

INTEGRATED SETTLEMENT PLANNING
RESEARCH PROJECT

**SETTLEMENT SERVICES FOR
NEWCOMERS AND
ACCESS TO FAMILY SERVICES**

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Access to Family Services ("The Coalition")
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A INTRODUCTION

The Multicultural Coalition For Access to Family Services (“The Coalition”) has been involved in the Integrated Settlement Planning Project (“The Project”) as a partner in a Consortium involving three other umbrella community organizations representing ethno-racial immigrant communities in Toronto. The Project, which was coordinated by the Community Social Planning Council of Toronto (“CSPC”), addressed the need for more integrated settlement planning strategies in the City of Toronto, which has a racially, culturally and linguistically diversified population. The identification of the needs of newcomers and the planning for the provision of adequately responsive services are still very fragmented and disconnected, and it was felt by the Consortium that a more efficient access to settlement information and services was needed in order to respond more effectively to the wide variety of settlement needs that immigrant communities have.

The Project required the CSPC to undertake a research study to develop strategies for coordinated and collaborative models of settlement service delivery in Toronto so as to maximize existing information and service resources, address systemic barriers and inefficiencies, and establish effective links between generic (“mainstream”) and ethno-racial settlement service supports.

CSPC was required to “(a) assemble an inventory of existing ethno-specific and generic services in Toronto; (b) determine existing linkages between them and factors that enable or impede working linkages; (c) map settlement patterns and identify communities under-resourced in terms of settlement information supports; (d) consult with stakeholder groups for interpretation and analysis of findings; (e) formulate prospective information access and service coordination strategies and models; (f) test prospective strategies and models in consultation with stakeholders; (g) do a final analysis of the data from the research and consultative process; (h) develop integrated settlement information and service models”.

Consistent with the decisions that were made by the Steering Committee of the Consortium, the methodology that was adopted for the implementation of the Project involved the creation, for each of the Consortium partners, of several Community Advisory Committees consisting of representatives from the community at large, to provide feedback on the development of the Project and its findings.

Each of the partners in the Consortium then undertook a limited review of the literature available on issues of concern to them and conducted focus groups in the communities they were interested in serving.

As far as the Coalition was concerned, a literature review was undertaken on the key issues in the family service delivery field, in particular, to find out if there was

a linkage between settlement and the need for family services. This was because, traditionally, the criteria adopted for the funding of settlement services looks at family services as being distinct and apart from settlement services. According to that criteria, settlement services are interpreted very narrowly as consisting primarily of information, referral, translation, interpretation, supportive counselling and orientation services needed in the period immediately following the arrival of an immigrant in Canada.

The research that was undertaken by the Coalition aimed to find out if that narrow definition of settlement services actually reflected the settlement needs as identified and expressed by the service providers and users in the three immigrant communities (South Asian, Spanish and Chinese) that were being researched.

The Coalition started, therefore, by doing a focussed literature review on the issue of access to, and use of, family services, and it subsequently conducted interviews with the service providers and did focus groups with the users in order to determine (a) to what extent immigration to Canada and the settlement process that followed, impacted upon family life, and (b) how the problems, if any, that arose, were being addressed within the currently existing settlement service delivery system. The Coalition also sought to find out what were the principal issues that arose within the field of family problems.

Before setting out the findings of the research that was conducted, it might be appropriate to give a brief overview of the history of the Coalition and its achievements from its inception in 1987 to the present time.

B BRIEF HISTORY OF THE COALITION

The Multicultural Coalition for Access to Family Services (“the Coalition”) came into existence in February 1987, when social service professionals from a variety of cultural and racial backgrounds started to become increasingly aware that clients from ethno-cultural and racial minority communities had nowhere to go to obtain family services that were responsive to their particular linguistic and cultural needs.

The initial members of the Coalition met with the major funders and mainstream organizations to make them aware of the situation in which members of their communities found themselves. Several representations were made to, and meetings held with, the United Way, the Ministry of Citizenship, the Ministry of Community and Social Services and the Municipality of Metropolitan Toronto.

In March 1991, the Coalition, with the financial assistance of the Secretary of State, released a Report entitled **Family Services For All** which documented in detail the gaps that existed in the delivery of family services to ethno-cultural and racial minority communities. In the preparation of this Report, sixteen

established family service agencies and twelve ethno-cultural and community-based agencies were surveyed, and the results showed conclusively that minority ethno-racial communities were not receiving services that might be described as family services.

After the release of the Report, the Coalition continued to advocate with all levels of government and those voluntary organizations which fund family services, to impress upon them the need to address the inequities in the funding and family service delivery practices. The Coalition members advocated for greater access to family services for ethno-cultural and racial minority communities, and, in particular, emphasized the legitimacy and importance of the role of ethno-specific community-based organizations in the delivery of such services.

While some progress was achieved in the initial years, this progress has not been sustained. Family services still fall between the cracks, and funding for settlement services does not cover family services.

Mission of the Coalition

The mission of the Coalition is to ensure that individuals, couples and families from minority communities have access to and receive linguistically appropriate and culturally and racially sensitive settlement and family services. To this end, the Coalition is committed to being an active advocate and support organization for ethno-racial communities.

Profile of the Communities Served by the Coalition

The Coalition, as currently constituted, is an association of autonomous not-for-profit community-based organizations, which primarily address the settlement and social service needs of **minority communities**.

The members of the Coalition address the needs of a number of different communities, including but not limited to the Jamaican, Chinese, Korean, South Asian, Spanish, Portuguese, Afghan, and Somali communities.

Minority and / or Ethno-Racial communities are defined by the Coalition as those communities that lack power and have a subordinated position in a society that is stratified by class, race, gender and ethnicity.

Family services refers not only to supportive and clinical counselling and therapy but also to outreach, program support and education on family life, domestic conflict and violence, abuse and related social issues.

Activities of the Coalition - a Synopsis:

In the thirteen years of its existence, the Coalition, despite its very limited resources, planned activities and developed reports and position papers that have challenged the stereotypical notions about ethno-racial communities, and the false consciousness around the notion of 'a level playing field' for all members of Canadian society. Specifically, the Coalition completed the following activities and projects:

In 1991, published the report *Family Services For All* that helped channel the energies of the initial support group to define and develop the mission of the Coalition, by having it function as a broad coalition of ethno-specific social service organizations.

Between 1992 and 1994, produced various reports concerning racism in social service delivery. These were the *Antiracism and Organizational Change Strategy for Agencies that Deliver Services to Ethno-racial Communities*, *The Impact of Racism on Access to Family and Social Services*, the *Anti-racism Training Manual* for agencies involved in social service delivery, and *Racism in the Family Service System*.

In 1993, collected and disseminated information on family services which were then provided in Metropolitan Toronto, and examined ways in which such services could be made linguistically, culturally, and racially more sensitive.

Also in 1993, produced a comprehensive *Directory of Family Service Organizations*.

In 1994, assisted some of its member agencies in the development of linguistically and culturally appropriate models for implementation by the member organizations themselves either on their own or in partnership with other non-member organizations. In particular, it developed family service models for the South Asian and the Korean communities

Also in 1994, published a study of developing an *Anti-Racism Philosophy and Policy* to sensitize agencies that deliver family services to ethno-racial communities on the need (a) to reduce and strive to eliminate all forms and manifestations of racism within their organizations; (b) to understand and incorporate in service planning and delivery racism-free programs and practices; and (c) to adopt racially and culturally appropriate strategies when delivering family services to ethno-racial communities.

In 1995, produced a *Training and Modules*, to educate, inform, and sensitize family service providers to the existence of individual, systemic and institutional racism in the delivery of family services in Toronto and to devise strategies for addressing all forms of racism.

In 1995-96, met with representatives of educational institutions that train and prepare students for social work, and advocated for changes in the curriculum so as to make the latter better reflect the multicultural and racial nature of the client population in Toronto, and their values and practices. Several Coalition members participated in Committees struck by the Faculties of York and Ryerson College (now Ryerson University) to review the Curricula for their Social Work degrees, with the primary objective of developing appropriate courses and placements in the training of social workers and better preparing students for the socio-cultural realities of life in Toronto.

Expanded the Coalition's Wife Assault sub-committee so as to: (a) continue to keep the Coalition informed on the programs and services in member communities that deal with the problem of wife assault; (b) participate in, or provide feedback to, forums or organizations addressing this specific problem, from the perspective of ethno-racial and racial minority communities; (c) work with South Asian communities represented in the Coalition to identify not only the cultural specificity of the problem but also its institutional dimension, which further compounds the problem of the settlement of minorities in Canada.

In 1995 published *Presencing at the Boundary: Wife Assault Amongst South Asian Immigrant Women*. The report looks at the problem of wife assault in a holistic manner and suggests that the problem is not related to just male domination, and male violence, but to a host of other issues that include the problem of racism and the trauma of immigrant settlement in Canadian society. The report suggests a wife-assault service delivery model that maintains the context of South Asian life in Canada.

In March and May 1995, organized two Youth Forums in collaboration with the Metro Youth Council and the Multicultural and Race Relations Division of Metro Toronto. These forums were held as part of the 1995 Ethno-racial and Aboriginal Access Month of the then Municipality of Metropolitan Toronto. They were well attended and resulted in the development of a range of recommendations for ethno-racial youth to combat racism at school, the workplace and other areas of interaction in society.

In July 1995, helped organize another public forum with all member organizations, social workers and members of the of the communities served by a number of ethno-specific organizations. A major problem, identified by participants, was that, as a consequence of racism, there was a failure of ethno-racial youth (aged 16-24) to participate fully in Canada society.

In January 1996, completed and published a study entitled *A Review of Literature On Aspects Of Ethno-Racial Access, Utilization And Delivery Of Social Services*. This study was conducted by Professor Jeffrey Reitz of the University of Toronto's. Sociology Department and the Final Report was made public at the

Community Action Forum held in March 1996. It highlighted the barriers to ethno-racial access to equitable health and social services.

In March 22, 1996, held a Community Action Forum as part of Metro's Access and Equity month. The Forum, organized under the theme Resistance from the Periphery: Issues of Access and Equity for Ethno-Racial and Other Marginalized Communities in the Context of the Declining Social Responsibility of the State, dealt with the issues of denying the problem of racial oppression in Canada, as well as the declining social responsibility of the state, and examined how the state has instituted an unimaginable scale of social cuts in the name of 'downsizing' and 'restructuring' that adversely impact upon the lives of the poor and people of colour.

In April, 1996, published a report entitled An Alternative Approach to Ethnic Mapping In Toronto that studied and reviewed the effectiveness and cost involved in using a specific and alternative approach to enumeration and mapping of specific ethno-cultural groups in Metro Toronto. This study was done by conducting a theoretical and practical feasibility study of two ethno-cultural groups in Metro, namely, the Sri Lankan Tamils and the Somalis.

Between May 1966 and May 1997, held Anti-Racism workshops for ethno-specific communities.

C REPORT ON THE RESEARCH DONE

1. Literature Review

In its 1991 Report Family Services for All, (hereinafter called the "Medeiros Report") the Coalition defined family services as including:

1. clinical counselling/therapy and support through individual, marital, family, and group work that supports and strengthens individuals, couples, and families;
2. outreach and public education on family life and social issues;
3. research, consultation, and staff/volunteer training and development.

A slightly wider definition is adopted by the Coalition in its By-laws.

Family services encompasses a wide range of services which are rendered to an individual, a couple, or the entire family, in order to address problems that may often arise outside the context of the family but have a deep impact upon the functioning of the family and relationships among its members. Many of those problems are related causally to the process of immigration and integration into a

new society, with attendant culture shock, loss of self-esteem, unemployment and underemployment, financial and health related stress, and conflicts of values.

The Medeiros Report relates how sixteen established family service agencies and twelve ethno-cultural and racial community agencies serving the diverse ethno-cultural and racial communities represented in the Coalition were surveyed. The findings were that sixty-two percent of the established family service agencies had no formal or informal policies or practices to address the issues of the ethno-cultural and racial communities in Metro Toronto. (p.2,3)

The research findings also indicated that there was a large discrepancy between the demographic reality of Metro Toronto and the level of service being provided. Less than eight per cent of the staff at the established family service agencies were fluent in a language other than English. Only three percent of front-line staff (12 out of 395) at the established family service agencies were specifically assigned to work with one of the communities represented in the Coalition. Only five of 132 ethno-cultural and racial community agencies serving the Coalition's members received limited funding to provide family services, and this money was primarily for wife assault programs. Because of the lack of other accessible services, the majority of the agencies were forced to provide some family services without being funded to do so. (p.3)

The Report defined ethno-cultural and racial community agencies as voluntary organizations controlled by different ethno-cultural and racial communities, whose mandate was to provide culturally, racially, and linguistically appropriate services to one or more communities.

Established family service agencies were defined as voluntary organizations that deliver their services or programs mainly in English, and whose mandate was to provide family services or specialized counselling and therapeutic services to children and youth and the general population. (p. 16, 17).

The Report found that the most common presenting problems within the ethno-cultural and racial communities were wife abuse, marital conflict (including separation and divorce), and child and adolescent behaviour problems. Wife abuse was identified as one of the major family issues by all the agencies, who identified community outreach and support networks as critical parts of their programs.

Some of the key environmental factors that were found to have a negative impact on family life included unemployment, underemployment, de-professionalization and lack of knowledge of English.

The Medeiros Report drew attention to the critical need for linguistically and culturally appropriate family services for members of ethno-cultural and racial minorities.

The importance of family services is also emphasized in the Report of the Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees (Health and Welfare Report), which states that both the research literature and submissions to the Task Force emphasized the psychosocial support provided by the family as an important resource for promoting well-being and preserving emotional disorder, and invaluable in the settlement process (p. 15).

The Health and Welfare Report establishes a clear connection between family problems such as divorce or separation or wife abuse and the lack of emotional support and reinforced cultural norms experienced by many immigrants and refugees. It states that research has amply demonstrated that immigrants and refugees who settle in an area where their ethnic group has already established a significant community, experience lower levels of distress, and are much less likely to be hospitalized for mental disorder than migrants who do not have a like-ethnic community available to them (p. 17).

The Health and Welfare Report points out that the psychosocial support provided by an ethnic community is particularly crucial during the early phases of settlement. The UBC Refugee Resettlement study cited in the Report compared rates of depression among ethnic Chinese refugees settling in Vancouver, which has a long established Chinese community, to those among Vietnamese and Laotian refugees who had to establish their own cultural group on arrival. The Vietnamese and the Laotians experienced a risk of developing a depressive disorder three times greater than the Chinese (Beiser, 1988, at p. 17).

The Health and Welfare Report also states that general community service agencies and organizations in theory serve “everybody” but in fact are designed for and by members of the majority group cultures. Immigrant service agencies and ethnic organizations exist to meet various needs of foreign born persons and members of ethnic minority groups.

The Report points out that immigrants and refugees prefer to seek help for emotional problems from service agencies and organizations outside the formal mental health system. However, the help that they receive from general community service agencies is limited because of cultural barriers, and the help from immigrant service agencies and ethnic organizations is limited by restrictions placed on their funding and mandate.

The Report refers to the ACCESS Committee of Ottawa-Carleton’s submission that “while mainstream agencies are providing some counselling, those agencies lack the linguistic competence and cultural sensitivity to provide appropriate and effective services. Although immigrant service agencies are prepared to assist in this area, they are not funded for this purpose and lack the staff resources to meet this need. Immigrants and refugees are therefore not receiving proper mental health care even though they represent a very high risk group” (p. 47).

The Health and Welfare Report points out that newcomers are more likely to use an organization which is physically accessible and an integral part of their community life, than to go to one whose services appear specific to mental health (p. 48).

The Report makes the point that newcomers' needs cannot be neatly divided to conform to the specialty of a particular agency and that the inefficiency and frustration that results from fragmentation of services has led to a call for governments to change the way they are organized to meet changing needs.

The Health and Welfare Report also refers to the problems caused by a lack of knowledge of English or French. It points out that without language, one can never truly enter a culture, and that the marginalization that ensues from a lack of knowledge of the language directly contributes to a great number of health and social problems. The Report is critical of the restrictive eligibility criteria that effectively prevented many people from participating in the existing language training programs.

The Health and Welfare Report also emphasizes how important employment is in an achievement-oriented society such as Canada is, and the particular vulnerability of immigrants and refugees to the stress of unemployment or underemployment. Not only do these tend to cause the incidence of depression, alcoholism or emotional disorders to increase but they also lead to increased frequency of child abuse, wife battering and marriage breakdown. .

The Task Force reviewed over 1000 publications (not all Canadian) and found that while immigration itself does not predict increased risk for mental disorders, it does if (as is often the case) it is accompanied by some or all of the following, namely, a drop in economic status, inability to speak the language of the host country, separation from family, lack of friendly reception, isolation from a community of compatriots, stress prior to migration, or being adolescent or senior at the time of migration.

The Report found that immigrants under-use mental health services, often because of the stigma attached to mental health disorders, and the reluctance to seek formal treatment, in many cultural groups. Under-use exists even with equivalent levels of need. And the services are often inappropriate because linguistic and cultural differences preclude successful treatment resulting in misdiagnosis, non-implementation, and premature termination.

The under-utilization of formal mental health services by immigrants because of the cultural stigma attached to such utilization is also emphasized in the Jeffrey Reitz Report. Reviewing an earlier study by Trevino et al (1979), that Report states that the results of the Trevino study suggest in a powerful way that cultural barriers are a significant factor in determining levels of utilization.

The Jeffrey Reitz Report notes that cultural barriers to the use of mental health care facilities have been extensively researched, and that virtually all findings point toward the conclusion that most cultural minorities encounter greater difficulties with standard mental health care services. Many cultures stigmatize mental disorders, and many cultural groups prefer to address such problems without dealing with cross-cultural differences at the same time. The Report states that the research on cultural barriers to mental health care utilization may be generalizable to at least some of the human and family services sector, especially where the service involves dealing with personal problems or inter-personal relationships.

Dealing with the issue of to what extent the needs and preferences of ethno-racial communities are known and addressed by mainstream agencies, the Jeffrey Reitz Report refers to a survey of Toronto area social service agencies conducted by Makovec (1988) under the auspices of the Ontario Ministry of Community and Social Services (MCSS). The MCSS survey showed that out of 193 Toronto area social service agencies funded by them, including 177 mainstream and 16 ethno-specific agencies, 20 per cent had a multicultural unit, 27 per cent had a cross-cultural training, 18 per cent required a second language, 32 per cent had modified their guidelines for initial assessment of culturally different consumers, and between 0 and 9 per cent had information about their services in languages other than English. It concluded that, in most respects, the ethno-specific agencies were far ahead in the area of cultural sensitivity.

In a study conducted by Uzma Shakir for the Coalition, on the issue of wife assault in the South Asian community, Shakir found that mainstream social services tended to a notion of essentialized difference which suggests that there is a particular essence associated with being a Black or South Asian, “a single interpretation that does not change through time, space, and different historical, social, political and personal contexts”. Shakir contends that what needs to be understood is not just a matter of culturally specific values and norms but also the power imbalance in the relations between the ethno-racial communities and the values, institutions and practices of the dominant culture.

In the field of wife assault counselling, Shakir emphasizes the need to recognize that state institutions are not neutral but reflect an unequal distribution of power in society. As such it is necessary to re-define the nature and role of institutions in society, and to be cognizant of the immigrant experience and needs arising from dislocation, disempowerment, racism and particular value systems which may not be met by the dominant culturally specific services.

The Doyle study which is mentioned in the bibliography included seven types of services (physical and mental health, supportive services, developmental services, rehabilitative services, information services and community/multi service centres). It was based on data drawn from 135 mainstream organizations (serving the general public), service providers working within these organizations,

and a sample of service consumers. The study also surveyed ethno-specific organizations. It found that the vast majority of service providers in all types of organizations believed that important service barriers existed. These include (1) lack of knowledge of services available; (2) lack of knowledge of English and French in minority communities (and lack of interpretation services in the mainstream organizations); (3) the location of services remote from consumers, (4) lack of culturally appropriate services, and (5), administrative barriers such as waiting lists and forms often in English only. Possible methods for overcoming the barriers were identified in focus group discussions and by case studies of specific innovations. These included providing better information available services in languages other than English, hiring and training multilingual and culturally sensitive staff, representing minority groups on decision-making bodies, and a variety of other more specific measures. Problems of funding, and the relation between mainstream and ethno-specific agencies were also addressed.

The Doyle Report, while effectively conveying existing perceptions of minority access problems, did not measure and analyze actual rates of service utilization, and barriers to utilization, experienced by members of clearly defined minorities, to establish degrees of inequity in access to specific types of services experienced by such minorities and to measure the impact of these inequities on the well-being of their members.

To summarize, therefore, the following tentative conclusions may be drawn from the literature reviewed above:

Firstly, family and mental health services are, and should be regarded as, an integral part of settlement services. The latter should be delivered holistically and should address the immigrant experience in its totality so as to promote harmonious and stress-free settlement and integration. Family issues and issues of mental health should be addressed in settlement service delivery.

Secondly, all the services should be physically and linguistically accessible and should be rendered in a culturally appropriate and sensitive manner;

Thirdly, the extremely important role played by ethno-specific service organizations in settlement and social service delivery should be acknowledged and enhanced through appropriate funding support.

Fourthly, in culturally sensitive areas such as those of wife assault, marital breakdown and inter-generational conflict, alternative models of counselling and service delivery should be considered, developed and implemented for those communities where the mainstream model of professional counselling and intervention is totally inappropriate.

Fifthly, within the field of family and mental health services, in the ethno-racial communities, inter-generational conflict, marital breakdown, domestic and family violence, abuse (spousal, child and elder abuse), appear to be the most common

presenting problems. Lack of knowledge of the English language, conflicting values and norms, unemployment and underemployment, are frequently mentioned as some of the factors that cause family friction and mental stress.

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E FOCUS GROUPS AND INTERVIEWS

In addition to doing a literature review, the Coalition held two focus groups for the South Asian and the Spanish-speaking user communities and one focus group with representatives of ethno-specific provider organizations. It also conducted face to face interviews with key informants in three settlement and family service provider organizations in the South Asian, Spanish and Chinese-speaking

communities. The individual user participants in both the South Asian and the Spanish-speaking communities were selected by front-line workers in the agencies that served those communities so as to be fairly representative of those two user communities at large.

1. In the **South Asian user focus group**, held on December 2, 1999, there were 8 participants, both male and female. Their ages ranged from 25 to 55. Their educational level was from Grade 10 to post-secondary. Their countries of origin were India, Pakistan and Sri Lanka. They were in Canada since February 1995.
2. In the **Spanish –speaking focus group**, held on December 13, 1999, there were 15 participants, all female. Their countries of origin were Guatemala, Chile, El Salvador, Peru, Colombia, Argentina and Costa Rica. Some of the participants had been in Canada for as long as 18 years, others less than a year.
3. In the **focus group for ethno-specific provider organizations**, held on January 28, 2000, there were 12 participants, representing 9 different organizations. These organizations provided a variety of settlement and family services to immigrant communities.
4. In the **Chinese community**, there was no focus group held but **an interview** was conducted with the Executive Director of Chinese Family Life Services of Metro Toronto, located at 2 Carlton Street, Suite 1406, in Toronto, Ontario M5B 1J3. The interview was conducted on November 11, 1999.

In all the focus groups and interviews, the Coalition sought to obtain the views, experiences and suggestions of the individual participants/interviewees on settlement (including family) related issues.

It sought to determine if there is, or should be, any connection between settlement and family services. Also, within the field of family services, it wanted to ascertain which are the services most often needed/ requested/provided, or issues most often raised or considered problematic, and if the existing or available programs/services adequately deal with the identified needs or issues.

The Coalition also sought to find out if there are any structural, systemic or institutional barriers in the host society (Canada) that impact upon the functioning of the family and the successful settlement and integration of its members, individually or collectively, into Canadian society.

The questions that were asked of the participants were as follows:

1. How has immigration to Canada and settlement in the new society affected/impacted upon the family unit? Did these difficulties/ problems, if any, exist before the family unit migrated to Canada? If they did exist, were they aggravated by immigration? How?

2. What stresses have been placed upon the functioning of the family unit by the difficulties, if any, experienced in the process of settlement and integration?

3. What are the family/ settlement services most sought or needed for effective settlement?. Prioritize, if possible. Are these services obtainable/being provided in a linguistically and culturally appropriate way? How often are they sought and from whom? How does the client know where to go?

4. What is the participants' understanding of successful settlement in Canada? How would one know that one has become settled? What are the structural barriers to successful settlement? (language, culture, ethnicity, race, religion, gender, sexual orientation, age, disability, etc.)

5. What are the recommendations of the participants for addressing identified problems/ gaps.

The answers obtained from the participants identified the following problems which related to settlement and family services.

1. South Asian (user) community

- Under- employment and unemployment
- Discrimination and racism
- Failure to have credentials recognized in Canada. Cannot afford to spend time and money to upgrade qualifications
- Not eligible for financial support for education in the initial stages
- Expensive health care- had to wait for 3 months for health card
- Community health care centres do not deal with all health problems
- Weather a problem for seniors
- Housing problems - cannot afford to pay rent - payment of rent in advance- landlords do not give receipts
- Family problems- women have to enter work force to support the family- results in change in gender roles- not enough time being spent with children with adverse consequences in children's attitudes and behaviour - loss of control and parental authority over children. Canadian laws very liberal (spanking not allowed)
- Family counsellors promote break-up of family rather than trying to unite them. Police very quick to intervene in domestic disputes
- In Canada, marriage is between individuals, in South Asia between families
- Women have more rights and supports than men.

As to what constitutes successful settlement, most of the participants felt that it means having a good job in occupations of choice with good pay and benefits.

2. Spanish-speaking (user) community

- The existence of language barriers
- A lack of information at the airport, and a lack of guidance in the process of settlement together with a lack of information about community centres and Spanish-speaking professionals in the work force
- Problems in accessing health care because of language difficulties
- Difficulties in finding appropriate housing
- Lack of affordable day care.
- Unemployment
- Non-recognition of prior training and qualifications
- Lack of access to training and schools
- Transportation problems
- Problems with police due to ignorance of Canadian law
- Lack of sensitivity and individualism of Canadians
- Discrimination and exploitation
- Family problems and abusive situations
- Depression and isolation
- Lack of advocacy with the Canadian government on behalf of Spanish-speaking community
- Negative publicity about the Spanish-speaking community
- Lack of support in workers' compensation matters
- Lack of parenting information/groups to deal with problems with children

According to the participants, successful settlement means a good job with job satisfaction, a decent place to live, basic needs met and opportunities for participation and social interaction. They added that it was easier for children to feel settled than for older people.

3. Ethno-specific service providing organizations

Immigrant families need

- Counselling and support
- Education and training
- Advocacy on their behalf
- Freedom from racism and hostility
- Housing
- Legal assistance
- Day care for the children

- Services for the disabled
- Ongoing support services
- Access to services and acceptance by the host country
- Special needs of gay and lesbian immigrants to be addressed (appropriate staffing, cultural acceptance, adequate levels of comfort, safe environment, inclusive space)

The family unit is affected by the process of immigration because

- Sponsorship of family members is very hard and expensive
- Age restrictions (not being able to sponsor a family member over eighteen years of age) do not take into account the way immigrant families function and the fact that children continue to be dependents beyond the age of eighteen.
- Sponsorship focuses on nuclear families and ignores the institution of extended families that exist in many immigrant communities
- There is a lack of recognition of foreign credentials
- There is an insistence on Canadian experience
- The job discrimination that results, and the racism that underlies it, lead to a loss of self-esteem, economic instability, serious mental health problems, frustration and anger and isolation from the rest of the community. The family suffers because the humiliation, frustration and anger often lead to wife and children abuse. There is also an undermining of parental authority and problems with children at school
- Racism affects careers, increases stress levels (especially of a financial nature)
- Low-paying and demeaning and degrading jobs for both men and women, well below their educational levels and professional experience, lead to an erosion of the whole family unit. A ghetto of low wage labour is perpetuated
- Both parents working often results in stress in the family and in children being neglected and not having enough guidance
- Women who do not work are often isolated in their homes and feel the lack of extended family supports
- Many times women may be the sole or main earners and make more money than their husbands, and the husbands' self-respect and ego are affected with resultant frustration and anger being taken out on other family members
- There is a lack of resources that provide support and counselling for both men and women. They often have nobody to turn to
- There are inadequate or inaccessible employment and skills training opportunities
- There is a lack of affordable housing, and often overcrowding results. There are long waiting lists for subsidized housing
- There is a lack of affordable day care and shortage of women's shelters
- There are no services for gays and lesbians, trans-gendered or queer people from other countries

- Homophobia and Lesbophobia, racism and insensitivity exist
- There is a lack of support services for youth
- Children often have to wait a long time to be re-united with their parents. There is a resulting loss of identity
- Cultural conflicts and a generation gap exists
- Children have no role models
- The environments, and the ways of communicating are different, and no tools exist to navigate through the system
- Cultural devaluation leads to a loss of self-esteem. Western societies are more open and direct, eastern societies are more private and reserved, and they are more protective of children and youth
- Children's Aid Societies have too much power and, when they intervene, they just take over the role of parents and scare them
- The Children's Aid Society workers lack sensitivity and understanding of other cultures. Very few of them are people of colour
- The approaches to discipline are different. Children are often taken out of their homes and put in white homes
- Language barriers, ethnocentric standards, racism and condescension, cultural insensitivity, all compound the problem
- Co-operation between Children's Aid Societies and ethno-specific agencies just means using the latter as "interpreters"
- There is a lack of communication with schools because of language and cultural barriers and absence of cultural sensitivity training for school staff

Women who are abused or facing abuse are very vulnerable because existing services are inadequate and culturally inappropriate and insensitive

- Immigrant women are reluctant to talk about their problems with strangers who do not understand their language or culture
- Lack of appropriate shelter services, which are often staffed only by white women
- Racism both towards and among clients- notions of Western cultural superiority
- Shelters are temporary, not a permanent solution
- Lack of practical services such as ESL and Literacy classes, affordable day care
- Lack of transportation assistance for classes

Funding Issues

- Funding should not be compartmentalized
- Distribution of funds should be equitable and reflect the diversity of Toronto's population

- Immigrant needs are interrelated and a holistic approach to service delivery is needed
- Funding for immigrant-serving agencies and programs should be enhanced rather than cut back
- Workers in immigrant-serving agencies are overworked and underpaid
- There is an overlapping of jobs and duties. There is not enough staff
- Too much emphasis is placed on quantity rather than quality. Pressure is applied to produce acceptable statistics
- Special needs of women are ignored

Recommendations For Progressive Service Delivery Models

- Service delivery should be like baking a cake, all the ingredients should be put together. An integrated approach should be fostered
- The service delivery system should be like a cell with a nucleus
Services should be culturally sensitive. They should include planning, education and training, employment, legal/police training, housing, shelter, literacy, day care, policy development
- Services should be holistic, inter-connected, deal with all issues, address racism, homophobia, issues of fragmented families, be adequately and equitably supported financially, be ongoing, meet the needs of all groups such as seniors and youth, gays and lesbians, be adequately staffed, have greater community involvement and input, encourage agencies to come together and co-operate, give due recognition to workers' skills and qualifications
- There should be better representation of minorities at all levels of government and greater political will to make policy changes
- Services should be integrated and be without barriers All needs, physical, spiritual and economic should be met.

Families- what are they

A family was seen by the participants as an unit where there is love, attachment, warmth, acceptance, sharing of food, culture and language, family stories, jokes, traditions, rituals, closeness, a sense of belonging, loyalty, identity and relaxed space. Children have roots in the family and they are loved and have pride. Extended families are families.

Clients find about agencies through friends, yellow pages and referrals by other agencies.

4. The Chinese Community

The Chinese Family Life Services was established in 1986 as a two year project to meet the family service needs of the Chinese-speaking community in Toronto

It subsequently received funding to carry on its programs and services beyond the initial two years and it has now expanded to open a branch office at 885 Progress Road in Scarborough, Ont. It is open everyday from Monday to Friday from 9:00 am to 5:00 p.m. It provides services in both Cantonese and Mandarin and also in English. At the current time it averages about 1200 clients a year, of which more than 50% have been in Canada for less than a year. 76% of its clients are women and the rest are men. The Centre sees youth between the ages of 16 and 24 and younger children as part of a family. More than 50% are self-referrals and the rest are referred by police, other social service agencies, courts, hospitals and Boards of Education. The self-referrals hear about the agency through the mass media, word of mouth and friends. The agency does not advertise its services. The services that it provides are as follows:

Counselling/therapy services to individuals/couples and families who have life concerns such as self-image, emotional problems, education, career, dating, parenting, inter-personal and intergenerational relationships. The problems are identified and attempts are made to develop their potential and skills in the problem-solving and crisis coping process. The ultimate goal is to enable the clients to deal with life situations more effectively and to have a harmonious family life.

The agency also provides community education through the mass media and organizes educational workshops and activities on issues of parenting, marriage enrichment and stress management.

There are also various support groups targeted at youth and women and men generally to develop self-help, responsibility and life task skills.

The agency has a Violence Against Women Program which stresses the importance of safety and protection for women. Its aim is to empower women in their pursuit of a safe and secure living environment, and to support them in making choices in achieving a more fulfilling life. Apart from direct counselling, the agency also provides information and referral, crisis-intervention and case management in tangible services such as arranging shelters.

There is also individual and group therapy for men who are serving probation orders and live in the community. These men have had problems with abusive behaviour in their personal relationships and in their family life at some point or other in the past. The agency also provides counselling for individuals and their families who suffer from and/or are affected by gambling problems.

The agency engages in community network, consultation and professional sharing of knowledge and skills with other human service providers. It offers learning opportunities for social work and psychology graduate students to enhance their professional competency as well as service delivery. It maintains a family life education resource centre.

The agency has a staffing component of 8 front-line social workers (including the Executive Director) and 1 support worker. Of the 8 social workers, 4 are Mandarin and the other 4 are Cantonese-speaking. 30% of its funding comes from the United Way, 25% from the Ministry of Community and Social Services, 20% from the Ministry of Health, 5% from the Ministry of Correctional Services and the balance through donations, fees for service and fund-raising activities. It has applied for but has not been successful in obtaining settlement service funding.

The major problems that the agency deals with are wife assault, gambling, marital breakdown, parenting and inter-generational conflict. It does not deal with mental health problems but refers cases to Hong Fook. A number of the problems arise because of the stresses produced by the whole immigration and settlement experience and the cultural shock that ensues. The inability to resolve the conflict between the values of the immigrant and those of the host society often leads to difficult situations which the agency is called upon to mediate.

70% of its clients are Cantonese-speaking, about 20% are Cantonese-speaking and the rest speak English being born in Canada.

F. ANALYSIS AND CONCLUSIONS

The input received from service users and providers in the three communities which were consulted leads us to draw the following conclusion:

1. Unemployment and underemployment are the most serious problems faced by immigrants from all the three minority communities. Lack of employment and the inability to secure meaningful employment, by which we mean employment that is compatible with the individual's personal level of education and experience and his or her expectations, have a deep impact on the life of immigrants, far beyond the immediate economic impact. The processes of initial settlement and integration become much more frustrating, painful and difficult than they need to be. Apart from the loss of self-esteem, the anxiety and the sense of hopelessness that lack of employment produces in the individual immigrant, there are consequences felt by the members of his or her family.
2. To a large extent, racism and discrimination at both the individual and systemic levels, are responsible for the denial of appropriate job opportunities to immigrants from minority communities. The insistence on Canadian job experience and the failure to recognize foreign educational and professional qualifications and experience are two examples of such racism and discrimination. Lack of adequate financial support for ethno-specific agencies which might provide some support and guidance and help in alleviating the

pain that is experienced, is another example of cultural discrimination and insensitivity.

3. Family service and settlement service issues are closely related. When the process of settlement for an immigrant is made difficult through a denial to him or her of access to employment and training opportunities or services, the frustration and the resentment that follow affect all members of that individual's family. This frustration and resentment often lead to depression and other mental health problems and to family violence and breakdown. Established family roles become threatened. There is an accompanying clash of values and cultural devaluation. Low self-esteem is internalized, and we get frequent crises in the family.

The racism and discrimination that most visible minority immigrants experience at one or more moments in their lives can thus have devastating consequences for family units. Such experiences have consequences beyond the immediate ones and they affect more than the individual concerned.

Culturally and racially sensitive services can often provide the support that is needed to survive. However, the services need to be provided in a holistic, integrated and ongoing fashion. Artificial barriers and compartmentalization of services created by restrictive funding criteria prevent this approach, and the individual ceases to be viewed as a whole person and as a part of a larger family unit.

4. Other high priority needs that need to be addressed by service providing agencies are the needs for subsidized or affordable housing and day care. Lack of accessible supervised day care for children prevents one or both of the parents from looking for employment or availing of employment-related training.
5. The needs of groups such as seniors, youth, women and gays need special attention because these groups require specifically designed services that are provided in a safe, racially and culturally sensitive environment, by well trained and knowledgeable service providers.
6. There is a need for greater community involvement and participation in the decision-making process. Funding needs to be adequately and equitably allocated, and advocacy on behalf of immigrant communities needs to be enhanced.
7. Generic (mainstream) community service providing organizations need to be educated and trained in the provision of services to immigrant communities, and anti-racist education and cultural sensitization should be an integral part of that training.

8. In sensitive services such as family counselling, ethno-specific and culturally appropriate services provided by qualified workers who know and understand the language and culture of the service user are generally preferable to the more inflexible and often insensitive generic service providers.
9. When generic service providers intervene, they are often ignorant of the language and culture of the user(s) and display a condescending, ethnocentric and insensitive attitude. The harm that they do often outweighs the possible benefits. Examples are the numerous disastrous interventions by the Police and Children's Aid Societies.
10. Partnerships and co-operation amongst agencies are necessary and should be encouraged but such co-operation should be based on mutual respect and the validation of each of the partner organization's role and contribution. There should be no organizational hierarchy in the partnership.
11. In the field of family services, the most pressing problems are family breakdown and inter-generational conflict. Abuse, particularly of women and children, is often a part of the family breakdown, and racism and cultural ignorance and insensitivity on the part of mainstream institutions aggravate and compound the problem.
12. Services for specific groups such as women, children, youth, gays and lesbians need to be strengthened and have a cultural dimension incorporated.

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