13. Supporting refugee children's mental health and learning in educational and healthcare services

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INTRODUCTION

Over the past few decades, Finland has witnessed profound demographic transformations, characterized by the increasing presence of immigrants and refugees within its population (Chapter 8, this volume; Statistics Finland, 2023). Annually, around 1,000 children apply for asylum in Finland. Of them, about one-fifth come alone, without family (Finnish Immigration Service, 2023). Approximately 80% of all asylum-seeking children are under the age of 14. Additionally, since Russia's invasion of Ukraine in 2022, Finland has received a significant number of Ukrainian refugees. By mid-February 2023, approximately 50,361 individuals had applied for temporary protection, with around one-third being children. Most of these children arrived with their mothers, though some came without a guardian, often accompanied by relatives or family friends. (Finnish Immigration Service, 2023). In general, the relational number of children with foreign backgrounds is growing in Finland, and by the end of 2021, every tenth child came from a foreign background (Pietiläinen, 2022). This group of minors also includes asylum seekers.

Immigration places children at the risk of a vulnerable position, as the migration process tests family and peer network ties. Children who have experienced migration must learn a new language, build social networks, and adapt to a new environment. In this chapter, we refer to refugee children as individuals under the age of 18 who have been forced to flee their country of origin due to a well-founded fear of persecution (UNHCR, 2011).

Refugee children's integration into Finnish society is often hindered by socio-economic hardships, including poverty, discrimination, and difficulties in accessing social and health services (Jasinskaja-Lahti et al., 2018). This

chapter examines some of Finland's existing interventions aimed at mitigating these challenges and fostering successful integration for refugee children. In general, the investment-intervention approach for welfare state policies aims both to mitigate social disadvantages and prevent harmful processes. This dual strategy combines the proactive prevention of negative outcomes through investments and immediate rectification of existing issues via interventions. Specifically, (1) investments in education, health promotion, and human capital help build stocks of capability; (2) services that support flows of positive life transitions ensure successful integration; and (3) social security buffers provide essential safeguards against socio-economic risks (Chapter 2, this volume: Hemerijck, 2013). These measures, when effectively implemented, not only mitigate social risks but also actively build resilience against them, fostering a more inclusive and sustainable society. Investing in preventive and focused actions among refugee children aligns with the core principles of the investment-intervention paradigm, seeking to foster human capital and promote positive life transitions, including in the context of migration. As research suggests, social investment policies aim to support positive life transitions and foster capabilities, enabling individuals to navigate life's challenges and contribute to society more effectively (Morel et al., 2012). By implementing proactive policies that emphasize education, mental health, and social inclusion, Finland can move from reactive to proactive welfare strategies that enhance opportunities for long-term well-being and economic resilience.

Ultimately, the interventions presented in this chapter aim to answer the critical question for immigrant welfare: What specific measures—both investments and interventions—are needed to achieve welfare objectives? By evaluating the effectiveness and cost-efficiency of these policies, and by ensuring the optimal functioning of welfare state institutions, Finland can enhance the integration of immigrants and ensure their meaningful participation in society. At best, these interventions will not only support refugee children's educational and mental health outcomes but also create pathways for long-term inclusion, productive well-being, and economic success.

THE INTERPLAY OF MENTAL HEALTH AND LEARNING

Before we move on to examine the measures taken in the education and healthcare sectors to support the mental health and learning of refugee children, we will first explain how they are interconnected and why supporting refugees is a cross-cutting responsibility for both sectors.

Immigrants, and especially refugees, face many challenges predisposing them to mental health issues, such as conflicts and persecution in their home countries and during migration (Bhugra, 2021). In their host countries, they experience linguistic and cultural differences, possible racism and exclusion,

as well as separation from their family and loved ones (Bhugra, 2021). Discrimination has been shown to significantly impact the psychological well-being and adaptation of immigrants, hindering their integration (Castaneda et al., 2015; de Freitas et al., 2018, Kauppinen et al., 2023).

Research suggests that as many as 23% of refugee children suffer from post-traumatic stress disorder (PTSD) and about 14% with depression (Blackmore et al., 2020). Prevalence of mental health disorders (particularly PTSD, depression, and anxiety) among individuals with refugee backgrounds is significantly higher than among other populations (Henkelmann et al., 2020). On the other hand, research shows that major life challenges such as refugeedom can foster individual resilience (Keles et al., 2018). This means that despite adversities, children can achieve optimal adaptation and even unique capacity in certain areas of development and functioning compared to individuals who grew up in safe environments.

Pre- and post-migration traumatic experiences have indeed been found to be major risk factors for learning problems (Bronstein & Montgomery, 2011). Thus, it is important to discuss mental health and learning together. Low levels of mental well-being cause not only human suffering but also long-term effects on human capital, including challenges affecting children's education and later employment. Learning opportunities in new home countries are vital for immigrant children's well-being and life satisfaction (Cummins, 2021).

Unfortunately, both Finnish (Harju-Luukkainen & McElvany, 2018) and international comparative studies (Areepattamannil & Freeman, 2008; OECD, 2015) show that migrant children commonly underachieve academically, meaning that their school performance does not correspond with their cognitive capacity (Berry et al., 2012; Jonsson & Rudolphi, 2011). A recent comparative analysis of educational outcomes among refugee children in the Nordic countries shows that refugee students have lower school results than their native-born peers in compulsory education (Bakken, 2018). The integration challenges are particularly pronounced in the school system, where refugee children often face difficulties adapting to the curriculum, interacting with peers, and receiving adequate academic support (Kuusisto & Ubani, 2019). Research indicates that poor educational outcomes among immigrant children correlate with increased risks of social exclusion, unemployment, and economic dependency in adulthood (Heikkilä & Pikkarainen, 2008). For a review on the lifelong societal effects of child education, see Chapter 3.

There are many unmet needs among immigrant children and adolescents concerning mental health and education, such as delays in receiving appropriate support, poor engagement and involvement in the design of mental health services, and lack of evidence-based treatments (Fusar-Poli, 2019). However, many good practices and interventions exist. Below we describe different

measures that have been used to tackle this challenge in Finland, and finally the prospects that are still important to set as long-term goals.

THE EDUCATION SECTOR

There are clear geographical differences between areas in Finland regarding how children with multicultural backgrounds are represented (Pietiläinen, 2022). Generally, the cultural and linguistic backgrounds of Finnish pupils are diversifying rapidly in urban areas of Finland, affecting the functioning of entire school communities as well as the well-being of minority children. For example, 19% of the population in Helsinki speak a mother tonge other than Finnish, Swedish or Sami (Helsingin kaupunki, 2024).

The school environment can support a child who is going through the uncertain time of waiting to be granted refugee status (Lähteenmäki, 2013). Schools are not just places for academic learning but also places to support the well-being of children and adolescents. Thus, comprehensive approaches to supporting the successful integration of the growing immigrant population in schools are needed.

Preparatory Classes

One key initiative in integration is preparatory education, which equips immigrant children with essential language and academic skills, enhancing their ability to succeed in mainstream schooling and, ultimately, in Finnish society (Kangasniemi, Martikainen, & Kivistö, 2021). According to the Finnish Constitution and the UN Convention on the Rights of the Child, all children and young people have the right to free basic education. For those lacking Finnish language skills or foundational knowledge across subjects, preparatory instruction provides a pathway. In these classes, students receive education in Finnish, literacy, and key subject areas, with the structure tailored either for a separate group or integrated into basic education according to an individualized study plan. Preparatory instruction emphasizes building study skills and learning readiness, focusing on each student's current capabilities rather than age- or grade-based expectations. For instance, basic arithmetic may be prioritized in math, ensuring students' progression based on what they know. Similarly, non-literate students begin foreign language study with an emphasis on oral skills before moving to written work. Besides Finnish language teaching, preparatory education adjusts content from different subjects to develop essential concepts and methods.

Students who are not native speakers of Finnish, Swedish, or Sámi receive "Finnish as a second language" (S2) instruction, designed for learners who are not yet proficient in Finnish. Schools assess each student's language skills

to determine whether the S2 curriculum is suitable. This instruction may be offered in a separate group or integrated with native speakers, depending on the student's needs. Furthermore, promoting students' native language is crucial for cultural identity and personal growth, with support funded by special state grants. Native language instruction also enhances proficiency in Finnish and other languages, which bolsters students' ability to succeed across subjects. Initially, teaching basic skills, such as literacy or math, in the student's strongest language can be beneficial, with later support in their native language, especially in subjects like social studies.

After a year in preparatory instruction, students move to basic education within their age-appropriate grade. Language development remains an ongoing process throughout basic education, with support and individualized learning plans available as needed. Students may proceed at a personalized pace in subjects like foreign languages or math while participating in regular classes in areas where they can keep up. Learning plans and instructional support can continue for multiple years if required.

According to the curriculum guidelines, immigrant students are entitled to the same support as Finnish-speaking students. For example, they can receive remedial teaching or part-time special education. In addition, the curriculum mandates that the different backgrounds and needs of immigrant students must be considered all instructions. For immigrant parents, there are often concerns about children either assimilating too fully into Finnish culture or being treated unequally due to cultural differences (Säävälä, 2020). Schools play an important role in addressing these concerns by recognizing the importance of equity and combating discrimination, which are central to many immigrant families.

Student Welfare Services

School welfare services in Finland are provided as a multiprofessional collaboration. The team can consist of a school nurse, social worker, psychologist, doctor, special education teacher, and other potential members, including, for instance, the school principal. The presence of school healthcare services and the professionals responsible for implementing them are regulated by law (https://stm.fi/kouluterveydenhoito). This means that certain basic levels of healthcare services, including psychological services, should be provided for all throughout Finland and that students should be able to access these services regardless of where they live (https://stm.fi/kouluterveydenhoito). This approach has two layers: individual and communal. The communal level interventions can include, for example, lessons for certain classes that have had communal social struggles. Student welfare also plays a key role in guiding and referring students to external support services.

Student welfare can proactively consider the needs of refugee and asylum-seeking children and young people from the early stages of their schooling. Due to their life history, these children and young people may have specific support needs and challenges related to mental and physical health as well as social well-being. Supporting their schooling and studies often requires the involvement of various professionals.

If necessary, immigrant students are entitled to enhanced or special support for learning. The increase in support is based on assessed needs, and the provision of support follows the same stages as for other students. However, a decision for special support cannot be based solely on poor basic skills due to gaps in schooling or developing language skills. Students receiving enhanced or special support continue to also receive the normal support provided to immigrant students, such as Finnish as a second language instruction.

The Collaboration of Migrant Families and School Staff

Mustonen et al. (2023) studied Finnish school administration discourses concerning support for students with a refugee background. There seemed to be a strong understanding of the importance of learning support but uncertainty regarding the need for psychosocial support. The results indicate a continuing need for common policies at the national level to provide long-term support for refugee-background students as well as further teacher training development.

Finally, there are regular health checkups arranged for all students. They serve as good opportunities to observe problems at an early stage. Parents need to be informed about the different forms of support available at school and referral possibilities if potentially needed. It is also important to discuss learning difficulties and related challenges with parents. Säävälä (2012) studied parents who have moved to Finland from abroad and their collaboration with schools: it was detected that the collaboration is more challenging compared to that with native Finnish families. Also, Mustonen et al. (2023) pointed out that school welfare staff have recognized that interacting with immigrant families requires more time and practical skill development than with native families. Immigrant parents may lack language skills and an understanding of the values and practices in the Finnish school system. However, school welfare staff find the interaction rewarding, as immigrants typically show respect and appreciation for education and authorities. Importantly, the role of teachers can be essential in recognizing the need for further support and referring a child forward to other services (Honkanen et al., 2010).

THE HEALTHCARE SECTOR

Under-representation in Health and Social Services

Immigrants and refugees are at higher risk of mental illnesses, such as mood disorders and PTSD (Bourque, van der Ven, & Malla, 2011; Mindlis & Boffetta, 2018). In Finland, however, immigrants have lower levels of mental health-related diagnoses than the natives, except for PTSD, which is more common among immigrants than natives (Kieseppä et al., 2021; Markkula et al., 2017). Different reasons can explain that difference.

Castaneda and colleagues (2020) showed that immigrants with affective symptoms are underrepresented in mental health services. Further, immigrants, including and maybe especially refugees, when receiving services, are treated less intensively than the natives, especially males, those 15–29 and over 60 years of age, and those who are unemployed (Kieseppä et al., 2020). In addition, immigrants from Africa and the Middle East often receive treatment at lower intensity than immigrants from Western countries (Kieseppä et al., 2020). Immigrants from sub-Saharan Africa, Northern Africa, and the Middle East who are diagnosed with PTSD and likely to have experienced the most severe trauma often receive the least intensive treatment (Kieseppä et al., 2021). The longer of residence in Finland and a comorbid diagnosis increase the likelihood of more intensive care (Kieseppä et al., 2020).

Largely, these pehnomena are in line with the reverse care law (see Chapter 4). The reasons behind lower levels of received mental health services and diagnosis among immigrants in Finland include their reluctance to use these services due to cultural and religious attitudes as well as negative experiences in healthcare services (Kieseppä et al., 2020), linguistic difficulties, differences in the perception of mental illness, lack of trust, and unfamiliarity with the healthcare system (Giacco et al., 2018). There also seems to be difficulties in accessing psychological care for immigrants and a lack of confidence in treating immigrants and working with interpreters among mental health professionals, which might also affect how these services are provided and how they are used by immigrants (Gartner et al., 2024). Moreover, many refugee families struggle with trust in authorities due to past experiences with persecution or systemic barriers, further complicating their access to essential support systems (Liebkind & Solheim, 2020).

Legislation and Mental Health Care Services for Refugees in Finland

Several laws and frameworks guide the organization and implementation of the mental health services in Finland. The Health Care Act ensures access

to health services, including mental health care, for all residents, including refugees. The Mental Health Act provides guidelines for the organization and delivery of mental health services. The Child Welfare Act ensures that the mental health needs of children are addressed as part of the overall welfare services. The Act on the Integration of Immigrants and Reception of Asylum Seekers promotes the integration and equality of immigrants in society and ensures support and care for asylum seekers and beneficiaries of temporary protection. The UN Convention on the Rights of the Child guides policies and practices to ensure that children's rights are upheld, including their right to mental health care. Together, these laws ensure necessary mental health services for refugee children.

Further, the use of interpreters in mental health services is governed by laws. The Act on the Rights of Patients ensures their rights to understand information provided to them and to communicate effectively with healthcare professionals, necessitating the use of interpreters when needed. The Act on the Integration of Immigrants and Reception of Asylum Seekers accentuates the importance of providing services in an accessible way to immigrants and refugees, which includes the provision of interpreters. The Language Act establishes the rights of individuals to use their own language in interactions with public authorities, including health services. Further, the Mental Health Act also supports the necessity of interpreters when required. These laws oblige the provision of qualified interpreters in mental health services to ensure effective communication and understanding. However, the interpretation services are not always arranged when needed in practice.

The Finnish healthcare system is comprehensive and has universal health coverage. Services are mainly public and organized by "well-being services counties" for their residents. Services are also provided through the private sector and NGOs. Services are divided into primary healthcare and specialized medical care. Public healthcare services are usually free, or the price is reasonable. Mental health care services are similarly organized through a combination of health services provided by well-being services counties or city services, specialized child and youth psychiatric services, and support from NGOs (Kieseppä et al., 2020). In general, refugee children are entitled and included in all the same mental health support services as native children (Heinonen et al., 2018). For instance, Global Clinic, a non-governmental organization (NGO) offering healthcare services for people without official identity documents, does not receive children since they are expected to be helped at public healthcare services.

However, taking holistic care of the whole immigrant family and caring for asylum seeker children who have come alone have been recognized as specific challenges (Heinonen et al., 2018). Further, the services for immigrants have been criticized for large regional differences both in availability and in

quality (Kieseppä et al., 2020). Special programs and interventions are often only locally provided in a certain area or by certain public healthcare units or NGOs for a limited time. Castaneda and colleagues (2018) further point out that even though the regional differences are known, there is no consistent national policy on improving these services for refugees and immigrants. However, in recent years, Finland has invested in improving the supply and implementation of evidence-based mental health care programs and services in general.

Next, we present some effective and newly developed solutions for previously presented issues. These interventions not only facilitate trauma recovery but also provide essential coping mechanisms that may act as buffers against future discrimination and social exclusion.

Examples of Good Practice

The Barnahus model, an initiative to support children who are suspected to have experienced physical or sexual violence, both of which are more common among immigrant populations (Lahti et al., 2024), was launched in Finland in 2019. The Barnahus model consists of multiprofessional elements of criminal investigation, child protection, and physical and mental health care. Support to all these elements is ideally received from the same place (Stefansen et al., 2017). The Barnahus model has been implemented nationwide, aiming to reduce the regional differences in these services for all residents, natives as well as immigrants. However, the implementation is still in progress, continuing in regional Barnahus units. As a part of the Barnahus initiative, mental health professionals have been trained in trauma-focused cognitive behavioral therapy (Tf-CBT). Tf-CBT is an evidence-based treatment for traumatized youth (Thielemann et al., 2022; Working Group set up by the Finnish Medical Society Duodecim et al., 2025), showing evidence of effectiveness among refugee children as well, yet more research is needed (Chipalo, 2021). In the implementation of Tf-CBT, regional coverage of trained professionals has been considered, as well as sufficient regional networks of trained professionals, availability of clinical supervision for these professionals (via training of supervisors), and ongoing training of new Tf-CBT experts (a permanent Tf-CBT homebase has now been set up in the Helsinki and Uusimaa region hospital district HUS).

From the beginning of 2021, the "Therapies to Frontlines" initiative has trained practitioners in cognitive short-term therapies, guided self-help programs, interpersonal counselling (IPC), and the Cool Kids anxiety-management program for children and adolescents—interventions for school healthcare professionals on a national level (https://terapiatetulinjaan.fi/lapset-ja-nuoret/terapiat-etulinjaan-toimintamalli-tuo-tyokaluja-lasten-ja-nuorten

-mielenterveyspalveluiden-kehittamiseen/)—to tackle, for example, depression and anxiety among children. The initiative has developed low-threshold mental health and psychosocial support interventions nationally for primary healthcare services (https://terapiatetulinjaan.fi/terapiat-etulinjaan-malli/). This initiative reduces the regional differences in availability and quality of mental health interventions and can be used with natives as well as immigrants. However, the initiative does not provide specific approaches to multicultural clients, and applying these interventions for them needs to be done locally in wellbeing services counties.

Even though the above-mentioned programs aim to enhance the mental health care services for all, these investments and improvements do not directly address some of the key aspects lacking in relation to refugees and immigrants. Implementing these evidence-based interventions to also serve immigrant and refugee children specifically remains a future challenge. We should further invest in improving the cultural sensitivity and cultural competence in these services to better address the specific needs of immigrant populations, recognizing the unique challenges they face.

Focusing specifically on immigrant families, a group intervention called "Being a Parent" was developed in Finland as part of the Barnahus initiative (Laajasalo et al., 2024). This group intervention aims at fostering institutional trust and consists of the following topics: the Finnish service system, parenting practices supporting the child's development and well-being of the family, as well as children's rights (Sibbie et al., 2024). The program aims to address the challenges faced by immigrant parents, who often have very limited knowledge of social and healthcare services, make minimal use of them, and have low trust in them. These issues can create barriers to integrating into Finnish society. High acceptability and perceived benefits were reported by the participants of the intervention, but institutional trust was not changed (Sibbie et al., 2024). Extensive further research is needed to determine the most effective approaches for tackling these challenges and to understand how best practices can be implemented effectively, permanently, and safely within social and healthcare structures. Nevertheless, Being a Parent in Finland is an important step in the right direction.

The culturally sensitive parenting interview was prepared as part of the Finnish Institute for Health and Welfare-coordinated national support system for refugee mental health work (PALOMA project, 2019–2021). It was developed to enhance discussion among immigrant parents and to assess and respond to different needs of multicultural families. The interview outline intends to assist professionals working with immigrant families with children. The aim of the interview is to gain the best possible understanding of the family's situation and the parents' thoughts. The method has been observed to be potentially useful and received positively (Korkeala et al., 2021). The PALOMA project

consisted of consecutive projects that concentrated on understanding the mental health needs of the multicultural population and responding to those needs. Currently, PALOMA has a permanent hub and is coordinated by the Finnish Institute of Health and Wellbeing. PALOMA offers information and training for professionals in multicultural and culture-sensitive procedures and supports professionals working with immigrants.

Regarding the help for trauma-exposed refugee children and adolescents, Teaching Recovery Techniques (TRT) have been implemented in Finland, primarily to support refugees. This is a structured group intervention designed to support recovery and survival after exposure to trauma and is therefore not only aimed at treating PTSD but IS also preventive (Yule et al., 2013). Itla Children's Foundation and Finnish Red Cross have implemented TRT since 2022 by training professionals, maintaining professional networks, developing materials, and conducting research on TRT in Finland.

Regarding asylum seeker children arriving alone to Finland, both public healthcare and social services, as well as different NGOs, provide support in various forms, such as housing, legal help, and psychosocial support. In general, plenty of NGOs provide many different programs and interventions to support refugee children for varying lengths of time. They are arranged both individually and in groups.

Finally, services are increasingly adopting trauma-informed approaches to address the specific psychological impacts of displacement and trauma experienced by refugee children. This has been promoted by the PALOMA project and the Therapies to Frontlines initiative. Finnish child welfare services aim to adopt trauma-informed approaches in assessing children's needs and developing individualized care plans. Child welfare workers and psychologists work together to ensure that children are provided with safe environments and that their traumatic experiences are addressed sensitively. Programs such as therapeutic foster care and trauma-specific therapy are increasingly common.

As a cross-cutting issue, using interpreters causes certain challenges for both school and healthcare settings. If parents are struggling with language, it is typical to ask their child to interpret. However, this double role is not ideal, nor is it in accordance with the laws and guidelines. Using the child as an interpreter might be harmful to the child's development and the parent-child relationship. Finnish legislation requires the use of interpreters when needed to ensure a common understanding is reached. Working with interpreters improves the exchange of information and accessibility of the services. Interpreters can also act as cultural mediators, providing cultural context and knowledge to both mental health professionals and clients.

SUMMARY AND FUTURE PROSPECTS

In Finland, most children thrive, yet many challenges persist in fully realizing children's rights. The UN Convention on the Rights of the Child draws particular attention to the status of vulnerable children such as children with disabilities and children belonging to minorities (United Nations, 1989). Based on this convention, a parliamentary committee in Finland prepared the Child Strategy in 2020 (Government of Finland, 2020). The vision of the Child Strategy is a child- and family-friendly Finland with a focus on respecting the rights of the child. The Child Strategy has raised awareness of children's rights and promoted efforts toward more equitable treatment within society. Regarding refugee children's well-being, there is a lot of knowledge in Finland about supporting immigrants, but the lack of coordination hinders models being rolled out nationally (Castaneda et al., 2018). Incorporating children's rights and well-being into political decision-making still requires concrete actions.

In this chapter, we have introduced some of the current investments and interventions offered to refugee children. These include rights to basic education and universal healthcare as stocks, with preparatory classes and "Being a Parent in Finland" intervention as flows supporting the life transition from immigrant to an active part of Finnish society. Further, we have discussed some specific interventions offered to refugees to tackle their possible mental health issues, strengthening their capabilities further and buffering them against negative outcomes of adverse life experiences. Yet, the following measures should be strengthened.

Educational and healthcare services should be developed in a more culturally sensitive direction and tailored to the specific backgrounds and experiences of refugee children. This includes training and employing multicultural and multilingual staff and enhancing cultural understanding. The use of professional and adequately trained interpreters that are bound by confidentiality is essential in mental health settings to maintain trust and privacy. Schools can be pivotal in identifying needs and facilitating access to mental health resources, and teachers have a key role in the lives of children and youth. The role of school can be seen as essential in recognizing and referring forward, but these practices are not always well resourced. Referring a child forward to more specialized services and transferring information can be challenging due to strict privacy regulations (Honkanen et al., 2010).

Refugee children, like other children in vulnerable situations, need a more needs-based and flexibly structured service system. For the time being, services intended for children are not always consistently available everywhere, and accessing them may in fact require more resources than some children or families possess. Many children also face discriminatory structures or

inflexible practices in situations where they need support or help the most. A child's circumstances may simultaneously involve several factors exacerbating their vulnerable position in different ways. This challenges the authorities and other actors to weigh the child's best interests sensitively, to engage in multi-professional cooperation, and to improve the accessibility of services.

Mental health services for immigrant children and adolescents are integrated into broader health, education, and social support but should be conducted more concretely. Sufficient human resources should be guaranteed so that employees have enough time to organize translation services and provide the extra support needed for integration, which often takes longer than with children and parents born in Finland. Further, the integration of specific, needs-based interventions into the services needs to be secured. These services should not be based on limited-time project funding.

Programs intended for refugee children and adolescents should prioritize trauma-informed practices, recognizing the unique stressors and traumas faced by these children. Training providers in these issues is essential. At the same time, it must be ensured that the child is encountered in all activities as an agent rather than just a victim of their circumstances. Alongside trauma-informed approaches, we should further emphasize the resilience-informed approach, too, and integrate these two approaches further into our services. Focusing on monitoring, evaluation, and early identification of mental health issues and preventive measures can mitigate long-term impacts. Training for educators and community leaders can help in recognizing signs of distress.

Implementing interventions and systems to assess their effectiveness ensures they remain responsive to the evolving needs of refugee children. Interventions and their effectiveness need to be researched (see Chapter 4). There are many locally innovated small-scale support program ideas around Finland that are not studied and thus their effectiveness is not shown. One particular challenge is that different interventions for immigrant children vary greatly in their mechanisms and theoretical backgrounds. Consequently, these interventions cannot be assessed as one entity. Robust implementation and sustaining structures, as Chapters 12 and 14 suggest should be enhanced.

All in all, when designing effective services to support the learning and mental health of refugee children in both the education and health sectors, the focus should be on the strengths that diverse cultural backgrounds bring to individuals, communities, and societies.

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