



## The Integration of International Migrants into Western Society

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### ABSTRACT

Migrants represent a growing proportion in many counties, so identifying potential barriers that limit optimal use of government services is an essential step in the primary care of migrants. This study reports on interviews with 128 migrants from Western Australia's capital city, Perth. Data was collected on residency, English proficiency, employment status, mode of transport, housing, home ownership and perceptions of safety. The similarities in employment and housing from this study compared to the national population are a positive indicator of local integration. However, the data show a number of clear deficits that provide guidance for tailoring government services towards particular populations and helping service providers understand more about migrant integration needs. These baseline results will assist those delving deeper into migrant issues of interest to the health protection and security sectors.

Key words: immigration, migrants, integration, health protection, human security

### Introduction

The issue of how best to integrate migrants is a central policy challenge throughout the world and is a growing priority concern (Kraszewska et al 2011). The importance of evaluating integration policies has increased since the adoption of the Hague Programme (Hague 2004) by the European Union. Of particular importance is the development of clear goals, indicators and evaluation mechanisms to aid the adjustment of policy and evaluate progress on integration. Following ministerial conferences, the EU adopted similar commitments in 2005, 2007, 2008, 2009 and 2014 (European Union 2010, 2014).

Based on the concept of "human capital", a cross-sectorial approach covering inter alia education, employment and life-long learning programs monitors the impact of national reforms designed to avoid segmentation. The Migrant Integration Policy Index (MIPEX III), used to conduct assessments on over thirty countries in 2007 and 2010, was the outcome.

The White Australia policies in Australia of 1901 and were effectively dismantled between 1949 and 1966. However, race only ceased to be a component of immigration in 1973 (Windschuttle 2004). Since then, Australia has become one of the most ethnically diverse countries on the planet. At the time of the last census of 2006, almost a quarter of Australian residents (23.9%) were born abroad and almost every second resident (45%) had at least one parent who was born overseas (DIC 2010, ABS 2011). The majority of Australia's migrants come from Europe (47%), followed by Asia (28%) and Oceania (11%). However, migration from Europe had declined and arrivals from India and Asian countries had increased rapidly. Since the 2006 census, the number of migrants from India 'has increased rapidly and moved ahead of Italy and Vietnam to become the fourth

largest contributor to Australia's overseas-born population' after the UK, New Zealand and China (DIC 2010). Australia's population is young compared to other developed nations, with a median age of around 37 years. While its fertility rate is below the level that would keep the population stable, its population continues to expand due to inward migration strongly exceeding outward migration. With such a large migrant population, it is imperative that government services become aware of the needs and problems of the new population.

When the data for this study was collected between 2008 and 2010, there was minimal primary research on the indicators of successful integration in the Australian migrant population. A small group from Monash University in Australia subsequently provided data for the international 2010 MIPEX comparison in 2011. With the aim of generating background information for further health service research, this study collected baseline data on residency, English proficiency, employment status, mode of transport, housing, home ownership and perceptions of safety. The resulting information will assist researchers as they delve deeper into migrant issues, and it will help service providers to understand more about migrant issues and their potential links to stability and security.

## **Methods**

Eligible participants included all migrants living in the Perth metropolitan area in Western Australia (WA), who were aged  $\geq 18$  years and had either lived in, or had the intention of living in, WA for at least two years. WA recorded the highest proportion of overseas-born residents (29%) compared to all other Australian states (ABS, 2007). Potential participants were identified at centres often frequented by migrants, such as universities, schools that taught English as a second language and migrant community groups (North Shore Educational Centre, University of Western Australia, Curtin University, Murdoch University, Education First International Language Schools, Australian Islamic College, Highgate Primary School, Sir Charles Gairdener Hospital, Ken Law dental surgery, BC Jamming Dance). Participants were first screened for eligibility criteria and then either given the questionnaire to fill out at their leisure, or were provided with assistance to fill out the questionnaire on site. Translators were used as necessary. Closed questioning led to information on demographic data and living circumstances. Overall, surveys were distributed to 205 migrants, with a response rate of 60.5% ( $n=128$ ). Given that the sample was opportunistic and limited in size, it cannot be considered entirely representative of the general migrant population. As a result of the sample size, data stratification was limited due to low numbers of participants in some categories. Respondents originated from South East Asia, Africa, the Middle East, New Zealand, Sri Lanka, India, Europe, New Zealand, Canada, and South America. Approximately 1500 refugees are admitted into Western Australia per annum (MigrantHealth 2008), although migrants are not necessarily refugees or vice versa. The percentage of migrants in this study who came as refugees to WA is not known.

Data from closed questions were coded manually and then entered into SPSS 18 for analysis. Data was summarized using descriptive statistics and frequency tables. Bivariate analysis was conducted using cross-tabulations with uncertainty coefficient analysis for nominal data and Kendall's tau-b for ordinal data. Differences within cross-tabulated results were determined to be significant when the adjusted standardized residual was close to or above 2.0.

## Results

Table 1 summarizes respondent demographic profiles. The average age was 36.6 years (range 18-74 years) with almost half of the respondents (48.8%) aged 35 or less. The majority were females (59.5%) who were well distributed in the age groups. However, 44% of all males were below the age of 25. Participants born in non-English speaking countries represented 91.0% of the sample. Ethnically, most respondents were Asian (40.2%) and were represented largely by females (66.7%).

Table 1. Profile of respondents

Personal Factors	Frequency (%)
Age	
18 - 25 years old	35 (26.9)
26 - 35 years old	25 (19.2)
36 - 45 years old	30 (23.1)
46 - 55 years old	15 (11.5)
> 55 years old	18 (13.8)
Gender	
Female	75 (57.7)
Male	51 (39.2)
Country of Birth	
Asia	49 (37.7)
Africa	14 (10.8)
Middle East	18 (13.8)
Westerners	11 (8.5)
India/Sri Lanka	28 (21.5)
Sth America	2 (1.5)

Table 2 summarizes factors that are indicative of migrant integration into society. The average length of time that respondents had lived in Australia was 11.8 years (range 1-52 years) with more than half (53.3%) stating that they had resided in Australia for 10 years or less. Of these, one in four had lived in Australia for three years or less while one in ten had lived in Australia for one year or less. The minority reported English fluency as poor or very poor (13.8%), and the remaining reported average or better English. Almost half of all respondents were employed.

Table 2. Respondent integration factors

Integration Factors	Frequency (%)	Average*
Years in Australia		
1-5 yrs	43 (33.1)	
6-10 yrs	22 (16.9)	
11-15 yrs	18 (13.8)	
16-20 yrs	23 (17.7)	
> 20 yrs	16 (12.3)	

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Intended residency		
1-5 yrs	13 (10.0)	
6-10 yrs	7 (5.4)	
> 10 yrs	2 (1.5)	
Permanent	81 (62.3)	
Uncertain	17 (13.1)	
English proficiency		
Very poor	8 (6.2)	17.5
Poor	10 (7.7)	
Okay	22 (16.9)	80.8
Good	31 (23.8)	
Very good	59 (45.4)	
Employment status		
Unemployed	13 (10.0)	12.0
Student	35 (26.9)	5.7
Employed	56 (43.1)	62.8
Retired	9 (6.9)	19.4
Mode of Transport		
Own car	93 (71.5)	
Public transport	27 (20.8)	
Walking	5 (3.8)	
Via friends	2 (1.5)	
Family car	3 (2.3)	
Housing		
House	91 (70.0)	
Townhouse	15 (11.5)	
Apartment	20 (15.4)	
Other	2 (1.5)	
Living alone		
Yes	13 (10.0)	
No	113 (86.9)	
Home ownership		
Owned outright	39 (30.0)	35.5
Mortgage	38 (29.2)	35.0
Rental	41 (31.5)	29.5
Public housing	3 (2.3)	
Other	5 (3.8)	
Neighborhood safety		
Very unsafe	6 (4.6)	
Unsafe	6 (4.6)	
Average	30 (23.1)	
Safe	57 (43.8)	
Very safe	29 (22.3)	

\* Australian Bureau of Statistics (2008); Dept of Education, Employment and Workplace Relations (2010)

The amount of time spent in Australia was significantly correlated with increasing age (Spearman 0.475,  $p < 0.001$ ) and country of birth was significantly associated with time in-country (uncertainty coefficient 0.109,  $p < 0.01$ ). Asians were more likely than other ethnicities to have spent significantly more time in-country and were significantly less likely to have spent less time in-country. Africans were more likely to have spent between 6 and 15 years in-country. Other groups tended to be more recent migrants. Employment status was highly associated with time spent in-country (uncertainty coefficient 0.140,  $p < 0.001$ ). Unemployed participants were significantly more likely to have been in-country for 6-10 years while employed participants were significantly more likely to be in-country for only 1-5 years. Students were highly associated with being in-country for 6-10 years. Retirees were significantly more likely to have spent over 20 years in-country and less likely to have recently arrived. Sex was not correlated with the amount of time spent in-country.

The amount of time that migrants wished to stay in Australia was significantly associated with age (uncertainty coefficient 0.128,  $p < 0.001$ ). Older migrants (45+) and Asians were significantly more likely to stay permanently while younger groups were less likely and more uncertain about this decision. Middle Easterners were significantly averse to remaining in Australia permanently and they preferred 6-10 years. Gender and employment status were not associated with this factor.

Capacity to speak and understand English was significantly associated with age (uncertainty coefficient 0.089,  $p < 0.05$ ). Significantly more 56+ year olds had very poor English. The majority of the 46-55 yo group spoke above average English. Significantly more of the 36-45 yo group spoke good English while significantly less spoke very good English compared to the other age groups. English proficiency improved in the younger categories. A trend towards significance was observed for English proficiency and sex (Kendall's tau-b 0.144,  $p = 0.07$ ). Notably, women comprised 75% and 90% of the very poor and poor categories, respectively. Country of birth was highly associated with English proficiency (Kendall's tau-b 0.258,  $p < 0.001$ ). Asians and Middle Easterners were significantly more likely to have very poor or poor English, and less likely to have very good English. Westerners, Indians and Sri Lankans were significantly more likely to have very good English. Employment status was significantly associated with English proficiency (uncertainty coefficient 0.094,  $p < 0.01$ ). The majority of unemployed had very poor or poor English and were significantly less likely to have very good English. Students and Employees were less likely to have very poor English and more likely to have good or very good English. Significantly more Retirees had very poor English.

The primary mode of transport used was significantly related to respondent age (uncertainty coefficient 0.092,  $p < 0.05$ ). In particular, the 18-25 yo group was significantly more likely to use a family-owned car, while the 26-35 yo group was significantly less likely to own a car and more likely to walk. Employment status was significantly associated with the mode of transport used (uncertainty coefficient 0.106,  $p < 0.05$ ). Car ownership was significantly higher in the employed and less likely in retired respondents. Use of public transport was significantly higher in retirees and students while being lower in employed respondents. Sex and Country of origin were not associated with the mode of transportation used.

Type of housing was not associated with age, country of birth and employment status, but sex was significantly associated (uncertainty coefficient 0.25,  $p < 0.05$ ). Women were more likely to live in houses or townhouses and men were significantly more likely to live in apartments.

Home ownership was highly associated with age (uncertainty coefficient 0.154,  $p < 0.001$ ). Outright ownership was significantly higher in over 45 year olds while mortgages were more common in 36-45 year olds and rentals were more common in 26-35 year olds. Employment status was also associated with ownership (uncertainty coefficient 0.129,  $p < 0.001$ ). Employees were significantly more likely to have a mortgage and less likely to own a home outright. Retirees were significantly less likely to rent and more likely to own a home outright and live in public housing. Sex and country of birth were not associated with home ownership.

Living alone was significantly associated with age (uncertainty coefficient 0.68,  $p < 0.01$ ) where the main difference was that many more 36-45 year olds lived alone. There was no association with sex, country of birth or employment status.

Neighbourhood safety was not associated with age, sex, country of birth and employment status.

### Discussion

Reflecting previous migration patterns, this study had a predominance of migrants from Southeast Asia, which includes the influx of Vietnamese migrants into Australia following the Vietnam War. With recent conflict seen throughout Africa, newer arrivals have predominantly been from sub-Saharan Africa and more migrants from Afghanistan, Iraq and Syria are expected as conflicts in the Middle East continue (MigrantHealth 2008). The authors would have preferred to focus primarily on people who had been living in Australia for a shorter period. However, access to newer migrants was very difficult since they were less likely to be able to fill out the survey due to language barriers. Our participants had on average been living in Australia for more than 11.8 years and as such, some of the issues that affect more recent migrants may not have been explored in this survey. The field requires more studies into the needs of newer migrants accessed through migrant centers or government services that have the highest level of contact.

The data provide a reasonable baseline from which to examine other observations on, for instance, health security. The close associations in employment and housing between the data from this study and that for the entire national population are superficially indicative of integration (Table 2). However, they show a number of clear deficits that can tailor government services towards particular target populations. For example, of concern to the health industry would be the lack of English proficiency in the retired population who are primary users of the health system (Woloshi et al 1997, Bischoff et al 1999, Garrett et al 2008). Of concern to the education system would be the higher rate of Asians and Middle Easterners with very poor to average English. Of interest to social services and the security sector would be the 26-35 yo group which is more interested in a brief 1-5 year stay, is uncertain of long-term plans, is less likely to own a car and more likely to walk, is more likely to rent and live alone, but which is not more likely to be employed.

Interpreting integration data in Australia has its particular challenges. For instance, educational performance used to compare local and migrant children may come with the expectation that

similar results are indicative of integration. However, Australian migrant children perform as well as or better than non-migrant children, which brings the validity of national integration indicators into question (Biddle et al 2007, Verwiebe and Riederer 2010). There are several possible explanations for this effect including immigrant selection policies, educational history prior to migration, immigrant self-selection where more educated, healthier and wealthier people have the means to migrate and return home of less successful migrants. With the exception of refugees, Australia has always selected for qualified or affluent migrants who are capable of easily assimilating into society.

In contrast, European countries have not chosen to adopt similar selection criteria and consequently have large populations of unqualified migrants with poor local language skills who have become dependent on the welfare state. In the UK, migration as a product of globalization has created some anxiety as migrants add to the load on housing, health, schools and transport systems. Less skilled migrant workers help to keep down the prices of goods and services, but they also compete for jobs and services and depress wages (Anon 2016). From a security perspective, the European approach to migration represents a higher risk and current thoughts on US immigration policies require careful consideration. The threat not only originates from dissatisfied migrants, but from native workers who “see uncontrolled immigration as a break with an implicit contract: that the state will look after its own” (Anon 2016)

### **Conclusion**

This study collected baseline data on residency, English proficiency, employment status, mode of transport, housing, home ownership and perceptions of safety, with the aim of generating background information for further health service research on migrant integration. While the results from this study show a superficial level of integration (Table 2), the literature indicates successful integration overall and attributes it to Australia’s immigration system (Hartwich 2011). The American Immigration Council recognizes that “integration can be a key to entrepreneurship and future economic growth,” that results in higher levels of economic competitiveness, more innovation and higher rates of entrepreneurship (Florida 2011). However, this attitude does not appear manifest in Australia where no specific efforts have been made to integrate migrants (Hartwich 2011).

Further studies into the needs of newer migrants are required and these could be conducted through migrant centers or government services that have the highest level of contact with them. The resulting information will assist researchers as they delve deeper into migrant issues, and it will help service providers to understand more about migrant issues.

### **Policy Implications**

The non-traditional view of security encompasses societal, economic, internal, and public threats. This opens the door to viewing immigration as a potential threat to society and the economy, as well as to internal security and public order (Tallmeister 2013). Immigration thus presents a variety of challenges to receiving states.

While the data from this study indicate many similarities between the migrant and general populations, integration appears incomplete and two clear deficits emerge that may guide the tailoring of government services towards particular target populations.

All organizations involved in the process of communicating important or commercial information to the public are concerned about barriers to communication and their associated challenges. The lack of English proficiency in the retired population (Woloshi et al 1997, Bischoff et al 1999, Garrett et al 2008), and the higher rate of Asians and Middle Easterners with very poor to average English have policy and security implications. Service industries, such as health, cannot conduct effective preventative programs if their messages are not understood by targeted populations. Likewise, commercial industries would be negatively affected if their advertising was improperly understood. The most cost effective policy recommendation is to require all migrants to possess English proficiency before migrating. Alternatively, proficiency could be required within a year of entering the country, however, this would be costly to monitor and regulate.

Of interest to social services and the security sector would be the 26-35 yo group which is more interested in a brief 1-5 year stay, is uncertain of long-term plans, is less likely to own a car and more likely to walk, is more likely to rent and live alone, but which is not more likely to be employed. Policy implications for this transient population might include limits on social security benefits, however, this would need to be based on a pre-migration assessment of the degree to which applicants are interested in investing in the country in the long term.

Providing services in a multicultural setting is a complex matter that requires careful investigation and planning to ensure its success. Further research on migrant populations, migrant screening and how well they integrate into support services are required to develop more appropriate protective and supportive policies.

Legal and illegal international migration is growing on a scale not seen in recent human history and concerns relating to associated security challenges are increasing in several states, particularly in Europe and North America. Instability in the Middle East and subsequent rapid increases in the number of immigrants worldwide are increasing the perception of immigration as a threat to security. As governments of migration-destination countries grapple with issues stemming from the societal integration of these migrants, they need to reflect on the level and type of services required to maintain stability and reduce dissatisfaction among migrant and native populations.

*The views expressed in this article are the author's alone. They do not represent the official policy of US Pacific Command, the Department of Defense or the Government of the United States.*

## References

- ABS. Migration Australia 2005–06. ABS cat. no. 3412.0. Canberra, ACT: Australian Bureau of Statistics, 2007.
- ABS. Characteristics of recent migrants, Australia. Canberra ACT: Australian Bureau of Statistics, 2011.
- Anon. Needed but not wanted. The Economist, 2016;29 Sep, <http://www.economist.com/news/special-report/21707835-economic-migrants-are-seen-threat-jobs-and-welfare-state-reality-more> (accessed May 2017).
- Biddle N, Kennedy S, McDonald JT. Health assimilation patterns among Australian immigrants. Economic Record, 2007;83(260):16-30.
- Bischoff A, Tonnerre C, Eytan A, Bernstein M, Loutan L. Addressing language barriers to health care, a survey of medical services in Switzerland. Soz Praventivmed, 1999;44(6):248-56.
- DIC. Population flows: Immigration aspects 2008–09. Canberra, ACT: Department of Immigration and Citizenship, 2010.
- European Union. Zaragoza Declaration. European Ministerial Conference on Integration. Eurostat, 2010.
- European Union. Draft outcome of proceedings, pp. 1-5. European Ministerial Conference on Integration Milan, 2014;5-6 Nov.
- Florida R. The melting pot that isn't: Why America needs better immigration. The Atlantic 2011;19 April. <http://www.theatlantic.com/business/archive/2011/04/the-melting-pot-that-isnt-why-america-needs-better-immigration/72048/>. Accessed Apr 2017.
- Garrett PW, Dickson HG, Young L, Whelan AK. The happy migrant effect: Perceptions of negative experiences of healthcare by patients with little or no English: a qualitative study across seven language groups. Quality & Safety in Health Care, 2008;17(2):101-103.
- Hague. Hague Programme. European Union, 2004. [http://europa.eu/legislation\\_summaries/human\\_rights/fundamental\\_rights\\_within\\_european\\_union/116002\\_en.htm](http://europa.eu/legislation_summaries/human_rights/fundamental_rights_within_european_union/116002_en.htm). Accessed Apr 2017.
- Hartwich OM. Selection, migration and integration: Why multiculturalism works in Australia (and fails in Europe). CIS Policy Monograph 121. St Leonards, NSW: Centre for Independent Studies, 2011.

IPC. The Migrant Integration Policy Index (MIPEX III). Immigration Policy Center, American Immigration Council, 2013. <http://www.immigrationpolicy.org/just-facts/migrant-integration-policy-index-mipex-iii>. Accessed Apr 2017.

Kraszewska K, Knauth B, Thorogood D. Indicators of immigration integration: A pilot study. Luxembourg: Eurostat European Commission, 2011.

MigrantHealth. WA leading the way in migrant Health. Disease Watch, 2008;12(6):7.

MIPEX. Australia, 2011. <http://www.mipex.eu/australia>. Accessed Apr 2017

Tallmeister J. Is immigration a threat to security? E-International Relations Students, 2013. <http://www.e-ir.info/2013/08/24/is-immigration-a-threat-to-security/>. Accessed Apr 2017.

Verwiebe R, Riederer B. Educational differences between native-born and immigrant youth in Western societies: A study of the influence of institutional and individual factors on the basis of PISA data from 2000, 2003, and 2006. In the Spring Meeting of the Research Committee on Social Stratification and Mobility (RC28) of the International Sociological Association, 2010.

Windschuttle K. The White Australia policy. Paddington, NSW: Macleay Press, 2004.

Woloshin S, Schwartz L, Katz S, Welsh H. Is language a barrier to the use of preventative services? Journal of General Internal Medicine, 1997;12:472-477.