NEWCOMER NAVIGATION

FROM COAST TO COAST DURING A DUAL PANDEMIC

Report on Outreach and Site Visits

April 2020 – January 2021

UNIVERSITÉ SAINT-PAUL UNIVERSITY

Immigration, Refugees and Citizenship Canada

Immigration, Réfugiés et Citoyenneté Canada

NATIONAL NEWCOMER NAVIGATION NETWORK

RÉSEAU NATIONAL DE NAVIGATION POUR NOS NOUVEAUX ARRIVANTS

LAND ACKNOWLEDGEMENT

N4 – National Newcomer Navigation Network is a project that is hosted at CHEO – Children's Hospital of Eastern Ontario and funded by Immigration, Refugees and Citizenship Canada. CHEO is located in Ottawa, Ontario which is built on unceded Algonquin Anishinaabe Territory. The peoples of the Algonquin Anishinaabe Nation have lived on this territory for millennia and we honour them and this land. CHEO also honours all First Nations, Inuit and Métis peoples for their past and present contributions to this land.

ACKNOWLEDGEMENTS

This report presents key findings and themes from quality improvement activities conducted from April 2020 to January 2021. The aim was to gather information from key informants from across Canada's health, social services and settlement sectors regarding the challenges, barriers, successes and promising practices regarding their experiences in supporting newcomers to navigate health and social services. These research activities were funded by Immigration, Refugees, and Citizenship Canada (IRCC).

N4 would like to acknowledge the contributions of the participating professionals. These activities occurred during a particularly difficult time in Canada's history; namely, the COVID-19 pandemic. We also would like to acknowledge members within the National Newcomer Navigation Network, including our National Advisory Committee who provided valuable input on our outreach and engagement strategy, and provided connections to newcomer-serving professionals from the health, settlement and social services sectors from coast-to-coast. We are grateful for your support.

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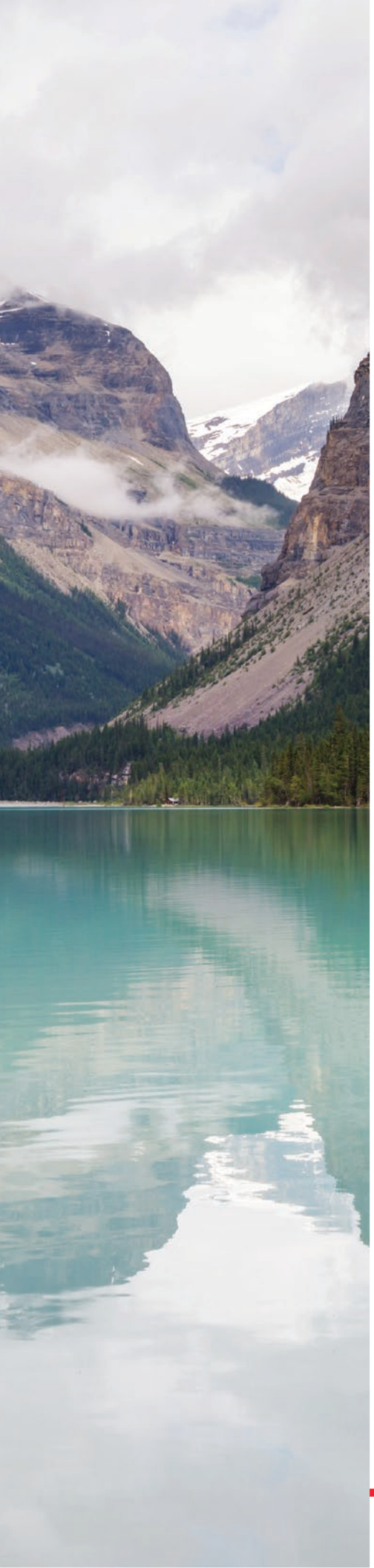


TABLE OF CONTENTS

EXECUTIVE SUMMARY

INTRODUCTION

The events during the summer of 2020 were referred to as the dual pandemics of COVID-19 and systemic racism, both of which showed particular relevance to newcomers and the health and social services sectors that support them. Newcomers were over-represented among last year's dramatic increase in racially motivated hate crimes (Statistics Canada, 2020). These events spawned a renewed focus on embedding an equity, diversity and inclusion (EDI) lens into organizational policies and practices. Simultaneously, the COVID-19 pandemic further highlighted the intersectional vulnerabilities of historically marginalized communities (including newcomers). Ontario Public Health data from the 1st wave of COVID-19 infections indicated that newcomers to Canada had double the infection rate as compared to other Canadians (Guttman et al., 2020).

This report presents findings from N4's outreach and engagement activities that took place during this unusual time in Canadian history; April 2020 to January 2021. The purpose of N4's research activities were to better understand the experience of professionals as they supported newcomers in navigating Canada's complex health and social services systems during that time. Outreach and engagement sessions took place throughout the first three waves of the COVID-19 pandemic. During this time period, COVID-19 vaccinations became available for administration in Canada.

METHODS

The N4 team approached organizational leaders from health, settlement and social services sectors in five provinces and one territory by email to schedule virtual site visits. They were advised of the goals of the facilitated discussion which were offered through a virtual format using technology such as Zoom, Microsoft Teams and/or Google Hangouts (depending on the preference of the organization).

In total, N4 met virtually with 171 professionals from 41 organizations representing health, settlement and social services sectors. Attendees included professionals working in general hospitals, community clinics, settlement organizations, and other settings. Key themes presented in this report reflect the successes and challenges experienced by organizations who support newcomers to navigate the health and social services during COVID-19.

FINDINGS & DISCUSSION

Pre-existing social and health inequities were exacerbated for newcomer populations during the dual pandemics of COVID-19 and systemic racism. Key themes and findings from this report demonstrate the importance of cross-sectoral collaboration between the health, social and settlement sectors to address their intersectional vulnerabilities. Interest from attendees in addressing newcomer needs reflected their organizations renewed focus on embedding equity, diversity and inclusion into their organizational policies and practices. This report raises key considerations related to the provision of virtual care for newcomers, as some newcomers require additional support as they navigate and access the increasing use of virtual service delivery. The importance of ensuring access to multilingual information was particularly important as organizations shared time-sensitive public health information.

CONCLUSION

N4's outreach activities during the dual pandemic confirmed the increased intersectional vulnerability of newcomers. These risks can be mitigated by being aware of and attuned to potential barriers to an equitable experience. By having a flexible strength-based approach to service delivery to newcomers, barriers can be overcome. Organizations can contribute to dismantling systemic barriers through purposeful and ongoing intersectoral relationships. N4's platform and activities can play a significant role in fostering organizations to connect, learn, and collaborate.

NEXT STEPS

The findings of this and past outreach efforts inform all aspects of N4's online integrated platform (**www.newcomernavigation.ca**). The feedback ensures N4's features remain timely and responsive to the needs of its members. N4 will continue to grow and expand the network through additional phases of outreach. The next phase of research activities will focus on health and settlement agencies in cities participating in the Rural and Northern Economic Pilot Project in order to ensure its resources and offering meet the needs of service providers supporting newcomers settling in rural and remote communities. Furthermore, the launch of N4's National Community of Practice (CoP) will begin to address systemic barriers in health and social services that contribute towards inequities for newcomers to Canada.

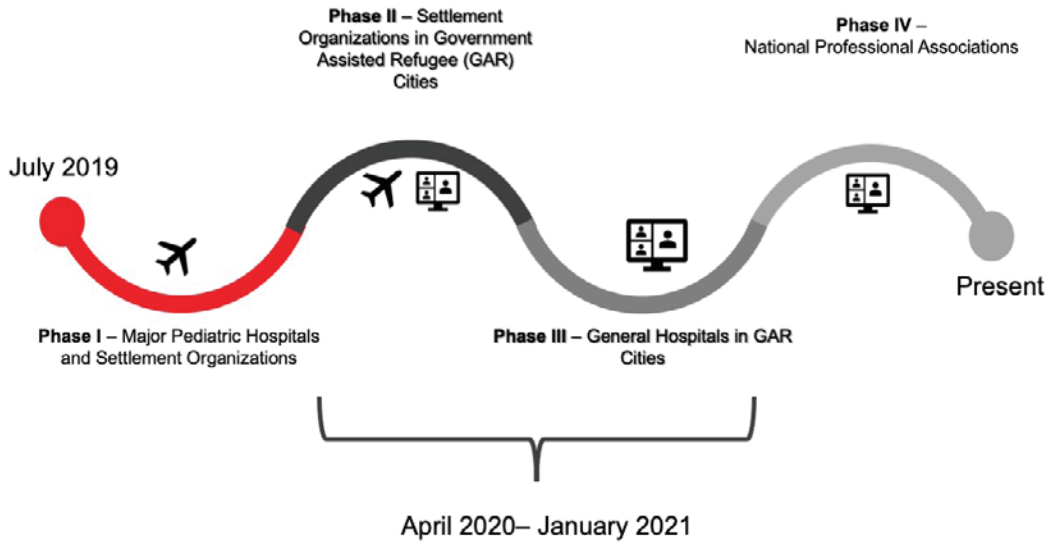
BACKGROUND

Beginning in July 2019, the National Newcomer Navigation Network (N4) conducted a year-long needs assessment to inform the development of an intersectoral platform to promote connection, learning, and collaboration among newcomer-serving professionals across Canada. N4 connected with hundreds of professionals who work with newcomers from coast to coast to understand strengths and barriers that mitigate or contribute to social and health inequities among newcomer populations as they access Canada's health and social services systems. Informed by key findings from this robust outreach and engagement across Canada, N4 launched an integrated platform **(www.newcomernavigation.ca)** for newcomer serving professionals to connect, learn, and collaborate around newcomer navigation. Shortly thereafter, N4 prepared a report, **"Newcomer Navigation from Coast to Coast: Report on N4 Outreach and Site Visit"** which details key themes that were apparent during N4's initial period of outreach and engagement with newcomer-serving professionals across Canada.

In April 2020, N4 continued outreach to health and settlement organizations in Government Assisted Refugee (GAR) designated cities to ensure a fulsome understanding of the breadth of experiences among the diversity of professionals who support newcomers with navigating Canada's health and social services system. These outreach efforts included previously missing perspectives among general hospitals, community health centres, and additional settlement organizations in GAR cities. The timing of these efforts fell during what some have referred to as the dual pandemic of systemic racism and COVID-19. During this time, organizations faced unprecedented pressures to adapt their service based on increased healthcare needs and make delivery adaptations to comply with public health physical distancing and infection control measures. While N4 continued to capture similar information outlined in the initial outreach report, the timing of this additional outreach period allowed N4 to capture new information regarding the impact of the dual pandemic on organizations from the health and social services systems across Canada that provide services and support to newcomers.

INTRODUCTION

Figure 1. N4 Outreach and Engagement



The racial justice movement during the summer of 2020 heightened consciousness of racial inequities and discrimination. Within healthcare, this translated into a renewed focus on embedding an equity, diversity and inclusion (EDI) lens into organizational policies, practices and quality improvement. The COVID-19 pandemic further highlighted how historically marginalized patients (including newcomers) are disproportionately impacted during times of unrest and stress. During the first wave of COVID-19 infections, Ontario Public Health Nurses collected sociodemographic data when communicating positive COVID-19 test results. That data revealed that newcomers to Canada had double the COVID-19 infection rates of other Canadians (Guttman et al., 2020). As well, newcomers were disproportionately targets within the dramatic increase in racially motivated hate crimes (Statistics Canada, 2020).

While health care providers can identify inequities among their vulnerable patients, they struggle to identify their role and take specific actions to dismantle systemic barriers. This report presents findings from N4's outreach and engagement activities that took place from April 2020 – January 2021. The purpose of N4's research activities were to better understand the experience of professionals as they support newcomers navigating Canada's health and social services systems. Outreach and engagement took place throughout the first three waves of the COVID-19 pandemic, as well as when COVID-19 vaccination roll-out began in Canada. It is not surprising therefore, that key themes within this report directly relate to impacts the pandemic had on organizations from the health and settlement sectors.

LITERATURE REVIEW

The number of newcomers who have been welcomed to Canada has been on an upward trend since the 1990s (Statistics Canada, 2018). Immigrant and refugee children, youth and their families are disproportionately impacted by the social determinants of health and have complex needs that often cannot be met by one service provider on their own. This results in higher number of encounters with health and social services sectors as compared to other Canadians.

COVID-19 intensified pre-existing structural inequities and vulnerabilities that racialized and marginalized populations were facing before the pandemic (Statistics Canada, 2020). During COVID-19, data from Ontario and Quebec demonstrated that populations disproportionately impacted by the social determinants of health, such as racialized and marginalized people, were at greater risk of COVID-19 infection and severe outcomes (Public Health Ontario, 2020). In Ontario, newcomers were disproportionately overrepresented among those who tested positive for COVID-19. From January 15 to June 13, 2020, population-based health data shows that immigrants, refugees and other newcomers accounted for 43.5% of positive COVID-19 cases (Guttman et al., 2020). Immigrants form a large proportion of front-line healthcare positions such as nurses aides, orderlies and patient services attendants, putting them at greater risk of exposure to COVID-19 (Savage & Turcotte, 2020). The mental health of immigrants in Canada was also impacted during COVID-19. In a Statistics Canada Crowdsourcing Survey, recent immigrants self-reported fair or poor mental health in comparison to other populations (Evra & Mongrain, 2020). Recent immigrants who experienced financial impacts from the pandemic self-reported higher levels of anxiety. Recent immigrants also self-reported that their mental health declined following the implementation of public health orders, such as physical distancing measures (Evra & Mongrain, 2020).

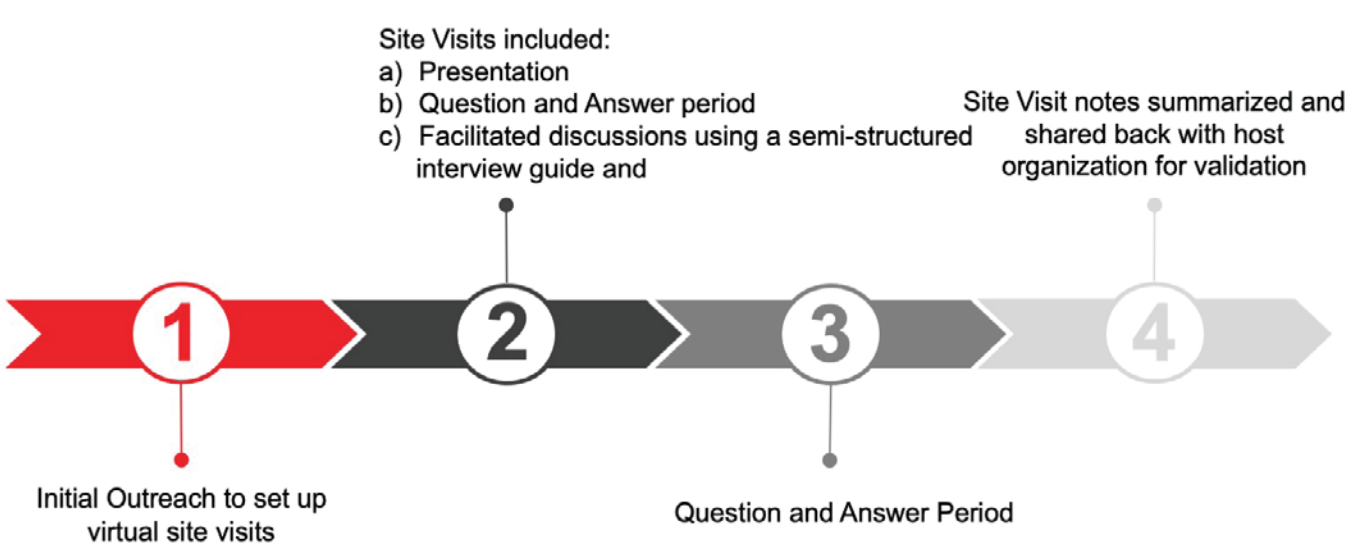
In particular, newly arrived refugees faced a unique set of challenges that was further compounded during COVID-19. Some of the barriers experienced by refugees included inequitable access to healthcare, economic support, education, social support, and border crossing impediments (Edmunds & Flahault, 2021). In their literature review, Edmunds & Flahault (2021) outline the importance of understanding the impact of COVID-19 on refugees in Canada. In particular, they underline the need to appreciate the compounding effect of these barriers during the pandemic due to the additional health security measures that were implemented.

METHODS

During this period of outreach and engagement, N4's outreach activities shifted exclusively to a virtual format using technology such as Zoom, Microsoft Teams and/or Google Hangouts (depending on the preference of the organization). A robust outreach and engagement strategy that leveraged N4's existing partnerships resulted in connections being made with over 170 professionals from 41 organizations in five provinces and one territory (see Appendix I – Participating Organizations).

Each virtual site visit included a presentation providing an overview of N4, an opportunity for questions and comments, and facilitated discussion which consisted of eight facilitated discussion questions (Appendix II – Facilitated Discussion Questions). A recorder from the N4 team took notes during the facilitated discussion. Following the virtual site visit, these notes were shared with the organization's lead contact for coordinating the visit. They were asked to validate and/or revise the notes accordingly to ensure the data captured was accurate based on the discussion that took place. After validation, the notes were inputted into NVivo for analysis. A

Figure 2. Outreach: Methodology



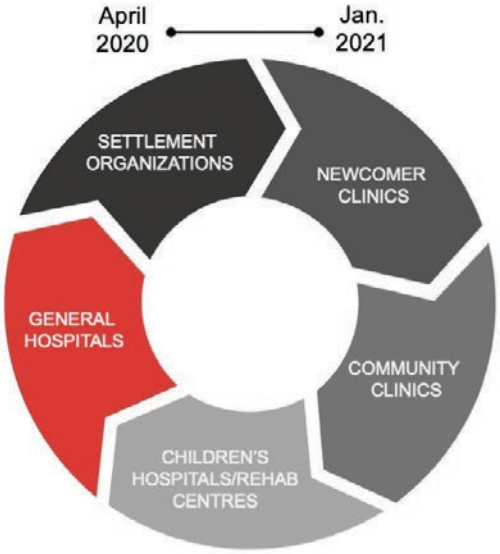
RESULTS

Demographics

Participants shared information about their local community with the N4 team, including client/patient demographic information. Participants listed many languages (e.g. Arabic, Kurmanji, Phillipino, Portuguese, Spanish, Tagalog, French) and countries of origins of the newcomer clients they served (e.g. Bangladesh, Eritrea, Ethiopia, China, Dijbouti, Pakistan, Haiti, Honduras, Iraq, Nigeria, Syria), highlighting the diversity of clientele served. This points to the challenge professionals experience in meeting clients' needs in a culturally and linguistically appropriate manner. Countries of origin and language varied by city reflecting the diversity of refugee newcomer allocation to cities by federal decision-makers.

Settlement organizations were more likely to collect demographic information on their clients than organizations in the health sector. N4 observed that during site visits, organizations in the settlement sectors had data readily available and had often reported on their clients' demographics in their annual reports. The immigration status of the newcomers (government sponsored refugees, privately sponsored refugees, refugee claimants, temporary foreign workers, asylum seekers, and economic immigrants) and length of services offered by participating organizations was dependent on each program's funding source and provincial health coverage rules.

Figure 3. Outreach: Results



COVID-19 IMPACT ON NEWCOMER NAVIGATION

During this period of outreach and engagement, N4 had the opportunity to hear from various organizations about the impact COVID-19 was having on their services. Several organizations shared that social and health inequities among their newcomers have been exacerbated during COVID-19 and intensified structural inequities. Those new to Canada may have less knowledge about the health system, and this, coupled with cultural and linguistic barriers can make navigating the health and social systems particularly challenging. During the first wave, in order to comply with infection control measures, several organizations were offering their services in a different way, leveraging technology and virtual platforms to connect with their clients/patients such as Zoom, Microsoft Teams, and Google Hangouts. Some organizations noted increased demand on their services and higher caseloads. One social services agency in a remote northern community reported the pandemic resulted in job losses among newcomers resulting in a five-fold increase in post-job loss support interventions. Food insecurity was another barrier to well-being which required enhanced support for newcomers during the pandemic.

Challenges and Strengths:

Virtual Care

Several organizations from the health and settlement sectors reported that they adapted quickly during COVID-19 by shifting their services to online modes of service delivery and having staff begin working from home. While some organizations continued to deliver virtual services, others resumed in-person services between waves. This varied organization to organization, by type of service provided, and reflective of each province's public health orders. One organization reported feeling more poised to offer virtual services during the second wave of the pandemic because of their experience having shifted their models of service delivery during the first wave. Almost all organizations from the health and settlement were providing the majority of their services to newcomers in-person prior to the pandemic. Some organizations were exploring virtual modes of service delivery and the pandemic was a catalyst to begin providing services in this form. Organizations experienced both challenges and successes as their organization, and others, shifted to online modes of service delivery as an alternative to in-person services.

Equity in Virtual Care

Some organizations reported their newcomer clients/patients were unable to use the technology necessary to access services and apply for government programs. Some professionals noted barriers to accessing adequate technology, especially among multi-generational newcomer families. As well, several organizations reported that digital literacy among their newcomer clients was low, requiring extra support to access virtual health and social services. To mitigate some of these challenges, one organization reported advocating to buy computers for newcomers to reduce barriers in accessing health and social services. One organization cautioned that there was no one-size-fits all approach to virtual care and shared concerns about the provision of virtual care for refugees. While virtual care present opportunities for service continuation, it is not always appropriate for newcomer families as they are at risk for additional barriers in navigating this technology due to lack of literacy in an official language. Therefore, it's important to assess the appropriateness of virtual technology as a service delivery option when supporting newcomer families.

Provincial Lockdowns

Several organizations shared that provincially mandated lockdowns were challenging for their newcomer clients/ patients. Social isolation was shared as a common challenge for newcomers during the pandemic. One organization reported purposeful reconnections with newcomer families to mitigate for the effects of social isolation. A mental health clinician employed at a settlement organization explained how mandated lockdowns may be triggering for some newcomers where exposure to food insecurity and limitations to mobility can remind refugees of times of political unrest.

Newcomer-Specific Communication Strategies

Communication strategies reflective of the needs of newcomers were highlighted as important but sometimes lacking during the pandemic. There was a lack of consistency between locations and over time regarding the awareness of newcomers as a community at higher risk. The lack of data collection regarding newcomer status as a sociodemographic factor was theorized as one reason why their vulnerability was not as well-known as compared to more publicly acknowledged communities such as Indigenous and racialized communities. Thus, communication strategies failed to target newcomers and their needs.

Initially, very little information regarding the pandemic was available in languages other than English and French. This lack of information in newcomers' maternal language created a barrier to local instructions and broder public health information. Newcomers' efforts to obtain information in their language then resulted in guidance from countries whose guidance was not reflective of Canadian directives. This also led to information being obtained through informal sources such as fellow newcomers or social media (Facebook and WhatsApp) which again were not always reflective of current public health guidance in Canada. This culminated in gaps in information or misinformation among newcomer communities. While one organization used social media such as Facebook, Instagram, Twitter, in addition to their webpage to disseminate multilingual information to newcomers, they cautioned that this does not work for all newcomers due to the digital literacy barriers previously described.

Organizations that participated in virtual visits prior to the COVID-19 vaccine rollout in Canada reported that they were preparing to support equitable access for newcomers during its roll-out. A community health centre reported leveraging their clerks who spoke Arabic to share information about the COVID-19 vaccination with their newcomer clients. Some reported that newcomers were experiencing increased rates of vaccine hesitancy which required a different communication strategy as compared to other Canadians. Newcomers' hesitancies were reported as stemming from their alternate sources of information; information from their home country where

case counts of infection were low due to lack of testing (therefore, a lack of understanding the risks), the lack of vaccine strategy for newcomers, and misinformation due to reliance on informal sources. Thus, their perception of relative risks of COVID-19 were underestimated and the risks of the vaccine overestimated, culminating in poor uptake of the vaccine and lack of awareness of local public health measures. The evolving public health messaging created an additional struggle to ensure the information being shared with newcomers was up to date.

During this period of outreach and engagement, N4 met with organizations like Refugee613, who were bridging these gaps by leveraging technology such as Facebook and WhatsApp to disseminate multilingual resources to newcomers and newcomer-serving professionals. Several organizations and newcomers were accessing these resources.

COVID-19 Innovations

Several organizations innovated upon their programming and/or created new programs to address barriers to access services created or exacerbated by the pandemic. One organization from the health sector developed a virtual emergency department that diverted about 700 people from the emergency department. An organization from the settlement sector reported developing innovative ways to reach clients who would take the bus to their organization and were unable to during the pandemic. Settlement organizations began offering language classes online and some initiated food delivery programs. While designated extra funding allowed for such innovative approaches, organizations reported being concerned about the sustainability and continuity of such initiatives due to lack of sustainability planning in place for their continuance. One organization noted that their mental health service delivery model had received additional funding to meet demand and would be negatively impacted if funding for these services was not sustained to match the on-going heightened needs.

Lessons Learned

Several participants noted that while COVID-19 presented challenges, it also provided the opportunity to explore different modes of service delivery, prompting innovation and creativity. Of those who participated, several were piloting new projects, adapting and innovating their programming in creative ways to meet their newcomer clients/patients' needs. One organization reported doing more frequent check-ins with clients via surveys to see how they were doing and how their organization was meeting their needs. Participants noted that some of these successful innovations would likely be maintained beyond the pandemic.

CHALLENGES

Language and Interpretation

Access to language and interpretation services for newcomer patients/clients was noted as a significant challenge for providing equitable health and social services (Kurzawa et al., 2020). This challenge was noted in N4's first Report on Outreach and Site Visits. It was apparent that this challenge was further compounded during COVID-19. Organizations shared that personal protective equipment, such as masks or virtual technology, created a barrier for providing interpretation services. Overall, interpretation services varied from province to province. There was a lack of consistency by type of interpretation service accessed across jurisdictions and sectors. Some organizations reported using a language line or in-person interpreters. In the absence of this service, professionals reported that sometimes they would rely on newcomers' family members, using translation apps. It was acknowledged that using these latter modes of interpretation presents ethical dilemmas and was felt to be inappropriate for providing services to newcomers. This systemic barrier was further compounded for Francophone newcomers. One organization reported that when a French-speaking health service provider contacts the Language Line, the communication with the organization must be initiated in English which can make it difficult to navigate.

Access to Primary Care

Across provinces, several organizations noted accessing primary care services for their newcomer patients/clients was a challenge due to a lack of primary care providers in the community. Refugee and newcomer clinics noted that their service mandates are time-limited, however the lack of primary health care providers in the community was a barrier to care transition. This was further compounded as some primary care providers were reluctant to take on multi-member newcomer families (as opposed to a single patient) and unsure whether they could meet the linguistic needs for those requiring interpretation services.

Information-Sharing Pre-Arrival

Organizations from the health sector expressed a desire for increased information sharing pre-arrival for newcomers to Canada. Having this information in advance would support care planning for newcomers with complex needs. In acute care settings, professionals expressed that a sharing of healthcare assessments for newcomers destined to their catchment area would allow for advances in coordination of care as opposed to newcomers with complex needs arriving unplanned, which subsequently leads to delays in care. Health professionals in acute care settings also expressed that this would support the alignment of care needs where services and/or specialized care is available. In some instances, newcomers with complex needs required specialized care in larger urban centres.

However, they had been designated to settle in cities without such specialized health services. As a result, travel to urban areas was required to access these specialized services. The created an additional barrier to equitable care. For example, a newcomer with chronic kidney disease that is settled in an area without specialized nephrology services would need to travel to larger urban centres for dialysis treatment multiple times a week.

Ethical Dilemmas

Several organizations, particularly those within the health sector, shared ethical dilemmas while supporting newcomers navigating the health and social systems. Examples include barriers to accessing language interpreters, understanding cultural beliefs, lack of certainty on whether they met their legal requirement for informed consent, and the lack of resources available in the short-term acute care setting's focus to adequately address the complex needs of newcomers.

Disjointed/Fragmented Health and Social Service System

Organizations from the health and settlement sector shared that newcomers have complex social and health needs that cannot be met by one service provider on their own. Partnerships across sectors are essential for providing wraparound services and meeting the social and health needs of newcomers. Participants reported a lack of established partnerships among the health and settlement sectors was a barrier to providing equitable health care to newcomers. When these partnerships were pre-established, newcomers experienced a more seamless transition between services.

Resources and Capacity Challenges

In the health sector, participants shared that the needs of newcomers, particularly newly arrived refugees are specific and intensive. Several participants from both the health and settlement sector alluded to the myriad of trauma experienced by refugees. Several organizations shared that a lack of available language and interpretation resources and adequate staffing resources hindered newcomers access to appropriate health and social services. Several organizations shared that existing staff were experiencing burnout due to resourcing and capacity challenges. Furthermore, many professionals within the settlement sector have lived experience as newcomers, putting them at risk for re-traumatization. Vicarious trauma and compassion fatigue were noted by several organizations as challenges among staff well-being exacerbated by a lack of resources and capacity to meet the needs of their newcomer community. This challenge was further compounded during the pandemic when the additional barriers and challenges for newcomers further strained organizational capacity.

STRENGTHS

Navigational Support and Warm Hand-Offs

As previously noted, newcomers often have complex needs that require multiple touch points with health and social services, requiring additional time from service providers and resources. A few organizations reported having a position devoted to supporting newcomers, such as a newcomer navigator, or a similar role. This role supported care coordination, increased knowledge of community resources, and supported warm hand-offs to partners organizations.

Commitment among organizations to Equity, Diversity and Inclusion

Several organizations shared that their organizations had embedded EDI Inclusion within their strategic plans and made commitments to this work. Within the health sector, some hospitals had dedicated health equity and/or diversity and inclusion specialist roles. The purpose of these dedicated roles was to ensure that the services provided and the workforce within an organization is reflective of the community's needs. These organizational commitments and subsequent EDI initiatives will aim to better support racialized and marginalized populations such as newcomers to have an equitable experience accessing health and social services.

Diversity of Staff

Several organizations shared that having staff of diverse cultures and who speak diverse languages is a strength that supports them with providing services that meet the needs of newcomer clients/patients. Participants shared that staff who are hired who can identify with the community better understand the needs of newcomer clients/patients. Having staff that speak the same language, are connected to the local community and understand the culture of newcomer clients/patients supports the development of trusting relationships which is essential for providing health and social services. Several organizations from both the health and settlement sector reported purposeful hiring of staff including clerks and case managers, who spoke languages other than English or French.

Multi-Disciplinary Teams & Wrap-Around Services

Newcomers navigating the health and social services systems often have complex needs that cannot be met by one service provider on their own. Several organizations from the health and settlement sectors shared that multi-disciplinary teams and having wraparound services for newcomers greatly support their navigation of the health and social services systems. The composition of these teams varied by organization to organization however roles commonly included dieticians, social workers, occupational therapists, physiotherapists, family resource specialists, nurse-practitioners, and physicians.

Using a Strengths-Based Approach

Professionals working in the health and settlement sectors frequently shared the resilience and resourcefulness of newcomers as a strength that supported them with navigating the health and social services systems. One organization reported creating 'Empowerment Action Plans' that take into account a client's strengths and resources. These protective factors are considered alongside their current needs. It was also noted that including newcomers as active participants in the planning process assured the plan met their goals and increased their sense of ownership and independence in actioning and communicating their care needs.

PARTNERSHIPS

Current

Organizations from the health and settlement sectors had different strengths in forming partnerships to better support newcomers. Healthcare organizations referred to internal allied health partners and multidisciplinary teams of professionals as being a strong partnership and essential for providing wraparound support to newcomers. When supporting their newcomer patients, several health service providers noted they would access resources through their local settlement organizations to better support their newcomer clients. Settlement organizations reported having good relationships with the education sector, specifically Settlement Workers in Schools (SWIS), community-based mental health services, and social services (housing, child protective services, employment). Professionals in the settlement sector also reported having partnerships with local mental health clinicians in private practice and justice services (legal, police), privately sponsored refugee groups and local religious community leaders.

Several organizations reported participating in cross-sectoral planning tables, such as Local Immigration Partnership (LIP) tables, multicultural networks, and pandemic response tables. Participation in these committees was reported as beneficial to establishing and maintaining inter-organizational relationships. One settlement organization on the East Coast reported having forged strong partnerships with their local Community Health Centre. As a result, a nurse practitioner was placed on-site at a hotel to provide health services as Syrian refugees were welcomed to the community. Some organizations reported strong partnerships with academic institutions, such as universities. The nature of these partnerships included participating in research related to their newcomer clients/patient populations, as well as receiving student clinicians allowing them to provide service to newcomers while completing their clinical placements and practicums.

Desired

Several settlement organizations desired stronger partnerships and on-going communication with public health, hospitals, and primary health care services. Some settlement organizations reported having strong partnerships with public health during their pandemic response planning. However, this was variable across provinces, and dependent on awareness of newcomers as a vulnerable sub-set of their community. Several organizations raised barriers to accessing primary care by newcomers created an inappropriate reliance of care within walk-in clinics, who are not able to provide continuity of care or holistic and preventative care assessments. Organizations desired stronger partnerships with primary care services in the community to close the gap in equitable primary care for newcomers.

EDUCATION & RESOURCES

Current

Organizations referred to having access to several mental health resources through local mental health organizations and practitioners. As well, CAMH's Immigrant and Refugee Mental Health Project (IRMHP) was accessed by professionals in the settlement sector. Organizations shared they accessed webinars and observed an increase in webinar offerings during COVID-19 as organizations began transitioning educational and professional development events to an online format. Professionals working in the settlement sector reported accessing SettleNet.org. Topics ranged from vicarious trauma, to working with LGBTQ+ newcomers. A couple of professionals noted involving people with lived experience or partnering with local ethnocultural community leaders can be an effective way to inform staff about the complexity of navigating health and social services systems by newcomers. Local telephone service directories such as 211/311 were also accessed by professionals to find out what local community resources could be accessed by their newcomer clients. As well, several professionals relied on their internal and external networks and peer-to-peer support when seeking education and resources to better support their newcomer clients/patients.

Desired

Several organizations shared that on an ongoing or yearly basis, they assessed learning needs and gaps within their organization, and then would subsequently identify local opportunities and/or organizations who could provide training on these topics. Among desired education and resources, organizations expressed seeking training on trauma-informed care and trauma-informed approaches to better support their newcomer clients/patients and staff. As well, several organizations desired training and building capacity in areas related to racism

and discrimination, cultural competency, and racial stereotyping. Some organizations were seeking resources related to COVID-19 and lessons learned from organizations as they supported their newcomer/clients during COVID-19. A professional in the settlement sector shared that it would be helpful to have a cultural profile for the countries newcomers are arriving from so they had a better idea of what their cultural norms might be and what to expect. Having resources and information in an easy-to-navigate format and in one place was shared as being valuable. Within the health sector, professionals were interested in better understanding the journey of an immigrant and refugee from their country of origin to Canada. They also sought to better understand how IRCC determines which cities newly arrived refugees will settle in.

DATA

Current

The data currently collected by organizations from the health and settlement sectors on their newcomer clients/patients varied depending on the type of programs offered, what database used, and reporting requirements to funder. Organizations from the health sector collected sociodemographic data such as sex, gender, date of birth, age, education level and language level. Organizations from the health sector that did not exclusively serve newcomers often did not track if their patients were newcomers. Settlement organizations with Refugee Assistance Programs (RAPs) used the Client Support Services Efforts to Outcomes (ETO) database to track outcomes among their refugee clients through the RAP program.

Organizations reported turning to credible sources for data such as Statistics Canada, UNHCR, Metro Vancouver and ISS of BC and other federal and provincial research institutions and umbrella organizations to access data to better understand the needs of their newcomer clients. Conferences such as Pathways 2 Prosperity, and websites such as N4 and SettleNet.org were accessed by settlement organizations for current data and resources.

Desired

The dual pandemic of systemic racism and COVID-19 prompted many organizations to begin looking into collecting sociodemographic data for their patients/clients to address inequities within their organization. Several organizations, particularly within the health sector, were renewing their focus on health equity, diversity and inclusion and exploring race-based data collection within their organization. One community health centre reported that although they collect data through an Electronic Medical Record (EMR), they did not feel they were using it to the fullest extent in terms of generating disaggregated data reports on their newcomer patients that could support organizational and program improvements to better service their patient population. There was interest in using data from the EMRs to better understand which conditions were being seen, greatest presenting needs, most costly conditions to treat, and what other resources are accessed.

Among other desired data included tracking exposure to trauma and long-term outcomes for their newcomer patients/clients, numbers related to underemployment in skilled immigrants and refugees, data points about racism, and language spoken. Recognizing that food insecurity was prevalent during the pandemic, some organizations were tracking food needs during COVID-19. Staff from a settlement organization desired disaggregated data from their local health partners to better understand the health needs of newcomers in their community and use this to inform their programming and organizational policies and practices. Overall, there was not a consistent mechanism for tracking data on newcomer clients/patients across sectors.

LIMITATIONS

N4 acknowledges several limitations that will impact the interpretation and generalizability of these findings in this report. During site visits, a member of the N4 team took notes to record meeting discussions. We acknowledge that there may have been recall bias based on what key pieces of information were recorded in these discussions. To mitigate for this, notes were shared with participating organizations following site visits for validation.

Additionally, while every effort was made to engage general hospitals and settlement organizations in GAR cities coast-to-coast, including the territories, we acknowledge that not all settlement organizations and general hospitals were able to participate. Furthermore, there was a lack of Francophone-serving immigrant organizations who participated and organizations in the territories, rural, remote and northern communities. Therefore, this report is not inclusive of all perspectives and geographies across Canada, and the unique challenges experienced by these communities. Future reach outs will focus on closing this gap.

Furthermore, research activities were conducted during the pandemic where there were many competing priorities for organizations in the health and settlement sectors. As a result, some participating organizations may not have been able to devote as much time to participating in the facilitated discussion and/or participate in the virtual call. Utilizing virtual technology enabled N4 to reach a greater number of organizations across diverse geographies. However, in some site visits, using this technology may have prevented some attendees from fully participating, particularly if audio and/or video settings were not functioning properly.

DISCUSSION

The importance of cross-sectoral collaboration among the health and settlement sector was especially pronounced during the COVID-19 pandemic. As newcomers were disproportionately impacted by COVID-19, strong partnerships between the health, social services and settlement sectors were particularly important for newcomers to be able to access equitable services. This is incrementally important when seeking to provide culturally safe care, free of discrimination, and ensuring an EDI lens into organizational policies and practices. Furthermore, newcomers may have complex social and health needs that cannot be met by one sector or service provider on their own. Therefore, it is advantageous for organizations to forge partnerships with organizations from the health, settlement, education and social services sectors to facilitate timely and collaborative problem-solving around specific barriers to equitable care.

While several organizations reported success with virtual care, it may exacerbate inequities for newcomers if they are not provided with the support they need to access and navigate this technology. Newcomers may not have access to the technology required for virtual services due to financial barriers and/or may not have the language and digital literacy skills necessary to navigate this technology. Therefore, to ensure an equitable approach, it is important that organizations from the health and settlement sectors take these factors into consideration when exploring the appropriateness of virtual care with newcomer populations.

As well, integrating a trauma-informed care lens into health and social services became especially important during the pandemic. Data demonstrates that the mental health of immigrants and refugees was significantly impacted by the pandemic. As newcomers may have experienced trauma pre-migration, public health measures, such as lockdowns during the pandemic may be re-traumatizing. Furthermore, access to mental health services as they moved to a virtual format presented an additional barrier due to the aforementioned logistical barriers in addition to cultural beliefs around mental health.

Through all phases of the pandemic, it was valuable to communicate information in a way that was familiar to newcomers. Information available in multilingual formats and through channels and mediums that are familiar to newcomers enhances equitable access to information. This is especially important as public health information, including public health orders, continuously changed throughout the pandemic.

Finally, several organizations reported pivoting their services during the pandemic to meet the additional demands of newcomers, specifically related to food security and mental health support. Some organizations received additional pandemic funding to do this. It is important that the sustainability of funding for these initiatives is considered to ensure service continuity and that inequities are not further exacerbated post-pandemic.

The renewed focus on EDI has prompted several organizations to begin exploring ways of collecting sociodemographic data. Of the participating organizations, several had not yet implemented the mechanisms to begin collecting this data. However, several noted its importance to better understand how vulnerable groups are represented among their services and facilitate data-based service decision-making. The current data that organizations are required to collect for funders may not capture those most relevant to inform programming and organizational improvements.

It is evident that to dismantle systemic barriers, healthcare professionals need first to gain awareness of the challenges newcomers experience when accessing their services. They further need to understand how they can contribute to creating health equity by engaging in promising practices, which have been gathered through this report, and N4's previous pan-Canadian needs assessment. A key element of dismantling systemic barriers is cross-sectoral collaboration with the settlement and social services sectors to ensure newcomers receive the appropriate supports when navigating the health and social services systems.

CONCLUSION

The importance of cross-sectoral collaboration among the health and settlement sectors was especially pronounced during the COVID-19 pandemic. N4's online integrated platform **(www.newcomernavigation.ca)** is one tool professionals from the health, settlement and social services can use to advance social and health equity for newcomers. The N4 platform provides several tools and educational opportunities that support connection, learning and collaboration among newcomer-serving professionals from the health, settlement and social services sectors. Furthermore, the launch of N4's Community of Practice (CoP) in the Fall of 2021 will seek to address some of the systemic barriers outlined in this report that prevent newcomers from having an equitable experience as they access and navigate Canada's health and social services systems through time-limited and outcome-focused working groups.

APPLICATION OF FINDINGS

The findings in this report have informed and will continue to inform the tools and resources on the N4 platform. These include content curated from subject matter experts and partner organizations (e.g. resources, eLearning, publicly available data) and new tools co-developed by N4 with subject matter experts (e.g. webinars, and professional development series) to close the gap between what is available and identified needs through outreach such as those summarized in this report.

During the pandemic, N4 shared multi-lingual resources, hosted a series of panel discussions on topics related to addressing vaccine hesitancy (or barriers to COVID-19 vaccination) among newcomer populations and a webinar that explored the experiences of Black people accessing healthcare. In conjunction with these, N4 curated accompanying resources related to these topics and prompted robust discussions using N4's online moderated discussion forum 'Meeting Place'. In partnership with IWK Health Centre, N4 hosted a three-part interactive professional development for professionals from the health and settlement sector on trauma-informed care. Furthermore, N4 aims to address systemic barriers that perpetuate social and health inequities through its National CoP model, which mobilizes a wide and diverse range of professionals from across sectors to work on time-limited projects aimed to address systemic barriers that prevent equitable access to health and social services among newcomers. In the Fall of 2021, working groups began working on topics related to access to language and interpretation services and Afghan refugee resettlement. As well, N4 is hosting its first intersectoral conference for professionals in March 2022, 'The Past is Practice: Intersectoral Lessons Learned from the Dual Pandemic of COVID-19 and Systemic Racism' which will bring together newcomer-serving professionals from across the country.

NEXT STEPS

N4 will continue to grow and expand its network by continuing to pursue partnership opportunities with national professional associations and umbrella settlement organizations, and co-designing strategies to increase awareness about the Network. To date, a large proportion of the organizations N4 has engaged with have been in urban areas. Professionals working with newcomers in rural, remote and northern communities have unique needs that differ from professionals working with newcomers in urban centres. Therefore, the next phase of N4's outreach and engagement and research activities will focus on connecting with health and social services organizations in cities participating in the **Government of Canada's Rural and Northern Immigration Pilot Project**. This will ensure N4's activities continue to advance equitable experiences of newcomers, regardless of their settlement destination across Canada. Additionally, as several cities are welcoming/prepare to welcome Afghan refugees, N4 will ask questions to better understand their experience and explore ways N4 can leverage tools on its integrated platform to support professionals across Canada from the health and settlement sectors to connect, learn and collaborate.

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APPENDIX I

Participating Organizations in N4's Outreach and Site Visits: April 2020 – January 2021

PEI Refugee Clinic, Charlottetown, PEI
Association of Family Health Teams, Toronto, ON
Alliance for Healthier Communities, Toronto, ON
CAB, Victoria, BC
Covenant Health, Edmonton, AB
Cross Cultural Learners Centre, London, ON
CSS & Learning Council, Lloydminister, AB
CSS Red Deer, AB
Fredericton Downtown Community Health Centre, Fredericton, NB
MAGMA, Moncton, NB
Moncton Local Immigration Partnership, Moncton, NB
MOSAIC Vancouver and Area, Vancouver, BC
Multicultural Association of Fredericton, Fredericton, NB
New Brunswick Health Council, Moncton, NB
YMCA Saint John, Saint John, NB
Waterloo Region Immigration Partnership, Waterloo, ON
BC Children's Hospital, Vancouver, BC
Elisabeth Bruyere Academic Family Health Team, Ottawa, ON
Catholic Centre for Immigration, Ottawa, ON
CDETNO, Yellowknife, NWT
NWT Literacy Council, Yellowknife, NWT
Champlain Maternal Newborn Regional Program, Ottawa, ON
CHEO Coordinated Service Planning and Family Resource Team, Ottawa, ON
Jewish Family Services, Ottawa, ON
Mennonite New Life Centre, Toronto, ON
Moncton Primary Health Care Newcomer Clinic, Moncton, NB
Montfort, Ottawa, ON
Niagara Health System, St. Catherine's, ON
OCISO, Ottawa, ON
Peter Lougheed Centre, Calgary, AB
Refugee 613, Ottawa, ON
Saint John Regional Hospital, Saint John, NB
Scarborough Health Network, Scarborough, ON
Somerset West Community Health Centre, Ottawa, ON
Southeast Ottawa Community Health Centre, Ottawa, ON
The Ottawa Hospital, Ottawa, ON
The Royal, Ottawa, ON
University of Alberta Hospital, Ottawa, ON
Vancouver Coastal Health, Ottawa, ON
Vanier Social Pediatrics Hub, Ottawa, ON
Greater Moncton Health Centre (Horizon Health Network), Moncton, NB

APPENDIX II

Facilitated Discussion Questions

Demographics

- What are the demographics of your newcomer patients? (i.e. country of origin, languages spoken)

Partnerships- Current/Desired

- Which organizations do you have strong partnerships with to best meet the needs of newcomers?
- Which organizations would you like to form stronger partnerships with, to better meet your newcomer patients' needs?

Strengths/Challenges

- What are some strengths you have experienced helping your newcomer patients navigate health and social services?
- What are some challenges you have experienced helping your newcomer patients navigate health and social services?

Education - Current/Desired

- Where, or to whom do you turn for resources and education to better serve your newcomer patients?
- What resources and or education would help you better serve your newcomer patients?

Data - Current/Desired

- What data do you currently collect on your newcomer patients?
- What data would help you to better meet your newcomer patients' needs?

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