

SHORT VERSION

# How are young refugees doing in the Nordic welfare societies?

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Coming of Age in Exile – CAGE

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**Coming of Age in Exile – CAGE is a research project looking into health and socio-economic inequalities in young refugees in the Nordic welfare societies.**

**CAGE was led by the Danish Research Centre for Migration, Ethnicity and Health (MESU) at the Department of Public Health at the University of Copenhagen. The research was carried out together with researchers at:**

- **The Migration Institute of Finland, Turku**
- **Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS), Oslo**
- **The University of South-Eastern Norway**
- **The University of Bergen**
- **The University of Gothenburg**
- **Centre for Health Equity Studies (CHESS), Stockholm University and Karolinska Institutet**

**CAGE was funded by the Nordic Research Council, NordForsk, during 2015–2020.**

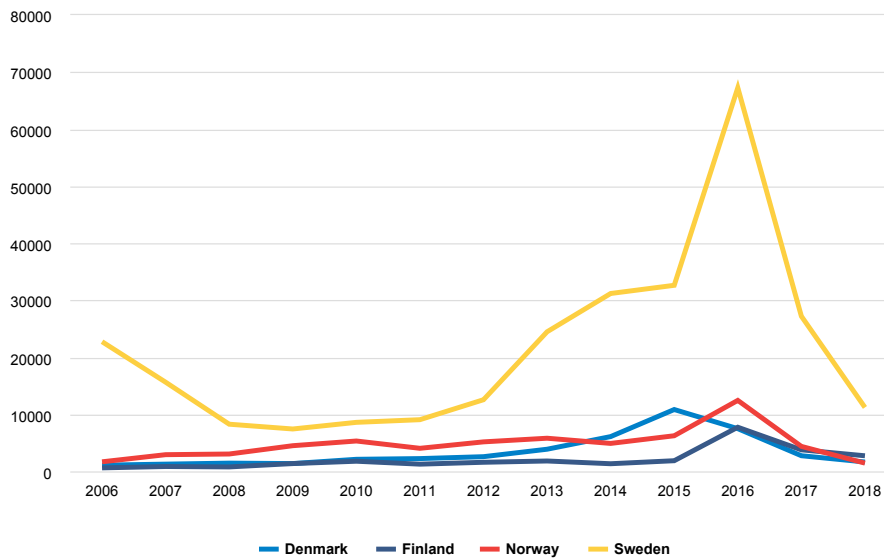


Photo: Mostphotos

## INTRODUCTION

### **Integration of young refugees in the Nordics**

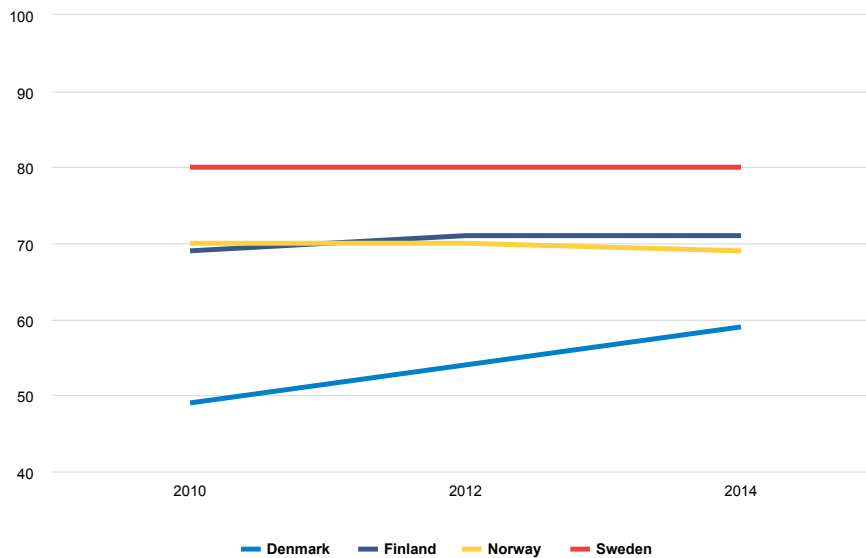
During the last fifty years, the number of people moving to the Nordic countries has increased. From the 1970s and onwards, a large share of the immigrants arriving from outside the Nordic Region have been refugees and their families. About 25–35 per cent of these refugees are children below the age of 18. When children born in exile are also included, the figure is about twice as high.



**Figure 1. Number of persons granted asylum in Denmark, Norway, Sweden and Finland, 2006–2018.**

Welfare policies in the Nordic countries are in many ways similar. However, there are still important differences between their immigration policies and the economic context of immigrants.

In 2015, Denmark ranked far behind the other Nordic countries in the EU Migration Integration Policy Index (MIPEX), with more restrictive policies related to financial support, family reunification, and the possibilities of acquiring citizenship. Key economic factors also differ significantly between the countries. As an example, Sweden and Finland have had higher youth unemployment rates than the other Nordic countries for decades.



**Figure 2. Overall score (percent) in the Migration Integration Policy Index based on a number of indicators for integration in legislation and policies for immigrants in the Nordic countries, 2010–2014. The best integration policy is similar to index 100.**

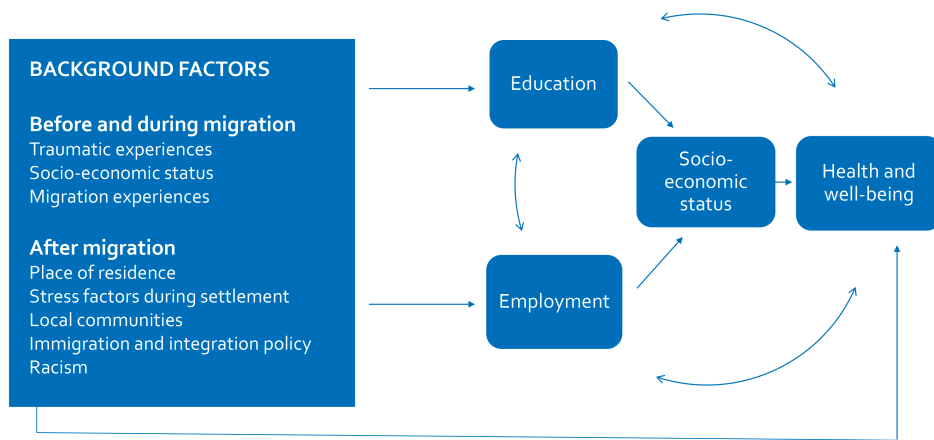
### Excellent data enables cross-country comparison

All the Nordic countries have excellent data on the situation of refugee children and youth. This creates unique opportunities for comparison to better understand the links between the socio-economic context in each country and the integration of young immigrants.

CAGE has investigated inequalities in education, labour market participation and the health of young refugees during their formative years, also looking into how these inequalities relate to national immigration policies and other contextual factors.

More precisely, CAGE has studied the situation of refugees who were granted residency as children, aged 0-17 years, during 1986-2005 in Denmark, Finland, Norway and Sweden. The study includes follow-up data until 2015.

The analysis is built around a core of quantitative register studies that enable comparison between the four countries. These studies have been complimented with policy analysis and qualitative studies of key mechanisms in the development of these inequalities.



**Figure 3. CAGE project - analytical model**



Photo: Johnér

## EDUCATION

### Equal access to education – except in Denmark

With regards to *education policies*, Finland, Norway and Sweden have provided equal rights to education for all children, while in Denmark, asylum seekers have been excluded from entitlements to upper secondary education.

All newly arrived immigrant students in the four countries are offered language training and introduction programmes. These are either organised by mainstream classes, where immigrants are included in a regular classroom, or introductory classes, where newly arrived students are placed in separate classes. Sweden and Finland have more strongly favoured the inclusion model.

The school systems in the Nordic countries are decentralised. Therefore, the choice between *inclusion* in mainstreaming classes or *separation* in introductory classes often lies with local municipalities. This implies large regional differences within the countries in the educational introduction of refugee children.

### Gaps in educational outcomes

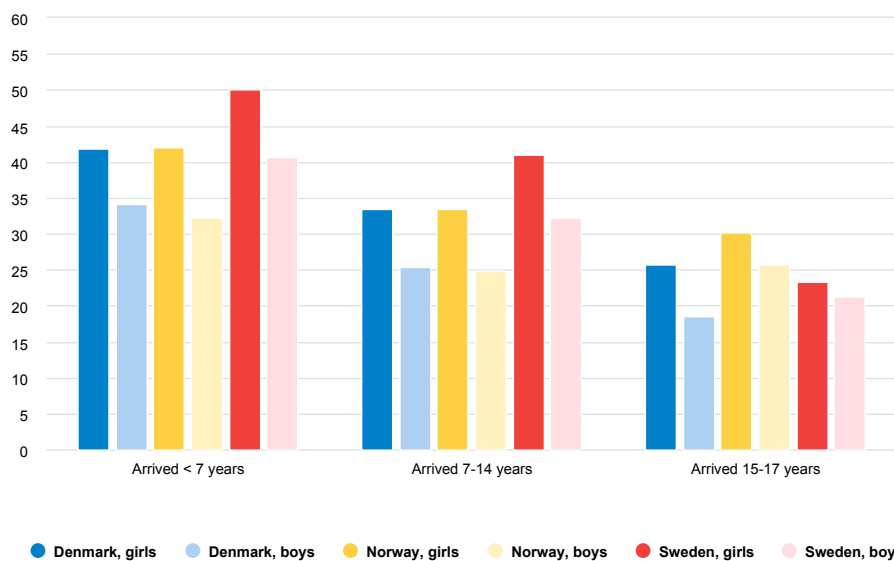
In terms of *educational outcomes*, refugee children in all four countries had lower educational achievements than the native-born children, although with great variations within the group of refugees.

It is clear that the refugees' origin and time of arrival matter. Refugees from middle income countries tend to perform better than those originating in low-income



countries. Also, refugee children who arrived in the Nordic countries before school age had better educational outcomes than those who arrived at later ages.

In all four countries, the gap in upper secondary educational attainment between refugees and the native-born majority was greater than the corresponding gap in university education. Comparison between the countries shows that refugee children in Denmark and Finland had the lowest educational achievements, while those in Sweden tended to have the highest, but with the largest differences by age of arrival.



**Figure 4. Average grades among refugee children by age of arrival.**

**Average grades among the native-born majority populations in Denmark, Norway, and Sweden were similar, ranging from 55.3–57.5 among girls and 46.3–47.5 among boys.**

### Lack of competence to support young refugees

The *qualitative study on educational and psychosocial transitions* among young refugees in Norway revealed that schools and teachers had varying, and sometimes insufficient, knowledge and competence to support young refugee students. This is due to the multifaceted educational and psychosocial needs of this highly diverse group.

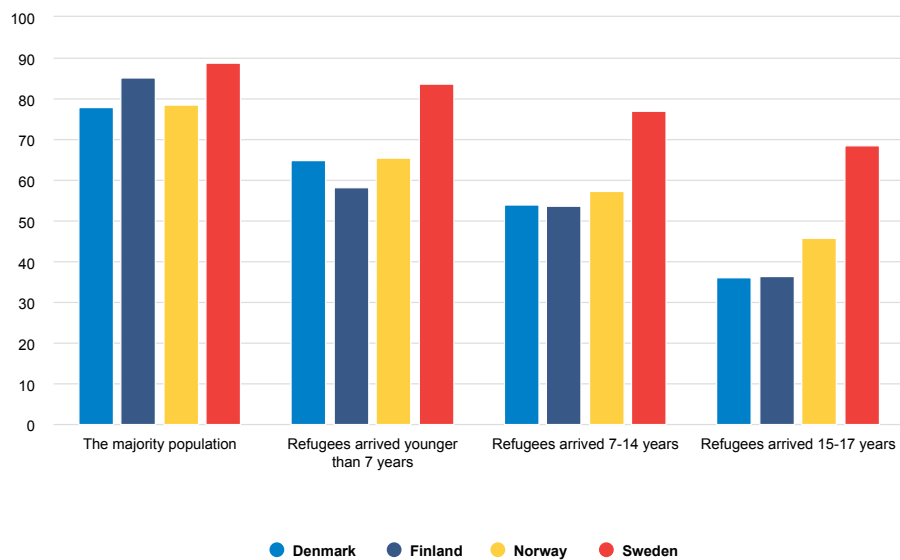
The study outlined three central dilemmas that school staff might encounter in their work to support newly resettled refugee students:

1. Balancing refugee students' educational and psychosocial needs
2. Seeing the individual refugee student vs. group-level challenges
3. Sustaining students' high motivation to succeed at school vs. preparing for future careers

Some teachers reported that they were often in doubt about how to relate to the high educational aspirations of students who did not seem to have the necessary prerequisites to achieve their ambitions.

The interviews with school staff indicated that they tend to focus more on educational than psychosocial issues when commenting on young refugees' challenges in school. The findings also highlight that non-teacher professionals, such as school health- and social workers, often play an important additional psychosocial role for refugee students.

A qualitative study exploring the link between health inequalities and education demonstrated that some teachers call for provision of integrated mental health services with special knowledge of refugee health. This could reduce the negative effect of mental health issues for educational achievements.



**Figure 5. Completed upper secondary education by age 25 among native-born majority and refugee youth (%).**



Photo: Scanpix.dk

## LABOUR MARKET

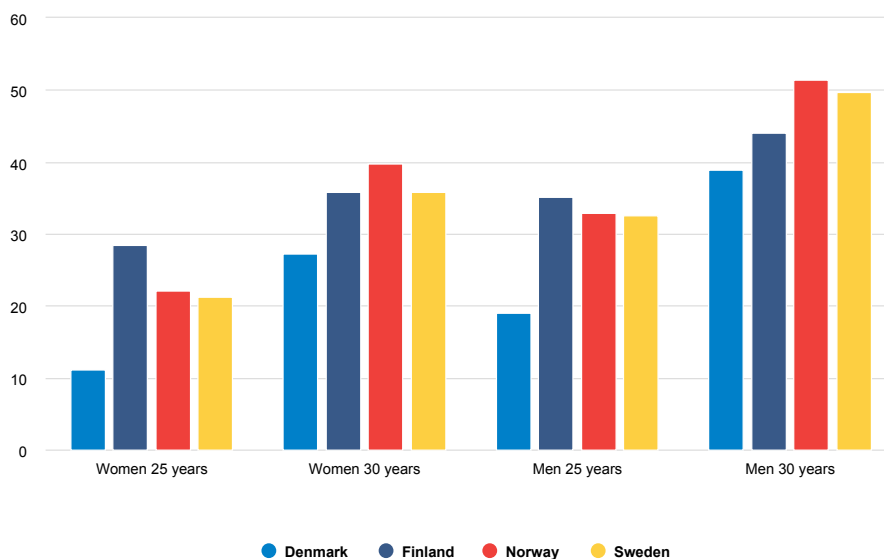
### Emphasis on labour market integration

Regarding *labour market policy*, the Nordic countries have chosen slightly different paths and introduced different targeted measures to integrate refugees and immigrants into the labour market. Yet, all four countries connect immigration and asylum policies to labour market integration.

In recent years, the workfare-related view of employment has become more dominant. This means that employment is regarded as key to integration and a compulsory condition for long-term residency and social benefits.

In terms of *labour market participation*, young refugees had a more disadvantaged position at ages 25 and 30 relative to their native-born majority peers. As many as 18–31 per cent of refugees were neither in education, employment nor training (NEET). Gender differences were also observed: while 39–51 per cent of male refugees had a core labour market attachment at age 30, this applied to only 27–40 per cent of female refugees.

Also with regards to labour market attachment, there were considerable differences depending on origin. Between countries, refugees in Denmark had the greatest relative disadvantage when compared to the native-born population. The analysis also shows that the employment differences were considerably smaller among those who had completed an upper secondary education, compared to the group with no upper secondary education.

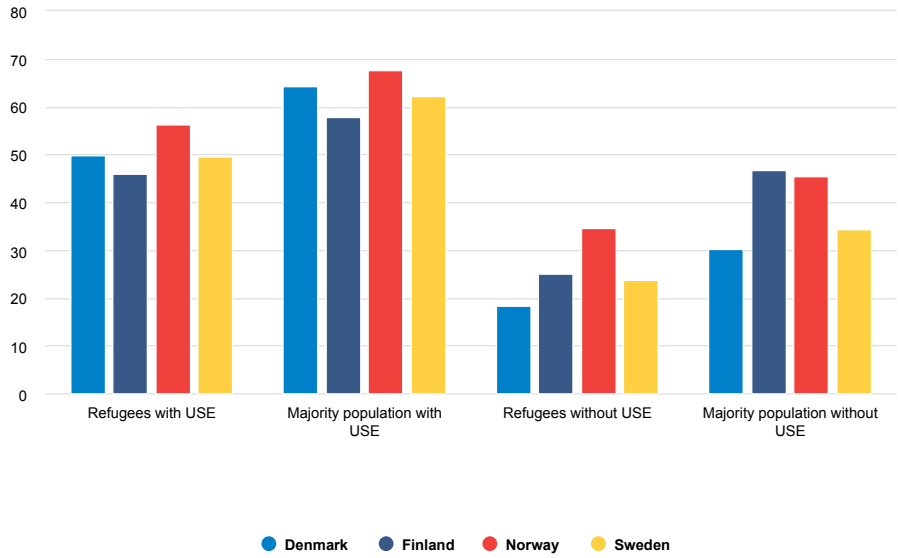


**Figure 6. Refugee women and men in the core labour force by age and country of residence.**

## Double challenge of unemployment

A qualitative Finnish study on employment revealed that refugee youth face a double challenge of unemployment, by being both young and being refugees. Personal networks, which refugees often lack for obvious reasons, were described as a key factor for successful entry into the Finnish labour market.

Even though pressure is still largely placed on refugees to find work and integrate into the Nordic labour markets, there are encouraging signals about the employers' attitudes and adaptation. Employers expressed a desire for more resources for language training and courses on Finnish work culture, targeted to refugees. Finnish employers also highlighted the need to reduce bureaucracy in hiring immigrants.



**Figure 7. Proportion of refugee and native-born majority residents in core labour force by age 30, by completion of upper secondary education (USE) by age 25.**



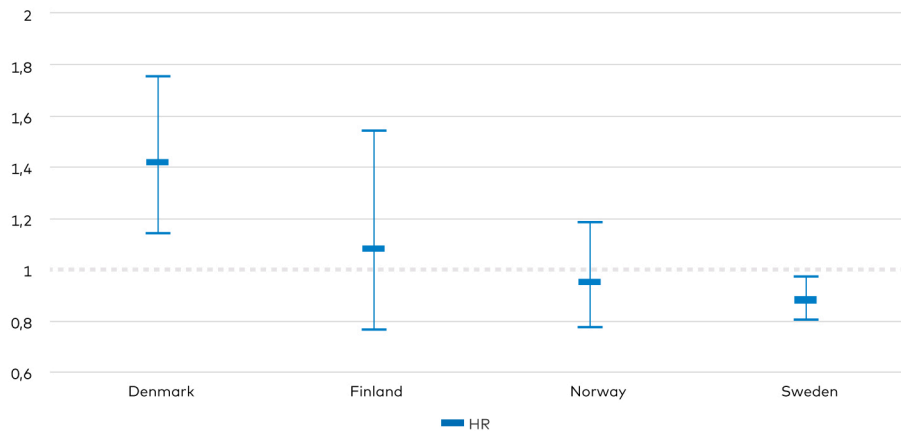
Photo: Unsplash.com

## HEALTH

### More attention on mental health

Throughout the 1980s and early 1990s, *health reception policies* were introduced in all four countries, focusing mainly on infectious disease control and the need for acute care. In recent years, these policies have become more holistic, also considering the mental health burden of asylum seekers and refugees.

Out of the four countries, Denmark has the largest focus on refugee mental health upon arrival. At the same time, however, Denmark is the only Nordic country that does not have national legislation in place to ensure that asylum-seeking children are entitled to healthcare services on an equal footing with resident children.



**Figure 8. Mortality during the period 2006–2015 among refugees born 1972–1997 compared with the majority population over 18 years.**

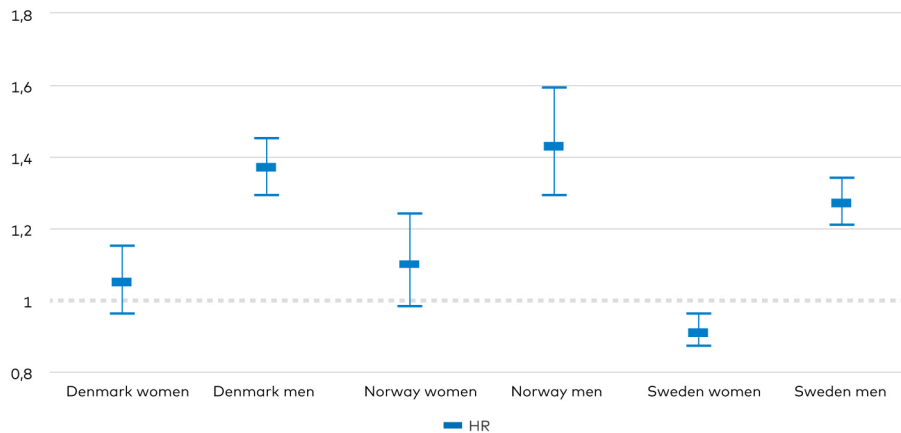
Hazard ratios (HR) with 95% CI for mortality in refugees compared with natives after 18 years of age during 2006–2015 in refugees born 1972–1997.

### Male refugees at higher risk of ill-health

The *register study of health indicators* looked at the health of refugees who had immigrated to Denmark, Norway and Sweden as children during 2006–2015. The study analysed their health situation when they were between the ages of 18 and 43 years.

Refugee men in Denmark stood out with a consistent pattern of higher risks for external cause of mortality, need for disability or illness pension and outpatient psychiatric care. They also had a higher risk of substance abuse and psychotropic drug use compared with female refugees and native-born men in Denmark. Male refugees in Sweden and Norway also had higher risks for psychiatric indicators than native-born men, and also in Sweden with regards to disability or illness pension. Furthermore, the results seem to indicate barriers for accessing psychiatric care for male refugees, particularly in Sweden.

Overall, refugee women had a health profile more similar to the native-born population than refugee men in all three countries. For substance abuse, refugee women even had a better profile than that of native-born women.



**Figure 9. Hospital admissions for a psychiatric illness in the period 2006–2015 among refugees born 1972–1997 compared with the majority population over 18 years for men and women, respectively. Hazard Ratio (HR) with 95% confidence interval (CI).**

## Support for asylum-seeking families – Approaches and challenges

A Danish qualitative study described the ways in which health reception of asylum-seeking children and families is performed and experienced in asylum centres.

On the one hand, this study demonstrated the unique positive role of child health nurses in the Danish asylum system. The study highlights that they have managed to reach families through tailored, coherent and empowering relationships. On the other hand, the study describes the everyday struggles of asylum-seeking families to maintain the positive parenting practices encouraged by the nurses, especially in light of the limited material resources and crowded housing, leaving little space for family intimacy.



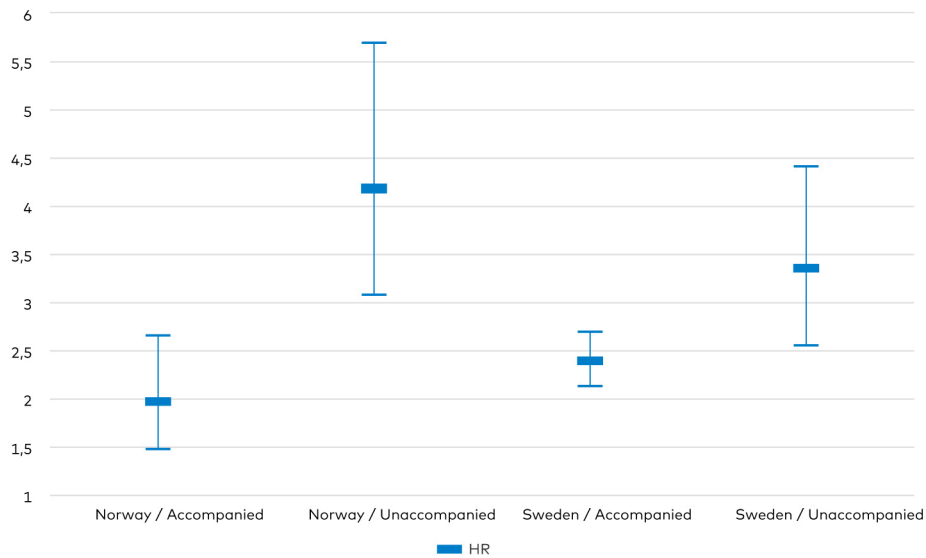


Photo: Mads Schmidt Rasmussen

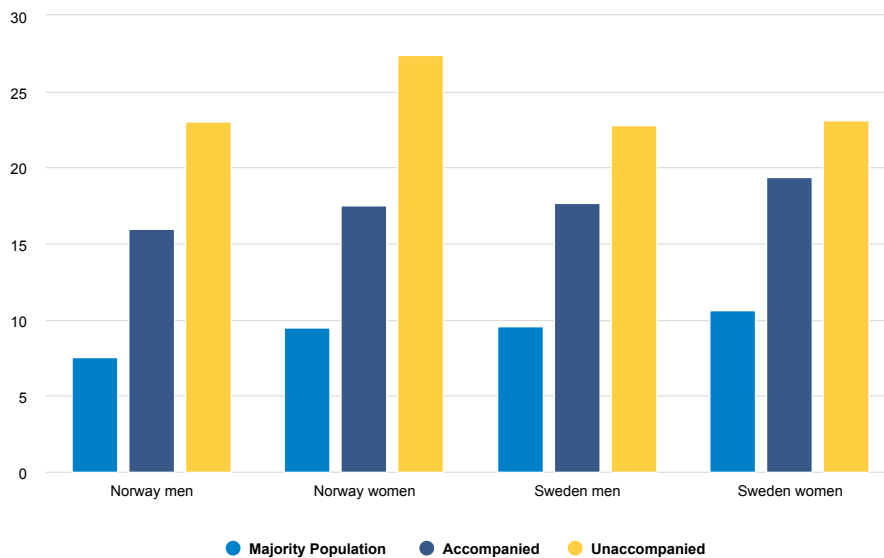
## UNACCOMPANIED MINORS

### Particular attentiveness to children and unaccompanied minors

A study of unaccompanied refugee minors in Norway and Sweden indicates that they are consistently disadvantaged throughout their life trajectory, compared with accompanied refugee minors. This pattern was seen for indicators of severe mental health problems and educational outcomes, but also when it comes to the group of people who are neither in education, employment nor training at the ages of 25 and 30. Being in the work force at age 25 was the only social indicator in which unaccompanied refugees were doing equally well or better than accompanied refugees. At the age of 30, the situation was reversed.



**Figur 10. Hazard ratios with 95% C.I for hospital admission with a diagnosis of a substance misuse disorder after 18 years of age during 1991–2015, using the native population as the reference group. Adjusted for year of birth. Men and women separately.**



**Figur 11. The proportion of refugees arriving as unaccompanied children who were neither in education nor employment (NEET) at the age of 30 compared with refugees arriving as unaccompanied children and the majority population (%). Sweden and Norway, men and women.**



Photo: Mads Schmidt Rasmussen

## CAGE reveals inequalities across the Nordic Region

The CAGE register studies demonstrated inequalities in education, labour market participation and health among young refugees, relative to the native-born majority populations in Denmark, Sweden, Norway and Finland.

The CAGE study indicates that having an upper secondary education facilitates entry into the labour market. Moreover, it shows that the gap in educational achievement between refugees and the native-born population was greater in upper secondary education than in higher education.

- **Policy improvements which facilitate upper secondary education attainment should be of high priority in all four countries.**

Such policies should also consider the message from the qualitative CAGE studies. Here, teachers asked for more flexibility in educational provisions and highlighted the need for further education in the task of educating newly arrived refugee students.

Young refugees were found to have a higher share of individuals who are neither in employment, education nor training (NEET). This situation has high costs in terms of poor health and wellbeing of young refugees, as well as costs for society.

- **Policy and practice to reduce the relatively high NEET rate among young refugees should be emphasised.**

CAGE also demonstrates the particular challenges of low-educated refugees to find employment in competitive Nordic labour markets, which are characterised by high-

skilled jobs. The study also highlights that young refugees' educational and career paths are usually not linear, but rather characterised by shifting periods of employment, unemployment, work traineeships, volunteer work and education.

An increased burden of severe psychiatric disorders and substance misuse is also an important issue. This was identified in inpatient psychiatric care utilisation among male refugees in all four countries, as well as for psychotic disorders among female refugees

Indications of barriers to accessing psychiatric care, most clearly demonstrated in Sweden, suggest a need for improved policies.

- **Policies to improve psychiatric care could include more mental health content in existing health reception policies, with Denmark as a good example. The issue should also be addressed in psychiatric services provision.**

Unaccompanied refugee minors were found to have greater inequalities in educational achievement, labour market participation, and health compared with accompanied minors. This confirms previous assumptions about their vulnerability due to lack of family support and a higher burden of psychological trauma.

- **The vulnerability and special needs of unaccompanied refugee minors should be addressed in policy.**

In all four countries, the CAGE study shows clear gender differences with regards to health outcomes and labour market participation. Female refugees had a health profile that was more similar to that of the native-born population than did male refugees, whereas they were less represented in the core labour force.

- **Knowledge about gender differences in labour market participation and refugee health profiles should be used in the design of future policy.**

Comparison between the four countries demonstrated that refugees in Denmark, the Nordic country with the most restrictive immigration policies, were disadvantaged in almost all education, labour market, and health indicators, both in comparison to the native-born population and similar groups of refugees in Finland, Norway and Sweden.

- **This suggests that immigration policy with the intention to send signals to potential asylum seekers outside of the country comes at a price for refugees who have already settled.**

Hypothetically, these inequalities could be a direct consequence of policy – or the lack thereof – in important areas. It could also be due to broader social sentiments and attitudes toward immigration, resulting in more restrictive migration policies being put in place. Further studies are needed to clarify the mechanisms behind this.

## Valuable Nordic data resources

The register data available in the Nordic countries provides a unique opportunity for the evaluation of key national policies. Apart from comparing the data, the CAGE project assessed the efficiency of the infrastructure in each country that provides such data. In this comparison, the Danish register infrastructure was found to be the most effective, while the Norwegian was deemed the most complicated and expensive.

- **Further Nordic harmonisation of the register data infrastructure is important to facilitate the best possible use of this unique data resource at the Nordic level.**

# About this publication

## How are young refugees doing in the Nordic welfare societies?

### Coming of Age in Exile – CAGE

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The report contains a summary of the key findings from the CAGE project. The research findings are presented in detail in the report: [Coming of Age in Exile – Health and Socio-Economic inequalities in Young Refugees in the Nordic Welfare Societies](#). Copenhagen: University of Copenhagen, 2020.

## **Nordic co-operation**

Nordic co-operation is one of the world's most extensive forms of regional collaboration, involving Denmark, Finland, Iceland, Norway, Sweden, the Faroe Islands, Greenland, and Åland.

Nordic co-operation has firm traditions in politics, the economy, and culture. It plays an important role in European and international collaboration, and aims at creating a strong Nordic community in a strong Europe.

Nordic co-operation seeks to safeguard Nordic and regional interests and principles in the global community. Shared Nordic values help the region solidify its position as one of the world's most innovative and competitive.

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