



Building Equitable Economies for Immigrant and Refugees in Peel: Family Survey

Peel Family Pathways Project

This research is supported by WES Mariam Assafa's Building Equitable Economies in the Peel Region funding opportunity administered by the Tamarack Institute

A collaborative project between the Peel Institute of Research & Training – Family Services of Peel and the University of Toronto – Mississauga

May 2023
Mississauga, Ontario

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Introduction

To further develop an understanding of the types of newcomer families in Peel, as well as their settlement needs, and experiences with services, a family survey was conducted. This survey asked a series of questions to explore three areas: (1) family composition of immigrant families; (2) needs of members of the family; and (3) experiences of using of services in Canada, including referrals, barriers, and referral loops.

Methodology

Participants

A total of 86 immigrants living in the Region of Peel participated in the survey. Participants were recruited through various immigrant serving organizations in the Region of Peel. Given that the population surveyed was formed by newcomers, support was provided, where necessary, by agencies in completion of the survey. All respondents were compensated with \$20 cash for their collaboration in the survey.

Of the 86 immigrants were surveyed, 64% were women and 36% were men. The majority of them (57%) were in the age group between 25 and 54 years old, followed by the age group from 18 to 24 years old (29%) and age 55 years old and over (14%).

Measures

The survey focused on three main areas: (1) family composition; (2) individual and family needs; and (3) service use. The questions asked within each area were developed based on the literature review and focus groups to expand understanding of newcomer families in Peel. Questions on family composition considered what families looked like prior to migration and after arrival to understand how families are restructured, and the forms families take. Questions regarding needs, inquired about needs of the respondent themselves, as well as needs they were aware other members of the family had during resettlement. Questions inquired about whether certain needs were met and the associated level of satisfaction. Questions on service pathways focused on initial entry, referrals received and sent, healthcare services used, mental healthcare services used, services for other family members, and level of satisfaction within these areas. Finally, the survey inquired about barriers to service access.

Data Analysis

The data collected was analyzed descriptively. Data was analyzed as a whole group of people surveyed, and in some dimensions has been categorized by recent immigrants (those who have lived in Canada 5 years or less) and established immigrants (those who have lived in Canada for more than 5 years) according to the general terminology used by Statistics Canada.

The survey is exploratory in nature. The results have limitations, in that they cannot be generalized due to the sample size and because the persons surveyed were not randomly selected. This exploratory survey has the advantage of being able to identify some patterns, outline some possible pathways, and suggest new initiatives for further action or in-depth studies with a focus on the family as a unit.

Results

Family Composition

Survey results indicate that family compositions of newcomers are highly diverse. That is, families are composed in ways that extend outside of the definition of the traditional nuclear family (i.e., mother, father, children) and beyond formal categorization based on marital status and migration categories.

- 16% of the persons who have never been married have children, while 27% of those who are married or in common-law relationships do not.
- 21% of persons with work or study permits have children. In contrast, 88 % of the economic immigrant category have children, followed by refugees and asylum seekers (65%) and then sponsored by a family member (75%)

Figure 1: Changes in family structure from pre to post-migration

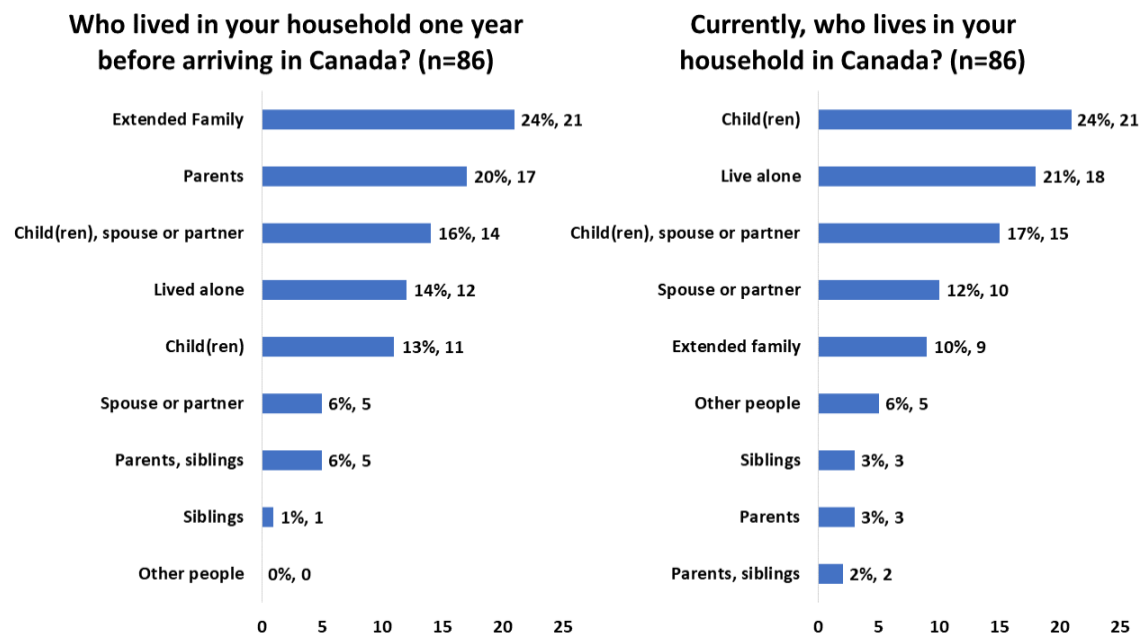


Figure 1 demonstrates that families go through changes regarding their composition from pre-to-post-migration. Important here is that the post-migration family composition is the current composition of both recent and established immigrants. Thus, these changes also encapsulate longer-term family changes of established immigrants. However, these results remain demonstrate how family structures and thus their needs will change. The first image in Figure 1 shows that the top three family compositions one year before arriving in Canada are: Extended family (24%), living with parents only (20%) and then living with children and spouse or partner (16%). The second image shows that the top three current family compositions of immigrants in Canada are: living with children only (24%), then living alone (21%) followed by living with children, spouse, or partner (17%).

Figure 2: Changes in Family composition pre-to-post-migration for recent immigrants

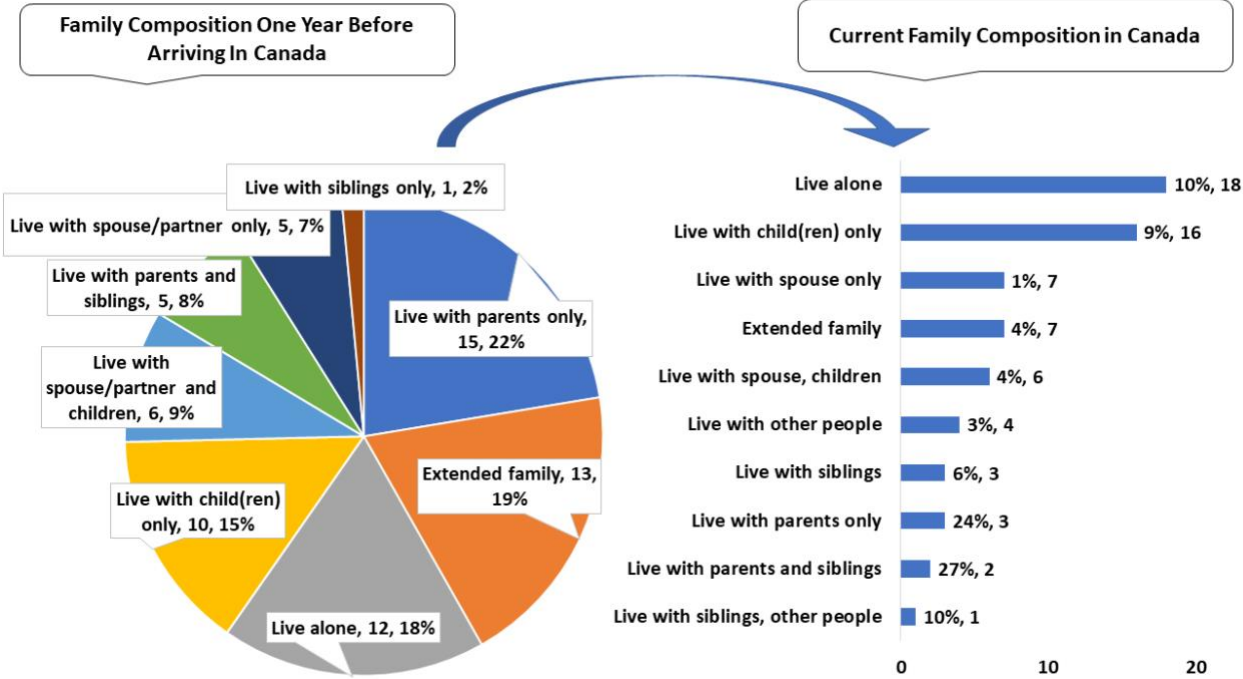


Figure 3: Changes in Family composition pre-migration to current situation for established immigrants

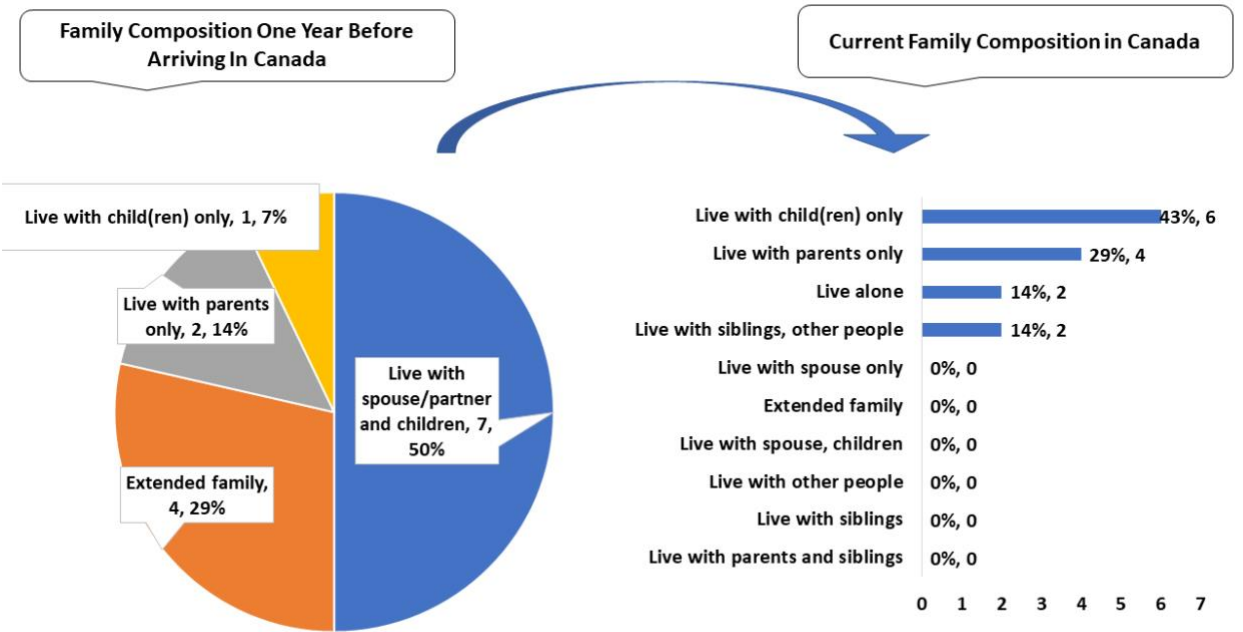


Figure 2 and Figure 3 are a break down of Figure 1 for recent immigrants compared to established immigrants. Figure 2 illustrates the change in family composition from one year prior

to migration to current family composition for recent immigrants. Figure 3 does the same for established immigrants. Since family composition changes over time, it is important to look at the composition of recent immigrants and established immigrants separately. There are important variations from the time immigrants arrived in Canada compared to their current family situation, which relates to the length of time they have lived in Canada.

Figure 2 shows that one year before arriving in Canada, there was a greater proportion of people living with parents only (22%), extended family (19%) and living alone (18%) within the group of recent immigrants, than in the group of established immigrants. Figure 3 shows that for established immigrants the top family compositions one year before arriving in Canada were: living with spouse/partner and children (50%), extended family (29%) and living with parents only (14%).

Changes in family composition shown in the survey are consistent with general trends observed in the 2021 Canada Census. These trends reflect the effect of immigration policies that were put in place in the last five years to increase the numbers of immigrants through work and study permits and a wider humanitarian response accepting more refugees and asylum seekers. As a result, more than one-half of the people surveyed (62%) were immigrants with work or study permits and refugees or asylum seekers.

In the Region of Peel, this information is particularly relevant, because recent immigrants tend to settle initially in major urban centres. The Toronto Pearson International Airport is located mostly in Mississauga. Additionally, in the municipality of Mississauga, there is evidence of an increase in people with study and work permits. The city is experiencing a great urban transformation with increasing numbers of high-rise buildings surrounded by different manufacturing and commercial industries, as well as many higher-educational institutions. A significant proportion of people surveyed who have study or work permits are living with their children or spouse (21%) in the Region of Peel.

There is a secular trend based on historical census data over the last 60 years that the composition and definition of families are changing. The traditional family defined as a nuclear family composed of parents (usually one man and one woman) and their children is rapidly changing and is not reflected in their current marital status. This social transformation is explained by the changing values among generations on what is considered a significant and stable relationship that defines families.

The survey reflects some of these trends by comparing the family composition one year before arrival in Canada, comparing recent immigrants versus established immigrants. In the group of recent immigrants, the survey showed that the family composition was more diverse, such as living with parents (22%), in an extended family (19%) or living alone (18%). In contrast, the group of established immigrants, one year before their arrival in Canada was less diverse, with a greater proportion of people living with their spouses and children (50%).

Family Needs and Access to Services

The following set of figures (figures 4 to 7) illustrate survey findings related to needs. The needs of housing, employment, income, education, social support, and language were all found to affect more than one immigrant family members. The members considered as part of an immigrant's family are the individual themselves, their children, spouse, siblings, in-laws, parents and other non-relatives.

Figure 4: Unmet needs during the first year in Canada – housing, employment, and income

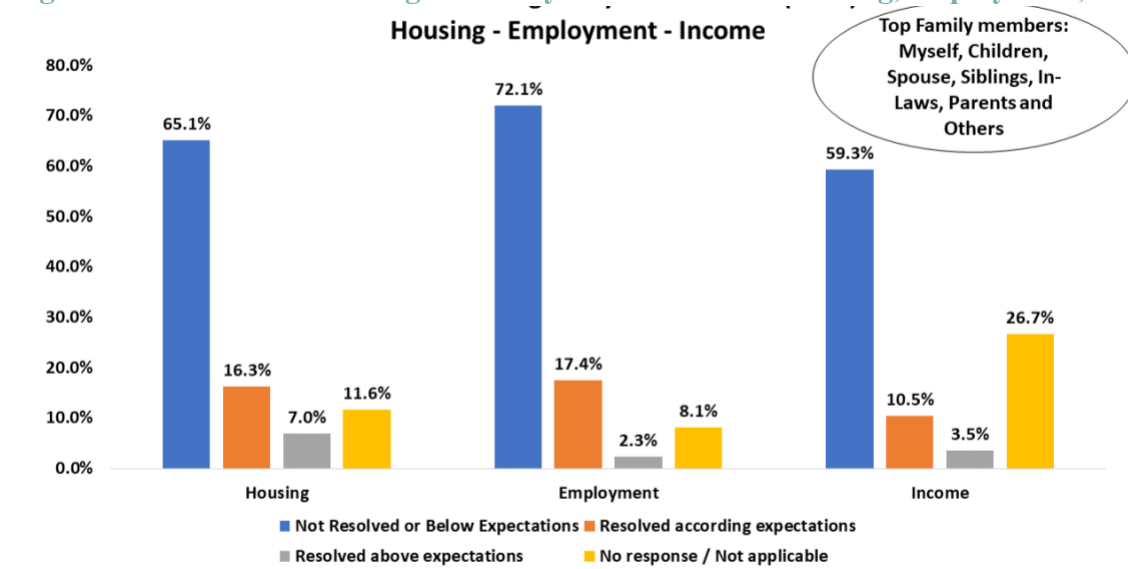
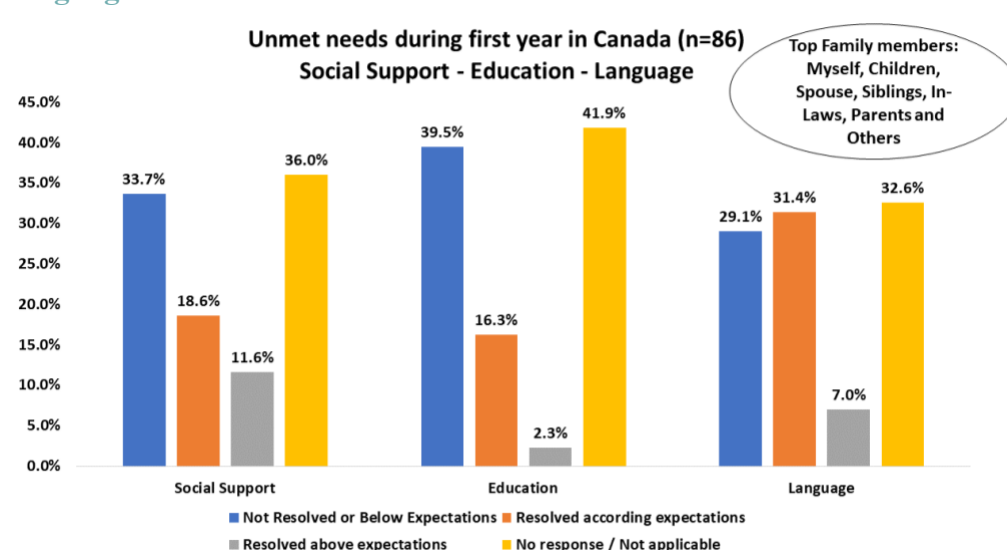


Figure 5: Unmet needs during the first year in Canada – social support, education, and language



However, it appears that the services provided may not always be aligned with the family needs as a unit. This is evident in the high proportion of unmet needs considering the composition of immigrant families. Around 60% and 70% of the persons surveyed manifested that their needs

have not been met or were met below expectations in the areas of housing, employment, and income (see figure 4). Between 30% and 40% of the persons surveyed said that their needs have not been met or were met below expectations in the areas of education, language, social support, and health (see figure 5). The type of services newcomers shared being referred to and the difficulties encountered to access services are similar between the groups of recent immigrants and established immigrants (see figures 6 and 7).

Figure 6: Types of services for which referrals were provided

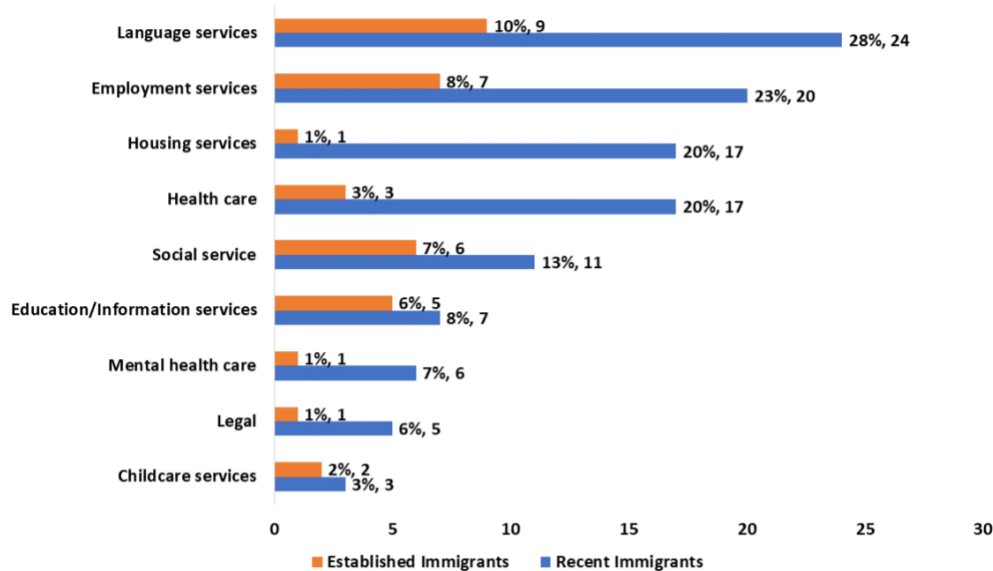
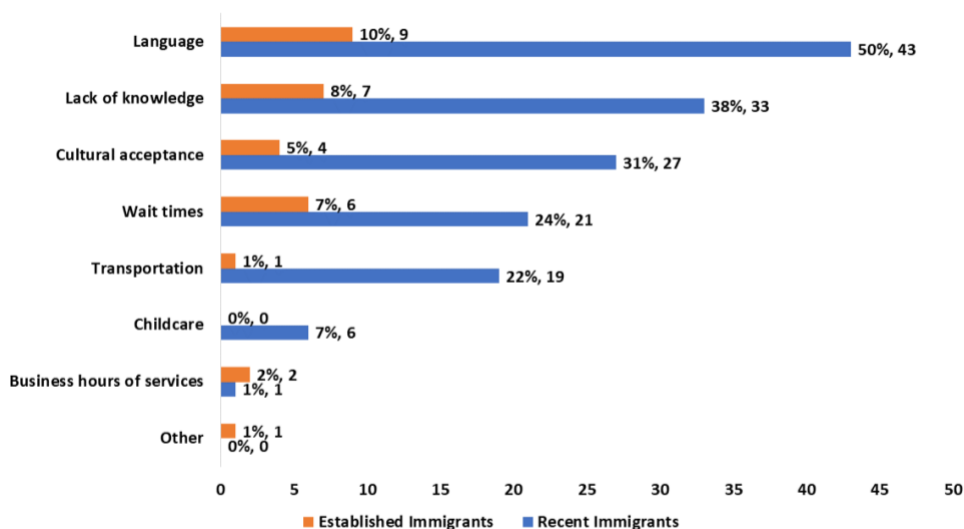


Figure 7: Main barriers to accessing services



Considering that the family is a dynamic reality with different needs over time, the survey shows that the type of services referred and the barriers to accessing services are similar between new and established immigrants, even though there are proportionally more new immigrants in the survey. Both groups, recent and established immigrants alike, were referred more frequently to language, employment, and social support services, and they also encountered similar barriers to

accessing services such as lack of language proficiency, lack of knowledge, and cultural acceptance.

Pathways to Health and Mental Health Care

Figure 8: Unmet needs during first year in Canada – Health and mental health

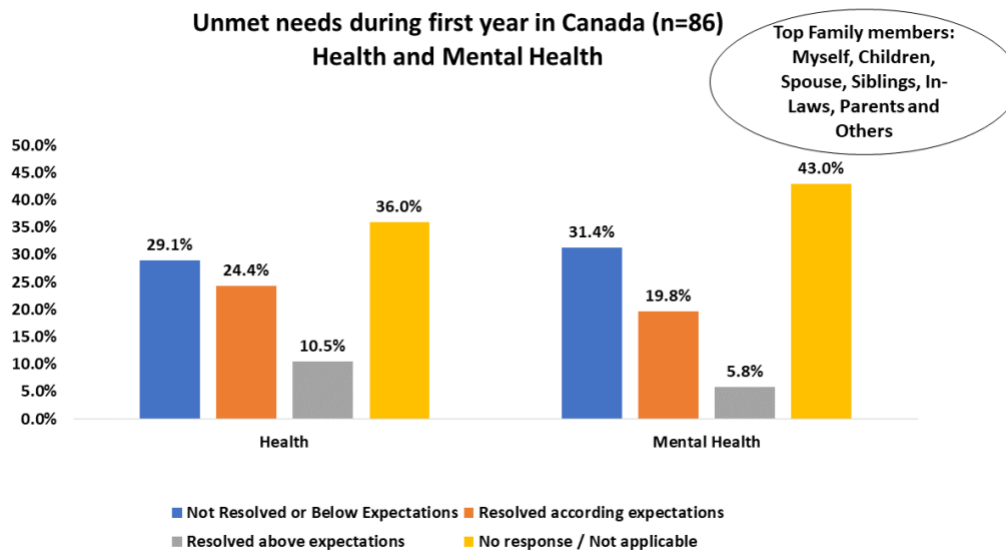


Figure 8 illustrates that many healthcare needs of immigrants are unmet. The top family members reported to need health care or mental health care are the individuals themselves, their children, spouse, siblings, in-laws, parents, and other persons. This is more critical during the first year of living in Canada due to difficulties in finding a family doctor or receiving appropriate referrals to health services when needed. Around 30% of the people surveyed expressed that their health needs have not been resolved or were resolved below their expectations. There is a high proportion of people surveyed who did not respond to this question, 36% for health care, and 43% for mental health care, mainly because they still do not have access to health care, or because of a lack of information or awareness. For mental health, the high lack of response may be due to a lack of understanding of what the term means in the western context or due to stigma surrounding mental health challenges.

Figure 9: Family doctor connections – recent compared to established immigrants

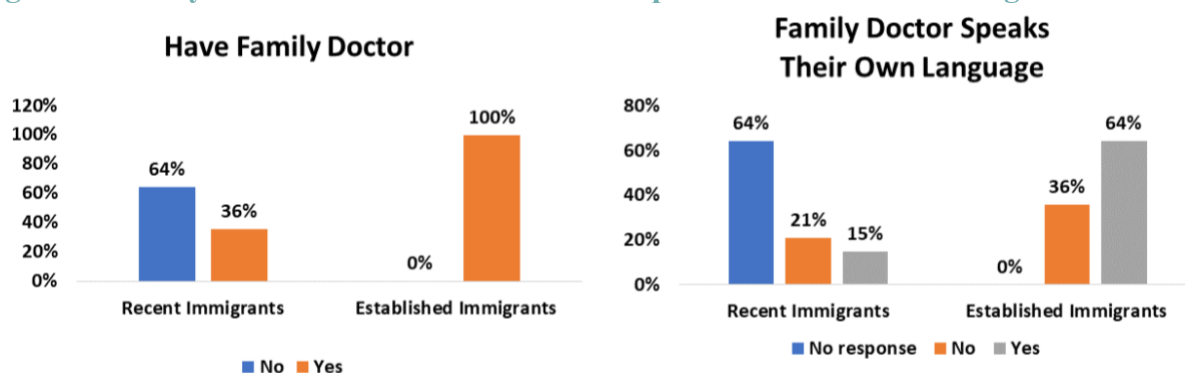


Figure 9 demonstrates that the proportion of people who have a family doctor changes significantly between new immigrants (36%) and established immigrants (100%). The proportion of people whose family doctor speaks their own language also changes significantly between new immigrants (15%) and established immigrants (64%). These results are likely due to time spent in Canada, as those here longer have developed more resources and connections, enabling connection to and ability to communicate with family doctors.

Figure 10: Types of Health Services Used

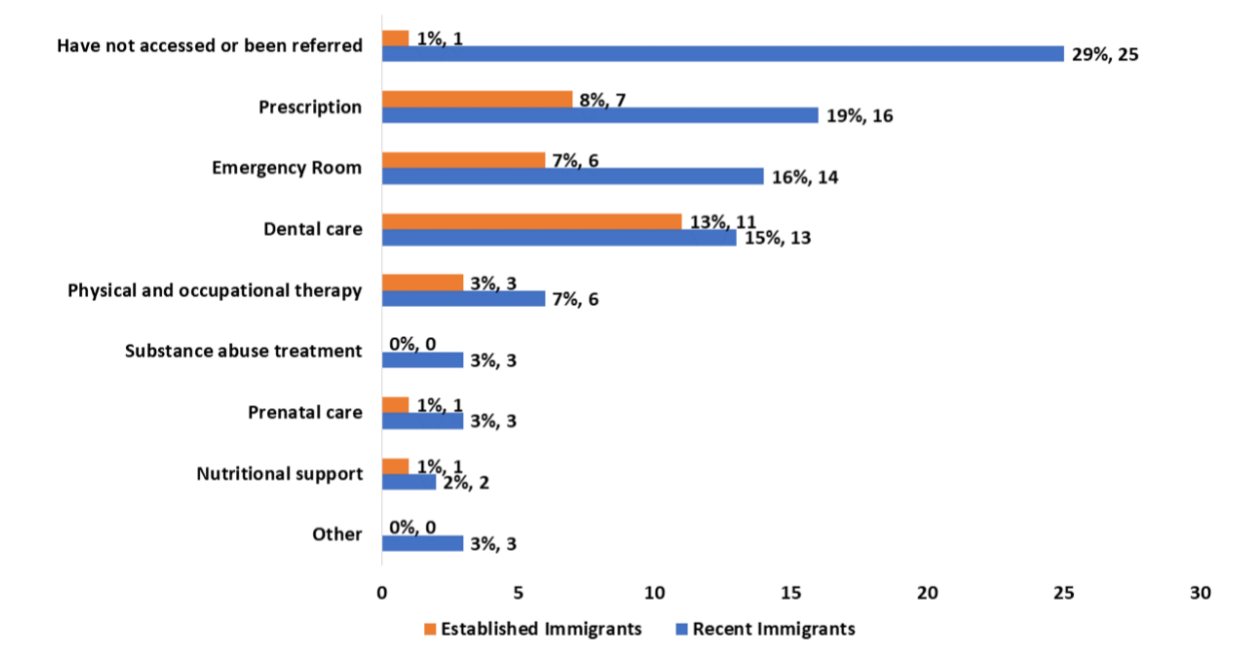


Figure 10 shows the reported health services that have been used by recent and established newcomers. It shows that 29% of recent immigrants have not accessed or been referred to health services, which is likely due to recent arrival and potentially the healthy immigrant effect as well that states that newcomers often arrive in Canada with better health than their Canadian-born counterparts. The results also show that the use of health care is focused on emergencies and urgent

health issues and not preventative care. Having knowledge or providing information about resources is not enough to increase awareness of health promotion with a family approach.

The survey also shows a lack of use of mental health services, when considering the effects on mental health of the COVID-19 pandemic among the general population and the proportion of refugees and immigrants with work/study permits. Refugees and immigrants with work/study permits represent a part of the population that does not always benefit from the healthy immigrant effect.

Conclusions

Overall, the results from this survey demonstrate that recent immigrants are more diverse in their family composition compared with established immigrants which goes beyond the traditional definition of family, marital status and migration categories. When it comes to needs, they are interconnected as responses indicate that behind every individual need, there is also another person considered a family member. Further, most of the family needs have not been met or were met below expectations, as needs change over time. Recent and established immigrants have similar barriers to accessing services; but the difference lies in the type of services needed, according to their current family situation. Recent immigrants have challenges in accessing health care and mental health services due to difficulties in having a family doctor to enter the health system and a lack of awareness of preventative care.

Recommendations

The survey results enrich the discussion about new pathways to healthcare for immigrants. This is especially significant when taking into consideration the family as a unit, and providing the services they need. Some recommendations emerged based on the analysis of the results:

- Service providers would require to have a broader and more flexible definition of families to effectively address the needs of immigrant families.
- It appears that a reasonable time cycle for a family approach would be 5 years with a middle term of 3 years. This is suggested because more relevant changes are manifested in the way the family is developing in different areas of life, such as employment, housing, education, health, and family relationships.
- The situation of the immigrant family during the first two years is critical to their future development. In health care, especially in mental health care, there is the need to ponder the applicability of the concept of the healthy immigrant effect for each immigrant family situation. Adverse social and health conditions tend to decrease faster with even the slightest advantages they may potentially gain.