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Experiences among personnel in the education, child welfare and health care sectors with collaboration for young people with long-term fatigue

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Research Article

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Abstract

Background

Long-term fatigue among young people is increasingly referred to as a challenge and can have major consequences for the young people's lifeworld. Fatigue often impacts schooling, social participation and psychosocial development. Research shows that young people with long-term fatigue have a particular need for comprehensive and coordinated follow-up from the specialist and primary health service, schools and social services. Previous studies indicate that fragmented services, lack of continuity and challenges in coordination between services often impair follow-up.

Methods

Three focus group interviews with nine participants from the education and municipal child welfare sector and health care in Mid-Norway were conducted in March 2025. Qualitative analyses with a phenomenological approach were applied to explore these professionals' experiences with cross-sectoral collaboration for young people aged 15–18 years who had been assessed in hospital for long-term fatigue. Systematical text condensation (STC) was used for analysis.

Results

Three main themes were identified: (1) We must think holistically, highlighting the complexity of cases, the importance of young people`s own goals and social participation, and the need to address the impact on the whole family; (2) Challenges with collaboration, highlighting that collaboration was often person-dependent, inconsistent, and vulnerable; and (3) Opportunities with collaboration, highlighting that early, coordinated efforts increased the likelihood of individually tailored follow-up of young people.

Conclusions

Collaboration in the follow-up of young people with long term fatigue is complex and depends on several interrelated factors. Our findings highlight the need for comprehensive, coordinated services that work across schools, primary care, specialist healthcare, and welfare services, often extending beyond established organizational frameworks. Successful collaboration relies not only on organizational structures, but also on strong relationships, mutual understanding, and effective processes. A holistic approach, trusting relationships, and active involvement of the young person in decisions and goal settings are key prerequisites for effective follow-up. Strengthening interdisciplinary and cross-sectoral collaboration, together with sufficient resources to implement statutory initiatives, may contribute to improving continuity and quality of the follow-up for young people with long term fatigue.

Introduction

Long-term fatigue among young people is increasingly referred to as a challenge and can have major consequences for the young people's lifeworld (1–4). The causes of fatigue can be related to somatic conditions such as serious illness, infections, injuries to the body, but also to stressful life events, psychological stress, psychosocial factors or sleeping difficulties (2–6). Regardless of the cause, fatigue often affects schooling, social participation and psychosocial development, and often negatively impacts quality of life (1, 3, 7–9). Parents of young people with long-term fatigue, professionals and the young people themselves describe challenges in managing their condition, as well as with a lack of coordination between different services (7, 8, 11, 12).

There is research on how reduced functioning impact young people with Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) (3, 7, 9, 13). Research on long-term fatigue in general among young people is less extensive, but population studies show that a significant proportion reports persistent fatigue and similar functional impairments such as with ME/CFS (1, 2, 4, 6, 8).

Young people with long-term fatigue have a particular need for comprehensive and coordinated follow-up in the primary health service and in collaboration with schools and social services (9, 11, 13–15). This need may be present even without a formal diagnosis. Cross-sectoral and interdisciplinary approaches in which health, school and social services collaborate on common goals are highlighted as key to ensuring comprehensive services and improved quality of life for young people with complex conditions (15, 16). Simultaneously, previous studies indicate that fragmented services, lack of continuity and challenges in coordination between school, primary health service and specialist health services often impair follow-up (11, 17).

As part of a project aiming to enhance cross-sectoral collaboration for young people aged 15–18 years with long-term fatigue including ME/CFS, one purpose was to gain increased insight into professionals' experiences with collaboration.

Method

This was a qualitative focus group study conducted in March 2025 with an original interview guide (supplementary file 1). We aimed to explore *What experiences do professionals in the education and municipal child welfare sector and health care have with collaboration for young people aged 15–18 years with long-term fatigue, including ME/CFS*. Focus group interviews were conducted with the respective professionals who had met young people with long-term fatigue and their families. A phenomenological approach was applied to explore the experiences with cross-sectoral collaboration among these professionals.

Setting

The focus group interviews were planned as a part of the project “Standardizing of cross-sectoral collaboration for young people with long-term fatigue and ME/CFS” (Norwegian Agency for Shared

Services in Education and Research (SIKT) 489407). Before the focus group interviews, the collaboration for young people aged 15–18 years with long-term fatigue including ME/CFS was explored in a workshop with interdisciplinary and cross-sectoral participation. A number of 42 participants represented general practitioners (GP), school nurses, specialized nurses from the local children's clinic, physical therapists, occupational therapists, pediatricians and psychologists, Norwegian labour and welfare administration (NAV), user organizations and high school. In the workshop experiences with collaboration for young people with long-term fatigue were discussed, including the involvement of NAV, use of digital meetings, and topics related to organization of the collaboration, the role of the different participants and resources needed. Discussions were both arranged in plenum, with the use of Mentimeter and in five groups in which a group leader took notes to gather information about the different views expressed. Relevant topics based on research and experience from the field collaboration for young people with long-term fatigue were discussed (Table 1).

Table 1
Topics discussed in a workshop with 42 interdisciplinary and cross sectoral participants

All groups	Experiences with collaboration for young people with long-term fatigue	Followed by plenum discussions
All groups	How, when and why involve NAV[1]	
All groups	Advantages and disadvantages of digital collaboration meetings	
Group 1	What can we achieve with better collaboration between schools and health services for young people with long-term fatigue of unknown cause and ME/CFS[2]? How can we make sure that parents and siblings of young people with fatigue and ME/CFS get the help they need?	Followed by presentations and plenum summary
Group 2	Who should coordinate the collaboration between the patient, parents, GP, local health services, school, NAV, and specialized health services for young people with fatigue and ME/CFS? When or how often should the coordinator(s) collaborate with the patient and parents, and with the parties responsible for follow-up? How can we make sure that no one feels like they're left alone with the responsibility of following up with a young person with fatigue and ME/CFS?	
Group 3	What roles do the general practitioner, municipal health services, school health services, and specialist health services have? When is there a need for the local support system (GP[3], local health services, and school) to contact the specialist health services? What do the GP, school, and local health services need from the specialist health services to fulfill their roles when helping teenagers with fatigue and ME/CFS and their families (parents and siblings).	
Group 4	How can digital collaboration meetings contribute to better services? Do/should everyone who has responsibility for the young person with fatigue attend the same meeting? Who and how many need to attend? What are alternative solutions when not all participants in the responsibility group can attend every meeting? If not all participants are present in all meetings, how can/should we collaborate between meetings to ensure that participants follow up on the actions that have been agreed on?	

[1]NAV= Norwegian labour and welfare administration, [2]ME/CFS= chronic fatigue

Group 5	What resources do we need to create a service that feels well-connected for both young people with fatigue, ME/CFS, parents, and professionals in schools, health services, and NAV? How can NAV help? Who can contact NAV? What kind of interventions/offers can NAV contribute?

[1]NAV= Norwegian labour and welfare administration, [2]ME/CFS= chronic fatigue syndrome/myalgic encephalomyelitis, [3]GP= general practitioner.

A workshop summary highlighted the following from the group work and discussions: The goal with the collaboration for young people with long-term fatigue or ME/CFS is to improve quality of life for the young people and create calm around the family through realistic expectations, the right interventions at the right time and collaboration adapted to the young people's needs. Today's collaboration is complex, variable, and often lacks clear coordination. The workshops highlight the need for a common understanding between young people, parents, and service providers, as well as clear roles and responsibilities in the collaborative follow-up team. The coordinator function appears to be a key success factor for ensuring continuity and coherence in services. Preliminary findings showed a need for stronger collaboration between specialist health services, municipal services, schools, and NAV. The main challenge is to establish a collaboration structure that is flexible enough to handle the complexity and individual needs of this patient group. Interventions such as interdisciplinary reports and improved information sharing have been tested, but implementation is still in development. The findings from the workshop were used to plan the interview guide for the focus group and for improvement of the patient care pathway at St. Olavs hospital.

However, participation from schools in the workshop was limited due to low registration and illness on the workshop day. Therefore, we decided to invite professionals in the education and child welfare sector and health care who participated in cross-sectoral collaboration around young people referred to specialized health care for fatigue symptoms, to focus group interviews to explore their collaborative experiences for the young people with long-term fatigue and ME/CFS.

Informants and recruitment

We invited professionals in the education and child welfare sector and health care who had experience with cross-sectoral collaboration for young people aged 15–18 years assessed for long-term fatigue in the local hospital, to participate in focus group interviews. The participants were invited due to collaboration with St. Olavs hospital for the respective patient group in this study. Invitations were sent by email to 28 professionals in the education and child welfare sector (teachers, counselors and child welfare workers) and health care (physical and occupational therapists). Nine participants registered voluntarily to a preorganized schedule for focus group participation at three different time points and with three participants in each group.

Data collection and interview guide

This was a mini focus group study which is recommended for instance when the topic is complex and needs to be explored in depth (18). Small groups can promote safety and more participation, without compromising analytical quality (19). The interview guide was developed based on experiences from the workshop with cross sectoral participation held in 2024 (supplementary file 1). Examples of questions were 1) From your experience, what does collaboration mean for young people with fatigue and participation in school? 2) Where do you seek supervision if you need it to give advice to a young person with fatigue who is uncertain about participating in school? 3) Have you ever thought that this collaboration needs improvement, and if so, how?

One focus group interview was conducted in a suitable room at the university with refreshments served. The two other interviews were conducted digitally. Each group had participants from both health care and the education and child welfare sector which led to rich discussions between the participants. Each participant gave one interview. The length of the interviews was from 93 to 117 minutes. The interviews were audiotaped and transcribed by a professional company.

Data Analysis

Malteruds systematical text condensation (STC), an iterative four step process, was used for the analyses (20). In step one, the transcripts were read by the first and last author, to get an overview of preliminary themes. In step two, meaningful units were marked and grouped in subgroups by the first and the last author. In step three, the first and the last author discussed the preliminary themes and subgroups. The data was re-grouped, and a condensed meaning was written and processed. This process was repeated to ensure that the participants' sayings were preserved and not overinterpreted based on the author's prior knowledge. Author three and four commented on the condensed text. The final themes and the condensed text were then written as analytical text in step four. All authors agreed on the final results. In Table 2 the four analyse steps are exemplified.

Table 2
Examples of analyses directly translated from Norwegian

Step 1 **Preliminary** **themes**	**Step 2** **Coding of meaningful units** **and sorting in themes**	**Step 3** **Condensed meaning**	**Step 4** **Final themes**
Families under pressure Young people's wishes, motivation and goals are important The social aspect is as important as education Challenged transitions	«Young people and parents feel like life is on hold» «Parents are burned out» «Parents experience grief over the young people's loss» «The lifeworld of young people is like a brick wall, and a lot has to be in place for education to make sense» «When young people get to use their individual strength- what they are good at and enjoy- both self-esteem and belief in the future are strengthened» «Knowing your own limits, making a realistic plan, and adjusting the course as needed» «Transitions between school levels and from child to adult are the hardest»	Young people with long-term fatigue and their families could feel like life is on hold, with uncertainties and worries about the future. Parents might seem tired and be experienced as «burned out». The situation around the young people was described as complex, and it was important to think holistically, not just about school time. The goal of participating socially was highlighted as central. The young people's own wishes had to guide the support and development needed to make changes.	We need to think holistically
Coincidences Responsibility diffusion. Lack of coordination Uncertainty.	«It can be random who is involved int he case» «Sectors can push responsibilities onto each other» «When young people do not get better,	Municipal coordination was described as random and organizationally vulnerable. Responsibility could be pushed between sectors. The consequence could be that «no one owns the case» except the young person themselves and their parents. If there was no shared understanding, the feeling of support between	Challenges with collaboration - person-dependent, random and vulnerable

Step 1 Preliminary themes	Step 2 Coding of meaningful units and sorting in themes	Step 3 Condensed meaning	Step 4 Final themes
Teachers do not understand everything from health care. Need for security Need for early information	uncertainties arise about whether what we are doing is right» «…do not understand a discharge summary»	professionals could be missing. If the collaboration went om for years without improvement for the young person, it was easy to get confused.	
	«Trust between professionals creates professional security» «Security in having good sparring partners» «Early information about what happens with these young people has been a wish for a long time»		Opportunities with collaboration

Please insert Table 2 here

Results

The results are based on three focus group interviews with nine participants from the education and child welfare sector and health care in Mid-Norway. The results are presented in three identified main themes that reflects the professionals' experiences with collaboration for young people (15–18 years) with long-term fatigue or ME/CFS: 1) We must think holistically, 2) Challenges with collaboration, and 3) Opportunities with collaboration.

1.We need to think holistically

The participants described that when young people develop long-term fatigue and functional decline, they had often experienced the whole family as affected through increased need for health follow-up, worry, changed roles and strains related to school and daily functioning. A holistic perspective was communicated as important in the follow-up of the family.

According to the participants, young people with long-term fatigue and their families could experience that their lives were on hold, with uncertainty and worries about the future. Parents could be perceived as

"burnt out" after a long period of coordination and responsibility. Siblings could also take on extra care responsibilities in the family. The professionals highlighted the need for a clear support system around the family.

"You have to get a good system around them, so they feel that they have support. They are in it all the time, and we are just 'stopping by." (Educational psychological service-PPT)

The situation around the young people was described as complex and it was important to think holistically, not just school hours. The goal of participating socially was highlighted as central. The young people's own wishes had to govern facilitation and development in order to bring about change.

"The young people should have the energy to be with friends (...) If they have not, we are doing something wrong." (Social pedagogue)

"They have to look to the future. What do they want to do with their lives?" (The follow-up service in high school -OT)

The participants emphasized that it was important to consider the short-term and long-term consequences of choices in relation to the desire for mastery and progress. Activities had to be balanced according to capacity and contribute to quality of life.

The transitions between school level and from childhood to adulthood in the health service were described as particularly demanding. Good relationships with young people and parents, and the fact that they had positive experiences with the support system and schooling made it easier to achieve good transitions. If interventions had not worked, it could be more difficult to obtain consent from young people and parents to the transfer of information.

"It is about the importance of good relationships and security" (Physical therapist)

2. Challenges with collaboration – person-dependent, random and vulnerable

Collaboration between sectors and professional groups for young people with fatigue was described as complex and demanding. The quality of the collaboration was often described as random, depending on the competence, initiative, availability and resources of individual professionals. The collaboration was described as vulnerable if key professionals changed roles or left. Such problems in the municipality could, for example, cause the specialist health service to lose overview of municipal contact points.

"It is a bit random who is involved in the case. It should not be so random." (Physical therapist/ The follow up service in high school-OT/ school advisor)

Municipal coordination was referred to as organizationally vulnerable, partly because physical and occupational therapists who often acted as coordinators for young people with fatigue had limited mandate and little authority. The role of the child coordinator was described as more robust, especially in challenging cases. They had broader mandate and decision-making authority.

Another perceived vulnerability was that sectors could pass the responsibility onto each other. For example, health care professionals could think that it was the school's responsibility to make arrangements for the student, while the school could think that when the student was unable to participate in the teaching, it was the health care's responsibility. The consequence could be that "no one owned the case" except the young person and the parents, and that the initiative for interdisciplinary meetings was reduced.

We undermine ourselves when we talk about things being complex, and in the next moment push the responsibility onto others. This challenges the perspective of seeing physical, mental and social health as dependent on each other" (Physical therapist)

" We have to stop messing around and not being able to collaborate." (Child welfare professional)."

The professionals had experienced insecurity in the collaboration for young people with long-term fatigue. Especially at the age of 16, when young people can set limits for those who should receive information from health care, professionals could need clearer routines in relation to user involvement. Consent to collaboration with parents did not have to be a matter of course anymore. When the young people themselves came to collaboration meetings, they were not always as up-to-date on who had followed the family over time.

"It is a very vulnerable transition... In lower secondary school, it is communicated with the parents, but in upper secondary school, it is only communicated with the young person themselves." (Physical therapist)

"To get them to open up and talk... to find the balance of not helping too much or becoming sustaining... It is a very complicated system to work in... both at the individual level and in the system" (Child welfare professional)

Among professionals it was great variation in individual competence, experience and flexibility from case to case. If there was a lack of common understanding, the experience of support between professionals could not occur. If the collaboration went on for years without improvement in the young person, it was easy to lose track.

"We need the specialist health services and experienced professionals who can provide competence enhancement, support and guidance, and confidence that what we are doing is within the scope and that we are on the right track" (Educational psychological service-PPT)

At the same time, it was emphasized that the specialist health service should not create challenges by prescribing interventions for which the municipality do not have the opportunity or capacity. Another experience was that a lot of information could be transmitted verbally, and often not from professionals, but for example from parents to schools and municipal health services. Misunderstandings could easily arise.

"A lot falls on the parents, but trying to be as good a support as possible. and look at the possibilities of what we can contribute... The flexibility within opportunities was experienced greater before than now due to reduced municipal finances." (Educational psychological service- PPT)

Other factors that could limit the collaboration were legislation, organizational pillars and a lack of resources in schools and municipalities.

"I often wonder why we don't get it right all the time. I find that unfortunately there are perhaps most times it does not work" (child welfare professional) "It is strange in a way to look back on "what worked here and what did not work there?" (Occupational therapist)

3. Opportunities with collaboration

It was pointed out that early and coordinated efforts increased the likelihood that the young people would receive individually tailored follow-up. This could prevent further functional decline and promote coping and participation. Further, good collaboration provided security and greater opportunities for flexible and tailored solutions.

The interdisciplinary collaboration to find solutions and standing together in challenging cases was described as a sense of security. Interdisciplinary meetings could be perceived as useful when expertise was shared and decisions were anchored across the board, but at the same time this was demanding. It could be important to receive written information early on about the various levels of the service, both about the assessment young people were undergoing, and eventually about interventions that were to be tested.

"What will it be like now for that student? (…) this type of information dissemination has been my wish for many years" (Physical therapist)

To ease the pressure on families, it could be helpful to sort through additional burdens or sustaining factors. Methods such as family councils and network meetings, which the child welfare service had experience with, were suggested in one of the focus group interviews, to strengthen local collaboration and relieve the family. A mobilization of the network could contribute with support for the family to be able to cope with the situation. If the closest circle of friends became aware of what was happening, they could provide the right support to the family.

"The public sector cannot do this alone." (Child welfare professional)

"I've been thinking that connecting with aunts and uncles, no, I cannot do that. But I absolutely can" (Occupational therapist)

The professionals emphasized the importance of help coming from the right service, and that they sometimes had to think a little outside the box about what opportunities they had in the municipality. In addition, it was emphasized that the young people can express themselves best whether the facilitation

is effective or not, or whether they experience pressure. Parents do not always have an answer when they speak on behalf of their children. Nevertheless, the perspective of parents and professionals was important in the collaboration. The group composition of the team around the young people differed from case to case, and even though professionals tried and failed a little, they always agreed not to push too much.

«... pretty much agree that you should not stretch it... the elastic so much" (School advisor)

Although complexity could often be perceived as demanding, professionals emphasized the opportunities offered by interdisciplinary collaboration, flexible solutions and innovative thinking at different levels. School and its flexibility were referred to as crucial for young people's experience of normality and mastery. The professionals' perspective was that the school's opportunity was to facilitate mastery experiences through selected subjects and realistic goals.

"It doesn't work that the school is rigid." (The follow up service in high school-OT).

Teachers wanted academic progress for all students and could sometimes have unrealistic expectations on behalf of the young person. Because they met one student with long-term fatigue perhaps every five years and found the problem challenging and difficult, they saw opportunities in closer interdisciplinary collaboration with health care. Accessibility and adapted information could strengthen understanding of the student’s situation and facilitate more targeted interaction. Teachers pointed out that discharge summaries and medical information were often difficult to interpret and therefore wanted dialogue and guidance from healthcare personnel that could contribute to a common understanding and confidence in the follow-up.

"I do not understand what is in a discharge summary, I need to have it explained." (School advisor)

Teachers stated that it was clear that they needed to collaborate more closely. Visualization of complexity was highlighted as a tool for creating a common understanding in interdisciplinary teams and confidence in testing interventions. They felt that security of rights and appropriate solutions in the facilitation in school was important to the young people.

In the event of school dropout, the follow-up service in high school (OT) played a key role in establishing contact with young people and caregivers. The participants highlighted collaboration with NAV as important for exploring opportunities related to education and future employment, such as the Youth Guarantee, but at the same time pointed to a need for closer collaboration with healthcare. Experience showed that the Youth Guarantee did not always work as intended or correspond to the needs of young people. This highlighted the importance of flexible forms of collaboration and better coordination between the services.

"In the meeting with NAV, we were told quite clearly that we should not have such high expectations for the youth guarantee" (The follow-up service in high school-OT)

Finally, some participants reflected on their own practice, whether it only gave young people opportunities for progress, or whether something in the practice of service held the young people back. A need was expressed for access to good sparring partners in the general practitioners and specialist health service.

"The bottom line, yes, that is a good question. We do not quite have the answer to that yet, but we are working on it. We just have to...really take it case by case then…and start talking and mapping..." (Occupational therapist)

Discussion

The study showed that the collaboration for young people with long-term fatigue and ME/CFS is complex, and that several mutually dependent factors are important. The young people find themselves in a landscape where challenges related to health, school and social arenas occur simultaneously. The findings point at several factors and challenges that can complicate cross- sectoral collaboration, but at the same time highlight opportunities.

The findings highlight that young people with long-term fatigue need comprehensive and coordinated services that extend across schools, primary health services, specialist health services and other welfare services, and in many contexts beyond established frameworks. This is consistent with previous research describing the need for better coordination based on challenges associated with fragmented services (11, 15, 17). Recent Norwegian legislative amendments, including the provisions on the child coordinator and strengthened duty of collaboration and coordination from 2022 (21, 22), the new Education Act from 2024 (23) and the introduction of the Youth Guarantee in NAV from 2023 (24), can be understood as an expression of a growing political and professional recognition of the need for more integrated and coordinated services for children and young people with complex needs. At the same time, the study indicates that the legislative changes may be difficult to follow because of a lack of resources.

We also found that successful collaboration is not dependent on organizational structures alone, but on relational and procedural factors as well. Establishing a comprehensive understanding of the young person's and family's situation, building trusting relationships and actively involving the young person’s perspective appear to be key prerequisites for coordinated and person-centered follow-up. This is in line with previous research on integrated health services for children and adolescents, where several of these factors are described as fundamental components for successful follow-up (10, 11, 15–17, 25).

School is a key development arena for young people. Our findings emphasize that factors such as flexibility in the plan for schooling, the importance of teachers having realistic expectations of the young person and that both social and academic participation should be safeguarded, are central. This is also consistent with previous research (9, 17, 26). The importance of school extends beyond learning and includes identity development, social belonging and a sense of mastery, which makes school follow-up a central and important part of a holistic approach (9, 17, 25, 27). In addition, our findings indicate that

clear and early exchange of information, stable coordination and sharing of expertise between school, primary health service and specialist health service can be important prerequisites for good coordination. This can be seen in the light of previous research that has described a lack of communication between actors, unclear responsibilities and limited coordination as challenges in the follow-up of young people with long-term fatigue and their families (9–11, 17, 27). Several of the studies highlight the importance of interdisciplinary collaboration, continuity and a common understanding of young people's needs to ensure comprehensive services. Through established research, young people with fatigue have shown that being listened to, understood and met with a common plan across school and health services is important for the experience of good follow-up (9–11, 17, 27)

Most challenges described in this study can also be understood as opportunities. It appears that there is a need for strengthened interdisciplinary and cross-sectoral collaboration, more allocated resources to be able to make use of statutory improvement proposals and broader perspectives. With resources and expertise, there may be opportunities in the future to promote mastery, participation and quality of life for young people with long-term fatigue.

Strengths and Limitations

The study was conducted in a limited part of the country, and the results may therefore not generalize to other health regions, particularly rural areas with less expertise and service providers with less experience. Nevertheless, it is a strength that the participants have relevant experience in the follow-up of young people with long-term fatigue and ME/CFS, and that they represent both education and child welfare sector and municipal health care. We do not know any specific details about the experiences for the participants. One limitation could be that they shared experiences from collaboration for young people with reduced school attendance generally and not only those with long-term fatigue or ME/CFS. Another possibility is that they thought more specifically about young people with ME/CFS and less about those with long-term fatigue in general. A final limitation could have been from the recruitment process, in that participants with homogenous experiences were recruited and participated. However, awareness about this and our findings show that we recruited participants with both positive and negative experiences from the relevant collaboration. It was also considered as a strength that the interview guide was developed from experiences shared in the previous workshop. This could have led to more specific questions on the collaboration for young people with long-term fatigue and ME/CFS.

Conclusion

Collaboration for young people with long-term fatigue is complex, and several mutually dependent factors are important. The findings indicate the need for comprehensive and coordinated services across schools, primary and specialist health services and other welfare services, and also in many contexts beyond established frameworks. Successful collaboration is not dependent on organizational structures alone, but also on relations and procedures in assessment and follow-up. Establishing a comprehensive understanding of the family's situation, building trusting relationships and actively

involving the young person’s perspective appear to be key prerequisites for coordinated and person-centered follow-up. It appears that there is a need for strengthened interdisciplinary and cross-sectoral collaboration, more allocated resources to be able to make use of statutory improvement proposals and broader perspectives.

Implications

From the conclusion we suggest that it may be important to prepare information that can contribute to earlier collaboration and common understanding between professionals in education, childhood and health. This might improve the collaboration for young people with long-term fatigue, including ME/CFS. Based on the study's findings, one recommendation is also that future research could focus on trying out new interventions where the network of young people and families is involved to a greater extent in the collaboration.

Abbreviations

ME/CFS Myalgic Encephalomyelitis/chronic fatigue syndrome

SIKT Norwegian Agency for Shared Services in Education and Research

GP General practitioner

NAV Norwegian labour and welfare administration

STC Systematical Text Condensation

PPT Educational psychological service

OT The follow-up service in high school

Declarations

Ethics approval and consent to participate

The Study was approved by Sikt- the Norwegian Agency for Shared Services in Education and Research (489407). This to ensure that data processing follows the national protection legislation. The study belongs to the Department of Social sciences and Nursing in the Norwegian University of Science and Technology. The research process followed guidelines in the Declaration of Helsinki. Informed written consent was obtained from the participants before the focus group interviews. The Project was initially submitted to the Regional Committee for medical and health Research Ethics (REK) for approval, but REK concluded that formal ethical approval was not required.

Consent for publication

Not Applicable

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Author Contribution

The first author, BSKV, participated in the development of the interview guide, analyzed the data, and wrote the article together with the last author, WAS. The last author, WAS, was also the moderator of the focus group interviews. WAS supervised the development of the interview guide, the analyses, and the writing of the article. TL and IBH contributed to the discussion of the results and commented on the manuscript. The authors met weekly with the research group during the research process and discussed relevant themes regularly. All authors agreed on the final version of the article.

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Data Availability

The datasets used and analysed during the current study are available from the corresponding author on reasonable request.

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