

Building Equitable Communities for Immigrants & Refugees in the Region of Peel: Focus Group Interviews Report

**Peel Institute of Research and Training
23-11-2022**



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Introduction

Over the past 6 months, the Tamarack Project team has made effective headway into the overall project. The team has kept on track with the proposed workplan, with a few minor adjustments. The following report outlines the recent focus groups that were held with immigrants and refugees and highlights the key findings from their unique experiences in Canada. These focus groups provided incredible insight into current issues and successes of newcomers to Canada and will be immensely helpful in planning future programs at Family Services of Peel.

Methodology

Four distinct focus groups were assembled to collect participant data and facilitate discussion from the perspective of immigrants and refugees. A focus group is a group interview that involves demographically similar people who have shared experiences or traits. Researchers lead the focus groups and ask specific questions that allow for open or guided discussion among participants. Focus groups are used to explore the reactions of participants and their perceptions of similar experiences. In this case, the focus groups were structured to interview immigrants and refugees in the Region of Peel who have been in Canada for a brief time, as well to interview service providers working with immigrant and refugee communities in the Region of Peel. All the participants share a similar experience of being newcomers to Canada or working with newcomers in Canada. Discussions were curated by the lead researchers who prepared a set of questions that allowed for open-ended responses and fruitful conversation. Three focus groups were held in person, and one was held virtually over the Zoom teleconferencing platform.

Participants were required to read and sign consent and confidentiality forms, which meant they agreed to being recorded with the understanding that their data would remain accessible to the research team only. Each participant in the adult female immigrant, male immigrant and service providers focus groups were compensated \$25 in cash for their participation. The participants in the adolescent focus group were compensated \$15 through an e-transfer for their participation. All in-person focus group participants received a light lunch during the meeting. Focus group discussions were audio-recorded and subsequently transcribed for an accurate depiction of the participants' answers.

All immigrant and refugee participants were recruited with the help of Polycultural Immigrant and Community Service Center who sent out emails and circulated flyers in their offices calling for participants. The female and male adult focus groups were comprised of a convenient sample of participants enrolled in the Language Instruction for Newcomers Canada (LINC) program at Polycultural Immigrant and Community Services. The adolescent group was comprised of a convenient sample of participants attending classes and programs for adolescents

at the Polycultural Center. Participants in the adult and adolescent immigrant and refugee focus groups were accompanied by translators who could help facilitate the conversation in the participants native language (SWIS Workers and settlement workers at Polycultural). The service providers were recruited through Polycultural Immigrant and Community Services as well as through invitations sent via email to various organizations in the Region of Peel that work directly with immigrant and refugees. Five organizations were present in the focus groups.

All focus groups were held within a two-week period. The adult female focus group was held on October 25th, 2022, from 10:00 A.M. to 11 A.M at Polycultural Services located in the Peel Region. The adult-male focus group was held directly after the female group, from 11:15 A.M. to 12:05 P.M at Polycultural Services. The service provider focus group was held on November 3rd, 2022, from 11:00 A.M. to 1:00 P.M at the Polycultural Center. The adolescent focus group was held on November 8th, 2022, from 5:00 P.M. to 6 P.M. over Zoom teleconferencing platform. The structure of the focus groups was similar amongst the adult and adolescent groups. They were more structured with shorter answers, likely due to language barriers and the use of translators. The service provider focus group was led with open-ended questions that garnered lengthy and passionate discussions. Below is a sample of the questions that were asked:

Sample questions for adult immigrant and refugee focus group:

1. What three things have you gained since arriving in Canada?
2. Tell us about your challenges in Canada.
3. What services are you using in Canada related to health?
4. What does mental health mean to you? How has it been impacted in Canada?
5. What was your occupation back home?
6. Do you have/does your family have any needs that are not currently being met?
7. What is the dynamic in your family? Who is the head of the house?

Sample questions for service providers focus group:

1. What do you do when the client first comes to you? What services do you recommend?
2. What challenges do refugee families face in terms of access to services?
3. Are there any major gaps in services? What can we do to address them?
4. What changes would you wish were made to better assist the immigrant/refugee family in Canada?

Sample questions for adolescent immigrant and refugee focus group:

1. What do you miss the most about your home country?
2. What surprised you when landing to Canada?
3. How do you feel in school? Were you accepted?
4. Can you tell us about your difficulties learning English?

5. What was your family's health status upon arrival?
6. Can you tell us what you hope to achieve in Canada and what your dreams are?

Demographics

Adult Focus Group:

In terms of the adult focus groups, 21 women were present in the adult immigrant and refugee group, along with several researchers and translators. The top represented countries were China, Afghanistan, Iraq, and El Salvador, with three participants from each. Two participants came from Pakistan and two came from Ukraine. One participant was from Syria. The remaining four participants did not disclose their country of origin. In the adult-male immigrant and refugee focus group, 7 men were present along with researchers and translators. Two were from China and two were from Syria. One came from El Salvador, and one came from Afghanistan. The final participant did not disclose their country. Of the 28 participants in the two adult focus groups, 19 completed a survey on their demographic information represented below.

Gender and age

Of the 19 survey participants, 13 were women and six were men. Six women were between the ages of 35-44, followed by four women who were between the ages of 25 to 34. There was one woman in each of the following age categories; 45 to 54, 55 to 64 and 65+. Two men were between the ages of 45 to 54, followed by one in each of the following categories; 18 to 24, 35 to 45, and 65+. One participant did not disclose their sex but was between the ages of 55 to 64.

Country of origin

Most of the survey participants were from Afghanistan and China, with five from each country. Two participants came from each of the following countries: El Salvador, Iraq, and Syria. One participant came from each of the following countries: Eritrea, Pakistan, and Ukraine.

Place of residence

Seventeen out of 19 participants reside in Mississauga, one in Oakville and one did not respond. 11 participants have been here less than one year, four have been here between one to five years and the remaining four have been here over five years.

Immigration category

Eleven participants shared their immigration category: five were family immigrants who were sponsored by a Canadian citizen or permanent resident in Canada; five were economic

immigrants who are or will be permanent residents; and one participant is here on a work or study permit.

Family status.

Fourteen participants are married; two have never been married, another two are living with their partner and only one is divorced or separated. Six participants have no children; four participants have only one child; three participants have two children; two participants have three children; and another two participants have four children. One participant has six children living in the same dwelling and one has seven children.

Ethnic origin

Five participants identify with a Chinese ethnic origin; four are of Arab ethnic origin; and two participants are from each of the following ethnic origins: West Asian, South Asian, Persian, and Latin American. One participant is of Ukrainian ethnic origin and one is of Tigrinya ethnic origin. Four participants speak Dari, four speak Chinese and four speak Arabic.

Spoken language

Two participants are Spanish speakers; Urdu, Ukrainian, Tigrinya, Persian and Mandarin are spoken by one participant each; twelve participants know only English, with five not knowing English or French. One participant knows both English and French, and one participant did not respond to the question.

Housing

Apartments are the most common dwelling with 11 participants residing in one. Four participants have a semi-detached house. Row houses, single-attached homes and basement apartments are occupied by one participant each. One participant did not respond. 12 participants are currently renting their residence, with only four participants owning their dwelling. Two are currently living in a hotel. One participant selected other as their housing status.

Education

Six participants have not completed primary school, whereas another five have only completed primary school. One participant has completed high school, whereas three others began it but did not completed it. One participant has a non-university certificate or diploma or college completed. Two have completed a university certificate or diploma but below the bachelor's level. One participant had completed a bachelor's degree.

Employment

Six participants are unemployed and looking for work. Four are current students who are not employed. Three are working part-time and three are students who are unemployed but looking for work. One participant is retired, another one is a stay-at-home parent and one did not respond. Eight participants had no response with asked about their modality of work likely because they were not working. Nine participants worked from home. One worked at a fixed address and another participant worked at no fixed workplace address.

Adolescent Focus Group:

In the adolescent immigrant and refugee group, 15 adolescents between the age of 11 to 17 were present along with researchers, translators, older siblings, and parents. Participants were from a variety of countries including Turkey, Afghanistan, Lebanon, Libya, and Syria.

Service Provider Focus Group:

Five different organizations were represented in the service provider focus group with 15 participants alongside researchers. Nine were from Polycultural Services, two were from the Afghan Women's Organization and two were from Catholic Cross-cultural Services. One was from MIAG Centre for Diverse Women & Families and the final participant was from Family Services of Peel. The occupations represented in this group included settlement caseworkers, settlement counselors, crisis counselors, community resource workers, program managers, mental health workers and psychotherapists.

Focus Group 1: Female Immigrants and Refugees

The first of four focus groups included adult women who are classified as recent immigrants or refugees to Canada. A series of questions were asked to better understand the conditions of life these women experienced in Canada, to understand their use of assorted services up to this point, as well as their concerns with fulfilling needs related to service use, and other challenges they have and are currently enduring as they settle into life in Canada. The discussion was quite rigid and short, even with the open-ended questions from researchers, which is potentially attributable to language barriers and difficulties coordinating with translators. Women were asked to explain three positive things they gained upon arriving to Canada. Several women agreed the environment was good in terms of climate, scenery, and natural beauty. Several women expressed that they felt safe in Canada compared to their country at home and they felt grateful to the government who provides them care. A few women mentioned they felt free and were able to experience new rights here that they did not have back home. One woman elaborated on her freedoms by stating, *"I can study, I can drive, I can read. I am so happy."* Overall, women felt there was a bright future for their children and felt grateful

for all the work and study options. These women appeared optimistic which may be a positive sign they will adjust to Canadian life and make use of the opportunities presented to them.

In terms of services used by women, every woman used at least one health service and almost half of the participants had a family doctor. Additional health services were used including emergency rooms, hospital treatment and federal health programs. Women also used educational services for themselves and their children and public transportation. Two women shared their concerns with long wait times for treatment, especially when trying to visit a specialist. One woman shared, *“We are having our biggest problem with our specialist. It has been six months [since] we booked an appointment and this is something really shocking for us, that we have never seen this kind of appointment in our life. Back home, whenever we are going to the hospital, specialist, or to the doctor, the max [time it will take] is one week.”* Additionally, the three women from El Salvador were having trouble finding a doctor who spoke Spanish. The other participants did not state language issues, and some have found doctors who speak the same language as them. One of the women from El Salvador said, *“We have problems to go to a family doctor. Not everyone in the family has a family doctor yet...the doctor does not know my language.”* It can be extremely difficult to communicate accurate information between a doctor and patient that do not share the same language, leading to potential distress on the patient and a lack of care due to an inability to communicate issues. The other participants did not state language issues, and some have found doctors who speak the same language as them.

Mental health is taboo in many cultures. When questioned about what mental health means to them and how their well-being has changed in Canada, few women chose to speak. A common theme is that trauma is carried from their home country into Canada and this trauma needs to be dealt with. A few women come from war-torn countries, so the bloodshed and violence forced the women to leave and start new lives to establish safety. Some women from these war-torn countries feel a lot happier here and at peace with their safety which improves mental health. There are risks of carrying those negative experiences throughout life. One woman states she was happier back home in Afghanistan being surrounded by her own family, she shares *“We had our own families. We were not stressed much there because we were used to our language and environment. Since moving to Canada, everything looks different for us.”* Many newcomers are torn between choosing safety or familiarity. The transition can be extremely difficult when someone changes from a homogenous society to a heterogenous one that holds different values and social norms.

Not every need will be met in Canada, and especially not in the beginning stages. Multiple women agree that there are issues with housing in Canada, but they do not elaborate on what issues. It could be related to affordability, security, or practicality. A few women find issues with the education system for children, but do not specify what. Several women are unemployed and have found it challenging to obtain a job due to a lack of credentials or

recognition of credentials and language barriers. Additionally, as mentioned above the language barriers for some women prevent them from having equal opportunities to health services. The government needs to address that there are multiple needs not being met by newcomers and develop plans to successfully meet the complex and variable needs of immigrants and refugees as they settle and integrate into Canada.

The session ended with director of research, Monica Riutort, singing a lullaby that her mother used to sing to her. She asked if any women would like to share a unique lullaby in their language. A few women chose to share, and many women were brought to tears by this experience. This was a wonderful end to the session because in a room full of highly diverse people each with their own difficult journey, the nostalgia of childhood powerfully connected them all together.

Focus Group 2: Adult Male Immigrants and Refugees

The second focus group was held directly after the first and contained adult males who were recent immigrants and refugees in Canada. A series of questions were asked to better understand the conditions of life these men experienced in Canada, related to positive changes, challenges faced, services used, and needs that continues to exist to gain. The discussion was similarly rigid, with short answers like what was experienced in the conversation with women, even with open-ended questions from researchers. This is potentially attributable to language barriers and difficulties coordinating with translators.

Men were asked to describe three positive things they gained since arriving in Canada. Several men mentioned they loved the weather and the scenery, a common theme amongst both groups. Freedom is an important aspect many men felt they gained, along with safety and security compared to what they experienced back home. Several men felt very supported in Canada in terms of getting treatment in health care and by children going to school. One man was excited to be amongst diversity; he stated, *"I am grateful [to be] studying with different people, with different cultures."* One of the advantages of Canada is the diversity and while this may scare some newcomers due to the influx of new customs and cultures, it is amazing to see it excite others. In terms of health services being used, men used a variety of services including emergency, dental, surgery department and family doctors. The men found most services easy to get and navigate. However, as seen in the women's group, the men from El Salvador had issues finding a family doctor who spoke Spanish. Due to these language barriers the Latin men had difficulties in understanding their doctor which limited the quality of care.

Mental health is taboo in many cultures as we have established, however it is an even larger, deep-rooted taboo for men. When asking men what mental health meant to them and how they are impacted in Canada, they had unique takes. One man explicitly stated that everyone was having mental health issues in his home country, and it was so common that they stopped

speaking about it. One man viewed good mental health as a life with no worries and less stress. A few men agreed that support from family and friends helped with maintaining good mental health. Safety and security were huge factors to mental health and although the men did not expand much, it can be inferred that being in an unsafe country will have a negative impact on mental health. Not everyone had great mental health, one man was on medication for depression and stated, *“Over here mental health is the opposite. Lack of freedom of the things I want to achieve and I cannot achieve them. The people I want to be surrounded with, they are not there. This brings the mental health issues—loneliness and being far away with the language barrier.”* It is unfortunate to hear this man’s experience and the difficulties he is facing upon starting a life in Canada. This experience is not unique to this man, as many newcomers face isolation upon arriving to Canada and struggle reaching their education or career goals in Canada.

To feel better, many people choose to be with family and friends. However, newcomers may not have this option as most families are separated across the world, and, and they often lack extended social and support connection in Canada. The lack of support from the physical presence of one’s support system can make tough times even more difficult to overcome. To resolve this separation from support and sense of isolation. To resolve this separation from support and the sense of isolation, many people turn to the internet which is a tool that can connect two people across globe and bring them together over a phone call or message. One man shared, *“I do not have extended family. I do not even have close family. Whenever I feel stressed I—I want someone who speaks my language to be around me. If not, then I must call and talk to my friends from far away. And that makes me a little bit relieved.”* This highlights the importance of community and being around people who speak the same language and share the same customs.

Men were asked about their status in their home in terms of who was the “head of the house.” The head of the family often holds a lot of stress as they are responsible for meeting the whole family's immediate and basic needs. Two men stated their wives were in charge. Two men claimed they split that role with their wives. One of these men split the role to not cause stress on the children and any negative impacts to both parties. The final man shared that he was the head of his household and shared the following regarding his role, *“I get used to it, so it is hard for me daily. Sometimes, it gets hard for me, but there is no way out of it. But it is hard for me because his wife is uneducated. She does not know the English language at all, so it is hard for me to do everything by myself.”* Being the one in the household who needs to make tough decisions on your own in a new country is no easy feat and it is unfortunate that many newcomers must experience similar paths due to language or education barriers from their partner.

Focus Group 3: Service Providers to Immigrants and Refugees

The third focus group was geared towards exploring the views of service providers that work with immigrants and refugees. An in-person meeting was held at Polycultural Services where researchers led an open-ended discussion that resulted in extremely rich conversation. The providers are deeply passionate about the work they do.

Assessing Needs

The conversation began by exploring the experience of working with clients and what service providers do when a client first comes to them. Counsellors agreed that they see common symptomology and traits when newcomer clients come in. One counsellor shares the following commonalities, “[We see] everything from panic to depression, sleeplessness, inadequate nutrition and the overriding fear that they might have to be sent back.” Another counsellor shared that when clients come in with panic and stress, they are immediately referred to a mental health worker based on their needs, or a crisis worker for more severe symptoms. Counsellors agreed that most clients already had connections with settlement workers or other providers who have helped them with the ground work. The services are always tailored to the specific needs of the client, referrals are made to appropriate providers, based on their needs.

Mental Health

There is a great stigma surrounding mental health and newcomers are ashamed to talk about it. When settling into Canadian society there are numerous important tasks to consider and oftentimes newcomers get so caught up in these tasks that they do not have time to rest and care for themselves. Many newcomers will not put a priority on their mental health and will push it aside until it becomes overwhelming, and help is warranted. Multiple organizations agreed that resources, workshops, and group meetings for newcomers should address mental health, especially for those who may have not considered it to be a problem. A Polycultural worker said, “I find that with a lot of clients who are referred to me, mental health is not even on their radar at the time. It is more focused on securing the necessities of life such as housing, food, work,” she expands “When people come in overwhelmed and stressed, they say they never considered self-care a thing, or considered things such as how stress can impact their sleep.” Organization workers agreed that many of their clients come from war-torn countries and have experienced traumatic events back home which they are still healing from. One counsellor stated, “I notice [newcomers] have trauma from pre-immigration itself, like from back home, from traumatized countries and even the immigration process can be traumatic.” This counsellor recommends more psychoeducation for newcomers and other workers to notice warning signs and offer appropriate help. In addition, being culturally relevant and sensitive to the unique definitions of mental health is crucial. Several service providers share that they do not directly ask about

mental health but instead talk about challenges in the home, parenting issues or other stresses in a client's life without making the client feel ashamed and stigmatized.

Navigating Basic Necessities & Addressing Discrimination

Several service providers agree that newcomers need guidance in navigating everyday tasks, such as transportation, grocery shopping and medical services. When clients come into these service centers, providers need to adjust their outlook to cater to that client. For example, a client living in Mississauga will need to take different transit routes, access specific grocery stores, and qualify for different medical services than someone living in Caledon. In addition, newcomers need to learn how to apply to jobs and where to find work. Specifically, writing Canadian style resumes and cover letters can be difficult for people who have limited English knowledge and no prior experience writing such resumes, not to mention access to a computer and Microsoft Word or a similar application. Some immigrants and refugees come with incredible accomplishments such as being doctors, lawyers, and teachers, but unfortunately those qualifications are not often recognized in Canada. This makes extremely overqualified workers start over and apply to minimum-wage jobs unrelated to their field. One counsellor said, *"Too many people, they are doctors, they are accountants, engineers... where are they working? Warehouses, factories, driving Uber."* Additionally, there are clear systemic issues of discrimination in hiring newcomers, one service provider explained, *"I would like to add that there is like kind of racism also involved with the employment, because when newcomers go and look for [a] job and [do an] interview, when [the employer] has another option, they will choose the other option."* To build equitable communities, all racism and discrimination must be dismantled in the workplace through training and upholding anti-racist policies.

Managing Expectations

In the conversation, the topic of expectations was raised, and the researchers asked what misleading information immigrants and refugees were receiving. There are a lot of misconceptions that are told to newcomers about what Canada can and will provide. One provider says that newcomers believe, *"That Canada gives houses. That Canada gives employment"* and, *"That social assistance would be enough for them to live and pay rent, eat and drink and send the kids to school– [they think] someone is going to take them to school and take their kids to school."* These are implausible expectations of what the government can provide. Further research is needed to understand how these assumptions are created and where newcomers hear this information. Improved communication between the government and newcomers can help straighten out these misconceptions and prevent hopes from being let down. Service providers were asked to discuss gaps in services and additional challenges. The topic of housing was introduced with multiple people agreeing it is extremely difficult for newcomers,

especially refugees, to secure housing. One worker says, *“The system itself is miserable. When we go with refugees to landlords and explain that we have refugees who are getting money from the government, some landlords say to go away. They do not want to rent their house to people taking money from the government because they are not sure that they will find a job and be able to pay the rent.”* This is a significant issue that landlords and employers are hesitant in providing opportunities to newcomers, particularly refugees.

Pathways to Care

Taking the first step towards help is a monumental one. Establishing appropriate pathways for immigrants and newcomers to successfully integrate into Canadian society is the entire goal of this project. The organizations in this focus group do an excellent job and provide many relevant services but could benefit from an official pathway procedure being created and implemented. A lot of trial and error might occur before a person is connected to the appropriate service. At Polycultural Services, one worker explained that immigrants and refugees are often referred by a family member or friend and enter the organization with a brief idea of what assistance they need. Upon a worker assessing their needs, further internal referrals are made to the appropriate service, or external referrals if the organization cannot help them. There are many people coming to Canada as refugees who have no connections here and would not know about such services. The creation of a referral pathway that is accessible to all newcomers can aid hundreds to thousands of people who are not sure where to start. One participant gave the idea that services should be tailored to the current influx of immigrants or refugees, for example this year there have been over 100,000 Ukrainian refugees arriving in Canada. Tailoring to the current influx helps create culturally relevant and sensitive programs. A collective agreement was to set up a program that runs directly at the airport and allows for an immediate connection to newcomers as soon as they land. The pathway to care can begin in this common space where everyone can be reached and taught about services that are available.

Adjusting to Canadian Society

Adjusting to Canada remains a huge topic of discussion and the service providers had a passionate and lengthy conversation about their own experiences and the experiences of their clients. Similar to the adult focus groups, service providers understand that many newcomers are not ecstatic to leave their old lives behind and adjust to the mosaic that is Canadian society. Back home there is a common culture, language and set of beliefs shared by the entire population. People can fit in and feel confident in their society. One provider expressed their concerns about the Afghan community, *“[Regarding] the seniors of their family members, they are not happy to come to Canada and I feel bad because they came all as a family here and the seniors of the*

family are not happy to live in Canada. They want to go, and they want to deport themselves back to Afghanistan.” For elder adults and seniors who have lived majority of their lives in a different country, starting fresh in Canada is a daunting task and adjusting to life here may not be possible. This same provider shares her own experience and jokes, *“We had our breakfast in Afghanistan, but we are having our dinner in Canada. We never thought we would be in Canada one day, but suddenly, we are here.”* This woman highlights the extremely quick turnaround many families face in which they do not have enough time to prepare resources to help them succeed in Canada. Another woman from Ukraine shares her experience, saying, *“They do not even [have time to process] the decision. I am ready right now or not, you have one month, sometimes one week or two weeks – put your things on and go to the airport. They do not even have time to put their luggage’s, their clothes, whatever.”*

Focus Group 4: Adolescent Immigrants and Refugees

The fourth and final focus group was held on virtually over Zoom with immigrant and refugee adolescents. The conversation began by exploring what these children missed the most about their home. Most participants agreed that family and friends who were still living back in their home country were the number one thing they missed here in Canada. Some adolescents shared that they have relatives who have been held back and are awaiting permission to enter Canada, and it is unclear as to when or if they will be granted entry. This separation can create strain between the family already in Canada and the family back home. One participant expressed their sorrow, *“For our relatives that are stuck in Afghanistan. We just miss them too much. And we miss our friends.”* Adolescents also missed their food and being surrounded by their culture. They missed walking around in familiar surroundings and their old houses, a participant states the following, *“I miss my food, my country’s food and my home, my city and everything.”*

Adolescents were asked what surprised them most about Canada upon arrival. Like the adult women and men, adolescents agreed that the Canadian weather is quite different than the hotter climates in their countries. Weather is a major factor to adjust to and prepare for, especially cold Canadian winters that require winter coats, gloves, hats, and snow boots. One adolescent was ecstatic for being in Canada and was in shock that they were able to come here so easily. This adolescent said, *“When I arrived in Canada, I cannot imagine that I am in Canada because I came to Canada very easily. But now, I cannot imagine that I am in Canada. From the first day that I came here I hoped to become a good doctor.”* Immigrating to Canada is an extremely difficult and highly selective process for many people worldwide, yet this participant felt incredibly lucky to have transitioned here so easily.

School can be a difficult adjustment for Canadian-born students who must navigate through elementary to university but is often even more difficult for newcomers who must learn

English and adapt to a different education system. Adolescents were asked about their experience in school and how they felt. One key experience that some adolescents mentioned is that Canadian teachers and students were extremely patient and welcoming. One adolescent shared, *“The principal is patient and staff because being kind [and] patient in Afghanistan School was [not common]. Like in here, they give students their right to talk and their right to do what they want, but in Afghanistan it is so different.”* It is interesting to view these cultural differences that are expected for students in different countries. In school, a couple of adolescents were fortunate to make friends that were from the same countries as them, one adolescent said, *“One of my friends from my country, she wasn’t my friend, but she helped me so much.”* This was helpful in adjusting to the unfamiliar environment and making social connections.

Learning English is a vital step in adapting to Canadian society. When asked about the difficulties with learning English, one adolescent stated, *“It was difficult at first when I first arrived but since I was like in Gr. Five—four, I honestly do not remember. I [knew] nothing. I do not remember much of it, so I just picked it up on the way. So, it was easy, you know?”* It is much easier for children and adolescents to pick up and retain new languages which is how this adolescent was able to learn English as they matured. Another adolescent expresses the importance of knowing English as it is a universally spoken language, *“English is a helpful language, honestly. Like everyone around the world knows English or speaks English, you know? It is good for business.”* Some adolescents were fortunate to learn English back home prior to entering Canada which made their transition into Canadian society a lot more manageable with limited language barriers.

Adolescents were also questioned about their family health status and the health services they have used upon arriving in Canada. No participants mentioned any family health concerns upon arrival, stating that everyone in their family was healthy. A few participants used health services including dental, orthopedic doctor and family doctors. Five participants claimed they have yet to find a family doctor, however, this could be due to their recent arrival in Canada. The adolescents did not expand much on their use of services or experience accessing health services. The lack of discussion on service use is due to many of the adolescent participants having only been living in Canada for under four to six months.

Canada is a country of many opportunities and a place where people feel optimistic about their future. When asked about what opportunities' participants believe Canada will give them, a few adolescents were keen to share. Keeping in tradition with the other focus groups, participants felt that Canada would provide them with a better education system and opportunity for doing well in school. They felt Canada’s education system was far better than back in their home countries and thus, would provide them with several opportunities to succeed. Aside from education, one adolescent mentioned the safety they felt in Canada compared to being home in Afghanistan, *“We do not feel at risk like in Afghanistan. When we were in Afghanistan we are*

always in danger. Like we were not safe because we felt that an explosion or anything else [could happen]. So, in here it is cool.” No child should have to experience the fear of being in constant danger and this is something we take for granted at times in Canada. One participant shared that their family, specifically their mother, has been getting stronger daily in Canada. This participant says, *“We are relaxing here so we do not have – we do not see any like concerns about our life. So, we are getting better and fresh everyday as well.”* It is comforting to know that Canada can be a haven to newcomers who have experienced turmoil back home.

The focus group ended off with sharing what their dreams are in Canada. A common theme of practicing in the healthcare industry emerged, with several participants sharing their determination to become doctors, psychiatrists, or surgeons. Participants felt optimistic in creating a satisfying life for themselves in Canada and achieving their goals. Several participants shared some expectations they have for the Canadian government to help them in their journey in terms of education and housing. One participant says, *“We just expect from the Canadian Government that they process our [papers] much faster because uh—living in the hotel, this is long time, three months. I hope that Canadian government can process our work fast and we can get a home and everything. That will be great for us.”* For many newcomers, they are situated in hotels and motels until housing can be secured and moved into. This process may take months, even years, with families living in cramped corners and having a lack of personal space. Another participant says, *“I too want Canada to help us in our education. It is only thing which we wanted from Canada government. Yes, of course it is right we want to be a doctor, we want to be in law, and the only thing which we expect from Canada government is helping and attention.”* Newcomers are requiring assistance from the government in terms of establishing their education and careers, which the government sometimes promises to help with. The government needs to ensure adequate delivery of these promises to help newcomers, especially adolescents.

A participant wished to share further insights about their struggles in Canada, specifically about starting fresh. She shared said, *“I spend like three months in a hotel and then getting new home, getting new stuff for our new home. It was so hard to leave everything back home and come to Canada, make a new life, and make a new home and new people. Everything new. But it was not so hard cause I have my family here, like my cousins, my aunties, my uncle. And I did not miss so much about my country, just my city and my home.”* Participants like this one are fortunate to have family here who will orient them in Canadian society and be a pillar of strength during their abrupt move. Many others are not as fortunate to have family in Canada and instead must learn the reigns themselves.

Recommendations

These four focus groups provided amazing insights and recommendations for non-profit organizations, government programs and newcomers. Regarding non-profit organizations,

collaboration between multiple initiatives that work with immigrants and refugees is recommended moving forward. Not only will collaboration increase the resources each organization has access too, but joint initiatives can also help create comprehensive services for newcomers and reach a much broader audience. Organizations can also be better equipped to make appropriate referrals to other services their clients need, particularly regarding mental health support which are more challenging to identify and access.

A specific goal for organizations can focus on creating an informative document that is translated into several languages containing information on settling in Canada, securing housing, securing government financial support, navigating transportation, accessing food banks or grocery stores, accessing health care services, registering for school, and applying for jobs. Of course, this is not a comprehensive list, however having a package that can be given to newcomers upon their arrival at the airport will ease the stress of starting from nothing. Collaboration on this package will ensure each organization uses their resources and strengths to enhance the knowledge for newcomers. Establishing collaborations between various organizations across social, health, mental health, and other sectors, will enable the facilitation of improved pathways to and through services. It is through relationship building amongst and across providers that will facilitate a broader range of referrals provided to immigrant and refugees that will enable them to have their needs met in a timely manner. These collaborations and service connections will facilitate information and orientation for families and allow for them to get their needs met and access services in improved ways.

In addition to physical booklets and flyers, organizations can create virtual services that are easily accessible. A virtual needs assessment can be established to aid service seekers by pointing them in the right direction. For example, a collaborative site can be created with multiple organizations where a simple survey is answered by an individual or family. The survey can assess needs in relation to housing, health care, employment, mental health, education, and other relevant fields. Based on the outcomes, the areas that need assistance will be highlighted and a simple report with relevant resources will be provided to the user. This expedites the needs assessment process by directly referring immigrants and refugees to the appropriate services through an automated virtual process. It may be overwhelming to choose an organization to receive services for many newcomers that are unaware of what is available to them. With this process, newcomers can be guided to the appropriate resources which saves them the time of having to be referred between many organizations.

Government recommendations are far more complex as changes cannot be made easily. Non-profit organizations need to collaborate and lobby to change certain policies and negotiate with the government on the behalf of newcomers. It would be beneficial for government programs to ensure accurate information is being transmitted to newcomers to prevent unrealistic

expectations. Partnerships with organizations can be established to offer information directly at the airport to newcomers. This is an effective way to reach all the new people arriving in the country. Government programs need to expedite the housing process because no family should be living in hotels for months while waiting for their promised housing. Language barriers in many communities prevent adequate healthcare, the government can emphasize training and hiring diverse healthcare providers who can speak multiple languages to ease this hardship.

Research is the foundation of policy implementation and the key to building future resources for these populations. Funding opportunities provided by the government are vital to continuing this research that becomes the structure in which organizations can build new services and frameworks. Funding opportunities also allow for collaboration between organizations to use their expertise towards a common goal. Collaborations are beneficial in gathering multiple perspectives and increasing the knowledge about services regarding usage, outcomes, effectiveness, and client satisfaction. Further research opportunities will allow for additional qualitative research with intensive focus groups to understand the viewpoints and perspectives of immigrants and refugees which will help guide the direction and nature of services.

Everyone arriving in Canada, especially youth, are highly optimistic about their future here. Canada is fortunate to not face the same issues that other migrant countries have with migrant youth. Canada values the family and attempts to bring families together which reduces stress and loneliness. Canada has many amazing programs for youth and an excellent education system, preparing migrant youth for a career in whatever they desire. Due to Canada's diverse population, many youths can find friends at school or in their community that are from the same country as them. This helps with adjustment to the drastically different Canadian society. As difficult as it is arriving to a foreign country and starting fresh, newcomers are recommended to build a community in Canada that can support them through their transition. This may be difficult to accomplish but with the help of non-profit organizations, newcomers can find resources and be connected with the right people. Non-profit organizations can help newcomers by organizing social groups for people coming from the same countries. This would be an excellent way to build connections and uphold one's culture.

Conclusion

The four focus groups in the Tamarack project have been eye-opening and filled with relevant information. Although we interviewed four distinct groups in these focus groups, there are several common themes that arise between groups. These themes are related to language, adjustment, housing, employability, and mental health. Unlike the adults, the adolescents had an easier time picking up the language through school and social settings, however the majority also came to Canada not knowing English. Spanish speakers in both adult groups found difficulties

connecting with Spanish-speaking healthcare providers, highlighting a need to connect the Spanish-speaking community with appropriate resources. Adjustment to a foreign country is no easy feat for anyone. Both adult groups and adolescents found it challenging to leave their old lives behind and start from nothing in Canada. All three groups expressed their longing for their home country, traditional food, friends, and culture. Because children are usually not the ones making the tough decisions when moving to a different country, the parents are faced with creating a positive and easy transition.

Housing is a crucial step in beginning a new life in Canada, a family needs reliable and safe shelter that will accommodate to the size of their household. Unfortunately, the buying and renting markets are incredibly competitive in Canada which make the price of living terribly unaffordable for newcomers. Even with government housing and low-income housing, it can be difficult to secure these spots as many families remain on waitlists for a long time. Both men and women expressed their concerns for securing adequate housing but did not expand much other than to say they hoped for support from the government. In both adult groups, employability and mental health shared similar themes. Both groups had several participants who were unemployed and looking for work with no success. Without employment and a stable income, the transition to Canadian life is extremely hard and the future does not look as optimistic. Unfortunately for some participants their language barrier prevents them from securing employment.

Putting the negatives aside, many immigrants and refugees are happy to be in a peaceful country like Canada where the future is filled with opportunities. Newcomers are hopeful that Canada will provide them with a better healthcare, better education, better employment opportunities, and an overall better life. The information shared by these participants will the Peel Family Pathways Project in understanding pathways to services and the gaps that need to be addressed to improve these pathways. These findings will also support the development of a Family Needs Framework that can potentially be integrated into the models of care of various newcomer-serving agencies and other community-based services in the Region of Peel. This report provides a thorough overview of the information we have collected and will be referenced in all future aspects of the Tamarack Project.