

## Syrian Refugee Profile: Addendum – January 2016

The following is an addendum to the Syrian Population Profile<sup>1</sup> released in November 2015 and includes information on Syrian refugees that have been processed between November 2015 and January 2016 as part of the Government's commitment to resettle 25,000 Syrian refugees by February 2016.

Trends reflected in this report include both empirical and anecdotal findings, with data sourced from the Global Case Management System (GCMS), which includes both approved and in-progress applications and observations from visa officers, primarily in Amman and some from Beirut. The focus of this addendum is on the demographics of Government-Assisted Refugees (GARs), however, data on Privately Sponsored Refugees (PSRs) are also included for comparison purposes. The data in this report are the result of a custom query and should not be used to compare with other Syrian refugee reports.

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### EXECUTIVE SUMMARY

The following key findings were observed in the Syrian refugees processed between November 2015 and January 2016:

- There is a significant difference between GARs and PSRs: GARs tend to have larger family sizes, including a high proportion of children, lower official language skills and lower education levels than PSRs.
- GARs have larger **family sizes** than PSRs; the majority have 5 to 8 persons per application; some families have 10 to 14 persons. Settlement efforts will need to prepare for the large number of **children** as nearly 60% of GARs are 14 years old or younger.
- The vast majority of GARs have no English or French **language skills** – data indicate that about 70% of approved Syrian cases self reported as having no English or French language skills. Anecdotal reports from visa officers in Beirut and Amman suggest that the percentage is even higher.
- In terms of **education**, while some children have continued their studies in the host countries, many are a grade or two behind for their age and in most instances have only been taught in Arabic. This large group of youths will require language training and strong support in the education system to ensure effective integration.
- With regards to the health profile of Syrian refugees, Public Health Agency of Canada (PHAC) Quarantine Officers have reported that less than 2% of admissions<sup>2</sup> needed to be further assessed upon arrival to Canada. Of those, only 10% were referred for medical treatment, the majority of whom were children showing flu and common cold symptoms.

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<sup>1</sup> The Syrian Population Profile released in November 2015 focused on refugee admissions in 2014 and early 2015. Given that the majority of refugee admissions during that time were privately-sponsored refugees (PSRs), Immigration, Refugees and Citizenship Canada is now sharing new information that is specific to Government-assisted refugees (GARs).

<sup>2</sup> As of January 6<sup>th</sup>, only 114 people required a medical assessment upon arrival to Canada.

- Reports from missions abroad suggest that the proportion of serious medical conditions among the refugee population is very low and Syrian refugees coming to Canada pose no real risk to the health of Canadians.
- Anecdotally, visa officers in Amman indicated that **work experience** was almost always limited to males. Common occupations included driver, construction worker or general labourer, cook, and farmer. Generally, such work is irregular and differs from the refugees' occupations in Syria.
- Many applicants have little or no knowledge of Canada, and no family contacts in Canada. As a result, cultural orientation sessions shortly after arriving in Canada will be of great value.
- Overall, the needs of this population are higher than originally expected.

## CONSIDERATIONS

While recent data and anecdotal reports indicate a high level of settlement needs for this population, Immigration, Refugees and Citizenship Canada (IRCC) would like to note that 1) this is not unusual for GARs; what is new is the high volume of GARs arriving in a compressed time period and 2) IRCC does not foresee the need for widespread changes to programs. However, the Government of Canada continues to encourage innovative thinking and collaboration between all tiers of government and service providing organizations in the areas of language training, education and vocational services to assist in the successful integration of this population.

More detailed observations can be found below.

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## FAMILY SIZE

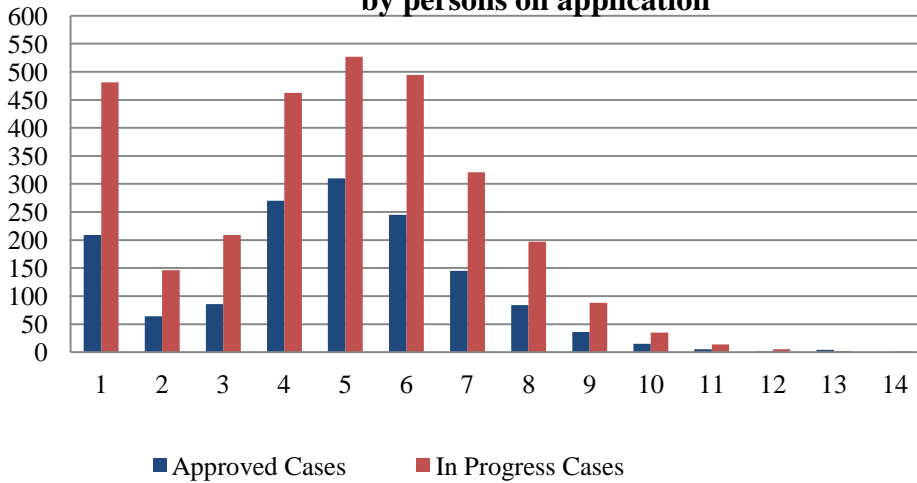
The following data include both approved and pending cases, and provides information on family sizes of both GARs and PSRs. The charts provided below illustrate the number of persons per refugee application.

- The data indicates that GARs tend to have larger families than PSRs. Most commonly observed are families with 5-8 persons. In some cases, there have been 9 or more dependents on the application.

### *Government-assisted Refugees*

- 14% of approved cases had 1 person on the application
- 29% of approved cases had 2-4 persons on the application
- **53% of approved cases had 5-8 persons on the application**
- 4% of approved cases had 9 or more persons on the application

**Figure 1: Family Size: Government-assisted Refugees, by persons on application**

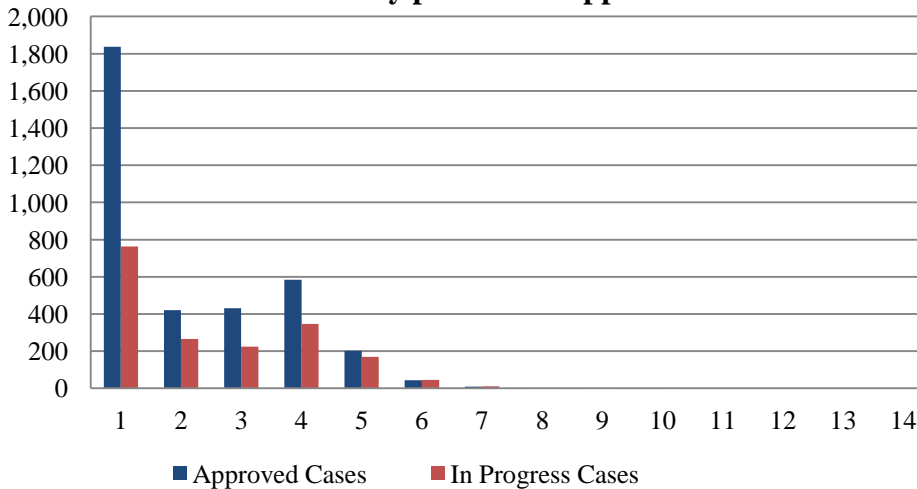


Source: GCMS as of January 6, 2016

*Privately-sponsored Refugees*

- **52% of approved cases had 1 person on the application**
- 41% of approved cases had 2-4 persons on the application
- 7% of approved cases had 5-8 persons on the application

**Figure 2: Family Size: Privately Sponsored Refugees, by persons on application**



Source: GCMS as of January 7, 2016

**AGE**

As shown below, 56% of GAR applicants are 14 years of age or younger (at the time of the application). Therefore, this will require considerable attention to ensure children have access to the required services and supports.

**Table 1: Syrian Refugee by Age Group**

Age	Government-assisted Refugees *		Privately Sponsored Refugees	
	Approved Cases (6,975)	In Progress Cases (14,067)	Approved Cases (7,656)	In Progress Cases (4,712)
0 to 14	55%	56%	27%	31%
15 to 24	11%	11%	16%	14%
25 to 44	28%	27%	33%	33%
45 to 64	5%	5%	19%	18%
65+	1%	1%	5%	4%

Source: GCMS as of January 7, 2016.

\*Government-assisted includes blended visa office-referred refugees

\*\*Please note that the data are preliminary estimates, are subject to change and are different from other data provided on Syrian Refugees.

\*\* Note that the data is for exploratory analysis purposes only and should not be used for official reporting.

\*\*\*The data may not match previous Syrian Refugee numbers that have been provided and should not be used to compare to official reports.

## LANGUAGE

The following data provides preliminary information on the language levels of Syrian refugees. Given that this data relies heavily on self reporting, the actual percentage of Syrians who arrive without English or French language skills is likely to be higher, consistent with what has been observed by visa officers in Amman and Beirut. IRCC has also provided data on language levels broken down by age range (provided in bullet points below).

**Table 2: Syrian Refugee Self-Reported Knowledge of Official Language**

	Government-assisted Refugees		Privately Sponsored Refugees	
	Approved Cases (6,975)	In Progress Cases (14,067)	Approved Cases (7,656)	In Progress Cases (4,712)
English	23%	11%	57%	57%
French	<1%	<1%	3%	3%
Both	<1%	<1%	1%	1%
Neither	67%	85%	37%	38%
Unspecified	9%	3%	2%	1%

Source: GCMS as of January 7, 2016.

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- **Children (0-14 years):** Between **71** and **88%** of GARs under the age of 14 self-report no English or French language skills (approved and in-progress cases respectively).
- **Young adults (15-24 years):** Between **61** and **77%** of GARs in this age range self-report no English or French language skills (approved and in-progress cases respectively).

- **Adults (25 years and over):** Between **63** and **88%** of adult GARs self-report no English or French language skills (approved and in-progress cases respectively).

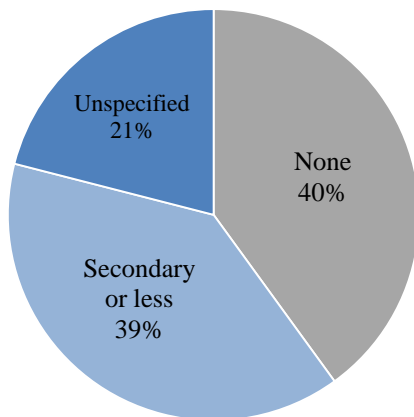
Visa officers in Beirut and Amman report that 90-95% of Syrian GARs understand neither English nor French. Around 5% have basic English (i.e. they understand a little, or can say some basic phrases); less than 1% of applicants speak English proficiently enough to find work in Canada; and less than 5% have any knowledge of French.

In Amman, children appear to have a better understanding of English than their parents, but most have, at best, only a basic grasp of the language.

## EDUCATION

The data provided below consists of preliminary estimates of education levels of children and adults. However, IRCC’s data is limited as the Department is unable to specify education level lower than secondary. In addition, age ranges need to be considered when reviewing this information as IRCC data on education is limited to the age groups provided below and cannot be further broken down.

**Figure 3: Education levels of persons 14 years and younger (approved GAR cases)**



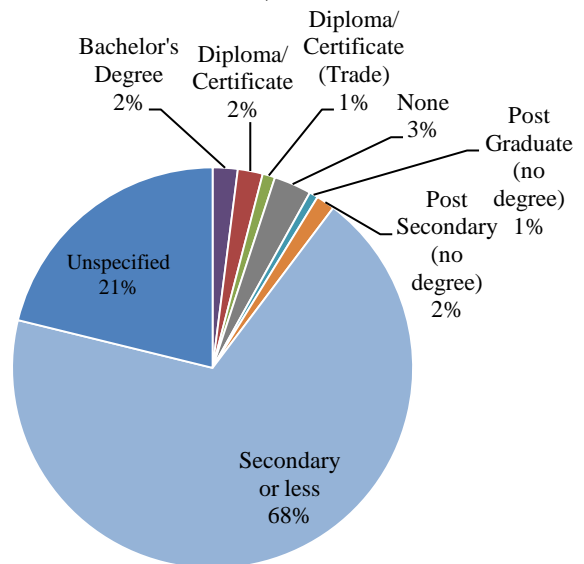
Source: GCMS as of January 7, 2016

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**Figure 4: Education levels of persons 15 years and over (approved GAR cases)**



Source: GCMS as of January 7, 2016

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Anecdotal reports from missions abroad suggests that the average level of schooling for adult Syrian GARs is 6-9 years. Specifically, of the cases processed in Amman, roughly 90-95% of adults have not completed secondary school, having completed only one to three years of high school and only a small percentage have some form of post-secondary education. The majority of young children have continued their schooling, though many of the older ones cannot complete high school due to limited family funds. While most school-age children within this caseload are enrolled in school, many appear to be a grade or two behind for their age.

## **EMPLOYMENT AND SKILLS**

Anecdotally, reports from visa officers abroad indicate that work experience is largely low-skilled and almost entirely limited to males. The most common occupations are driver (taxi and truck), construction worker or general labourer, cook and farmer. Though refugees may not work legally in Jordan, a large number do so at risk of arrest, a sign of their resourcefulness and motivation to provide for their families, as well as their desperation. Generally, such work is irregular and differs from the refugees' occupations in Syria.

## **HEALTH**

The health of refugees arriving since November 2015 range from completely healthy to having a variety of diseases such as diabetes, heart disease, cancer, developmental disabilities, and mental health issues.

Overall, reports from missions abroad suggest that the proportion of serious medical conditions among the refugee population is very low and Syrian refugees coming to Canada pose no real risk to the health of Canadians. IRCC is screening for diseases that have a public health and safety impact on Canada, and ensuring that these refugee applicants are properly assessed and their problems addressed prior to arrival in Canada.

### *Observations from the Immigration Medical Exam*

To date, IRCC has conducted medical assessments for over 22,000 clients. The Immigration Medical Examination (IME) records indicate that:

- 12% of the files had at least one condition listed by IRCC medical officers after assessment. The most common categories of conditions were hypertension at 4.3% of Syrian refugees, non-specific findings at 3.6%, diabetes at 2.2% and visual/hearing impairment at 1.5%.
- Less than 1% of files were flagged for additional information by IRCC medical officers. Most of these were for further screening for potential tuberculosis.
- While mental health issues were not identified as one of the most frequent conditions at the time of the IME, it is a condition that can arise soon or several months after arrival in Canada.

### *Observations from the Public Health Agency of Canada (Post-arrival findings)*

In addition, PHAC Quarantine Officers report that only 114 people have needed to be assessed upon arrival to Canada. Of those, only 10% were referred for further medical treatment – the majority of whom were children showing flu-like and common cold symptoms.