

# REFUGEE CLAIMANTS, REFUGEES AND MIGRANTS WITH PRECARIOUS STATUS

A profile produced by Montréal's  
Direction régionale de santé publique

## HIGHLIGHTS



In 2018, Canada accepted 0.4% of the world's refugees, ranking it 32nd internationally.<sup>1</sup> The same year, almost 27,000 new refugee claimants settled in Montréal.<sup>2</sup> According to the latest census, about 13,000 refugees who obtained permanent residency between 2011 and 2016 live in the city.<sup>3</sup>

This profile presents an overview of the health status and living conditions of refugee claimants, refugees and precarious migrants in Montréal. Using the most recent data available and information gathered from a dozen organizations working with these populations, the regional public health department aims to stimulate reflection on actions to take to ensure programs and services are better adapted and therefore reduce social inequalities in health among those newcomers.

## SOME DEFINITIONS

### Refugee claimants<sup>4</sup>:

People waiting for a decision on their claim from the Immigration and Refugee Board of Canada (IRB). As of December 2018, claimants were waiting up to two years for the IRB's decision.<sup>5</sup>

People whose claims are accepted obtain refugee status.



### Refugee<sup>4</sup>:

People outside their home country or country where they normally live, and fear returning to that country because of well-founded fears of persecution for reasons of race, religion, nationality, membership in a particular social group or political opinion.



### Migrants with precarious status:

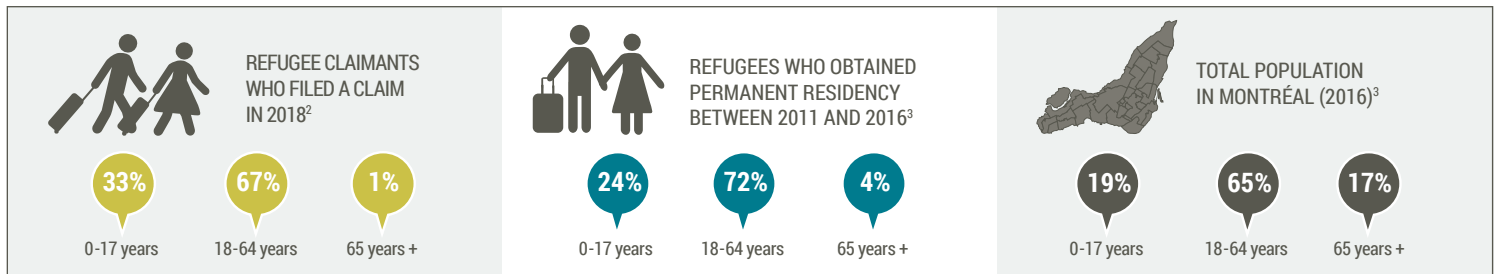
Precarious migrants in this profile are people with no public or private medical insurance, including individuals without legal migration status (e.g. whose visitor or foreign worker visas have expired) and some groups of temporary residents (e.g. visitors waiting to be sponsored by family members or on study visas).



## A young population

Refugee claimants and recently arrived refugees are relatively young, while the proportion of older adults is low.

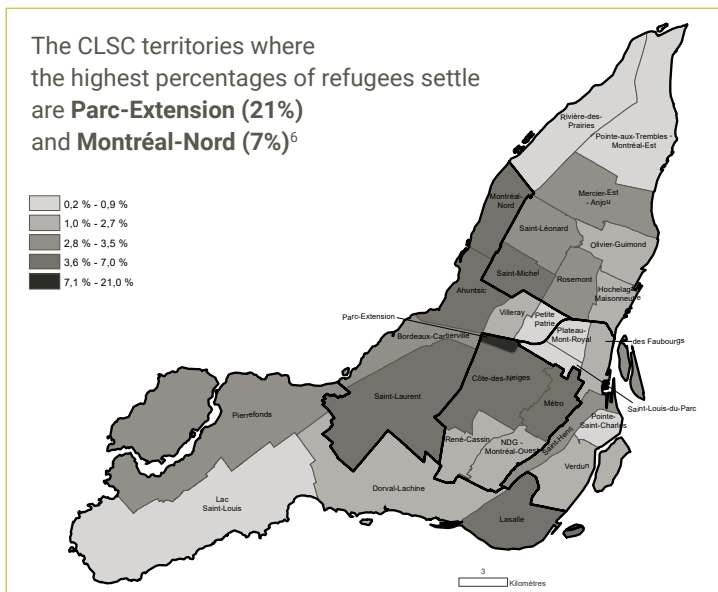
### Distribution of the population by age and immigration status, Montréal



## REFUGEE CLAIMANTS

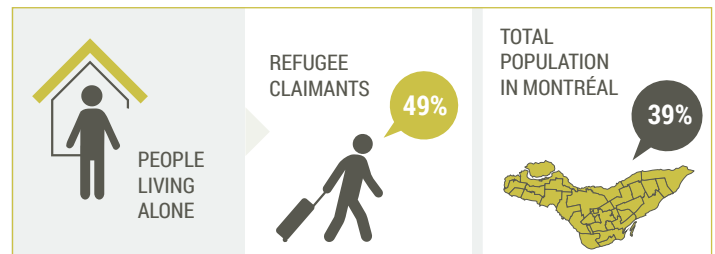


Over **80%** of refugee claimants in Québec settle in Montréal.<sup>6</sup>

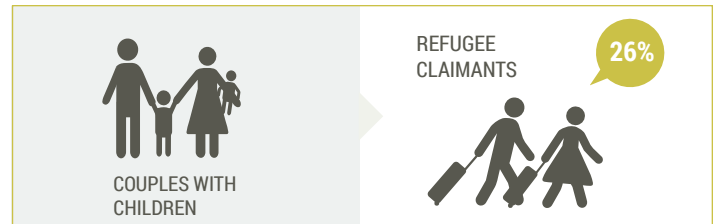


Estimated distribution of adult refugee claimants in Montréal<sup>6</sup>

Over half of refugee claimants live alone.



About a quarter of adult refugee claimants live in households consisting of a couple with children.



## Health

The little population-based data available for refugee claimants is a significant limit to assessing their health and living conditions.

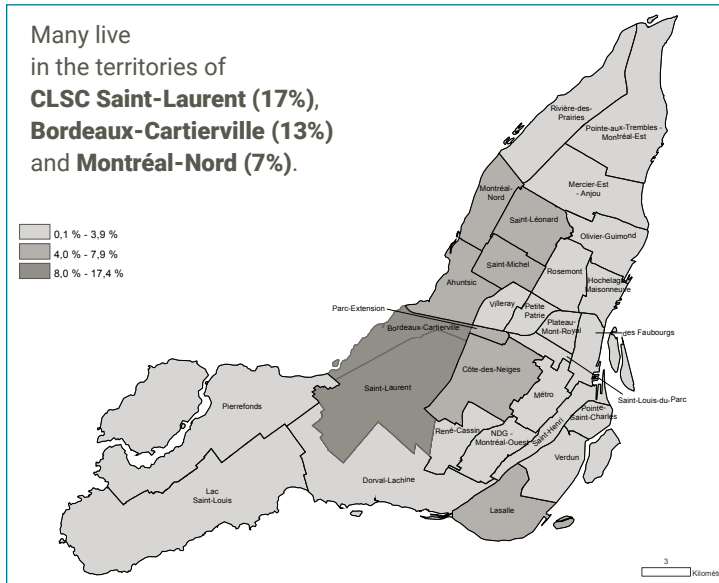
However, the information provided by PRAIDA (Programme régional d'accueil et d'intégration des demandeurs d'asile – psychosocial section) and the Clinic for Asylum Seekers and Refugees (nursing section) highlights some of the most common reasons this population consulted a professional in one of these organizations in 2018: chronic illnesses (high blood pressure, diabetes) and mental health problems (depression and anxiety disorders).<sup>7</sup>



# REFUGEES



Close to **50%** of refugees in Québec who obtained permanent residency between 2011 and 2016 live in Montréal.<sup>5</sup>



Distribution of refugees who obtained permanent residency between 2011 and 2016<sup>3</sup>

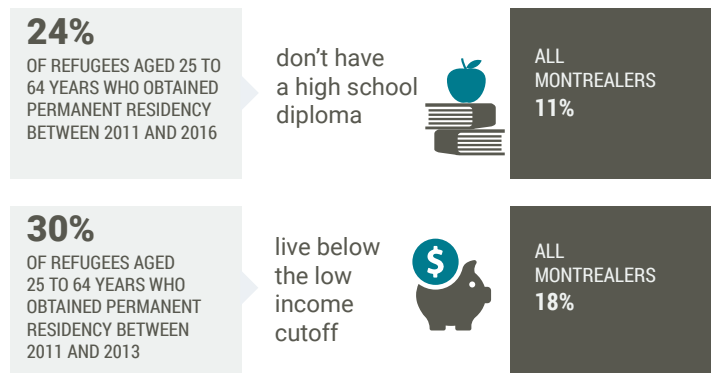
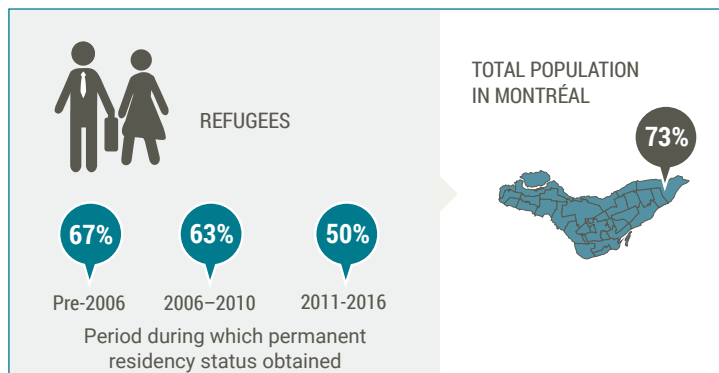


Distribution of households where the primary household maintainer is a refugee who obtained permanent residency between 2011 and 2016<sup>3</sup>

## Socioeconomic conditions<sup>3</sup>

The employment rate of long-term refugees is higher than that of refugees arrived more recently, but lower than the rate for all Montrealers.

### Employment rate among people aged 25-64 years, Montréal, 2016



## Health

In Québec, proportionately fewer refugees than non-immigrants perceive their overall physical and mental health as very good or excellent.<sup>9</sup>

### Perception of health by immigration category, Québec, 2016<sup>9</sup>



Moreover, Canadian studies show that the proportion of refugees who perceive their health as fair or poor increases over the months and years following their arrival in Canada.



# MIGRANTS WITH PRECARIOUS STATUS

In the absence of population-based data on migrants with precarious status, a study on the health of migrants who have no health insurance in Montréal and their access to care identifies a few issues.<sup>10</sup>

## Socioeconomic conditions

According to the organizations consulted, precarious migrants are often compelled to take precarious jobs, where salaries are lower and working conditions difficult.

34%

HAD WORKED AND EARNED A SALARY DURING THE 3 MONTHS PRECEDING THE STUDY



11%

DON'T HAVE A HIGH SCHOOL DIPLOMA OR OTHER DIPLOMA



30%

SAID THEIR FAMILY INCOME WAS SUFFICIENT TO MEET THEIR NEEDS



## Health

45%

DESCRIBED THEIR OVERALL HEALTH AS ACCEPTABLE OR POOR



25%

HAD HIGH LEVELS OF PSYCHOLOGICAL DISTRESS



69%

HAD UNMET HEALTH NEEDS



## Issues related to access to health and social services

One of the main issues raised by the organizations consulted is the difficulties refugee claimants, refugees and precarious migrants have accessing health and social services.

Individual barriers (language, lack of familiarity with the health system, mistrust) as well as institutional ones (professionals' lack of cross-cultural training, difficult access to interpretation services) could explain this problem.

- For instance, refugee claimants have the right to a work permit but not to subsidized educational childcare services for their children.
- Migrants with precarious status included in this profile do not have private or public health insurance. Their access to health care and services is limited by their capacity to pay, which can have significant effects on their health.

## Good news!

- **Higher employment rate**  
Barriers to employment (poor knowledge of the official languages, absence of social network, lack of work experience in Canada) and reliance on financial aid decrease over the years.
- **Citizenship granted**  
89% of refugees become Canadian citizens, an important indicator of integration.<sup>11</sup>
- **Sense of belonging to the community**  
In Québec, the proportion of refugees who have a strong or very strong sense of belonging to their local communities is just as high as among non-immigrants (62% vs. 57%).

Despite improvements in employment rates and incomes after a few years, the living conditions of these populations continue to lag behind those of Montrealers as a whole. Also, a higher proportion of refugees and migrants with precarious status consider they are not in good health, a situation of concern given the difficulties they have accessing health services.

## The full version of the profile is available in French at

<https://santemontreal.qc.ca/professionnels/drsp/sujets-de-a-a-z/inegalites-sociales-de-sante-iss/documentation/>

The highlights are also available in French at the same address.

<sup>1</sup> Refugee population by country or territory of asylum, United Nations High Commissioner for Refugees (UNHCR), Statistics Database, Statistical Yearbook and data files, 2019.

<sup>2</sup> Source: IRCC 2019.

<sup>3</sup> Statistics Canada, 2016 Census.

<sup>4</sup> Government of Canada (Immigration, Refugees and Citizenship Canada). (2019). Glossary. Available at <http://www.cic.gc.ca/english/helpcentre/glossary.asp>

<sup>5</sup> Office of the Auditor General of Canada (2019). Report 2: Processing of Asylum Claims – Independent Auditor's Report. Available at [http://www.oag-bvg.gc.ca/internet/English/parl\\_oag\\_201905\\_02\\_e\\_43339.html](http://www.oag-bvg.gc.ca/internet/English/parl_oag_201905_02_e_43339.html)

<sup>6</sup> Source: MTESS, special request, April 2019.

<sup>7</sup> I-CLSC, PRAIDA and CDAR programs, data as of 30 April 2019

<sup>8</sup> Statistics Canada, linkage of the CESH to the IMDB, 2007–2014.

<sup>9</sup> Statistics Canada, linkage of the CESH to the IMDB, 2007–2014.

<sup>10</sup> Source: Cloos P, Aho J, Ndao EM, Benoît M, Raynault MF, Lagrange S, Fillol A, Ouimet MJ, Munoz M, E Mbaye, Ridde V, Santé et accès aux soins des migrants sans assurance médicale à Montréal, Pending.

<sup>11</sup> The UN Refugee Agency (2019). What To Know About Irregular Border Crossings.