

**A NORDIC COMPARISON OF RECEPTION OF  
ASYLUM SEEKING AND REFUGEE CHILDREN IN A PUBLIC HEALTH PERSPECTIVE  
NORDIC SCHOOL OF PUBLIC HEALTH, GOTHENBURG, SWEDEN**

# **ICELAND**

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## Introduction

The aim of this report is to cast a light on how Iceland receives and takes care of asylum seeking and “quote” refugee children in a mental and physical perspective. The focus is on the reception system and the implementation of national policies and how the reception system can have an impact on asylum children’s health and well-being. The overruling aim is to find guidelines of good practice model which can be used effectively in the Nordic countries which also participate in this project.

In Iceland there is an huge difference in the reception system of asylum seeking children and their families and ”quote” refugee children who come with their family by invitation of the Icelandic government in cooperation with the United Nations High Commissioner for Refugees (UNHCR). In this report the two receiving systems will be described and discussed with comparison to each other. The report is based on questions that are listed in Appendix 1. These questions are the proposals presented by the project coordinator, Dr. Anders Hjern, to cast a light on what the situation of these two groups of children are in Iceland and other Nordic countries.

The main difference of these two groups, i.e., *asylum seeking children* and “quote” *refugee children*, apart from their legal position, is that the latter live so much more secure life after they arrive to Iceland. The aim is to help the “quote” refugee families to adapt and to be as independent as possible during this year of planned adaption program, and many national bodies participate in this program. The whole situation is completely different for the asylum seeking children. They live in uncertainty about their future and can expect to be sent to their country of origin (or departure) any day. In contrast, the refugees have arrived with the goodwill of the Icelandic government and are here to stay. Of course, many refugees have problems which do not solve when they arrive in a secure place. They have a lot of work ahead to get to know their new country as well as to adapt to a new community and a foreign language. In addition they have to cope with grief and loss of their friends and family left behind, often in a difficult and dangerous situation in their country of origin. While the “quote” refugees are welcomed by the community the asylum seekers face a much more uncertain future.

The information in this report about asylum seeking and refugee children in Iceland comes from various resources including the Icelandic Government, professionals within the health care system, the Icelandic Red Cross (IRC), Reykjavik- and Reykjanesbær municipalities, published reports and others. These sources cover the following topics: statistics, health check-ups, health services, education, housing, community reception of asylum seekers, family reunification and special concerns regarding unaccompanied minors.

Evaluation of this information and suggestions to improve the conditions of the children will be presented in the end.

## **Description of the situation in Iceland – an historical overview**

### *Asylum seekers*

Iceland has a special geographical situation which explains why so few asylum seekers come to this country compared to other Nordic countries. The Dublin II Convention from the year 2003 is also responsible for this situation. The Dublin II Convention is a European Union law to streamline the application process for refugees seeking political asylum. The intent is to clarify which Member State is responsible to any particular asylum seeker and to ensure that at least one Member State deals with the application. Generally, someone seeking asylum is requested to apply in the Member State first entered. Consequently, Iceland, due to its geographical situation, is not often a realistic option. The application of this Convention ensures that the application of every asylum seeker will be examined by a Member State of the European Union and states outside the Union like Iceland, unless a “safe” non-member country can be considered as responsible. This is supposed to avoid situations of refugees being shuttled from one Member State to another, with none accepting responsibility, as well as multiple serial or simultaneous applications (IRC booklet, 2007).

In the years 1990-2007, 603 people have sought asylum in Iceland and 63 of them have been granted asylum on humanitarian reasons. Only one adult asylum seeker has gained the legal position of a refugee in Iceland since 1990.<sup>1</sup> On the other hand Iceland has since 1954 received as many as 477 “quote” refugees in cooperation with the UNHCR, see Chapter IV.

The Icelandic Red Cross (IRC) acts on behalf of the United Nations High Commissioner for Refugees (UNHCR) and began its work with asylum seekers in Iceland in the year 1987. When more and more people sought asylum in the years 1998 to 1999 a contract was made between the IRC and the justice department which stated that the IRC would have a major role in receiving and taking care of those people seeking asylum as political refugees. The contract included housing, small amount of money and necessary medical assistance. In January 2004 this responsibility for the reception was transferred to Reykjanesbær (IRC booklet, 2007).

Reykjanesbær, 47 km south of Reykjavik, has currently about 18.000 inhabitants. It is situated next to Keflavik International Airport that is the main airport in Iceland. Asylum seekers stay in the municipality while their applications for asylum are being processed at the Icelandic Directorate of Immigration (UTL). During the process the individuals live in two 2-floor houses. Asylum seeking families are provided apartments in the town according to family size. A large proportion of asylum seekers are young males, aged 20-30 years.

The IRC works in the favour of asylum seekers in many areas. Today the emphasis is more to ensure that a person in need of international protection has access to humane, fair and effective asylum process which does not compromise their dignity (IRC booklet, 2007). One project manager for the division for asylum seekers and refugees is employed at the IRC, and

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<sup>1</sup> In March 2010, one additional asylum seeker from Kenya is in the process of being accepted as a political refugee.

the asylum seekers can always seek his advice and support of IRC when needed. The IRC representatives watch over the rights of asylum seekers by participation in all case interviews and they monitor asylum applications to ensure a fair and just treatment of each case. Regarding asylum-seeking children, the IRC has made various suggestions for improvement, for example regarding education, housing and mental health services. The IRC does not act as a legal representative to asylum seekers but can assist asylum seekers to hire professional legal help if they so wish (IRC booklet, 2007).

The IRC is committed to safeguarding the rights of asylum seekers, including children, refugees and other persons driven from their homes. The IRC advocates improvement of the policies and legislation adopted in Iceland with regard to asylum seekers, refugees and foreign residents in general.

### *“Quote” refugees*

Iceland has received “quote” refugees since the year 1956. It is the Icelandic Government (The Ministry of Social Affairs) that decides to offer refugees a safe haven in Iceland in collaboration with the UNHCR (United Nations High Commissioner for Refugees), the Icelandic Red Cross and the relevant municipalities. The Government provides financial assistance to the municipalities regarding resettlement of refugees and in return the municipalities provide the refugees with temporary financial support, housing, health services, schooling for children and young people, Icelandic language lessons and social services. To facilitate the process, a contract has been made between the Icelandic government and the relevant bodies in Iceland.

The Government provides financial assistance to the municipalities regarding resettlement of refugees and in return the municipalities provide the refugees with temporary financial support, housing, health services, schooling for children and young people, Icelandic language lessons and social services. The contract guarantees sufficient support to the refugees during one year. The IRC and its voluntary family groups play important part and provide various services to help refugees during this first year in Iceland. The refugees who have come to Iceland have lived their first year in various places in the country: Akureyri, Blönduós, Ísafjörður, Hafnarfjörður og Reykjavík. Under this programme, about 477 refugees have made Iceland their home although some have happily moved back to their homeland when situation there made it possible.

The information gained for the following chapters is mainly from interviews with the Project Leader for refugees, Inga Sveinsdóttir from Reykjavik municipality (interview on 30<sup>th</sup> of April 2008), and Árdís Henriksdóttir, nurse at the out-patient department at the Childrens Hospital at the University Hospital of Iceland (interview on 30<sup>th</sup> of April 2008). Information was also gathered from the final report by Drífa H. Kristjánsdóttir, former Project Leader for Refugees from year 2005-2006 (Kristjansdottir, 2007), and the *Guiding Rules Regarding the Reception and Assistance to “Quote“ Groups of Refugees, Refugees and the Ones who have Acquired the Status of Asylum*

for *Humanitarian Reasons* (The Refugee Council in Iceland, 2007) and other resources. In this report the questions, which were put forward to gain as much information as possible, are listed in Appendix 1.

## I. Statistics

### *Asylum seeking children*

According to the United Nations High Commissioner for refugees (UNHCR) an asylum seeker is a person who has left his/her country of origin, has applied for recognition as a refugee in another country, and is awaiting a decision on his/her application. The UNHCR acknowledges the right of every individual to seek asylum. The table below lists the number of asylum seeking children in Iceland in the years 2003 to 2008:

<i>Sex</i>	<b>Male</b>	<b>Male</b>	<b>Female</b>	<b>Female</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>
<i>Age</i>	<b>0-5</b>	<b>6-17</b>	<b>0-5</b>	<b>6-17</b>	<b>0-5</b>	<b>6-17</b>	<b>0-17</b>
<b>2003</b>	2	4	0	5	2	9	<b>11</b>
<b>2004</b>	5	3	2	4	7	7	<b>14</b>
<b>2005</b>	3	2	2	4	5	6	<b>11</b>
<b>2006</b>	2	0	1	4	3	4	<b>7</b>
<b>2007</b>	0	4	0	5	0	9	<b>9</b>
<b>2008</b>	2	1	0	0	2	1	<b>3</b>
<b>Total</b>	<b>14</b>	<b>14</b>	<b>5</b>	<b>22</b>	<b>19</b>	<b>36</b>	<b>110</b>

*Information from The Icelandic Directorate for Immigration, 2008.*

In 2004 the children came from Sri Lanka, Nigeria, Bulgaria, New-Guinea, Albania, Serbia, Armenia and Uzbekistan.

In 2005 they came from Russia, Ukraine, Moldavia, Rumenia, Bulgaria, Uzbekistan and Ukraine.

In 2006 they came from Israel, Rumenia, White-Russia and Russia.

In 2007 they came from White-Russia, China, Malasia, West-Sahara, Albania and Russia.

### *“Quote” refugee children*

The first refugees came to Iceland in the year 1956. In years 1956 to 1991 there came 204 refugees from Hungary, Yugoslavia, Vietnam and Poland. In 1995 a refugee council was established in Iceland and since then about 273 refugees have come from Kraijna, Kosovo, Columbia and Palestina (5). Then altogether 19 groups from seven countries have been offered residence in Iceland. In the group of refugees, which came to Iceland from Columbia in August 2007, of 31 people there were 20 children. In that group there were solely women with their children as part of the project “Women at risk” (UNHCR). In 2008 this project

continued in Iceland with women and children coming from Palestine. There were 317.630 inhabitants living in Iceland on the 1<sup>st</sup> of January, 2010.

## **II. Health examinations**

### *Asylum seeking children*

Most of the information in this chapter comes from a social worker in Reykjanesbær (interview with Idunn Ingólfssdóttir on 19<sup>th</sup> of February, 2008). She, on behalf of the municipality of Reykjanesbær, takes care of asylum seekers regarding housing, contact with medical assistance, clothing and so forth.

According to Idunn, the health examinations are accepted and considered positive by the asylum seekers themselves. No protests seem to have come from the general public regarding the services. As soon as it is certain that the applications of the children's parents are taken into process by the Icelandic Directorate of Immigration (Útlendingastofnun - UTL) all asylum seeking children go to Heilbrigðisstofnun Suðurnesja (HSS – The Primary Health Care Organization of Reykjanesbær). There they undergo blood tests, tuberculosis tests and other medical examinations as found necessary. Expenses for the health services are paid by the UTL through the municipality of Reykjanesbær. The asylum seekers themselves do not have to pay for any medical services. All children whose applications are taken into process as well as their parents go through health examinations. This is usually accomplished within a few days after their arrival in Iceland.

The UTL has the responsibility for the asylum seekers during the time their cases are being processed. The social worker in Reykjanesbær has the responsibility to contact the health services of HSS if problems arise and be supportive. The health examinations are integrated into the primary health care services. The asylum seekers themselves contact her via telephone or on her visits to the hostel. There is one doctor in particular whom the social worker tends to contact.

No national guidelines have been established for medical examinations for asylum seekers. Yet, the guidelines *Procedures for the medical examinations of immigrants to Iceland* released by the Chief Epidemiologist for Iceland in 2007 (Thorolfur Gudnason, 2007) are used. The professionals who see the children are the family doctor and when needed other specialists, such as dentists, psychologists and social workers. The children undergo, for example, medical examinations, tuberculosis tests and blood tests. The social worker claims that every individual is taken into consideration regarding personal state of health.

If the doctor and other health professionals consider it important or the parents find it helpful, the children receive psychological help through sociologists or psychologists who work at Reykjanesbær Social Services and also go in therapy in the Children's House in Reykjavík in the case of incest suspicion. In a work-plan (in Icelandic *framkvæmdaráætlun*) for Reykjanesbær Family- and Social Services for the year 2008, regular interviews with asylum seeking children are included but that has not been on that basis until now. The interviews are

done by child care specialists to evaluate their feelings and circumstances (Reykjanesbaer, 2007).

Before the services for the asylum seekers were transferred to Reykjanesbær, the immediate health examinations took place in the ambulatory clinic at the Children's Hospital of the University Hospital in Reykjavik. There one paediatrician, Gestur Pálsson and a nurse, Árdís Henriksdóttir, take care of the medical examinations. After these immediate examinations the children formerly went for preventive health examinations at the Centre for Child Health Services in Reykjavik (Miðstöð heilsuverndar barna – MHB). In both of those places there is vast amount of information in journals from the children using this service over the years but no report has been made according to Árdís (interview with her on 30<sup>th</sup> April 2008). Today Gestur Pálsson and Árdís Henriksdóttir in University Hospital still take care of all medical examinations of children coming from abroad via adoption, as immigrants or as "quote" refugees.

The social worker in Reykjanesbær said that every medical case is evaluated and taken care of when problems arise. It is relatively easy to take good care of each and everyone individually because the asylum seekers children are relatively few in Iceland. Also it is easy to get appointment with the doctor and to reach him for a consultation when needed (interview with Idunn Ingólfssdóttir on 19<sup>th</sup> of February, 2008).

The asylum seekers are supposed to get the same professional medical treatment as any Icelandic citizen gets in case of need. No special strategies are made considering that the group is vulnerable (see discussion). To our knowledge there are no Icelandic reports based on these health examinations but the information is at hand in the clinics and their records.

### *"Quote" refugee children*

All health examinations for "quote" refugee children under age 18 take place at the ambulatory clinic in the Children's Hospital at the University Hospital of Iceland. The same doctor as for asylum seeking children, Gestur Pálsson, a paediatrician, has for a long time been responsible for those examinations together with Árdís Henriksdóttir, a nurse. They work together in a team with Thorolfur Gudnason, a paediatrician who works also with the Chief Epidemiologist of Iceland at the Directorate of Health in Iceland. The health examinations for the refugee children are the same as every immigrant child must undergo in connection with their and their families' application for a residence permit on arrival in Iceland and includes a general examination that indicates the health status of the applicant. The health examinations are then compulsory for every "quote" refugee, and they do not get a permission to stay in Iceland unless they have undergone such medical tests. According to Árdís, every refugee has accepted these examinations. The fact that the examinations are conducted with the children's well-being in mind seems to be crucial for the parents' attitude towards the examinations. No information has come forward suggesting that the general public is not accepting these medical examinations.

A few days after arrival in Iceland the project leader at Reykjavik municipality for "quote" refugees makes appointment at the ambulatory paediatric clinic for all the children in the

group. This is possible with a very short notice. As Árdís states, an interpreter hired from the Intercultural House, is always present at the health examinations. They try to ask for an interpreter of the same gender as the child, especially if the child is a vulnerable person, and, if possible, his/her family gets also the same interpreter. The whole family is encouraged to come together and often they come with someone from their “supporting family” (more about the role of the supporting family later). The health examinations include blood tests where it is also tested for AIDS and hepatitis B, urine tests, faecal examination for gastro-intestinal infections (culture and microscopic examinations). Also notifiable infections (i.e., salmonellosis, shigellosis, campylobacteriosis and giardiasis) are specially targeted. Children from regions where tuberculosis is endemic must undergo a tuberculosis skin test. According to Árdís, she and Gestur follow every medical case to the end. If a child needs treatment or needs to see another specialist they arrange it. They give the parents prescriptions and the child gets all the drugs needed for free, for example tuberculosis drugs. The regulation for refugees is that all medical expenses are being paid by the state for the first six months.

According to the *Guiding Rules Regarding the Reception and Assistance to „Quote“ Groups of Refugees, Refugees and the Ones who have Acquired the Status of Asylum for Humanitarian Reasons* (2007), refugees shall generally get all medical assistance as needed. They are insured in the Icelandic insurance system from Day 1 in Iceland. After the health examination they will get a health certificate released and the relevant municipalities will pay the costs. The same also applies to prescriptive medicines, glasses and hearing aids, to take a few examples. After six months the refugees themselves must pay the patients share in medical costs, but in those first six months the most acute and relevant diseases should be detected and taken care of, and this includes dental costs. All repairs of damaged teeth and necessary teeth reconstruction is paid for together with information about oral hygiene and dental hygiene and health.

According to Inga Sveinsdóttir, former project leader of refugees, there will be more education about food and health for the next “quote” refugee group that will come to Iceland. The project is gradually learning and adjusting according to the needs of the refugees.

When the refugee children enter the primary school it must be ascertained that they have undergone health examination. The monitoring of health examinations of these children shall be ensured within the primary health care services or at an ambulatory department responsible to take care of notifiable communicable diseases in the neighbourhood (Thorólfur Guðnason, 2007).

When the “quote” refugee children have gone through the medical examinations at the Children Hospital they get preventive health services from the Primary Health Care Centre nearest to their home. The Health Care Centre receives a letter from dr. Gestur Pálsson regarding the children that explains the medical condition of the child and what has been done. If a child is in school then the school of the child also receives a letter. In the school, the school nurse and the school doctor is responsible for all medical examinations as requested by the Directorate of Health in Iceland. At the Health Care Centre the health services are integrated into primary health care as any other Icelander will get. An interpreter is in most cases called for when families come to visit the clinics.

Not all families who came in the last group of refugees had their own family doctor within a year from arrival, despite declared will of those responsible to arrange for one. Árdís and other professionals engaged in the reception of the refugees support the idea that the families get their own family doctor at their Primary Health Care Centres (16). Many Icelanders are also without a family doctor, especially in Reykjavík. Yet, it is clear that vulnerable families such as refugee families, some with very special prior experiences, could greatly benefit to have one specific family doctor to turn to when illness occurs. The health care system in Iceland is not the easiest system to go through for a foreigner so this proposal is one to aim for. The experience of the project leader at the Reykjavík municipality, Inga Sveinsdóttir, also supports this proposal. She mentioned it would be beneficial to have some supportive health professional other than the family doctor to be a contact person for the refugees in the health care system. It would be easier for the refugees to build trust and this person, possibly a nurse, could solve minor problems of the families or seek advice when necessary.

The responsibility of the medical examinations rests originally with the Icelandic Government which invites the refugees to come to Iceland. After the children have started health examinations and treatment at the Children's Hospital the professional responsibility rests with the health professionals there and at the primary health care centres later on. The responsibility rests also with the project leader at Reykjavík Municipality and also with the parents of the children to successively administer possible drugs.

National guidelines and procedures have been made according to medical examinations for immigrants and the *Procedures for the medical examinations of immigrants to Iceland* released by the Chief Epidemiologist for Iceland in 2007 (Thorólfur Guðnason, 2007), and they apply for “quote” refugees also.

Regarding psychological help and assistance to refugees, the adults are offered psychological interviews. The families have their own social worker at their side which helps the families through the initial, difficult period. The whole first year they meet regularly every forth-night and weekly if necessary, at the social workers office or at the families' home. The children are not offered any psychological support beforehand but if problems arise at home, in school or day-care centre or play school, they will get psychological support and interviews as often as needed. In the last group of refugee children, 8 of twenty children have, according to project leader Inga Sveinsdóttir, needed psychological support during their first nine months in Iceland.

A psychologist at the Icelandic Red Cross takes interviews with all refugees over 18 years old two times over the first and supportive year in Iceland. No structured interviews are regarding children are not made unless the children show needing sign for that or the parents ask for the service.

### **III. Health services**

#### *Asylum seeking children*

Every asylum seeker, children and adults who need medical assistance will get one and the necessary drugs needed. Regarding psychiatric care, as stated earlier in this report, social workers in Reykjanesbær will annually interview asylum seeking children, initiated in the year 2008. The asylum seekers and the children get the medical assistance they need and those health examinations when their application has been taken into progress. The HSS provides these health services. HSS has the responsibility of the physical examinations of the children but the overall responsibility lies with UTL while the applications of the asylum seekers are being processed.

#### *“Quote” refugee children*

The refugee children get the medical service they need when arriving to Iceland. They cannot attend school unless having seen the childrens doctor in Landspítali (University Hospital) and get the treatment if needed. It is free of charge the first year and is effective and seems to be well organized.

### **IV. Education**

#### *Asylum seeking children*

As soon as the application of an asylum seeking parent(s) is being processed by the UTL, Reykjanesbær applies for the child in a play-school/day-care centre or elementary school depending on the age of the child. If a case takes longer than three months Reykjanesbær applies for a place for the child, irrespective of the progress of the asylum application process but not before consulting first with the UTL. It can take some time to get a place in a day-care centre in Reykjanesbær, but until now the situation of the asylum seeking children has been taken into consideration and they have been prioritized. The children can enter elementary school with a short notice. In a case of an unaccompanied minor the child would immediately be prioritized. In most cases an employee at the Reykjanesbær Social Services has taken the initiative of applying for the child in the day-care centre and school, and their parents also have access to interpreter in these environments. In asylum cases expected to take longer than 4-6 weeks, school authorities have agreed to accept the children to attend. Educational services for asylum seeking children are integrated into the national educational system according to the social worker at Rekjanesbær.

The asylum seeking children get no education in their mother tongue and there is no special educational strategy for recently arrived asylum seeking children in the educational system and they are received as any other newly arrived children. Some schools may however have some specific working routines in this respect.

If the asylum seeking children need psychological help they will get it as any other child in the school. In cases when the family is expelled from the country no psychologist is present.

The psychological needs of the children are not specially taken into consideration in this process.

### ***“Quote” refugee children***

There are no restrictions to the teaching of the “quote” refugee children. The teaching is integrated into the schools where the children live. They are being taught Icelandic and are also taught in their mother language. An “ambulatory” teacher has been hired to go to all the schools every week. The schools get extra money from the Ministry of Education to give the children as good support as possible but the fact is, according to Inga Sveinsdóttir, that they are paying more out of their own budget to be able to support the children and give them appropriate teaching.

Until year 2007 there was one “receiving” school that all “quote” refugee children went to, but this system has been terminated. Now every school gives service to all the inhabitants in the neighbourhood. There are different opinions regarding the usefulness of those changes. Inga Sveinsdóttir said, for example, that in the former system the refugee children stayed close to each other and did not need as much company of Icelandic children and therefore learned Icelandic perhaps slower. On the other hand, they felt more secure. In the new system the children must assimilate and socialize with the Icelandic children, and most of them do actually cope well.

It is clear that many children need psychological support which they have received gradually. The trauma they may have experienced in their country of origin, loss of relatives and family roots left behind and seeing their parents in strained circumstances is as good indicator as any that they may need extra support. The educational system must be well prepared for their arrival and Inga suggests that the time of arrival to Iceland of the “quote” refugees is of importance. The spring is the best time, according to her. Then the families and children can adapt and relax after a difficult time, the children can be evaluated with regard to what supportive services they need from the schools and the schools will have time to put those services into place before school starts in August. Again the time and experience will help. The knowledge about the needs of refugees which gradually is accumulating is important. Evidently, this knowledge is essential to build on to the benefit for the refugee groups to come.

## **V. Housing**

### ***Asylum seekers***

Since 1<sup>st</sup> of February 2004 the Social Services of Reykjanesbær have been in charge of the housing and accommodation of asylum seekers as well as other life-supporting services. Two 2-floor houses are used for asylum seekers and in cases of families, apartments have been found for them in Reykjanesbær. It is positioned at the edge of Reykjanesbær but a bus station is nearby. The houses for individuals are former hostels and still partly used as such. One asylum seeker has one small room as his private one, there is one common kitchen for at least

four men and one living room with one computer. One small smoking room is there where there also is an old computer. As stated earlier, in cases with asylum seeking families there has been a custom to find an apartment for the family outside the hostel where the family can lead as normal family life under those circumstances as possible.

### *“Quote” refugees*

All families in the refugee group got their apartments through Social Housing System of Reykjavik. That means that they are secure with their apartments also after their first year in the supporting program. They are however requested to comply with their contract like any other family who rents an apartment in the social system, e.g., pay the rent on time, comply to rules of the houses, and so forth.

## **VI. Community reception**

### *Asylum seekers*

Currently, the Hafnarfjörður division of the IRC lead a visiting service to asylum seekers. Hafnarfjörður is a town south of Reykjavik with about 25.000 inhabitants. This service was established early in the year 2007. The main purpose is to minimize the asylum seekers isolation and to give the asylum seekers company and some feeling for Iceland and the Icelandic people. Lessons in the Icelandic language have also been offered. Those visits are now mainly for the individuals but not for families with children who often are better connected to the society via their children through play-schools/day-care centres and schools. They also live in apartments outside the hostel in the community.

At Christmas the IRC and the social service of Reykjanesbær have visited asylum seeking families and given the children Christmas presents. In addition, twice a year a local humanitarian society offers the children and adults two trips outside Reykjanesbær where all get together for a barbeque in the nature and have a good time together.

According to Helga G. Halldórsdóttir, chief executive at the IRC, various ideas about the well-being of asylum seekers and their children are in progress at the IRC. At the IRC there is a lot of understanding of the situation of the asylum seekers. Today, adults can have work in a clothing station by the IRC a few times per week.

### *“Quote” refugees*

The Reykjavik department of the IRC have had supportive families system now for few refugee groups. Well before the arrival of the refugees the department advertises for supportive families, and if they talk the language of the refugees it is beneficial in the application process. Until now the arrangement has turned out to be very good, enough families have participated and many families have gotten good friends as time has passed. The system has turned out to be very supportive to the newly arrived families. The purpose of the supportive families is, like the name indicates, to be supportive in many ways to the refugee families and helping them to adapt to new life and circumstances. For example, they help with

shopping, with medical appointments, help them to get around in the neighbourhood and be at their side if something comes up. Also, they can help the children with the school-work. The support it is not supposed to be financial in any way nor if problems arise. In that case it is important that they turn to the project leader of the Reykjavik Red Cross, Karen Theódórsdóttir.

The community as a whole is positive towards refugees, no other indications otherwise have come forward. Nevertheless, in times of economic constraints, as those Icelanders are currently experiencing, sentiments of hostility have been raised but have never gained any popular support.

## **VII. Family reunification**

### *Asylum seekers*

During armed conflict and natural catastrophes it frequently occurs that families are separated, relatives lose contact with each other, people are missing or are imprisoned. The international committee of the Red Cross in collaboration with national Red Cross societies operates an extensive service in the search of missing persons that work towards the reunification of families in such cases. IRC, Reykjanesbær, lawyers, and others contribute as needed.

### *“Quote” refugees*

It is common that family members of “quote” refugees will reunite and the IRC is very helpful in this respect.

## **VIII. Special concerns regarding unaccompanied minors**

Children who apply for asylum without their parents (unaccompanied minors) are considered to be a very vulnerable group. Today there has no contract been made regarding unaccompanied minors between Reykjanesbær, the municipalities and the UTL. Drafts have been made according to Idunn Ingólfssdóttir in Reykjanesbær but nothing has been published yet.

The UTL has sent a person, whose age was not certain, to a dentist at the University of Iceland with the purpose to find out his age through the examination of the teeth. This however happens very seldom.

## **Discussion and proposals**

As stated earlier it is evident that Iceland has a special situation regarding asylum seekers. The country is rather isolated and difficult to arrive to. The rules are strict according to Dublin Convention II. Based on the experience of the few children who have come we can see that a will and understanding to take better care of them is gradually evident. The children have been

so few but every one of them should be and is important. Reports show how important it is to take good care of their supportive system, i.e., health, education, housing, etc., and aim towards the goal to have the children lead as normal life as possible. Guidelines are needed and they can be expected to have considerable impact on the health of asylum seeking and refugee children. Also these considerations have a great impact on their psychological well-being. When the parents are supported it helps the children and vice versa. It is also important that the community as a whole shows an understanding of the vulnerable situation of the asylum seekers.

When the asylum process is closed and a verdict is read to have the families expelled from the country the situation of the children must be considered. It is not for the children's well-being to experience a drawn-out application process, period of adaptation and then being expelled from this very same environment. A psychologist can in such a situation be supportive to both the child and the parents. Today a well qualified and supportive person is working as a social worker in Reykjanesbær with an understanding of the children's well-being. As mentioned earlier a structured interview with the children has been established since the year 2008 by Social Services of Reykjanesbær.

In Iceland, the IRC is working together with international Red Cross societies where humanitarian and good work is being done towards asylum seekers

The Icelandic government could definitely afford to take good care of the relatively few asylum seeking children. The small community of Reykjanesbær is helpful in that way.

In Iceland we consider us lucky to have been able to build up and sustain rather good health- and social security system and services. In addition, for the last two decades Icelanders have gathered more information and experience on the importance of life trauma and the impact of such experiences on health, illness and social status of those involved. This includes the better informed discussion of asylum seekers and refugees. The experience of receiving refugees in Iceland is relatively recent so with every group of refugees coming employees are learning, the services and programmes are gradually getting better or at least the aim is to do better and better every time. The goal is to make the life for refugees as good as possible, that refugees can lead as good quality, secure and prosperous life as any other Icelandic and with the same opportunities as natives. Of course they need support and the Icelandic government is responsible for doing as well as possible to make that happen.

Many suggestions have put forward in the discussions with various specialists working with the refugees for this report. The language barrier is one issue frequently mentioned. It is considered important for refugees to learn Icelandic to be able to participate in social activities community and to understand Icelandic culture, and at the same time be able to keep on with their own culture. Finally, psychological support to the asylum seekers needs to be improved for all children who are involved, in line with the support IRC gives to all adult refugees, 18 years and older.

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**Annex 1**

## **Guide to Questions**

**Proposed by Anders Hjern**

1. *Statistics:*
  - a. How many asylum seekers in the age 0-5, 6-17, have been received during 2002-2005? Unaccompanied/accompanied? Sex?
  - b. How many of these have been granted asylum?
  - c. From which countries of origin were they?
  
2. *Health examinations?*
  - a. Are health examinations voluntary/compulsory? Are they accepted by the asylum seekers, by the general public?
  - b. Who funds them? State, community, individual?
  - c. Which percentage of all asylum seeking children/of all refugee children actually go through health examination?
  - d. Which health service has the responsibility of doing these health examinations? Integrated into ordinary primary care? Hospital clinics? Special refugee clinics? Etc.
  - e. Do national guidelines exist? If so, which national body made them? Do they have any particular section that deals with the situation of children? If possible, please attach a copy of the guidelines.
  - f. Professional disciplines involved; paediatrician? Child and psychiatry involved in any way?
  - g. Somatic content: Infectious disorders, dental health, nutritional, room for individual needs of health and medical care?
  - h. Psychological content: Are psychological issues regarding children mentioned in guidelines? Is there even a structured interview? Are psychological/psychiatric issues often raised during the examination?
  - i. Are there any centres that have extensive experience in doing health examinations in children and have documented their experiences?
  - j. Are there any general problems on the organisational level in providing health examinations?
  - k. Is there a national body that has the responsibility of supervising and evaluating health examinations and to develop the content of this health examination?
  - l. Have any reports been published that deals with, are based on these health examinations? Please attach if possible?
  
3. *Health services:*
  - a. Are there any restrictions in access to health, medical, psychiatric care, drugs for asylum seekers in general? For children?

- b. Are health services for asylum services integrated into the national health service system? If not how are they organised and who provides them?
- c. Do you have any centres of excellence in terms of providing health care, medical care and psychiatric care for asylum seekers? With a special focus on children? Please attach any available documentation.
- d. Are NGOs involved in providing health services for asylum seekers in any way?
- e. Are there any good examples of strategies for collaboration between medical/psychiatric services and social services, schools etc regarding asylum-seeking and refugee children?
- f. Is there a national body that has the responsibility of supervising and evaluating health services for asylum seekers? National guidelines/reports? Please attach if available.

4. *Education:*

- a. Are there any restrictions in access to education for asylum seekers?
- b. Are educational services for asylum services integrated into the national educational system? If not how are they organised and who provides them?
- c. Are asylum seekers often educated in their mother tongue?
- d. Are there any special educational strategies for recently arrived foreign children in your school system?
- e. Are there any special psychosocial strategies for recently arrived foreign children in your school system?
- f. Do you have any centres of excellence in terms of education or psychosocial support to recently arrived foreign children? Please attach documentation if available.
- g. Is there a national body that has the responsibility of supervising and evaluating educational services for asylum seekers? National guidelines/reports? Please attach if available.
- h. Are there any good examples of strategies for collaboration between medical/psychiatric services and schools etc regarding asylum seeking and refugee children?

5. *Housing of asylum seekers:*

- a. Are housing of asylum seekers integrated into communities? Or are they provided with special housing in camps etc.?
- b. Are any special concerns regarding the needs of children considered when housing for asylum seekers is planned and provided?

6. *Community reception of refugees:*

- a. Do national plans for community reception of refugees consider the special needs of children? Please provide documents if available.

- b. Do communities generally consider the needs of children in their plans for refugee reception?
  - c. Is the situation and the needs of the children often in focus in the work of local social workers in community reception? How is this achieved? Structured interviews regarding the children?
  - d. Are there any good examples of strategies for collaboration between medical/psychiatric services and community services regarding asylum seeking and refugee children?
  - e. Do you have any communities of excellence in terms of reception of refugee children? Please attach documentation if available.
7. *Family reunification:*
- a. Are childrens access to their intermediate family in any way restricted in national policy?
  - b. Are childrens access to their intermediate family in any way restricted in practice?
8. *Special concerns regarding unaccompanied minors:*
- a. Age assessment. Is the age of asylum seeking children often questioned? What methods are used when it is questioned and who does the examination? Is the medical personnel advisory or decisive? Is there a possibility of appeal?
  - b. How are unaccompanied minors housed? Foster care? Residential care run by communities? By migrational authorities?
  - c. Policy of family reunion for unaccompanied minors. Is there a possibility?