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Review of Refugee Profiles and Assimilation into the Community -Potential Legal Medicine Ramifications

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Abstract

Introduction: Australia will accept an additional 12,000 refugees from the Middle East, most of whom will settle in the Sydney suburb of Fairfield [1]. This paper reports a survey of patients attending a Fairfield clinic to assess the level of assimilation and reliance on government supports.

Methods: Patients attending a Fairfield neurological outpatient clinic were surveyed, in order of presentation, to determine: demographics; country of origin; duration in Australia; refugee status; language profile; employment status; and supports provided.

Results: 109 questionnaires were completed, ages ranging 15-90 years, 54% female with < 40% Australia born. 18/109 (~ 17%) were refugees, aged 24-85 years with a mean period of residence of ~ 20 years. Almost 40% spoke no English and > 60% could not read it. 1/3 learnt English before coming to Australia yet only 1/3 attended English as a Second Language (ESL) program and > 60% required interpreting assistance when seeing the doctor. Despite 10/18 (>½) being of working age, only 2 were working with ~ 40% on disability pensions. Almost half (49%) were non-refugee migrants, aged 18-90 years of whom ~ 20% did not speak English and 1/3 could not read it. > 40% learnt English before migrating and 1/4 attended ESL with ~ 1/4 relying on interpreters when consulting the doctor. Almost 1/2 were of working age of whom 13/21 (2/3) were working and only 2 were on disability supports. 42/109 (<40%) were Australian born with 28/42 (2/3) working age of whom 1/2 were working and 6/42 (~14%) were on disability support.

Discussion: Despite refugees being in Australia almost 20 years, ~ 30% could not speak English and > 50% could not read it, both figures being greater than for other immigrants or Australian born.

Half the refugees required interpreting when attending the doctor, compared with <30% of other immigrants. Reliance on governmental support was much higher amongst refugees, with >40% on disability pensions, compared with < 5% of other immigrants (both > 65 years) and 14% Australian born. 19/42 (45%) of other immigrants and 12/28 (43%) Australian born were either working or not receiving government support, compared with < 10% of refugees.

These data suggest that refugees assimilate less well than do other immigrants. They are more reliant on governmental support, especially disability pensions, and less able to communicate in English. This suggests a need to consider enforced learning of local language and culture and review of governmental support to encourage integration. The discrepancy regarding disability support pensions suggest doctors may be complicit in failed assimilation, particularly of refugees, potentially necessitating review of the system.

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Introduction

In March, 2016, the Australian Broadcasting Corporation (ABC) reported that Australia would accept 12,000 refugees from the Middle East, most of whom would be settled in the Sydney suburb of Fairfield [1]. The report to follow explores the characteristics of refugees seeking medical care within an outpatient neurological clinic in that Sydney suburb of Fairfield and compares the profiles of refugees to other patients attending the practice.

Language skills have been suggested to represent the greatest barrier to integration for refugees in Australia [2]. It is argued that language proficiency is an absolute prerequisite for integration into the broader social fabric [3]. While the study, being reported within this paper, provides only descriptive statistics on the sample population, it is acknowledged that adaptive behaviour is influenced by many factors, including the post-traumatic effects that have generated the need to become a refugee in the first place [4]. Questions regarding employment are pertinent but a more complete understanding of reasons behind non-employment, such as refugee qualifications, may require further attention [5]. with future research.

The study being reported examines patient characteristics of a sample population of patients attending a practice within the target destination identified as the most likely area to absorb the new refugees expected to come to Australia. It compares patients who were born in Australia, to those who migrated but were not refugees and those who arrived as refugees.

Methods

The principal of a private neurological clinic (RGB), in Fairfield, which pioneered the conduct of research within the private practice setting [6-8], was motivated by the ABC report, concerning refugees destined to migrate to Fairfield [1]. The ABC report focused on problems facing refugees coming to Australia, leading to questions regarding the veracity of such claims.

It was decided to examine patient characteristics of those attending the clinic, to achieve a representative small sample, it was felt that 100 patients should be asked to complete a short piloted survey designed to determine patient demographics, country of origin, duration of residence in Australia, refugee status, language proficiency profile, employment status and supports provided to the patient. To protect against potential bias, a single office staff member (JF) asked each patient, in order of presentation, to complete the questionnaire and assisted those who had any problems completing the study, recognising that she had developed an empathic relationship with the patients.

The completed questionnaires were divided into 3 groups, namely those born in Australia, irrespective of ethnicity (acknowledging that Fairfield represents a multicultural community), those who had migrated to Australia but were not refugees and refugees to Australia.

Results

Aiming to survey 100 patients who attended the clinic, 109 questionnaires were completed. Ages ranged from 15 - 90 years, 54% female and ~ 38% (42/109) were born in Australia, 18 (~ 17%) were refugees [11 from Indochina (8 Vietnamese, 1 Cambodian, 1 Thai and 1 from Miramar]; 3 from Iraq; 1 from Afghanistan; 1 from El Salvador; 1 from Chile; and 1 from Croatia.

Of the 18 refugees, aged 24-85 years, (1 arriving as a child aged < 10 years), time in Australia was between 2 and 38 years (mean 17.6 years); 7/18 (~39%) spoke no English and 11/18 (~ 61%) could not read English; 6/18 (one-third) learned English before coming to Australia yet only 6/18 (one-third) attended sponsored English as a Second Language (ESL) course and 11/18 (~ 61% required interpreting assistance when attending the doctor (all but 2 relied on family/friends with 2 dependent on official interpreting services).

Only 2 refugees (~ 11%) were working despite (10/18 (~ 56%) being of working age (< 65 years) with the remainder receiving government support, of whom 5/18 (~ 29%) were on aged pensions and 7/18 (~ 39%) were on disability pensions.

Of the non-refugee immigrants (49/109) ~ 45%, ages ranged 18 - 90 years, 6 arrived as children <aged < <18 18years); 11/49 (~ 20%) spoke no English and 16/49 (one-third) could not read English; 21/49 (~ 43%) learned English before migrating to Australia; 12/49 (a quarter) attended ESL and 13/49 (~ 27%) required an interpreter when visiting the doctor with only 1 relying on an official interpreter. 21/49 (~ 45%) were of working age with 13/21 (~ 62%) working (2 > 65 years age were also working); 2/21 working age (~10%) were not working but received no government support and 3/49 (~ 6%) received no government support (suggesting they were either excluded or self-funded retirees). 9/49 were on aged pensions (~ 39%) with only 2 on disability support (both aged > 65 years).

Of those born in Australia, 42/109 (~ 39%), 28/42 (~ 67%) were of working age, 14/28 (50%) were working and 3 not working but received no government support. 8/42 (~ 19%) were on aged pensions and 6/42 (~ 14%) were on disability pensions with 3 of working age, who were not working, were not receiving government support, suggestive of either not qualifying or being self-funded retirees.

Discussion

Despite the survey being an Australia study, 67/109 (~62%) were new Australians, having migrated to Australia, either as voluntary migrants or refugees. This demonstrates the multicultural nature of the Fairfield precinct. They had similar age ranges, although the mean was considerably younger for the refugees. The mean duration of living in Australia, for the refugees, was almost 20 years, yet > 1 in 3 spoke no English and almost 2 in 3 could not read it. This compared to 20% of other migrants who could not speak English and one-third who could not read it. Only one-third of refugees attended ESL compared with one-quarter of other migrants, acknowledging that almost a half (~ 43%) of voluntary migrants spoke English before migrating to Australia.

Although more than half the refugees were of working age, ~ 10% were actually employed, compared with two-thirds of other migrants of working age. The vast majority of refugees relied on government assistance (~ 89%) with almost 40% on disability pensions, as compared with < 10% of other migrants reliant on such disability support.

These data, compared with those who were born in Australia, highlights the discrepancy for employment and suggests that language deficiency may be a major deciding factor for such negative outcomes. This study, conducted within a private neurological clinic, suggests that refugees are not integrating into mainstream, they have deficient language skills and are under-employed. If Australia accepts the 12,000 refugees, this study would suggest that there is an inherent ethical duty of care to address issues of language. This may require mandating refugees demonstrate proper language skills before being afforded government support. There should be proper motivation to learn English and to seek employment that will allow better integration into Australian Society. The fact that so many refugees rely on disability support pensions, would suggest that doctors are complicit in providing such patients with medical certificates, required to identify them as disabled, and this too deserves further scrutiny.

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