

Coming of Age in Exile

HEALTH AND SOCIO-ECONOMIC INEQUALITIES IN
YOUNG REFUGEES IN THE NORDIC WELFARE SOCIETIES



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Executive Summary

Coming of Age in Exile (CAGE) has been a multidisciplinary research project, funded by the Nordic Research Council (Nordforsk) during 2015-2020, for more information see <https://cage.ku.dk/>. CAGE has been led by the Danish Research Centre for Migration, Ethnicity and Health (MESU) at the Department of Public Health at the University of Copenhagen and carried out in collaboration with researchers at the Migration Institute of Finland, Turku; the Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS), Oslo; the University of South-Eastern Norway, University of Bergen, University of Gothenburg, and the Centre for Health Equity Studies (CHESS), Stockholm University/Karolinska Institutet.

During the last fifty years, the number of people moving to the Nordic countries has increased. From the 1970s onwards, a large part of non-Nordic immigration has consisted of refugees and their families. Children below 18 years of age comprise a sizable proportion of refugee immigrants, i.e. 25-35% of the refugees in the Nordic countries, and about twice as many when children born in exile are also included. In welfare typologies, the Nordic countries are often considered as similar in terms of their welfare state policies, but there are also important differences between countries in terms of immigration policy and economic context. The Migration Integration Policy Index (MIPEX), a comparative policy analysis tool used by the European Union, has shown that during the period in which the CAGE study was conducted, Denmark ranked far behind the other Nordic countries, with more restrictive integration policies related to financial support, family reunification, and possibilities for naturalisation. Key economic factors also differ considerably between countries, with Sweden and Finland having had higher rates of youth unemployment during recent decades. The Nordic countries, with their excellent national registers, provide a unique arena for comparative studies of refugee children and youth in order to obtain an understanding of contextual factors in the reception countries for the integration of young refugees.

The aim of the CAGE project has been to investigate inequalities in education, labour market participation, and health during the formative years in young refugees, and how they relate to national policies and other contextual factors. CAGE has used a mixed methods strategy built around a core of

cross-country comparative quantitative register studies in national cohorts of refugees who were granted residency as children (0-17 years) during 1986-2005 in Denmark, Finland, Norway and Sweden, with follow-up until 2015. These quantitative register studies have been complimented with policy analyses and qualitative studies of key mechanisms involved in the development of these inequalities.

Main findings

Education

With regards to *education policies*, Finland, Norway, and Sweden have provided equal rights to education for all children, while asylum-seekers in Denmark have been excluded from entitlements to upper secondary education. Newly arrived immigrant students are offered language training in the respective Nordic language and introduction programmes that are organised by mainstream (inclusion) or introductory (segregation) classes, with Sweden and Finland having more strongly favoured the inclusion model. Due to decentralised school systems in the Nordic countries, the choice of inclusion in mainstreaming classes or separation in introductory classes remains open to local, municipal decision, implying large regional differences within countries in the educational introduction of refugee children.

In terms of *educational outcomes*, refugee children in all four countries overall had lower educational achievements than the native-born majority population, but with great heterogeneity within the refugee population. Refugees originating in middle income countries tended to have better outcomes than those originating in low income countries, and 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 of a greater magnitude than the corresponding achievement gap in university education. In the cross-country comparison, 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.

The *qualitative study on educational and psychosocial transitions* among young refugees upon resettlement in Norway

revealed that schools and teachers had varying, and sometimes insufficient, knowledge and competence of how to relate appropriately to the diverse group of refugee students and their multifaceted educational, and psychosocial needs. Furthermore, the study's findings 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 demands; 2) seeing the individual refugee student vs group-level challenges; and 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 school staff interviewees tended to focus more on educational than psychosocial issues when commenting on young refugees' challenges in school. The findings also highlighted that non-teacher-professionals (e.g. school health workers and social workers) can have an important additional psychosocial role for refugee students. The *qualitative study on addressing immigration-related health inequalities through equitable education* demonstrated that some teachers called for a provision of integrated mental health services with special knowledge of refugee health, in order to reduce the negative effect of mental health issues for educational achievements and support health-and wellbeing initiatives in school.

Labour market

Regarding *labour market policy*, the Nordic countries have taken slightly different approaches in targeted active labour market measures to integrate refugees and other immigrants into the labour market, yet all four countries connect immigration and asylum policies to labour market integration. In recent years, however, the workfare related view of employment has become more dominant, with employment seen as a key to integration and a compulsory condition for long-term residency.

In terms of *labour market participation*, young refugees had a more disadvantaged labour market position at ages 25 and 30 relative to their native-born majority peers in the quantitative register study. As many as 18-31% of refugees were neither in education, employment or training (NEET) at age 30. Gender differences in labour market attachment among refugees were also observed, with 39-51% of male refugees having a core labour market attachment at age 30, compared to 27-40% among female refugees. However, there was substantial heterogeneity within the refugee group by origin. Between countries, refugees in Denmark had the greatest rel-

ative disadvantage in comparison with the native-born majority population. In the group with completed upper secondary education, employment differences between refugees and their native-born majority peers were considerably smaller than those observed among the group with no upper secondary education.

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 were described as a key factor for successful entry into the Finnish labour market. Even though pressure is still largely placed on refugees to integrate into the Nordic labour markets, there are encouraging signals about the employers' adaptation and attitudes. Employers expressed a desire for more resources for language training and courses on Finnish work culture targeted to refugees. The Finnish employers also highlighted that the bureaucracy in hiring immigrants should be reduced.

Health

Health reception policies were introduced throughout the 1980s and the early 1990s in all four countries, with infectious disease control and need for acute care as the primary components. In recent years, health reception policies in all four countries have taken a more holistic approach by also considering the mental health burden of asylum seekers and refugees, with Denmark having 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 policy legislation which explicitly states that asylum-seeking children are entitled to healthcare services on an equal footing with resident children.

The *register study of health indicators* described the situation of refugees who had immigrated to Denmark, Norway, and Sweden as children during 2006-2015, when they were between the ages of 18-43 years. Refugee men in Denmark stood out with a consistent pattern of higher risks for external cause mortality, disability/illness pension, outpatient psychiatric care, substance abuse, and psychotropic drug use compared with female refugees and the male native-born majority in Denmark. Male refugees in Sweden and Norway also had increased risks relative to native-born majority men for psychiatric indicators, and also in Sweden for disability/illness pension. The results further seemed to indicate possible barriers for accessing psychiatric care for male refugees, particularly in Sweden. Overall, refugee women had a health profile more similar to the native-born majority populations than refugee men in all three countries, and for substance

misuse an even better profile than that of native-born majority women.

A Danish *qualitative* study described how health reception of asylum-seeking children and families is performed and experienced in asylum centers. On the one hand, this study demonstrated the unique positive role of child health nurses as actors in the Danish asylum system, as they have managed to reach families through tailored, coherent, and empowering relationships. On the other hand, the study described the everyday struggles of asylum-seeking families to maintain the positive parenting practices encouraged by the nurses in a context with limited material resources and crowded housing with little space for family intimacy.

Unaccompanied minors

A register study of unaccompanied refugee minors in Norway and Sweden showed a consistently disadvantaged pattern of their life trajectories compared with accompanied refugee minors. This pattern was seen for indicators of severe mental health problems, educational outcomes, and being in NEET (not in education, employment or training) at ages 25 and 30. Being in the core work force at age 25 stood out as the only social indicator in which unaccompanied refugees were doing the same as or better than accompanied refugees, but this situation was reversed at age 30.

Implications

The results of the CAGE register studies demonstrated inequalities among young refugees relative to native-born majority populations with regards to education, labour market participation, and health, in all four Nordic countries. Having an upper secondary education facilitated entry into the labour market, linking these two policy areas in a life course perspective. In the CAGE study, it was not possible to study the direct links between the education and labour market indicators and the health outcomes, but such a link is supported by previous international and Nordic research in the general population.

The gap in educational achievement between refugees and the native-born majority was greater in upper secondary educational attainment than for higher education. Given this, and the overall importance of completing upper secondary education for labour market entry, policy improvements which facilitate upper secondary education attainment should be of high priority in all four Nordic countries. Such policies should consider the message from the qualitative CAGE studies, in which teachers asked for more flexibility in educational provisions

and possibilities for further education in the task of educating newly arrived refugee students. Young refugees were found to have higher rates of NEET at age 30 than the native-born majority in all four countries. This situation has high costs in terms of poor health and well-being in young refugees, but also economic costs for the society. Policy and practice that can meet these challenges should therefore have high priority.

The CAGE results demonstrated the particular challenges of low-educated refugees to find employment in competitive Nordic labour markets characterized by high-skilled jobs. The qualitative labour market study highlighted that young refugees' educational and career paths have not been linear, but have rather been characterized by shifting periods of employment, unemployment, work traineeships, volunteer work and education.

An increased burden of severe psychiatric disorders and substance misuse was identified in inpatient psychiatric care utilization among male refugees in all participating countries, and for psychotic disorders among female refugees. Indications of barriers to accessing care, most clearly demonstrated in Sweden, suggest a need for improved policy in this area. Such policies could include increased mental health content in existing health reception policies, with the Danish practice as a good example, but this also needs to be addressed within psychiatric services provision.

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

In all countries there were clear gender differentials with regards to health outcomes and labour market participation relative to the native-born majority populations. Female refugees had a health profile that was more similar to that of the native-born majority populations than did male refugees, but were less represented in the core labour force. This knowledge should be used in the design of future policy in these areas.

The cross-country comparative register studies demonstrated that refugees in Denmark, the Nordic country with the most restrictive immigration policies according to the 2015 MIPEX indicator, were disadvantaged in almost all education, labour



market, and health indicators relative to the native-origin majority population and similar groups of refugees in Finland, Norway, and Sweden. This seems to suggest that immigration policy with the intention to send signals to potential asylum seekers outside of the country comes at a price for refugees that have already settled. Hypothetically, these inequalities could be a direct consequence of policy, or the lack thereof in important areas, as well as a consequence of broader social sentiments and attitudes about immigration that may result in the implementation of restrictive migration policy. Further studies are needed to clarify the mechanisms behind this.

The register data in the Nordic countries provides a unique opportunity for the evaluation of key national policies. The comparative register studies in the CAGE project also served

as a type of natural experiment, which entailed a cross-country comparative study of the efficiency of the infrastructure in each country that provides register data for such research. In this comparison, the Danish register infrastructure was found to be the most effective, while the Norwegian was found to be the most complicated and expensive, in fact delaying the register studies in the CAGE project by several years. Further Nordic harmonisation of this infrastructure is important to facilitate the good use of this unique data resource at the Nordic level.

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Introduction

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By the end of 2019, refugees worldwide were estimated to amount to 26 million people; of these more than half were children below 18 years of age (1). Increased refugee immigration within recent decades, has resulted in demographic changes within the Nordic welfare states. Efforts to promote social and economic equality of refugees may contribute to increased social cohesion, a stronger labour force, more economic growth and decreased spending on social welfare services in the Nordic countries. The diverse backgrounds of refugees have created major challenges in the provision of education, health and other welfare services in an equality perspective.

Reducing inequality is integral for the achievement of the United Nation's Sustainable Development Goals (The 2030 Agenda) (2). These goals cannot be achieved without taking into account the rights and needs of refugees, internally displaced people, and immigrants, an increasingly large and vulnerable population group. Promotion of good health and wellbeing, and provision of quality education for all are some of the means available to combat the existing inequities, as are responsible and safe immigration policies. Also essential to attaining the UN goals is the acknowledgement of the interconnection between the challenges: good health facilitates education and labour market participation; education enables upward socioeconomic mobility, and is a key to escaping poverty and can enhance chances of good health. Thus, these challenges cannot be tackled in isolation but must be tackled simultaneously. To understand and target one issue in a meaningful way also requires an understanding of the other issues.

The Nordic cross-disciplinary collaborative research project "Coming of Age in Exile" (CAGE), carried out in Denmark, Finland, Norway, and Sweden from 2015-2020, funded by NordForsk, aimed to investigate how education, employment, and health interconnect and jointly play a role in the process of

settlement during the formative years in young refugees. Utilising cross-country comparisons, CAGE aimed to understand how the post-settlement context shapes refugee children's life trajectories in terms of health and socio-economic equality in the Nordic countries.

The project was organized in the form of the following studies and sub-studies:

1. Comparative registry studies in national cohorts of young refugees
2. Comparative analyses of welfare policies in the Nordic countries
 - a) Health reception of young Refugees in the Nordic countries
 - b) The role of education policies and schools in meeting the needs of refugee students and tackling Inequities in education and labour market outcomes
 - c) A comparative analysis of Nordic policies to facilitate entry into the labor market
3. Comparative Analyses of Welfare Policies in the Nordic Countries.
 - a) A study of educational and psychosocial transitions encountered by young refugees upon resettlement
 - b) Young refugees in the labour market- What are the experiences of the trajectory from education to labour market

In this final report, we present the overall results on patterns and trends regarding education, employment, and health in refugee children and youth (accompanied and unaccompanied) compared with their Nordic-origin majority peers within and across the Nordic countries. The report is based on the unique Nordic registry data, along with analyses of Nordic social/welfare policies and qualitative studies on health, educational and labour market practices related to young refugees. These results may inform national and regional policy and may be useful for practitioners in healthcare, education, labour employment, and social services, as well as civil society.

In the report, we focus on refugee children coming of age who have been granted residence in Denmark, Finland, Norway, and Sweden. In some chapters, issues related to the asylum-seeking phase are also included, as they may have an

impact on the life trajectories of refugee children. Likewise, we have included policies that do not distinguish between different groups of immigrants (e.g. refugee vs. non-refugee immigrant children). Undocumented immigrants can be seen as a particularly vulnerable group, not least due to their limited access to welfare services, but they are not included in the CAGE project.

CAGE Conceptual Model

CAGE takes its starting point from a model presented in Figure 1. Education and labor market are key targets for welfare policy in the trajectory from the childhood family to the social context of the adult. Socio-economic context impacts health through multiple pathways, but, and this is in particular the case for refugees, poor mental health may also impair education and entry into and sustainability within the labor market.

The contextual factors, included in the model, are divided into pre-/peri migration factors and post migration factors that influence the outcomes regarding education, employment, and health in the trajectories of the young refugees.

Refugee Immigration to the Nordic Countries

Since the 1970s, immigration to the Nordic countries has to a large extent consisted of refugees and their families. During the period 2006-2018, the Nordic countries, excluding Iceland, granted asylum to 412,812 persons (Figure 2) (3). The majority of these refugees have settled in Sweden (67%), followed by 15% in Norway, 11% in Denmark, and 7% in Finland (3).

The total number of granted asylum cases during the period 2006-2018 relative to the total population in the different countries also confirmed this pattern: Sweden has granted asylum to more than twice the number in Norway, more than three times the number in Denmark and over five times the number in Finland.

Figure 3 displays asylum granted to refugees in the Nordic region during the period 2006-2018 as percentage of the total in each country, by refugees' country of origin (3). As shown, the most prevalent countries of origin of the refugees residing in the Nordic countries were: Afghanistan, Iran, Iraq, Somalia, other countries in Africa, Syria as well as Stateless. However, the composition of the refugee population by origin differed by Nordic country of residence. In Denmark, the largest group originated in Syria, followed by "other Africa". In Finland, the largest group originated in Iraq, followed by Afghanistan. In Norway, the largest groups originated in "other Africa" followed by Syria. In Sweden, the largest group originated in Syria followed by Iraq.

Children make up approximately 25-35% of refugees in the Nordic region (4, 5). Between 2014 and 2019, 28,400 unaccompanied minors were granted asylum in Denmark, Finland, Norway, and Sweden, with the highest numbers residing in Sweden (70%) followed by Norway (19%) and Finland (7%) (6, 7, 8, 9). Overall, Sweden stands out as the country with the largest number of refugee residents within the Nordic countries.

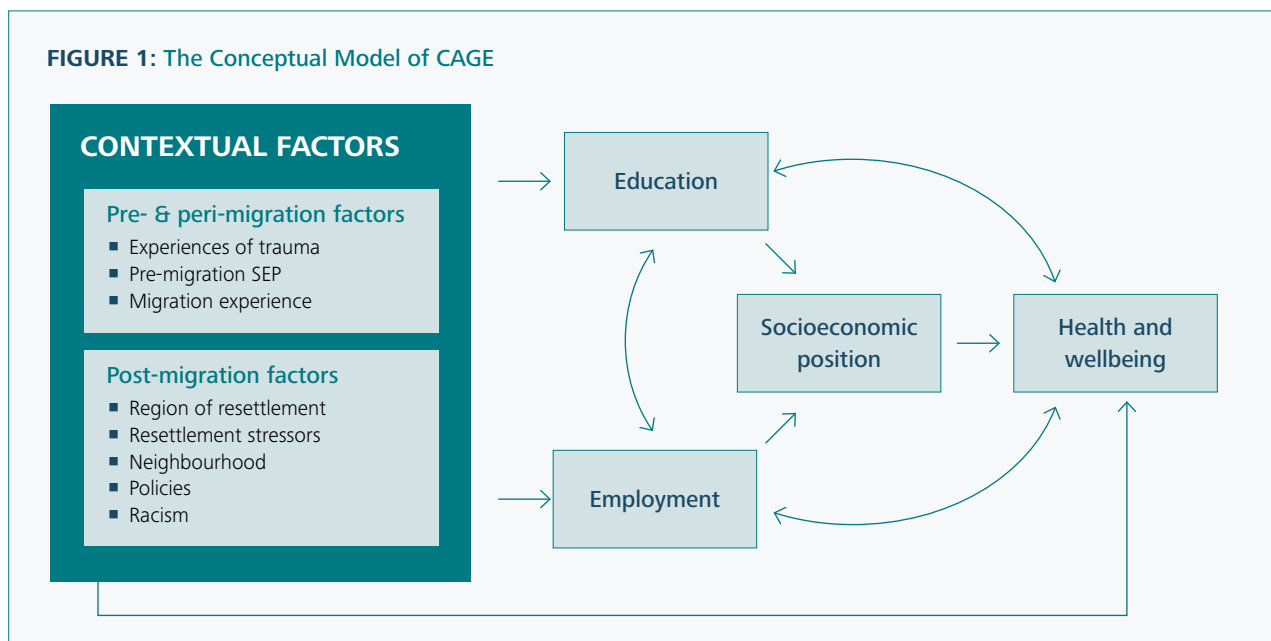
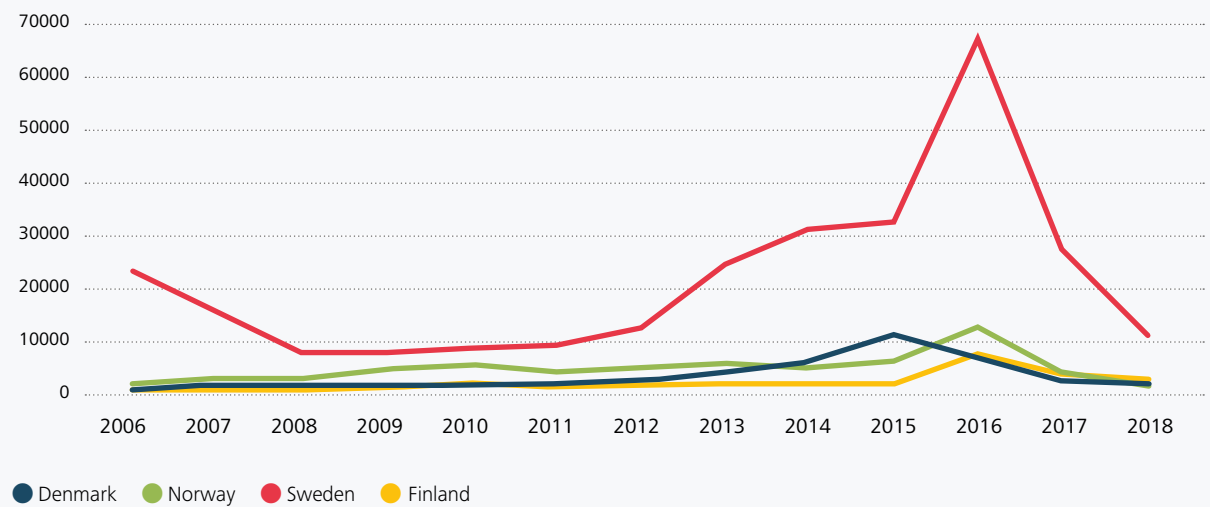


FIGURE 2: Numbers of persons who were granted asylum in the Nordic region, 2006-2018.

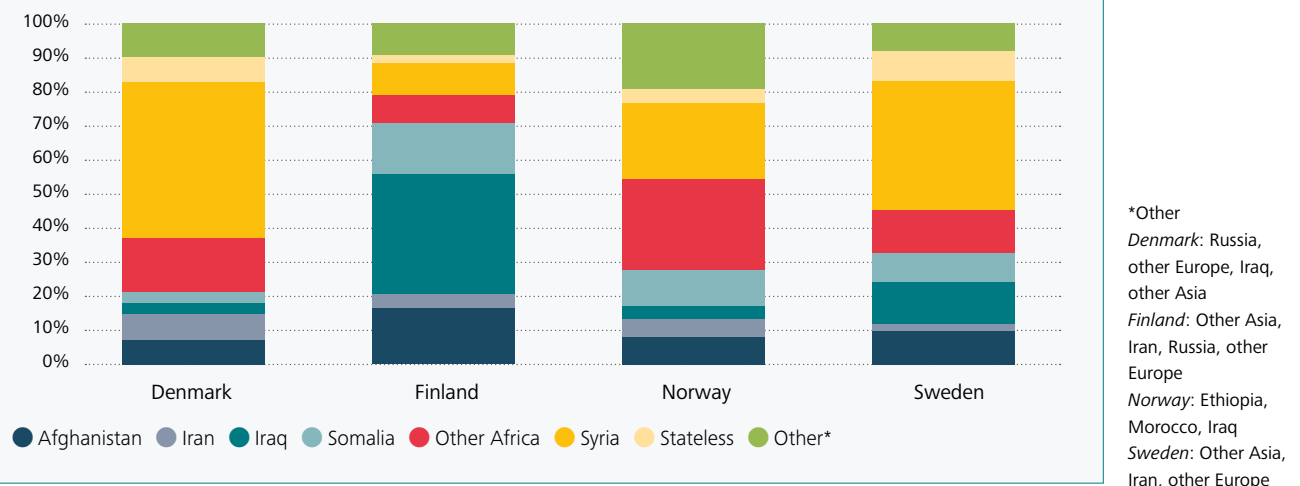


Refugee children have been shown to be a particularly vulnerable group (10) due to exposure to organized violence and war, hazardous journeys, and uncertainty in the asylum process, together with post-migration stressors and a sometimes unstable family environment. However, refugee children are also a group characterized by a high degree of resilience (11, 12) understood as the ability to maintain a healthy functioning despite turbulent and stressful life events characterised by adversities (10). Refugee children and youth are a heterogeneous group, with respect to age, gender, ethnicity, country/region of origin, migration trajectory, previous education, age at arrival, and family setting. Consequently, young refugees arriving to the Nordic countries and subsequently entering the countries' school system and labour

market will have very different psychosocial and educational needs and strengths.

A CAGE review (13) on previously existing evidence on the health, education, and employment status of young refugees in the Nordic countries confirmed a picture of a more disadvantaged position of young refugees compared with their native-born majority peers in the Nordic countries. The review also revealed that mental health was the most commonly studied health outcome, and that knowledge was lacking in several areas, including an understanding of the interactions between health, education, and labour market attachment (13). The results from the review showed that young refugees had poorer mental health than their non-refugee immigrant

FIGURE 3: Asylum granted to refugees by country of origin, 2006-2018, as percentage of the total.



and native-born majority population peers. Mental health problems were related to pre-migration experiences but also to post-migration factors, such as discrimination and poor social support. Refugee children and youth performed worse in school than their native-born majority peers and few progressed to higher education. Experiencing less discrimination and having better Nordic language proficiency were associated with higher educational attainment. A larger proportion of refugees, especially unaccompanied refugee minors, were outside the labour force compared with the general population. Education above nine years of compulsory school was associated with employment, but most young refugees had jobs that do not require special training. The review suggested that pre-migration factors but also postmigration conditions, such as perceived discrimination, social support, and Nordic language proficiency, were important factors for the mental health, education, and employment outcomes of young refugees in the Nordic countries (13). The review demonstrated a lack of cross-country comparisons on these topics.

As this review highlighted, factors that take place in the country of residence represent modifiable parameters within the welfare state's accountability. Following the same line, the CAGE focus on refugee children and youth partly stems from the fact that these new citizens have a long life ahead of them in the Nordic countries and from the notion that events early in the life course will have a lasting impact on the entire life course (14).

The Nordic Countries: Similar, but Different

The Nordic countries share quite similar historical, cultural, social, and welfare structures, as well as, to some extent, linguistic commonalities. The Nordic countries have often been commonly identified as universalist welfare states, as all countries provide access to tax funded services for healthcare and education for all residents (15). At the same time, within the domain of immigration and integration, there were substantial between country differences during the time of the CAGE study (16). According to rankings by the Migration Integration Policy Index (MIPEX) (17), Denmark had far more restrictive integration policies with regards to financial support, family reunification, and possibilities for naturalization compared with other Nordic countries, with Sweden having had the most liberal immigration policies during the CAGE study period (Table 1). Recently, however, all Nordic countries seem to have shifted towards more restrictive immigration policies (18).

In addition, education and labour market policies likewise differ between the Nordic countries, and youth unemployment

TABLE 1: Overall scores (%) in the Migration Integration Policy Index in the Nordic countries during 2010-2014* (17).

	2010	2012	2014
Denmark	49	54	59
Finland	69	71	71
Norway	70	70	69
Sweden	80	80	80

*The MIPEX score is based on a set of indicators covering eight policy areas that have been designed to benchmark current laws and policies against the highest standards. The maximum of 100 is awarded when policies meet the highest standards for equal treatment.

rates have been consistently lower in Norway and Denmark compared to Sweden and Finland (3). Cross-country comparisons thus allow for the identification of factors or policies in the Nordic countries that may shape refugee children's life chances, and may also help to disentangle some of the complex processes that shape the health and social trajectories of the young refugees that have arrived in the Nordic countries during recent decades.

References

1. UNHCR. Nøgletal [Key numbers] [Internet]. 2020. Available from: <https://www.unhcr.org/neu/dk/om-os/noegletal>.
2. United Nations. Sustainable Development Goals [Internet]. 2015. Available from: <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>.
3. The Nordic Council of Ministers. Nordic Statistics database [Internet]. 2020. Available from: <https://www.nordicstatistics.org/integration-and-migration/>.
4. Nordic Council of Ministers. MIGR04: Asylum request and granted asylum by citizenship, reporting country, type and time [internet]. [2016, accessed September 15, 2020] Available from: <https://www.nordicstatistics.org/integration-and-migration/>.
5. Byrne K and Hansen CB. Protected on paper? An analysis of Nordic country responses to asylum seeking children. Florence: Unicef Office of research - Innocenti, 2018.
6. Udlændingestyrelsen [The Danish Directorate of Immigration (SIRI)]. Tal og fakta på udlændingområdet [Numbers and Facts on immigrants] [Internet]. Ny i Danmark. [accessed October 28, 2020]. Available from: https://www.nyidanmark.dk/da/Numbers/tal_fakta.
7. The Norwegian Directorate of Immigration (UDI). Statistics and analysis: Statistics on immigration [Internet]. UDI. [accessed October 28, 2020]. Available from: <https://www.udi.no/en/statistics-and-analysis/statistics/?year=0&filter=38>.

8. Swedish Migration Agency. Asyl [Internet]. [cited 2020 Oct 28]. Available from: <https://www.migrationsverket.se/Om-Migrationsverket/Statistik/Asyl.html>.
9. Finnish Immigration Service [internet] 2020. Available from <http://www.emn.fi/raportit>.
10. Fazel M, Stein A. The mental health of refugee children. *Arch Dis Child*. 2002; 87(5):366–70.
11. Reed RV, Fazel M, Jones L, Panter-Brick C, Stein A. Mental health of displaced and refugee children resettled in low-income and middle-income countries: risk and protective factors. *The Lancet*. 2012; 379(9812):250–65.
12. Marley C, Mauki B. Resilience and protective factors among refugee children post-migration to high-income countries: a systematic review. *Eur J Public Health*. 2019; 29(4):706–13.
13. Borsch AS, de Montgomery CJ, Gauffin K, Eide K, Heikkilä E, Jervelund SS. Health, Education and Employment Outcomes in Young Refugees in the Nordic Countries: A Systematic Review. *Scand J Public Health*. 2019; 47(7):735–47.
14. Elder GH Jr. Time, Human Agency, and Social Change: Perspectives on the Life Course. *Soc Psychol Q*. 1994; 57(1):4.
15. Esping-Andersen G. *The Three Worlds of Welfare Capitalism*. Princeton NJ: Princeton University Press; 1990.
16. Jakobsen V, Korpi T, Lorentzen T. Immigration and Integration Policy and Labour Market Attainment Among Immigrants to Scandinavia. *Eur J Popul*. 2019; 35(2):305–28.
17. Huddleston T, Bilgili Ö, Joki AL, Vankova Z. *Migrant Integration Policy Index*. Barcelona/Brussels: CIDOB and MPG; 2015.
18. Hernes V. Cross-national convergence in times of crisis? Integration policies before, during and after the refugee crisis. *West Eur Polit*. 2018; 41(6):1305–29.

Terminology

Definitions and categorisation of population groups reflect different historical, political, social, cultural, ethical and conceptual circumstances and perspectives. Thus, terminology is dynamic but may also be seen as an expression of a specific position or utilized for practical reasons. In this report, the following terms are defined and used as follows:

IMMIGRANTS

Umbrella term for all persons born abroad where neither parent was born in the Nordic country of residence, regardless of their grounds of residence.

REFUGEES

Persons who have been granted asylum under the terms of the UN Refugee Convention “due to well-founded fear of persecution because of their race, religion, nationality, affiliation with a particular social group or their political views are outside the country in which he has citizenship and who is unable - or because of such fears - does not want to seek the protection of this country” (UN Refugee Convention). In addition, the term includes persons that have been granted asylum on other grounds, i.e. subsidiary protection and humanitarian grounds.

ASYLUM SEEKERS

Persons who reside in one of the Nordic countries and have applied for asylum (protection), but who have not yet been recognized as a refugee.

UNACCOMPANIED REFUGEE MINORS

Refugee children who are separated from both parents and are not being cared for by an adult who by law or custom has responsibility to do so.

NATIVE-BORN/ MAJORITY POPULATION

Children who were born in the Nordic country who also had two native-born (Nordic) parents.

CHILDREN

Individuals below the age of 18.

YOUTH

Individuals between the age of 16-30.

Education Policies for Immigrant Children

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Background and Objectives

The increase in immigration to the Nordic countries (1) has created new requirements to the countries' educational system's ability to adapt to these new students and their special background and needs. Education policy targeting immigrant students has a two-tier task: addressing both the initial introduction into schooling through introductory or transitional programmes and the on-going educational support to facilitate integration, wellbeing, academic outcomes and entry into the labour market.

The UN Convention on the Rights of the Child (UNCRC) is emphasizing the right for all children to access primary and secondary education based on equal opportunities (2). Although only Finland and Norway have incorporated the UNCRC into national law, all the Nordic countries have ratified the convention.

However, the OECD Program for International Student Assessment (PISA) have shown that immigrant students have a lower school attendance and performance compared to the Nordic-born students. New evidence has as well shown that immigrant students' performance is influenced by their country of origin as well as the host country, the latter being the most significant influence. This is supported by the significant performance difference between migrant students with the same national origin residing in different host countries (3,4). Among the Nordic countries, Norway has the lowest performance gaps between non-immigrants and immigrants. This difference between immigrant and non-immigrant students is concerning as the educational system is broadly considered a gateway to successful integration, entry into the labour market, health and wellbeing, better life chances and equity (5-7). How the educational systems respond to immigration is therefore a crucial part of the prospects of immigrant chil-

dren's educational trajectories and subsequently their chances of labour market entry.

This chapter describes how government legislation in the Nordic countries ensure the right to education and how it has developed since the 1980s with a special focus on how the education policies are targeting immigrant students. Furthermore, the chapter sheds light on to the variances, challenges as well as successes within the Nordic educational systems to address the gap between immigrant students and the native born majority. A later chapter "Addressing immigration-related health inequalities through equitable education – a comparative study" describes results on how national educational policies address health and wellbeing among refugee and immigrant children.

The Governmental legislation should be understood in the light of the decentralizing of the Nordic school systems since the 1990s leaving municipalities and schools with authority and autonomy to decide the local educational targets and frameworks. Therefore, the local levels have to some extent individualized and flexible approaches in their set-up of integration of immigrants in schools (8), allowing local variations of offers to immigrant students within the national levels.

Material and Methods

The chapter rests on OECD/PISA reports, legal documents, national laws and education acts in the four Nordic countries'. A comparative analysis between the four Nordic countries educational policies has been conducted in order to examine the tendencies with a focus on how immigrant students are targeted. The analysis is based on the framework developed by Tomaševski (9) that includes four dimensions of the right to education: availability, accessibility, acceptability, adaptability (4-A scheme) (Table 1).

Results

Availability

Availability is the basic principle of ensuring the right to education implying that the government must make education available to all children and adjust it to individual needs. All four Nordic school systems are comprehensive systems building on single-structure educational organization (without

TABLE 1: Description of the concepts of availability, accessibility, acceptability, adaptability with the “right to education” framework by Tomaševski (9).

THE RIGHT TO EDUCATION, 4-A SCHEME	
AVAILABILITY	Free compulsory education for all children Adequate infrastructure exists Trained teachers are available to support education delivery
ACCESSIBILITY	Compulsory schooling The school system is all-encompassing and non-discriminatory Schooling is accessible to all and measures are taken to include the marginalised Parents have free choice of school for their children Post-compulsory schooling Non-discriminatory criteria for admission Preferential access Foreign skills/diplomas are recognised
ACCEPTABILITY	Quality of educational content is acceptable The education available and accessible is of good quality Education is relevant, non-discriminatory and culturally appropriate (e.g. regarding language of instruction); the teachers are professional The school environment is safe (physical and psycho-social)
ADAPTABILITY	Education should respond and adapt to the best interest of each child (cf. UNCRC) The education is adaptable to local and specific context The educational system meets diverse and changing needs (e.g. regarding language minority children) The educational system challenges inequalities (e.g. discrimination)

early ability tracking) with fundamental values of equal rights to education for all children that include delivering teaching adjusted to individual needs. Nevertheless, the availability of education differs both between and within the Nordic countries.

Asylum-seeking children have a legal right to pre-school and compulsory education in all the Nordic countries, but the legislation for asylum-seeking children regarding upper secondary school varies between the countries. In Sweden and Finland asylum seekers can attend upper secondary education on the same conditions as Nordic born students, which has also been assured for asylum-seekers aged 16-18 in Norway with the amendment in the Education Act in 2014. In Denmark, young people who have turned 18 are not offered upper secondary education but have the right to participate in education and training courses equivalent to adult asylum seekers.

Availability also refers to the availability of trained teachers. To ensure quality education for all children it is important to ensure a high level of professionalism among teachers. To improve the level of skilled teaching staff, developing measures have been taken in all four countries over the last decade, but there is still significant variance between and within the countries. In Finland, teachers are required to hold a Master’s

degree and specific teacher training programs on multicultural education have been available since 2011. Likewise, in Denmark, teacher training in second language education has been strengthened both in teacher education and through in-service training. In Norway, the strategy “Competency for Diversity” was launched in 2016 which focuses on the specific challenges related to teaching in an increasing multicultural setting and with a focus on the specific challenges related to the reception of refugee children in schools. Sweden has been particularly challenged concerning the recruitment of qualified teachers, causing schools to hire teachers without formal teaching qualifications. Equal for all the Nordic countries is that teachers express a desire for more professional experience in teaching in multicultural environments, as they face increased diversity in their schools.

As the Nordic school systems are decentralized, meaning that local authorities are organizing education, this leaves room for local differences in terms of availability. Furthermore, immigrant students are unevenly distributed both within the countries and within the larger cities and thus the education availability differ.

Accessibility

To ensure the right to education, governments are obliged to offer primary and lower secondary education to all children in

public schools. Nordic public schools work with a catchment area policy, which means that students are offered schooling at a school in their local neighbourhood. Although this model ensures the basic right to access school, in such catchment area models, the composition of students attending the schools reflects a de facto socio-demographic segregation in housing.

In principle, all students in the Nordic countries have a free school choice but due to differences in e.g. socio-economic resources and lack of knowledge about the school system this freedom of choice is not the reality for everyone. This is especially the case for those immigrant families that have recently arrived. Furthermore, in Denmark in 2005 an exception to the legislation on free school choice was made allowing schools to overrule the free school choice if it was considered necessary based on students' special needs, e.g. if they do not speak Danish at a sufficient level. Subsequently, immigrant students in some areas were distributed across schools. However, the arrangement has been questioned for being discriminatory and for limiting the crucial co-operation between school and parents.

Early childhood education and care (ECEC) (referring to day-care for children below school-age) is important for host country language acquisition and development and school preparedness training. All of the Nordic countries offer ECEC including the provision of partial or fully subsidized fees. Yet, challenges occur in how to encourage immigrant parents to accept the offers of ECEC. Norway in particular has emphasized ECEC as part of their policy measures on immigrant education, introducing the *Equal Education in Practice* strategy in 2003 to ensure greater participation and learning opportunities of immigrants already in day-care (3-6 year old), for example, through parental guidance.. Sweden have followed similar measures. Norway and Denmark have introduced language screening for pre- schoolchildren to identify and assist those children in need.

Within the Nordic comprehensive school system, transitioning into upper secondary education, students in all countries follow either a general (more theoretically oriented) or a vocational programme. Access to upper secondary education may impose challenges for asylum-seekers due to their lack of qualifications as many have limited lower secondary education, or lack documentation of such education and, therefore, do not qualify for admission to upper secondary schools. For refugee children arriving late in their teens similar issues are present.

Acceptability

Education should be organized in a way that creates an acceptable quality education for all students. Acceptability as well concerns a safe and healthy school environment and an understandable language of instruction. For newly arrived children who do not speak the host country language, this poses a threat to the quality of their education and creates the issue of balancing education taught in the language that the students know and/or the language of the host country that they are required to know. The organisational models of introductory programmes for newly arrived immigrant students (inclusion with the general classes (mainstreaming) or separation with reception, transitional classes) constitute a key policy area in all Nordic countries: all four countries have decided that newly arrived immigrant students must be integrated into general school classrooms as soon as they hold the skills to participate in regular education. Finland and Sweden specifically emphasize early mainstreaming in their national policies with a possibility of 1- year preparatory education with a focus on early mainstreaming in Finland, while Sweden has opted for placement directly in regular classes or in (partial) introductory class with a focus on early mainstreaming. Due to the model of decentralised school systems in the Nordic countries, the concrete measures (in policy and practice) to ensure education for newly arrived students and the choice of organisational model (inclusion in mainstreaming classes or separation in reception classes) remains open to local, municipal decision making implying national differences in children's educational offers.

A significant difference between Denmark and the other Nordic countries is the perception and provision of mother-tongue education. In Denmark, since 2002, the right to mother tongue language education applies only to students from the EU, EEA, Faroe Islands and Greenland. For the rest of the Nordic countries, mother tongue education is a central right and is not only considered important in regards of education but is also recognized as an important aspect of identity development and social and psychological wellbeing (10,11).

Adaptability

The UN Convention on the Rights of the Child underlines the importance of education to adapt to each individual child. All the Nordic countries, in various wordings, base their educational objectives on this basic premise. Build on the principles of inclusive schooling, to the extent possible, all children must receive the same education, adjusted to their specific needs. However, the Nordic countries are still facing

the challenge of continuously developing high quality immigrant-friendly education. The OECD argues that an essential challenge in adaptable education is to assess whether there is a need for linguistic support or whether there are education-specific needs (12). Furthermore, it is described that schools and teachers lack competencies to distinguish between these and how to deal with them. Besides the linguistic challenges, there is a significant challenge of how to meet the needs of newly arrived refugees and asylum-seeking children as they may in addition have some social and mental health needs.

In Finland, the multicultural discourse is to a high degree incorporated in the educational system by explicitly setting goals to accommodate linguistic, ethnic and cultural student diversity. An example is the introduction of the Youth Policy Program in 2006 that includes a focus on diversity, children's right to own culture, and language, global responsibility and tolerance, cultural identity and internationality. Norway as well has set an example by introducing the strategy initiative *Competence for Diversity* in 2016 with a focus on cultural and linguistic awareness in language classrooms in Norway, fostering respect for diversity. All Nordic countries have policies to act against discrimination of any kind.

Conclusions and Perspectives

The school systems in the Nordic countries are comprehensive systems building on single-structure educational organization (without early ability tracking) with fundamental equal rights to education for all children that include delivering teaching adjusted to individual needs. The Nordic school systems are decentralised leaving municipalities and schools with authority and autonomy to decide the local educational targets and framework, including the set-up of integration of immigrants into schools, resulting in local variations of offers to immigrant students within the national levels. All the four Nordic countries have taken measures to adapt their educational policies to the increasing number of immigrant students, although cross-country variances exist.

Asylum seekers are entitled to accessing upper secondary education in Finland, Norway and Sweden, but not in Denmark. The immigrants' interrupted education and/or the lack of documentation regarding their previous qualifications reduce their opportunities to obtain higher education in the host country. The available teachers and their required skills are also a challenge faced by all the Nordic countries.

Early childhood education and care is offered in all Nordic countries, with the provision of partial or fully subsidized fees, and is considered important for host country language acquisition and development and school preparedness training for the immigrant children. Increasing immigrant parents' motivation for sending their children to early education and care is an issue in all the Nordic school systems, where Norway in particular has stressed this aspect in their policies, and Sweden has followed similar measures. Norway and Denmark have introduced language screening for pre-schoolchildren to identify and assist those children in need.

How newly arrived immigrant students are included in the local schools have been a key policy issue in all the Nordic countries and subject to great debate. The question of whether reception school classes or mainstream classes is the best choice still stands open as both models carry some challenges and successes. All the Nordic countries have the possibility of offering partial or full reception classes; Sweden and Finland have the largest focus on early mainstreaming in their policies, but the decision is made by the local authorities. Another issue regarding language barriers that remains to be solved is the lack of teachers' competencies to evaluate the needs of bilingual students, especially to assess whether these issues are linguistic or education-specific needs. To accommodate diversity-sensitivity in general, Norway and Finland have introduced programs that embrace linguistic, ethnic and cultural student diversity to a larger extent.

Conclusively, the Nordic countries face a new task of continuously revising their educational policies and incorporate the needs of immigrant students into this if the goal of equality should be reached.

Publications from the Sub-Study

- Torslev MK, Borsch ASR. Refugee and immigrant children's right to education: A comparative analysis of education policies targeting immigrant children in the Nordic countries. CAGE Policy Report 2; 2017.

References

1. Det Nationale Integrationsbarometer. Hvor mange og hvem er indvandrere i Danmark? [Internet]. 2020 [cited 2020 May 6]; Available from: <https://integrationsbarometer.dk/tal-og-analyser/INTEGRATION-STATUS-OG-UDVIKLING>.
2. United Nations Human Rights Office of the High Commissioner. Convention on the Rights of the Child. [Internet]. 1990 [Accessed 2020-03-09] Available from: <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.

3. OECD, PISA 2015 Results (Volume I): Excellence and Equity in Education, PISA, OECD Publishing, Paris. 2016. <https://doi.org/10.1787/9789264266490-en>.
4. OECD/European Union, Indicators of Immigrant Integration 2015: Settling In, OECD Publishing, Paris/European Union, Brussels. 2015. <https://doi.org/10.1787/9789264234024-en>.
5. Allen D. Who's in and who's out? Language and the integration of new immigrant youth in Quebec. *International Journal of Inclusive Education*. 2006; 10(2–3):251–263.
6. Pastoor LdW. The decisive role of school in the lives of unaccompanied refugee minors in Norway. *Siirtolaisuus-Migration*. 2013; 40:32-40.
7. Pinson H, Arnot M. Local conceptualisations of the education of asylum-seeking and refugee students: from hostile to holistic models. *International Journal of Inclusive Education*. 2010; 14(3):247–267.
8. Arnesen AL, Lundahl L. Still social and democratic? Inclusive education policies in the Nordic Welfare States. *Scandinavian Journal of Educational Research*. 2006; 50(3):285-300.
9. Tomaševski K. Human rights obligations: making education available, accessible, acceptable and adaptable. Gothenburg, 2001. Novum Grafiska AB; 2001.
10. OECD, Immigrant Students at School: Easing the Journey towards Integration, OECD Reviews of Migrant Education, OECD Publishing, Paris. 2015. <https://doi.org/10.1787/9789264249509-en>.
11. Watts-Taffe S, Truscott DM. Using what we know about language and literacy development for ESL students in the mainstream classroom [Internet]. The National council of teachers 2020; *Language Arts*. 2000; 77(3).
12. OECD. Thematic Review of Migrant Education Country Background Report for Norway. OECD Publishing, Paris. 2009. <https://www.oecd.org/norway/43723539.pdf>

Highlights

- The Nordic countries offer education to all children with the aim of education being adjusted to individual needs. One exception is that asylum-seekers are not entitled to upper secondary education according to Danish national policy.
- Availability of trained, specialized teachers is crucial to ensure education for all students, but the teachers with the required competences are sometimes lacking.
- All children in the Nordic countries have a free school choice. For immigrants, the free choice can be limited due to socio-economic resources and lack of knowledge about the school system.
- Access to early education and care (ECEC) is important for host country language development and school preparedness training. ECEC is offered in all Nordic countries, including the provision of partial or fully subsidized fees, yet there is a challenge in how to encourage immigrant parents to accept the offer.
- Newly arrived immigrant students who do not speak the host country language is offered host language training to be able to be transitioned into the general classes as soon as the students are ready. The organization of schooling for newly arrived refugees differs between the countries regarding the focus on early inclusion (mainstreaming) or a focus on introductory classes (segregation); especially Sweden and Finland stress the mainstreaming model.
- Due to a decentralized school system in all the Nordic countries, there are vast local variations of offers to immigrant students.
- In Denmark, the right to mother-tongue training only applies to students from the EU, EEA, Faroe Islands and Greenland. For the rest of the Nordic countries, mother tongue education is a central right and is also recognized as important for education, identity and social psychological wellbeing.
- All Nordic countries have policies to act against discrimination of any kind. Diversity-sensitivity in schools are highlighted in programs in Finland and Norway.

Educational Outcomes among Refugee Children in the Nordic Countries: A Comparative Quantitative Overview

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Background and Objectives

Education is an important factor that influences the lives of both immigrant and non-immigrant children alike; however, education and schooling play a particularly vital role in shaping immigrant children's resettlement and integration transitions, as well as their developmental trajectories from childhood to adulthood (1). Schools are crucial in fostering social participation and interpersonal relationships during the resettlement process (2), and can provide children with social support and a sense of belonging or community (3). Language skills, social norms, and values are also communicated to children within the school environment. School attendance likewise enables children to physically inhabit an "ordinary" environment alongside their peers (4), which may be particularly important in facilitating the well-being of refugee children or children who have experienced trauma.

Similarly, educational experiences and achievement outcomes have important implications for integration as well. First, education facilitates societal participation via the provision of knowledge, skills, social interaction and relations, and can also help to prevent social exclusion and later unemployment (1). Second, educational attainment is widely recognized as a key determinant of employment chances, occupational class, income, and health later in life (5,6), with higher educational achievements generally associated with better social and health outcomes. School performance is likewise essential in fostering knowledge and skills development, facilitating further educational training, and promoting economic and labour market opportunities in adulthood (7).

Educational outcomes have generally been quite good in the Nordic region overall, with PISA scores from 2015 showing that all countries performed at or above the OECD average (8-11). However, gaps in educational participation, performance and attainment between native-born majority population and immigrant-origin children have been observed in all Nordic countries. Several factors may influence these gaps, ranging from broad, societal forces, such as policy and economic contexts, to family specific factors, such as parental education level or income, and individual factors, such as age at arrival in the host country and other migration background characteristics. Despite the importance of education for integration, and documented disparities in educational outcomes between native-born majority population and immigrant-origin children, little is known about the educational outcomes among refugee-origin children specifically. This chapter contributes to the existing knowledge base with a comparative overview of five key educational outcomes among refugee children in Denmark, Finland, Norway, and Sweden.

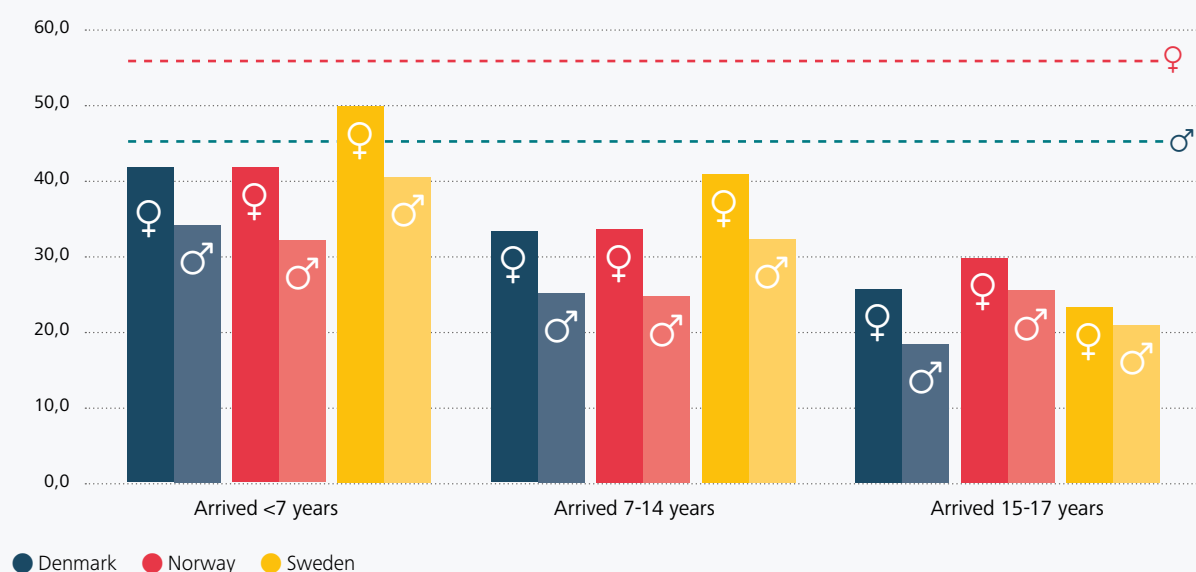
Material and Methods

Refugee children (aged 0-17 years) who were granted residency in the Nordic region between 1986 and 2005 were followed from the year that residency was established through 2015. Refugee children's educational outcomes were assessed within and across the Nordic countries relative to three main comparison groups, which included:

1. Nordic native-born majority population children
2. Nordic-born children of refugee- and non-refugee immigrants
3. Non-refugee immigrant children

The Nordic native-born majority population was defined as children who were born in the Nordic country who also had two native-born (Nordic) parents. Additional analyses that accounted for country of origin among refugee children were also performed, and included comparison of children from Afghanistan, Iran, Iraq, Somalia, and former Yugoslavia.

FIGURE 1: Average grades among refugee children by age of arrival.



The educational outcomes that were analysed included:

1. Average grades from the last year of compulsory education
2. Dropouts from upper secondary education
3. Completion of upper secondary education at age 25
4. Type of upper secondary education degree (academic or vocational)
5. Completion of higher education at age 30

Results

In the sections below a summary of the main results for each educational outcome are briefly presented.

School Performance in Compulsory Education

Primary and lower secondary education is compulsory within all of the Nordic countries assessed in this study, and is generally completed around age 16. However, Finland was excluded from this analysis due to a lack of comparable data on grades from compulsory school.

Individual grade point averages at the end of compulsory school were standardized (0-1 scaling) and converted into average percentile ranked scores to enable cross-country comparisons. The figures below show the average school grades earned upon completion of compulsory education in the refugee and children of refugees study populations, relative to

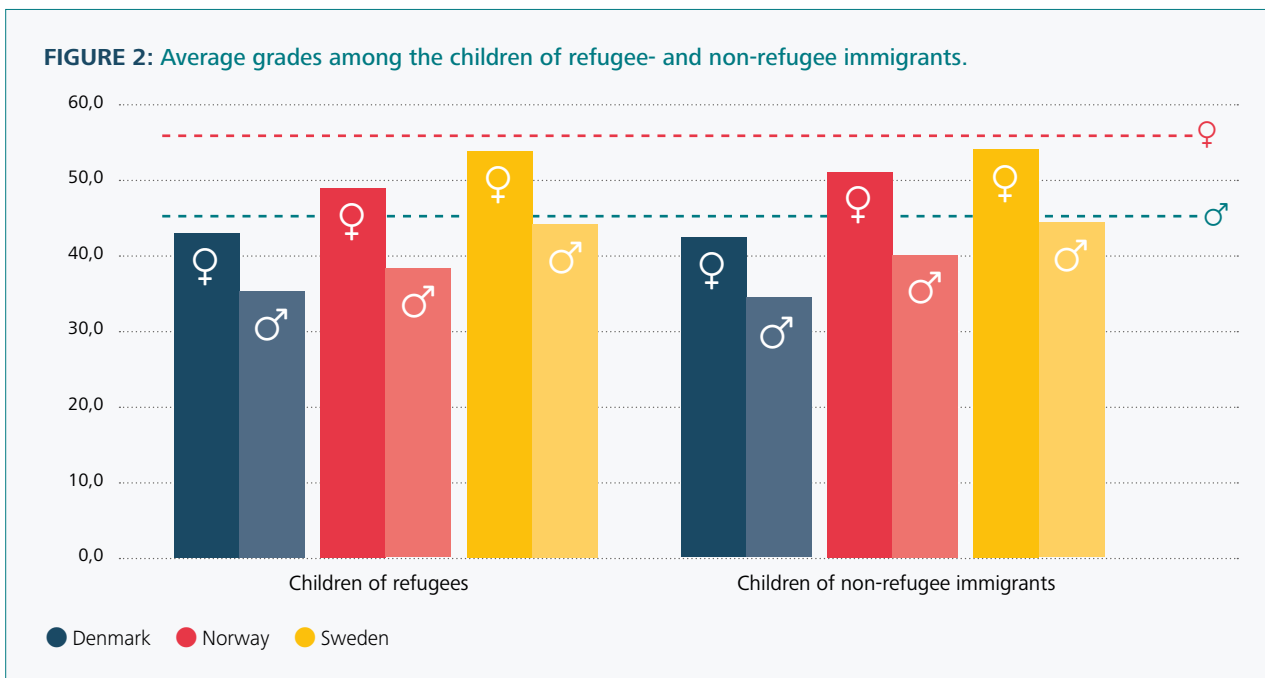
their native-born majority peers. To facilitate comparison, the average grades of the native-born majority populations in all countries¹ are denoted in the figures with dashed lines.

Figure 1 shows average grades among refugee girls and boys by age of arrival. Average grades among refugee children were lower than their native-born majority population peers across all age of arrival categories; the lowest average scores were observed among girls and boys who arrived between 15-17 years of age, and ranged from 23.4 to 30.1 among girls, and 18.6 to 25.7 among boys. In all countries, average grades were higher among girls than among boys, regardless of age at arrival. Additional sub-analyses that accounted for country of origin among refugees showed that girls from Afghanistan, Iran, and former Yugoslavia had the highest average scores in all countries, while boys from Somalia had the lowest average scores.

Figure 2 shows average grades among the Nordic-born children of refugee- and non-refugee immigrants. The average grades of the children of refugee and non-refugee immigrants remained lower than those of the native-born majority; however the average performance scores were higher than those observed among refugee children. In addition, despite variation in average grades by Nordic country of residence, when comparing average scores among the children of refugees

¹ 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. For simplicity of presentation in Figures 1 and 2, these scores have been totaled and averaged across countries to create one overall average to represent the native-born majority populations.

FIGURE 2: Average grades among the children of refugee- and non-refugee immigrants.



and non-refugees by gender, scores were nearly equivalent across groups within each Nordic country.

Upper Secondary School Dropouts

Figure 3 shows the proportion of students with different immigration backgrounds in each Nordic country who started, but later dropped out of upper secondary education. In all countries, the native-born majority population students had the lowest proportions of dropout, ranging from 8.5-15.2%. Dropout rates among refugees varied by Nordic country of residence, and were highest in Denmark and Finland and lowest in Sweden.

Within-country comparisons showed that the proportions of dropout between refugees and non-refugees were equivalent in Denmark and Norway. In Sweden, the share of dropouts among non-refugee students was slightly larger than that among refugee students, whereas in Finland, the opposite pattern was observed, with fewer dropouts among non-refugee immigrant children than among refugee children.

Additional analysis among refugees showed considerable variation in the proportion of dropouts by both country of origin and country of residence. The proportion of dropouts was highest among refugees from Somalia, but varied considerably in magnitude by country of residence, with higher dropout rates in Denmark (45.1%) and Finland (47.3%) and lower rates in Norway (30%) and Sweden (31.5%). The lowest rates of dropout were observed among refugees from Iran living in Sweden (11.6%). The proportion of dropouts among

refugees from former Yugoslavia showed less variation by country of residence, ranging from 17-22% across countries.

Upper Secondary School Educational Attainment

Figure 4 shows the proportion of completed upper secondary education by age 25 in the native-born majority population and in refugees by age of arrival within each Nordic country. All persons with a recorded International Standard Classification of Education (ISCED) education level of three or higher by the age of 25 were considered to have completed an upper secondary level of education.

In all countries, the highest proportions of upper secondary school completion were found in the native-born majority groups, ranging from 77.9-88.9%. Among refugees, patterns of completion by age at arrival were observed in each Nordic context, whereby those who arrived at younger ages had higher rates of completion than did those who arrived at older ages. For instance, approximately 60-65% of refugee children who arrived before the age of seven completed an upper secondary education by age 25 in Denmark (64.7%), Finland (58.3%), and Norway (65.6%), while the vast majority (83.7%) did so in Sweden. By contrast, rates of completion among refugees who arrived at 15-17 years of age ranged from approximately 36% in Denmark and Finland, 46% in Norway, and 69% in Sweden. Sub-analyses among refugees that accounted for country of origin showed that in all Nordic countries, a majority of refugees from Afghanistan (54.3-80.2%), Iran (57.6-83.8%), and former Yugoslavia (63.3-75.9%) completed an upper secondary

FIGURE 3: Proportion of upper secondary school dropouts in students with different migration backgrounds (%).

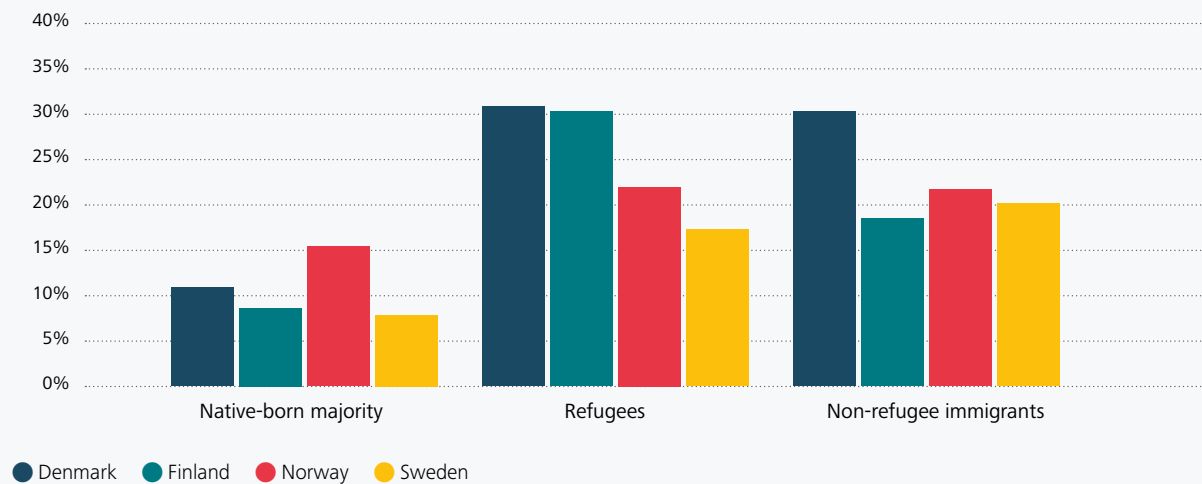
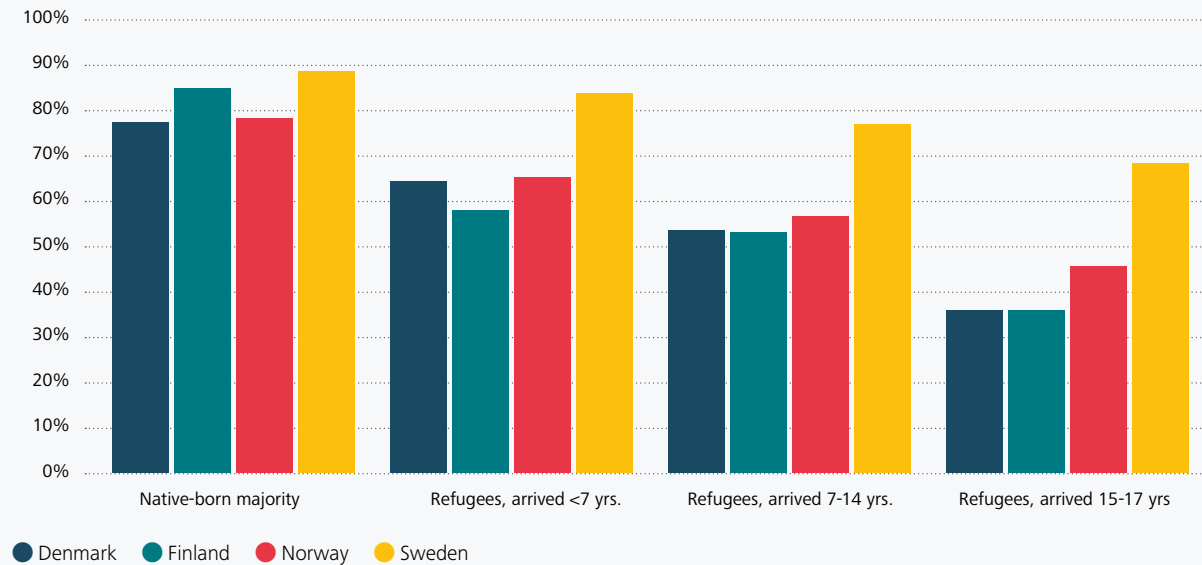


FIGURE 4: Completed upper secondary education by age 25 among native-born majority and refugee youth (%).



education, with the highest rates of completion being observed in Sweden.

Academic and Vocational Upper Secondary School Educational Programs

Students' completion of an academic or vocational upper secondary school degree program was also assessed among individuals who completed an upper secondary education by age 25. Results from Denmark, Norway, and Sweden showed that the proportion of refugee and non-refugee immigrant students that finished vocational programs was equal to or even smaller than the proportion of vocational degrees earned by their native-born majority counterparts (Figure 5). Fairly similar per-

centages of native-born majority, refugee, and non-refugee immigrant students likewise completed academic degrees in Denmark, Norway, and Sweden (Figure 6). By contrast, in Finland, vocational degrees were earned to a larger extent (64.4%) and academic degrees to a lesser extent (35.6%) among refugees relative to their native-origin majority peers.

Higher Educational Attainment

Figure 7 shows the proportions of higher educational attainment among the native-born majority and refugee study populations. All persons who had completed an upper secondary education by the age of 25 and who had recorded ISCED 6 (second stage of higher educational programmes that can

FIGURE 5: Proportion of upper secondary school graduates who completed vocational programs by age 25 among students with different migration backgrounds (%).

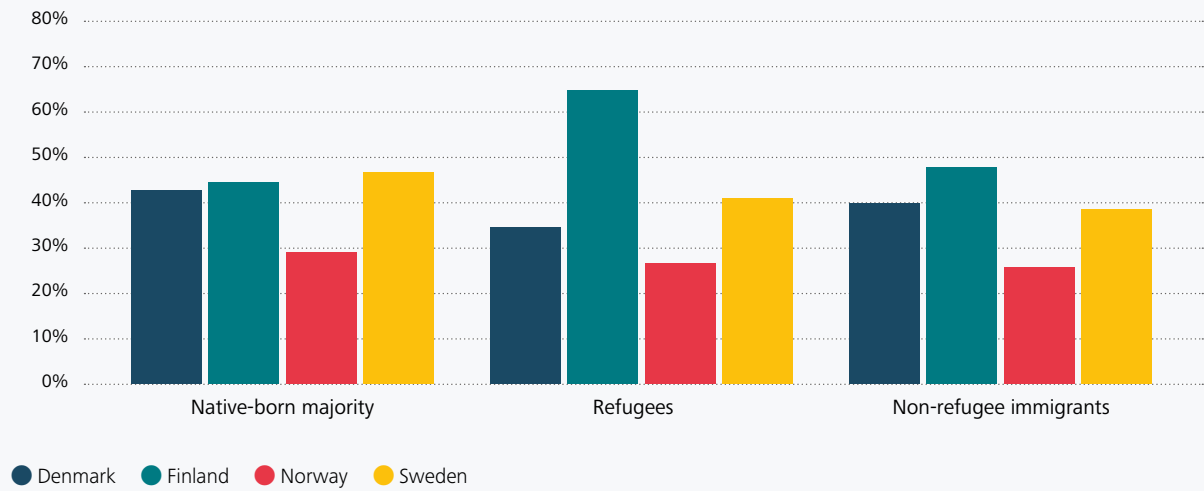
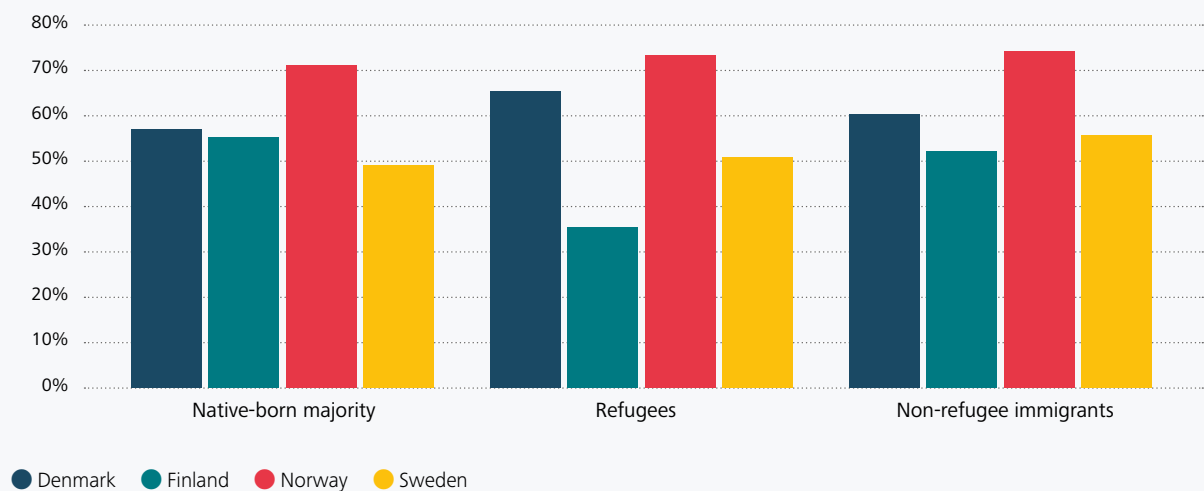


FIGURE 6: Proportion of upper secondary school graduates who completed academic programs by age 25 among students with different migration backgrounds (%).



lead to enrolment in research education programmes, e.g. PhD level) or higher levels of education by the age of 30 were considered to have completed a higher education.

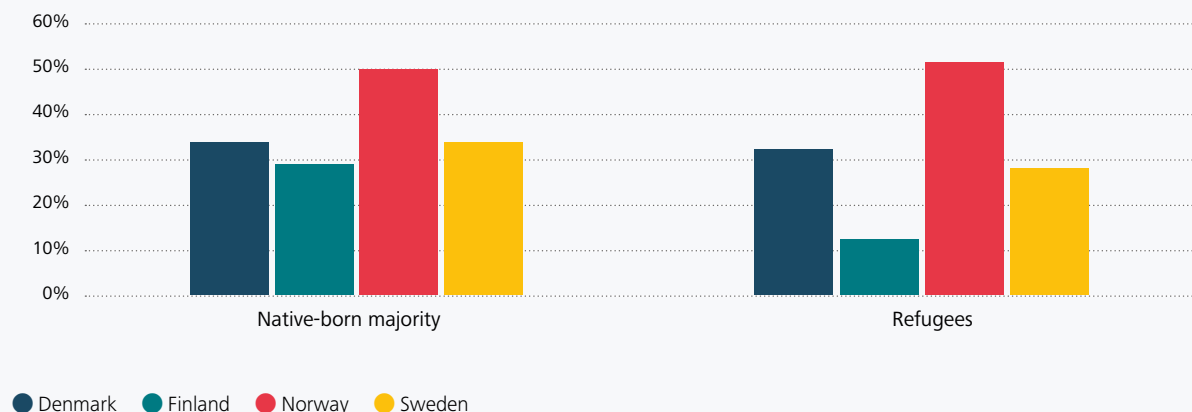
Approximately one-third of the native-born majority in Denmark (33.8%), Finland (28.9%), and Sweden (33.9%) and 50% of the native-born majority in Norway completed a higher education by the age of 30. The rates of higher education completion among refugees were similar to those observed in the native-origin majority in Denmark (32.3%) and Norway (51.4%), and to a somewhat lesser extent in Sweden (27.9%). The lowest proportion of completion was observed among refugees in Finland (12.5%). Sub-analysis among refugees by

country of origin showed that individuals from Iran had the highest proportions of higher educational attainment by age 30; with the exception of Finland, the proportion of higher educational attainment among Iranian refugees was greater than the proportion observed in the native-born majority populations within each Nordic context.

Conclusions and Perspectives

This chapter has provided a description of the educational careers of young people with refugee- and non-refugee immigrant backgrounds as well as their native-born majority peers living in the Nordic region, via examination of five key educational outcomes that occur at different stages in

FIGURE 7: Higher educational attainment by age 30 among native-born majority and refugee immigrants who completed upper secondary education by age 25 (%)



the life course. Relative to their native-origin counterparts, the findings broadly suggest the presence of disparities in educational outcomes among the approximately 200,000 refugee children who came to the Nordic region during the period 1986-2005. However, the extent to which educational discrepancies were evident varied considerably depending on immigration background characteristics and the country of residence. Refugee children who arrived at younger ages tended to have better educational outcomes, including higher average grades and larger proportions of upper secondary educational attainment, than did those who arrived at older ages. This is consistent with findings from other OECD country contexts (12), and could be attributed to multiple factors, such as children’s greater adaptability in younger ages, faster acquisition of the destination country language or that younger children spend more time in the educational systems of the destination country, including early education programs. Refugees originating from middle income countries, such as former Yugoslavia and Iran, tended to have better outcomes than those originating from low income countries, such as Somalia. The socioeconomic context of the country of origin may influence the extent to which refugee children receive formal schooling in the country of origin, and could also have implications for subsequent educational outcomes later in life.

Refugees in Sweden overall tended to have the best educational outcomes compared to refugees in the other Nordic countries. Sweden’s longer history of migration relative to the other Nordic countries may entail a smoother integration of immigrant children into schools. At the same time however, large differences by age of arrival were observed among refugees in Sweden. This should be explored in future studies to

identify potential factors that may contribute to these differences by age at arrival.

Although the best educational outcomes among refugees tended to be observed in Sweden, differences in educational outcomes between immigrant-origin populations in Norway tended to be smaller than those observed in other countries. It is beyond the scope of this chapter to assess the reasons for this finding, but Norway’s strong socioeconomic context in combination with their fairly generous immigration policy context may have allowed for greater resource distribution to more effectively address the educational needs of immigrant children in general.

Educational outcomes among refugees tended to be worse in Denmark and Finland than in Sweden and Norway. The more restrictive immigration and integration policy contexts in Denmark, which entail greater limitations on educational opportunities available to some refugee children, could play a role here, and may be important to consider when assessing refugees’ transition from education into the labour market. The poorer outcomes observed in Finland could be related to the country’s relatively shorter history of migration, and less experience with refugee integration in general. The overall smaller size of the refugee population in Finland may also limit the generalizability of these findings.

In all four countries, the gap in upper secondary educational attainment between refugees and the native-born majority was of a much greater magnitude than the corresponding achievement gaps in higher education. Given this, and the overall importance of secondary education completion for labour market entry, policies which facilitate secondary edu-



cation attainment should be given greater priority than those aimed at promoting higher education.

Concluding Remarks

The prevalence of disparities in educational outcomes between refugees and the native-born majority populations in all countries, and the importance of education for refugee children’s health, well-being, and socioeconomic integration points to the need for increased attention paid to the educational needs of all immigrant children within national educational systems in the Nordic countries.

This chapter has provided an overview of the main findings from the CAGE subproject on comparative register studies. For a more detailed account of these findings, including a description of the study populations and additional results, please see the CAGE report, *Equity in Education? A comparative analysis of educational outcomes among refugee children in the Nordic countries*, available at: <https://cage.ku.dk/publications/>

Publications from the Sub-Study

- Dunlavy A, de Montgomery CJ, Lorentzen T, Malin M, Hjern A. Equity in Education? A comparative analysis of

educational outcomes among refugee children in the Nordic countries. CAGE Project Report 1 Available from: https://cage.ku.dk/publications/dokumenter/Equity_in_education__CAGE_report_2020.pdf.

- Berg L, Charboti S, Montgomery E, Hjern. Parental PTSD and school performance in 16-year-olds - a Swedish national cohort study. *Nord J Psychiatry*. 2019; 73(4-5):264-272.
- de Montgomery CJ. Growing up as a refugee. A comparative study of health, education and employment in the early life courses of refugee children in Denmark. PhD Thesis, the University of Copenhagen, 2019.

Forthcoming

- de Montgomery CJ, Lorentzen T. “Growing up in Exile: School-to-Work Transitions of Refugees in Denmark and Norway”.

References

1. Torslev MK, Borsch ASR. Refugee and immigrant children’s right to education: A comparative analysis of education policies targeting immigrant children in the Nordic countries. *CAGE Policy Report 2*; 2017.

2. Wade J, Mitchell F, Baylis G. Unaccompanied asylum seeking children. The response of social work services. London: BAAF Adoption and Fostering; 2005.
3. Pastoor LdW. The mediational role of schools in supporting psychosocial transitions among unaccompanied young refugees upon resettlement in Norway. *International Journal of Educational Development*. 2015;41: 245-254.
4. Pastoor LdW. Skolen – et sted å lære og et sted å være [The school- a place to learn and a place to be]. In: Eide K, editor. *Barn på flukt: Psykososialt arbeid med enslige mindreårige* [Children that flee: Psychosocial work with unaccompanied minors]. Oslo: Gyldendal Akademisk; 2012.
5. Graham H. *Unequal lives: Health and socioeconomic inequalities*. Berkshire: Open University Press, McGraw Hill Education; 2007.
6. Lahelma E, Martikainen P, Laaksonen M, Aittomaki A. Pathways between socioeconomic determinants of health. *Journal of epidemiology and community health*. 2004;58(4):327-332.
7. Cunha F, Heckman J. The technology of skill formation. *American Economic Review*. 2007;97(2):31-47.
8. OECD. Compare your country. PISA 2015. Finland 2018 Available from: <http://www.compareyourcountry.org/pisa/country/FIN?lg=en>. [Accessed 26-10-2020].
9. OECD. Compare your country. PISA 2015. Denmark 2018 Available from: <http://www.compareyourcountry.org/pisa/country/DNK?lg=en>. [Accessed 26-10-2020].
10. OECD. Compare your country. PISA 2015. Norway 2018 Available from: <http://www.compareyourcountry.org/pisa/country/NOR?lg=en>. [Accessed 26-10-2020].
11. OECD. Compare your country. PISA 2015. Sweden 2018 Available from: <http://www.compareyourcountry.org/pisa/country/SWE?lg=en>. [Accessed 26-10-2020].
12. OECD. *Helping immigrant students to succeed at school- and beyond*. OECD; 2015.

Highlights

- To varying degrees, educational disparities exist among refugees in the Nordic region relative to their native-origin majority population peers.
- This study confirms previous findings on age at arrival, whereby refugee children who arrived in the Nordic destination countries at younger ages had better educational outcomes than those who arrived at older ages.
- Contrary to previous findings from other OECD contexts, and with the exception of Finland, refugee students completed academic upper secondary degree programs to a greater extent than vocational programs.
- Refugee children in Sweden tended to have the best educational outcomes, while those in Denmark and Finland had the worst.
- Differences in educational outcomes between refugee and non-refugee immigrants were of the smallest magnitude in Norway.
- The largest proportion of completed higher education by age 30 was achieved among refugees in Norway.
- Policies that facilitate secondary education attainment among refugees should be given greater priority than those aimed at higher education, as the gap in secondary educational attainment between refugees and the native-origin majority population is of a greater magnitude.

Perspectives on the Education of Young Refugees upon Resettlement in Norway

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Contributors: Ketil Eide and Brit Lynnebakke

Background and Objectives

The increasing number of refugees in Norway and other Nordic countries in recent years has turned the education of refugee children and young people into a salient issue. The challenge these countries presently face is how education provisions can contribute to the successful inclusion of newly arrived refugee students in the national school system as well as young refugees' integration into their new country of residence.

Upon resettlement, young refugees face a number of critical transitions as a result of 'the refugee experience', which involves crucial pre-, trans- and post-flight experiences, and the process of adjusting to their new environment. When entering the Norwegian education system, young refugees will face several *educational transitions*, i.e. education-related processes of adjustment, due to the transition from school in the country of origin to school in Norway, and/or the transitions between different school types in Norway. Moreover, refugee young people experience various *psychosocial transitions* resulting from a close interplay between the psychological aspects of past and present experiences on the one hand and their social relations with others in their new environment on the other (1, 2).

This chapter is based on findings from the CAGE study *Educational and psychosocial transitions upon resettlement in Norway* (TURIN). The overall objective of the TURIN study was to provide new and better insight into the educational and psychosocial challenges refugee young people face upon resettlement and how these challenges may impact their pathways in(to) education. The present chapter also addresses the study's subsidiary objective of achieving an enhanced understanding of how national education policy is implemented into municipal practice through education-

al provisions aimed at refugee students' inclusion in mainstream education.

Material and Methods

The study adopted a qualitative, ethnographically oriented approach based on semi-structured interviews and observations in five upper secondary schools in a variety of municipalities in Norway. Data were collected in three schools in the Greater Oslo Region (hereafter GOR) and in two schools in smaller and more remote municipalities in South-Eastern Norway (hereafter SEN), from June 2016 to June 2017. The selected schools offered general academic and/or vocational study programmes, while some of them also offered preparatory classes for recently arrived refugee and immigrant young people.

The study comprises individual interviews with 47 recently resettled young refugees (ages 16 to 24) as well as interviews with 46 teachers and other school staff. The term 'young refugees' refers to all young people with a refugee background, i.e. young people who were granted a residence permit on protection or humanitarian grounds as well as those who were entitled to family reunification with a refugee. Furthermore, it involves studies of national education and integration policy documents.

Results

National Education Policy and Principles

The Norwegian education system is founded on the basic principle of a unified school system (*felleskolen*, i.e. 'a school for all'), providing free, equitable and individually adapted education to all students on the basis of national curricula and a common legal framework (3) (as described in the Educational Policy chapter).

The Education Act (1998, with subsequent amendments) sets the legislative framework for the provision of quality education for all children and young people in primary and secondary education. Even if the Norwegian education system is governed by national legislation, the municipalities are responsible for operating and administering primary and

lower secondary schools, whereas the county authorities are responsible for upper secondary education.

Inclusive education is a fundamental principle in Norwegian education. In order to be inclusive the Education Act (1998, §1-3) states that all education and training – throughout primary and secondary education – must be adapted to the individual student’s abilities and prerequisites. Moreover, it states the right to adapted language teaching for students from language minorities, which involves adapted Norwegian language teaching, and, if necessary, bilingual subject teaching and mother tongue instruction (§ 2.8 and § 3.12).

Late-Arriving Newcomers

The educational achievements of refugee students are significantly lower than Norwegian-born students’ achievements (1, 4). Age at arrival seems to be a decisive factor for school completion. Young refugees arriving at school age, especially after turning 15, do not as well in school and have the highest dropout rate in upper secondary school (4).

The young refugees who were interviewed were between 16 and 24 years of age. The majority of them are both *newcomers* and *late-arrivals*, i.e. immigrant young people who arrive in Norway late in their teens and often have limited and/or interrupted previous education. Late-arriving newcomers face distinct challenges when, after a relatively short period of residency in Norway, they enter upper secondary education (1). Having to learn a new language, adapt to an unfamiliar school system and complete upper secondary school in the course of a few years can be very challenging.

All students who have completed the last year of Norwegian lower secondary education are entitled to upper secondary education. This also applies to late-arriving refugees, regardless of how long they have been in Norway. Entering upper secondary education without having acquired the necessary linguistic and academic competence is very demanding.

The Preparatory Class

Even though inclusive education is a fundamental principle in Norwegian education, a change to the Education Act in 2012 made it possible for educational authorities to organise special introductory programmes for newly arrived students – in *separate* groups, classes or schools (Education Act, §3 12).



Photo of a graffiti painting from the Za’atari refugee camp in Jordan in 2018: Should we give the child the short or the long ladder to support them in reaching their educational potential?

Recently arrived language minority students who have completed Norwegian lower secondary school or its equivalent but need more training can prepare for mainstream upper secondary education by voluntarily attending a one-year preparatory class² (*innføringsklassen*) at an upper secondary school. The emphasis in the preparatory class is on Norwegian language training.

The study’s findings demonstrated pros and cons of the preparatory class provision (1). The main pattern in the findings is that there are many positive aspects of attending the preparatory class; although, this is a provision where newcomer language minority students are separated from the majority students. In addition to educational benefits, the preparatory class can provide a sense of community and belonging in a new school environment.

In the studied schools, students reported different levels of educational contentment with the preparatory class. In the

² The term ‘preparatory class’ is used here to indicate that this is an introductory provision preparing students for the transition to regular upper secondary education and not an introduction class associated with primary or lower secondary education.

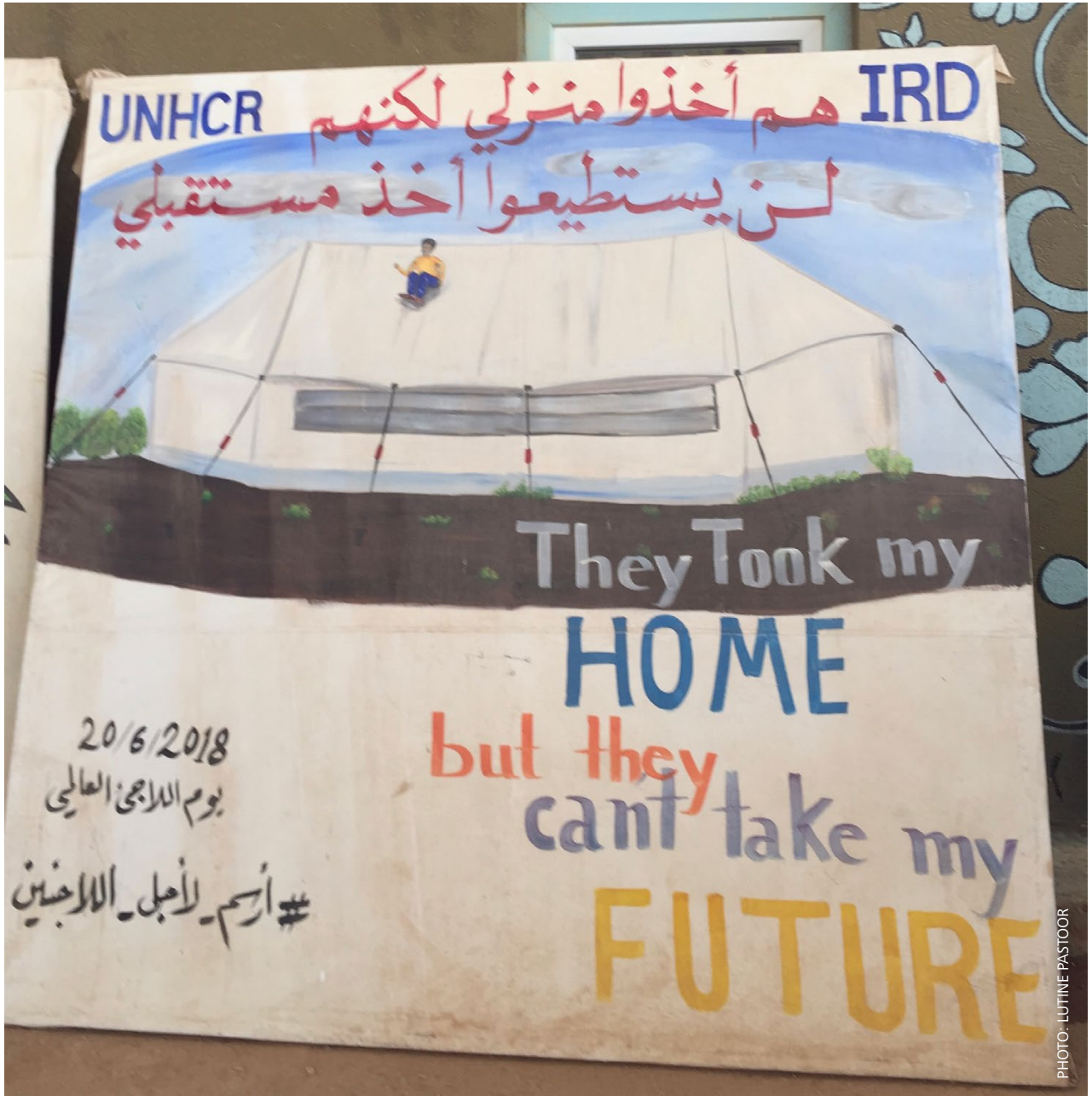


Photo of a graffiti painting from the Za'atari refugee camp in Jordan in 2018.

GOR schools, most students said they are very satisfied with the educational content of the preparatory class, whereas in the SEN schools, some students expressed strong educational discontent. In general, these differences seem to reflect the different levels of teachers' competence in teaching and assessing minority language students in the schools under study. A national evaluation shows that there are large local variations in the way the preparatory class provision is organised (5). Hence, refugee students' experiences in relation to the preparatory class may vary a good deal between different schools.

Educational Challenges

Young refugees are a heterogeneous group of students, with respect to age, gender, ethnicity, flight background, previous education and current life situation. Consequently, the young refugees entering the Norwegian school system will have very different educational and psychosocial needs.

While various educational challenges were mentioned by the interviewed school staff and students, they highlighted the Norwegian language as the most prominent challenge for newly arrived students. Several student interviewees under-

lined that learning Norwegian is crucial for them in order to succeed in school as well as for developing social relationships in school and beyond. Moreover, teacher and student interviewees talked about challenges connected to learning school subjects in a new language. Many students, including those who had substantial previous schooling, commented on the extra time they had to put into carrying out classroom tasks and homework because of language challenges.

Even though students may speak the second language rather well in an everyday setting, they may have problems with the language used in the classroom, especially the more academic, subject-specific genres used in content lessons (1). Therefore, it is important that not only Norwegian language teachers, but also subject teachers have adequate competence in teaching students who have Norwegian as a second language.

Psychosocial Challenges

The findings indicate that newly arrived students not only might be confronted with educational but also with psychological and social challenges. National and international studies demonstrate that the hardships of pre-migration and flight as well as post-migration stress increase young refugees' vulnerability to psychological distress and post-traumatic stress disorder (PTSD) (1). In light of these challenges, educators, health professionals and researchers have called for that refugee students – beyond academic support – are provided with adequate psychosocial support in order to thrive and succeed in school (1, 2, 6).

A number of refugee students reported they had previously suffered from strong psychological distress. Some of them had received professional help, and their mental health had improved considerably. Other students reported that they still experienced mental distress due to migration-related stressors in their daily lives. The findings demonstrated that even though refugee students may not report mental health problems, this does not mean that their overall psychosocial well-being is good (2, 6).

Many refugee students said that they have little interaction and few friendships with majority Norwegian students and that they would like to spend more time with them. Some explicitly related their wish of having Norwegian-born friends to improving their Norwegian language skills. Moreover, meaningful interaction with Norwegian-born students may promote refugee students' sense of belonging and inclusion in school, and thus their psychosocial well-being.

Schools and Teachers' Diversity/Refugee Competence and Experience

When commenting on young refugees' challenges in school, the interviewed school staff tended to focus more on educational than psychosocial issues. One recurring teacher statement was that school is foremost an educational – and not a care – institution. However, several of the teachers who acknowledged the school's role in promoting young refugees' psychosocial well-being, also expressed a need for more competence in psychosocial and refugee-related issues.

Moreover, the study showed that schools and teachers have varying, and often insufficient, knowledge and competence regarding how to relate appropriately to a diverse group of refugee students with multifaceted needs. In the SEN schools, school staff reported that they have too few teachers with competence in multilingualism and teaching Norwegian as a second language. One of the SEN school teachers said that a consequence of the lack of qualifications in schools and among teachers is that a 'systemic' problem erroneously becomes the individual student's problem (1). Generally, qualified and competent teachers are perceived as a crucial factor in the quality of schooling and students' school performance (7-9).

The study's findings suggest that, broadly speaking, there is a contrast between the GOR schools and the SEN schools in terms of whether school staffs have adequate qualifications and experience to work with refugees and other language minority students. Several teachers and other staff in the GOR schools reported confidence regarding working with newly arrived young refugees based on both their formal competence and the school's long experience with student diversity. In the SEN schools, staff members recurrently reported that they lack the necessary competence and experience and often feel rather uncertain regarding how to deal with newly arrived students.

Furthermore, the findings showed that even if the refugee students may encounter various challenges in school, they are also happy about the new opportunities education provides them, and they express optimism and hope for the future.

Conclusions and Perspectives

Even though refugee students show a strong commitment to do well in school, their school results are often not good enough to achieve their educational ambitions. In order to be able to succeed in upper secondary school, newly arrived refugee young people in general, and late-arrivals in particu-

lar, depend on adequate education provisions and receiving psychosocial support during the initial years of resettlement (1, 2).

Inclusive Education in a Context of Migration-related Diversity

The increasing, migration-related diversity in classrooms in Norway places substantial demands on school systems, school owners, schools and teachers as it requires specific knowledge and new competences to deal with more diverse student populations. It turns out that Norwegian education policy's basic principle of 'one school for all', providing equitable and individually adapted education to all students, does not necessarily result in equitable educational outcomes for recently arrived refugee students (1, 4). On the other hand, the comparative quantitative analysis of educational outcomes among young refugees in the Nordic countries (4) underlines that the largest proportion of completed higher education by age 30 was attained among refugees in Norway.

While a number of factors affect refugee students' school performance and their inclusion in mainstream education, a particularly critical requirement is proficiency in the second language, i.e. the national language in their new country of residence. It is thus crucial for newly arrived students to receive adequate language support by means of teaching of—and in—Norwegian as a second language and/or bilingual subject teaching. The quality of teaching and a supportive school environment prove to be decisive factors in promoting refugee newcomers' inclusion in the mainstream school system (1, 7).

A Good Psychosocial School Environment

The role psychological and social well-being play in newly arrived young refugees' education and integration is often not adequately addressed in Norwegian schools (2, 6), even if the Education Act (§9A-2) states: 'All pupils are entitled to a good physical and psychosocial environment conducive to health, well-being and learning'.

Teachers' statements that school is primarily an educational institution and not a care institution may disclose that teachers are not aware that teaching does not have to be 'either education/or care', but can be both, i.e. provide care and support as an integral part of teaching (2, 6). The school can have a health-promoting role for refugee students by means of creat-

ing a positive learning environment, promoting school belonging and facilitating new social relationships (1, 8). In this regard, schools should look into what types of measures may promote the social inclusion of refugee young people and provide arenas that facilitate meaningful interaction between newcomer students and their native-born peers.

The findings of a CAGE study, conducted in a Danish folk high school³ in which a number of young refugees were enrolled as part of the municipal integration programme, affirm the importance of joint participation in school-based activities that aim at overcoming linguistic barriers as well as an inclusive school ethos encouraging diversity in order to promote refugee students' social inclusion in the school community (10). Moreover, the study underlines that initiatives promoting students' inclusion and well-being should be an integral part of existing school practices and structures, i.e. not being 'added on' to school-based activities.

Teachers' Qualifications and Competence

Against the background of increasingly diverse Nordic societies, teachers' roles have become more complex and more demanding. Teaching requires new competencies relevant to dealing with diverse classroom populations. The present study's findings show that schools and individual teachers have varying, at times scarce, knowledge of how to implement national policies on the education of newly arrived language minority students into classroom practice.

If national education policies and principles are to have a positive effect on refugee students' school experiences and school outcomes, they will be reliant upon effective and informed implementation in schools and classrooms. Diversity and refugee competent schools and teachers are crucial in providing inclusive and equitable education to newly arrived refugees (1, 2).

A Policy-Practice Gap

The unsatisfactory school outcomes of refugee young people who arrive in Norway at a late school age (1,4) demonstrate that the mere existence of education policies and provisions do not necessarily result in educational success for all students. Adequate national education policies are important, but not necessarily sufficient to improve refugee students' educational outcomes.

³ A folk high school is an informal residential college for young people, where learning activities are combined with participation in social activities and practices. These schools, which are most commonly found in Nordic countries, may have particular learning goals but have no rigid curriculum, no grades and no exams.

The findings point to a *policy-practice* gap, i.e. a divergence between national education policy principles and objectives versus local implementations of the practices in schools and classrooms. For instance, the principle of adapting education to students' abilities involves adapted language teaching for language minority students (Education Act § 3.12). In practice, the need for adapted language teaching, such as teaching in Norwegian as a second language as well as bilingual subject teaching, is frequently not met (1, 5). Increased resources for adapted language teaching – both in terms of teacher competence and financial support – are needed (5).

Results from international and national studies show that there are considerable differences in performance among students, between and within schools in Norway (1, 9). This directs attention to a need for enhanced knowledge and competence of teachers and other school staff to respond adequately to the needs of all students. Consequently, it is of crucial importance to invest in qualified teachers and comprehensive teacher training (initial pre-service training as well as in-service training).

Generally, schools need to become more responsive to migration-related diversity. If Norwegian education authorities want to improve the school performance of language minority students, it is of vital importance to enhance the diversity competence of school leaders and staff. A better understanding of diversity and an inclusive school ethos (10) may also bring about a shift of perspective, i.e. not approaching student diversity from a deficit perspective but from a 'surplus' perspective, which draws on minority students' different resources in reaching their learning potential.

A Highly Decentralised Education System

Even though the Norwegian education system is based on national curricula and a common legislative framework, it is a highly decentralised education system. Municipal and county authorities are given a high level of autonomy in the implementation of education policies as well as in the operation and administration of the schools (3). The autonomy of local education authorities has its advantages, but it also has its challenges in terms of 'aligning local and national goals and in ensuring the consistent implementation of policy reforms' (7).

An OECD review (9) shows that the quality of education provided in Norway varies between municipalities, even between municipalities with otherwise rather similar characteristics. These variations may be due to substantial differences in resources, capacity and priority among the municipalities.



Generally, it is the smaller municipalities that have the greatest challenges in recruiting qualified school staff and providing adequate support to language minority students in their schools.

Concluding Remarks

The study's findings confirm that there are differences in educational provisions, as well as qualifications among teachers and staff in the schools under study. This disparity may well affect the quality of refugee education and, consequently, refugee students' school outcomes.

Moreover, the study demonstrates that the education of newly resettled young refugees requires a cohesive whole-school approach that aims at enhancing refugee students' school outcomes as well as supporting their psychosocial adaptation and well-being (2, 8). The key to developing a (more) refugee-competent school is to acquire the necessary competence at *all* levels in school and to facilitate close collaboration between school leaders, teachers and other school staff involved.

Furthermore, successful inclusion of newly arrived young refugees in upper secondary education depends on supportive interrelations between national and local education authorities as well as school leaders in order to facilitate the success-

ful implementation of educational policies and principles in schools and classroom practices.

Publications from the Sub-Study

- Kjelaas I, Eide K, Vidarsdottir AS, Hauge HA. Å føle seg angrepet intellektuelt: Språkkartlegging av minoritetsspråklige elever i videregående opplæring [To feel intellectually attacked: Language assessment of language minority students in upper secondary education]. *Acta Didactica Norden*. 2020; 14(1), Art. 16.
- Lynnebakke B, Pastoor LdW, Eide K. Young refugees' pathways in(to) education. Teacher and student voices: challenges, opportunities and dilemmas. 2020; Project report Study 3a, Coming of Age in Exile (CAGE). Copenhagen: MESU, University of Copenhagen. Available at: https://cage.ku.dk/publications/dokumenter/Young_refugees_pathways_in_to_education_-_CAGE_report_2020.pdf
- Lynnebakke B, Pastoor LdW. "It's very hard, but I'll manage." – Educational aspirations and educational resilience among recently resettled young refugees in Norwegian upper secondary schools. *International Journal of Qualitative research on Health and Well-being*. 2020; 15. <https://doi.org/10.1080/17482631.2020.1785694>.
- Pastoor LdW. Rethinking refugee education: Principles, policies and practice from a European perspective. In: A. W. Wiseman (Ed.) *Annual review of comparative and international education 2016* (p. 107-116). 2020; Emerald Group Publishing Limited.

Related publications

- Pastoor LdW. Reconceptualising refugee education: exploring the diverse learning contexts of unaccompanied young refugees upon resettlement. *Intercultural Education*, 2017;28(2), 143-164.
- Børsh ASR, Skovdal M, Jervelund SS. How folk high schools generate social capital and promote the social inclusion of young refugees in Denmark: lessons for educational institutions. *Journal of Refugee Studies*, 2019 (p. 1-23) doi: 10.1093/jrs/fez003.

Forthcoming

- Pastoor LdW. The education of young refugees upon resettlement in Norway – Lessons from Norway (working title). In: Bunar N, Pinson H and Devine D (Eds.) *The Research Handbook on Migration and Education*. Edward Elgar Publishing; 2021.

- Hauge HA, Eide K, Kjelaas I. Biding time with close strangers – Teachers' sensemaking of newly arrived refugee youths' educational aspirations.

References

1. Lynnebakke B, Pastoor LdW, Eide K. Young refugees' pathways in(to) education. Teacher and student voices: challenges, opportunities and dilemmas. *CAGE Project Report 3A*. 2020.
2. Pastoor LdW. The mediational role of schools in supporting psychosocial transitions among unaccompanied young refugees upon resettlement in Norway. *International Journal of Educational Development*. 2015;41:245-254.
3. Tørslev MK, Børsh ASR. Refugee and immigrant children's right to Education. A Comparative analysis of education policies targeting immigrant children in the Nordic countries. *CAGE Policy Report 2*. 2017.
4. Dunlavy A, de Montgomery CJ, Lorentzen T, Malin M, Hjern A. Equity in education? A comparative analysis of educational outcomes among refugee children in the Nordic countries. *CAGE Project Report 1*. 2020.
5. Rambøll. Evaluering av særskilt språkopplæring og innføringstilbud. 2016. Available at: <https://www.udir.no/globalassets/filer/tall-og-forskning/forskningsrapporter/evaluering-av-sarskilt-sprakopplaring-2016.pdf>.
6. Norozi SA. Going beyond academic support, mental well-being of newly arrived migrant pupils in the Norwegian elementary reception class. *Pastoral Care in Education*. 2020;37(2), 108-125.
7. OECD (2020). *Education Policy Outlook: Norway*. Available at: www.oecd.org/education/policy-outlook/country-profile-Norway-2020.pdf.
8. Cerna, L. Refugee education: Integration models and practices in OECD countries. Retrieved from Directorate for education and skills, OECD. 2019. Available at: https://www.oecd-ilibrary.org/education/refugee-education_a3251a00-en.
9. OECD (2011). *Review of Evaluation and Assessment of Education: Norway*. Available at: <https://www.oecd.org/norway/48632032.pdf>.
10. Børsh ASR, Skovdal, M, Jervelund, SS. How a school setting can generate social capital for young refugees: Qualitative insights from a folk high school in Denmark, *Journal of Refugee Studies*. 2019.fez003, <https://doi.org/10.1093/jrs/fez003>.

Highlights

- 'Newly arrived young refugees' are a heterogeneous category of students that varies widely in terms of educational and psychosocial needs and resources.
- The schools and teachers involved do not always know how to relate to the diverse – educational, psychological and social – needs of refugee students in general and 'late-arriving' students in particular.
- The interviewed refugee students report different levels of contentment with the educational provisions offered, which seems to reflect the different levels of teachers' qualifications and competence in teaching 'newcomers' in the schools under study.
- The findings emphasise the decisive importance of schools and teachers having adequate competence regarding how to teach students from diverse backgrounds as well as having knowledge of how the refugee experience may affect school functioning in order to provide appropriate support enabling refugee students to succeed.
- There tend to be considerable differences between the schools under study, depending on the level of awareness, competence and experience of teachers and schools concerning the educational as well as social inclusion of students from diverse backgrounds.
- The study points to a policy-practice gap as schools and individual teachers have varying, often insufficient, knowledge of how to implement national policies on inclusive education into classroom practice.
- There is a need for more knowledge and competence at the local level regarding how to deal with diverse student populations in general, and refugee competence in particular, to enhance the quality of education of young refugees.
- Teachers and other school staff are in need of strengthening their capacities concerning how to promote meaningful and equal participation in classroom learning as well as in joint social activities in school.
- Consequently, it is crucial to invest in preparing teachers for diverse classroom populations as well as promoting their refugee competence by means of more comprehensive pre-service and in-service teacher training.
- As a final point, more research is needed regarding how to improve the implementation of inclusive education policies and principles into practice by including local education authorities and school staff's perspectives and experiences.

Addressing Immigration-Related Health Inequalities through Equitable Education

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Background and Objectives

School settings are known to potentially play a crucial role in identifying and addressing the health and wellbeing problems of immigrant and refugee children, thus enabling equitable access to the opportunities that the education system affords, on an equal footing as their peers (1). Stemming from the interplay between inequalities in health and educational outcomes between immigrants and the majority population, and the role of societal and policy factors in shaping, preventing or reducing these inequalities, this chapter explores if and how, national-level immigrant education policies in Denmark, Norway and Sweden address health and wellbeing of immigrant and refugee children and how educators in two big cities of Denmark and Sweden perceive and address the health and wellbeing needs of immigrant and refugee children within the existing educational policy framework.

Material and Methods

The chapter is based on a content analysis of active laws and implementation guidelines, spanning the period of January 2014 to October 2017, covering primary and lower secondary (compulsory) education, as well as upper secondary education, and targeting immigrant children, in the Scandinavian countries: Denmark, Norway and Sweden; as well as qualitative interviews that were conducted with 14 teachers, headmasters and municipal workers in two large cities: Copenhagen (Denmark) and Malmö (Sweden) to gain insight into their perspectives and practices. The policy documents analysis draws on the concept of Sense of Coherence, and part of the Salutogenic Model (2), which is the scholarly approach focusing on factors that support human health and wellbeing, rather than on factors that cause disease. The qualitative analysis deployed the theory of Street-Level Bureaucracies, which is concerned with the processes of interpretation and translation of government policies by 'front-line' workers, i.e.

the workers who stand at the interface between the state and its citizens (3).

Results

Despite the documented existence of health inequalities in refugee and non-refugee immigrant children compared with their native-origin majority peers, and the documented potential role of education and schools as public health sites, the Danish, Norwegian, and Swedish education systems do not explicitly address the health and wellbeing of newly arrived immigrant and refugee pupils in national level immigrant education policies. By not addressing these inequalities in a systematic way, they are potentially reinforced over a lifetime through mechanisms operating both in the short and long term, i.e. over a lifetime.

In the short term, education systems and schools in the Scandinavian countries seem to be falling short in their delivery of equitable education for migrant and refugee pupils by not addressing in a systematic and comprehensive way the immigration-related mental and physical health issues these students and their family may experience during resettlement. Furthermore, in some cases, education systems and policies that do not specifically target health, may negatively impact the health and wellbeing of these pupils, by limiting their opportunities to develop and/or strengthen their Sense of Coherence in the school setting. In addition, systematic approaches to promoting the health and wellbeing of these pupils do not feature prominently in national level education (and integration) strategies, leading to ad hoc measures that depend on individual initiatives by teachers or school employees, or the level of experience and knowledge in the area of refugee and immigrant health of schools or municipalities.

In the long term, a lack of appropriate support for mental and physical health needs of refugee and immigrant pupils may negatively impact the up-stream social determinants of health, such as educational achievement, leading to an indirect effect on health through limited employment opportunities, employment in lower-paying jobs, and subsequent lower socio-economic status.



Thus, despite the documented existence of health inequalities between refugee and non-refugee immigrant and majority children in Denmark, Norway and Sweden, the education systems' immigrant education programmes vary in their approach to creating equitable conditions for refugee and immigrant pupils to thrive and achieve *on par* with their majority peers. The Danish education system seemed to be the least salutogenic, or health-enabling, in its approach to the health and wellbeing needs of newly arrived pupils, while the Swedish system seemed most conducive to creating salutogenic conditions in which newly arrived pupils could thrive, and was thus deemed most equitable. Norway, based on its immigrant education policies, lies somewhere in between Sweden and Denmark, though it stands out in its explicit efforts to include immigrant pupils and families in the annual assessment surveys of educational and psychosocial environment at schools. Still, as it was not within the scope of our study to interview educators in Norway, it remains to be seen whether in their view, refugee and immigrant pupils and their parents actively engage in the issue of school environment.

Findings pointed to a gradient of how equitable immigrant education is across Denmark, Norway and Sweden in regard to their focus on health and wellbeing according to the immigrant education policies studied. However, interviews with educators in Copenhagen and Malmö suggested that the way in which education systems in Sweden and Denmark are structured and resourced, and the training educators receive leads to schools falling short of being equitable with regard

to its newly arrived refugee and immigrant pupils. Educators in both cities pointed to two aspects of the education systems that, in their view, contributed to the near impossibility of some refugee and immigrants pupils succeeding, no matter how motivated and hard-working they were. The first aspect highlighted by a number of educators was the inability of their schools to adequately address one of the key obstacles preventing some of these pupils from achieving their full potential, namely poor mental health. Educators in both settings stressed that the lack of an integrated mental health service with specialist knowledge of the exposures and vulnerabilities associated with the refugee and migration experience meant that schools were systematically failing to accommodate the needs of some refugee and immigrant pupils.

The second aspect of education systems in both countries that lead to inequity and obstacles to thriving was the lack of flexibility in education trajectories and options. Educators in both cities suggested that the structure and organization of education systems hindered some pupils who arrive at an older age from completing their studies or being able to choose the most appropriate education path for them.

Conclusions and Perspectives

Immigrant education policies in Scandinavia do not explicitly address the health and wellbeing of refugee and immigrant pupils. Despite the rather divergent policy approaches in immigrant education represented by the cases of Sweden and Denmark, the interviews with educators revealed that, in both settings, the

absence of an integrated mental health service with specialist knowledge of refugee and immigrant health impedes equitable education for refugee and immigrant children.

Similarly, educators identified the way that the education system is structured in both countries also acts as a significant obstacle for many refugee and immigrant children in terms of the life-long learning opportunities and the chance to complete an education of their choice.

In order to more fully understand the potential impact of non-health targeted policies and institutional structures on the health and wellbeing of refugee and immigrant children in Nordic welfare states, further research is needed focusing on the perspectives and experiences of these children in their encounters with immigrant education.

The research presented in the chapter has clear potential implications for policy: countries could strengthen their commitment to the 'Health in All Policies' approach.

Findings from both Copenhagen and Malmö highlight the need for state mandated integrated school-based mental health services with specialized knowledge of the refugee and immigration-related health inequalities experienced by many refugee and immigrant children.

Publications from the Sub-Study

- Mock-Muñoz de Luna C, Granberg A, Krasnik A, Vitus K.. Towards more equitable education: Meeting health

and wellbeing needs of newly arrived asylum seeking and refugee children – perspectives from educators in Denmark and Sweden. *International Journal of Qualitative research on Health and Well-being*, Special issue: The Predicament of the Child Refugee 2020; 15. doi: 10.1080/17482631.2020.1773207.

- Mock-Muñoz de Luna C. Addressing migration-related health inequalities in Scandinavia through equitable education – A comparative study. PhD Thesis, the University of Copenhagen, 2020.

Forthcoming

- Mock-Muñoz de Luna C, Hart J, Krasnik A, Vitus K, Hart J. A public health perspective on Scandinavian education system responses to the so-called 'refugee crisis' of 2015 – A comparative policy analysis. *Migration Studies*.

References

1. Pastoor LdW. The mediational role of schools in supporting psychosocial transitions among unaccompanied young refugees upon resettlement in Norway. *International Journal of Educational Development*. 2015;41(Supplement C):245-54.
2. Antonovsky A. Health, stress, and coping. San Francisco: Jossey-Bass Publishers; 1979.
3. Lipsky M. Street-level bureaucracy: Dilemmas of the individual in public service: Russell Sage Foundation; 2010.

Highlights

- Education policies targeting newly arrived refugee and immigrant children in Denmark, Norway and Sweden do not explicitly address the health and wellbeing of these students.
- The Swedish and Norwegian education systems appear to be somewhat more health-enabling in terms of the ways in which they promoted sense of belonging and of self-worth in newly arrived students through their education strategies – whereas Danish education policies targeting newly arrived refugee and immigrant students seemed less health-enabling in design as they appeared to be less inclusive, and more deficits-based.
- Educators in Sweden and Denmark recognize that newly arrived refugee and immigrant students have specific migration-related needs, but some expressed being unable to cope with more complex issues due to a lack of vital health and wellbeing services within schools.
- Educational professionals interviewed in Sweden and Denmark felt that the lack of resources, professional training, standardized procedures and accountability measurement, together with inflexible education systems, inhibited them from providing equitable education, thus possibly reinforcing migration-related health inequalities.

Synthesis of the Education Studies

The topic of education among young refugees was addressed in four CAGE studies: (i) a policy analysis on the educational policies for refugees and immigrants within the Nordic countries, (ii) a population-register based comparative study of educational achievements among young refugees in the Nordic countries, (iii) a qualitative study on educational and psychosocial transitions among young refugees in Norway, and (iv) a qualitative study on the role of education systems in addressing any potential inequalities in health and wellbeing in Denmark, Norway and Sweden.

The policy analysis explored the historical development of government educational legislation in the Nordic countries since the 1980s and how the right to primary and lower secondary education for immigrant students is ensured. All four Nordic school systems are comprehensive systems building on single-structure educational organization (without early ability tracking) with fundamental values of equal rights to education for all children that include delivering teaching adjusted to individual needs. One exception is that asylum-seekers in Denmark are not entitled to upper secondary education. Availability of trained, specialized teachers is crucial to ensure quality education for all students. Access to early education and care (ECEC) facilitates host country language development and school preparedness training and is offered in all Nordic countries including the provision of partial or fully subsidized fees, but motivating immigrant parents to enrol their children remains a challenge. Newly arrived immigrant students who do not speak the host country language are offered host language training and introduction programmes to be able to be transitioned into the general classes as soon as the students are ready. Whether the organization should be based on inclusion (mainstreaming) or introductory classes (segregation) differs between the countries; Sweden and Finland favour the mainstreaming model. Diversity sensitivity in schools are highlighted in programs in Finland and Norway. Due to a decentralized school system in all the Nordic countries, there are local variations of offers to immigrant students within each country.

The comparative register study observed that refugees who arrived in the Nordic countries as children (0-17 years) between 1986 and 2005 and were followed until 2015 had poorer educational outcomes relative to their native-born majority popu-

lation peers, as measured by the indicators: a) average grades from the last year of compulsory education, b) dropouts from upper secondary education, c) completion of upper secondary education at age 25, d) type of upper secondary education degree (academic or vocational) and e) completion of higher education at age 30. Refugee children who arrived in the Nordic countries at younger ages had better educational outcomes than those who arrived at older ages. Refugee children in Sweden tended to have the best educational outcomes, while those in Denmark and Finland had the worst. Differences in educational outcomes between refugee and non-refugee immigrants were of the smallest magnitude in Norway. The gap in secondary educational attainment between refugees and the native-born majority was of a greater magnitude than the corresponding achievement gaps in higher education.

The qualitative study on educational and psychosocial transitions among young refugees upon resettlement in Norway was based on interviews with resettled young refugees aged 16-24 and teachers and school staff. The data collection was carried out in three schools in the greater Oslo and two schools in more rural areas in South-Eastern Norway in 2016 and 2017. The study provided insights into educational, psychological and social challenges recently resettled young refugees may encounter. Acquisition of the Norwegian language was highlighted as the most prominent educational challenge for newly arrived students, while at the same time they reported on wellbeing issues and emphasized that they would like more interaction with Norwegian peers. Schools and teachers had varying, and often insufficient, knowledge and competence of how to relate appropriately to a diverse group of refugee students with multifaceted needs. Especially in the more rural schools teachers reported that they lacked competence in multilingualism and teaching in and of Norwegian as a second language. This may well affect the quality of refugee education and thus refugee students' school outcomes. The study demonstrates that the education of newly resettled young refugees requires a cohesive whole-school approach that aims at enhancing refugee students' school outcomes as well as supporting their psychosocial adaptation and wellbeing.

The qualitative study on the role of education systems in addressing any potential inequalities in health and wellbeing in

Denmark, Norway and Sweden, which was based on a content analysis of education policy documents and qualitative interviews with teachers, headmasters and municipal workers in Copenhagen (Denmark) and Malmö (Sweden), highlighted that the educational policies in the Nordic countries did not address the immigration-related mental and physical health issues. The Swedish and Norwegian education systems appear to be more health-enabling in terms of the ways in which they promoted sense of belonging and of self-worth in newly arrived students through their education strategies than the Danish, which appeared to be less inclusive, and more deficits-based. Educators in Sweden and Denmark recognized that newly arrived refugee and immigrant students have specific immigration-related health needs, but felt that the lack of resources, professional training and integrated mental health service with specialist knowledge combined with standardized procedures and inflexible education systems, hampered them into accommodating the needs of some refugee and immigrant students.

Overall, the studies on education demonstrate that although all four Nordic countries aim to adjust to the needs of individual students and provide equitable education for all children, refugee children encounter specific educational and psychosocial challenges upon resettlement. Despite refugee students' high motivation to succeed, these challenges often hinder them from reaching their full educational potential. Refugee students' educational achievements are significantly lower than their native-origin majority peers: more refugee children drop out of upper secondary school, and the average grades of refugee children in compulsory school are lower than those of majority children born in the Nordic countries. However, the comparative registry study also reveals that the gap in educational outcomes between refugee children and majority children was smaller in Sweden than in Denmark and Finland, also when divided into country of origin, while differences in educational outcomes between refugee and non-refugee immigrants were of the smallest magnitude in Norway. At the same time, the greatest educational differences by age of arrival was observed among refugees in Sweden.

There might be several reasons why refugee children in Sweden do better than refugee children in the other Nordic countries and show smaller difference in educational outcomes compared to the majority children in the Swedish population: firstly, Sweden is the Nordic country that is most experienced in receiving refugee children, secondly, the Swedish system has a strong focus on inclusive and mainstream education for all children, including asylum-seeking children. This means that refugee children are likely to be offered education of the

same quality and equal quantity as the general population, including during the asylum phase.

Furthermore, the quantitative results show that children who arrive in the Nordic countries at a late school age do less well in school than their peers arriving at younger ages. This finding is further illuminated by the qualitative study in Norway highlighting that late-arriving newcomers, who often have limited and/or interrupted previous education, face distinct challenges when, after a relatively short period of residency in the host country, they enter upper secondary education. Besides having an interrupted education or none at all, they have to learn a new language, adapt to an unfamiliar school system, and complete upper secondary school in the course of a few years, which pose a great challenge.

Despite efforts in the Nordic countries to provide preparatory classes and to introduce some flexibility in education in order to provide opportunities to continue with an education beyond the compulsory school age, the studies show that for a number of reasons, including the quality of the education and availability of traineeships, students with a refugee background still drop out of these provisions at a higher rate than their majority peers. Again, age at arrival seems to be a decisive factor for upper secondary school completion; especially refugee children arriving after turning 15 do less well in school and have the highest dropout rate in upper secondary education than those who arrived at a younger age. In all four countries, the gap in secondary educational attainment between refugees and the native-born majority was of a much greater magnitude than the corresponding achievement gaps in higher education. Completing upper secondary school is of decisive importance as it increases young refugees' opportunities for a higher education and/or more stable labour market attachment, stronger social and economic links to the Nordic society and enhanced health and wellbeing. Thereby, policies which facilitate secondary education attainment should be given greater priority than those aimed at promoting higher education. In order to avoid dropping out of upper secondary school, newly arrived refugee youth in general, and late-arrivals in particular, depend on adequate education provisions and receiving psychosocial support during the initial years of resettlement.

The increasing, immigration-related, diversity in classrooms in the Nordic countries places substantial demands on school systems, schools and teachers as it requires specific knowledge and new competences to deal with more diverse student populations. It turns out that the Nordic countries' education policy's basic principle of '*one school for all*', providing



equitable and individually adapted education to all students, does not necessarily result in equitable educational outcomes for recently arrived refugee students. The unsatisfactory school outcomes of refugee young people who arrive in the Nordic countries at a late school age, demonstrate that the mere existence of education provisions and reforms does not necessarily result in educational success for all students. Political initiatives cannot stand alone and the CAGE qualitative study from Norway emphasises that there is a great gap between political intentions and practice. The qualitative studies show that schools and teachers have varying and often insufficient knowledge of how to handle a multifarious group of students with a refugee background. Thus, there is a need for more knowledge and competence at local level with regard to handling students with a diverse background. Otherwise it is difficult to increase the quality of education among refugee children and youth.

Some teachers stress that schools are educational institutions and not psychosocial institutions. At the same time, the teachers have difficulties handling young refugees' challenges in school, because they often spring from mental issues. Providing integrated mental health service with specialist knowledge of refugee and immigrant health could help some students in overcoming mental health issues that otherwise would hamper their educational achievements and could support health-and wellbeing promoting initiatives within the school context. In order to improve refugee students' school performance, it is crucial to improve the diversity competence of school leaders and school staff, and to make schools more

responsive to migration-related diversity. A better understanding of diversity may also bring about a shift of perspective, i.e. not approaching student diversity from a deficit perspective but a 'surplus' perspective that draws on students' different resources in reaching their learning potential.

Finally, a CAGE study explored how institutions and school practices in the receiving countries may best facilitate young refugees' social inclusion employing a case study of a Folk High School. Aspects of a "refugee-competent" school was identified as (i) facilitating language acquisition, (ii) nurturing positive inter-ethnic relationships, (iii) fostering a sense of collective responsibility at the school through activity and services, and (iv) actively promoting an inclusive school ethos. These aspects seemed to build up social capital in refugee students qua several interrelated mechanisms: the intensive language instruction was combined with the school actively fostering interethnic relationships rooting in the inclusive school ethos and the school's expectations of students to contribute to school life. The school emphasized diversity, and by requiring students to work together, this resulted in a sense of collective responsibility. At the same time the young refugees had the chance to practice their host country language skills, and it gave rise to an enhanced understanding of social codes and the life in their new country of residence, while also building a social network. Together, this may facilitate and accelerate integration processes of young refugees and thus the chances of young refugees to succeed in education and employment as well as improving their wellbeing by positively impacting their Sense of Coherence.

Labour Market Policy

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Background and Objectives

This chapter will give an overview of Nordic labour market policy affecting young refugees' chances on the labour market. By referring to reports published within the CAGE project as well as other recent research, it gives an account of current evidence on the relation between targeted policy efforts and labour market integration. In addition to the review of the targeted efforts, the chapter provides an analysis of the general development of the migration and labour market policy area and of its potential effects for immigrant lives in the Nordic countries.

Materials and Methods

The chapter draws on legal documents, policies, government

proposals, policy evaluations, research reports and background statistics from Denmark, Finland, Norway and Sweden to generate an overview of Nordic policies affecting employment in the immigrant population in the period of 1980–2016. Four policy areas are analysed: (a) the right to work, (b) integration through labour, (c) youth guarantee and (d) financial support.

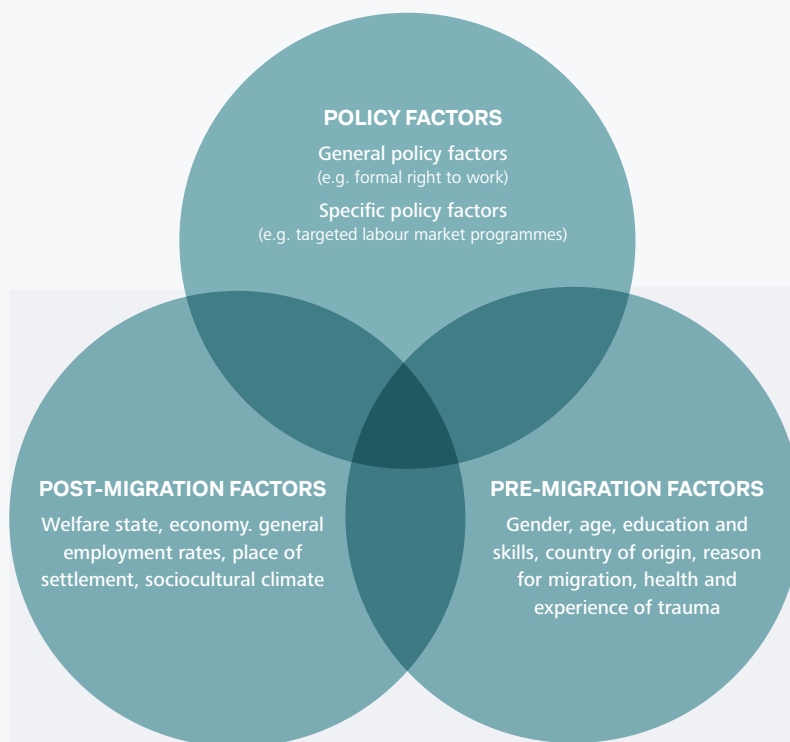
Results

The CAGE report "Working for Integration: A comparative analysis of policies impacting labour market access among young immigrants and refugees in the Nordic countries" gives an extended review and analysis of the topic (1). The report emphasises that labour market policy is only one of multiple factors that influence young refugees' possibilities to enter the Nordic labour markets (see Figure 1).

Significance of Pre- and Post-Migration Factors

In addition to targeted policy efforts, pre-migration factors

FIGURE 1: Factors affecting immigrant labour market integration



– including demographics, education and skills, country of origin, reason for migration and health – will make the immigrants more or less prepared to find employment. Post-migration factors in the country of destination, including state of the economy, general employment rates, place of settlement and sociocultural climate, will also have a significant effect on immigrant employment. Finally, general policy factors, including migration policy and labour market policy for the general population, will have effects on employment rates in particular population groups. Much of the statistics on immigrant employment can be understood in light of these factors. For example, it is not very surprising that Norway, the wealthiest of the Nordic countries with the lowest general unemployment rates, also demonstrate the lowest unemployment rates in the immigrant population.

Significance of Labour Market Policy

In addition to the pre-migration and post-migration factors, the report analysed four policy areas with effects for employment among young refugees and immigrants: (i) right to work, (ii) active labour market policies (ALMP), (iii) youth guarantee programmes, and (iv) financial support. The report highlighted that integration of young refugees in the Nordic countries takes place in a policy environment characterised by a general transition “from welfare to workfare”. This means that financial self-sufficiency is seen as the core dimension of successful integration and that other indicators of societal involvement are seen as subordinate to labour market participation. High levels of employment have long been regarded as a necessary condition for the Nordic welfare state and its comparably generous transfers, but the workfare trend has further increased demands of activation and employability in groups outside the labour market. This has had significant consequences for multiple policy areas with relevance for young refugees’ lives, not least the level and conditionality of any type of financial support.

The Nordic welfare state is the common institutional starting point for all four countries in the study, but the countries have taken different approaches in their policy approaches to migration and its relationship to labour. In the area of migration and asylum policies, Sweden has traditionally been regarded as the most liberal of the Nordic countries, which is reflected in both the comparatively high numbers of granted asylum applications in Sweden, but also in the top position in the comparative Migration Integration Policy Index (MIPEX) from 2014. Denmark, on the other hand, is regarded as the most restrictive country with regard to asylum and migration policy, and Finland and Norway place in between. Dissimilar discourses around the meaning of national identity and the direct influence of anti-immigration parties have been put forward as part of the reasons behind this divergence. However, since 2015, there has been a substantial consolidation in European and Nordic migration policy, which has moved traditionally liberal countries, including Sweden, towards a more restrictive approach. All four countries connect migration and asylum policies to labour market integration. Research on the effect of Active Labour Market Policies (ALMP) programmes suggest that policies that have proven effective to target unemployment in the general population, also tend to be the most promising with regard to specific populations, such as refugees, immigrants and youth. Measures that are closely linked to regular employment, including wage-subsidies, as well as individual counselling efforts, which may compensate for lacking social networks and contact to employers, increased the chances for immigrant employment. In contrast, activation measures and work practice programmes, including job creation programmes in the public sector, were found to have no positive effects (2, 3). The countries have taken slightly different approaches in which measures are being implemented (see Table 1).

TABLE 1: Policy traditions in the Nordic countries

	DENMARK	FINLAND	NORWAY	SWEDEN
MIPEX 2014 score and ranking in labour market mobility¹	Score 79 Ranking 7 of 38	Score 80 Ranking 6 of 38	Score 90 Ranking 3 of 38	Score 98 Ranking 1 of 38
General approach to asylum migration	Restrictive	In the middle	In the middle	Traditionally liberal
Main activation measures of Active Labour Market Policies	Job training and education	Vocational labour market training and public sector job creation	Vocational labour market training and public employment services/ administration	Labour market training and public sector job creation

¹ Given the policy shift following 2015, these scores and rankings are likely to have changed in recent years.

TABLE 2: Policy development with regard to labour and immigration

POLICY	POLICY AIMS	POLICY ENVIRONMENT	DESCRIPTION
Right to work	Incorporation and integration	Upkeep of the Nordic welfare state in times of international migration	Policies aiming to incorporate immigrants into the Nordic labour state
Work for sustenance	Cost limitation	Transition from welfare to workfare	Policies aiming to reduce societal costs related to migration by reallocating the responsibility of integration from society to individual immigrants
Work for protection	Temporariness and conditionality of residence	Stricter migration policies	Policies aiming to combine stricter migration policies with international conventions on refugee rights
Restriction of migrant lives	Segregation and deportation	Widespread adaption to anti-immigration discourse	Policies aiming to create deportable subjects by keeping immigrants segregated from society

Research Published since the Report

Labour market integration of young immigrants and refugees is a timely topic in the Nordic countries, and since the publication of the CAGE labour market policy report, it has been addressed in two comprehensive publications by the Nordic Council of Ministers (4, 5). The reports conclude that refugees and immigrants to the Nordic countries constitute a highly diverse group in terms of socioeconomic and educational background. However, compared to the native population, a larger share of the foreign-born population from countries outside of the EU has no more than elementary education. In addition to lacking social networks and experiences of discrimination, the relatively high educational demands of the Nordic labour markets could lead to particular difficulties for this group to find employment. Consequently, the studies underline the importance of both schools and adult education in terms of further qualifying immigrants for the Nordic labour markets.

The reports clearly state that labour market integration of immigrants is a politically contested policy area and defined by a number of central conflicts in terms of political goals and their associated effects. For example, similar to research cited in the CAGE report, studies find a positive employment effect of subsidised employment in the private sector. However, these measures have been criticised both by employer organisations that may regard the subsidies as a competitive bias and by trade union organisations claiming that the subsidies are misused by employers who want to avoid paying social costs and incomes according to collective bargaining agreements. Another example is found in studies indicating a positive effect of lower wages on employment of non-European immigrants. However, this policy would also imply increasing social inequality, increased proportion of workers living in relative poverty, potential spillover effects on other labour segments and increasing precarisation of the Nordic labour market.

Labour and Immigration in the Nordic Countries: A Policy Area in Transition

In the past decade, all Nordic countries have gone through a substantial transition of their approach to immigration and labour market participation. Naturally, this transition is realised in different ways and to different degrees in the four Nordic countries, but they all reflect the general European trend towards more restrictive migration policies. There are some noteworthy similarities in the Nordic implementation of these policies and the way they are discursively tied to the labour market and the welfare state. For illustrative purposes, the Nordic migration policy transition of the past ten years can be divided into four phases (see Table 2)

Phase 1: Right to Work. Refugees' right to work in the country of destination has been a hot topic of the Nordic political debate since refugee immigration started to increase in the 1960s and 1970s. Those in favour of a swift integration of refugees into the Nordic labour market could link their argument to the universalist ambition of the welfare state. Every man and woman residing in the country should be included in the 'community of individuals', but would also be expected to contribute to this community through the fruits of their labour (6). In order to give refugees and other immigrants the opportunity to become contributing members and worthy subjects of the welfare state, they had to be granted the right to work in the country of destination. In course of time, the countries also developed a package of active labour market policies in order to facilitate and speed up the integration of refugees into the increasingly competitive Nordic labour markets. A contrast to these positions are found in the anti-immigration sentiments that have risen in all the Nordic countries

since the 1980s. The anti-immigration parties of the Nordic countries come from different background ideologies, but they are united by their labelling of immigrants as free riders of the generous welfare state.

Phase 2: Work for Sustenance. Partly in response to the growing influence of a political approach attributing societal problems to immigration, but also in line with a market-oriented turn in politics, Nordic governments have implemented a number of policies that aim to reduce expenses related to immigration. In line with the general transition from a welfare state to a workfare state, immigrants and other recipients of welfare services were gradually targeted by policies aiming for their activation, obedience and efficiency (7). Financial support was reduced and increasingly conditioned on successful participation in labour market programmes and language classes. In reference to a traditional idea of labour market participation as the golden road to societal integration, attempts were made to reform the highly regulated Nordic labour markets and expand their low-wage segments. “Lower thresholds” to the competitive Nordic labour markets would facilitate immigrant integration, according to the proponents, but critics raised concerns over increasing economic inequalities, poverty and worker exploitation.

Phase 3: Work for Protection. The large number of refugees to Europe in 2015 were followed by a number of reforms in Nordic migration and labour market policy. One of the most significant shifts concerned the duration and conditionality of residence permits based on international protection. For example, Sweden has eliminated the possibility to receive a permanent residence permit solely on basis of need for international protection. Instead, refugees and other beneficiaries of international protection receive temporary residence permits, which may be converted into a permanent residence permit only if the individual holds a job with a certain level of income. Similar regulations were in place, or were introduced, in Norway and Denmark. In this phase, labour is not only seen as the best way to achieve successful integration, but is increasingly framed as an indispensable condition for long-term protection and other central rights, such as the right to family reunification (8).

Phase 4. Restriction of Migrant Lives. This phase marks a return to a protectionist migration policy characterised by the departure from efforts to alleviate and support immigrant and refugee integration. The advent of this phase is perhaps most clearly illustrated by the so-called paradigm shift of the Danish migration policy in 2019, which marked a re-labelling of integration programmes to ‘self-sufficiency and repatriation

programmes’ (9). It still remains to be seen in which ways this will affect refugees’ employment opportunities, but there is clearly a distinctive conflict between the view on labour as the main path to successful integration and the new policy aim of refugee repatriation and deportation. In line with this policy aim, it may be considered more consistent to keep refugees segregated from the labour market and the rest of society in order to maintain detachment and to advance the notion of refugees as deportable subjects.

Conclusions and Perspectives

For many years, labour market integration of refugees and other immigrants has been a widely discussed topic in the Nordic countries. Over the years, a number of active labour market policies have been implemented with the aim to increase employment rates in the refugee groups. Reports attribute positive employment effects to wage-subsidies in the private sector and lower wages for particular worker groups, but also highlight that increasing employment attributed to these measures may come at the price of undesired effects, including increasing social inequality, relative poverty and precarious work. Furthermore, the success of the measures has largely depended on other factors, including education, state of the economy, general employment rates and sociocultural and political climate. In terms of the latter, the past ten years have been a time of extensive policy transition with regard to migration and integration policy in the Nordic countries. The policy goal of societal integration is gradually replaced by far-reaching restrictions and deportation of refugees whenever possible. This development is implemented in different ways and has been the subject of vocal critique by actors focusing on refugee rights and humanitarian needs.

In 2020, refugee rights are under attack in Europe. The organisation Human Rights Watch reports that Greek authorities have made first attempts to depart from international conventions and agreements, including the right to seek asylum (10). A decisive response to these illegal developments will be required in order to uphold the respect for international law. It is difficult to say anything about the future in these turbulent times, but it is clear that questions regarding the extent to which recent European policy development will affect the general conditions for immigrants in the Nordic countries, and the opportunities to integrate into the labour market, will be an important topic of future studies.

Publications from the Sub-Study

- Gauffin K, Lyytinen E. Working for integration: A comparative analysis of policies impacting labour market access among young refugees in the Nordic countries. Centre for Health Equity Studies (CHESS) & Migration Institute of Finland; 2017. Available from: https://cage.ku.dk/publications/dokumenter/CAGE_Policy_Report_1.pdf [Accessed 26-10-2020].
- Lyytinen E, Gauffin K. Working for protection: Policy developments on the relationship between employment and refugee protection in Sweden and Finland. *Siirtolaisuus-Migration*. 2019;3:5-8.

References

1. Gauffin K, Lyytinen E. Working for integration: A comparative analysis of policies impacting labour market access among young refugees in the Nordic countries. Centre for Health Equity Studies (CHESS) & Migration Institute of Finland; 2017.
2. Nekby L. Active labour market programs for the integration of youths and immigrants into the labour market: the Nordic experience: CEPAL; 2008.
3. Hernes V, Tronstad K. Komparativ analyse av introduksjonsprogram i Norge, Sverige og Danmark. Oslo: NIBR-rapport 2014:19; 2014.
4. Calmfors L, Sánchez Gassen N. Integrating Immigrants into the Nordic Labour Markets. Nordic Council of Ministers. 2019.
5. Andersen T, Piil Damm A, Åslund O. Nordic Economic Policy Review: Labour Market Integration in the Nordic Countries. Nordic Council of Ministers; 2017.
6. Brochmann G, Hagelund A. Immigration policy and the Scandinavian welfare state 1945-2010. Palgrave-Macmillan; 2012.
7. Kananen J. Nordic paths from welfare to workfare: Danish, Swedish and Finnish labour market reforms in comparison. *Local Economy*. 2012;27(5-6):558-76.
8. Lyytinen E, Gauffin K. Working for protection: Policy developments on the relationship between employment and refugee protection in Sweden and Finland. *Siirtolaisuus-Migration*. 2019;3:5-8.
9. Danish Parliament. L 140: Forslag til lov om ændring af udlændingeloven, integrationsloven, repatrieringsloven og forskellige andre love. 2019. Available from: https://www.ft.dk/ripdf/samling/20181/lovforslag/l140/20181_l140_som_vedtaget.pdf [Accessed 03-04-2020].
10. Human Rights Watch. Greece/EU: Respect Rights, Ease Suffering at Borders 2020 [cited 2020-03-11]. Available from: <https://www.hrw.org/news/2020/03/04/greece/eu-respect-rights-ease-suffering-borders>.

Highlights

- In accordance with the legacy of the universal welfare state, the Nordic countries have a tradition of general and targeted active labour market measures aiming to integrate refugees and other immigrants into the labour market. This tradition has been extensively challenged in the past ten years.
- The policy aim of integration has gradually been replaced by a workfare related view of employment as the compulsory condition for long-term residence and more lately by a restrictive approach aiming for immigrant deportability. It remains to see which consequences this policy turn will have for immigrant lives in the Nordic countries.
- Refugees in the Nordic countries are a highly heterogeneous group, but research highlights the particular challenges of low-educated refugees to find employment on the comparably competitive Nordic labour markets characterized by high-skilled jobs. It is clear that any targeted measure will interplay with other contextual and individual factors related to the country of origin, the country of destination and the qualifications and background of the individual.
- Research indicates positive effects of some targeted measures, including wage-subsidies and individual counselling efforts, but the measures have also been questioned as they could lead to undesired effects in other areas.
- Generally, the labour market integration of immigrants is a highly contested policy area. Some measures, including lower wages for particular groups, may have positive effects for employment, but may come at the cost of increasing inequality, relative poverty and precarious work. Which measures are deemed as appropriate will depend on the political appraisal of employment inequality versus income inequality

Labour Market Outcomes among Refugee Youth in the Nordic Countries: A Quantitative Comparative Overview

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Contributors: Lisa Berg, Olof Bäckman, Ketil Eide, Ryan Tamayo Europa, Anders Hjern, Christopher Jamil de Montgomery, Thomas Lorentzen and Maili Malin

Background and Objectives

Labour market participation is an established determinant of quality of life, social inclusion, and health for all members of society. However, for immigrants and refugees, such labour market attachment is also often conceptualized as a key facilitator of integration, as it can serve to promote economic as well as social and cultural integration, via regular interaction and cooperation with others and engagement in society. While education and schooling are commonly used as the primary indicators of integration among immigrant-origin children and youth, position in the labour market is often used as the primary indicator of integration among adults.

Compared to other OECD countries, the Nordic countries have previously been shown to have among the highest rates of unemployment among immigrants, and the largest gaps between the native-born majority population and immigrants (1). Yet multiple factors contribute to influencing immigrants' labour market attachment, including those related to the immigrant's circumstances in origin, characteristics of the migration journey itself, as well as the destination country context (see the previous chapter). These factors are not mutually exclusive, as they can often interact and influence one another to both increase or decrease labour market attachment among immigrant-origin youth. Refugee immigrants in particular may face greater labour market disadvantage given the forced nature and potentially difficult circumstances of their migration, which can have lasting impairments on mental and physical health necessary for employment (2). Young refugee immigrants are faced with particular challenges, as they might have experienced disruptions in their schooling, lower school performance and higher rates of educational dropout,

with subsequent adverse effects for entry into the labour market. Youth unemployment rates are generally higher compared to older age groups, and refugee youth therefore find themselves in two disadvantaged groups. Although labour market attachment outcomes among young immigrants generally improve with age, this confluence of factors suggests that young refugees in particular may be more likely to experience labour market disadvantages than their non-refugee immigrant and native-born majority population counterparts.

The marginalized labour market position that refugees and youth face entails a double burden for secure labour market attachment among youth with a refugee background (3). However, much of the existing information on labour market integration among immigrants has been limited, in that it has neglected to account for migration characteristics, including refugee background, and has also focused on adult immigrants. In addition, there is little information on how refugees in different Nordic contexts may fare in the labour market at different time points in young adulthood. The aim of this chapter is therefore to investigate the extent to which labour market outcomes of young refugees vary by Nordic country of residence. In addition, the chapter aims to investigate if there is variation in the labour market outcomes of refugee children depending on gender, country of origin, and level of educational attainment.

Materials and Methods

Refugees who were granted residency in the Nordic region as children (0-17 years) between 1986 and 2005 were followed from the year that residency was established through 2015. Population-based register data from each country was used to identify and compare labour market attachment outcomes at ages 25 and 30 across study populations. Refugees who resettled after 2005 were excluded to ensure that all refugees included in the study had a minimum of ten years of residence in the destination country at the end of the study follow-up period in 2015. Age matched native-born children with two native-born parents comprised the reference major-

ity population in each country. Additional sub-analyses were conducted specifically among refugee children by country of origin. Given the diversity of refugee populations by origin, both within and across the Nordic countries, these analyses were performed in order to facilitate comparability of the refugee study populations across destination contexts.

The Social Exclusion and Labour Market Attachment (SELMA) model was used to assess the degree of labour market attachment and exclusion in the study populations (4). This model was developed for the Swedish context, but has been used in Nordic comparative studies as well. This chapter pays particular consideration to two categories identified in the SELMA model: core labour force participation and NEET (not in education, employment or training). Members of the core labour force were those individuals with an annual income exceeding 3.5 Nordic Base Amounts (NBA). The NBA is an

inflation-adjusted measure used for comparing incomes, consumption and prices over time, where 3.5 NBA corresponds to a low, but still acceptable income level for a young worker. Those coded as NEET were individuals with an annual income of less than 0.5 NBA and no recorded enrolment in education.

Results

Figure 1A shows the proportion of refugee women and men in the core labour force by age and country of residence. In all countries, men and 30-year-olds were more likely to be a part of the core labour force compared to women and 25-year-olds. In general, Sweden, Norway and Finland had larger proportions of refugees in the core labour force compared with Denmark, which also had the largest gender gap, followed by Sweden, Norway and Finland. The gender gap was also slightly larger among 25-year-olds compared to 30-year-olds, with the exception of Finland, where the gender gap was similar at both ages.

FIGURE 1A: Refugee women and men in the core labour force by age and country of residence.

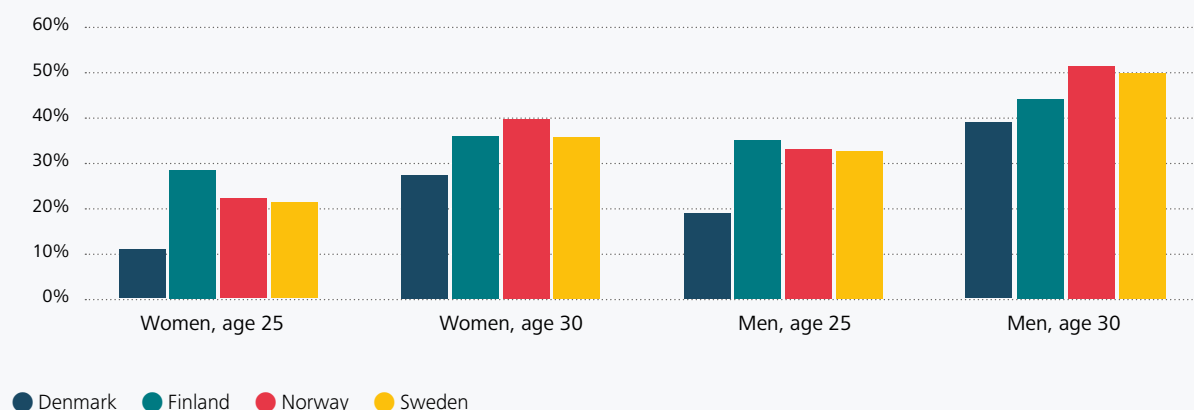


FIGURE 1B: Refugee women and men in NEET by age and country of residence.

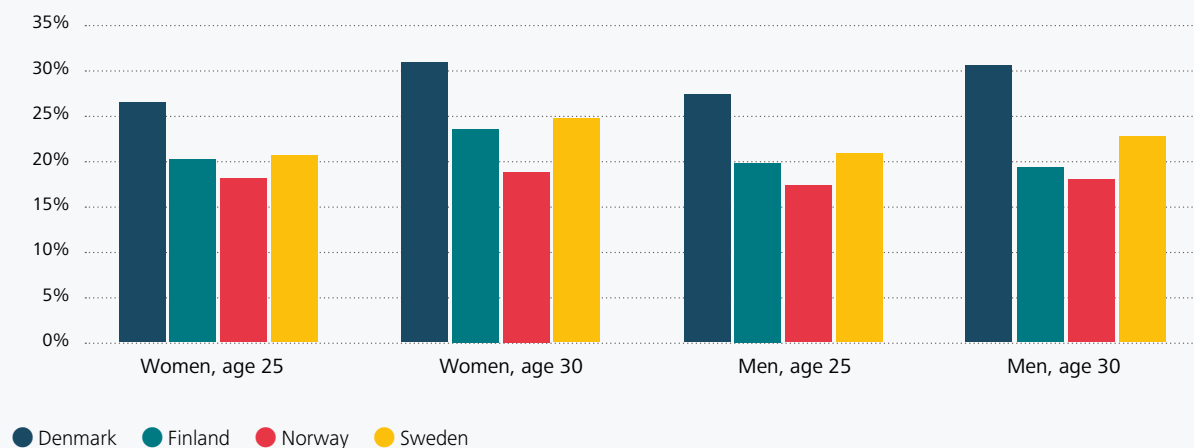


FIGURE 2A: Refugees and the native-born majority in the core labour force at age 25.

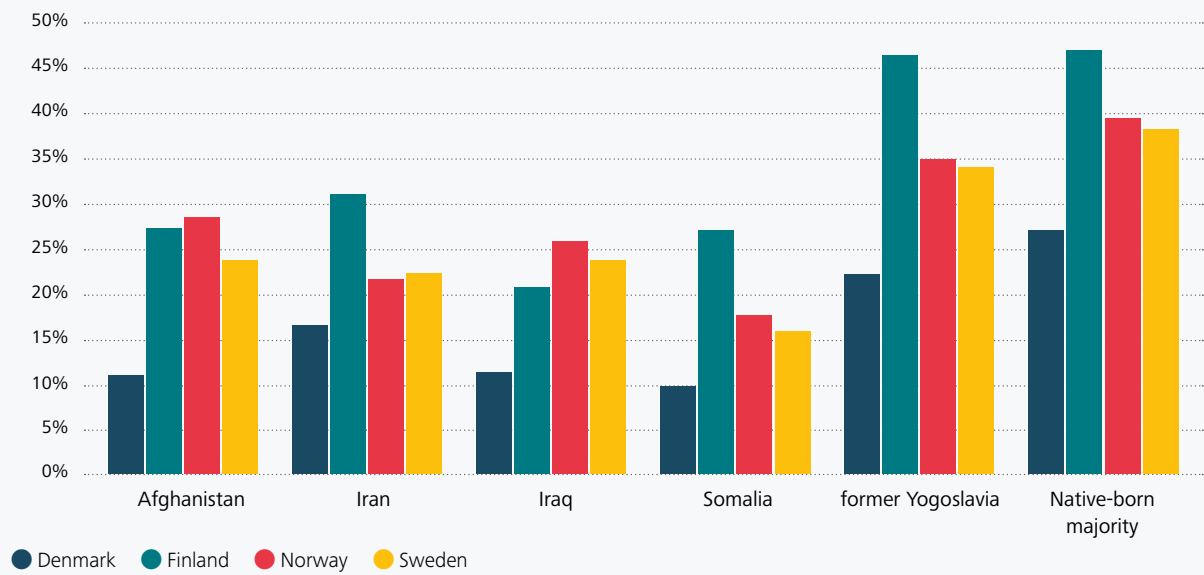


FIGURE 2B: Refugees and the native-born majority in the core labour force at age 30.

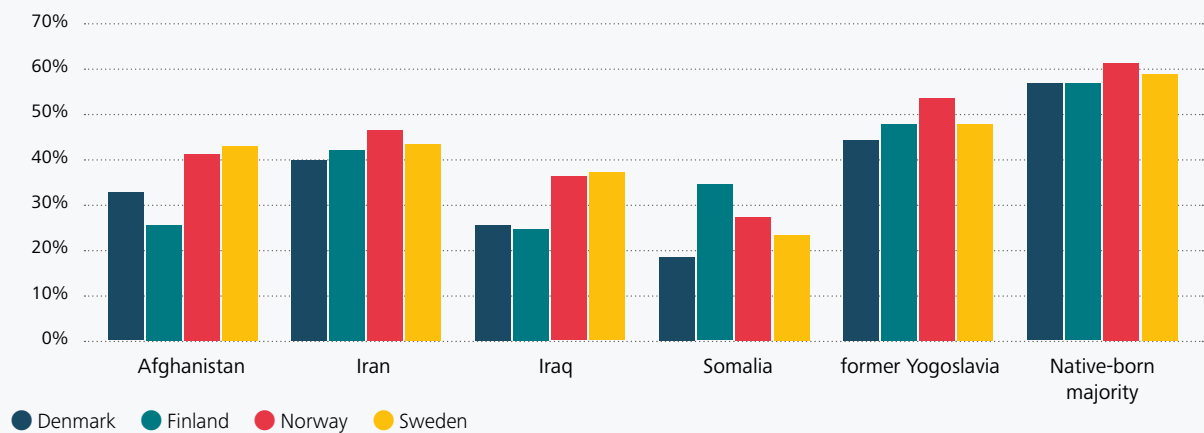


Figure 1B shows the proportion of refugee women and men in NEET. This unfavourable labour market outcome was generally more common in Denmark and less common in Norway, with Finland and Sweden in between. In all countries except Norway, NEET was slightly more common in the older age groups, but no large gender differences were demonstrated.

Figures 2A and 2B show the proportions of refugees and the native-born majority in the core labour force by country of origin at ages 25 and 30, respectively. All refugee groups were less represented in the core labour force compared to the native-born majority population. Comparing the countries of origin, refugees from former Yugoslavia stand out as a group with core employment rates that were the most similar to those of

their native-born majority population counterparts. The gaps in participation between the refugee groups and the native-born majority population tended to be the largest in Denmark.

Figures 2C and 2D show the corresponding study population proportions in NEET at ages 25 and 30. In some ways a negative reflection of the core labour force graphs, the refugee populations were in general overrepresented in NEET compared to the native-born majority populations. In particular, refugees from Somalia resident in Denmark and Sweden stood out in comparison to other countries of origin and destination.

Figure 3A shows the proportion of refugees and the native-born majority population in the core labour force by age and level of

FIGURE 2C: Refugees and the native-born majority in NEET at age 25.

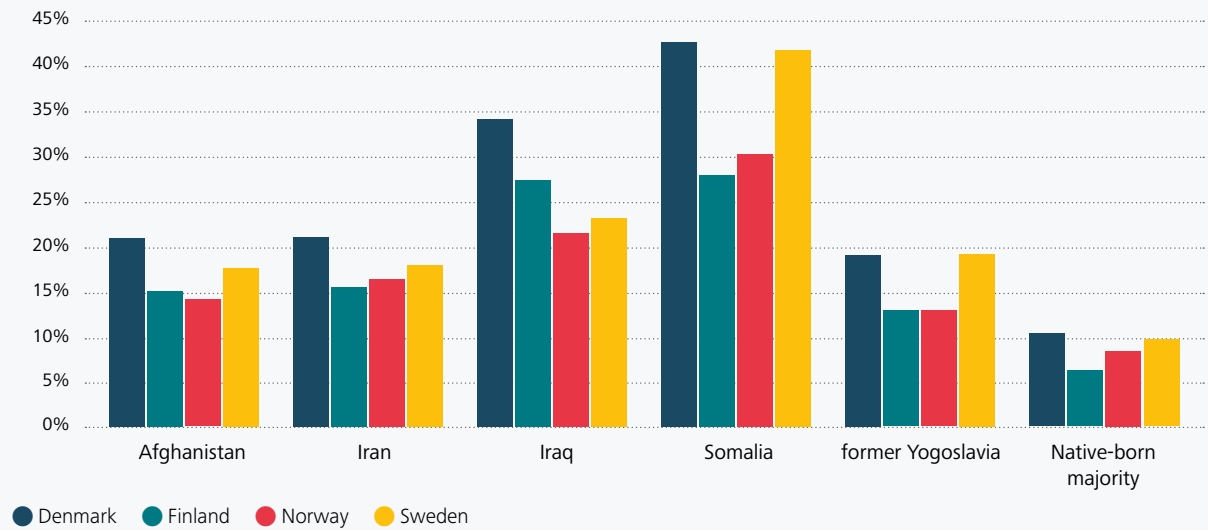
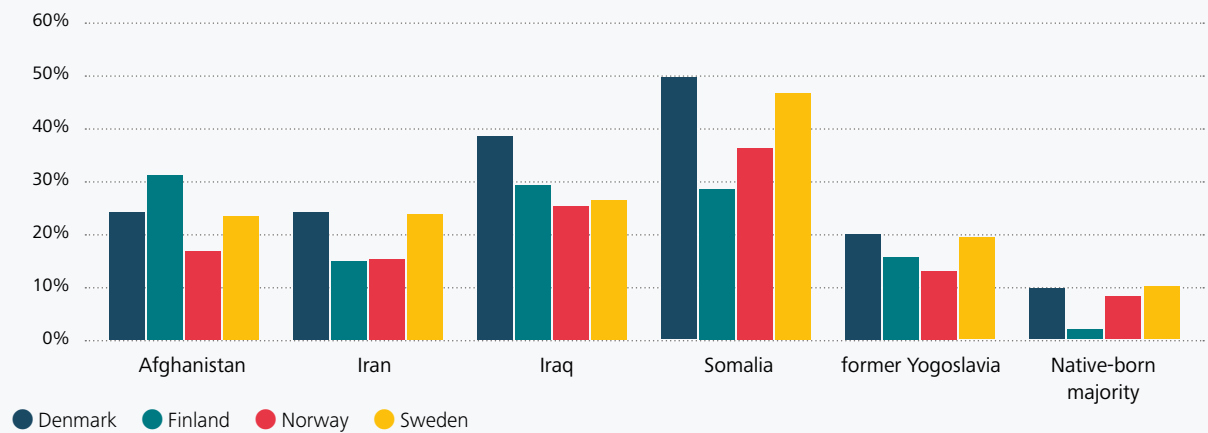


FIGURE 2D: Refugees and the native-born majority in NEET at age 30.



education. Importantly, upper secondary education (USE) was a strong predictor for participation in the core labour force. For example, comparing the refugee group with completed upper secondary education to the native-born majority without this educational qualification, the employment rate was higher in the former group. Also, upper secondary education contributed to some reduction in the employment gap between the native-born majority and refugees. In other words, the gap between the native-born majority and refugees was smaller in the group with upper secondary education compared to the group with no upper secondary education. The importance of upper secondary education for participation in the core labour force seemed slightly stronger in Denmark and Sweden, and even more so among the refugee groups.

Finally, Figure 3B shows the proportion of refugees and the native-born majority population in NEET by age and level of education. The lack of an upper secondary educational qualification was a strong predictor for NEET in refugees and the native-born majority in all countries. The risk for NEET among the low-educated was particularly high in Denmark and Sweden, whereas the between country differences were more moderate in the population with upper secondary education.

The figures illustrate that young refugees have experienced a disadvantageous position in the Nordic labour markets compared to their native-born majority peers. To varying degrees, inclusion in the core labour force was less common and NEET was more common in all refugee groups. Compared to the

FIGURE 3A: 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.

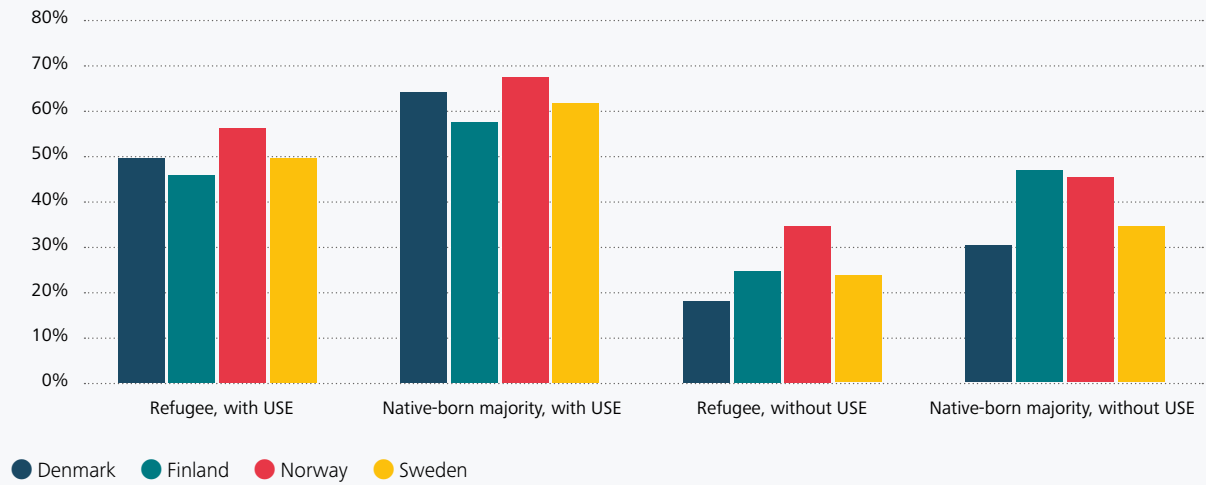
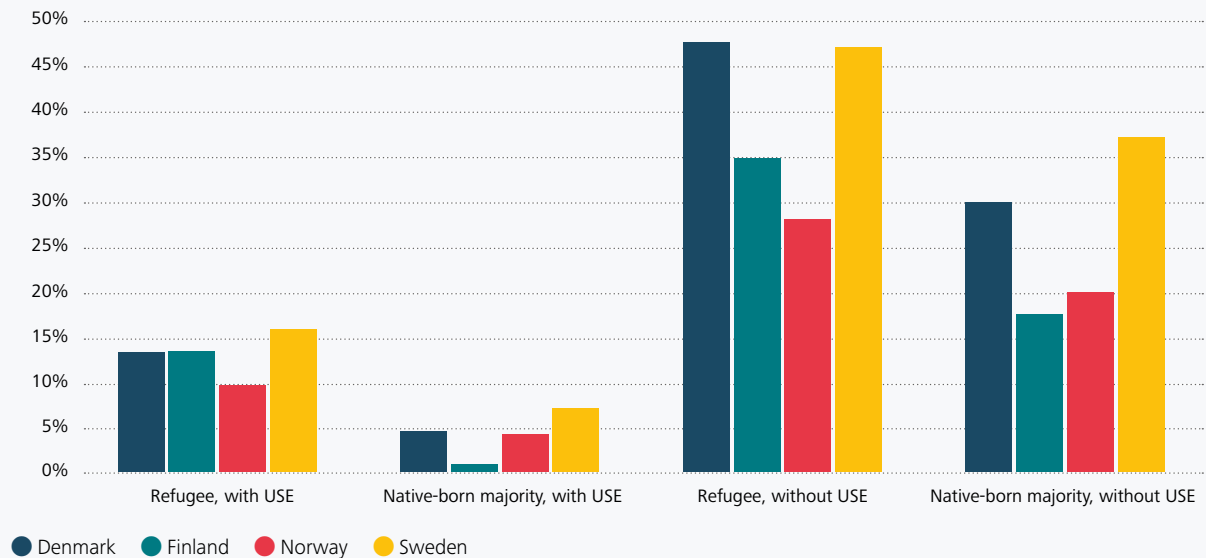


FIGURE 3B: Proportion of refugee and native-born majority residents in NEET by age 30, by completion of upper secondary education (USE) by age 25.



other Nordic countries of residence, refugees in Denmark seem to have had the greatest problems to enter the labour market. Participation in the core labour force was less common and NEET was more common in Denmark, among men and women at ages 25 and 30, and among almost all groups differentiated by country of origin. The other three Nordic countries tended to be more similar, the exception being singular groups in Sweden with a disadvantage comparable to their counterparts living in Denmark. Yet in one CAGE study, it was observed that the risk of NEET among young refugees in

Denmark decreased considerably over time in those aged 20-22 (5). This highlights that the trends described in this report are not static, but rather reflect an average over a substantial period of time. It also remains unclear whether and to what extent historic differences apply to the situation of young refugees today. Yet the findings of this report nonetheless reflect that, on average, young refugees have experienced greater labour market inclusion difficulties, which may continue to have implications for labour market trajectories later in life, despite overall improvements over time.



PHOTO: PEXELS

The observed labour market disadvantages described in this chapter were generally more pronounced among young women compared to young men, among 25-year-olds compared to 30-year olds, among refugees from Somalia and Iraq compared to those from former Yugoslavia, and finally, the group with no upper secondary education had a strong disadvantage compared to the group with upper secondary qualification. The particular difficulties of refugee women to enter the Nordic labour markets are a matter of concern. However, it should be noted that the gender differences only applied to participation in the core labour force, and not to NEET. This could possibly be explained by greater female participation in education, but also by a higher proportion of women in low-paid part-time jobs outside the core labour force.

In general, the risk for precarious employment among refugee groups will likely become a central topic of future discussions on immigrant labour market integration. It is quite possible that the overall employment gap between the native-born majority and refugees will decrease in the future, but that inequalities in terms of employment contracts and work environment will become larger. This underlines the importance of differentiating between different types of employment when studying the effects of employment and unemployment on integration and quality of life.

The increased difficulties of some non-European refugee groups to enter the Nordic labour markets are another rea-

son for concern. Lack of prior educational qualifications adjusted to the demands of the Nordic labour markets, but also more severe experiences of racism and discriminatory practices, could be potential explanations for the particularly disadvantageous situation of Somali refugees. A positive example, on the other hand, is seen in the population from former Yugoslavia, who was represented in the core labour force almost to the same degree as their native-born majority peers.

Finally, the strong effect of education needs to be particularly emphasized. Upper secondary education was not only strongly correlated with core labour force participation, but was also a powerful factor in closing the employment gaps between refugees and natives. Furthermore, education was also related to an attenuation of the differences across the Nordic countries of residence.

Conclusions and Perspectives

Overall, these findings suggest that young refugee women and those from non-European origins, particularly from Somalia and Iraq, have experienced the most labour market disadvantage. However, increased promotion of upper secondary educational attainment among immigrants could help to decrease labour market participation gaps between immigrants and the native-born majority as well as alleviate the particular disadvantages faced by some immigrant groups.

Processes of globalization which have led to more polarized, flexible and insecure labour markets have also entailed an increased difficulty for immigrants to obtain secure and well-paid jobs, and have been implicated in the increased segregation of immigrants into less desirable low wage and precarious positions. These structural changes have similarly impaired labour market attachment among young people, with immigrant-origin youth often facing even greater disadvantages than their native-origin majority counterparts. Future research should investigate the extent to which young immigrants are segregated into precarious work, as well as other work life factors such as work quality and working conditions.

Publications from the Sub-Study

- de Montgomery CJ, Petersen JH, Jervelund SS. Diminishing social inequality between refugee children and their peers growing up in Denmark. *Journal of Ethnic and Migration Studies*. 2020;46(7):1301-1329.
- Manhica H, Berg L, Almquist Y, Rostila M, Hjern A. Labour market participation among young refugees in Sweden and the potential of education: a national cohort study. *Journal of Youth Studies*. 2019; 22:4, 533-550.
- Malin M. Monikulttuurinen työelämä [Multicultural work life]. In: Michelsen T, Reijula K, Ala-Mursula L, Räsänen K, Uitti J (eds.), *Työelämän perustieto* [Basic facts about work life]. Duodecim; 2018.

Forthcoming

- Heikkilä E, Vanhanen S, Linnatsalo S. Supporting immigrants' employability? Challenges in digital pedagogy applied with immigrant learners in Finland. 2021.
- Heikkilä E, Yeasmin N. Labour market integration of immigrants in Finland. In: Cohen JH, Sirkeci I (eds.), *The Handbook of Culture and Migration*: ,186–202 Edward Elgar Publishing. (in press; 2021).
- Tilbe F, Heikkilä E (eds.). *Work and Migration: Case Studies from Around the World*. London Transnational Press, 2021.

References

1. OECD. *International migration outlook*. Paris. OECD. 2007.
2. Vogel J, Hjerm M, S-E.J *Integration till svensk välfärd? Om invadrares välfärd på 90-talet. Levnadsförhållanden*. Stockholm: Statistiska centralbyrån, Arbetslivsinstitutet; 2002.
3. Gauffin K, Lyytinen E. *Working for integration: A comparative analysis of policies impacting labour market access among young refugees in the Nordic countries*. 2017.
4. Bäckman O, Jakobsen V, Lorentzen T, Österbacka E, Dahl E. *Dropping out in Scandinavia Social Exclusion and Labour Market Attachment among Upper Secondary School Dropouts in Denmark, Finland, Norway and Sweden*. Institutet för Framtidsstudier, Working paper 2011/8. 2011.
5. de Montgomery C, Petersen JH, Jervelund SS. Diminishing social inequality between refugee children and their peers growing up in Denmark. *Journal of Ethnic and Migration studies*. 2020;46(7):1301-1329.

Highlights

- To varying degrees, young refugees in the Nordic countries experienced labour market disadvantages relative to their native-born majority population peers.
- Overall, refugees in Denmark appeared to face the greatest disadvantages within the Nordic region, including the highest proportions of NEET and the lowest proportions of core labour market participation.
- In all countries, female refugees and refugees from Somalia and Iraq faced greater disadvantages than male refugees and those from other origins, respectively.
- Refugees from former Yugoslavia showed rates of employment that were nearly equivalent to their native-born majority population peers.
- Promotion of upper secondary education can potentially alleviate some of the observed disparities between refugees and non-refugees, as the gap in core labour market participation was considerably smaller among those with completed upper secondary education than those without an upper secondary education.

Perspectives on Labour Market Integration by Young Refugees and Employers in Finland

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Contributors: Elli Heikkilä and Marja Tiilikainen

Background and Objectives

This qualitative study explores the experiences of youth with a refugee background in terms of their (un)employment in Finland with a special focus on their educational paths, the mechanisms leading to employment, and how they experience unemployment. The study also investigates the experiences of employers at employing people with a refugee background with a focus on barriers and key factors determining recruitment and key factors for staying in the labour market.

Materials and Methods

In the period 2016-2018, 13 qualitative interviews with refugee youth and 12 interviews with employers were conducted mostly in urban areas in the Southern, Eastern and North-Western parts of Finland. The fields of business of the employers included logistics, industry, building trade, grocery stores, healthcare, a cleaning firm, an interpretation firm, restaurants, a family group home, a barber shop and a public transport company. Additionally, 13 other experts working with refugees and/or employment matters were interviewed to help contextualise the research findings. This resulted in a total of 38 interviews for this study.

Of the 13 youth interviewed for this study, seven were men and six women. At the time of the interview, they were between 19 and 31 years of age and all had a permanent residence permit or Finnish citizenship. They had arrived in Finland between 1992 and 2011 from Iraq (N=6), Somalia (N=5) or Myanmar (N=2). Four of them had arrived in the 1990s, five in the 2000s and four in 2011. Some of them had arrived as children through resettlement with their families (N=4), some as unaccompanied asylum seekers in their teens (N=4) and others with their family as teenagers (N=5, one through family reunification with her sibling and four as so-called quota refugees). The youth had been living in Finland between 5 and 22 years at the time of the interview.

Results

Youth Perspectives

When asked about their educational aspirations as children prior to moving to Finland, some responded by saying that they had been unable to dream while living in the refugee camp or in the conflict-ridden country of origin. Thus, having the chance to attend school in Finland also provided them with a space to dream and express educational aspirations. Most of the youth had completed primary and upper secondary school in Finland. Those who came to Finland at pre-school age had completed all of their studies in the Finnish school system.

The educational paths of the youth differed significantly, as the 13 youth interviewed for this study have arrived in Finland when they were between 4 and 19 years of age. The youth interviewed had various degrees of education ranging from primary school to higher education degrees. Three factors were identified as a particular impact on their educational aspirations and achievements. First, taking time to learn the Finnish language well enough had been important for their educational success. Second, turning other people's, such as their teachers', belittling attitudes into a strength had been an important motivation for pursuing further education. Third, the youth's educational and career paths have not been linear, and many have experienced unexpected disruptions that have negatively affected their education. Unexpected events have been such as having to return to their parents' country of origin as teenager, trying to be (re)united with their spouse or parents, or having to change their field of study due to mental health issues.

The youth have found employment through various mechanisms and personal networks. Some applied for open vacancies in their field of their expertise and were hired. Some had directly walked into companies or offices to ask about employment. A few of them also utilised official online employment sites or the TE office (i.e. the public employment and business services) when searching for jobs. The TE office has been able to assist some of the youth with writing job applications, encourage them to be more active (i.e. youth guar-



antee) and help them find a career that is suitable for them. However, many felt that the local TE office had barely or not at all helped them. Particularly in the TE office, the officers often face pressure in terms of the time that they can allocate to one client. A few of the youth had also found longer-term, part-time employment through summer jobs, which they got either through private companies or through a raffle offered by cities. The youth have had at least one, but typically several work traineeships, but hardly anyone had been recruited for a paid position after the training periods. Overall, personal networks and connections including people recommended them to potential employers seem to be the key to successful entry into the Finnish labour markets.

Only three out of the 13 young people interviewed for this study had not experienced unemployment during their lifetime. This perhaps tells us something about the “double challenge” of finding work as a youth and with a refugee background. None of the youth had experienced long-term unemployment. Rather, their life was characterised by periods of employment, unemployment, work traineeships, volunteer work and education. The youth perceived that they were unable to find employment for various reasons, such as insufficient work experience, interrupted education, unrewarding traineeships or a lack of social networks. According to the multiculturalism expert, a youth’s country of origin, host language proficiency and physical appearance affect his/her chances of being hired. The largest challenges, however, have to do with employers’ lack of desire to hire immigrants. The real underlying reasons may be related to assumed cultural features, discrimination and racism. The periods of unemploy-

ment have been difficult, even traumatic, for the youth. Many had their daily routine completely changed. Others had experienced low self-esteem and self-reported depression, which had led to social exclusion.

An adviser for integration services (TE office) declared that in their region, they do not have any unemployed youth with an immigrant background. This was because the youth are “not allowed to be unemployed” due to the principles of the youth guarantee. In theory, no young person should be in a NEET position (not in education, employment or training). Also, the Head of Integration Services (TE office) argued that they “examine” the youth and push them to actively look for work; they invite them to visit the office. Despite all this, a project worker (for a project employing immigrant youth) claimed that the youth guarantee does not really function so well in actuality, not even with the native Finns. According to her, the authorities do not have time to get to know the youth, and thus, they do not know the issues behind their situations. Even if there are open vacancies, no one really takes the time to think about which young person would fit there the best.

Employer Perspectives

The main recruitment methods that the employers utilised varied, but the most common channels they used were employment agencies and practical traineeships and work trials through educational institutes and the local TE office. Several employers also had some experience with different projects that aim to employ immigrants. Other recruitment methods were employment websites, a company’s own webpage, noticeboard, work trials, apprenticeship training, job advertisements, temporary posts that often lead to employment, traineeships that give one the qualifications needed for job and employees’ own networks. Some sectors have experienced a labour shortage, and thus have systematically developed their recruitment process to attract immigrants.

Regarding the key factors that determine recruitment, the main barriers that employers mentioned were either related to skills that immigrants lack or some cultural features. The most common reasons given for not hiring a refugee was insufficient host country language skills, since many employers interviewed for this study required at least some knowledge of the Finnish language. Lack of work experience was mentioned by three employers. However, it was not a requirement to have previous work experience or high-level Finnish language skills at all potential places of employment. Cultural factors, such as wearing a hijab and needing set times for prayer, have also turned out to be barriers that have prevent-

ed the recruitment of refugees, but only in a few cases. Some employers also mentioned that the reason for hiring immigrants is that they want to give them a chance to succeed in the Finnish labour market and they believe that immigrants bring value to the company. According to the employers interviewed, all of whom had recruited immigrants at one time or another, reasons that may have prevented similar companies from hiring immigrants include such issues as a lack of trust and the employers' language barriers and prejudices.

The factors enhancing refugees' staying in the labour market after a successful entry were not extensively elaborated upon by the employers interviewed for this study. Doing a job well was seen by them as proof that the employee had the proper qualifications for the position. In order to remain in the labour market, one also needs to have faith in oneself. Additionally, employers expressed the desire that there would be more resources for Finnish language training and courses regarding the Finnish work culture. Employers advocated facilitating meetings between them and potential employees, for example through open recruiting events. More individual career guidance is also called for, in their opinion. Overall, the employers argued that the bureaucracy in hiring immigrants should be reduced. Many experts suggest also that asylum seekers should be employed right from the start after they arrive in Finland. Then, social benefits would not be needed to the extent that they are now.

Regarding the experiences and particular advantages/disadvantages faced by employers as a result of having hired employees from an immigrant background, the analysis demonstrates that similar issues were interpreted as advantageous or disadvantageous by all of them. This is because such employers reportedly see their employees as individuals and not as a homogeneous category of "immigrants". In general, all the employers stated that they had been very pleased with their refugee/immigrant employees. Particular advantages they mentioned were their diligence and strong motivation, commitment and strong work ethic. Benefits can also be found in workplaces where the immigrant employees may share the same cultural background and mother tongue as clients. Employees with different backgrounds can also enliven the workplace, offer new points of view, enable cultural exchange and bring valuable contacts to immigrant communities. Moreover, immigrant and refugee employees can create a positive image for the company.

When it comes to disadvantages, employers mentioned factors such as a lack of Finnish language skills and certain



cultural differences. Different working methods were also seen as a challenge, and in some cases they were related expressly to cultural differences. Reportedly, the work ethic of some immigrant employees has not always been good, and they are not always familiar with Finnish work practices. Additionally, employees with a refugee background may have traumatic experiences in their past, which may affect their wellbeing and job performance. In some cases, other employees' attitudes towards the employees with an immigrant background might have been negative, creating tensions within the workplace. Two employers also said that they have had challenging situations when they have been accused of racism either after giving negative feedback on a job performance or for not hiring a person with an immigrant background.

Despite some challenges, almost all the employers said that they are going to hire employees with an immigrant background in the future. Some of them said that background does not matter, and they are going to recruit suitable applicants regardless of nationality, whereas for other employers it seemed to be an intrinsic value to have people with different backgrounds.

Conclusions and Perspectives

Refugee youths' educational paths differ significantly, in particular due to their age at the time of arrival in Finland. Learning the Finnish language well enough has been important for their educational success. Most the young people interviewed for this study have completed their primary and upper secondary schooling in Finland. The youth have various educa-

tional attainments, ranging from having completed primary school to higher education degrees and diplomas. Typically, the youths' educational and career paths have not been linear; instead, many of them have later on found the educational choice where they felt content.

The youth have found employment through various mechanisms. Especially personal networks and connections seem to be key to successful entry into the Finnish labour market. Some have applied for open vacancies in their field of expertise and been hired. A few of the youth had also utilised official online employment sites when searching for jobs. Some had directly walked into companies or offices to ask for employment. The TE office has been able to assist some of the youth in their job seeking efforts. However, many of the youth felt that the local TE office had barely or not at all helped them. Yet, hardly anyone had been recruited for paid positions after the traineeships.

None of the youth had experienced long-term unemployment. Rather, their life was characteristic of short-term, fluid episodes of not only employment or unemployment, but also work traineeships, volunteer work and education. The youth perceived that they were unable to find employment due to various reasons, such as insufficient work experience, interrupted education, unrewarding traineeships or a lack of social networks.

The employers' recruitment strategies were numerous. The recruitment methods vary to some extent in different companies, yet the most common method for all the employers was to recruit new personnel through employment agencies and using the services of a local TE office. However, several employers still found it quite challenging to find new employees in the first place, and the problem seems to be that the employers and the employees do not have an easy way to meet each other. For some employers, the bureaucracy of hiring refugees was one of the biggest challenges.

The factors determining recruitment vary in different sectors, and even though almost all the employers considered Finnish language skills important, in reality the importance of such skills is not the same in all places. For example, healthcare units have strict requirements for a certain education and good Finnish language skills, including a knowledge of the professional vocabulary, whereas in the building trade or in a factory it is not that essential to have any a certain education, previous working experience or Finnish language skills. Many employers emphasised the importance of a good personality

over formal competence and said that the background of an employee does not matter so long as the person is suitable to the work community.

The barriers determining recruitment were often related to lack of Finnish language skills, and for most of the employers it was the main reason for not hiring refugees or immigrants. Sometimes cultural features have also prevented the recruitment of refugees; for example, in some places attending prayer times during the working day and wearing a hijab have been barriers to recruitment. However, in other cases the requirements have changed over the years due to labour shortages and simply because the world has changed; a knowledge of certain languages may no longer be as important, nor is wearing a hijab seen as a problem either. Since all the employers had reportedly mostly good experiences with hiring refugees and positive attitude towards them, no discriminatory behaviour was expressed in their answers.

When employers were asked about the key factors that support staying in the labour market after a successful entry, the most common answer was simply that when the employees do a good job, it will help them stay in the labour market. The employers had mostly had positive experiences with their refugee and immigrant employees. In particular, they highlighted their employees' diligence, motivation, strong work ethic, commitment and cultural knowledge, especially in those fields where the clients also have an immigrant background. Many employers also appreciated the cultural exchange and liveliness that their employees with an immigrant background brought to the workplace. For companies that already have a lot of experience with multicultural issues, some of the challenges had already been resolved by the time of the interviews, and such companies have also had an opportunity to share their experiences and knowledge with other companies with less familiarity in the subject.

Publications from the Sub-Study

- Heikkilä E, Lyytinen E. Irakilaisistaustaisten pakolaisten työelämään integraation ajallisuus. [The timing of the integration of Iraqi refugees into working life] In: Eveliina Lyytinen (ed.), *Turvapaikanhaku ja pakolaisuus Suomessa* [Asylum and Refugees in Finland]. Turku: Siirtolaisuusinstituutti; 2019, p. 321–344. Available: <https://siirtolaisuusinstituutti.fi/wp-content/uploads/2019/12/t-02-isbn-978-952-7167-60-1-turvapaikanhaku-ja-pakolaisuus-suomessa.pdf> [Accessed 26-10-2020].

- Kölbl A, Adoniou M, Murray R, Lyytinen E. Between Camp and Campus: From access to completion of higher education as form of refugee protection. *Siirtolaisuus–Migration*; 2019, 45 (1): p. 44–47.
- Lyytinen E. Edited anthology on asylum seekers and refugees in Finland, research brief on the edited anthology; 2019.
- Lyytinen E. Pakolaistutkimusta ajassa ja tilassa [Refugee research in time and space]. *Alio*, Turun Sanomat; 2019.
- Lyytinen E. Suomen turvapaikkajärjestelmä tuottaa haavoittuvuutta [The Finnish asylum system generates vulnerabilities], research brief on project report 3B; 2019.
- Lyytinen E. Suomen turvapaikkajärjestelmän 10 ongelmaa ja ratkaisuehdotuksia [10 problems and suggested solutions in the Finnish asylum system]. *Circulation across borders* blog post; 2019.
- Lyytinen E. Työnteon vaatimus korostuu pakolaistaustaisten nuorten kotoutumisessa [Employment requirement emphasised in the integration of youth with a refugee background]. *Alio* [Op-ed], Turun Sanomat; 2018.
- Lyytinen E (ed.). *Turvapaikanhaku ja pakolaisuus Suomessa* [Asylum and refugees in Finland]. Turku: Siirtolaisuusinstituutti; 2019. Available from: <http://kauppa.siirtolaisuusinstituutti.fi/product/214/turvapaikanhaku-ja-pakolaisuus-suomessa> [Accessed 26-10-2020].
- Lyytinen E. Yhteenveto – Pakolaistutkimusta ajassa ja tilassa [Summary - Refugee research in time and space]. In: Lyytinen E (ed.), *Asylum and Refugee in Finland. Research 2. Migration Institute of Finland*, Turku; 2019, 345–347. Available from: <http://kauppa.siirtolaisuusinstituutti.fi/product/214/turvapaikanhaku-ja-pakolaisuus-suomessa> [Accessed 26-10-2020].
- Lyytinen E, Toom N. Two-way labour market integration? Perspectives on youth with a refugee background and employers in Finland. *CAGE project report*; 2019. Available from: https://cage.ku.dk/publications/reports/Two-way_labour_market_integration_-_CAGE_report_2019.pdf.

Related Publications

- Heikkilä E (ed.). *Immigrants and the Labour Markets – Experiences from Abroad and Finland*. Migration Institute of Finland, Turku; 2017. Available from: https://siirtolaisuusinstituutti.fi/wp-content/uploads/2020/04/elli-heikkila_immigrants-and-the-labour-markets-book.pdf.

Forthcoming

- Tilbe, F, Heikkilä, E (eds.). *Work and Migration: Case Studies from Around the World*. Transnational Press London. 2021.

Highlights

- The youth have found employment through various mechanisms: especially personal networks and connections seem to be key to successful entry into the Finnish labour market.
- None of the youth had experienced long-term unemployment. Rather, their careers have not been linear and were characterised by periods of employment, unemployment, work traineeships, volunteer work and education.
- The most common reason expressed for not hiring a refugee was insufficient Finnish language skills, since many employers required a certain level of the Finnish language skill.
- Employers expressed a desire for more resources for language training and courses regarding the Finnish work culture.
- The employers argued that the bureaucracy in hiring immigrants should be reduced.
- Employees with different backgrounds can enliven the workplace, offer new points of view, enable cultural exchange and bring valuable contacts to immigrant communities.
- Despite some challenges, almost all the employers said that they are going to hire employees with an immigrant background also in the future.

Synthesis of the Labour Market Studies

The topic of labour market participation among young refugees was addressed in three CAGE studies: (i) a policy analysis on general and targeted policies affecting young refugee integration into the Nordic labour markets, (ii) a population-register based comparative study of labour market attachment among young refugees in the Nordic countries, and (iii) a qualitative study on labour market participation among young refugees in Finland.

The policy analysis studied the effect of policies on young refugee employment, but also the discursive links between employment and integration in the Nordic countries. In accordance with the legacy of the universal welfare state, the Nordic countries have a tradition of general and targeted active labour market measures aiming to integrate refugees and other immigrants into the labour market, but this has developed into a highly contested policy area. Some measures, including wage-subsidies and lower wages for particular groups, may have positive effects for employment, but may come at the cost of increasing inequality, relative poverty and precarious work. In addition, the policy aim of integration has gradually been replaced by a workfare related view of employment as the compulsory condition for long-term residence and more lately by a restrictive approach aiming for immigrant deportability. It remains to see which consequences this policy turn will have for immigrant lives in the Nordic countries.

The registry study found that young refugees moving to the Nordic region as children (0-17 years) between 1986 and 2005 had a more disadvantaged labour market position at age 25 and 30 relative to their majority peers. However, there was substantial heterogeneity in the refugee group with a smaller disadvantage found in men, 30-year-olds and refugees from former Yugoslavia, compared to women, 25-year-olds and refugees from Somalia and Iraq. Comparing the Nordic countries of residence, refugees in Denmark had the greatest relative disadvantage. The study underlines the importance of education as the differences between refugees and native-born peers were considerably smaller in the group with completed upper secondary education.

For *the qualitative study*, a total of 38 interviews with refugee background youth, employers and experts were con-

ducted between 2016 and 2018 in Finland. The study found that refugee youth face a double challenge of unemployment based on their age and their refugee background. The periods of unemployment were described as difficult, even traumatic. Personal networks seem to be key to successful entry into the Finnish labour market. The employers' recruitment strategies were numerous and the factors determining recruitment vary in different sectors. Despite some bureaucratic challenges in recruitment, the experiences of hiring refugees were predominantly positive. Even though the pressure is still largely on the refugees to integrate with the Nordic labour markets, there are encouraging signals about how the employers are also adapting. The study concluded that employment can be important for integration, but integration is much more than just employment, particularly for the youth and young adults.

Overall, the studies demonstrate some of the major challenges that young refugees are facing in regard to employment across all the Nordic countries, but they also indicate that country specific conditions seem to play a significant role. These include specific immigrant related policies, but also general labour market policies and the national patterns of employment, which also seem to have an impact on the young refugees. This is reflected in the fact that young refugees in Denmark had the most disadvantaged patterns of employment even across the origins of the refugees – both regarding NEET and core labour participation.

The high educational demands on the Nordic labour market is a special challenge across the Nordic countries which is highlighted by the particular challenges of low-educated refugees to find employment on the comparably very competitive Nordic labour markets dominated by high-skilled jobs. Labour market demands regarding educational qualifications, along with experiences of discrimination and racism, might partly explain that refugees from Somali and Iraq were found to have special disadvantages compared to the majority populations across the countries. The importance of education may also be reflected in the fact that completion of upper secondary education leads to a smaller gap in employment among the refugees in all countries. The Finnish experiences point to the role of personal networks for employment,



PHOTO: PEXELS

but also that host country language skills is a key factor for employment success as well as a need for courses on the national work culture.

Some of the young refugees experience a rather non-linear employment trajectory with stressful experiences of unemployment and with the risk of segregation into precarious work conditions. However, policies for stimulating employment by focusing on lower wages may lead to serious social inequalities.

Health Reception Policies in the Nordic countries

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Contributors: Allan Krasnik, Maili Malin and Marie Nørredam

Background and Objectives

Increased rates of asylum-based immigration in the 1980s led to the establishment of a range of reception procedures for asylum seekers and newly arrived refugees in the Nordic countries. As part of the reception procedures, health reception initiatives were introduced throughout the 1980s and the early 1990s in Denmark, Finland, Sweden and Norway (1) and these can be seen as a new and important part of welfare policy in the Nordic countries (2).

Health reception is a concept with no formal definition and intersects with the terms screening, health assessments and health examinations in the literature. In this chapter, we use the definition of health reception as healthcare services and initiatives that are intended to safeguard the health of asylum seekers and refugees, irrespective of whether they are offered upon arrival, during the asylum-seeking process or upon obtainment of residency as refugees in the new country (3). In line with CAGE, we focus only on health reception for children (under the age of 18).

Health reception not only encompasses the assessment of newly arrived young asylum seekers' and refugees' somatic and psychosocial well-being, but also provides opportunities related to the term citizen shaping. This includes e.g. introducing healthcare systems, education and other health-promoting activities, which will ultimately facilitate asylum seekers' and refugees' immediate and later integration into the healthcare system and society at large. The assumption is that the reception phase has important consequences for the children's future health and healthcare use. Thus, addressing asylum seekers' and refugees' health needs is instrumental in facilitating individual rehabilitation, integration, educational achievement and labour market participation, and positive social and economic development, which will benefit all of society.



Until recently, documentation on the historical development of health reception in the Nordic countries was scarce, and similarities and differences in health reception between these countries was lacking. The two CAGE studies: '*Do health reception policies in the Nordic region recognize the rights of asylum-seeking and resettled refugee children?*' (3) and '*A Healthy Start: A comparative analysis of health reception policies for asylum-seeking and refugee children in the Nordic countries*' (4) sought to explore the historical development trends in the health reception of asylum seekers and refugees within the Nordic countries from 1980 to 2018 and to map out and compare the health reception policies that relate to asylum seeking and refugee children within the Nordic countries.

Material and Methods

The material used in this chapter was obtained through desk research and combines national laws, acts, regulations, policy documents, national guidelines, research papers, evaluation re-

ports and central overviews during the period of 1980-2018. The documents were identified through relevant authorities such as ministries and boards dealing with health, immigration, integration, social services or children. The historical documents used in this chapter have been difficult to identify and access as many of the documents are no longer available or only available in (inaccessible) archives. To fill in potential gaps in the findings, individual interviews with and proofreading by key informants/experts were performed within the field from each country.

Results

Content of the Health Reception

The health reception of asylum seekers and refugees has been carried out according to the varying national and local policies

of the receiving country and reception initiatives have changed considerably over time – both within and across countries with respect to the health issues addressed; target population; as well as organisation and timing of health reception initiatives.

However, despite differences across the countries, a number of similarities came about in the course of the development of health reception initiatives, and there seems to have been a fairly constant focus on infectious disease control. In 1980s, all four countries established health reception initiatives for asylum seekers and refugees addressing infectious disease control and acute healthcare needs. Infection control still seems to be a primary component of today's health reception. All the Nordic countries have specific initiatives

TABLE 1: An overview of the current content and locality of health reception initiatives for asylum seeking and refugee children in the Nordic countries

HEALTH RECEPTION INITIATIVES FOR ASYLUM SEEKING AND REFUGEE CHILDREN IN THE NORDIC COUNTRIES								
Health reception service	Denmark			Finland		Norway		Sweden
	Initial health examination	Psychological screening	Health assessment after being granted asylum	Initial health interview (incl. chest X-ray)	Health examination	Mandatory TB screening (active + latent TB)	Initial health examination	Health examination
Target group	Asylum seeking children 0–17 years of age	Asylum seeking children aged <16 years	Newly arrived refugees, based on needs	Asylum-seeking children		Asylum-seeking children		Asylum-seeking children
Focus	Somatic health status	Mental health status	Somatic and mental health status	Somatic health status		Somatic health status	Somatic and mental health status	Somatic and mental health status
Participation	Voluntary	Voluntary	Voluntary	Voluntary*		Mandatory	Voluntary	Voluntary*
When	Preferably <10 days or before leaving reception centre	<3 months after arrival	<6 months after arrival in municipality	<2 weeks after arrival	Individuals with symptoms as soon as possible. Asymptomatic refugees <1 month Asymptomatic asylum seekers <3 months	Immediately and absolutely <14 days after arrival	<3 months after arrival	When accommodated in a county or as soon as possible
Where	Asylum centres	Asylum centres	National health system	Asylum centres/ National health system	Asylum centres/ National health system	National health system	National health system	National health system

* Certain examinations can be mandatory in accordance with national Communicable Disease Act.

for infectious disease control and acute healthcare of newly arrived asylum seekers and is mentioned as a primary element of the health reception in the current policies of all four countries (5-8), which reflects the historically well-established rationales of protecting the general population against the spread of communicable diseases coming from outside. This rationale is demonstrated clearly through the mandatory tuberculosis (TB) screening of all asylum-seekers in Norway. However, there were significant differences across the countries with respect both to coverage and type of health examinations. For example, TB screening was an independent and mandatory health reception initiative in Norway (7), yet only a secondary element of a general health examination in the Finnish guidelines (6). Table 1 depicts the content and locality of health reception initiatives for asylum seeking and refugee children in the Nordic countries.

There were further significant differences in whether mental health has been an aspect of the health reception. In all four countries, mental health has been a less frequent component in the health reception initiatives over the years, and policies supporting mental health initiatives are less present and less detailed than policies supporting acute and somatic health initiatives (3, 9). In recent years, the health assessments also do address mental health of asylum seekers and refugees, yet this is not as often, nor to the same extent, as initiatives on acute and somatic health. Today, for example, a Norwegian guideline incorporates mental health as an element within the initial health assessment of asylum-seekers, whereas Finnish guidelines only address somatic health. In Denmark, a mental health screening procedure was established in 2009 and offered to newly arrived asylum-seeking children under the age of 16 (10, 11). In Sweden, current guidelines briefly mention that health professionals should be aware of children who had been exposed to traumatic events.

Most health initiatives focus on the asylum-seeking phase by providing a front-line health initiative at arrival. However, in Denmark some municipalities also provide a health assess-

ment covering both somatic and mental health aspects after asylum has been granted.

Organisation of Health Reception and Healthcare Services

The organisation of health reception procedures and healthcare services for asylum seekers differ across and within the countries. In Norway and Sweden, healthcare for asylum-seeking children, including the health assessment upon arrival, is arranged within the national healthcare system, whereas in Finland and in Denmark, the reception procedures and healthcare services are primarily centralised, located at the asylum centres or reception facilities, and arranged through an agreement between the immigration authority and the asylum centre operators (Table 2).

In Sweden, each of the 21 county councils/regions are responsible for providing healthcare, including the health assessment for newly arrived asylum seekers. Thus, the structures, organisations, processes, and outcomes vary between the counties (12). In Norway, the TB-screening is centralised, and managed by nationwide procedures, while the TB-follow-up and the general health assessment are assigned to local medical health services at the municipal level. In Finland, the initial health assessment is performed at the asylum centres, while other healthcare services, including the TB-screening, are purchased from public or private health services. In Denmark, they are provided by Red Cross Denmark in a parallel healthcare system in the asylum centres (13).

How do Today's Policies on Health Reception Initiatives recognise Refugee Children's Rights to Health?

Barghadouch et al. (2019) identified 34 current policies across the four countries, consisting of legislation and guidelines that facilitate the health reception of refugee children. Legislation included either entire laws, specific to children, refugees or health (e.g. legislation on reception of refugees or on child healthcare) or specific sections within more general legislation (e.g. laws on health or immigration). However, across the pol-

TABLE 2: Organisation of healthcare within the national healthcare system or in a parallel system for asylum-seeking children in the Nordic countries

ORGANISATION OF HEALTHCARE FOR ASYLUM-SEEKING CHILDREN IN THE NORDIC COUNTRIES				
	Denmark	Finland	Norway	Sweden
Integrated into the National health system	-	-	Yes	Yes
Contracted with asylum centre operators/ parallel healthcare system	Yes	Yes	-	-

icies on health initiatives the dominating focus was on adults and only secondarily children. For example, the health examination for resettled refugees offered in Danish municipalities is part of a general 'Integration Program', governed through the Danish Integration Act. Children constituted the main focus in only 6 of the 34 identified health reception policies, suggesting that the rights of refugee children are not always recognized in Nordic health reception policies (3).

The access to healthcare for asylum-seeking children has changed over time with regard to entitlement, restrictions and content. Today, national legislation in Finland, Sweden and Norway stipulates asylum-seeking children's right to health on an equal basis as children legally residing in those countries – however, in Norway asylum-seeking children are not entitled to being registered with a regular general practitioner. In Denmark, asylum-seeking children's entitlement to healthcare on equal terms with resident children is not explicitly stipulated in any national legislation.

Nevertheless, the policies of all four countries generally recognised asylum-seeking and refugee children's rights to health reception initiatives, especially to initiatives promoting somatic health. Thus, initiatives such as vaccinations, initial health examinations supporting urgent health needs, and access to the national healthcare system were all addressed in reference to children, whereas initiatives supporting mental health and a health-enabling context for asylum-seeking and refugee children were less present across the policies.

Conclusions and Perspectives

The increased rates of asylum-based immigration in the 1980s led to the establishment of health reception procedures for asylum seekers and newly arrived refugees in all four countries. However, refugee health policies in the four countries diverged and different models for health reception were implemented across countries with respect to the health issues targeted; the population groups targeted; the organisation of the initiatives; as well as overall differences in the organisation of healthcare systems and social services. Furthermore, economic, political, organisational and societal factors influenced the development of the different health reception policies in each country.

Despite the diversity in health reception initiatives across the countries, similarities in the course of development of health reception occurred. All countries introduced policies aiming at preventing asylum seekers and refugees from importing communicable diseases, such as TB, and throughout the 1980s all countries implemented health reception proce-

dures to identify communicable disease among asylum seekers and provide adequate healthcare for the more pressing healthcare needs. Infectious disease control still seems to be a primary component of today's health reception of asylum seekers and refugees, whereas mental health has been a less frequent component in the health reception initiatives, except from Denmark, where mental health assessment are routinely offered to children below the age of 16 since 2009. In recent years, the health assessments in all four countries have moved towards a more holistic approach by taking into account the mental health of asylum seekers and refugees, yet, not as often, nor to the same extent, as initiatives on acute and somatic health.

Healthcare services for asylum-seeking children have changed over time with regard to entitlement, restrictions and content. Today, national legislation in all countries but Denmark explicitly stipulates asylum-seeking children's right to health on an equal basis as resident children. We find that only a few health reception policies across the Nordic region have been developed specifically for asylum seeking and refugee children. The policies identified in our study predominantly recognize children's right of access to somatic healthcare services, and to emergency services. Thus, initiatives promoting mental health and a health-enabling context were only addressed to a lesser degree across the four countries' policies.

We conclude that there is a need for further recognition of asylum seeking and refugee children as rights-holders, and for the intentions of health reception policies to be expanded to include mental health services and health-promoting initiatives. However, we have limited knowledge as to whether and how the current policies play out in actual health reception practices. Therefore, our conclusions call for further research in order to document the effects of health reception policies in practice and to obtain a better understanding of the importance and effects of recognising children specifically in national policies.

Publications from the Sub-Study

- Barghadouch A, Skovdal M, Norredam M. Do health reception policies in the Nordic region recognize the rights of refugee children? *Health Policy*. 2019;123:1173–1184.
- Michaélis C, Krasnik A, Norredam M. A healthy start - A comparative analysis of health reception policies for asylum-seeking and refugee children. *CAGE policy report 3*. 2019. Available from: https://cage.ku.dk/publications/dokumenter/CAGE_Policy_Report_3.pdf



References

1. Reginald Appleyard. International Migration Policies 1950-2000. Vol. 39, International Migration. 2001.
2. Brochmann G, Hagelund A. Comparison: A Model with Three Exceptions? In: Immigration Policy and the Scandinavian Welfare State 1945-2010. 1st ed. Palgrave Macmillan UK; 2012. p. 225–276.
3. Barghadouch A, Skovdal M, Norredam M. Do health reception policies in the Nordic region recognize the rights of refugee children? Health Policy (New York). 2019;123:1173–1184.
4. Michaëlis C, Krasnik A, Nørredam M. A Healthy Start: A comparative analysis of health reception policies for asylum-seeking and refugee children in the Nordic countries. CAGE Policy Report 3. Danish Research Center for Migration, Ethnicity and Health (MESU) 2019. Available from: https://cage.ku.dk/publications/dokumenter/CAGE_Policy_Report_3.pdf.
5. The Danish Immigration Service. Operatørkontrakt med Røde Kors 2018 - Kontrakt om indkvartering og underhold af asylansøgere m.fl. af 2. januar 2018 [Internet]. 2017 [cited 2018 Dec 1]. Available from: <https://www.nyidanmark.dk/da/Ord-og-begreber/US/Indkvartering/Operatørkontrakter>
6. National Institute for Health and Welfare. Förebyggandet av infektionsproblem hos flyktingar och asylsökanden [Prevention of infection problems among refugees and asylum seekers]. Vol. 22. 2009.
7. The Norwegian Directorate of Health. Veileder for helsetjenestetilbudet til asylsøkere, flyktinger og familie-gjenforente - Traumatiserte, torturerte og krigsskadde [Internet]. 2018 [cited 2018 Dec 1]. Available from: <https://helsedirektoratet.no/retningslinjer/asylsokere-flyktinger-og-familiegjenforente/seksjon?Tittel=traumatiserte-torturerte-og-krigsskadde-10723>.

8. The National Board of Social Services. Senaste version av Socialstyrelsens föreskrifter och allmänna råd (SOSFS 2011:11) om hälsoundersökning av asylsökande m.fl. 2013:1–2.
9. Hjern A, Stubbe Østergaard L, Norredam M. Health examinations of child migrants in Europe: screening or assessment of healthcare needs? *BMJ Paediatric Open*. 2019;3(1):e000411.
10. Shapiro DK, Christiansen KL, Nielsen MV. Børn i risikozonen - Psykologisk Screening i Dansk Røde Kors Asylafdeling. 2010.
11. The Red Cross Denmark. Standard for psykologiske screeninger af mindreårige asylansøgere. 2015.
12. Jonzon R, Lindkvist P, Hurtig AK. Structural and procedural barriers to health assessment for asylum seekers and other migrants - An explorative survey in Sweden. *BMC Health Serv Res*. 2018;18(1).
13. Sandahl H, Norredam M, Hjern A, Ascher H, Nielsen SS. Policies of access to healthcare services for accompanied asylum-seeking children in the Nordic countries. *Scand J Public Health*. 2013;41(6):630–6.

Highlights

- Increased rates of asylum-based immigration in Denmark, Finland, Norway and Sweden in the 1980s led to the establishment of reception procedures for asylum seekers and newly arrived refugees, including health reception initiatives.
- The health reception of asylum seekers and refugees has been carried out according to the varying national and local policies of the receiving country and reception initiatives have changed considerably over time – both within and across countries with respect to the health issues addressed; target population; as well as the timing and organisation and of health reception initiatives.
- Despite differences across the Nordic countries, all four countries established health reception initiatives for asylum seekers and refugees addressing infectious disease control and acute healthcare needs.
- Infectious disease control still seems to be a primary component of today's health reception of asylum seekers, whereas mental health has been a less frequent component of the health reception initiatives, except in Denmark, where mental health assessment is one of the core components of the assessment.
- In recent years health reception initiatives in the Nordic countries are moving towards a more holistic approach by taking into account the mental health of asylum seekers and refugees, yet not as often, nor to the same extent, as infectious disease control and initiatives on acute healthcare needs.

Health Reception in Danish Asylum Centers

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Contributors: Marie Nørredam, Morten Skovdal and Kathrine Vitus

Background and Objectives

Asylum-seeking children and their families potentially have complex somatic and mental health needs, due to exposure to a range of risk factors before, during and after their migration (1-3). In their destination country, the type of healthcare asylum-seeking families receive, and their abilities to navigate in it, is of central importance for their health and well-being. *Health reception* entails services that safeguard children and their families “*offered upon arrival, during the asylum-seeking process, or right after obtainment of residency in the new country*” (4). Despite the fact that declarations on the rights of children and refugees assign responsibility of ensuring healthcare access to nation states, health reception policies across the Nordic countries do not always recognize the unique rights of asylum-seeking children (4-6). Furthermore, asylum-seekers’ expectations to healthcare are not always fulfilled due to a range of individual and structural barriers in access to healthcare (7). This chapter addresses this gap by exploring how *health professionals experience to perform health reception services* and how *asylum-seeking families experience to navigate these from a local perspective on Danish Red Cross (DRC) asylum centers*. The study adds important insights that contribute to a better understanding of the *health reception* of asylum-seeking children and their families. These inputs may inform policies and practices aiming to enhance care that resonates with the needs and circumstances of asylum-seeking children and their families.

Material and Methods

This chapter draws on exploratory fieldwork in four Danish asylum centers, including participant observation in the DRC reception center and interviews with child health nurses and families in three residence centers (see appendix), conducted between November 2017 and March 2018. Thirteen families participated in the observations, and 11 families and six child health nurses in interviews. The 11 families interviewed had up to six children, had been in the Danish asylum system up

THE DANISH ASYLUM SYSTEM AND HEALTH RECEPTION SERVICES IN THIS STUDY

Reception center: All asylum-seekers begin their process in center Sandholm, operated by the DRC, where they may live for up to 14 days. Here, they become registered, are interviewed by authorities, and offered a medical screening.

Residence center: While waiting for a decision of their asylum application, asylum-seekers move to one of the residence centers, operated by the DRC or Danish municipalities. Since 2016, the number of asylum applicants have decreased markedly. As of 2020, there are 14 asylum centers in Denmark (vs. 98 centers in 2016).

Medical screening: In the reception center, adults and children are offered a medical screening. Nurses in the health clinic screen adult asylum-seekers, while a child health nurse and general practitioner (GP) are responsible for the medical screening of children.

Child health program: This service is similar to the health promotion services provided to children with residence in Denmark and include regular consultations with pregnant women, children and their parents, most intensively during a baby’s first year and regularly until the 18th year. The child health nurse, who monitor the children’s growth, provide information and advice to social and health related aspects (daycare, school, play, sleep, nutrition, general well-being, etc.) through conversations with children and their families. The program also entails vaccinations at a GP.

to four years, had moved between different asylum centers up to six times and originated from: Syria, Kuwait (stateless Bedoon), Iraq (stateless Kurds), Somalia, Jordan and Egypt.



PHOTO: AMINA BARGHADOUCH

A medical screening of a Syrian 4-year old girl. She is playing with a dollhouse in a child health nurse's consultation room, while her mother is telling the child health nurse about their life in Syria. The dollhouse is one of the child nurses' tools, which they use to observe, for instance whether children play in ways that may indicate trauma. In such cases, they collaborate with DRC psychologists in the asylum system.

They had all had their initial asylum claims rejected and were awaiting a second decision by the Refugee Appeals Board (to whom initially rejected asylum cases are automatically forwarded).

Results

In the participant observations, conducted prior to interviews, it became evident that child health nurses are responsible for providing the child health program, which is a health reception service in the asylum centers that only receives minor focus in Danish national guidelines (4). Observations and interviews with child nurses and doctors in the reception center showed that the child health nurses often facilitate asylum-seeking families' first encounter with the healthcare system in the Danish asylum centers. Furthermore, they are the health professionals who have most contact to families with children throughout their asylum-seeking phase. Therefore, this study focuses on encounters between child health nurses and asylum-seeking families.

Five Ethical Care Practices: The Relationship between Child Health Nurses and Asylum-Seeking Families

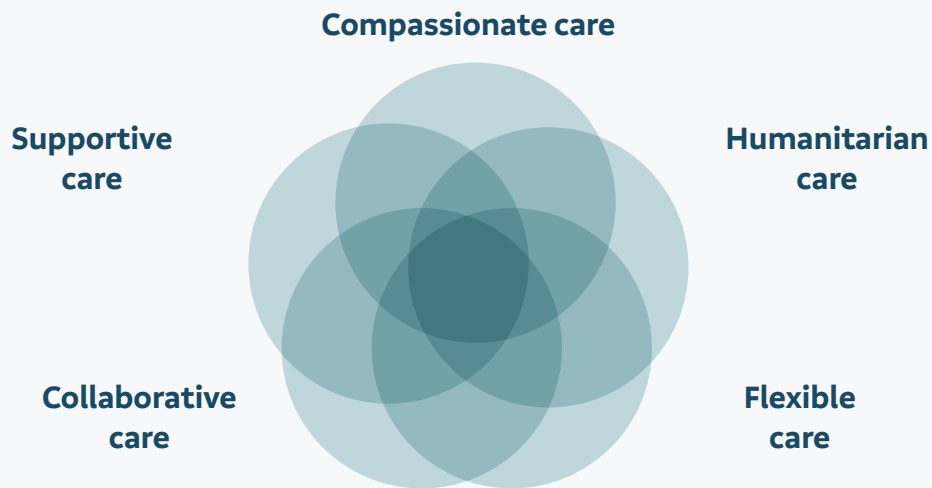
The child health nurses in the DRC asylum centers enter caring relationships to respond to the range of challenges, needs and circumstances that relate to asylum-seeking children and their families. They promote health and well-being of asylum-seeking families through five ethical care practices. First, they use *compassionate care* by attending to the complex and unique needs facing this particular group. They strive to establish and maintain trustful relations with the families, for instance by respectfully listening to migration histories, and showing genuinely interest in learning about the children's traumatic experiences. Second, they use *humanitarian care*, drawing on their unique intersectional roles as humanitarian workers within the DRC whom also have a responsibility as child health nurses. This unique position enables them to take lead in promoting the health and well-being of asylum-seeking children and their families, by communicating knowledge on health in a way that correspond to the families' situations. Third, they perform *flexible care* where they constantly adjust their strategies and tailor their care to the specific family within a given consultation, by drawing on their own feelings and experience-based knowledge. Fourth, their care is *collaborative* since it depends on built partnerships with parents that they rigorously establish and maintain. Fifth, they provide *supportive care*, which enables parents to take control over caring for their own children as they receive, accept and respond to the child health nurses' advice. As illustrated in Figure 1, the



PHOTO: AMINA BARGHADOUCH

Child health nurse shows the drawing during an observation and explains: "I had this 5-year old girl who was really anxious, already from the first day I met her. We collaborated with our psychologist who helped the family. Seeing the drawings she made at the psychologist would make you cry. The family just finished therapy, and I did a follow up on the girl at a standard six-year-consultation. Look at this drawing (points to the colorful drawing)! Isn't it just nice and happy to look at? It has hearts, a smiling sun and blooming flowers. The exact opposite of her previous drawings. In combination, I meet a shining girl who has a big smile, and parents who tells me their daughter is happy right now."

FIGURE 1: The five ethical care practices overlap and are contingent on each other.



child health nurses’ caring practices play out simultaneously and support each other in many ways.

Psychosocial Reactions and Bounded Agency: Asylum-Seeking Families’ Experiences

The study sheds light on two important findings in relation to how asylum-seeking families experience health reception services in the Danish asylum centers. One finding is that *psychosocial reactions* to healthcare experiences are important explanatory aspects – not only to how asylum-seeking families emotionally respond to healthcare encounters – but also to their future health-seeking behavior. Previous studies tacitly address asylum-seekers’ psychosocial reactions as barriers in access to healthcare. As exemplified in Table 1, this study considers psychosocial reactions to healthcare in the Danish asylum system, not in their capacities to act as barriers

in themselves, but as an additional dimension to the myriad of factors influencing asylum-seeking families’ healthcare navigation.

Taking a further step to understand such psychosocial reactions, the study identifies how asylum-seeking parents’ agency is bounded: on one hand, child health nurses support and encourage their parental autonomy, and on the other, there are politically set physical, organizational and juridical structures which inhibit it. Thus, parents experience powerlessness and incapability of safeguarding their children’s safety and well-being, despite such hopes were their primary motivations for leaving their homes. The parents illustrate the bounded agency through several examples: they receive advice on healthy nutrition from the child nurses, but their weekly money allowance is insufficient to purchase

TABLE 1: Case example of asylum-seeking families’ psychosocial reactions to accessing the general practitioner (GP) in Danish asylum centers

QUOTE	BARRIERS AT STAKE	PSYCHOSOCIAL REACTION	
		Emotional reaction	Behavioral reaction
<p><i>Interview with Syrian father of six children:</i></p> <p>“I think that it’s weird that the same doctor takes care of everything here (...). The person treating teeth and the one treating feet should be two different doctors (...) I think it’s dangerous that a non-specialized doctor does both things (...) Our daughter has now been waiting to get an appointment at a specialist for months, but I am sure she will get help there”.</p>	<p><i>Personal barrier:</i> Unfamiliarity with primary healthcare from home country</p> <p><i>Interpersonal barrier:</i> Miscommunication between GP and family</p> <p><i>Structural barrier:</i> Inadequate information on healthcare services for asylum-seekers</p>	<p>Confusion</p> <p>Feeling treated unsafely</p> <p>Lose confidence in GP</p>	<p>Choose not to contact GP again</p> <p>Choose to wait for a specialist despite long waiting times</p>

these foods for their children. Child health nurses encourage that their children sleep at certain hours, albeit the families live beside “young, single and noisy men”. Their accommodation inhibits them from following these advice. Moreover, they do not experience to have privacy as a family within the asylum centers, as they share kitchen and bathrooms with other asylum-seekers. Their experiences all indicate that the physical structure of asylum centers do not respect or support a family structure, which is otherwise encouraged in other particular spaces of the asylum centers, for example within encounters with child health nurses. In this way, our findings on the bounded agency of asylum-seeking parents also highlight the inevitable contradictions within asylum centers.

Conclusions and Perspectives

This chapter provides important in-depth insights to *health reception practices and experiences*. The study identified that child health nurses are unique actors in the Danish asylum system, as they manage to reach and respect families through tailored, coherent and empowering relationships. The continuity of the care they provide to families may even be better than what Danish residents receive. However, asylum-seeking families experience barriers in navigating general health reception services that evoke psychosocial reactions, which again lead to new challenges. In addition, whereas child health nurses encourage and empower asylum-seeking parents to take control over caring for their children, the physical structures of asylum centers put constrain to their parental capabilities. In this way, the results shed light on micro, meso, and macro-level aspects involved in practices and experiences relating to health reception services. The health reception of asylum-seeking children and their families, indeed involves mental health, well-being and health promotion, despite that national policies rarely mention asylum-seeking children’s rights to such services. While dedicated and humanitarian health professionals provide health reception services that appeal to asylum-seeking families and their needs, conditions within the asylum center have a constraining influence on whether and how families navigate and respond to these.

Future research, policy and practice should therefore focus more on the psychosocial dimensions of healthcare access and navigation of asylum-seeking families. There are potential lessons to be learned, and new questions based on the results: how can we improve health reception services that correspond to the needs and circumstances on an individual, interpersonal and structural level? How can we enhance psychosocial reactions among asylum-seeking families that

promote their trust and support their navigation with these health reception services, despite the constraining effects of the asylum center conditions? And last but not least, how can we focus more on enhancing parent’s agency to safeguard their children’s health and well-being while they live in asylum centers?

Publications from the Sub-Study

- Barghadouch A, Norredam M, Skovdal M. The care ethics of child health nurses in Danish asylum centers: An ethnographic study, *European Journal of Public Health*. 2020;30(5) <https://doi.org/10.1093/eurpub/ckaa166.748>.

Forthcoming

- Barghadouch A, Norredam M, Skovdal M. The care ethics of child health nurses in Danish asylum centers: an ethnographic study
- Barghadouch A, Skovdal M, Norredam M, Vitus K. “This is not what I want for my children”: the bounded agency of asylum-seeking parents in Denmark.
- Barghadouch A. Care ethics in the ‘health reception’ of asylum-seeking children and families in Denmark. PhD Thesis. Graduate School of the Faculty of Health and Medical Sciences, University of Copenhagen.

References

1. Pavli A, Maltezou H. Health problems of newly arrived migrants and refugees in Europe. *J Travel Med* 2017;1;24(4). Doi: 10.1093/jtm/tax016.
2. Stevens AJ. How can we meet the health needs of child refugees, asylum seekers and undocumented migrants? *Arch Dis Child* 2019;0:1-6. Doi: 10.1136/archdis-child-2018-316614.
3. Kadir A, Battersby A, Spencer N, Hjern A. Children on the move in Europe: a narrative review of the evidence on the health risks, health needs and health policy for asylum seeking, refugee and undocumented children. *BMJ Paediatrics Open*. 2019;3:364. Doi: 10.1136/bmj-po-2018-000364.
4. Barghadouch A, Skovdal M, Norredam M. Do health reception policies in the Nordic region recognize the rights of asylum-seeking and resettled refugee children? *Health Policy* 2019;123(12):1173–84.
5. Michaëlis C, Krasnik A, Norredam M. A healthy start. A comparative analysis of health reception policies for asylum-seeking and refugee children. *CAGE policy report* 3. 2019.
6. Hjern A, Kling S. Healthcare Needs in School-Age Refugee Children. *Int J Environ Res Public Health*. 2019;16(21):4255.
7. Mangrio E, Forss KS. Refugees' experiences of healthcare in the host country: a scoping review. *BMC Health Serv Res*. 2017;17(1):814.

Highlights

- Within the Danish Red Cross asylum centers, child health nurses (in Danish 'Sundhedsplejersker') are crucial actors in relation to safeguarding health and well-being of asylum-seeking children and their families.
- In contrast to the Danish national policy landscape, these child health nurses promote services that enable a health-enabling environment for asylum-seeking children, for instance family-support, dialogue and family participation.
- Child health nurses' profound care culture manifests itself in compassionate, humanitarian, flexible, collaborative and supportive care.
- Asylum-seeking families are also receptive towards the child health nurses' care, as they experience support in taking care of their children.
- Asylum-seeking parents' agency to enact advice from child health nurses in their daily parenting efforts is tightly bounded by physical structures within the asylum center and pervasive uncertainty related to being asylum-seekers.
- Housing conditions, several relocations, violence from neighbours and insufficient money allowance inevitably contradict the supportive care from child health nurses in asylum centers.
- Asylum-seeking families' psychosocial responses when experiencing barriers in navigating healthcare influence their future motivations for healthcare-seeking.

The Health of Child Refugees as Young Adults – a Nordic Quantitative Comparison

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Background and Objectives

The health of the populations in the Nordic countries are often cited among the best in the world with regards to basic health indicators (1). Among the Nordic countries, Sweden, Norway and Finland have similarly low infant mortality rates; 2.0-2.3/1000 with Denmark trailing at 3.7/1000 (1). Sweden and Norway have the longest life expectancy at birth with 83 years with Denmark and Finland at 81 and 82 years respectively (1).

During recent decades, the formerly quite ethnically homogeneous Nordic countries have integrated immigrants with an origin from many different parts of the world. Analyses of mortality of immigrant populations in the Nordic countries show a large variation by countries of origin. In general, immigrants from other Nordic countries and Eastern Europe tend to have higher mortality rates than the populations in the countries of residence. In contrast, immigrants from southern Europe and the Middle East have been shown to have lower mortality rates than these native Nordic populations (2).

To understand this heterogeneous pattern, it is necessary to consider selection factors, risk factors in the country of origin and risk factors in the country of settlement (3). The “healthy migrant” hypothesis claims that people who migrate tend to be healthier than the average in the population of origin. Severe chronic health problems and disabilities make migration more difficult, particularly for those that have to overcome many obstacles in the migration process. Such health problems are thus underrepresented in many migrant populations (4, 5). Some risk and protective factors in the country of origin continue to influence health after migration, such as chronic infectious disorders, lifestyle and psychological trauma related to persecution and war (6). Post-migration living con-

ditions can often have considerable adverse health effects. In the country of reception, many immigrants are integrated into a socially disadvantaged segment of the population with regards to material resources, neighbourhood and work environment (3). These social determinants of health have a powerful influence on a range of health problems such as cardiovascular disease and psychiatric disorders (4, 7).

For refugees, the reasons for migration and the migration process in itself often include exposure to powerful stressors such as war, violence near drowning and sexual abuse/exploitation (4). Hence, it is not surprising that studies of psychiatric morbidity among refugees in exile in the Western world show that an estimated 8–10 per cent of adult refugees have Post-Traumatic Stress Disorder (PTSD), 4-6 per cent fulfil the criteria for depression and almost as many meet the criteria for anxiety syndrome (8).

There is abundant evidence showing that newly arrived refugee children are also at risk for internalizing mental health problems associated with exposure to organized violence and migration stress, including PTSD (9-11). However, longitudinal studies of refugee children in Scandinavia during the 1990s showed that the high rate of internalizing symptoms on arrival in the destination country tended to fade slowly over time, with post-traumatic stress disorder being rare six or seven years after arrival (12), but with the burden of mental health problems remaining on a level higher than that of the native children. Risk factors associated with life in the country of destination, such as socioeconomic deprivation, parental divorce and bullying, were identified as important determinants of mental health at follow-up (10, 12). In contrast, studies of mental health in children born in exile in Sweden and Norway to refugee parents indicate a lower level of mental health problems compared to the native population (13, 14). Although multiple studies indicate that refugee children and youth are at particular risk for mental health problems, studies of psychiatric care use in Denmark and Sweden show a pattern of underutilisation of psychiatric care, suggesting that there are barriers for refugees to access this care (15-18).

Previous research provides indications of an intricate interplay between pre- and post-migration context and the migration experience itself. Cross-country comparative research is helpful in disentangling these interacting factors and to clarify the role of the receiving society. The aim of this study was therefore to compare indicators of health status of child refugees in young adulthood between the Nordic countries.

Material and Methods

The total study population in this study consisted of 29,427 refugees in Denmark, 9,495 in Finland, 29,410 in Norway and 113,549 in Sweden born 1972-1997 and were granted residency as children (0-17 years) between 1986 and 2005. The health status of these refugees was studied from age 18 onwards during 2006-2015 and compared with the same birth cohorts born in their country of residence, excluding offspring to one or two refugee parents. In Denmark and Sweden the comparison populations consisted of entire national cohorts, while random samples matched on gender and year of birth were used in Finland and Norway. The distribution of country of origin of the child refugees were quite similar in the four countries with ex-Yugoslavia as the most common country of origin and Iraq and Somalia in the top five countries of origin in all countries (See Table A1 in Appendix for more details).

National Registers were used to identify the following indicators:

Health indicators: (for detailed definitions see Appendix)

1. Mortality after 18 years of age during 2006-2015 (all four countries) for birth cohorts 1972-1997.
 - a) Total
 - b) Natural and external causes
2. Disability pension at age 30 (all four countries), limited to birth cohorts 1972-85.
3. At least one record of psychiatric contact during 2006-2015 (Denmark, Norway and Sweden) after 18 years of age for birth cohorts 1972-1997 categorised as:
 - a) Inpatient care with a main psychiatric diagnosis
 - b) Inpatient care with a diagnosis of psychosis
 - c) Outpatient care with a main psychiatric diagnosis
 - d) In or outpatient care because of substance abuse
4. At least one prescribed psychotropic drug during 2015 for birth cohorts 1972-1997 (Denmark, Finland and Sweden).
 - a) Neuroleptics
 - b) Antidepressants
 - c) Anxiolytics/Hypnotics
 - d) Any of these

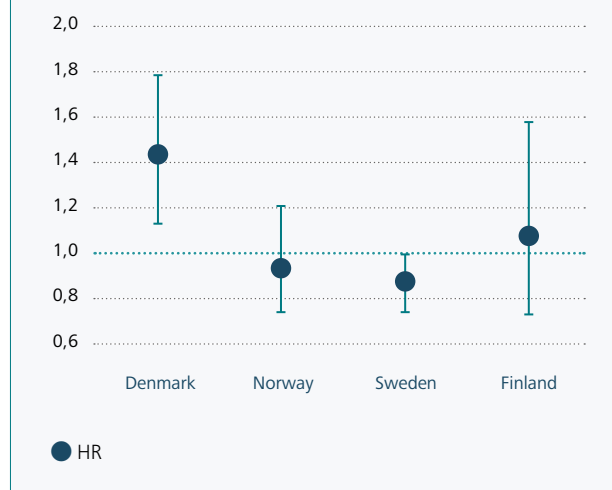
Person-time based Cox regression was used to analyse mortality and psychiatric indicators and the results from these analyses are presented as hazard ratios (HR) with 95% confidence intervals (CI). Logistic regression was used to standardize disability pension and to analyse psychotropic drug use and these results are presented as percentages and odds ratios (OR). All analyses were adjusted for year of birth, and if not stratified by gender, also adjusted for gender. All outcomes were defined as at least one outcome per individual.

Results

Mortality

The adjusted mortality risk of the refugees aged 18 and older during 2006-2015 was similar to the native populations in Finland and Norway while the refugees in Sweden had a slightly lower risk than the native population. In Denmark, refugees had a 40% higher mortality rate than the native population (see Figure 1), a risk that was relevant only for males where it was increased by 69%. This higher risk was related to a higher risk of external cause of deaths (Figure A1 in Appendix), primarily the risk of death in accidental injuries.

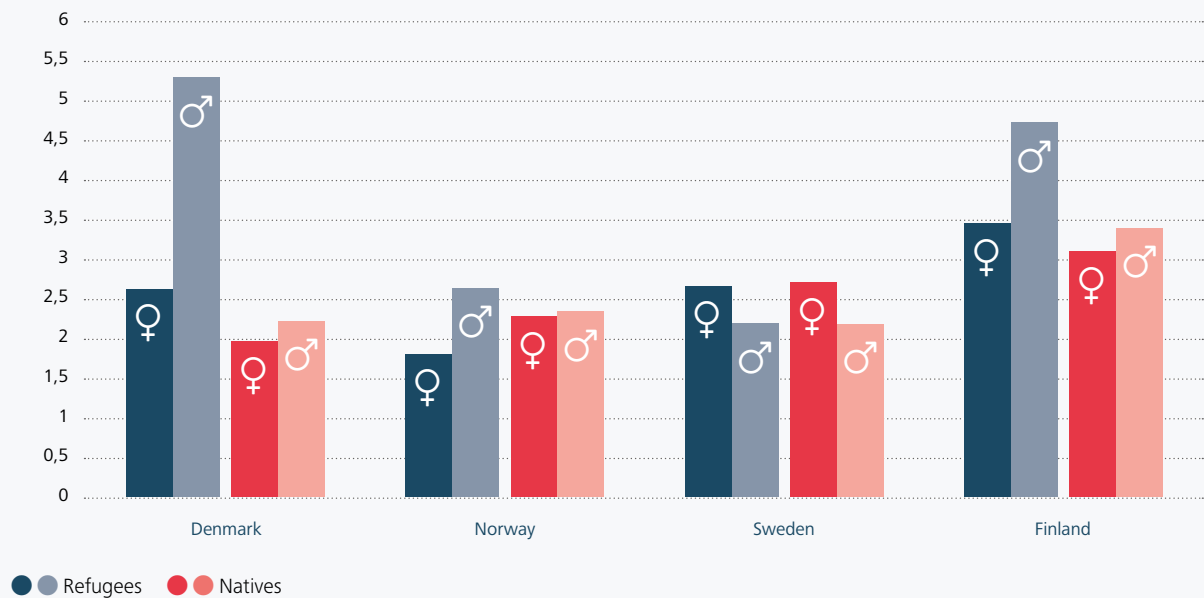
FIGURE 1: Hazard ratios with 95% CI for mortality in refugees compared with natives after 18 years of age during 2006-2015 in refugees born 1972-97.



Disability/Illness Pension

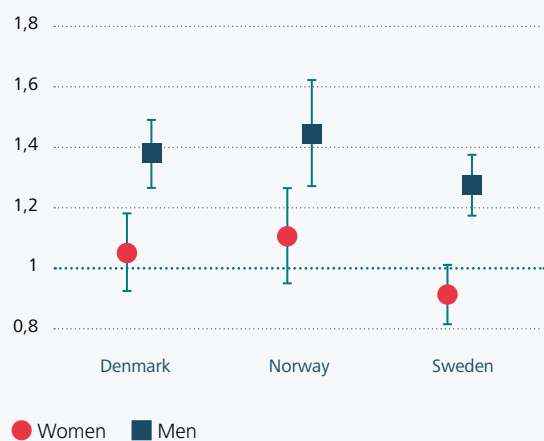
Refugees born 1972-85 were followed up at age 30 for any long term economic support/pension because of a chronic illness or disability. Refugee women in Denmark had a higher standardised prevalence rate than the female native Danish population; 2.62% (95%CI: 2.26-3.07) vs 1.97% (95%CI 1.96-1.97), while prevalence rates were similar to natives in refugee

FIGURE 2: Percentage of refugees and natives born 1972-85 who received some long term economic support from the state because of a chronic illness or disability at age 30. Men and women separately. Standardised for year of birth.



women from Finland, Norway and Sweden (Figure 2). Refugee men from Denmark had a very high prevalence rate compared with native Danish men; 5.29% (95%CI: 4.77-5.88) vs 2.22% (95%CI: 2.21-2.22). Refugee men in Sweden also had a higher prevalence rate compared with native Swedish men; 3.17% (95%CI: 2.95-3.41) vs 2.18% (95%CI: 2.18-2.19), while there were no statistically significant differences between refugee and native men in Norway and Finland (Figure 2).

FIGURE 3: Hazard ratios with 95% CI for hospital admission with a main psychiatric diagnosis after 18 years of age during 2006-2015 in refugees born 1972-97, compared with natives. Men and women separately.



Psychiatric Hospital Care

Refugee men in Denmark, Norway and Sweden had a 30-40% higher risk than native men for having been admitted at least once to a hospital with a psychiatric disorder (Figure 3), while risks for refugee women in all three countries were similar to, or lower (Sweden), than natives (Figure 3).

Psychotic disorders were the type of psychiatric diagnoses where the refugees, both men and women, had the highest risks for inpatient care compared with natives (Figure 4). Risks were higher for refugee men compared with refugee women in both Denmark and Sweden, but the gender discrepancy was particularly large for refugees in Denmark.

For psychiatric outpatient care, refugee men in Denmark had a 45% higher risk and refugee men from Norway a 20% higher risk (Figure 5) compared with natives. Refugee men from Sweden and refugee women from all three countries had similar or lower risks for outpatient psychiatric compared with natives.

Hospital admission because of substance abuse was 120% more common in refugee men in Denmark and 50% more common in refugee men in Sweden compared with natives (Figure 6), while male and female refugees from Norway and refugee women from Denmark had similar risks as natives. Female refugees in Sweden showed a 30% lower risk compared with their native counterparts. It should be noted that the

FIGURE 4: Hazard ratios with 95% CI for hospital admission with a diagnosis of a psychotic disorder after 18 years of age during 2006-2015 in refugees born 1972-97, compared with natives. Men and women separately.

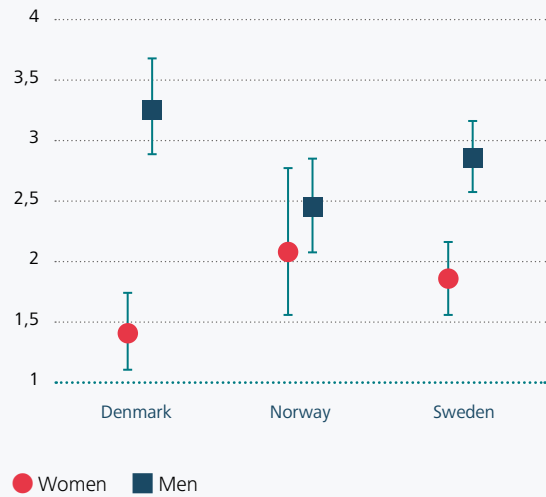


FIGURE 6: Hazard ratios with 95% CI for hospital admissions with a substance abuse diagnosis after 18 years of age during 2006-2015 in refugees born 1972-97 compared with natives. Men and women separately.

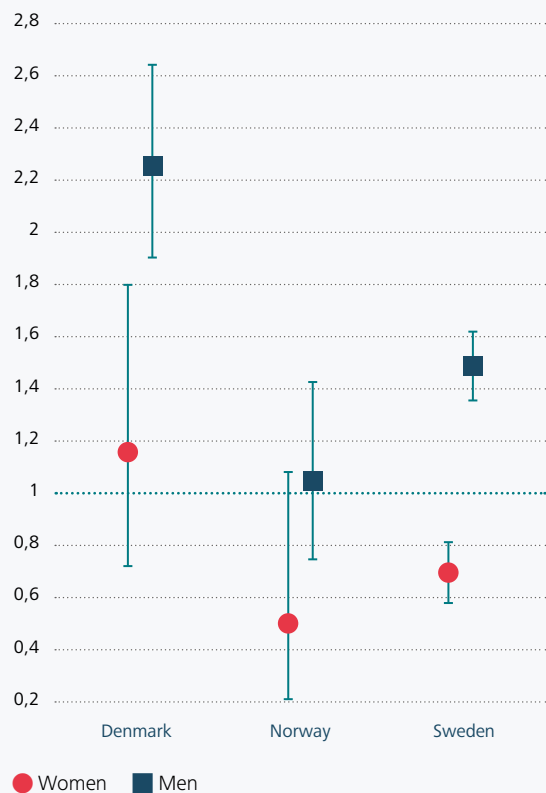
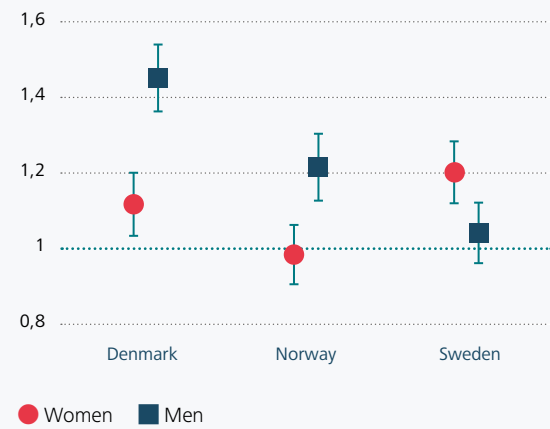


FIGURE 5: Hazard ratios with 95% CI for outpatient psychiatric care after 18 years of age during 2006-2015 in refugees born 1972-97. Men and women separately.



Norwegian indicator is not completely comparable with the Danish and Swedish indicator, since it did not include medical complications to substance abuse.

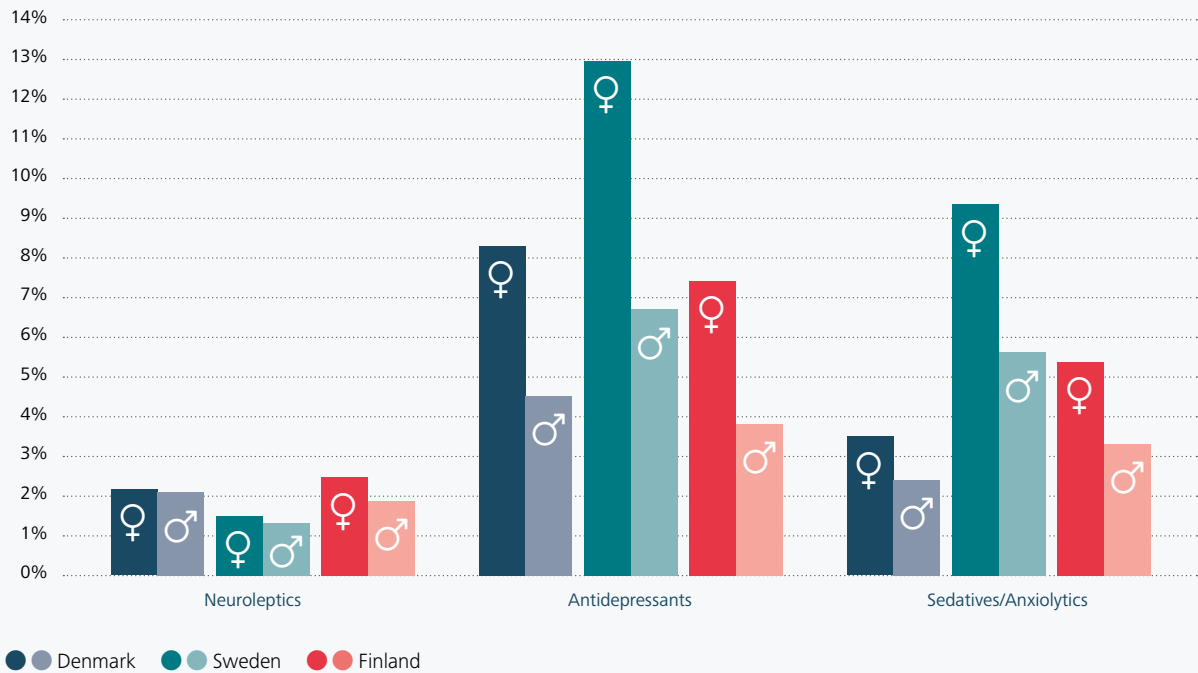
Prescribed Drugs

The percentage of the native population that had retrieved prescribed psychotropic drugs, drugs used for treatment of psychiatric disorders and symptoms prescribed by a physician, during 2015 differed considerably between the native populations in Denmark, Finland and Sweden (Figure 7) and were higher in women than in men in all three countries. Due to data access restriction, Norway is not included in this comparison.

In relative terms, refugee men in Denmark and Finland had the highest use of psychotropic drugs during 2015, around 20% higher than the native populations, while refugee men in Sweden used around 10% less than natives (Figure 8). Refugee women in Sweden (30%) and Denmark (6%) used psychotropic drugs less than natives (Figure 8), while the opposite was true for refugee women in Finland (15% more).

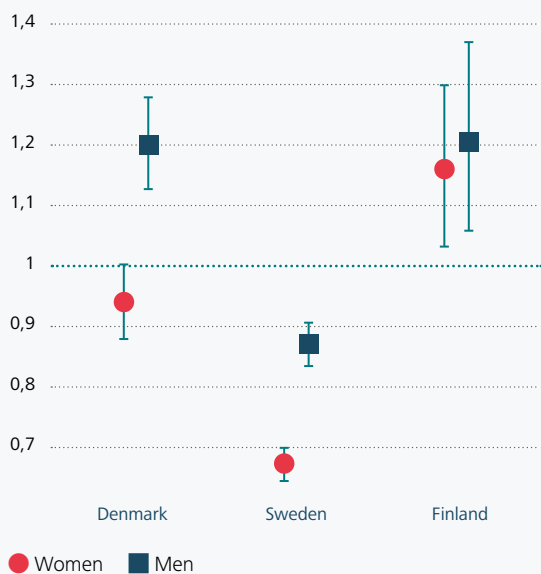
This pattern was consistent for refugee men and women for anti-depressants and anxiolytics/hypnotics (Figures A3 and A4 in Appendix), while ORs were higher for use of neuroleptics for refugee men in Denmark (80%) and Sweden (40%) (Figures A2 in Appendix). The large differences in psychotropic drug use in the native populations should be kept in mind when the relative OR measures are interpreted. As an example, the high rate of psychotropic drug use generally found in Swedish women has the consequence that the highest abso-

FIGURE 7: Percentage of the native populations born 1972-97 that had retrieved psychotropic drugs during 2015. Men and women separately.



lute rate of psychotropic drug use among the refugees was found in refugee women in Sweden, a subgroup who had one of the lowest relative differences to the female majority population.

FIGURE 8: Odds ratios for having retrieved at least one psychotropic drug during 2015, comparing refugees with natives. Men and women separately.



Conclusions and Perspectives

In this study of national cohorts of refugee children who settled in four Nordic countries between 1986 and 2005, we have described mortality, disability/illness pension, psychiatric care and psychotropic drug use in young adulthood (18-43 years) as indicators of health in comparison with the native populations in the countries of reception of the same age. There were some similarities between Denmark, Norway and Sweden. Male refugees in all three countries had higher risks of inpatient psychiatric care compared with native populations, and refugees of both genders had higher risks for inpatient care with a psychotic diagnosis compared with the native populations. Overall, refugee women had a health profile more similar to the native populations than refugee men in all three countries. Refugee men from Denmark stood out with higher risks of mortality, disability/illness pension, outpatient psychiatric care, substance abuse and psychotropic drug use compared with female refugees and male natives in Denmark and so did male refugees in Sweden and Norway relative to natives for these indicators.

Finland has the shortest history of refugee reception among the Nordic countries and therefore had a much smaller refugee population in the study than the other three Nordic countries. This, and the lack of data on hospital care, limits the interpretation of the Finnish results to comparisons with natives in Finland. The health situation for the refugees in Finland

was shown to be similar to the native Finnish population with regards to mortality and disabilities, while a slightly higher use of psychotropic drugs was found for both men and women compared with the native population. The latter indicates that mental health should be a priority in future studies of health in refugee populations in Finland.

There were clear gender differentials with regards to the health indicators in the refugee population. There was no health indicator for which refugee men in any of the three countries had better outcomes relative to the native population of the same gender than did refugee women. For refugees in Denmark and Sweden a female advantage was found for almost all indicators relative to refugee men, whereas the female advantage was somewhat more moderate in Norway. This pattern corroborates the male preponderance found in previous studies of substance and abuse in refugee youth in Sweden (28, 29). However, previous studies of perceived discrimination, migrant policies and health outcomes in Europe have shown an equally higher risk in migrant men and women for premature death in Denmark compared with the Netherlands and France and for depression in immigrants in Denmark compared to most European countries (25-27). Is it possible that refugee men experience more everyday discrimination from the majority population than do refugee women? Such hypotheses have been put forward in the USA with respect to racial discrimination, where black men have been described to be construed as violent and dangerous in a way that black women are not (30). A recent literature review of public health consequences of islamophobia identified gender disparities as an important knowledge gap (31). The results from this study further highlight the need of more knowledge about gender perspectives of health in minority populations in the Nordic countries.

Indicators of inpatient care with a psychiatric diagnosis consistently showed an increased risk among the male refugees in this study. With regards to psychotic disorders this increased risk included refugees of both genders. This finding supports previous evidence of the high risk of psychotic disorders found in refugees in Sweden (32) and in immigrants and their children in Denmark (15, 33, 34). An increased risk of psychosis in immigrants has been found in many European countries, and has been suggested to be caused by social exclusion (35), socioeconomic disadvantage (36) as well as everyday experience of discrimination (37-39).

Indicators of lighter forms of mental health problems; outpatient psychiatric care and psychotropic drug use, did not show

as clear patterns for morbidity in the refugee populations as did the more severe psychiatric disorders cared for in inpatient care. Previous studies in Denmark (15) and Sweden (16) have indicated that refugees do not access outpatient psychiatric care in relation to need in an equal manner to the native population and that this probably explains the discrepancy between inpatient and outpatient indicators of psychiatric morbidity between refugees and natives. Thus, the higher risk of outpatient psychiatric care in refugee men in Denmark and Norway compared to Swedish men could potentially be interpreted both as a negative sign of increased psychiatric morbidity as well as a positive sign of lower barriers to psychiatric care. However, considering the overall pattern in refugee men in Denmark, with an increased risk also of inpatient psychiatric care and disability pension, would suggest that the higher risk of outpatient care and psychotropic drug use in Denmark to some extent is also explained by a higher psychiatric morbidity. However, the lower risk for outpatient care and psychotropic drug use in refugee men from Sweden, where the risk for inpatient care was almost as high as those for refugee men from Denmark and Norway, might indicate that refugee men in Sweden have higher barriers for accessing psychiatric care than do refugee men in Denmark and Norway rather than a lower mental health burden. If so, there might be important things Swedish clinical psychiatry might learn from Denmark and Norway with regards to making psychiatric care more accessible for male refugees.

Limitations

The main limitation of this study is that the child refugee populations studied settled in the Nordic countries before 2006 with follow-up until 2015. The results thus reflect a historic period of refugee reception. Since 2006, and particularly since 2015, migration and integration policies have changed considerably in the Nordic countries, becoming more restrictive, with Denmark no longer being as deviant as during the time of this study. Future studies are needed to investigate whether these changes in policies have, as might be deduced from this study, led to a less satisfactory health situation in refugees. Another limitation of the national comparisons made in this study is some degree of heterogeneity with regards to the origin of the refugees. Future studies should try to adjust for these differences.

Concluding Remarks

This comparative study indicates that male child refugees in Denmark have a poorer health situation in young adulthood with regards to mortality, chronic health problems leading to long term economic support or disability pension, psychiatric

disorders and substance abuse than men in the native Danish population and refugee men in Sweden and Norway. Refugee women in Denmark, Sweden and Norway had a health status on par with the native women, with the exception of psychotic disorders, and better than refugee men.

Publications from the Sub-Study

- Berg L, Ljunggren G, Hjern A. Underutilisation of psychiatric care among refugee adolescents in Stockholm. *Acta Paediatr.* 2020 Aug. doi: 10.1111/apa.15520.
- Børsh ASR, de Montgomery CJ, Gauffin K, Eide K, Heikkilä E, Jervelund SS. Health, Education and Employment Outcomes in Young Refugees in the Nordic Countries: A Review. *Scandinavian Journal of Public Health*, 2019;47:735-747.
- de Montgomery CJ, Petersen JH, Jervelund SS. Psychiatric healthcare utilisation among refugee adolescents and their peers in Denmark. *Soc Psychiatry Psychiatr Epidemiol.* 2020;55(11):1457-1468.
- Hjern A, Kling S. Healthcare Needs in School-Age Refugee Children. *Int J Environ Res Public Health.* 2019 Nov 1;16(21). Doi 10.3390/ijerph16214255
- Liu C, Ahlberg M, Hjern A, Stephansson O. Perinatal health of refugee and asylum-seeking women in Sweden 2014-17: a register-based cohort study. *Eur J Public Health.* 2019;29(6):1048-1055.
- Kadir A, Battersby A, Spencer N, Hjern A. Children on the move in Europe: a narrative review of the evidence on the health risks, health needs and health policy for asylum seeking, refugee and undocumented children. *BMJ Paediatrics Open.* 2019;3(1). Doi: 10.1136/bmjpo-2018-000364
- Klöfvermark J, Hjern A, Juárez SP. Acculturation or unequal assimilation? Smoking during pregnancy and duration of residence among migrants in Sweden. *SSM Popul Health.* 2019 May 25;8:100416. doi: 10.1016/j.ssmph.2019.100416.
- Juárez S, Mussino E, Hjern A. Being a refugee or having a refugee status? Birthweight and gestational age outcomes among offspring of immigrant mothers in Sweden. *Scand J Public Health.* 2018 May 1. doi: 10.1177/1403494818777432.
- Mock-Muñoz de Luna C, Vitus K, Torslev MK, Krasnik A, Jervelund SS. Ethnic inequalities in child and adolescent health in the Scandinavian welfare states: the role of parental socioeconomic status – a systematic review. *Scand J Public Health.* 2019;47(7):679-689.
- Manhica H, Gauffin K, Almquist YB, Rostila M, Hjern A. Hospital Admission and Criminality Associated with Substance Misuse in Young Refugees - A Swedish National Cohort Study. *PLoSOne.* 2016;11(11).
- Manhica H, Hollander AC, Almquist YB, Rostila M, Hjern A. Origin and schizophrenia in young refugees and inter-country adoptees from Latin America and East Africa in Sweden: a comparative study. *BJPsych Open.* 2016;2(1):6-9.
- Manhica H, Almquist Y, Rostila M, Hjern A. The use of psychiatric services by young adults who came to Sweden as teenage refugees: a national cohort study. *Epidemiol Psychiatr Sci.* 2017;26(5):526-534.

Related studies

- Barghadouch A, Carlsson J, Norredam M. Psychiatric Disorders and Predictors Hereof Among Refugee Children in Early Adulthood: A Register-Based Cohort Study. *Journal of Nervous and Mental Disease;* 2018;206(1):3-10
- Barghadouch A, Kristiansen M, Jervelund SS, Hjern A, Montgomery E, Norredam M. Refugee children have fewer contacts to psychiatric healthcare services: an analysis of a subset of refugee children compared to Danish-born peers. *Social Psychiatry and Psychiatric Epidemiology.* 2016; 51(8):1125-1136.
- Heino A, Gissler M, Malin M, Väisänen H. Induced abortions by woman's country of origin in Finland 2001–2014. *Scandinavian Journal of Public Health;* 2020;48(1):88-95.
- Montgomery E, Just-Østergaard E, Jervelund SS. Transmitting trauma: A systematic review of the risk of child abuse perpetrated by parents exposed to traumatic events. *International Journal of Public Health.* 2019;64:241–251.

References

1. OECD. Health Statistics 2020 [Internet]. 2020. Available from: <http://www.oecd.org/els/health-systems/health-data.html>
2. Honkaniemi H, Bacchus-Hertzman J, Fritzell J, Rostila M. Mortality by country of birth in the Nordic countries – a systematic review of the literature. *BMC Public Health*. 2017;17(1):511.
3. Hjern A. Migration and public health: Health in Sweden: The National Public Health Report 2012. Chapter 13. *Scand J Public Health*. 2012 Dec 1;40(9 Suppl):255–67.
4. Abubakar I, Aldridge RW, Devakumar D, Orcutt M, Burns R, Barreto ML, et al. The UCL–Lancet Commission on Migration and Health: the health of a world on the move. *The Lancet*. 2018;392(10164):2606–54.
5. Aldridge RW, Nellums LB, Bartlett S, Barr AL, Patel P, Burns R, Hargreaves S, Miranda JJ, Tollman S, Friedland JS, Abubakar I. Global patterns of mortality in international migrants: a systematic review and meta-analysis. *The Lancet*. 2018;392(10164):2553–66.
6. Gushulak BD, MacPherson DW. Health Aspects of the Pre-Departure Phase of Migration. *PLoS Med*. 2011 24;8(5):e1001035.
7. Zimmerman C, Kiss L, Hossain M. Migration and Health: A Framework for 21st Century Policy-Making. *PLoS Med*. 2011;8(5):e1001034.
8. Fazel M, Wheeler J, Danesh J. Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. *The Lancet*. 2005;365(9467):1309–14.
9. Fazel M, Reed RV, Panter-Brick C, Stein A. Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *The Lancet*. 2012;379(9812):266–82.
10. Hjern A, Angel B. Organized violence and mental health of refugee children in exile: a six-year follow-up. *Acta Paediatr*. 2000;89(6):722–7.
11. Almqvist K, Brandell-Forsberg M. Refugee children in Sweden: Post-Traumatic Stress Disorder in Iranian pre-school children exposed to organized violence. *Child Abuse Negl*. 1997;21(4):351–66.
12. Montgomery E. Trauma, exile and mental health in young refugees: Mental health in young refugees. *Acta Psychiatr Scand*. 2011;124:1–46.
13. Vaage AB, Tingvold L, Hauff E, Van Ta T, Wentzel-Larsen T, Clench-Aas J, et al. Better mental health in children of Vietnamese refugees compared with their Norwegian peers - a matter of cultural difference? *Child Adolesc Psychiatry Ment Health*. 2009;3(1):34.
14. Hjern A, Rajmil L, Bergström M, Berlin M, Gustafsson PA, Modin B. Migrant density and well-being—A national school survey of 15-year-olds in Sweden. *Eur J Public Health*. 2013;23(5):823–8.
15. de Montgomery CJ, Petersen JH, Jervelund SS. Psychiatric healthcare utilisation among refugee adolescents and their peers in Denmark. *Soc Psychiatry Psychiatr Epidemiol*. 2020;55(11):1457–68.
16. Manhica H, Almqvist Y, Rostila M, Hjern A. The use of psychiatric services by young adults who came to Sweden as teenage refugees: a national cohort study. *Epidemiol Psychiatr Sci*. 2017;26(5):526–534.
17. Barghadouch A, Kristiansen M, Jervelund SS, Hjern A, Montgomery E, Norredam M. Refugee children have fewer contacts to psychiatric healthcare services: an analysis of a subset of refugee children compared to Danish-born peers. *Soc Psychiatry Psychiatr Epidemiol*. 2016;51(8):1125–36.
18. Berg L, Ljunggren G, Hjern A. Underutilisation of psychiatric care among refugee adolescents in Stockholm. *Acta Paediatr*. 2020.
19. MIPEX. Migrant Integration Policy Index | MIPEX 2015.
20. Garipey G, Iyer S. The Mental Health of Young Canadians Who Are Not Working or in School. *Can J Psychiatry*. 2019;64(5):338–344.
21. Baggio S, Iglesias K, Deline S, Studer J, Henchoz Y, Mohler-Kuo M, Gmel G. Not in Education, Employment, or Training status among young Swiss men. Longitudinal associations with mental health and substance use. *J Adolesc Health*. 2015;56(2):238–243.
22. Manhica H, Lundin A, Danielsson AK. Not in education, employment, or training (NEET) and risk of alcohol use disorder: a nationwide register-linkage study with 485 839 Swedish youths. *BMJ Open*. 2019;9(10):e032888.
23. Williams DR, Lawrence JA, Davis BA, Vu C. Understanding how discrimination can affect health. *Health Serv Res*. 2019;54 Suppl 2:1374–1388.
24. Honkaniemi H, Juarez SP, Katikireddi SV, Rostila M. Psychological distress by age at migration and duration of residence in Sweden. *Soc Sci Med*. 2020;250:112869.
25. Borrell C, Palencia L, Bartoll X, Ikram U, Malmusi D. Perceived Discrimination and Health among Immigrants in Europe According to National Integration Policies. *International journal of environmental research and public health*. 2015;12(9):10687–99.
26. Ikram UZ, Malmusi D, Juel K, Rey G, Kunst AE. Association between Integration Policies and Immigrants' Mortality: An Explorative Study across Three European Countries. *PLoS One*. 2015;10(6):e0129916.

27. Malmusi D, Palencia L, Ikram UZ, Kunst AE, Borrell C. Inequalities by immigrant status in depressive symptoms in Europe: the role of integration policy regimes. *Soc Psychiatry Psychiatr Epidemiol.* 2017;52(4):391-8.
28. Manhica H, Gauffin K, Almquist YB, Rostila M, Berg L, Rodriguez Garcia de Cortazar A, Hjern A. Hospital admissions due to alcohol related disorders among young adult refugees who arrived in Sweden as teenagers - a national cohort study. *BMC Public Health.* 2017;17(1):644.
29. Manhica H, Gauffin K, Almquist YB, Rostila M, Hjern A. Hospital Admission and Criminality Associated with Substance Misuse in Young Refugees - A Swedish National Cohort Study. *PLoS One.* 2016;11(11):e0166066.
30. Brooke Evans A. The Relation of Gender to Racial Discrimination Experiences and Achievement Among Black College Students [Doctor of philosophy]. Ann Arbor: University of Michigan; 2011.
31. Samari G, Alcalá HE, Sharif MZ. Islamophobia, Health, and Public Health: A Systematic Literature Review. *Am J Public Health.* 2018;108(6):e1-e9.
32. Hollander AC, Dal H, Lewis G, Magnusson C, Kirkbride JB, Dalman C. Refugee migration and risk of schizophrenia and other non-affective psychoses: cohort study of 1.3 million people in Sweden. *BMJ.* 2016;352:i1030.
33. Cantor-Graae E, Pedersen CB, McNeil TF, Mortensen PB. Migration as a risk factor for schizophrenia: a Danish population-based cohort study. *Br J Psychiatry.* 2003;182:117-22.
34. Cantor-Graae E, Pedersen CB. Risk of schizophrenia in second-generation immigrants: a Danish population-based cohort study. *Psychol Med.* 2007;37(4):485-94.
35. Selten JP, van der Ven E, Termorshuizen F. Migration and psychosis: a meta-analysis of incidence studies. *Psychol Med.* 2020;50(2):303-13.
36. Hjern A, Wicks S, Dalman C. Social adversity contributes to high morbidity in psychoses in immigrants - a national cohort study in two generations of Swedish residents. *Psychol Med.* 2004;34(6):1025-33.
37. El Bouhaddani S, van Domburgh L, Schaefer B, Doreleijers TAH, Veling W. Psychotic experiences among ethnic majority and minority adolescents and the role of discrimination and ethnic identity. *Soc Psychiatry Psychiatr Epidemiol.* 2019;54(3):343-53.
38. Veling W, Hoek HW, Mackenbach JP. Perceived discrimination and the risk of schizophrenia in ethnic minorities: a case-control study. *Soc Psychiatry Psychiatr Epidemiol.* 2008;43(12):953-9.
39. Veling W, Selten JP, Susser E, Laan W, Mackenbach JP, Hoek HW. Discrimination and the incidence of psychotic disorders among ethnic minorities in The Netherlands. *Int J Epidemiol.* 2007;36(4):761-8.

Highlights

- Refugees of both genders in Sweden, Norway and Denmark have increased risks of psychotic disorders compared to the native populations.
- Refugee women in Denmark, Sweden and Norway had a health status on par with the native women, with the exception of psychotic disorders, and better than refugee men.
- Refugee men from Denmark stood out with higher risks of mortality, disability/illness pension, outpatient psychiatric care, substance abuse and psychotropic drug use relative to the native population compared with male refugees from Sweden and Norway.
- In refugee men in Sweden a high risk for inpatient psychiatric care compared with men in the native population was matched with a low risk for outpatient care in a way that clearly differed from refugee men in Denmark and Norway. This indicates that barriers for accessing psychiatric care for male refugees might be higher in Sweden.

Synthesis of the Health Studies

The topic of health among young refugees was addressed in three CAGE studies: (i) a policy analysis on the health reception of asylum seekers and refugees within the Nordic countries, (ii) a qualitative study on health reception services within the Danish asylum system from the perspectives of child health nurses and asylum-seeking families, (iii) a population-register based comparative study of health among young refugees in the Nordic countries.

The policy analysis explored the historical development trends in the health reception of asylum seekers and refugees within the Nordic countries from 1980 to 2018 and mapped out and compared today's health reception policies. Health reception procedures for asylum seekers and newly arrived refugees have been established in all four countries; however, the health issues addressed, the target population, the timing and the organisation of the initiatives have changed consid-

erably over time within countries and still differ across the Nordic countries. Infectious disease control and acute care have been and still seem to be the primary components of today's health reception of asylum seekers and refugees, whereas mental health has been a less frequent component in the health reception initiatives. In recent years, the health assessments in all four countries have moved towards a more holistic approach by taking more into account the mental health of asylum seekers and refugees, albeit not as often or to the same extent as initiatives on acute and somatic health. Today, national legislation in all countries but Denmark explicitly stipulates asylum-seeking children's right to health on an equal basis as resident children.

The qualitative study provided insights to health reception practices and experiences in Denmark and drew on participant observation in the asylum reception center as well as on





interviews with six child health nurses and 24 asylum-seeking families, in one reception center and three residence centers, in the period November 2017 to March 2018 in Denmark. The study found that child health nurses are unique actors in safeguarding health and well-being of asylum-seeking children and their families in the Danish asylum system, as they manage to reach and respect families through tailored, coherent and supportive relationships. The asylum-seeking families experience support from the child health nurses in taking care of their children, while at the same time they experience the asylum system and structure to challenge their parental capabilities.

The comparative register study found that male refugees who had arrived in Denmark, Norway and Sweden as chil-

dren (0-17 years) between 1986 and 2005 had higher risks of inpatient psychiatric care in young adulthood (18-43 years) compared with native populations, and refugees of both genders had higher risks for inpatient care with a psychotic diagnosis compared with the native populations. Overall, refugee women had a health profile more similar to the native populations than refugee men in all three countries. Refugee men in Sweden had a high risk for inpatient psychiatric care and a low risk for outpatient care compared with natives and in a way that clearly differed from refugee men in Denmark and Norway, which indicates that barriers for accessing psychiatric care for male refugees might be higher in Sweden. The health situation for the refugees in Finland was shown to be similar to the native Finnish population with regards to mortality and disabilities, while a slightly higher use of psychotropic drugs

was found for both refugee men and women compared with the native population. Altogether, refugee men from Denmark stood out with higher risks of mortality, disability/illness pension, outpatient psychiatric care, substance abuse and psychotropic drug use compared with female refugees and male natives in Denmark as well as male refugees relative to natives in Sweden and Norway.

Overall, the studies on health demonstrate the disadvantaged health position of former refugee children as young adults in the Nordic countries. The policies on health reception upon arrival in the Nordic countries focus primarily on infectious disease control and acute (somatic) healthcare needs, while less attention is given to health aspects related to mental and social well-being, except in Denmark which has routinely offered mental health screening to children since 2009. However, the information on the children's mental health is not systematically passed on to the receiving municipalities after resettlement. The difficult life situation the children face in the asylum system are to some extent modified by compassionate, humanitarian, flexible, collaborative and supportive care provided by child health nurses that promote services, which facilitate a health-enabling environment for asylum-seeking children and their parents but at the same time is somehow counteracted by the structures and physical conditions within the asylum system. The asylum-seeking families' psychosocial responses when experiencing barriers in navigating healthcare may influence their future motivations for healthcare-seeking.

As the children become young adults, especially refugee men suffer from a poor health relative to their native-born counterparts, which manifests in a higher risks of inpatient psychiatric care in Denmark, Norway and Sweden and in the fact that there was no health indicator (mortality, disability/illness pension, outpatient psychiatric care, substance abuse and psychotropic drug use) for which refugee men in any of the three countries had better outcomes relative to the native population of the same gender. In spite of vast evidence on the high number of mental symptoms in refugee children, the health reception policies have had lesser focus on the mental health. This may also have contributed to the disease pattern of especially poor mental health found in the comparative registry study. Refugee women in Denmark, Sweden and Norway had a health status on par with the native women, with the exception of psychotic disorders.

For refugees in Denmark and Sweden a female advantage was found for almost all indicators relative to refugee men, while the female advantage was somewhat more moder-

ate in Norway. Based on this picture and previous literature it is hypothesized that refugee men experience more everyday discrimination from the majority population than refugee women. Underlying vulnerabilities may also be elicited by gender-related roles in the refugee families and in society at large, including a perception of a strong male role which should not show sign of physical and mental weakness. Less attention to and action on poor mental health symptoms in refugee boys/young men, may also play a role. This could also be seen reflected in the findings from the qualitative study which showed that the asylum-seeking families experienced barriers in navigating healthcare, which may influence their future motivations for (psychiatric) healthcare-seeking. In the same line, the quantitative study also observed a relative lower use of outpatient psychiatric care compared to inpatient care among refugees. This pattern suggests underlying access barriers implying that young refugee more often only come into contact with the psychiatric healthcare system when their condition deteriorates to the point where inpatient hospitalisation is necessary, and that they less often receive the treatment that is necessary for them to manage their condition.

Refugee men from Denmark stood out with higher risks of mortality, disability/illness pension, outpatient psychiatric care, substance abuse and psychotropic drug use relative to the native population compared with male refugees from Sweden and Norway. This should be seen in the light that during the time of the study, Denmark had the most restrictive integration policies of the Nordic countries. During the years after this study, the other Nordic countries have implemented more restrictive policies as well. Thus, a cross-country follow-up study on the development of the health indicators of the young refugees considering the development of integration policies across the Nordic countries would be pertinent to understand the political mechanisms related to health disparities in the refugee population.

Unaccompanied Refugee Minors: A Comparative Study in Norway and Sweden

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Introduction

During the last decade, children have made up around a third of the refugees who have settled in Europe. Around 20% of these children have arrived unaccompanied by a parent or other legal guardian, and most of the unaccompanied minors were boys aged 15-17 years on arrival (1). During 2013-2018, a total of 65,321 unaccompanied minors applied for asylum in the Nordic countries, excluding Iceland (Table 1), with a peak during the so-called “refugee crisis” in 2015, after which numbers have decreased greatly.

TABLE 1: Unaccompanied minors received in the Nordic countries during 2013-2018 (2).

COUNTRY	2013-2018
Denmark	5 190
Finland	3 436
Norway	7 020
Sweden	49 675
<i>Total</i>	65 321

The challenge for the Nordic societies to care for these children has sparked a considerable amount of new research. This research has been reviewed in recent comprehensive reports focussing on health and well-being (2) and qualitative studies of different aspects of support to unaccompanied minors (3). Here we will briefly present the main epidemiological findings of unaccompanied minors in northern Europe in the literature.

Mental Health

Unaccompanied children lack the protection and support of a caregiver. Consequently, they are also particularly vulnerable

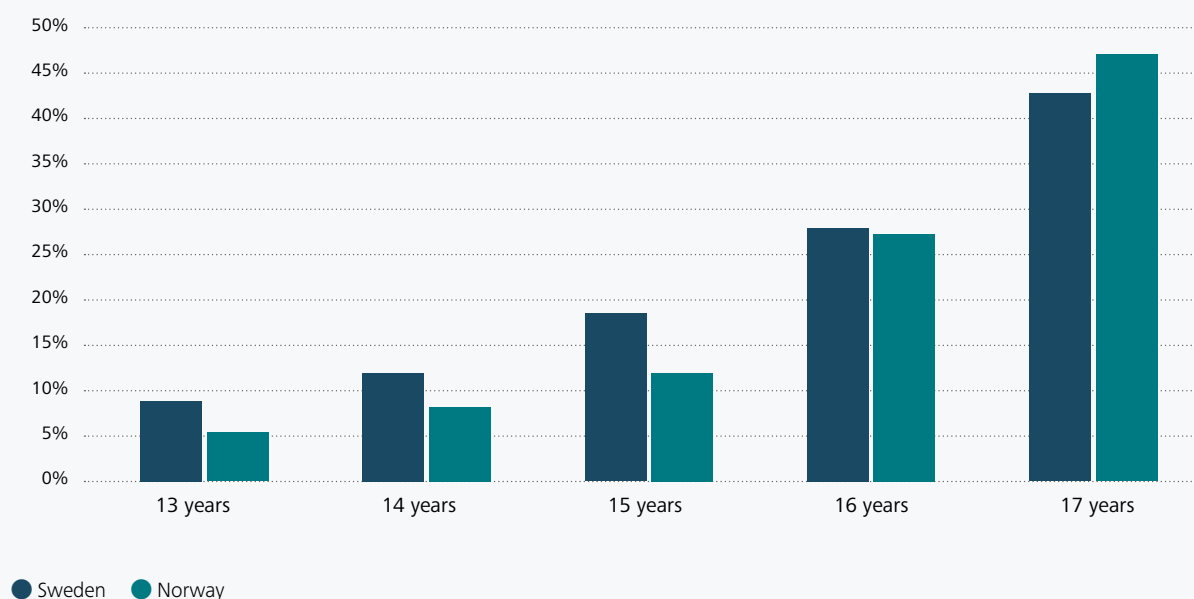
for the development of poor mental health and well-being (4). Large epidemiological studies of unaccompanied teenage asylum seekers in Belgium and the Netherlands have confirmed this vulnerability, demonstrating high rates of depression and post-traumatic stress disorder during the first years after resettlement (5-7). A similar pattern of high levels of traumatic stress and introverted symptoms was noted in studies of unaccompanied minors in Norway on arrival (8) and 3.5 years after their arrival (9). In another Norwegian study, Jensen et al. followed 47 unaccompanied minors during five years after arrival in Norway, finding a slowly declining rate of mental health problems over time (10), similar to that found in refugee children who settled with their parents in Denmark and Sweden during the 1990s (11,12). Apart from these consistent findings of poor mental health, there are also indications that unaccompanied children often are resourceful and arrive with a clear vision of a positive future in the new country despite the suffering many of them have endured (4).

Physical Health and Social Adjustment

In a single study of physical health of unaccompanied minors, the 609 pupils in the age 6-15 years, who were inscribed into the school system in the city of Malmö in southern Sweden during the autumn of 2015, were screened by a paediatric nurse (13). The unaccompanied minors, that made up about half of the study population, were found to have a very similar physical health profile as that of accompanied children. Untreated caries and vaccinations were found to be their most common physical healthcare needs, although previously undetected vision and/or hearing problems were also found to be present in around 10% of the children.

Eide (14) examined the educational and social adjustment of 511 unaccompanied youths 7-10 years after they settled in Norway between 1989 and 1992. In this register study, the unaccompanied minors less often had completed a secondary education than other young adults with a foreign background, while the unemployment rates were similar. In a Swedish register study, co-funded by CAGE, Celikaksoy & Wadensjö followed unaccompanied minors that arrived in Sweden during 2003-2014 with regards to education and labour market par-

FIGURE 1: Age when residency was granted in the unaccompanied minors in the study. Percentages.



ticipation (15). They found that few completed a three-year upper secondary education and that this made it difficult for them to establish themselves on the labour market. At the age of 27 years, 66 percent of unaccompanied men and 56 percent of the women were employed, compared to 81 and 77 percent among Swedish-born. However, compared to the accompanied refugees, unaccompanied men were slightly more often employed and this was particularly the case among the Afghans.

Aim

The aim of this study was to compare educational achievement, labour market participation and health outcomes in unaccompanied minors as young adults compared with accompanied refugee children and native peers within and between Norway and Sweden, the two Nordic countries that have received the greatest numbers of unaccompanied children.

Material and Methods

The study population was created from the refugee populations from Norway and Sweden used in the other register based studies in this report. In this study we included refugees born 1972-92 that were in the age 13-17 years when they obtained their residence permit during 1986-2005. Children who had no registered parents and children whose parents had received their residence permit at least one year later than the child, were defined as unaccompanied minors. These criteria yielded a study population of 1 495 children in Norway and 3 246 in Sweden. Refugee children who were aged 13-17

when they received their residence permit but did not fulfil these criteria were labelled “accompanied” and were used as comparison population together with their native peers in the same birth cohorts. There were 25 031 accompanied refugee children in Sweden and 3 506 in Norway. Natives were defined as Swedish-born in the same birth cohorts.

The outcomes chosen for this study were indicators of educational achievement, labour market participation at ages 25 and 30 years defined in previous chapters in this report. Health indicators were defined in the same ways as in the previous health chapter, but in this study the study population was followed from age 18 onwards during 1991-2015. Person-time based Cox regression was used to analyse mortality and psychiatric indicators adjusted for gender and year of birth. The results from these analyses are presented as hazard ratios (HR) with 95% confidence intervals (CI). Logistic regression, adjusted for year of birth, was used to analyse educational, labour market and disability pension outcomes with differences considered statistically significant on the $p < 0.05$ level.

Results

The age when residency was granted for the unaccompanied minors in the study is presented in Figure 1, with 70-75% being in the age 16-17.

The unaccompanied minors in Norway mostly arrived between 1996-2005, while the unaccompanied minors in Sweden often had arrived earlier, see Figure 2.

FIGURE 2: Year when residency was granted to the unaccompanied minors in the study. Percentages.

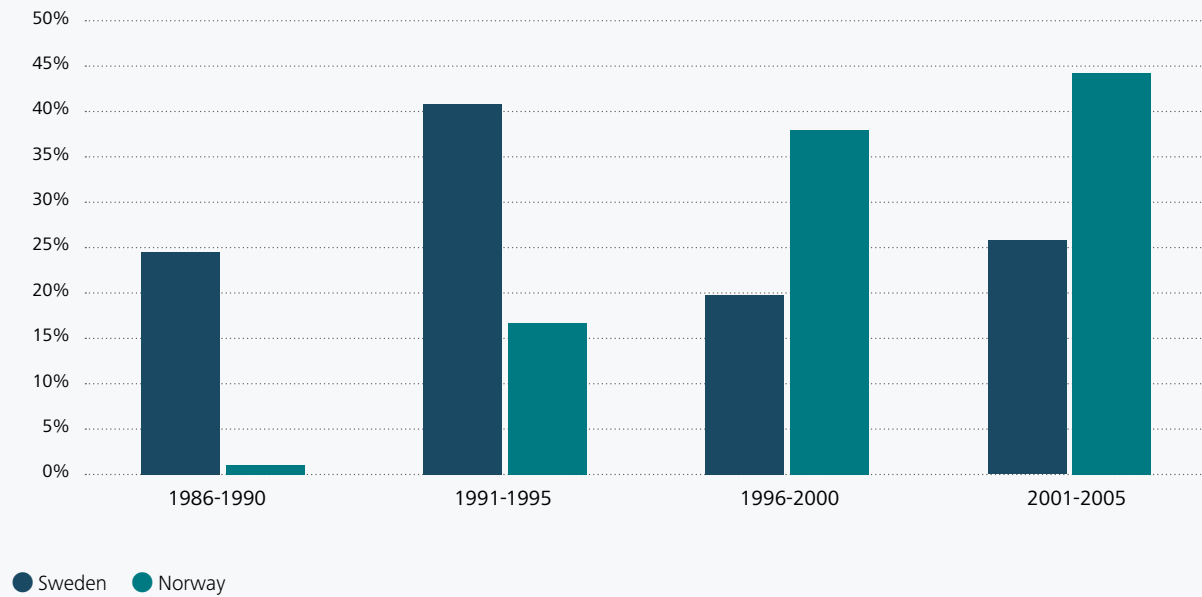
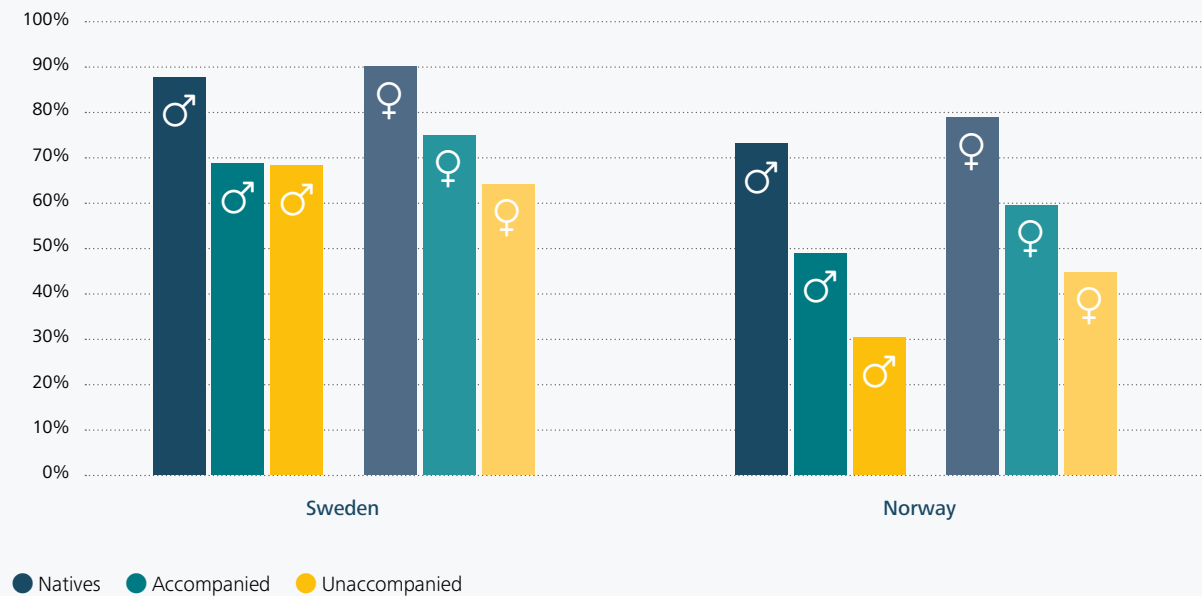


FIGURE 3: Completion of upper secondary education at age 25. Percentages.



There was a strong male preponderance among the unaccompanied minors in Norway, 74.0 %, compared with 60.9% in Sweden. Somalia was the most common origin of the unaccompanied minors in the study, accounting for 28.6% in Norway and 21.1% in Sweden. Iran was another common origin in both countries accounting for 14.5% in Norway and 12.8% in Sweden. An origin in Iraq was common in Sweden while originating in Afghanistan was more common in Norway, see Table A1 in Appendix.

Educational Achievement

The percentage of completion of an upper secondary education was generally higher in Sweden than in Norway, as reported in the previous chapter on education. For male unaccompanied minors in Sweden, the completion rate was similar to accompanied refugees, 65-68%, while the completion rate in Norway among male unaccompanied refugees was considerably lower than for male accompanied minors, 30% vs 45%. In both countries, female unaccompanied refugees

FIGURE 4: Completion of a university education at age 30. Percentages.

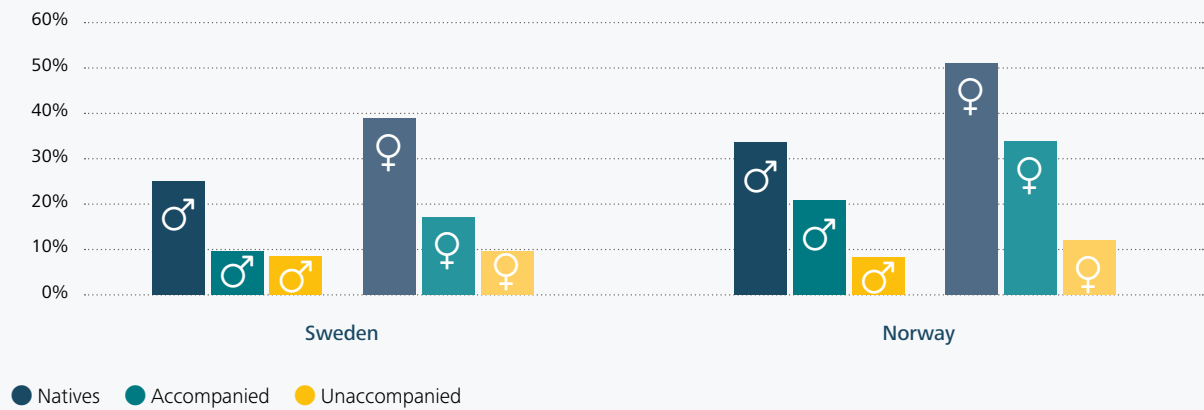
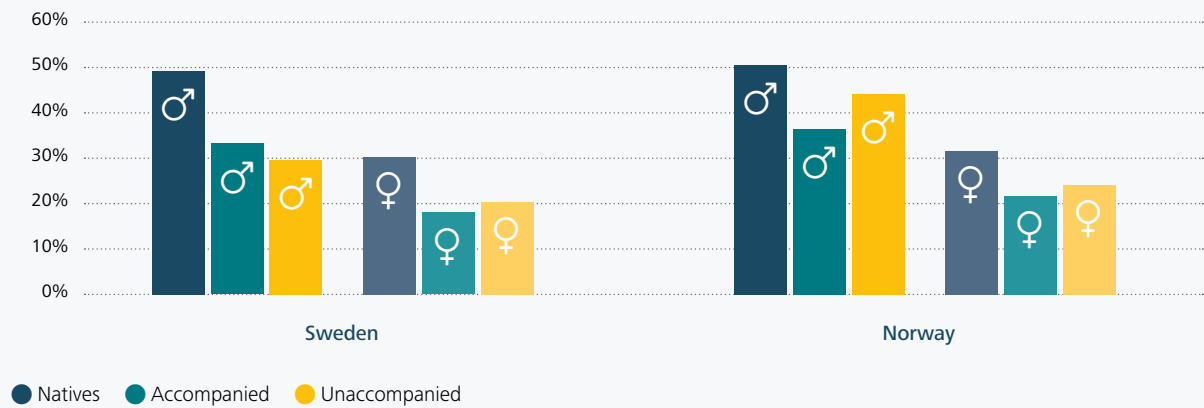


FIGURE 5: Being in the core work force at age 25. Percentages.



had considerably lower completion rates than female accompanied refugees.

The percentage of the study population that had completed a university education by age 30 was higher in Norway than in Sweden (Figure 4). Male unaccompanied refugees had similar completion rates of university education at age 30 in Norway and Sweden, whilst the difference compared with accompanied refugees was small in Sweden and considerable in Norway. Female unaccompanied refugees in both Norway and Sweden had considerably lower completion rates of university education compared with accompanied refugees.

Labour Market Participation

In the total study population, labour market establishment at age 25 was less common among females compared with males (Figure 5). Among the refugees, it was less common in both

refugee males and females compared to native peers. This difference was more substantial in Sweden, with 19 percentage point difference between unaccompanied males and native peers, compared to a 5 percentage point difference in Norway, where both male and female unaccompanied refugees more often were in the core work force compared with accompanied refugees. The corresponding differences among females were 10 percentage points in Sweden and 6 percentage points in Norway.

At age 30, the pattern for having established oneself in the core labour force was much more similar in Norway and Sweden, with a differential to men in the native population of 24 percentage points in male unaccompanied refugees from both countries and 14-16 percentage points in female unaccompanied refugees (Figure 6). Both male and female unaccompanied men had slightly lower percentages than accompanied refugees at this age.

FIGURE 6: Being in the core work force at age 30. Percentages.

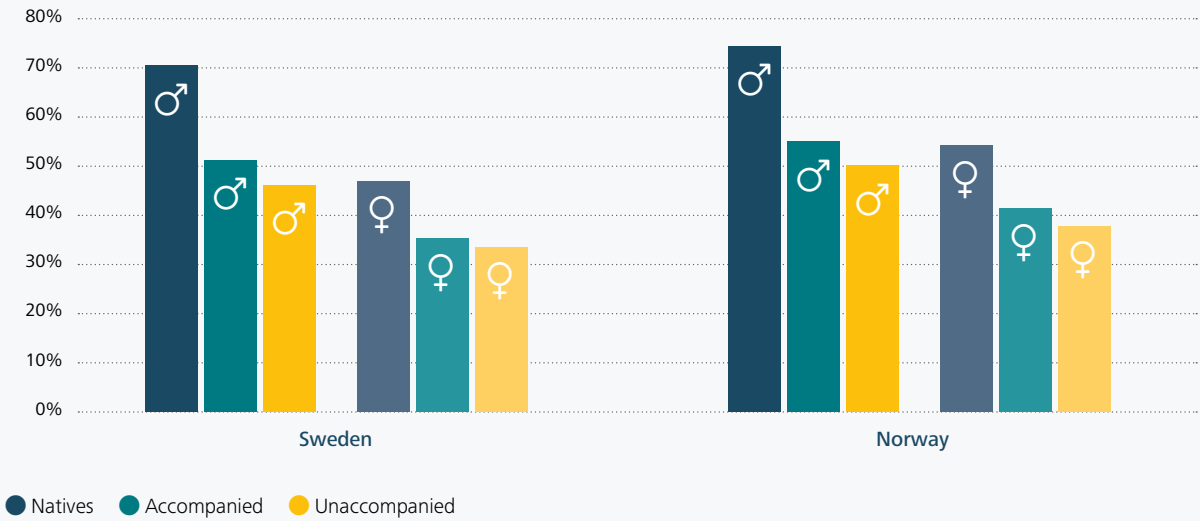


FIGURE 7: Being in NEET at age 25. Percentages.

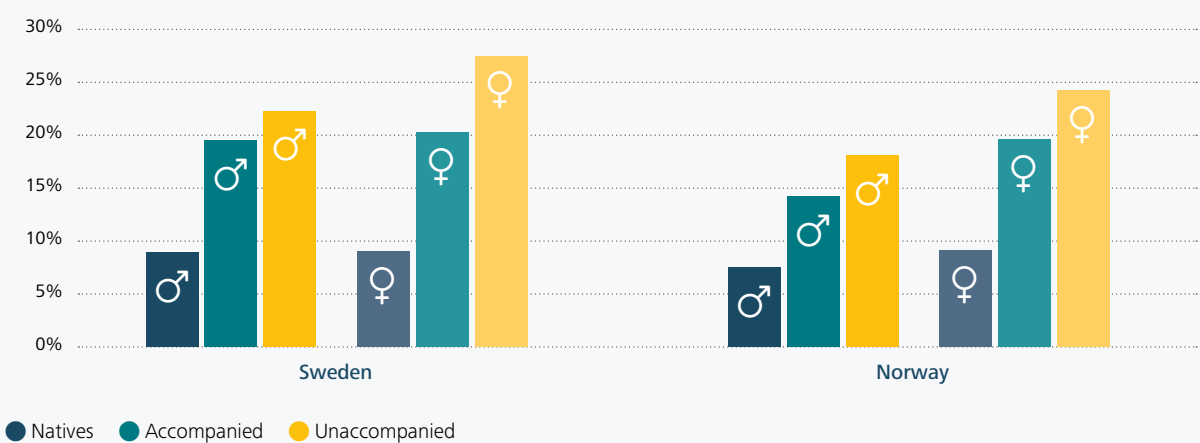


FIGURE 8: Being in NEET at age 30. Percentages.

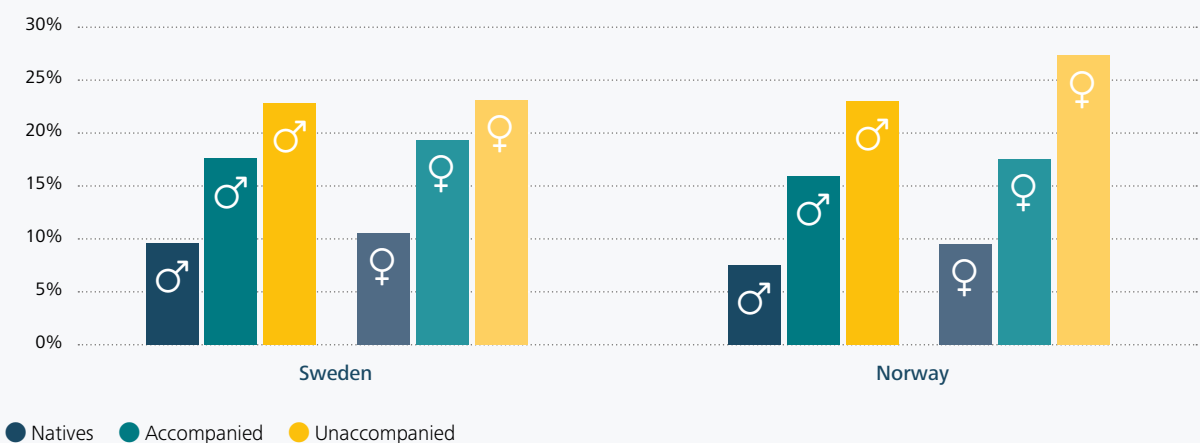
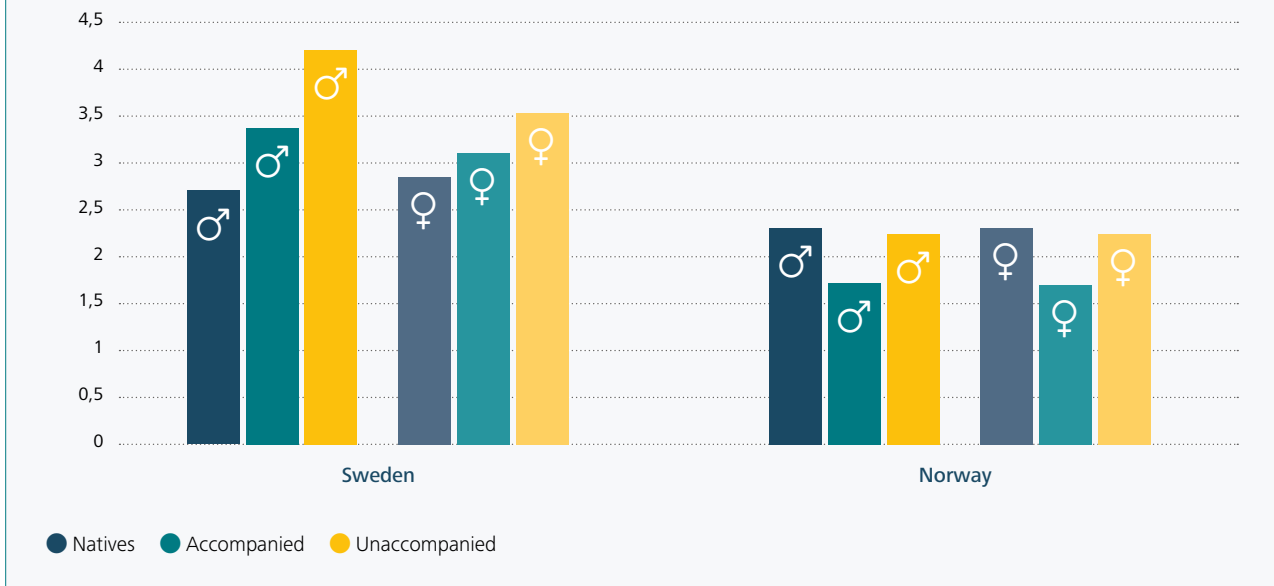


FIGURE 9: Percentage of refugees and natives born 1972-85 who received some long term economic benefit from the state because of a chronic illness or disability at age 30. Standardised for year of birth.



Being not Employed nor in Education or Training (NEET)

At age 25, male unaccompanied refugees had a slightly higher rate of being outside of the labour market and the educational system, in NEET, compared with accompanied refugees and much higher than the native population. This difference was more pronounced in female unaccompanied refugees in both countries (Figure 7). At age 30, 20-27% of male and female unaccompanied refugees in both countries were in NEET, which implied a larger difference in Norway than in Sweden compared with accompanied refugees (Figure 8).

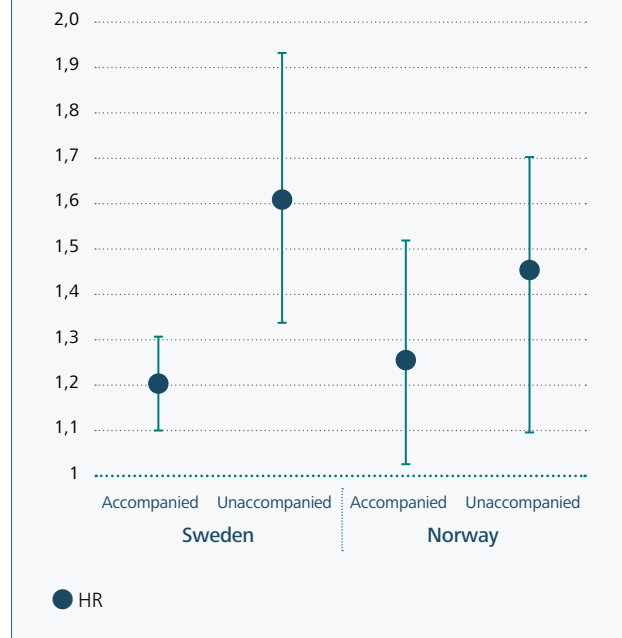
Health

For mortality in the period 2006-2015, differences between accompanied and unaccompanied refugees and the native population were minimal in both countries (Figure A1 in Appendix).

Unaccompanied refugees in Sweden had a significantly higher prevalence of disability pension at age 30 compared with accompanied refugees and the native population, while rates were similar between groups in Norway, see Figure 9.

The risk of having been admitted to inpatient care with a psychiatric diagnosis after 18 years of age during 1991-2015 was 61% higher in unaccompanied minors in Sweden compared with the native population and 40% higher than the accompanied minors (Figure 10). A slightly smaller risk difference between unaccompanied and accompanied refugees was observed in Norway, and did not reach statistical significance.

FIGURE 10: Hazard ratios with 95% C.I for hospital admission with a main psychiatric diagnosis after 18 years of age during 1991-2015, using the native population as the reference group. Adjusted for gender and year of birth.



Unaccompanied minors in Sweden had a 20% higher risk of having been in outpatient psychiatric care during 2002-2015 than natives and similar to accompanied refugees (Figure 11). The risk for outpatient psychiatric care was similar to natives in unaccompanied minors in Norway.

FIGURE 11: Hazard ratios with 95% C.I for psychiatric outpatient care after 18 years of age during 1991-2015, using the native population as the reference group. Adjusted for gender and year of birth.



FIGURE 12: Hazard ratios with 95% C.I for hospital admission with a diagnosis of a psychotic disorder after 18 years of age during 1991-2015, using the native population as the reference group. Adjusted for gender and year of birth.

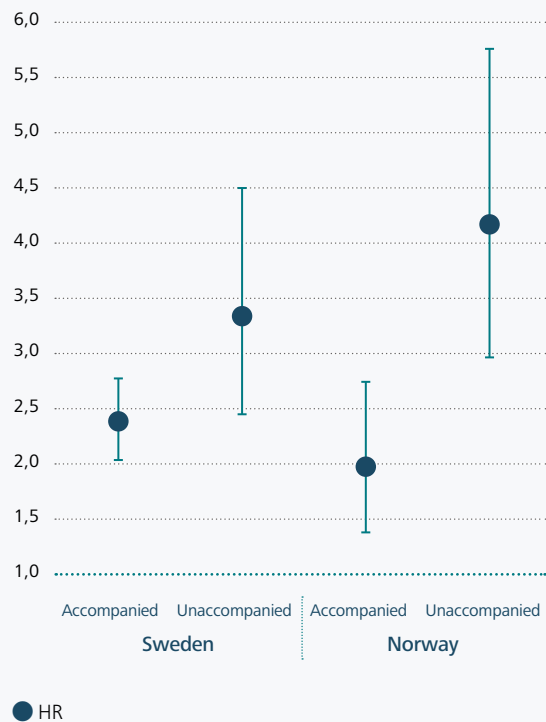
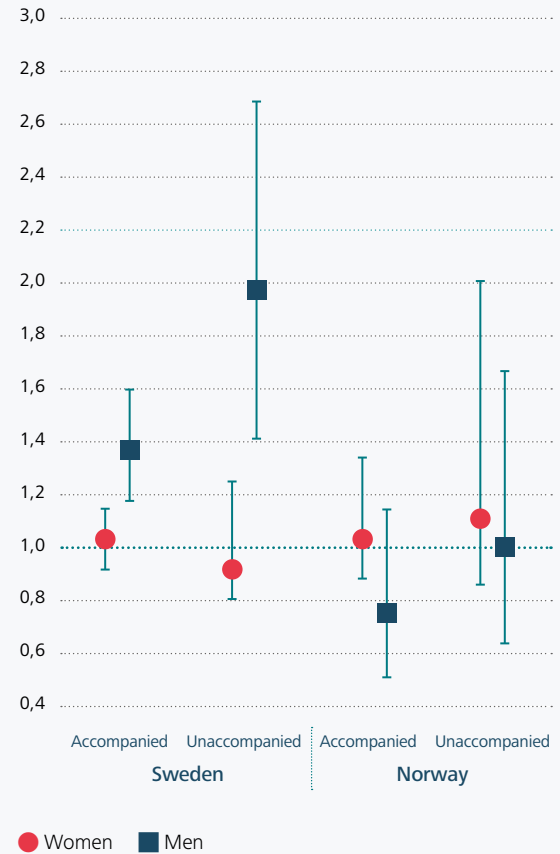


FIGURE 13: Hazard ratios with 95% C.I for hospital admission with a diagnosis of a substance misuse disorder after 18 years of age during 1991-2015, using the native population as the reference group. Adjusted for year of birth. Men and women separately.



The risk for hospital admission because of a psychotic disorder was three to fourfold higher in unaccompanied minors compared with natives in both Norway and Sweden, see Figure 12.

The risk for having been admitted to a hospital with a substance misuse diagnosis was twice as high in Swedish unaccompanied refugee men compared with the Swedish general population, while unaccompanied men in Norway had a similar risk as the Norwegian general population. In contrast, the risks for unaccompanied refugee women relative to the native populations were lower than for women in the general population in both Norway and Sweden (Figure 13).

Conclusions and Perspectives

In this study we have compared educational achievement, labour market participation and health indicators in young adulthood between unaccompanied and accompanied minor

refugees who received residency during 1986-2005 with native populations within and between Norway and Sweden. Being in the core work force at age 25 stands out as the only social indicator where unaccompanied refugees were doing the same or better than the accompanied refugees, but this situation had been reversed at age 30. For all educational outcomes, being in NEET at age 25 and age 30 and for the indicators of severe mental health problems, unaccompanied refugees consistently have less satisfactory outcomes than both accompanied refugees and the native populations. Unaccompanied refugees in Norway established themselves earlier on the labour market than unaccompanied refugees in Sweden, but at age 30 the situation was similar on the labour market in the two countries for unaccompanied refugees. Hospital admission for substance misuse was more common in unaccompanied men in Norway than in Sweden, while female unaccompanied and accompanied refugees had a very low risk for substance misuse admissions.

In a previous chapter we have reported that a comparatively low percentage of refugee children who arrive during their teenage years complete an upper secondary education and a university education, both compared with refugee children who arrive at an earlier age and the native children. In this study we show that among these teenage refugees, female unaccompanied refugees in Sweden and both male and female unaccompanied refugees in Norway have an even lower educational completion rate. In unaccompanied refugees that were received in Sweden in 2003-2014, Çelikaksoy & Wadensjö described a lower completion rate of a three year upper secondary education for unaccompanied minors at age 25 in Sweden, 40% for men and 48% for women (15), suggesting that more recently arrived unaccompanied minors have poorer educational outcomes than those in this study. They also showed that many unaccompanied minors support themselves financially by working alongside their studies, a factor that may contribute to less successful educational outcomes (15). It is possible that the more limited economic support available from the state for completing upper secondary education in adulthood explains the lower completion rate of this education in Norway for both natives and refugees compared with Sweden.

The unaccompanied refugees in Norway established themselves earlier on the labour market compared to the unaccompanied men in Sweden, but this difference had disappeared at age 30. It seems probable that this difference has to do with the higher proportion of unaccompanied minors in Sweden that completed their upper secondary education before entering the labour market.

In both countries, as many as 20-25% of the unaccompanied refugees of both genders are not employed nor in education (NEET) at age 30, a moderately higher rate than that of the accompanied refugees. Çelikaksoy & Wadensjö observed that the higher risk of NEET in unaccompanied refugees compared with accompanied refugees was associated with factors like living in geographical areas with higher youth unemployment, arriving at a later age and having an origin in a low income country. In a CAGE-funded study, Manhica et al described that not completing secondary education explained much of the high risk of NEET in unaccompanied refugees (16).

In Eide's (14) study from 2000, the social outcomes of unaccompanied refugees in Norway were similar to this CAGE-study. Unaccompanied minors had lower completion rates in upper secondary education compared with accompanied refugees and the native population, and had similar unemployment rates compared with accompanied refugees. Thus, these findings seem to have been quite stable over time in Norway.

Unaccompanied refugees in both countries had an increased risk for inpatient care with a psychiatric diagnosis compared to natives, while the risk was more similar to accompanied refugees in Norway than in Sweden. This finding corroborates the high psychiatric morbidity found in the mental health surveys described in the introduction and the high risk for psychiatric inpatient care found in unaccompanied refugees in Sweden in another CAGE study by Manhica et al (17). Risks were particularly high for psychotic disorders in the present study, reaching three to fourfold levels compared with the native populations in both countries.

In both Norway and Sweden, risks for inpatient psychiatric care for unaccompanied refugees were considerably higher than those for outpatient psychiatric care. This suggests that there are considerable barriers for accessing psychiatric care for unaccompanied refugees in both countries, as was suggested by a previous Swedish CAGE study (17).

There were also some differences with regards to the indicators of mental health in unaccompanied refugees between Norway and Sweden. In Sweden, male as well as female unaccompanied minors had an increased prevalence of long term economic benefits because of an illness/disability compared with accompanied minors and the native population, while rates were similar between these groups in Norway. In Sweden, the risk for being admitted to a hospital because of substance misuse was twice that of the native population

for male unaccompanied refugees and 60% higher than that of accompanied refugee men, while the male unaccompanied refugees in Norway had a risk similar to the native men. These findings are congruent with other Swedish CAGE studies, where male unaccompanied refugees were found to have an increased risk for inpatient care and criminality because of both substance misuse (18) and alcohol-related disorders (19).

This study indicates that unaccompanied refugees have considerable needs for psychiatric care and that there are barriers for them to access this care. In a Danish CAGE study, eight unaccompanied minors were interviewed about their views on the psychiatric care they had experienced (20). The refugee adolescents associated traditional conversational therapy with discussing negative and stigmatising aspects of their past and carrying risks of re-traumatisation. Instead, the young refugees proposed an alternative strategy based on physical and social activities, through which resources could be accumulated and they could be met without stereotypes that all their problems were associated with trauma.

Limitations

The main limitation of this study is that the teenage refugee populations studied settled in the Nordic countries before 2006 with follow-up until 2015. The results thus reflect a historic period of refugee reception. Since 2006, and particularly in 2014-2016, the proportion of unaccompanied minors among the refugee children in the Nordic countries increased considerably, and in Sweden it reached historic numbers. The original ambition for this study was to inform reception policies regarding this uniquely large population of unaccompanied minors that was received in 2014-2016. The data collection process for the study was therefore started already in 2015, but access to the Norwegian data was not made until 2019 because of the lengthy and complicated administrative process around register data in Norway.

Another important limitation of the study is the proxy nature of the indicator for unaccompanied minors. This made it necessary to limit our population to those who were granted residency as children and thus exclude those who arrived as children and were granted residency after their 18:th birthday. The Board of Migration in Sweden has more recently created a specific indicator for unaccompanied minors in national registers which can hopefully improve the quality of future register research on unaccompanied minors. A final limitation of the comparative analyses made in this study is some degree of heterogeneity with regards to the origin of the refugees

between Norway and Sweden. Future studies should try to adjust for these differences.

Concluding Remarks

This, and other CAGE studies, demonstrate that completion rates of secondary education are lower in child refugees, and particularly low in unaccompanied minors and in refugees in Norway. Improved economic support for adults in secondary education in Norway has a potential to improve completion rates of upper secondary education in refugees, accompanied as well as unaccompanied, that arrived during their teenage years.

This study also confirms previous studies that have shown that unaccompanied refugees are more vulnerable than accompanied minors with regards to severe psychiatric disorders in young adulthood. Substance misuse and having a long term economic benefit because of a disability or chronic illness were more prevalent among unaccompanied refugees in Sweden compared with Norway, findings that warrant more in-depth comparative studies to be well understood.

High rates of NEET were observed in unaccompanied minors in both countries and at age 25 years as well as at age 30 years. It seems probable that both a comparatively low educational achievement and a high burden of mental health problems contribute to this worrying finding. Thus, both mental health promotion and educational facilitation should be considered in strategies to enable the establishment of unaccompanied minors on the labour market.

Publications from the Sub-Study

- Hjern A, Kling S. Healthcare Needs in School-Age Refugee Children. *Int. J. Environ. Res. Public Health*. 2019;16(21).
- Jarlby F, Goosen S, Derluyn I, Vitus K, Jervelund SS. What can we learn from unaccompanied refugee adolescents' perspectives on mental healthcare in exile? *Eur J Pediatr*. 2018;177(12):1767-74.
- Manhica H, Almquist Y, Rostila M, Hjern A. The use of psychiatric services by young adults who came to Sweden as teenage refugees: a national cohort study. *Epidemiol Psychiatr Sci*. 2017;26(5):526-34.
- Manhica H, Gauffin K, Almquist YB, Rostila M, Berg L, Rodriguez Garcia de Cortazar A, Hjern A. Hospital admissions due to alcohol related disorders among young adult refugees who arrived in Sweden as teenagers - a national cohort study. *BMC Public Health*. 2017;17(1):644.



- Manhica H, Gauffin K, Almqvist YB, Rostila M, Hjern A. Hospital Admission and Criminality Associated with Substance Misuse in Young Refugees - A Swedish National Cohort Study. *PLoS One*. 2016;11(11):e0166066.
- Celikaksoy A, Wadensjö E. The Unaccompanied Refugee Minors and the Swedish Labour Market, IZA Discussion Papers 9306, Institute of Labour Economics (IZA); 2015.

Forthcoming

- Jarlby F, Derluyn I, Vitus K, Jervelund SS. Attempts to 'forget': unaccompanied refugee adolescents' everyday experiences of psychosocial challenges and coping upon settlement.

References

1. UNICEF. Uprooted. The growing crisis for refugee and migrant children. New York: UNICEF; 2016.
2. Rehn-Mendoza N. Mental health and well-being of unaccompanied minors. A Nordic overview: Nordic Welfare Center; 2020.
3. SBU. Stöd till ensamkommande barn och unga – Effekter, erfarenheter och upplevelser. Systematisk litteraturoversikt och etiska och samhällliga aspekter. Stockholm: Statens beredning för medicinsk och social utvärdering; 2018.
4. Eide K, Hjern A. Unaccompanied refugee children--vulnerability and agency. *Acta Paediatr*. 2013;102(7):666-8.
5. Bean T, Derluyn I, Eurelings-Bontekoe E, Broekaert E, Spinoven P. Comparing psychological distress, traumatic stress reactions, and experiences of unaccompanied refugee minors with experiences of adolescents accompanied by parents. *J Nerv Ment Dis*. 2007;195(4):288-97.

6. Derluyn I, Mels C, Broekaert E. Mental health problems in separated refugee adolescents. *J Adolesc Health*. 2009;44(3):291-7.
7. Vervliet M, Lammertyn J, Broekaert E, Derluyn I. Longitudinal follow-up of the mental health of unaccompanied refugee minors. *Eur Child Adolesc Psychiatry*. 2014;23(5):337-46.
8. Jakobsen M, Demot M, Heir T. Prevalence of psychiatric disorders among unaccompanied asylum-seeking adolescents in Norway. *Clin Pract Epidemiol Ment Health*. 2014;13(10):53-8.
9. Seglem KB, Oppedal B, Raeder S. Predictors of depressive symptoms among resettled unaccompanied refugee minors. *Scand J Psychol*. 2011;52(5):457-64.
10. Jensen TK, Skar AS, Andersson ES, Birkeland MS. Long-term mental health in unaccompanied refugee minors: pre- and post-flight predictors. *Eur Child Adolesc Psychiatry*. 2019;28(12):1671-82.
11. Montgomery E. Trauma, exile and mental health in young refugees. *Acta Psychiatr Scand Suppl*. 2011(440):1-46.
12. Hjern A, Angel B. Organized violence and mental health of refugee children in exile: a six-year follow-up. *Acta paediatrica*. 2000;89:722-7.
13. Hjern A, Kling S. Healthcare Needs in School-Age Refugee Children. *Int. J. Environ. Res. Public Health*. 2019;16(21).
14. Eide K. Barn i bevegelse. Om oppvekst og levekår for enslige mindrearige flyktninger [Children in care. Living conditions in childhood and young adulthood for unaccompanied minors]. Telemark, Norway: University College of Telemark; 2000.
15. Çelikaksoy A, Wadensjö E. Ensamkommande barns och ungas väg in i det svenska samhället [The Path of Unaccompanied Refugee Minors and Youth into Swedish society]. Stockholm: Delegationen för Migrationsstudier; 2018. Contract No.: 2018:3.
16. Manhica H, Berg L, Almquist YB, Rostila M, Hjern A. Labour market participation among young refugees in Sweden and the potential of education: a national cohort study. *Journal of Youth Studies*. 2018;22(4):533-50.
17. Manhica H, Almquist Y, Rostila M, Hjern A. The use of psychiatric services by young adults who came to Sweden as teenage refugees: a national cohort study. *Epidemiol Psychiatr Sci*. 2017;26(5):526-34.
18. Manhica H, Gauffin K, Almquist YB, Rostila M, Hjern A. Hospital Admission and Criminality Associated with Substance Misuse in Young Refugees - A Swedish National Cohort Study. *PLoS One*. 2016;11(11):e0166066.
19. Manhica H, Gauffin K, Almquist YB, Rostila M, Berg L, Rodriguez Garcia de Cortazar A, et al. Hospital admissions due to alcohol related disorders among young adult refugees who arrived in Sweden as teenagers - a national cohort study. *BMC Public Health*. 2017;17(1):644.
20. Jarlby F, Goosen S, Derluyn I, Vitus K, Jervelund SS. What can we learn from unaccompanied refugee adolescents' perspectives on mental healthcare in exile? *Eur J Pediatr*. 2018;177(12):1767-74.

Highlights

- This study demonstrates that completion rates of secondary education are particularly low in male as well as female unaccompanied refugee minors in Norway.
- Improved economic support for adults in secondary education in Norway has a potential to improve completion rates of upper secondary education in refugees, accompanied as well as unaccompanied, that arrived during their teenage years.
- This study shows that unaccompanied refugees are more vulnerable than accompanied minors with regards to severe psychiatric disorders in young adulthood with particularly high risks for psychotic disorders.
- Substance misuse and having a long term economic benefit because of a disability or chronic illness were more prevalent among unaccompanied refugees in Sweden compared with Norway, findings that warrant more in-depth comparative studies to be well understood.
- High rates of NEET were observed in unaccompanied minors in both countries and at age 25 years as well as at age 30 years. It seems probable that both a comparatively low educational achievement and a high burden of mental health problems contribute to this worrying finding.

Integration: Cross-Cutting Reflections and Perspectives

Authors: Signe Smith Jervelund, Allan Krasnik and Christopher Jamil de Montgomery

The CAGE project findings suggest that refugee children's disadvantaged position at arrival does not need to determine their life chances in the Nordic countries. There is substantial heterogeneity in young refugees' life trajectories that appears to be systematically related to familiar factors such as country of origin, age at arrival, and sex, but also to the destination country. This is a crucial point. It means that young refugees' opportunities and chances for a life with education, employment and good health may be better if they arrive in one Nordic country than if they arrive in another. At the same time, the central challenges are the same across the region. Schools need to be equipped to include refugee children and to address linguistic, curricular, and psycho-social needs that frequently set young refugees apart from their native-born peers. The transition between compulsory and upper secondary school is decisive for how young people's labour market trajectories unfold and warrants special attention. Socio-economic marginalisation and poor health go hand in hand and efforts related to one must give consideration to the other. Refugee children who arrive late in their teens and young refugees that arrive without care-givers, the so-called unaccompanied refugee minors, are especially vulnerable and require more support. And network, community, and family is as important for refugees as for any other young individual navigating the transition from childhood to adulthood.

From the aggregated level of national policies and the registry-based studies on education, employment, and health outcomes to the context-rich case-studies in schools, workplaces, and healthcare settings, the CAGE project has shed light on how such challenges play out in the Nordic countries, and the importance of tackling these challenges for the post-settlement context to facilitate the integration of young refugee newcomers. What is fundamental to realise is that the starting point for integration efforts is that when young refugees are given protection status in a country they become members of that society. The institutions, communities and

individuals of that society must be geared to include them. In other words, *integration* is a process of mutual adaptation.

Relative Inequality and Refugee Policy in the Nordic Countries

Within the generation of youth included in the registry-based studies, which includes all refugee minors who obtained residency between 1986 and 2005, there were substantial inequalities in educational, employment, and health outcomes across the Nordic region. At the same time, the prospects of young refugees differed between the countries, also among those from particular countries of origin and those who arrived at particular ages. Refugee children in Denmark and Finland had the worst educational outcomes, while those in Sweden tended to have the best. Differences in educational outcomes between refugee and non-refugee immigrants were of the smallest magnitude in Norway. Likewise, refugees in Denmark had a more vulnerable position on the labour market than refugees in Norway and Sweden. Participation in the core labour force was less common, and being not in education, employment, or training (NEET) was more common in the refugee population in Denmark, compared with the other three Nordic countries. However, when these results were stratified by whether or not youth had completed upper secondary education, the inequality in labour market integration between refugees and their Nordic-origin majority peers was actually similar across the countries. This underscores the interrelationship between education and employment and points towards a specific challenge in the Danish context, namely that of assisting young people to complete upper secondary education.

Another dimension to the relatively more vulnerable situation of young refugees in Denmark was that they had worse health outcomes than refugees in Sweden and Norway, in particular refugee men, including higher mortality and higher rates of disability pension and of hospitalisations related to substance abuse. Poor health can be both a path to and an outcome of socioeconomic marginalisation. Unemployment and NEET status are strong predictors of poor mental health and substance abuse in youth and young adulthood (1-3), while poor mental health and substance abuse are obstacles to labour market



participation (2). At the same time, exposures, such as discrimination and social isolation may affect both socio-economic marginalisation and poor health (4-8). Irrespective of the causal mechanisms, the fact that poor health and poor educational and employment outcomes did go hand in hand in this generation of young refugees underscores that integration efforts need to have an eye for both. As the case-studies show, at the local level of schools and asylum centres, health-related and other concerns are intertwined as dimensions of the same challenges rather than separate challenges to address one by one.

The way these empirical findings map onto policy differences in the region is noteworthy. Denmark stands out as the lowest scoring of the Nordic countries on the MIPEX ranking of immigration and integration policy in contrast to Sweden as the highest ranking of any country (9). Studies have also contrasted the general tone and sentiments towards immigrants in Denmark and Sweden/Norway regarding the extent to which the linguistic, ethnic and cultural diversity is embraced (10). Further studies are needed to test the hypothesis on whether Danish integration policy, as evaluated by the MIPEX index, and the attitudes and sentiments towards immigrants in Denmark behind these policies, are an important contributing factor that exacerbates vulnerabilities in refugees leading to poorer outcomes regarding education, employment, and health among refugees in Denmark.

On the other end of the scale, results on Sweden in comparison with the other Nordic countries, demonstrated that young refugees in Sweden performed on par or with the low-

est gap to native-origin majority peers within the domains of education, employment, and health. Considering the policies in the Nordic countries, Sweden appears to employ the most inclusive policies and attitudes towards refugee children and youth. These more inclusive approaches in Sweden together with Sweden's longer history of immigration relative to the other Nordic countries (implying a larger experience with refugee integration – also at the local levels) may be part of the more successful outcomes of refugee children in Sweden. To explore this, studies are needed to investigate the influences of local level experiences and competences with refugee children and youth on integration outcomes.

The CAGE policy studies point towards a number of policy contrasts that indicate possibilities for policy improvement in particular countries. During the asylum phase, Denmark has developed a segregated model where the responsibility for healthcare and education devolves to the operators of asylum centers. In Sweden, responsibility rests with municipalities on par with any other inhabitant in the municipality. In practice, most asylum-seeking children in Denmark do enter regular public schools, at least after some time, even though public schools are not obliged to accept them as pupils (11). What is crucial to recognize is that if integration measures are postponed until the asylum phase is concluded, an opportunity has been lost. The results seem to indicate that the sooner children can learn the host country language and experience life return to normal the better their prospects, both in terms of psychosocial development and educational trajectory. Likewise, an early detection of mental health problems, already in

the asylum phase, and capacity in the regular health services to respond to refugees' healthcare needs could help promoting mental health during the further trajectory.

After being granted asylum, the way refugee children are approached and supported in the educational system matters. The emphasis on nurturing a sense of belonging and self-worth, which is explicit in the Swedish and Norwegian educational systems, contrasts with a more prevalent deficit-based point of departure in Denmark. One illustration of this regards the right to mother tongue instruction, which is considered important for positive identity development in children with immigrant backgrounds in all the Nordic countries, except Denmark. In all Nordic countries, the shift towards making permanent residency and family reunification rights conditional on employment risks putting stress on refugee families as they rebuild their lives. The "paradigm shift" in Denmark that seeks to reconfigure policy objectives towards repatriation risks undermining action on integration. Gearing educational institutions and labour market towards including refugees, gradually making improvements as evidence accrues, necessitates commitment to integration as an aim.

The CAGE policy studies also show that in terms of a number of important policy choices, the contrast between countries is to some extent watered out by local choices and capacities in the highly decentralized educational systems in the Nordic countries. For example, on the question of whether to directly mainstream refugee children into the regular educational system or to go through the intermediary step of reception classes, some combination of the two is in play in all the Nordic countries and in different ways in different municipalities. At the same time, nationally formulated policies and intentions also hinge on the capacity of those teachers and schools who actually include refugee children in their classes to provide the support they need and the resources to do it. This may hamper the degree to which national level policies are reflective of what really matters, namely what goes on in practice. The qualitative case-studies therefore provide an important supplement to the comparative quantitative analyses and policy studies.

Young Refugees in Education and Work

A school that is equipped and capable of including refugee pupils effectively into their educational programs can be described as a "refugee-competent" school. Refugee-competent schools have been identified as schools that (i) facilitate language acquisition, (ii) nurture positive inter-ethnic relationships, (iii) foster a sense of collective responsibility at the school through activity and services, and (iv) actively promoting an

inclusive school ethos (12). In addition, these schools adopt a holistic approach to support refugee children that address both their educational and psychosocial needs. For schools to develop refugee-competency, they need both qualified teachers and school leaders who are on board with and appraised of measures to manage diverse student bodies, and the resources necessary to enact supportive structures within the school. By approaching diversity from a 'surplus' perspective, schools may elicit and draw on students' different resources in reaching their learning potential, while a 'deficit' perspective risks alienating them and undermining pedagogical processes.

The CAGE findings suggest that such perspectives on what is needed at the school level are prevalent in schools in Denmark, Norway and Sweden, but in all these countries teachers emphasize that they do not feel equipped for the task. In particular, the task of providing psychosocial support tends to fall on teachers who feel challenged beyond their professional expertise. To address this, educational policy and funding should acknowledge the contradiction, develop models that may institutionalize this kind of support and ensure the specialized staff and resources to provide it. Beyond the school setting, the findings on unaccompanied refugee minors suggested some important general measures that could be helpful for the promotion of wellbeing and integration of all young refugees (13, 14). These include meaningful social and physical activities and relationship building with native-born peers, social workers, as well as volunteers from the community, where refugee adolescents are seen and recognized as being capable of contributing with their resources (14).

Another need identified at the local level is that of catering for flexible educational trajectories, as especially those who arrive in their late teens are hindered by practical barriers from completing school and pursuing the educational paths most suited to their interests and skills. Given the overall importance of upper secondary education for labour market entry, policy improvements, which facilitate upper secondary education attainment should be given greater priority than those aimed at promoting higher education. Innovative methods such like integration programmes in collaboration with folk high schools, should be explored. At the same time, policy makers must acknowledge that the dynamics of inequality at play in the young population at large have consequences for the educational trajectories of young refugees. In a system where disadvantaged students are more likely to drop out, young refugees tend to disproportionately drop out, as they enter the educational system precisely with a disadvantage. This dynamic may contribute to the greater risk of dropping

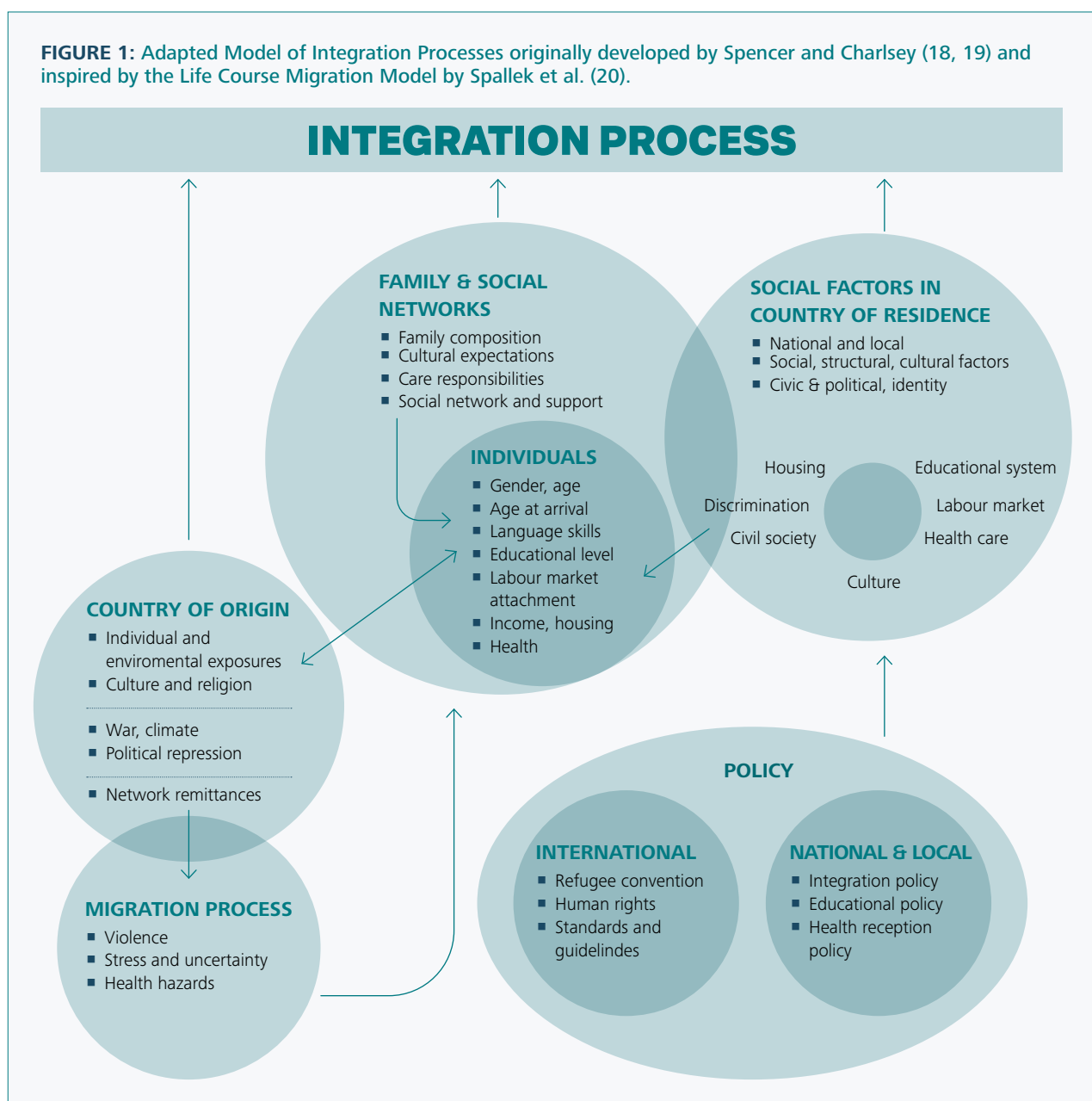
out of upper secondary education observed in Denmark both within the majority population and the refugee populations.

The need for institutional flexibility was also emphasized by employers employing young refugees. While the interviewed employers generally emphasized that the diverse experiences that young refugees bring to the work place serve to enrich the work environment, they also voice concerns about having to deal with bureaucratic demands. Networks and connections often provide initial employment opportunities, which has also been emphasized in the general population (15, 16). This underscores the importance of young refugees building networks prior to and during their work life. This is a challenge not just

for institutions, but also for communities, neighbours, classmates, etc., who create links between the individual young refugees and the complex networks that tie society together.

One of the element of integration that came up repeatedly in the CAGE studies is host language proficiency. This proficiency appears to be acquired most successfully through intense teaching combined with training in the form of everyday encounters with the native-origin majority peers. These encounters are sought by the refugee youth themselves and contribute to the formation of networks and the necessary understanding of host country norms and social codes.

FIGURE 1: Adapted Model of Integration Processes originally developed by Spencer and Charlsey (18, 19) and inspired by the Life Course Migration Model by Spallek et al. (20).



Integration: A Process of Mutual Adaptation

The CAGE project has approached the study of young refugees' early life courses in the Nordic countries through a many-lensed perspective that appreciates the multi-faceted nature of integration processes. In particular, the project is informed by a view of education, employment, and health not as separate domains to be understood in isolation, but as closely related and interdependent aspects of life. Beyond the specific contribution of the CAGE project to our understanding of young refugees' integration processes and outcomes in the Nordic countries, the project makes a more general contribution to the literature on the integration of young refugees in the post-migration setting.

The concept of integration has been defined and interpreted in many different ways. It has been criticized as a conceptual tool that facilitates the othering of immigrant populations by devising metrics of differences by which ethnic minorities fall short of the norms of the majority population (17). But definitions have also been offered of integration as a mutual and enriching process. One definition states that integration can be seen as the social processes of interaction, personal and social change among individuals and institutions that connect the individual and groups with each other to form an overall unity (18). The "*nature, speed and direction of these processes are affected not only by the characteristics of individuals, but also the wider social context*" (18), including national and local policies and initiatives.

The Model of Integration Processes developed by Spencer and Charsley (18, 19) provides a useful framework to understand the complex processes at play and the factors which impact them – where some have been part of the focus in the CAGE project. The model makes clear how diverse the universe of *effectors* is, that is the many factors that facilitate or impede integration processes (19), in terms of locations, timing, actors, and levels. Beyond a catalogue of factors with deterministic effects, this vista illustrates that the question 'what can I/we do to facilitate integration processes?' must be asked by many actors at different levels. Conceived in this way, integration entails a process of mutual adaptation by which a society becomes geared to include new members and those members become geared to join it.

Based on Spencer and Charsley's work and further inspired by the Life Course Migration framework by Spallek et al. (20), we have developed the adapted Model of Integration Processes (Figure 1). The Figure illustrates how integration processes are

influenced by a number of domains and their characteristics, take place at the local and national level and are multi-directional and dynamic. It shows that individuals are embedded in families and communities and often have transnational ties; and that experiences, practices, and understandings in the different domains may interact and influence each other. Integration processes may therefore also reverse as a response to the interplay of the many factors involved. Factors facilitating or impeding integration processes operate at various levels that include the *individual* (gender, age, age-at-arrival, language skills, educational level, labour market attachment, income, housing, health), *families and social networks* (cultural expectations, social support and contacts), *structures in local and national society* (educational system, job market, healthcare, housing, culture, civil society, public attitudes, and discrimination) and *policy* (rights, health reception, welfare systems, educational policy, language tuition, anti-discrimination legislation). These processes take place in local, national and transnational contexts, but are also affected by the individual's previous migration history and the ties to and influence from the country/region of origin. Thus, the model illustrates that the individual's integration trajectory depends not solely on him/herself, but is largely influenced by the social network and a range of individuals, from peers, family, neighbours, teachers, and employers to service providers and government that share capacity and responsibility for facilitating processes of integration (18, 19).

The model also illustrates a range of important elements that were largely outside the scope of the CAGE project to explore. These include, in particular, the important roles of individuals, families and social networks, cultural expectations and norms in transnational families, and issues within the society of residence, such as the role of civil society, discrimination, and culture that play a strong role in the processes of integration.

The model illustrates what the CAGE project findings substantiate, namely that the post-settlement context matters for the course that the lives of young refugees takes, not least the possibilities for a life with education, employment, and good health. The findings from the CAGE project have clearly demonstrated the unique benefits of studying these integration processes from many angles and levels, incorporating the analysis of the rich individual-based register data in the Nordic countries with comparative policy studies and in-depth qualitative enquiries. The Nordic similarities and variations in refugee migration trends as well as in welfare and integration policies and practices has provided a unique setting for the study.

At the same time, it should be acknowledged that the complexity of integration processes makes it hard to identify the specific causal relationships and the specific factors that determine the variations and associations identified in the project. The report has suggested important policy and practice contrasts in the region that these empirical differences map unto, and has through its qualitative components given insight into the dynamics at play on the ground. Most other studies are focusing on one single domain – education, labour market or health in one single country. The ambition of CAGE was to look into all of them in a cross-country comparative approach in order to describe and better understand the patterns and interrelations in an equality perspective. This ambition should be followed-up by further interdisciplinary and cross-country comparative studies aiming at identifying and testing how policies and practices can develop and work in order to facilitate integration processes – taking into account the combined and interacting roles of schooling, employment, and health care as well as the life trajectory and experiences of the young refugees themselves.

References

- Gariépy G, Iyer S. The Mental Health of Young Canadians Who Are Not Working or in School. *Can J Psychiatry*. 2019; 64(5):338–44.
- Baggio S, Iglesias K, Deline S, Studer J, Henchoz Y, Mohler-Kuo M, et al. Not in Education, Employment, or Training Status Among Young Swiss Men. Longitudinal Associations With Mental Health and Substance Use. *J Adolesc Health*. 2015; 56(2):238–43.
- Manhica H, Lundin A, Danielsson A-K. Not in education, employment, or training (NEET) and risk of alcohol use disorder: a nationwide register-linkage study with 485 839 Swedish youths. *BMJ Open*. 2019; 9(10):e032888.
- Williams DR, Lawrence JA, Davis BA, Vu C. Understanding how discrimination can affect health. *Health Serv Res*. 2019; 54(S2):1374–88.
- Honkaniemi H, Juárez SP, Katikireddi SV, Rostila M. Psychological distress by age at migration and duration of residence in Sweden. *Soc Sci Med*. 2020; 250:112869.
- Borrell C, Palència L, Bartoll X, Ikram U, Malmusi D. Perceived Discrimination and Health among Immigrants in Europe According to National Integration Policies. *Int J Environ Res Public Health*. 2015; 12(9):10687–99.
- Ikram UZ, Malmusi D, Juel K, Rey G, Kunst AE. Association between Integration Policies and Immigrants' Mortality: An Explorative Study across Three European Countries. Ciccozzi M, editor. *PLoS One*. 2015; 10(6):e0129916.
- Malmusi D, Palència L, Ikram UZ, Kunst AE, Borrell C. Inequalities by immigrant status in depressive symptoms in Europe: the role of integration policy regimes. *Soc Psychiatry Psychiatr Epidemiol*. 2017; 52(4):391–398.
- Huddleston TB, Bilgili Ö, Joki AL, Vankova Z. Migrant Integration Policy Index. Barcelona/Brussels: CIDOB and MPG, 2015.
- Brochmann G, Hagelund A. Comparison: A model with three exceptions? In: Brochmann G, Hagelund A, Borevi K, et al. (eds) *Immigration Policy and the Scandinavian Welfare State 1945–2010*. Houndmills: Palgrave Macmillan, 2012:225–275.
- Consultation R-5: The spoken words applies. The Danish Ministry of Immigration and Integration. [Internet]. 2018. Available from: <https://www.ft.dk/samling/20171/almindel/uuu/spm/466/svar/1472771/1868023/index.htm>.
- Börsch, ASR, Skovdal M, Jervelund SS. How folk high schools generate social capital and promote the social inclusion of young refugees in Denmark: lessons for educational institutions. *Journal of Refugee Studies*. 2019:1-23. doi: 10.1093/jrs/fez003.
- F, Goosen S, Derluyn I, Vitus K, Jervelund SS. What can we learn from unaccompanied refugee adolescents' perspectives on mental health care in exile? *Eur J Pediatr*. 2018; 177(12):1767–74.
- Jarlby F, Derluyn I, Vitus K, Jervelund SS. Attempts to 'forget': unaccompanied refugee adolescents' everyday experiences of psychosocial challenges and coping upon resettlement. Forthcoming.
- Behtoui A. Beyond social ties: The impact of social capital on labour market outcomes for young Swedish people. *Journal of Sociology*. 2016;52(4):711-24.
- Hensvik L, Skans ON. Networks and youth labor market entry. Institute for Evaluation of Labour Market and Education Policy (IFAU), Uppsala University and CESifo; IZA Working paper 2013:23.
- Rytter M. Writing against integration: Danish imaginaries of culture, race and belonging. *Ethnos*. 2018;84:678–97.
- Charsley K, Spencer S. Understanding integration processes: Informing policy and practice [Internet]. 2019. Available from: <https://www.compas.ox.ac.uk/2019/understanding-integration-processes-informing-policy-and-practice/>.
- Spencer S, Charsley K. Conceptualising integration: a framework for empirical research, taking marriage migration as a case study. *Comp Migr Stud*. 2016; 4(1):18.
- Spallek J, Zeeb H, Razum O. What do we have to know from migrants' past exposures to understand their health status? a life course approach. *Emerg Themes Epidemiol*. 2011; 8(1):6.

Peer-reviewed articles

Published/Accepted for Publication

- Barghadouch A, Skovdal M, Norredam M. Do health reception policies in the Nordic region recognize the rights of asylum-seeking and resettled refugee children? *Health Policy* 2020.
- Barghadouch A, Carlsson J, Norredam M. Psychiatric Disorders and Predictors Hereof Among Refugee Children in Early Adulthood: A Register-Based Cohort Study. *Journal of Nervous and Mental Disease*; 2018;206(1):3-10.
- Barghadouch A, Kristiansen M, Jervelund SS, Hjern A, Montgomery E, Norredam M. Refugee children have fewer contacts to psychiatric healthcare services: an analysis of a subset of refugee children compared to Danish-born peers. *Social Psychiatry and Psychiatric Epidemiology*. 2016; 51(8):1125-1136.
- Berg L, Charboti S, Montgomery E, Hjern A. Parental PTSD and school performance in 16-year-olds - a Swedish national cohort study. *Nord J Psychiatry*. 2019;73(4-5):264-272.
- Børsh ASR, de Montgomery CJ, Gauffin K, Eide K, Heikkilä E, Jervelund SS. Health, Education and Employment Outcomes in Young Refugees in the Nordic Countries: A Review. *Scandinavian Journal of Public Health*, 2019;47:735-747.
- Celikaksoy A, Wadensjo E. The Unaccompanied Refugee Minors and the Swedish Labour Market. IZA Discussion Paper No. 9306. 2015. Available at SSRN: <https://ssrn.com/abstract=2655346> [Accessed 26-10-2020].
- de Montgomery CJ, Petersen JH, Jervelund SS. Diminishing social inequity between refugee children and their peers growing up in Denmark. *Journal of Ethnic and Migration Studies*; 2020;46 (7):1301-1329.
- de Montgomery CJ, Petersen JH, Jervelund SS. Psychiatric healthcare utilization among refugee adolescents and their peers in Denmark, *Social Psychiatry and Psychiatric Epidemiology*; 2020;55(11):1457-1468.
- Heino A, Gissler M, Malin M, Väisänen H. Induced abortions by woman's country of origin in Finland 2001–2014. *Sage Journals. Scandinavian Journal of Public Health*; 2020;48(1):88-95.
- Hjern A, Kling S. Healthcare Needs in School-Age Refugee Children. *Int J Environ Res Public Health*. 2019 Nov 1;16(21). Doi 10.3390/ijerph16214255.
- Jarlby F, Goosen S, Derluyn I, Vitus K, Jervelund SS. What can we learn from Unaccompanied Refugee Adolescents' Perspectives on Mental Health Care in Exile? *European Journal of Pediatrics*, 2018;177:1767-1774, <https://rdcu.be/60eN>, DOI: 10.1007/s00431-018-3249-0.
- Juárez S, Mussino E, Hjern A. Being a refugee or having a refugee status? Birthweight and gestational age outcomes among offspring of immigrant mothers in Sweden. *Scand J Public Health*. 2018. doi: 10.1177/1403494818777432.
- Kjelaas I, Eide K, Vidarsdottir AS, Hauge HA. Å føle seg angrepet intellektuelt: Språkkartlegging av minoritetsspråklige elever i videregående opplæring [To feel intellectually attacked: Language assessment of language minority students in upper secondary education]. *Acta Didactica Norden*; 2020, 14(1), Art. 16. doi: <https://dx.doi.org/10.5617/adno.7871>. (In press).
- Kjelaas I, Eide K, Hauge HA. Å føle seg intellektuelt angrepet - språkkartlegging av flerspråklige elever i videregående opplæring [To feel intellectually attacked. Language assessment of multilingual students in upper secondary school]. *Acta Didactica*. 2020.
- Klöfvermark J, Hjern A, Juárez SP. Acculturation or unequal assimilation? Smoking during pregnancy and duration of residence among migrants in Sweden. *SSM Popul Health*. 2019;8:100416. doi: 10.1016/j.ssmph.2019.100416.
- Lynnebakke B, Pastoor, LdW. "It's very hard, but I'll manage." – Educational aspirations and educational resilience among recently resettled young refugees in Norwegian upper secondary schools. *International Journal of Qualitative research on Health and Well-being*; 2020, 15. <https://doi.org/10.1080/17482631.2020.1785694> (In press).
- Manhica H, Berg L, Almquist Y, Rostila M, Hjern A. Labour market participation among young refugees in Sweden and the potential of education: a national cohort study. *Journal of Youth Studies*. 2018;22:4, 533-550.
- Manhica H, Gauffin K, Almquist YB, Rostila M, Berg L, Rodríguez García deCortázar A, Hjern A. Hospital admissions due to alcohol related disorders among young adult refugees who arrived in Sweden as teenagers - a national cohort study. *BMC Public Health*. 2017;17(1):644.
- Manhica H, Gauffin K, Almquist YB, Rostila M, Hjern A. Hospital Admission and Criminality Associated with Substance Misuse in Young Refugees - A Swedish National Co-

hort Study. *PLoS One*. 2016;11(11). Doi: 10.1371/journal.pone.0166066.

- Manhica H, Almquist Y, Rostila M, Hjern A. The use of psychiatric services by young adults who came to Sweden as teenage refugees: a national cohort study. *Epidemiol Psychiatr Sci*; 2016 Jun 29:1-9.
- Manhica H, Hollander AC, Almquist YB, Rostila M, Hjern A. Origin and schizophrenia in young refugees and inter-country adoptees from Latin America and East Africa in Sweden: a comparative study. *BJPsych Open*. 2016;2(1):6-9.
- Mock-Muñoz de Luna C, Vitus K, Torslev MK, Krasnik A, Jervelund SS. Ethnic inequalities in health among migrant and non-migrant children and young people in Scandinavia – Does the welfare model act as a buffer? *Scandinavian Journal of Public Health*, 2019;47(7):679-689.
- Mock-Muñoz de Luna C, Granberg A, Krasnik A, et al. Towards more equitable education: Meeting health and wellbeing needs of newly arrived asylum seeking and refugee children – perspectives from educators in Denmark and Sweden. *International Journal of Qualitative research on Health and Well-being, Special issue: The Predicament of the Child Refugee 2020*; 15. doi: 10.1080/17482631.2020.1773207.
- Montgomery E, Just-Østergaard E, Jervelund SS. Transmitting trauma: A systematic review of the risk of child abuse perpetrated by parents exposed to traumatic events. *International Journal of Public Health*. 2019;64:241–251.
- Pastoor, LdW. Reconceptualising refugee education: exploring the diverse learning contexts of unaccompanied young refugees upon resettlement. *Intercultural Education* 2017. 28:2, 143-164. Doi: 10.1080/14675986.2017.1295572.
- Pastoor LdW. Rethinking refugee education: Principles, policies and practice from a European perspective. In A. W. Wiseman (Ed.) *Annual review of comparative and international education 2016*. Emerald Group Publishing Limited; 2016 p. 107-116. doi:10.1108/S1479-367920160000030009

Forthcoming

- Anis M, Malin M. Ulkomaalaistaustaiset lapset ja nuoret lastensuojelun sijaishuollossa. [Foreign origin children in child welfare services].
- Barghadouch A, Norredam N, Skovdal M. The care ethics of child health nurses in Danish asylum centers: an ethnographic study.
- Barghadouch K, Vitus M, Norredam M, Skovdal M. “If we don’t get asylum, this doesn’t make sense”: An ethnographic study of asylum-seeking families’ experiences with child health nursing in Denmark.

- de Montgomery CJ, Lorentzen T. Growing up in Exile: School-to-Work Transitions of Refugees in Denmark and Norway.
- Hauge HA, Eide K, Kjelaas I. Biding time with close strangers – Teachers’ sensemaking of newly arrived refugee youths’ educational aspirations.
- Heikkilä E, Vanhanen S, Linnatsalo S. Supporting immigrants’ employability? Challenges in digital pedagogy applied with immigrant learners in Finland.
- Jarlby F, Derluyn I, Vitus K, Jervelund SS. Attempts to ‘forget’: unaccompanied refugee adolescents’ everyday experiences of psychosocial challenges and coping upon settlement.
- Malin M, Tiilikainen M. Unaccompanied minors’ health and wellbeing as young adults.
- Malin M, Enlund M, Kuusio H. Language makes difference – Living in Swedish speaking communities and wellbeing of migrant origin people.
- Mock-Muñoz de Luna C, Hart J, Krasnik A, Vitus K, Hart J. A public health perspective on Scandinavian education system responses to the so-called ‘refugee crisis’ of 2015 – A comparative policy analysis.
- Ryan RT et al. A Spatial Perspective on the Inequalities of Outcomes: Access to Opportunity Structures, Gender, and Immigrant Background.
- Ryan RT. et al. Precariousness and the School to Work Transitions of Young Refugees in Norway.
- Ryan RT. et al. Trajectories of Care: Child Welfare Services for young refugees in Norway

Editorials

- de Montgomery CJ, Jervelund SS. Nordic Registry data (part II): Health, Employment and Children. Editorial (special issue on Nordic Registry Data). *Scandinavian Journal of Public Health*. 2020;48(2):123-124.
- Jervelund SS, de Montgomery CJ. Nordic Registry data (part III): Use of medical services, complications hereof and inequalities in mortality. Editorial (special issue on Nordic Registry Data). *Scandinavian Journal of Public Health (special issue on Nordic Registry Data)*. 2020;48:241–242.
- Jervelund SS, de Montgomery CJ. Nordic Registry data: value, validity and future. Editorial. *Scandinavian Journal of Public Health (special issue on Nordic Registry Data)*. 2020,48(1):1-4.

Reports

Policy Reports

- Gauffin K, Lyytinen E. Working for Integration – A Comparative Analysis of Policies Impacting Labour Market Access among Young Immigrants and Refugees in the Nordic Countries. CAGE policy report 1. 2017. Available: https://cage.ku.dk/publications/dokumenter/CAGE_Policy_Report_1.pdf.

- Tørslev MK, Børsh ASR. Refugee and Immigrant Children's Right to Education - A Comparative Analysis of Education Policies targeting Immigrant Children in the Nordic Countries. CAGE policy report 2. 2018. Available: https://cage.ku.dk/publications/dokumenter/CAGE_Policy_Report_2.pdf
- Michaëlis C, Krasnik A, Norredam M. A healthy start - A comparative analysis of health reception policies for asylum-seeking and refugee children. CAGE policy report 3. 2019. Available: https://cage.ku.dk/publications/dokumenter/CAGE_Policy_Report_3.pdf

Project Reports

- Dunlavy A, de Montgomery CJ, Lorentzen T, Malin M, Hjern A. Equity in Education? A comparative analysis of educational outcomes among refugee children in the Nordic countries. CAGE Project Report 1. Available from: https://cage.ku.dk/publications/dokumenter/Equity_in_education__CAGE_report_2020.pdf
- Lynnebakke B, Pastoor LdW, Eide K. Young refugees' pathways in(to) education. Teacher and student voices: challenges, opportunities and dilemmas. CAGE 3a Project report. Copenhagen. Available from: https://cage.ku.dk/publications/dokumenter/Young_refugees_pathways_in_to__education_-_CAGE_report_2020.pdf
- Lyytinen E, Toom N. Two-way labour market integration? Perspectives on youth with a refugee background and employers in Finland. CAGE 3B project report. 2019. Available from: https://cage.ku.dk/publications/dokumenter/Two-way_labour_market_integration_-_CAGE_report_2019.pdf

PhD Theses

Completed

- de Montgomery, CJ. Growing up as a refugee. A comparative study of health, education and employment in the early life courses of refugee children in Denmark. The University of Copenhagen, 2019.
- Manhica H. Mental health, substance misuse and labour market participation in teenage refugees in Sweden – a longitudinal perspective. 2017.
- Mock-Muñoz de Luna C. Addressing migration-related health inequalities in Scandinavia through equitable education – A comparative study. 2020.

Planned

- Barghadouch A. Care ethics in the 'health reception' of asylum-seeking children and families in Denmark. PhD Thesis. Graduate School of the Faculty of Health and Medical Sciences, University of Copenhagen. 2020.
- Europa RT. Exploring Social Inequalities through the Life

Course: A Longitudinal Study on the Health and Socioeconomic Outcomes of Young Refugees in the Nordic Countries. PhD Thesis. Department of Health, Social and Welfare Studies, University of South-Eastern Norway. 2022.

Books

- Heikkilä E (ed.). Immigrants and the Labour Markets – Experiences from Abroad and Finland. Turku: Migration Institute of Finland; 2017. Available from: https://siirtolaisuusinstituutti.fi/wp-content/uploads/2020/04/elli-heikkila_immigrants-and-the-labour-markets-book.pdf
- Lyytinen E (ed.). Turvapaikanhaku ja pakolaisuus Suomessa [Asylum seekers and refugees in Finland]. Research 2. Turku: Migration Institute of Finland; 2019.

Forthcoming

Tilbe F, Heikkilä (eds.). Work and Migration: Case Studies from Around the World. Transnational Press London. 2021.

Book Chapters

Published

- Heikkilä E, Lyytinen E. Irakilaistaustaisten pakolaisten työelämään integraation ajallisuus [Time and temporality in Iraqi refugees' labour market integration]. In: Lyytinen, E (ed.), Turvapaikanhaku ja pakolaisuus Suomessa [Asylum seekers and refugees in Finland]. Research 2. Turku: Migration Institute of Finland, 2019, 321–344. Available from: <https://siirtolaisuusinstituutti.fi/wp-content/uploads/2019/12/t-02-isbn-978-952-7167-60-1-turvapaikanhaku-ja-pakolaisuus-suomessa.pdf>
- Lyytinen E. Johdanto [Introduction]. In: Lyytinen E (ed.), Turvapaikanhaku ja pakolaisuus Suomessa. [Asylum seekers and refugees in Finland]. Tutkimus 2. Migration Institute of Finland, Turku, 2019, 15–35.
- Lyytinen E. Yhteenveto – Pakolaistutkimusta ajassa ja tilassa [Summary - Refugee research in time and space]. In: Lyytinen E (ed.), Asylum and Refugee in Finland. Research 2. Migration Institute of Finland, Turku; 2019, 345–347. Available from: <http://kauppa.siirtolaisuusinstituutti.fi/product/214/turvapaikanhaku-ja-pakolaisuus-suomessa> [Accessed 26-10-2020].
- Maili M. Monikulttuurinen työelämä. [Multicultural work life]. In: Michelsen T, Reijula K, Ala-Mursula L, Räsänen K, Uitti J. (eds.), Työelämän perustietoa [Basic facts of work life]. 2018. Duodecim.
- Maili M, Kilpi-Jakonen E. Ulkomaalaistaustaisten koulutuspolut [Educational paths of foreign origin youths]. In: Kazi V, Alitolppa-Niitamo A, Kaihovaara A (eds.), Kotoutumisen kokonaiskatsaus 2019: Tutkimusartikkeleita kotoutumisesta [Overview of integration 2019: Research articles of inte-

gration]. TEM oppaat ja muut julkaisut 2019:10. Helsinki: Työ- ja elinkeinoministeriö, 103–117.

Forthcoming

- Heikkilä E, Yeasmin N. Labour market integration of immigrants in Finland. In: Cohen JH, Sirkeci I (eds.), *The Handbook of Culture and Migration*, 186–202. Edward Elgar Publishing; 2021.
- Maili M. Diaspora policies, consular services and social protection for Finnish citizens abroad. In: Lafleur JM, Vintila D (eds.), *Migration and social protection in Europe and beyond (Vol 2): comparing consular services and diaspora policies*, 177-191. Springer; 2020.
- Maili M. Educational Paths of Migrant-Origin Students. In: Heikkilä, E (ed.), *Mihin suuntaan Suomi kehitty? Liikkuvuuden ja muuttoliikkeen dynamiikka*, X Muuttoliikesymposium 2019 [In Which Direction Finland is Evolving? The Dynamics of Mobility and Migration. X Migration Symposium 2019]. Publications. Turku: Migration Institute of Finland; 2020.
- Pastoor LdW. The education of young refugees upon resettlement in Norway – Lessons from Norway (working title). In: N. Bunar, H. Pinson and D. Devine (Eds.) *The Research Handbook on Migration and Education*. Edward Elgar Publishing; 2021.

Other Publications

Published

- Kölbl A, Adoniou M, Murray R, Lyytinen E. Between Camp and Campus: From access to completion of higher education as form of refugee protection. *Siirtolaisuus-Migration*, 45 (1), 44–47.
- Lyytinen E. Edited anthology on asylum seekers and refugees in Finland, research brief on the edited anthology; 2019.
- Lyytinen E. Pakolaistutkimusta ajassa ja tilassa [Refugee research in time and space]. *Alio*, Turun Sanomat; 2019.
- Lyytinen E. Suomen turvapaikkajärjestelmä tuottaa haavoittuvuutta [The Finnish asylum system generates vulnerabilities], research brief on project report 3B; 2019.
- Lyytinen E. Suomen turvapaikkajärjestelmän 10 ongelmaa ja ratkaisuehdotuksia [10 problems and suggested solutions in the Finnish asylum system]. Circulation across borders blog post; 2019.
- Lyytinen E. Työnteon vaatimus korostuu pakolaistaustaisten nuorten kotoutumisessa [Employment requirement emphasised in the integration of youth with a refugee background]. *Alio* [Op-ed], Turun Sanomat, 20.6.2018.
- Lyytinen E, Gauffin K. Working for protection. Policy developments on the relationship between employment and refugee protection in Sweden and Finland. *Siirtolaisuus-Migration*. 2019, 3: 5-8.

- Maili M. Naiset, vanhukset, lapset ja maahanmuuttajat – oikeus hyvään elämään eväisiin. *Siirtolaisuus-Migration*, (Women, the elderly, children and immigrants - the right to a good life. *Migration-Migration*); 2016 42 (1–2), 17–19.

Forthcoming

- Heikkilä, E. Labour Market Outcomes among Refugee Youth in the Nordic countries. *Siirtolaisuus-Migration*, 46 (4).

Related Publications

Reports

- SBU.Stöd till ensamkommande barn och unga – Effekter, erfarenheter och upplevelser. Systematisk litteraturoversikt och etiska och samhällliga aspekter [Support to unaccompanied minors – effects and experiences. A systematic literature review and ethical and societal aspects]. Stockholm: Statens beredning för medicinsk och social utvärdering (SBU); SBU-rapport nr 294. 2018. Available from: www.sbu.se/294

Master Theses

- Børsch ASR. “En nøgle til at bo i Danmark. Til hvordan I lever her” – en kvalitativ undersøgelse af højskoleophold for unge flygtninge i et hverdagssociologisk perspektiv [A key to living in Denmark. To how you live here” - a qualitative study of a stay at folk high school for young refugees in an everyday sociological perspective]. University of Copenhagen, Department of Sociology. 2017. Supervisor: Larsen JE.
- Hedström S. The Mental health of Asylum-seeking Children in the Nordic Countries. University of Copenhagen, Medical School. 2017. Supervisor: Jervelund SS.
- Helin J. Finnish Normative Steering in Education and Young Students with a Refugee Background (only available in Finnish). Abstract in English. 2017. Supervisor: Silvasti and T, Lyytinen E.
- Jarlby F. Uledsagede flygtningeunges adgang til mental sundhed i Danmark – Hvilke muligheder og barrierer? En kvalitativ, sundhedssociologisk undersøgelse af unge flygtninges hverdagsliv på et bosted eller i egen lejlighed med støttekontaktperson [Unaccompanied refugee youths’ access to mental health in Denmark - opportunities and barriers? A qualitative, health sociological study of young refugees’ everyday life at a group home or in their own apartment with a support contact person]. University of Copenhagen, Department of Sociology. 2017. Supervisor: Larsen JE.
- Patrikainen MA. Experiences of Unaccompanied Refugee Background Youths about Transnational Family Relations and about Life in Finland (only available in Finnish). Abstract in English. Supervisor: Malin M. 2017.

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Registry-Based Quantitative Studies on Health, Education and Employment: Material and Methods and Supplementary Tables

Study Design

The quantitative, comparative registry studies utilized population based registry data from Denmark, Finland, Norway, and Sweden to compare educational, labour market, and health outcomes in the study populations, both between and within countries.

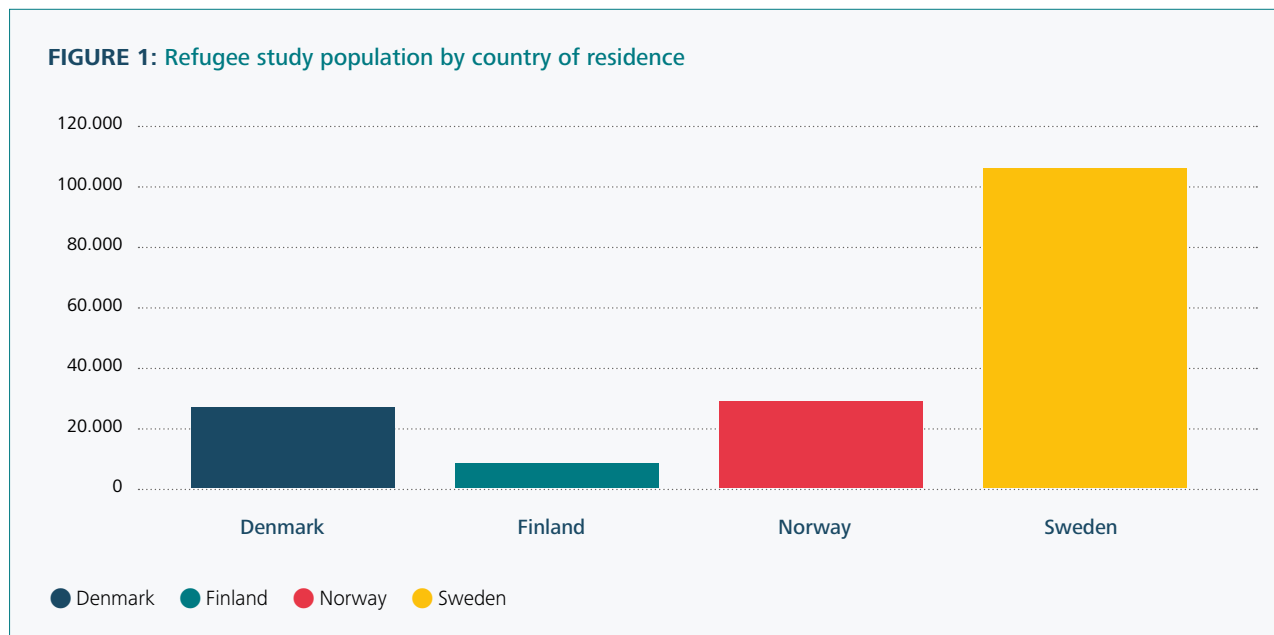
Study Populations

The primary study population of interest was refugee children aged 0-17 years at the time of migration, who were granted residency in the four Nordic countries between 1986 and 2005 and were followed until 2015 (Figure 1). Four additional study populations were also included for comparative purposes, and included aged-matched 1) native-born children with two native-born parents, 2) non-refugee immigrant children, 3) native-born children with refugee parents, and 4) native-born children with non-refugee immigrant parents (Table 1).

The refugee, non-refugee immigrant, and native-born majority study populations were born between 1969 and 1999.⁴ To facilitate relevant comparisons with immigrants, the native-born children of refugee- and non-refugee immigrants included those born between 1986 and 1999 (i.e., 1986 was the first year of the immigration year inclusion criteria and 1999 was the last year of the birth year inclusion criteria for immigrant children).

Given the diversity of refugee populations by origin, in select analyses refugee children were further categorized by country of origin, in order to facilitate comparability of refugee study populations in the Nordic countries (Figure 2, Table 2).

Figure 1 shows the total study population and demonstrates that the refugee populations of the four Nordic countries are



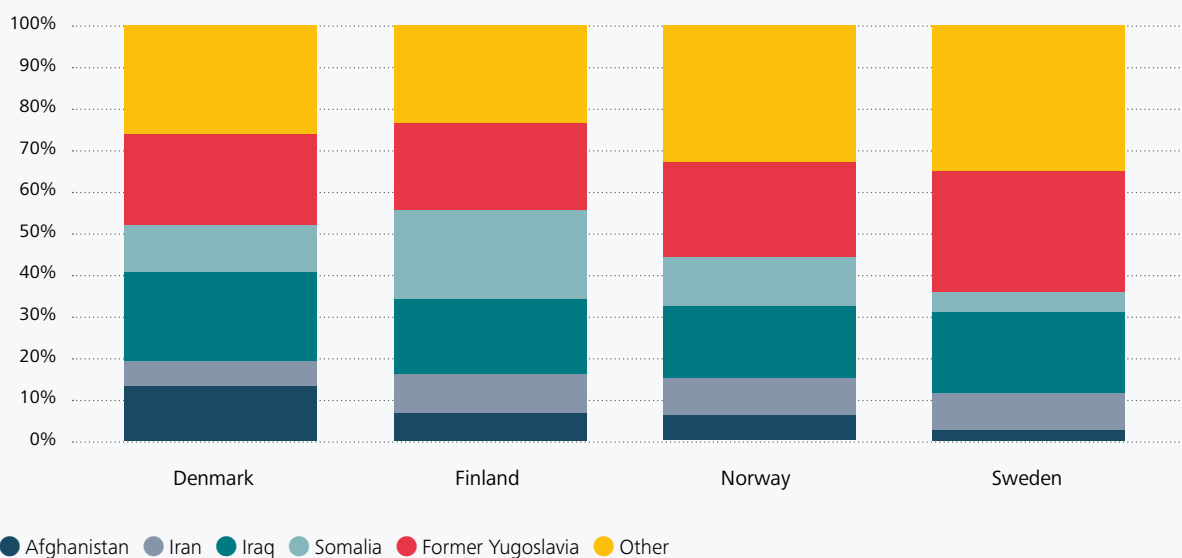
⁴ Birth year criteria in Finland was 1971-1999.

TABLE 1: Study populations in the Nordic countries*

	DENMARK		FINLAND		NORWAY		SWEDEN	
	n	Percent	n	Percent	n	Percent	n	Percent
Native-born majority population	1 454 604	94,0	36 865	54,3	1 522 777	95,1	2 369 643	89,5
Refugee immigrant children	29 427	1,9	9 495	14,0	29 410	1,8	113 549	4,3
Native-born children of refugees	6 695	0,4	4 446	6,6	5 718	0,4	44 949	1,7
Non-refugee immigrant children	18 518	1,2	13 814	20,4	19 717	1,2	44 228	1,7
Native-born children of non-refugees	38 845	2,5	3 249	4,8	22 960	1,4	75 876	2,9
Total	1 548 089	100,0	67 870	100,0	1 600 582	100,0	2 648 245	100,0

* The native-born majority population in Finland is comprised of an age and gender matched random sample of the native-born majority population. As such, sample proportions are not comparable with the other Nordic countries, which utilized total population data. Depending on the age and outcomes assessed, the entire study population might not be included in all analyses.

FIGURE 2: Largest groups of refugees by country of residence



quite different in terms of size. Even after adjusting for total population size, the Swedish refugee population was almost twice the size of the refugee population in Norway, more than twice the size of the refugee population in Denmark and over six times larger than the refugee population in Finland.

Figure 2 shows the most common countries of origin in the four Nordic countries of destination. Afghanistan, Iran, Iraq, Somalia and former Yugoslavia are significant refugee groups in all the countries, but the distribution varies to a

certain extent. Notably, Denmark has a larger proportion of refugees from Afghanistan and Finland a fairly high share of people from Somalia. Norway has a quite even distribution, whereas Sweden stands out somewhat with regard to a high proportion of people from former Yugoslavia.

Follow-up Period

The study outcomes were assessed between the ages of 16-30, at multiple relevant event time points through 2015, which was the end of the follow-up period.

TABLE 2: Country of origin among refugee children and parents' country of origin among the children of refugees.

DENMARK	n	Percent
Former Yugoslavia	8 426	23,3
Iraq	7 027	19,5
Somalia	4 336	12,0
Lebanon	4 113	11,4
Afghanistan	3 970	11,0
Iran	1 881	5,2
Sri Lanka	1 434	4,0
Vietnam	1 400	3,9
Syria	435	1,2
Kuwait	321	0,9
Other refugees	2 779	7,7
Total	36 122	100,0

FINLAND	n	Percent
Somalia	3 749	26,9
Former Yugoslavia	2 715	19,5
Iraq	2 044	14,7
Vietnam	1 799	12,9
Iran	1 017	7,3
Afghanistan	611	4,4
Congo	249	1,8
Sudan	215	1,5
Ethiopia	201	1,4
Pakistan	149	1,1
Other refugees	1 192	8,6
Total	13 941	100,0

NORWAY	n	Percent
Former Yugoslavia	8 533	24,3
Iraq	5 438	15,5
Somalia	4 222	12,0
Iran	2 963	8,4
Vietnam	2 197	6,3
Afghanistan	1 994	5,7
Sri Lanka	1 725	4,9
Russia	872	2,5
Ethiopia	679	1,9
Turkey	598	1,7
Other refugees	5 907	16,8
Total	35 128	100,0

SWEDEN	n	Percent
Former Yugoslavia	43 299	27,3
Iraq	26 682	16,8
Iran	15 385	9,7
Lebanon	8 578	5,4
Somalia	8 244	5,2
Syria	5 730	3,6
Chile	5 690	3,6
Afghanistan	3 557	2,2
Ethiopia	3 345	2,1
Vietnam	3 028	1,9
Other refugees	34 960	22,1
Total	158 498	100,0

Data (names of the included registries)

Multiple data registries were utilized in the analyses. A list of the registers from each country is provided below.

Denmark:

- The Population Registry (BEF)
- The Registry on Immigrants and their Descendants (IEPE)
- The Migration Registry on Grounds of Residence (IOPHG), Statistics Denmark and The Danish Immigration Service
- The Migration Registry (VNDS)
- The Population Education Registry (BUE)
- The Compressed Student Registry (KOTRE)
- The Registry on Sickness Absence (SGDP)
- The Income Registry (IND)
- The Registry on Social Pensions (SOCP)
- The Cause of Death Registry (DODSAASG)

- The Central Psychiatric Registry (LPSYADM)
- Drug Prescription Registry (LMDB)

Finland:

- The Population Registry (VRK)
- The Demographic Data Registry (Statistics of Finland)
- The Population Education Registry (Statistics of Finland)
- The Upper Education Degree Registry (Statistics of Finland)
- The Registry on Employment and Unemployment (Statistics of Finland)
- The Registry on Income and Benefits (Statistics of Finland)
- The Registry on Social Security (Statistics of Finland)
- The Cause of Death Registry (Statistics of Finland)
- The Hospital Discharge Registry (HILMO Hoitoilmoitusjärjestelmä, National Institute of Health and Welfare)
- The Registry of Outpatient Care Drug Prescriptions (Avohil-

mo Perusterveydenhuollon avoimuus ilmoitus, National Institute of Health and Welfare)

Norway:

- Cause of Death Registry (DAR), Dødsårsaksregisteret
- Immigration data from the Norwegian Directorate of Immigration (UDI)
- Income Registry (Inntekt)
- National Population Registry (Folkeregister)
- Norwegian Patient Register (NPR), Norsk pasientregister
- The National Education Database (NUDB), Nasjonal utdanningsdatabase

Sweden:

- Cause of Death Register
- Longitudinal Database for Integration Studies (STATIV)
- Longitudinal Integrated Database for Health Insurance and Labour Market Studies (LISA)
- Medical Birth Register
- Multigenerational Register
- National Housing and Population census (1990)
- National Patient Registers (inpatient and outpatient)
- National School Registers (Skolverket)
- Prescription Drug Register
- Register of the Total Population

Variables

A complete list of the educational, labour market, and health outcomes assessed in each country are briefly described below.

Educational Outcomes:

- School performance in compulsory school (average grades upon completion of 9th grade)
- Upper secondary school dropout (recorded enrolment in upper secondary school, but no completion by age 25)
- Upper secondary school educational attainment (recorded completion of upper secondary school by age 25)
- Academic and vocational upper secondary educational program completion

Labour Market Outcomes:

- Core labour force participation at ages 25 and 30
- Not in employment or education (NEET) at ages 25 and 30

Health Outcomes:

- Disability/illness pension at age 30 (Any long term economic benefit because of a chronic illness or disability at age 30)
- All psychiatric inpatient and outpatient care, excluding substance abuse

- Hospital admissions for psychotic disorders, self-inflicted injuries/parasuicide, and morbidity associated with substance abuse
- Hospital admission and specialized outpatient care for eating disorders
- Mortality, including all cause, external causes, suicide, intentional violence, accidental injury, substance abuse, and natural causes
- Prescription drug use, including all psychotropic drugs, neuroleptics, antidepressants, anxiolytics/hypnotics

Analytical procedures

Descriptive statistical analyses were conducted in each country, and compiled for comparative purposes. Data managers in each Nordic country were responsible for data acquisition, data cleaning and coding, and calculation of proportional statistics for the study populations in their country.

Ethical considerations

Ethical approval to conduct the studies was granted by relevant regulatory agencies in each country. The register data used in this report was comprised of de-identified, pseudonymized secondary data, which cannot be linked to individuals.

Supplementary Tables: Health

FIGURE A1: Hazard ratios with 95% CI for external cause mortality in refugees compared with natives after 18 years of age during 2006-2015 in refugees born 1972-97.

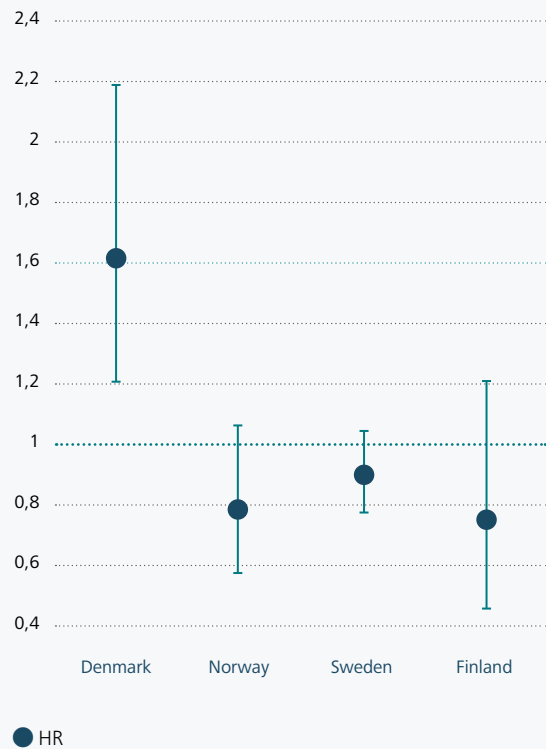


FIGURE A2: Odds ratios for having retrieved at least one neuroleptic drug during 2015, comparing refugees with natives.

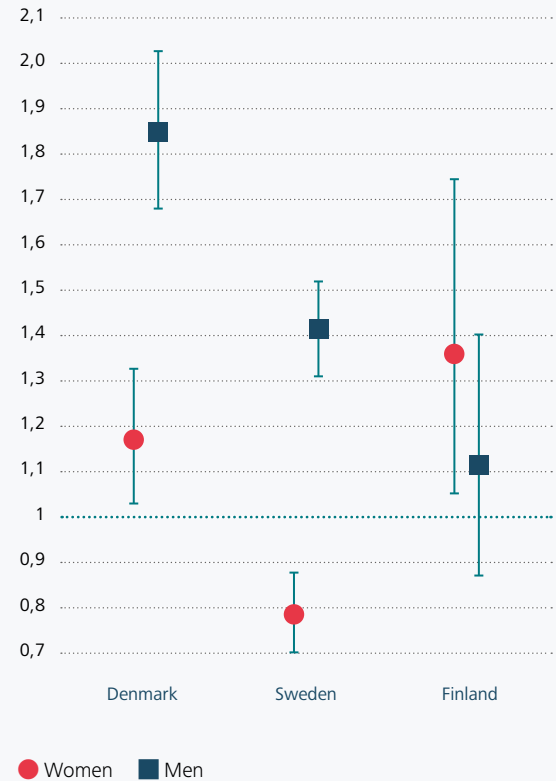


FIGURE A3: Odds ratios for having retrieved at least one antidepressant drug during 2015, comparing refugees with natives.

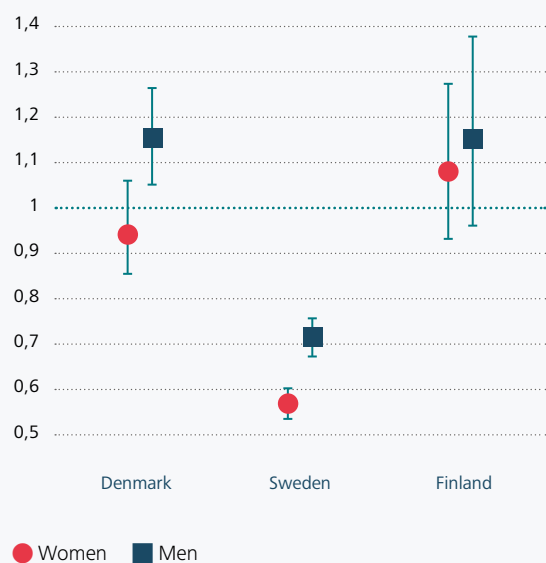
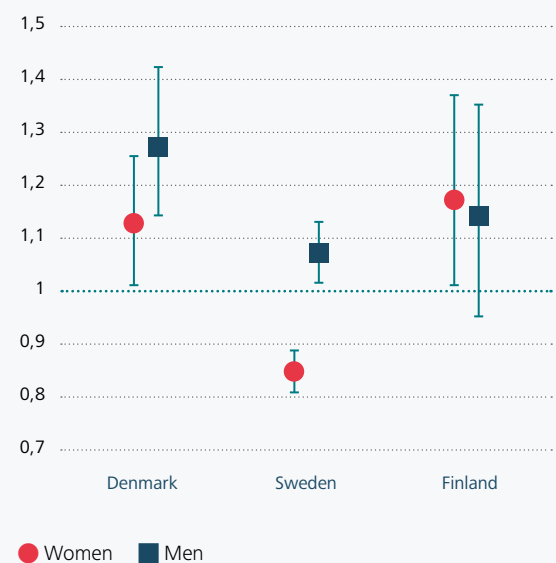


FIGURE A4: Odds ratios for having retrieved at least one anxiolytic/sedative drug during 2015, comparing refugees with natives.

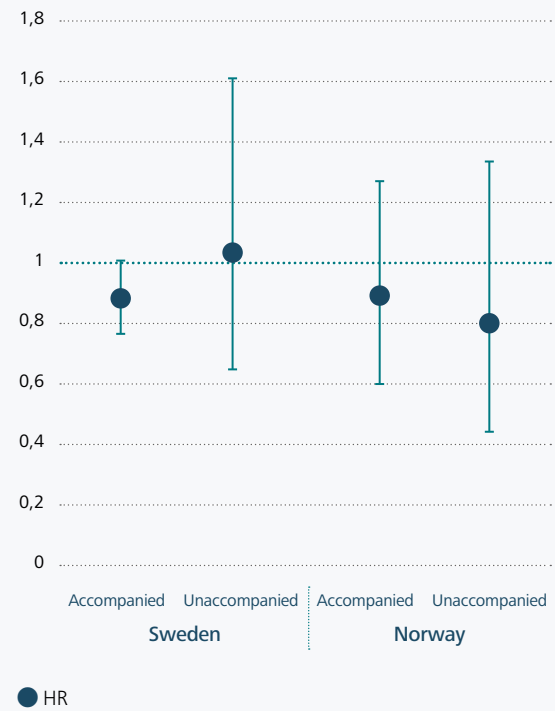


Supplementary Tables: Unaccompanied refugee minors

TABLE A1: Country of origin of the unaccompanied minors in the study.

	NORWAY		SWEDEN	
	Men	Women	Men	Women
Somalia	294	163	391	295
Afghanistan	235	12	117	31
Iran	218	12	325	89
Iraq	14	5	364	125
Yugoslavia	55	15	52	57
Other	367	210	728	672
All	1183	417	1977	1269

FIGURE A1: Hazard ratios of total mortality in comparison with the native population



Qualitative Studies on Health, Education, and Employment: Material and Methods

Educational and psychosocial transitions encountered by young refugees upon resettlement in Norway (TURIN)

Design: The study applied a qualitative, ethnographically oriented approach, based on semi-structured interviews and observations in five upper secondary schools in four municipalities in Norway. The two research institutions involved, the Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) and University of South-Eastern Norway (USN), jointly developed the project description and interview guides of the TURIN study. The study was carried out in different regions and school contexts in Norway.

Time: The empirical data collection took place between June 2016 and June 2017.

Study population: Teachers and other school staff (e.g. school leaders, counsellors and social workers) and refugee students aged 16-24 with six years' or less residency in Norway.

Data collection: County education authorities provided access to relevant upper secondary schools. All the contacted schools agreed to participate. USN and NKVTS researchers worked as two separate teams during the data collection and main stages of the analysis.

Data: In total 47 students (20 female and 27 male) and 46 school staff members were interviewed. The selected upper secondary schools offered academic and/or vocational education programmes, while some of them also offered preparatory classes for recently arrived refugee and migrant young people.

Analytical approach: Professional transcribers transcribed all the interviews verbatim. In the NKVTS team, all interviews were coded in NVivo, as well as using Timmermanns' & Tavorý's (2010) approach of combining abductive reasoning with grounded theory methods. In the USN team, the coding followed the approach of Braun & Clarke (2006) by using thematic analysis inspired by grounded theory. The two teams did not have access to each other's interview data. For the final report, the merging of the two teams' analyses and

findings was done through commenting on and exchanging research findings for each empirical section of the report, through several meetings and e-mail exchange.

Ethical considerations: The Norwegian Centre for Research Data (NSDS) was notified about the research and approved it, they also gave guidelines on securing the anonymity, confidentiality and storage of data. Each participant signed a consent form after having been informed (in writing and orally) about the study's aim, data collection, data management and the right to withdraw from the study at any time.

Addressing immigration-related health inequalities through equitable education – a comparative study

A comparative policy analysis

Design: Cross-country comparison of Scandinavian national-level immigrant education policies. The included national government documents reflect the educational provisions for newly arrived immigrant students, including asylum seeking and refugee children in Denmark, Norway, and Sweden. National level policies were chosen because they explicitly communicate government strategies for any given policy problem, and the search focused on recent policies because they represent concerted national strategies to respond to the perceived crisis of increased numbers of immigrants, including many refugees, reaching these countries and entering the education systems. Furthermore, this sub-study did not explore or try to compare policies at the municipal level across countries because, in terms of education systems in Scandinavia, great variation exists at the local level given that much is left up to the discretion of municipal education authorities.

Time: Policy documents enacted in the period of January 2014 to October 2017 were collected and analysed during 2016 and 2017.

Study population: Policies targeting newly arrived immigrant students, including asylum seeking and refugee children in Denmark, Norway and Sweden.

Data collection: The search strategy to collect relevant policy documents relied on both government ministerial websites from each country, and the support of country experts from the CAGE network.

Data: The empirical materials used consisted of active laws and implementation guidelines, covering primary and lower secondary (compulsory) education, as well as upper secondary education, and targeting immigrant children. The following inclusion criteria were applied: (1) policy documents related to compulsory education of newly arrived immigrant children, including asylum seekers and refugees, and (2) enacted in the period of January 2014 to October 2017. Nine policies met the inclusion criteria, and represented the following types of policy documents: Denmark - five policies, including executive orders and amendments to existing laws; Norway - one amendment to the Education Act and one policy guidelines document; and Sweden - one amendment to the Education Act and one policy guidelines document.

Analytical approach: The data was organised and themes were identified using qualitative content analysis methods inspired by the framework analysis approach. The research questions guided this deductive part of the analytical process. A first reading of the documents resulted in a description of the overall policy context in the field of migrant education in Scandinavia following the increase in immigration flows in 2015. Given the absence of explicit health-related terminology, a second reading identified relevant terminology related to health, wellbeing and Sense of Coherence, in the context of migrant education. Terms were translated into Danish, Norwegian and Swedish. The terms were used to code the policy documents, and codes were then grouped into two categories: explicit and implicit health and wellbeing themes. Two sub-categories were added to the latter (i.e. implicit health and wellbeing themes) based on the components of Sense of Coherence: a) sense of belonging, and b) sense of self-worth.

Ethical considerations: Ethical consent was not needed, but relevant protocols from The Danish Code of Conduct for Research Integrity (2014) were applied.

Perspectives from educators in Denmark and Sweden

Design: Semi-structured qualitative interviews with educators, municipal workers and school leaders in Copenhagen, Denmark and Malmö, Sweden. Observation served to provide more depth and context to the data collected via interviews.

Time: Data collection took place in the Spring of 2018.

Study population: Teachers, headmasters, and municipal workers responsible for education provision targeting newly arrived immigrant and refugee children.

Data collection: Using purposive sampling, potential study participants were recruited using a two-pronged simultaneous strategy: The first part consisted of identifying schools in Malmö and Copenhagen, using municipal websites in both cities listing all schools. Municipal workers in departments responsible for immigrant education in each city were contacted to identify the schools with high numbers of immigrant pupils. The second part of the recruitment strategy consisted in the lead researcher attending several professional events in each city targeting professionals in the field of immigrant education. Potential participants were invited by emailing a letter to heads of schools, and a follow-up phone call, inviting them and teachers of Swedish as a Second Language (SSL) and Danish as a Second Language (DSL) at their school to participate in the research. Recruitment of participants continued until data saturation was achieved.

Data: Participants consisted of three teachers and two school leaders representing four separate schools, and two municipal workers in Malmö; and four teachers and two school leaders representing three schools, and one municipal worker in Copenhagen. By gender, the participants included six female teachers and one male teacher; one male school leader and three female; and two female municipal workers and one male. Fourteen interviews in total were conducted in Malmö and Copenhagen, at schools and municipal buildings. Each interview lasted between one and two hours. Slightly modified interview guides were used, depending on the type of professional being interviewed. Interviews were conducted in Danish, English and Swedish.

Analytical approach: The approach to the analysis of the interviews consisted of a combination of deductive and inductive analysis. Recurrent themes to emerge were coded based on the synergy between theoretical concepts that informed the research questions guiding this research and the empirical material collected. Subsequent readings of the interviews were inductive and lead to the identification of additional themes that were then embedded within existing theoretical frameworks. The data sets in both settings (Malmö and Copenhagen) were initially coded and analyzed as separate data sets, in order to fully appreciate the contextual qualities, and the characteristics of each data set. In an initial reading, the lead author coded and analyzed the Copenhagen interviews

according to the categories of information dictated by the research questions, while a co-researcher coded and analyzed the Malmö interviews in the same way. The main themes and subthemes to emerge from each setting were then compared in order to identify possible areas of overlap and difference in the main themes and subthemes.

Ethical considerations: No ethical consent was required, but relevant protocols from The Danish Code of Conduct for Research Integrity (2014) were applied to ensure participants' anonymity, confidentiality and the safe storage of data.

Labour market integration? Perspectives on youth with a refugee background and employers in Finland

Design: The study applied a qualitative approach based on interviews with youth with a refugee background, employers, and various experts in different parts of Finland. All the interviews were conducted in Finnish given the participants' language preference, and the interviews lasted between 30 and 90 minutes. The interview scripts were designed according to the interview methods used and the research questions of the study. In addition to the interviews, some observations have been conducted, for instance in information sessions organised both by the TE office (i.e. the public employment and business services) and as part of projects assisting asylum seekers, refugees and others with an immigrant background in finding employment in Finland.

Time: The data collection took place between July 2016 and September 2018.

Study population: Youth (18-31 years old) with a refugee background, who had been living in Finland between 5 and 22 years at the time of the interview, employers having recruited refugees/immigrants, and various other experts working with refugee and/or employment matters.

Data collection: The data was collected mostly in urban areas in the southern, eastern and north-western parts of Finland. The benefit of this regional variation is to protect the identities of the informants. No interview needed to be cancelled in this study.

Data: A total of 13 qualitative interviews with youth (6 female and 7 male) and 12 interviews with employers were conducted in Finland. Additionally, 13 other experts working with refugees and/or employment matters were interviewed

to help contextualise the research findings. There were thus 38 interviews in total.

Analytical approach: The life story interviews with youth from a refugee background were analysed via narrative analysis, which focuses on particular cases and their contexts of production. Since we investigated youth's educational and employment aspiration and experiences as part of the study, it is important to frame this analysis along their entire life history. Despite potentially sensitive matters, the life story interview can give young adults a platform to not only reflect on their past, but also become excited about all the possibilities they have ahead of them.

The interviews with various experts were open ended and unstructured – no set interview script was used. The interviews with a diverse sample of employers followed the basic structure of a thematic interview. The themes discussed with the employers included background information regarding their firm/organisation and the interviewees' position in it, their recruitment strategies, experiences at employing people with an immigrant/refugee background and plans for the future.

These thematic interviews with the employers were analysed using qualitative content analysis, in which terms, phrases or actions, or wider themes are identified in the analysed document. All the transcribed interviews conducted and used for this study were coded using the NVivo 11 programme for computer-assisted qualitative analysis. The analysis commenced with coding and proceeded into more detailed content and/or narrative analysis.

Ethical considerations: This study received ethical approval from the Finnish Youth and Childhood Research Ethics Board before the data collection process commenced. Informed consent was gained from each participant in writing and/or orally. Almost all the interviews were audio recorded with the participants' permission and later transcribed. The transcriptions were anonymised; both direct and indirect personal information was removed from the interview transcriptions to protect participants' anonymity. Participants also had a chance to suggest a pseudonym to be used in this study. The participants were given a chance to review the transcriptions if they so desired. The audio recordings are deleted at the end of this project, and anonymised interview data will be stored in an appropriate manner at the archive of the Migration Institute of Finland. It will not be available for other researchers due to an agreement with the participants.

Health Reception of Asylum-seeking Children in Denmark

Design: The study applied a qualitative, ethnographically oriented approach, based on semi-structured interviews and observations in four Danish Red Cross asylum centers, including one reception center and three residence centers.

Time: The empirical data collection took place between November 2017 and March 2018.

Study population: Asylum-seeking parents and child health nurses within Danish Red Cross asylum centers. The participants (24 families and 6 child nurses in total) were recruited through the snowballing method. The administrator of the health clinic in the reception center acted as “gatekeeper” to the nurses, who in turn became gatekeepers to the asylum-seeking families. The nurses recruited families, either by direct invitation during a consultation with a family, or by suggesting specific families who fulfilled one criterion of not being finally “rejected asylum”.

Data collection: An observation-guide was used to direct the observations in order to obtain an insight into the context of healthcare services within the asylum center, and a semi-structured topic-guide, partly informed by the initial observations, was used to generate insights into the families’ perspectives, motivations, sense-makings and experiences with healthcare. Two interviews were performed in English, one in Danish and interpreters mediated the remaining eight. The interviews lasted about one hour, were audio-recorded and transcribed verbatim.

Data: The study data thus consists of observations of 13 consultations between child nurses and asylum-seeking families, as well as interviews with six child health nurses and 11 other asylum-seeking families.

Analytical approach: We imported field notes and transcriptions into NVivo 12. Inspired by Attride-Stirling’s (2001) Thematic Networks, all of this material was organized into basic, organizing, and global themes. The analysis was performed iteratively. We first operated an inductive approach to the more exploratory analysis. Second, we used the theoretical framework to guide the further analysis of the empirical material. In total, we abstracted 128 basic themes, which were clustered together into organizing themes and again into global themes.

Ethical considerations: All participants in the study gave their verbal informed consent after receiving an information letter in Danish, English, or Arabic prior to the interviews and observations. The letter described the broader aim of the study, how the interviews would be used, and the participants’ possibility of withdrawing at any time. Details were explained to the families regarding the researcher’s neutrality and that of the research project in relation to the immigration authorities and the DRC. The families decided on the location for interviews, either in their homes or at the health clinic. Interpreters were hired from a service recommended by the Danish Refugee Council. To maintain confidentiality, all identifiable information of all participants is anonymized.

About the Project Coming of Age in Exile (CAGE)

CAGE is a research project based on collaboration between five leading research institutions in the Nordic countries: the Danish Research Centre for Migration, Ethnicity and Health, University of Copenhagen, Denmark; Migration Institute of Finland, Finland; Norwegian Centre for Violence and Traumatic Stress Studies and University of South-Eastern Norway, Norway; and Centre for Health Equity Studies, Stockholm University/Karolinska Institutet and University of Gothenburg, Sweden.

CAGE brings together a pan-Nordic, multidisciplinary team of leading scholars and research students to shed light on some of our time's most pressing social challenges related to the societal integration of young refugees. CAGE provides analyses and insights to inform policy and practice related to health, education and employment among young refugees arriving in the Nordic countries and beyond. CAGE is funded by the Nordic Research Council (NordForsk).

CAGE was developed within the Nordic Network for Research Cooperation on Unaccompanied Refugee minors and its sister network Nordic Network for Research on Refugee Children.

This final report summarizes the results of the sub-studies on education, labour market, health within the dimensions of policy, quantitative and qualitative outcomes in the young refugees, both accompanied and unaccompanied.

You can read more about CAGE at: www.cage.ku.dk

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