oneself effortlessly can have positive effects on other areas of living, for example, health (Carnevale, Vissandjée, Nyland and Vinet-Bonin, 2009; Clarke and Isphording, 2017). While service providers in this study did not have difficulties in communicating with the disabled immigrant adolescents and young adults, it was difficult with their parents. In addition, findings reveal that those adolescents and young adults whose parents opted to keep them at home and did not participate in organised activities did not learn Norwegian. It was therefore as difficult to communicate with them as it was with the parents. Service providers decried the inability to communicate vital information to parents within a limited space of time because they could not just call them up on phones to make an appointment or schedule a meeting. This meant that arranging meetings with parents was time-consuming because meetings needed to be coordinated with the aid of translators. It is frustrating to spend just so much time on one case, when you had so many cases to handle.

Schools, health facilities and youth clubs have access to translators. However, translations should neither remove, add, nor introduce any new information to a story (Fatahi, Nordholm, Mattsson, and Hellström, 2010). This is often difficult to achieve because "literal translation from the source language to the target language do not always express the essential meanings of the source language" (Helmich, et al., 2017: 128). Results indicate that translations are both inefficient and time-consuming. In addition, service providers experienced cross-cultural translation as unable to decode accurate information from the original source language.

Translations were often not either accurate, or translators are in some cases were very literal and unable to decode meanings in a manner that would convey information that is useful to the other party. These results into misunderstanding of messages conveyed or received.

Beside poor translation challenges resulting from syntax, metaphors and sociolinguistic differences, data reveals that service providers experience deficiency in cultural translations. Previous researches, for example, Berg et al. (2017) and Bø (2017) identified the cultural aspects of language. Language is not only the verbal and non-verbal expressions, but also the cultural contexts in which the language develops, and is used. "There is consensus that a translator should have at least sociolinguistic competence" (Helmich, et al., 2017). Translators must not only speak the language, but also have an elaborate understanding of the culture that underlines the sociolinguistic aspect of the language. We understand human action from the cultural and social context in which it takes place (Quresh, 2009). A parent in this study who first displayed so much enthusiasm about having her disabled daughter participate in after school activities had suddenly stopped bringing her daughter because a translator told her the daughter got help from a male staff. It is problematic to service providers when translation fails to capture the cultural aspect of communication. Such challenges are critical as communication serves as a pillar for optimal outcomes in successful interventions (Grandpierre, et al., 2018).

### Organisational challenges

Findings from this research study indicate that inadequate human and material resources and structural organisation presents tremendous challenges in service delivery for disabled immigrant young adults in transition to adulthood. According to informants, resource allocation to disabled pupils posed challenges in various ways. In one particular institution, an informant meant that the disabled children's learning outcomes and the working environment would be better if they had organised two classes instead one. Having only a single class was impacting negatively on the quality of service and the motivation of teachers; leaving teachers tired and frustrated, a situation that can contribute to job stress, absenteeism and attrition. Job attrition among social workers' (e.g. Heggen, Jørgensen and Rød, 2013) and teachers' attrition (e.g. Gonzalez, Brown and Slate, 2008; Tiplic, Brandmo and Elstad, 2015) especially fresh graduates are important topics of research and policy. Although both teachers' and social workers' trainings encompasses theory and practice, what they apparently remain relatively unprepared on the realities of job situations (Hanssen, Raaen and Østrem, 2010; Meister & Melnick, 2012; SSB/18). The transition from a college classroom to work can be of such an experience that one third of newly trained teachers in Norway leaves the profession within five years (Tiplic, Brandmo, Elstad, 2015). For social workers, the attrition rate is astoundingly one third every year (Dagbladet, 2016; SSB, 2014/18).

Informants in this research study identified heavy workloads as a challenge to the quality of service they can deliver for the disabled immigrant young adults. It overworks and leaves little time for lessons' preparation. Research on job attrition and absenteeism tells us that those who plan to leave are likely to rate their workloads more unmanageable than those who persevere (Carlson and Billingsley, 2001). Billingsley (2004), for example, argued that special education teacher attrition and retention research shows a lack of leadership, a lack of guidance and an education that does not prepare well for the teacher role are some of the important reasons why they quit the teaching profession. In addition, teachers and social workers working directly with

disabled adolescents and young adults can face situations that challenge their confidence, self-control and personal choices, including that of choosing to leave. In the case of social workers and special education teachers working with disabled immigrant adolescents and young adults, lack of proper knowledge and training on multiculturalism can be a reason to seek employment in a more homogenous working environment.

The general perspectives of informants in this study is that inadequate resources combined with poor organisation was a challenge to their ability to deliver services as mandated. Job attrition and absenteeism comes with many challenges to organisations as corporate bodies, the individuals who work there and users who are the beneficiary of services. It deprives the organisation of experienced workers but also increases expenses in recruiting and training of new workers. In addition, it disrupts the working environments by having workers fostering relations with new colleagues. Unlike the non-disabled, it takes more time to establish valuable contacts with disabled persons. Nevertheless, despite the challenges, results also indicated some informants were elated, satisfied and looking forward to staying in their current posts.

#### Collaboration challenges with parents in the transition process

Findings in this research indicates that collaboration between schools and the parents was poor. Although research shows that home-school collaboration has positive effects on learning outcomes, better self-regulation, less difficult behaviours, fewer teaching problems, mitigates absenteeism and encourages better and stable relationships with teachers (Epstein et al., 2002), service providers in this study experience parents as unresponsive and uninterested in the school. This goes in fuelling the negative conception that, many immigrant parents are undermining the efforts of the school, unwilling to cooperate or simply think that it is not their responsibility to be involve in what takes place in the school. The school-home relationship is a relationship of dependency where the common task is creating a conducive environment for children's learning and development (Nordahl, 2007). Parliamentary Whitepapers (St.meld 30: 2003-2004; St.meld 31: 2007-2008) defines the role and expectation of what the cooperation should be about with specific reference to parents as supervisors of the learning of their children outside school hours.

Contact between parents and school beside academic issues is important for administration of transition processes with other supporting agencies such as NAV (The Norwegian Labour and Welfare Administration). Through positive collaborative efforts, parents and teachers will develop a shared understanding of the child's needs and thus be able to better support the child's transition to independent living as well as the learning process, both individually and as a group (LaRouque, Kleiman and Darling, 2011). However, collaboration is a real life situation that builds on mutual understanding between the parties involved. However, Nordhal (2015) argues that the school sets the premises for collaboration. Rather than blaming parents for not turning up for meetings, school leadership could try to find out the reasons why some particular parents do not come for meetings. School must take the worries, assumptions and perception of immigrants into consideration. This is particularly important for immigrant parents raising children with disabled.

Recreational activities both organised and individual is an important contributor to a successful transition to adulthood. They are a part of growing up where the child feel and experience being

part of the whole. They meeting arena for making friendships, building networks developing social skills, and exercising and reinforcing self-confidence (Kissow, 2013). They promote the development of creativity, imagination, cognitive, social skills and provide a guide for planning rehabilitation intervention. Moreover, participants get to do activities they like and develop skills that provide mastery and enjoyment (King et al, 2003). Findings in this study indicate service providers put in so much time in planning activities. Planning took into consideration all the aspects of participants' conditions to mitigate the negative effects on participation. They would go as far as serving the appropriate meal if that were a condition for participation. However, restrictions occasioned by cultural and religious practices that prohibited the male staffs from helping disabled girls or some parents' reluctance to ask transport help to get their children to the venue of activities meant that participation was disappointingly low. At the same time, there was a feeling that some requirements such as only female helpers should assist disabled girls were difficult to fulfil.

Freedom to choose our destiny, security for the life we wish to live and independence from having other to decide on our behalf are qualities of life that we all want. The right to independent living and participation in the community is a part of what define adulthood regardless of the conditions in which we live. The commitment to improve the lives of disabled people should reflect our attachment to freedom, equality and the inclusion of all individuals in society. These values have to be translated into actions, to ensure people with a disability can live an independent life fully participate in society. Empowering persons with disabilities user-based initiatives can allow the disabled have control over their lives and ensures full participation (Kjønstad, syse and Kjelland, 2017; Olsen, 2011). However, community's cultural conception of disability have bearings on how we understand and interpret independence for disable people. This study revealed service providers felt cultural conception of disability determined the context and meanings immigrant parents attached to the independence of disabled adolescents and young adults. Some of the understanding promoted outright falsehoods and violations of basic rights such as conspiring to getting disabled adolescents and young adult girls pregnant in the hope that it will bring cure and relief from their disabilities.

### **Information sharing and coordination of activities challenges**

Results in this study revealed that internal cooperation between the workers within the institutions were relatively stable. However, provision of services can achieve intended goals only if delivered holistically. This means agencies charged with providing services must develop mechanisms of managing relationships that allows for coordination of activities.

Informants in this study describe collaboration with other support groups to offer services to disabled young adult immigrants as inadequate and poor. Although the various organisations often conduct interdisciplinary group meetings, there was always a feeling that some of those with access to vital information on users were unable to come forth with this because of restriction on what and how much to divulge. This is frustrating in the sense that certain services would not take-off until there were sufficient information on the users' disposition for such services. Cooperation across the board also requires that service providers understand that they each individually is part of one or more larger support network, which will help create overall effects on users. An important first step for institutions involved in service deliveries to the disabled adolescents and young adults is to acknowledge that collaboration was an issue that

needed to be resolved. Different organisations doing different things for the same purpose supporting the transition processes without coordination will harm users, but also frustrate the confidence of professionals that have contacts with consumers of services.

Interdisciplinary collaboration should be a basic methodology in the follow-up of people with large and complex needs. The municipality should develop procedures for interdisciplinary cooperation that apply across disciplines and sectors. A common understanding and knowledge of this way of working would allow the formulation of common rules of engagement and set goals that would maximise the use of resources and time. Findings in this research indicates that service providers have contacts with private actors. Procedures for interdisciplinary collaboration must also include personnel who provide services under an operating agreement with the public sectors. The same should also apply to other professional groups that provide services to a lesser extent and frequency, but play an important role in the wellbeing of users. It is abundantly clear from the perspectives of informants that service providers depend on the expertise and services of sister organisations in the delivery of services. This dependence has its central foundation in working towards common goals - the user's goals. Coordination is thus a central element of multidisciplinary cooperation. Services must be coordinated and consensus build and information shared to ensure that everybody involved worked as a unit.

## **Conclusion**

While there has of recent, been many researches on immigrants, few studies have examined service providers' experiences with disabled immigrant adolescents and young adults. This negligence is a reminder from times when disability was an ailment that needed treatment than a societal issue to address. It is therefore important to identify the factors that affect the way service providers work, and the challenges they encounter to improve service outcomes. Research on transition has often had the tendency to focus on paediatric to adult healthcare transition. The reluctance to think that not all disabled persons have chronic health issues may well be a response to the outdated conception of disability as a medical than social issue. That is what this study undertake here. This research article was about the experiences of service providers on the transition challenges of disabled immigrant young adults to adulthood age of 16 and 25 in Norway. The research study builds on the experiences of purposely-sampled informants and institutions offering direct services to the population group.

Informants felt that language was a barrier to communication and information delivery with parents of disabled immigrant young adults. In addition, the disabled young adults who received care in their families and had no meaningful contacts with outsiders did not learn Norwegian. A source of disagreement between service providers and parents of the disabled children was on the issue of independence. It was difficult for most parents to accept that their children regardless of the disabilities at 18 years were by definition, adults. Informants met difficulties each time they tried to explain this to the parents. Disagreements become more amplified in cases where disabled young adults with capacity to decide what was best for themselves had opinions that were different from those of their parents. Service providers lacked enough human and material resources with which to perform their work. According to informants, inadequate resource allocation increased workloads on staffs resulting to absenteeism and job attrition. Service providers experienced interdisciplinary cooperation, characterised by lack of information sharing and coordination of activities as frustrating.

This study, like with all qualitative research, has limitations regarding its methods and findings. First, the results represents information provided by informants during the in-depth interviews. Information provided at the discretion of informants might be inaccurate as some informants want to please the researcher that provide facts. Moreover, given the limitations of the findings, futures researchers could replicate this study using a larger sample to ensure generalisation of the findings. Although the findings predominantly reflects the situation of a relatively small number of informants, many of the challenges and discussions also highlight general experiences that could serve as points of references, debates and a barometer elsewhere for understanding the experiences professionals working with disabled immigrant adolescents and young adults in transition to adulthood. As the population of Norway continue to diversify, there will be demand for increased adaptation and competence for service providers to provide quality services, expertise and leadership in a continually changing working environment.

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