Bottom-end Inequality: Are children with an immigrant background at a disadvantage?

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ABSTRACT: *The extent to which the socio-demographic composition of child populations drives inequality in child well-being depends on which children are most likely to do much worse than their peers. In this* Research Brief *we present evidence on the socio-economic vulnerability of immigrant children and highlight the relative contribution of immigrant background to the risks of falling behind in household income, education, health and life satisfaction.*

INTRODUCTION

International migration in the last decade has once again dramatically changed the demographic composition and cultural diversity of societies, placing on them renewed challenges and dilemmas in formulating responses (Castles et al., 2013; Friberg & Eldring, 2013). The recent migrant crises in Europe have drawn attention to the vulnerabilities, needs and opportunities of children with an immigrant background. Measuring 'bottom-end inequality' (Currie et al., 2011) in child well-being in policy terms requires focussing on the situation of children at the 'bottom' relative to their peers in the middle of the distribution, who enjoy the standard of living, achievements and behaviours considered typical in their country. The questions then are: how much of bottom-end inequality is driven by the vulnerability of children from immigrant backgrounds, and whether this specific influence is stronger than other factors such as family affluence, gender, parental employment or the language spoken at home. This Brief places immigration background in the context of other socio-demographic factors in order to gauge its net effect on the likelihood of falling behind in household income, educational achievement, health and life satisfaction.

Immigrant status is often a rough measure that may hide important variations in the types of immigration, the country of origin and destination and the length of stay in the host country. Children from immigrant households are consistently at a higher risk of income poverty in the European Union (EU) (see Chzhen 2014). The academic vulnerability of children with an immigrant background is well recognised in the literature (OECD, 2012, Reiderer & Verwiebe, 2015). Strong associations were found between the academic performance of immigrant students and their socio-economic status (Meunier 2012), language spoken at home (Missing ref. Entorf & Minoiu 2005), the country of origin or destination (Levels & Dronkers, 2008),

and the age at arrival (Heath & Kilpi-Jakonen 2012). In some European and North American countries, first and second generation immigrant children have lower levels of health and life satisfaction (Stevens et al 2015).

METHOD

To assess the relative disadvantage of children with an immigrant background, accounting for other socio-demographic characteristics, we use cross-country comparable data from the 2013 EU Statistics on Income and Living Conditions (EU-SILC), the 2012 Programme for International Student Assessment (PISA), and the 2013/2014 Health Behaviour in School-aged Children (HBSC) study. Descriptive and multivariate analysis is used to estimate the likelihood of children with an immigrant background being in the bottom group of income, educational disadvantage, health and life satisfaction, controlling for other key socio-demographic factors.

A number of limitations of this analysis have to be acknowledged at the outset. First, the three surveys define immigrant status somewhat differently. Both HBSC and PISA identify first and second generation immigrant children. However, EU-SILC is a household-based survey which asks only for place of birth of adults. In this case therefore, 'children with an immigrant background' are considered to be those who live in a household with at least one foreign-born adult. None of the surveys collect detailed information about immigration status. Second, these school- or household-based surveys tend to leave out less stable immigrant populations, such as undocumented migrants, from their data collection process. Moreover, the timing of these surveys (i.e. up to 2013/2014) excludes the most recent arrivals. Third, while studying associations between immigrant status and low income as well as poor educational achievement, health and life satisfaction, we are not able to isolate various causal pathways that would explain the observed results.

RESULTS

Income

Children living in households with at least one adult born outside the country where the survey interview is held are found to be overrepresented in the bottom decile for disposable household income (Toczydlowska 2016). Children living with a lone parent, or in low work intensity and low education households, or in a large family, are also overrepresented at the bottom of the income distribution. Low work intensity in a household is the single most

important predictor of falling into the bottom income decile for children under 18. Once we account for household work intensity and other key predictors, there are no significant differences in the probability of being in the bottom income decile due to immigrant background in 6 out of 26 countries in the analysis. In the remaining 20 countries, the net difference due to migrant status ranges from the low of 2.2 percentage points in the United Kingdom (UK) to the high of 10.6 percentage points in Sweden. Hence, it is of foremost importance to address labour market disadvantage in order to reduce the vulnerability of children in low-income households.

Education

- Countries with very similar levels of immigrant student population (first and second generation) have differing shares in the bottom 10th percentile or 'disadvantaged' group. 28 per cent of all immigrant students were in the bottom achievement group in maths in Denmark compared to 18 per cent in Slovenia (8.9 per cent and 8.6 per cent in the total student populations respectively). 38 per cent of all immigrant students in Sweden and France score in the bottom 10th percentile in maths (15 per cent in the total student population) while in the UK the figure is only 19 per cent (13 per cent of all students taking PISA tests in the UK come from an immigrant background) (Bruckauf, 2016). This implies diverse characteristics of immigrant student populations across countries, but also different policy approaches.

- In all countries with non-negligible levels of immigrant students (above 5 per cent) the effects of immigration declined substantially after accounting for the socio-economic status of students, family status and gender. The socio-economic status of a family is a stronger, more consistent predictor of low achievement across countries and subjects. The analysis has shown that speaking a non-test language is closely linked to immigrant status. It could be one of the possible direct pathways from immigration to low achievement (ibid).

- The positive examples of Germany and Switzerland, which reduced the risks of falling into the bottom achievement group associated with immigrant status between 2006 and 2012 in maths, reading and science, show that the change is attributed, at least in part, to addressing socio-economic aspects of immigrant students' background.

Health and Life Satisfaction

- In the majority of the 24 rich countries for which data (HBSC 2013/2014) are available, immigrant background does not significantly affect the probability of reporting very poor health or life satisfaction[1] after accounting for differences in age, sex and family affluence.

[1] Very poor health/well-being is defined as scoring below the mean in the lower half of the national distribution.

However, in a substantial minority of countries, 11-, 13- and 15-year-olds with an immigrant background do fall behind in health and life satisfaction.

- First or second generation immigrants are more likely to report very low levels of health in 10 out of the 24 countries (Figure 1). Significant differences range from the low of 2.7 percentage points in Spain to the high of 16.7 points in Romania. However, in Romania only 1 in 20 (5 per cent) of HBSC respondents have an immigrant background, compared to 1 in 5 (21 per cent) in Spain.

- First or second generation immigrants are more likely to report very low levels of physical activity in 8 out of the 24 countries. Significant differences range from the low of 2.5 percentage points in Spain to the high of 10.1 points in Bulgaria. However, only 3.5 per cent of Bulgarian children have an immigrant background, the lowest share of all the countries studied.

- The results are mixed for healthy and unhealthy eating. Immigrant children are more likely to fall behind in healthy eating in four countries – Estonia, Iceland, the Netherlands and Switzerland – but in Austria, Spain and the UK they are less likely to report very low levels of fruit and vegetables consumption.

- Immigrant children are more likely to report very high levels of unhealthy eating (i.e. consumption of sweets and sugary drinks) in 7 out of the 24 countries, with significant differences ranging from the low of 4.5 percentage points in Spain to the high of 8.7 points in Austria. However, immigrant children in Luxembourg and the UK are significantly less likely to do so.

- In 10 out of the 24 countries, immigrant children are more likely to report very low levels of life satisfaction (Figure 2). Significant differences range from the low of 2.8 percentage points in Croatia, where nearly a quarter (24 per cent) of children have an immigrant background, to the high of 7.6 points in Bulgaria.

- In three countries – Spain, Sweden and Switzerland – immigrant children are significantly more likely to fall behind on four out of five health and life satisfaction indicators studied separately. In Switzerland, nearly 1 in 2 children (49 per cent) are first or second generation migrants, compared to 1 in 3 (31 per cent) in Sweden and 1 in 5 (21 per cent) in Spain.

- In contrast, immigrant children in the UK (based on data for Scotland and Wales only) are significantly less likely to do badly on healthy and unhealthy eating, with no differences for the other three indicators. In Scotland 15 per cent of children, and in Wales 12 per cent have an immigrant background.

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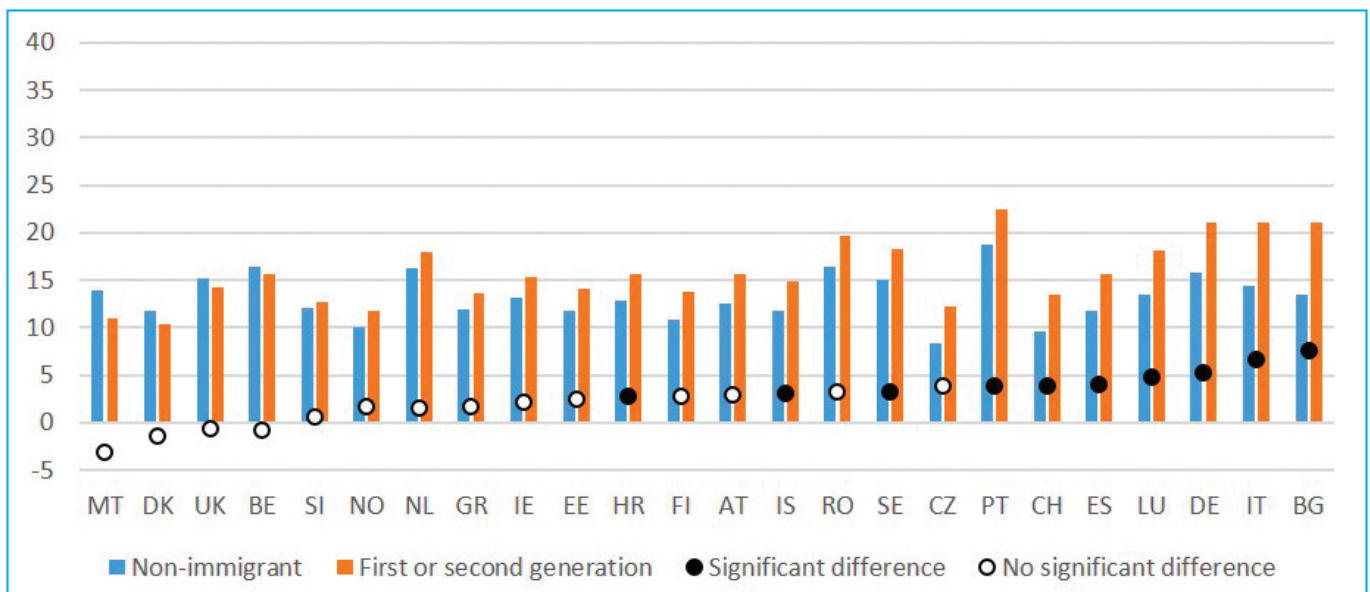**Figure 1** *– Migrant background and poor health*
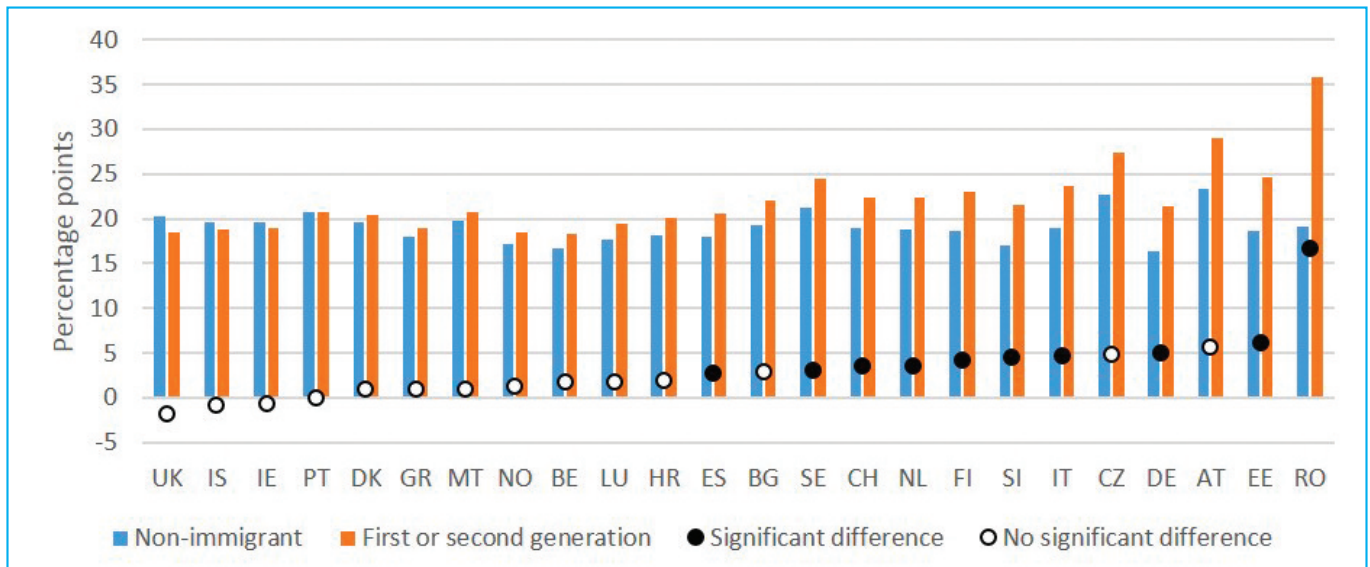
Source: HBSC 2013/2014.
Differences in age, sex and family affluence are controlled for. Sample weighting and clustering at school level accounted for.
No data for Canada, France, Hungary, Israel, Latvia, Lithuania, Poland or Slovakia. Data for the UK is for Wales and Scotland only (those born in England or Scotland/Wales are not considered immigrants). Data only available for 15-year-olds in Austria, Czech Republic and Portugal.

Figure 2 *– Migrant background and low life satisfaction*

Source: HBSC 2013/2014.
Differences in age, sex and family affluence are controlled for. Sample weighting and clustering at school level accounted for.
No data for Canada, France, Hungary, Israel, Latvia, Lithuania, Poland or Slovakia. Data for the UK is for Wales and Scotland only (those born in England or Scotland/Wales are not considered immigrants). Data only available for 15-year-olds in Austria, Czech Republic and Portugal.

Country Abbreviations									
AT	Austria	**DE**	Germany	**GR**	Greece	**LU**	Luxembourg	**RO**	Romania
BE	Belgium	**DK**	Denmark	**HR**	Croatia	**MT**	Malta	**SE**	Sweden
BG	Bulgaria	**EE**	Estonia	**IE**	Ireland	**NL**	Netherlands	**SI**	Slovenia
CH	Switzerland	**ES**	Spain	**IS**	Iceland	**NO**	Norway	**UK**	United Kingdom
CZ	Czech Republic	**FI**	Finland	**IT**	Italy	**PT**	Portugal		

CONCLUSION

Children with an immigration background tend to be overrepresented in the bottom income decile in EU countries, and differences in the risks of very low income often remain, even after controlling for household work intensity and other key predictors. Differences in health and life satisfaction by immigrant background only show up in a minority of European countries, after accounting for age, sex and family affluence, but in several countries (Spain, Sweden and Switzerland) first and second generation migrant children are at a particularly high risk of falling behind in health and well-being.

Countries with similar levels of immigrant student populations can show different levels of bottom-end inequality in educational achievement. Thus policies that will ensure support, integration and the inclusion of these children into society and local communities have an important role to play. An immigrant child population is not a homogeneous group. Diversity of background characteristics of children themselves, and of their families, can contribute to their vulnerabilities. Although immigrant children have a higher probability of falling into the group of low academic achievement, other factors such as low socio-economic status, a different language spoken at home, parental unemployment, are often more important predictors of child well-being at the bottom of the distribution than immigration status per se. Tackling socio-economic inequalities for all children has the potential to improve the position of immigrant children as well as to reduce 'bottom-end inequality'.

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