



# SUSTAINING WELCOME:

*Longitudinal Research on Integration with Resettled Syrian Refugees*

IMMIGRANT SERVICES SOCIETY OF BC | MARCH 2023

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—Kathy Sherrell, Director - Settlement Services, ISSofBC

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# List of Abbreviations

BVOR	Blended Visa Office-Referred program
BC	British Columbia
CAMH	Centre for Addiction and Mental Health
CERB	Canada Emergency Response Benefit
CIHR	Canadian Institutes for Health Research
CRS	Centre for Refugee Studies
G5	Group of Five (private sponsors)
GAR	Government-assisted refugees
IRCC	Immigration, Refugees and Citizenship Canada
ISSofBC	Immigrant Services Society of British Columbia
LINC	Language Instruction for Newcomers to Canada
MDD	Major depressive disorder
PHQ	Patient Health Questionnaire
PHQ-9	The nine-question diagnostic tool based on the PHQ
PPE	personal protective equipment
PSR	privately sponsored refugee
SyRIA.lth	Syrian Refugee Integration and Long-term Health Outcomes
UNHCR	United Nations High Commissioner for Refugees (the UN refugee agency)

# Executive Summary

From November 2015 to December 2016, over 39,000 Syrian refugees resettled in Canada through Operation Syrian Refugees. Among them, 4,400 refugees arrived in 65 communities across British Columbia. This was the largest group resettlement in Canada in over 40 years, and it provided a unique opportunity to learn about resettlement outcomes. In response to this opportunity, the Syrian Refugee Integration and Long-term Health Outcomes (SyRIA.lth) project was launched. It brought together a Canada-wide team of expert researchers to study refugee integration and well-being longitudinally, with four separate years of data collection on the same group of newcomers. Immigrant Services Society of British Columbia (ISSofBC) was a key partner in the project, leading the BC research.

From 2017 to 2020, SyRIA.lth conducted one-on-one surveys with 1,665 resettled Syrian former refugees, including 267 participants in BC. Metro Vancouver and Thompson-Okanagan were selected as research sites, as the study aimed to include both large metropolitan areas and smaller urban centres. Four focus groups were conducted with a subset of participants in BC in 2018. In 2020, the final year of data collection, the survey was adapted to include several questions specifically addressing challenges faced during the COVID-19 pandemic.

The SyRIA.lth research is premised on a holistic integration model that broadly considers integration as a two-way endeavour between newcomers and society. Integration is thus shaped by

both the welcome and adaptations of Canadians and institutions, as well as the backgrounds and social identities of refugees. It includes diverse factors such as language training opportunities, employment experience, social connections, and sense of belonging. The SyRIA.lth project analyzes these factors of integration in relation to refugees' long-term physical and mental well-being.

Canadian refugee resettlement occurs in three streams, or pathways, each with differing supports and selection criteria, which may shape integration and well-being outcomes:

- **Government-assisted refugees (GARs)** are defined as being in urgent need of protection based on humanitarian evaluation of their vulnerability. They are supported by the federal government through service provider organizations such as ISSofBC for their first year of settlement.
- **Privately sponsored refugees (PSRs)** are selected by private groups that commit to providing financial and practical support for the first year of resettlement. Notably, as PSRs are not selected based on vulnerability, they often have a higher average level of education and ability in Canada's official languages than do GARs.

- **Blended Visa Office-Referred (BVOR)** refugees are selected on the same vulnerability criteria as GARs, but they receive social supports from sponsorship groups. Financial supports are shared between government and sponsorship groups with each providing six months of support.

SyRIA.lth aims to understand how these three different pathways affect integration outcomes.

This report provides an overview of the research findings over four years, including some of the impacts of the COVID-19 pandemic. The aim is to contribute to understanding and supporting the settlement, integration, and long-term well-being of resettled refugees. The findings emphasize the need for sustained welcome and community support for resettled refugees, beyond the initial excitement, generosity, and outpouring of large humanitarian programs such as Operation Syrian Refugees. The findings also emphasize the importance of applying a holistic approach to integration and well-being, demonstrating the intertwined nature of factors such as language, employment, and social connections, and their effects on mental health and well-being outcomes.

### ***Syrian Refugees' Integration and Well-being over Four Years in BC: Key Findings and Recommendations***

#### **LANGUAGE AND EDUCATION**

**Official language ability (in English or French) is one of the biggest initial challenges for Syrian newcomers, and language progress was their most noted success each year.**

- 34% of participants always required interpretation to access services in the first year of the study; 19.4% of participants still always required interpretation by year 4.
- GARs required interpretation more than PSRs in both the first and final year.
- Women face more language barriers than men: 26.28% of women always required interpretation in year 4.
- Providing childcare is a barrier to women's participation in language classes.

***Recommendations:*** *Expand the approaches of Language Instruction for Newcomers to Canada (LINC) in format and scheduling to accommodate diverse learner needs and reach isolated learners (e.g., online classes, evening classes, home tutors); Expand childcare options for learners to reduce systemic barriers to women's participation.*

#### **EMPLOYMENT AND INCOME**

**Refugees face systemic challenges in accessing work, but more gained employment each year.**

- 29.4% reported working in year 1; 42.2% were working in year 4.
  - ▶ 38% of employed participants worked in essential services during the COVID-19 pandemic.
- Social networks matter: family and friends helped the most in finding employment.
- Location matters: Thompson-Okanagan had higher rates of employment than Metro Vancouver.



- Gender barriers shape employment access: 15% of women reported working in year 4.
- Starting from scratch: prior experience and credentials are not widely recognized.

**Poverty remains prevalent among resettled refugees in year 4 of the study.**

- 41.4% of participants reported social assistance as a source of household income.
- 28.7% of participants reported that their household income had included access to disability benefits.
- 47% of participants reported that their household relies on food assistance.

**Recommendations:** Increase programs to support community bridge building and monitor employment-related indicators; Support provincial advocacy for a living wage for all residents; Support refugee entrepreneurship and self-employment initiatives.

## HOUSING

**Affordability is a widespread concern.**

- Of those who moved, affordability was the primary reason.
- While more BC participants live in social housing than participants in other provinces (23%), affordability remains a concern for half of them.

**Recommendations:** Emphasize long-term affordability in initial housing; support provincial efforts toward affordable housing policies

## SOCIAL INTEGRATION AND CONNECTIONS

**Friendships with Syrians and people of other ethnicities are valued by participants.**

- Initially, PSRs and BVOR refugees reported more friendships in their city than did GARs.
- Men reported more friendships in their city than women.
- The percentage of people with four or more friends in their city declined from 69% in year 1 to 54% in year 4.

**Eleven percent of participants experienced discrimination at least once in the first year of the study.**

- Race (5%), religion (9%), and language (8%) were reported as the primary reasons for discrimination.

**Participants' subjective sense of belonging to their neighbourhood, city, and country increased over the four years of the study.**

**Recommendations:** Service-providing organizations and community-based organizations should consider longitudinal programs continue to build bridges, encourage friendships, and reduce isolation beyond newcomers' first year in Canada, along with creative programs to meaningfully reach the most isolated newcomers (such as those with full-time caregiver roles or needs).

## HEALTH CARE ACCESS AND MENTAL HEALTH AND WELL-BEING

**Health care access improved, but the COVID-19 pandemic highlighted access challenges.**

- 91% of participants had a family physician by year 4 of the study.
- Nearly half of participants who tried to access health care during the pandemic faced difficulties, primarily due to technology and digital literacy needs.

**Mental health and well-being declined as participants spent more time in Canada, and rates of depression are higher than in the general Canadian population.**

- 18.5% of participants had “clinical” levels of depression symptoms in year 2 (Ahmad et al., 2021) compared with approximately 6.7% of the general adult Canadian population (Shields et al., 2021)

Factors correlated with increased risk of depression include:

- Poverty: being unemployed or financially insecure
- Being a woman
- Being a GAR
- Having fewer friends and lower social support
- Having lower education and needing interpretation
- Living longer in Canada

**Early intervention matters: Depression-level symptoms in the second year were predicted by depression-level symptoms in the first year of the study**

**Recommendations:** *The government should fund a Canada-wide settlement-informed refugee mental health program, specifically adapted to meet refugee newcomer needs, for up to five years; service-providing organizations and private sponsors should be trained in providing information on how to refer newcomers to appropriate mental health supports.*

# 1. Introduction

*Our goal is **to improve the health and well-being of new Canadians***

*by understanding what leads to successful integration outcomes and for whom so that we can tailor resettlement programs to best suit newcomers' needs and circumstances.*

*—SyRIA.Ith*

To improve the long-term well-being of new Canadians, a team of academic and community-based researchers created the Syrian Refugee Integration and Long-term Health Outcomes (SyRIA.Ith) project. This collaborative initiative set out to research the health and integration outcomes of Syrians who resettled in Canada during Operation Syrian Refugees from November 2015 to December 2016. The project created a unique dataset, collecting four waves of data in three provinces with the same Syrian participants from 2017 to 2020. Immigrant Services Society of British Columbia (ISSofBC) has been a key partner in this project, leading the research in British Columbia. The aim of the project was to understand which factors in settlement support and the social context are associated with better integration and health of refugees. This report summarizes key findings to date from the longitudinal study and shares original insights specific to Syrians who arrived in BC.

## Context

Since 2011, over 6.6 million Syrians have become refugees, while millions more remain affected by ongoing displacement and conflict within Syria. In 2015, the compassionate response of Canadians to news of the danger and tragedies in the Mediterranean faced by those escaping war impelled the Government of Canada to increase its existing refugee resettlement response. Through Operation Syrian Refugee, 47,735 Syrian refugees were resettled in Canada from November 2015 through July 2017, 4,000 of whom arrived in BC (IRCC, 2017). Since then, thousands of Syrians have continued to arrive in subsequent years (IRCC, 2019; ISSofBC, 2018).

Permanent resettlement in Canada is a core component of Canada's humanitarian program for refugees. Resettlement offers protection to eligible individuals recognized overseas by the United Nations High Commissioner for Refugees (UNHCR).<sup>1</sup> On arrival, resettled refugees have poorer physical and mental health than the general Canadian population due to the precarious conditions they faced prior to resettlement. Access to health care, housing, and employment are important initial priorities to support their well-being. The approach embedded in the holistic integration model applied in this research acknowledges that the receiving society is responsible for providing these key services and opportunities. Social

<sup>1</sup> A second stream of humanitarian protection in Canada is available to those who enter the country by claiming protection at a border or inland and are categorized as refugee claimants—a right protected under international law. Refugee claimants must subsequently navigate both the legal refugee recognition process and their initial settlement.

integration, however, is also a central factor to long-term physical and mental health outcomes. Integration into a new society encompasses social inclusion, access to resources, training, education and jobs, and meaningful participation in society.

Social integration possibilities may be shaped by resettlement programs. Syrian refugees arrived in Canada through three different streams. Nearly half were government-assisted refugees (GARs), who were selected based on vulnerability criteria. They are supported by the government through settlement agencies. Notably, over 35% were privately sponsored refugees (PSRs), selected and supported by volunteers and community groups. The smaller Blended Visa Office-Referred (BVOR) refugee stream (10%) combines government selection with volunteer support for refugees (IRCC, 2019). (These three pathways are described in further detail in Section 2 of this report.) The SyRIA.Ith project is analyzing what little research has addressed to date in order to help determine how these differing pathways may shape long-term health and integration outcomes.

### ***SyRIA.Ith: The Refugee Integration and Long-Term Health Project***

Funded by the Canadian Institutes of Health Research (CIHR), SyRIA.Ith is a partnership between settlement service agencies and academic research institutions in three of Canada's largest refugee resettlement provinces: BC, Ontario, and Quebec. The SyRIA.Ith project is housed in the Centre for Refugee Studies (CRS) at York University, led by principal investigator Dr. Michaela Hynie, and co-principal investigators Dr. Susan McGrath and Dr. Kwame McKenzie. The BC provincial team is led by Dr. Jennifer Hyndman (York

University) and Dr. Kathy Sherrell (ISSofBC; CRS research affiliate). Mahi Khalaf (ISSofBC) is the BC research coordinator.

Through detailed one-on-one surveys, SyRIA.Ith researchers collected data from the same cohort of Syrians over four years. Across Canada 1,665 resettled Syrian refugees participated from 2017 through 2020. In BC, 267 research participants in Metro Vancouver and the Thompson-Okanagan participated across all four years of the study.

The survey questions included demographic data, measured social integration and health indicators, including mental health outcomes, and aimed to understand how settlement services influence integration and long-term health outcomes. This approach to research is often called a "social determinants of health" approach. Focus groups were conducted with a subset of research participants in all research sites, including four groups in BC in 2018. These groups facilitated discussion on refugee perspectives on social relations, access to services, and other aspects of integration. Included in this report are findings from the focus groups and insights from the field notes of peer researchers (Arabic-speaking research assistants recruited from the community and universities).

**There four aims of  
the research are to  
(SyRIA.lth, 2017):**

- 1.** Strengthen knowledge exchange in the settlement sector.
- 2.** Identify the impact of settlement policies on refugee health and well-being.
- 3.** Inform promising practices for refugee resettlement and integration.
- 4.** Deepen understanding of the influence of social conditions on long-term health and well-being.

Analysis, publication, and knowledge mobilization activities continue by the SyRIA.lth research team members across the country. Thematic areas include social services, social networks, housing, employment, health, mental health, and even smoking behaviour.

This report specifically highlights BC-focused findings to date of the SyRIA.lth research, contextualized within the broader Canadian data. It draws on results presented in both academic and practitioner-oriented publications and conferences, as well as the extensive original data set and focus groups, to provide an overview and discussion of the Syrian resettlement experience in BC.

## 2. Social Inclusion and Well-being: A Holistic Integration Model and Canada's Resettlement Pathways

The SyRIA.lth project is increasing our understanding of the factors that shape social integration, health, and well-being outcomes for resettled Syrian refugees. This research is important because Syrian refugees have a higher level of health concerns than the general Canadian population, including unmet health needs (Oda et al., 2017; Tuck et al., 2019).

Pre-arrival traumas and vulnerability are often thought of as the primary factors negatively shaping the physical and mental health of resettled refugees. However, an increasing body of research—including this study—emphasizes the importance of post-arrival stressors and contextual factors on the health of newcomers (Hynie, 2019; Kuo et al., 2020).

The health and well-being of resettled refugees is shaped by employment and income, access to health care, housing, family safety, and social support or isolation. These are often called social determinants of health. A framework that considers these aims to address health equity of individuals and groups (Kuo et al., 2020). The SyRIA.lth research, specifically, aims to identify significant post-migration social determinants of health for resettled refugees, and how the different resettlement pathways affect them. The research is premised on evidence that social integration is a key determinant of physical and mental health. It provides data to support this

premise, and it explores interrelated aspects of integration more broadly.

### Holistic Integration Model

**Social integration** encompasses a newcomer's sense of inclusion, belonging, respect, and participation in their new country, with the necessary access to material resources and support this entails. It is contrasted with **social exclusion**, where an individual lacks or is denied equitable access to resources and support. The significant stressors of social exclusion are associated with poor mental and physical health outcomes over time.

Social integration is often thought of as a process that newcomers undergo. However, integration is a two-way street. Not only do newcomers have to adapt to life in a new community and society, communities, and society more broadly, have to adapt to their new composition (Ager & Strang, 2008; Hyndman, 2011; Hynie et al., 2016).

Dr. Michaela Hynie, the primary investigator on the SyRIA.lth project, developed a holistic integration model as a framework for understanding the varied but interrelated elements of social integration (Figure 1).

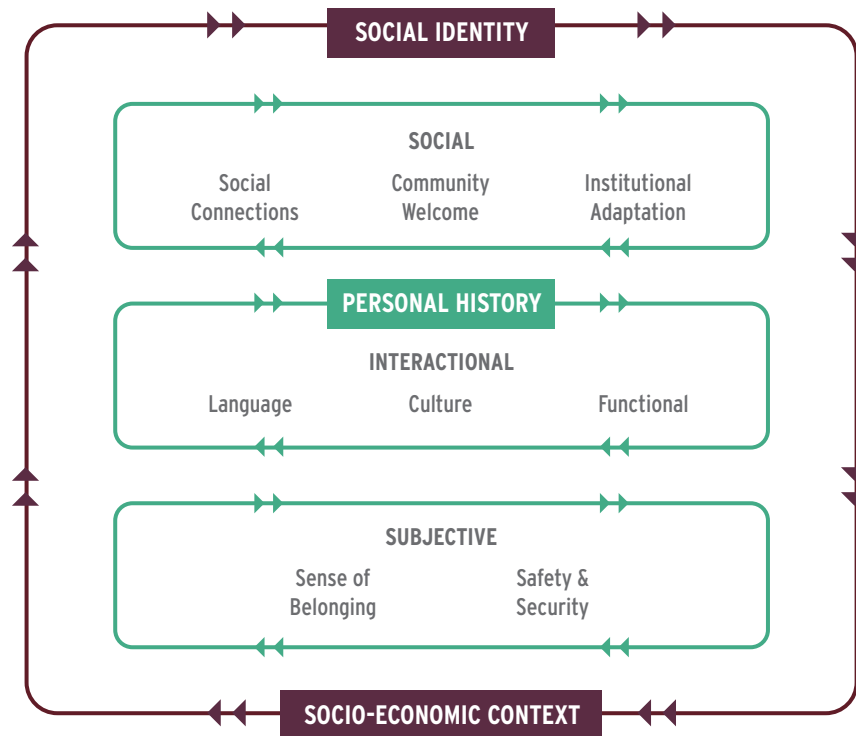


Figure 1: Holistic Integration Model (adapted from Hynie et al., 2016)

**Social factors** comprise interpersonal relationships and the broader socio-economic atmosphere:

- **Social connections** include:
  - ▶ Relationships within a person’s ethnic group, which have benefits such as decreasing the risk of depression
  - ▶ Rapport with the broader community, including friendly informal exchanges that shape a refugee’s feelings of safety and security in a new community
  - ▶ Interactions with government services such as health care and education, overcoming language and other barriers to access (Agier & Strang, 2008; Hynie et al., 2016)

- **Community welcome** encompasses positive community attitudes, and positive public discourse that is inclusive and supportive of refugees, such as media coverage about refugees, and attitudes among the public toward newcomers (Hynie et al., 2016).
- **Institutional adaptations** are the ways institutions change to adapt to the needs of refugees. These range from government policies to services that interact with refugees (such as doctors’ offices), and even the attitudes of staff within such agencies.

**Interactional factors** describe how individuals “fit” within a context:

- **Language** is often considered as a base for other aspects of integration.

- **Culture** considers a refugee’s understanding of norms in a new society, including how to build relationships and access resources.
- **Functional integration** refers to equitable access to “appropriate education; safe, affordable and appropriate housing; safe, stable and appropriate employment; and affordable and appropriate *health services*” (Hynie et al., 2016, p. 189).

**Subjective factors** are internal, individual feelings.

- **A sense of belonging** occurs when an individual feels at home and accepted in both a community and the country more broadly.
- **Safety and security** operate at several levels, from secure housing, feeling safe from crime and harassment, a secure and permanent migration status, and feeling economically secure.

All these factors interact dynamically. For example, increased language skills may facilitate employment (a component of functional integration), but employment may also provide opportunity to improve language skills. Social connections may be important for finding employment, but employment may also create opportunities for social connections. Language may facilitate social connections, but social connections can also help with improving language skills.

An individual’s personal characteristics and background affect how these factors shape their integration process. For example, gender may have shaped a person’s access to education in their country of origin, which may shape their language-learning process in Canada. Finally, the integration

and inclusion processes are shaped by broader socio-economic and political contexts, such as unemployment rates and affordable housing policies. All these interrelated factors influence the long-term health outcomes of newcomers to Canada.

### Canada’s Resettlement Pathways

Globally, refugee resettlement aims to offer permanent solutions to displacement for refugees recognized by UNHCR. Operation Syrian Refugees included resettlement within each of Canada’s three resettlement pathways: GARs, PSRs, and BVOR refugees.

Because eligibility and support for each resettlement pathway varies, the three categories are not easily compared. Research seeking to understand refugee integration outcomes must do more than compare the how the three pathways provide support and services to newcomers; it must also consider the diverging characteristics of these groups prior to resettlement and how each of the pathways affect them differently.

### GOVERNMENT-ASSISTED REFUGEES

GARs are selected and supported by the federal government, normally through referrals from UNHCR. Since the implementation of the Immigration and Refugee Protection Act in 2001, the Canadian government has prioritized the resettlement of refugees in the most urgent need of protection.

During Operation Syrian Refugees, GARs were referred to the Canadian government by UNHCR or the Turkish government based on vulnerability criteria. While “vulnerability” can be an ambiguous term, the criteria defined by



UNHCR is specific, and includes survivors of torture; people with special needs, physical limitations and/or medical pre-conditions; single mothers; families with young children; and the length of time spent in exile (ISSofBC, 2018). This selection process means that GARs often have greater needs and challenges than other resettled refugees (IRCC, 2018).

For their first year in Canada, GARs are supported through the federal Resettlement Assistance Program via service providers, including ISSofBC. Federally funded settlement programs continue to provide services to all newcomers until they become citizens.

#### PRIVATELY SPONSORED REFUGEES

Financial and settlement support for PSRs in their first year in Canada is provided by organizations and volunteers. Private sponsors may choose to support any refugee recognized by UNHCR, without additional external criteria. Different forms of sponsorship are included within the broader private sponsorship category (Hynie et al., 2019):

- **Groups of Five (G5)** allow community groups of five or more adults, whether citizens or permanent residents, to commit to sponsor a resettled refugee individual or family.<sup>2</sup> Community groups are defined as “any organizations in a community that form an agreement with the government to settle refugees into their community” (Hynie et al., 2019, p. 37).
- **Sponsorship Agreement Holders** are non-profit organizations with federal government contracts to privately resettle refugees. These

are often, though not exclusively, faith-based organizations.

- **Family** already in Canada may participate in any of these private sponsorship pathways.

While G5s have received the most attention, only 5% of the national SyRIA.lth sample was sponsored by G5s (Hynie et al., 2019). Further, while family reunification is an important aspect of the PSR program, only 16.8% of research participants nationally were sponsored by family, with BC having the lowest proportion of those in the study (Hynie et al., 2019).

Little research to date has addressed the long-term outcomes of PSRs, but the national findings of SyRIA.lth show that key variables for integration outcomes vary among refugees sponsored through different pathways. Specifically, PSRs sponsored by G5s share important characteristics with GARs, such as family size, language ability, and length of time displaced, which can affect employment, health, housing, and other aspects of integration (Hynie et al., 2019).

#### BLENDED VISA OFFICE-REFERRED REFUGEES

The newest and smallest of the three resettlement pathways is the BVOR program, which combines government selection and financial support of refugees, with additional financial and settlement support from volunteers—a “blend” of the GAR and PSR programs.

<sup>2</sup> In Quebec, as few as two people may form a sponsorship group (Hynie et al., 2019).

# 3. Methodology

The participation of ISSofBC in the SyRIA.lth project builds on the organization's long history of community-based research, including academic research partnerships. This large CIHR-funded, multi-agency research project was centrally coordinated at the Centre for Refugee Studies, York University, Toronto. The multi-sectoral SyRIA.lth team brings together experts from diverse sectors, including settlement, health and mental health care, and academics in social work, psychology, psychiatry, nursing, medicine, international studies, and geography. Mahi Khalaf is the research coordinator for British Columbia.

Community-based research approaches are committed to community participation throughout the process to ensure research is appropriately designed and implemented. The aim is to accurately represent community voices and concerns in research findings. For SyRIA.lth, community involvement comprised settlement agencies, Syrian community and religious organizations, and peer researchers. For this project, peer researchers were community leaders, graduate students, and employees of settlement agencies, including Syrian refugees, second-generation Syrian Canadians, and both Palestinian and Lebanese immigrants.

Ontario, Quebec, and BC are the three provinces that receive the most resettled refugees. Aiming to include both large and small urban centres, SyRIA.lth recruited research participants for survey interviews and focus groups in Metro Vancouver, Montreal, and Toronto, as well as the

Thompson-Okanagan (primarily Kelowna), Kitchener-Waterloo, and Windsor. In the first year of Operation Syrian Refugees, more than 75% of all Syrian newcomers to BC settled in the Lower Mainland region, with the majority in Metro Vancouver and particularly Surrey (McElroy, 2016). This proportion of settlement is roughly reflected in the comparative sample sizes of each BC research site.

The study highlighted important lessons on ethical considerations for community-based research, which relies on peer researchers. Appendix A summarizes lessons learned from this project about community-based research methodology, including mitigating researcher burnout and secondary trauma.

## Survey Interviews

The primary data collection for the SyRIA.lth project was through a survey with resettled Syrian refugees, implemented every spring/summer from 2017 to 2020. Adults in each research location were eligible to participate if they had arrived in Canada from 2015 to 2017 during Operation Syrian Refugee.

The survey for the national project was developed and tested by the SyRIA.lth team of multidisciplinary experts and peer researchers from across Canada, and was updated each year. Topics were developed based on the holistic integration model categories (in Section 2 of this report). Many questions were drawn from standardized surveys to increase the

reliability of the data. Because cultural differences can shape survey validity, the team prioritized tools that had been translated and verified in Arabic contexts.

**Survey topics included:**

- Background and demographic information to understand how personal identity and refugee pathways influenced integration
- Social variables such as community and friendships in Canada
- Interactional variable to assess “fit” and function in new communities, such as language skills, employment, and access to health care
- Subjective feelings of security and belonging
- Standardized assessments of mental and physical well-being, including post-traumatic stress and depression indices

Each year, the survey was translated into Arabic, back-translated, and pilot-tested. In 2020, the final year of data collection, the survey was adapted with several questions added to specifically address challenges faced during the COVID-19 pandemic in relation to aspects of integration, such as access to health services, income, and employment challenges. The

team also collected data on COVID-19-related stress, sadness, and support.

National recruitment methods included public advertisements through social media and flyers; announcements at resettlement agencies, community centres, and food banks; and “snowball sampling” (seeking additional research participants through referrals from existing participants). In BC, ISSofBC sent emails and text messages to all Syrian GAR households with information on the study. Individuals interested in participating were contacted to provide information, confirm their interest, and answer any questions. After initial eligibility screening, survey interviews were scheduled at a time and place convenient to participants, usually in their own homes. The surveys were administered in Arabic by peer researchers, using an iPad survey app to allow for direct data storage on a secure server.

In the first three years of the study, the surveys were conducted through face-to-face interviews. They typically took 60 to 90 minutes each. In 2020, the fourth and final year of data collection, surveys were completed through telephone interviews to comply with COVID-19 social distancing guidelines. Each participant provided written informed consent and received an honorarium for completing the survey each year: starting at \$75 in year 1 and declining to \$40 in year 4.<sup>3</sup>

<sup>3</sup> Honorariums recognize the immense value of participants expertise and contributions to knowledge production and signal gratitude for their time and willingness to respond to extensive inquiries on very personal aspects of their lives and experiences.

**Nationally, the survey:**

- Achieved its aim to include at least 10% of the estimated 18,000 adult Syrian refugees resettled in Canada through Operation Syrian Refugees
- Included 1,921 participants from 856 households in 2017
- Had 1,665 participants continue for all four years of the study

Figures 2 and 3 illustrate some of the participation data.

As the sample was not randomly selected, the data presented are descriptive of those surveyed, but not statistically generalizable to all Syrian refugees resettled in Canada during Operation Syrian Refugees.

In BC, the rate of participation included 41.6% of adult GARs and 26% of the adult PSRs resettled in Metro Vancouver and Thompson-Okanagan (Hynie et al., 2019, p. 40). While BVOR refugees were not targeted in recruitment, some were included through snowball sampling, as they shared households with refugees who had arrived as PSRs or GARs.

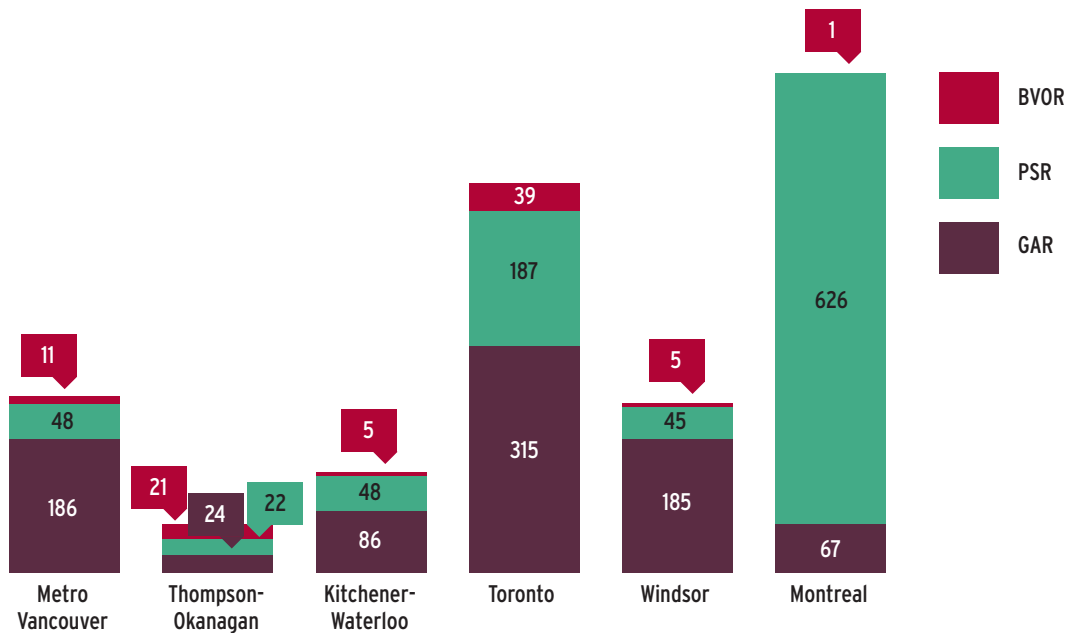


Figure 2: First year survey participation by sponsorship by region<sup>4</sup>

<sup>4</sup> Montreal was already home to the largest Syrian-Canadian community prior to the conflict, and it organized sponsorship of family and community members, largely through church and ethnic community organizations. Thus, Quebec had a substantially larger proportion of PSRs than other provinces (Hanley et al., 2018).

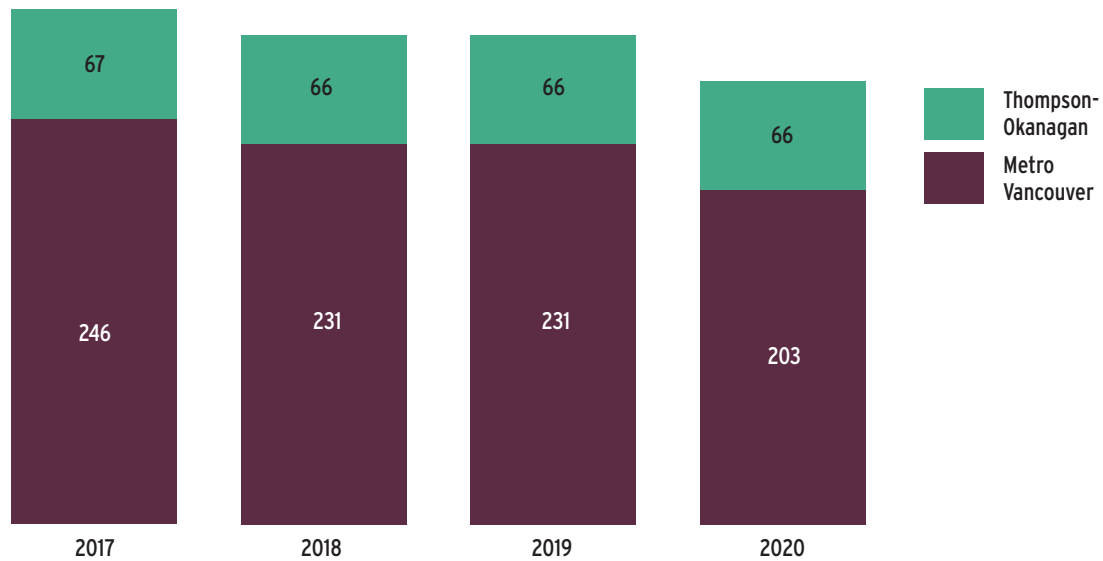


Figure 3: BC Longitudinal Participation

### Focus Groups

Focus groups are a form of facilitated and recorded group discussion used to collect data. SyRIA.lth peer researchers conducted separate focus groups in Arabic for a small subset of survey participants at all research sites in the second year of the study.

In British Columbia, ISSofBC coordinated four focus groups (two each for women and men) in August 2018. Participants received an honorarium for their time. In total, an equal number of men and women participated in the focus groups,

which included twice the number of GARs than PSRs, as the table shows.

The facilitated conversations aimed to learn the nature of participants' social relations in Canada, how these have changed through time, and how they affect social integration. Insights from a preliminary analysis of the BC focus groups are integrated throughout this report.

Location	Participants	No. of GARs	No of PSRs	Total Participants
Thompson-Okanagan	Men	5	2	7
Thompson-Okanagan	Women	3	1	4
Metro Vancouver	Men	5	3	8
Metro Vancouver	Women	7	4	11
Totals:		20	10	30

# 4. Participant Profile

## The BC participation in the SyRIA.lth survey is summarized as follows

- 313 SyRIA.lth participants in year 1
- 41% identified as the “head of household”

### In Thompson-Okanagan:

- 33 women and 34 men
- 29 households

### In Metro Vancouver

- 115 women and 131 men
- 110 households

## Journeys to refuge

Using the holistic integration model, consideration is given to the lives of individuals prior to resettlement as being part of personal histories that shape integration processes. Before displacement, 68% of BC survey participants lived in a major city in Syria. Some 16% came from smaller centres, with a further 16% from rural areas. Most left Syria in 2012 and 2013 (see Figure 4).

Like most refugees globally, most participants after displacement sought refuge in neighbouring countries. Initially, 41% of survey participants sought refuge in Jordan, 31% in Lebanon, and 21% in Turkey. As before displacement, 68% of participants remained in major cities; however, 12% (36 people) lived in refugee camps, with a quarter of them spending over three years in camps (see Figure 5).

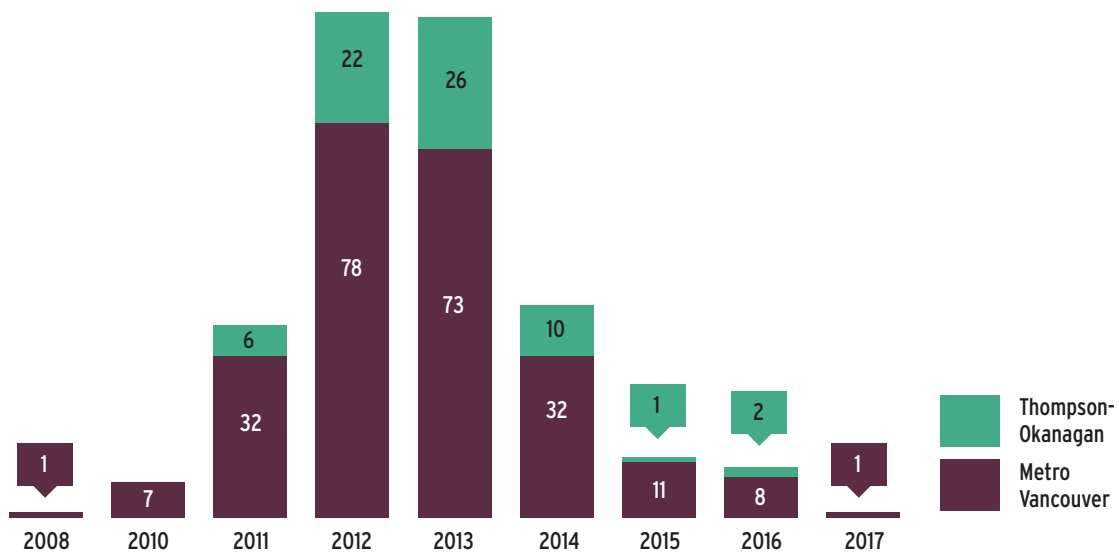


Figure 4: BC Survey Participants—Year of Departure from Syria (n=313)

Nationally, the SyRIA.Ith data shows that GARs spent, on average, 38 months in their first country of refuge, which is nearly twice as long as PSRs were initially displaced (19.5 months). A longer period in exile indicates “longer exposure to psychological and physical hardships of asylum” (Hynie et al., 2019, p. 47).

SyRIA.Ith findings suggest that differences within the broader “private sponsorship” category may be important to integration outcomes. Notably, PSRs sponsored by G5s (rather than family, faith groups,

or community organizations) share many characteristics with GARs (such as language abilities and family size). In the BC SyRIA.Ith survey, no Metro Vancouver PSRs were sponsored by G5s, and only 6% of Thompson-Okanagan participants were sponsored by G5s. Most PSR participants in BC were supported by faith groups (Hynie et al., 2019).

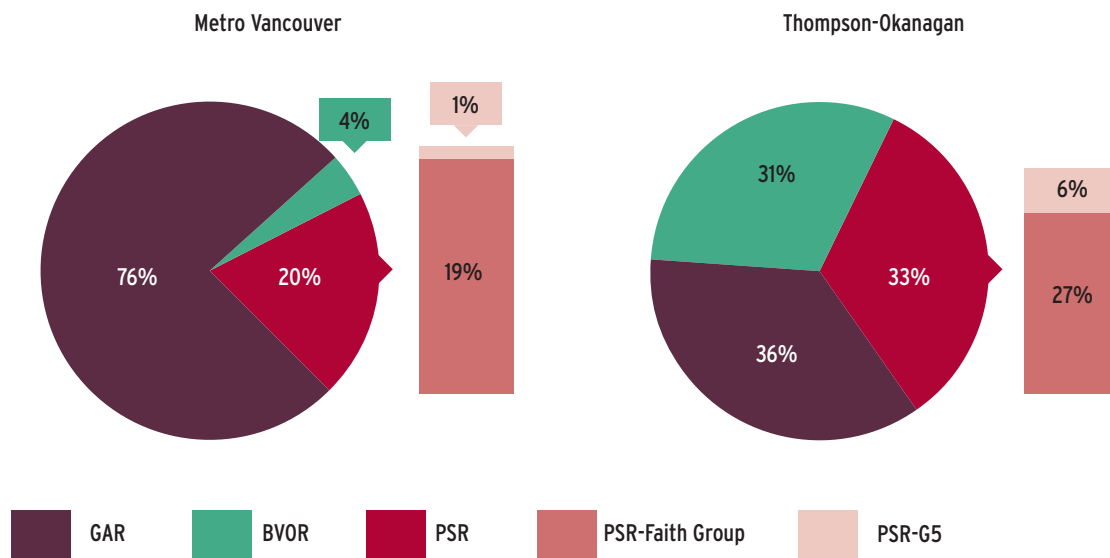


Figure 5: BC Survey Participants—Resettlement Categories<sup>5</sup>

<sup>5</sup> Where percentages are labelled in figures, the data labels are rounded to whole numbers, or to one or two decimal places for legibility.

## Demographic Data

Nearly half the participants were 31 to 50 years old; the mean age was 35.5 (see Figure 6).

Three-quarters of all participants in BC in the first year were married; 22% were single or unmarried (see Figure 7). Almost all participants in Thompson-Okanagan identified as heterosexual (99%); in Metro Vancouver this was similar, although 11% preferred not to answer, and 2% did not know.

Syrian refugee families appear larger in size than the average Canadian family, and those that resettled in BC are among the largest in the SyRIA.Ith study. Two-thirds of Metro Vancouver households (66%) and just over half (54%) in the Thompson-Okanagan had more than five people, compared with only 47% in Toronto, and 23% in Montreal (see Figure 8). Nationally, Syrian GARs had larger families than both Syrian PSRs and other cohorts of GARs.

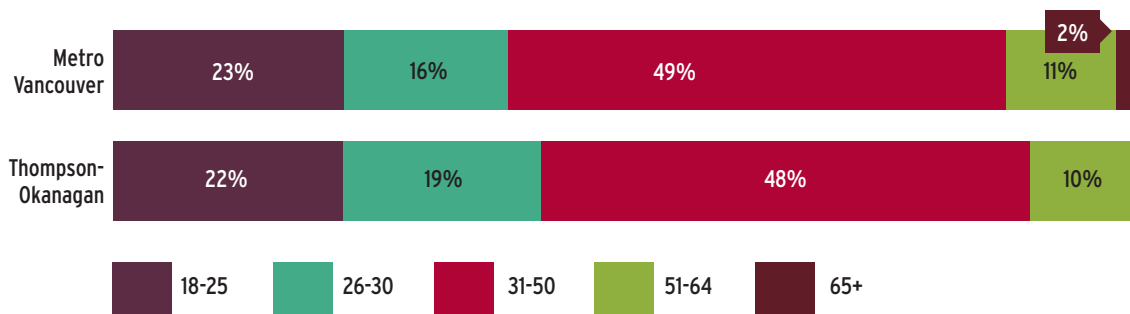


Figure 6: BC Survey Participants—Age Range

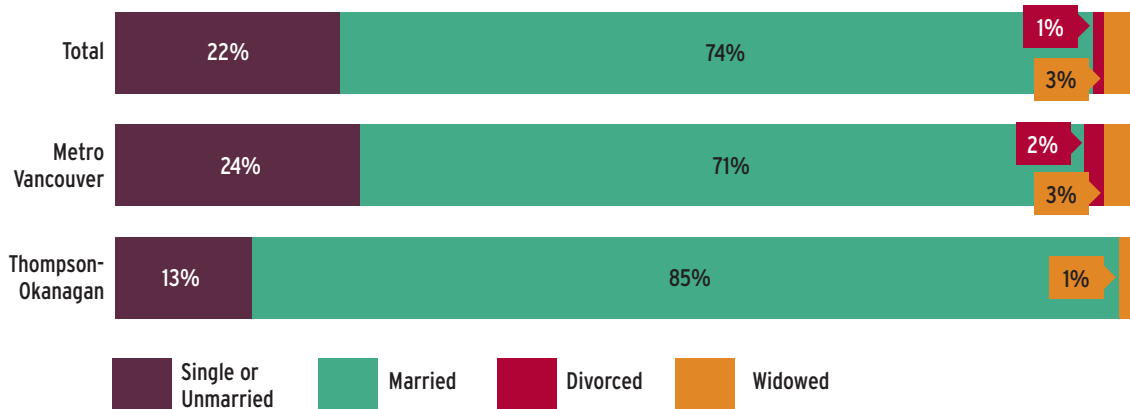


Figure 7: BC Survey Participants—Marital Status (2017, n=313)



### Relatives in Canada

In the initial year of the study, almost half of all participants (44%) had no relatives in Canada, a situation more prevalent in the Thompson-Okanagan (57%) than in Metro Vancouver (41%), despite the higher proportion of PSRs in the Thompson-Okanagan sample. Across Canada PSRs were more likely to have relatives in Canada (80%), however PSRs in BC were less likely

to have relatives than those in other provinces. Only 63.8% of PSRs in Metro Vancouver, and 72.7% in The Thompson-Okanagan have family in Canada (Hynie et al. 2019, p. 41), though both rates are substantially higher than other sponsorship categories.

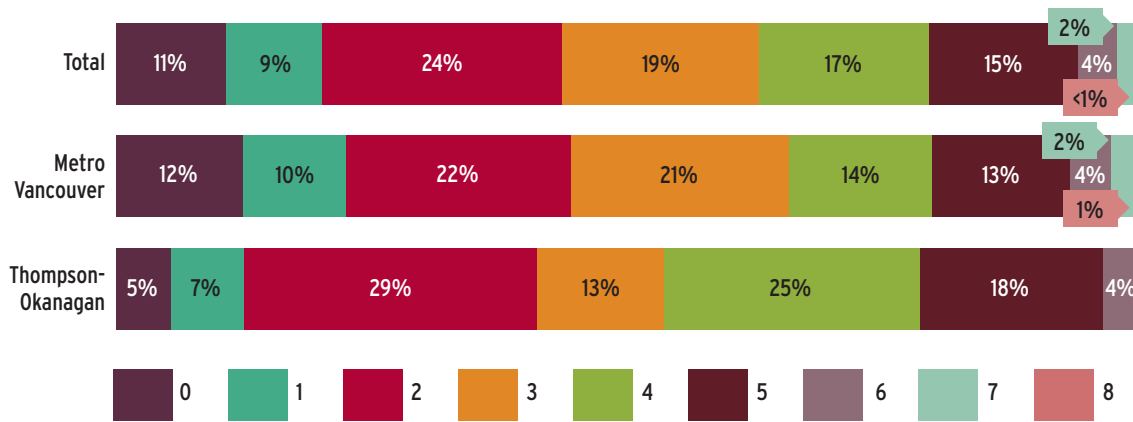


Figure 8: BC Survey Participants—Children Under Age 18 (2017, n=234)

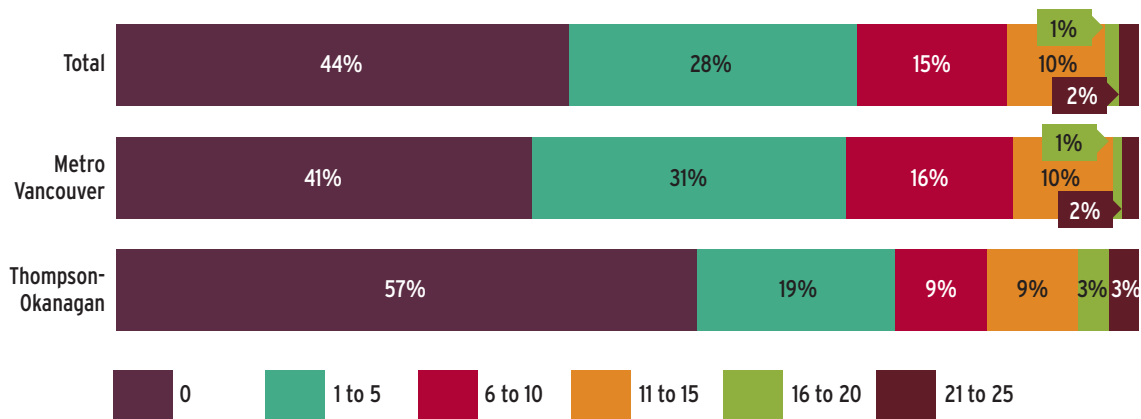


Figure 9: BC Survey Participants—Number of Relatives in Canada in 2017

# 5. Results and Discussion

## 5.1 Language and Education

### Education

As has been found in previous studies comparing resettlement programs, in this study the level of education (largely prior to resettlement) varied significantly between GARs and PSRs. Together, almost two-

thirds (65%) of all BC participants reported a low or very low level of education (less than high school), with little variation between men and women (see Figure 10).

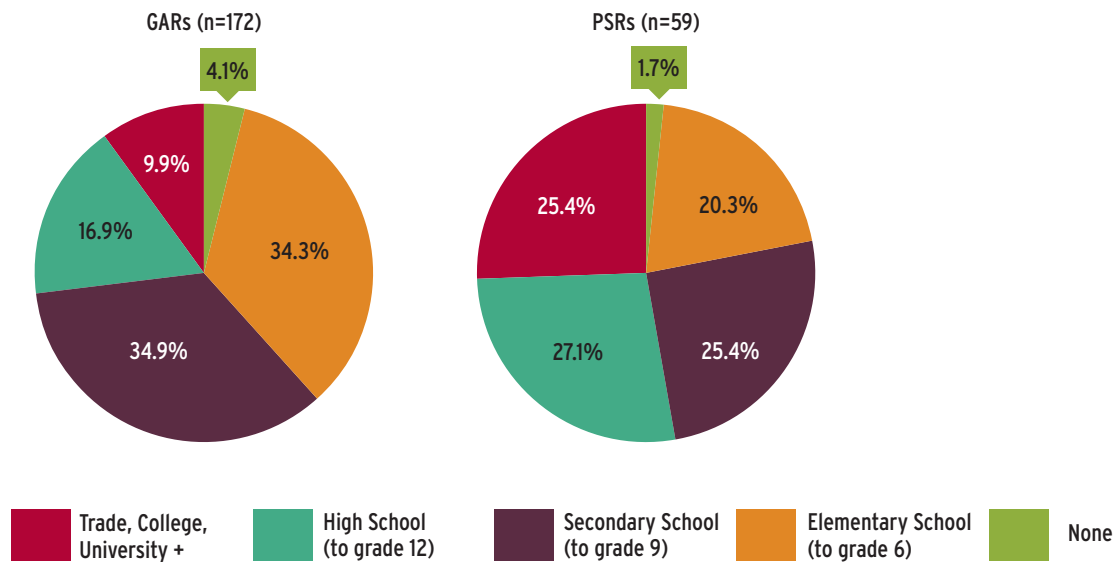


Figure 10: BC Survey Participants—Education Level

## Language

Official language proficiency is a key aspect of integration, well-being, and social inclusion, shaping relationships and employment opportunities, and even the possibility of gaining citizenship. Many focus group participants highlighted English-language ability as the biggest initial challenge when they arrived.

*I said it before, I'll say it again:  
Language is the biggest obstacle. I  
used to feel stupid! Even now, there  
are so many things that I don't know.  
Life is not always "OK," you can't just  
always answer "OK, no problem," you  
have to converse.*

*(Focus Group C, 2018)*

Of those participants who remained in the study across all four years, the need for interpretation in their appointments (by interpreter, friend, relative, phone app, etc.) declined across all categories of sponsorship, for both men and women, in both Thompson-Okanagan and Metro Vancouver (see Figure 11).

GARs and women participants showed the greatest initial need for interpretation, and while both categories decreased their need for interpretation over time, they were still the highest in the fourth year (see Figure 12). The difference between Metro Vancouver and the Thompson-Okanagan residents may be due in part to the larger proportion of GARs in the Metro Vancouver sample (76% compared with 35% in the Thompson-Okanagan sample). The substantial gap between GARs and

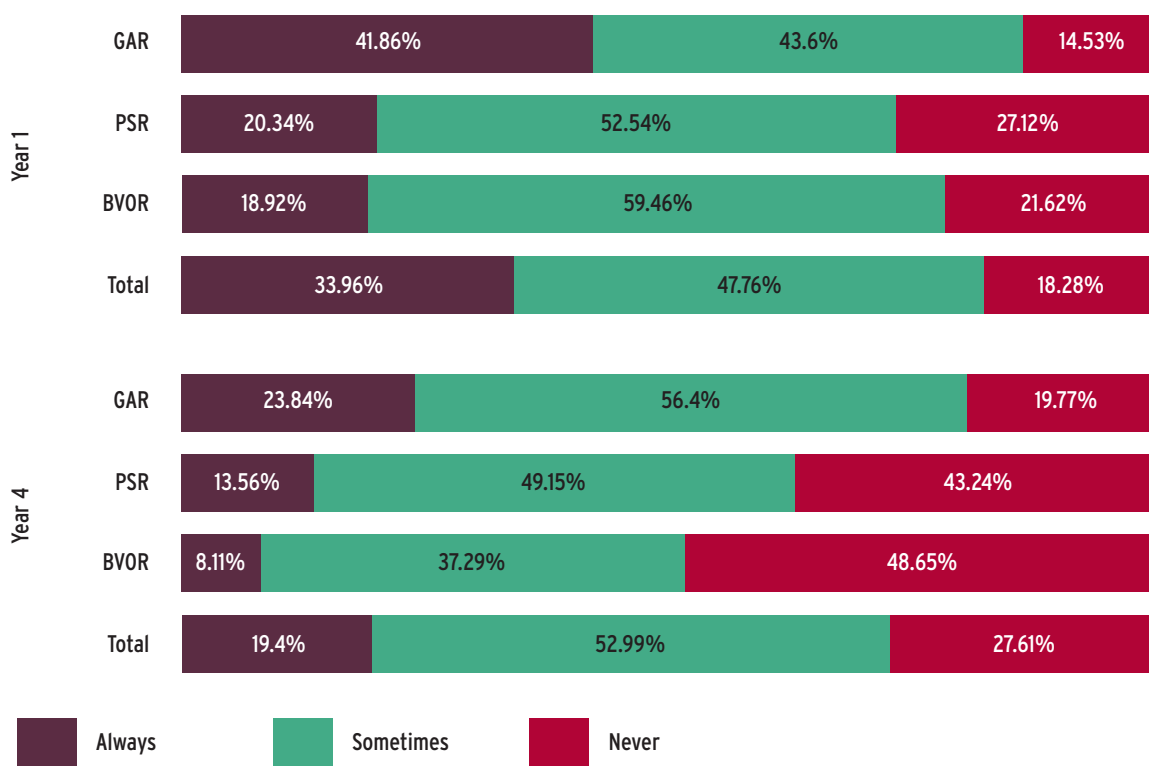


Figure 11: BC Survey Participants—Need for Interpretation (n=268)

PSRs needing interpretation in the first and fourth years reflects differences in prior education and language abilities due to selection criteria in each category.

Language abilities varied by age (see Figure 13). The youngest participants (age 18 to 25) had the strongest language skills in the first and final year of the study; however, their improvement was less substantial than other age groups: 15.8% who always required interpretation at the beginning of the study still always required interpretation at the end. The 26 to 30 and 31 to 50 age groups showed similar rates of

need for interpretation at the beginning of the study with 38.2% and 33.6%, respectively, always requiring interpretation at the beginning of the study, and 18% in both groups requiring interpretation in year 4. Participants older than 51 had the highest requirement for interpretation in the first year of the study, with over 65% always requiring interpretation. They saw substantial improvement in four years, but 34% still always required interpretation in year 4.

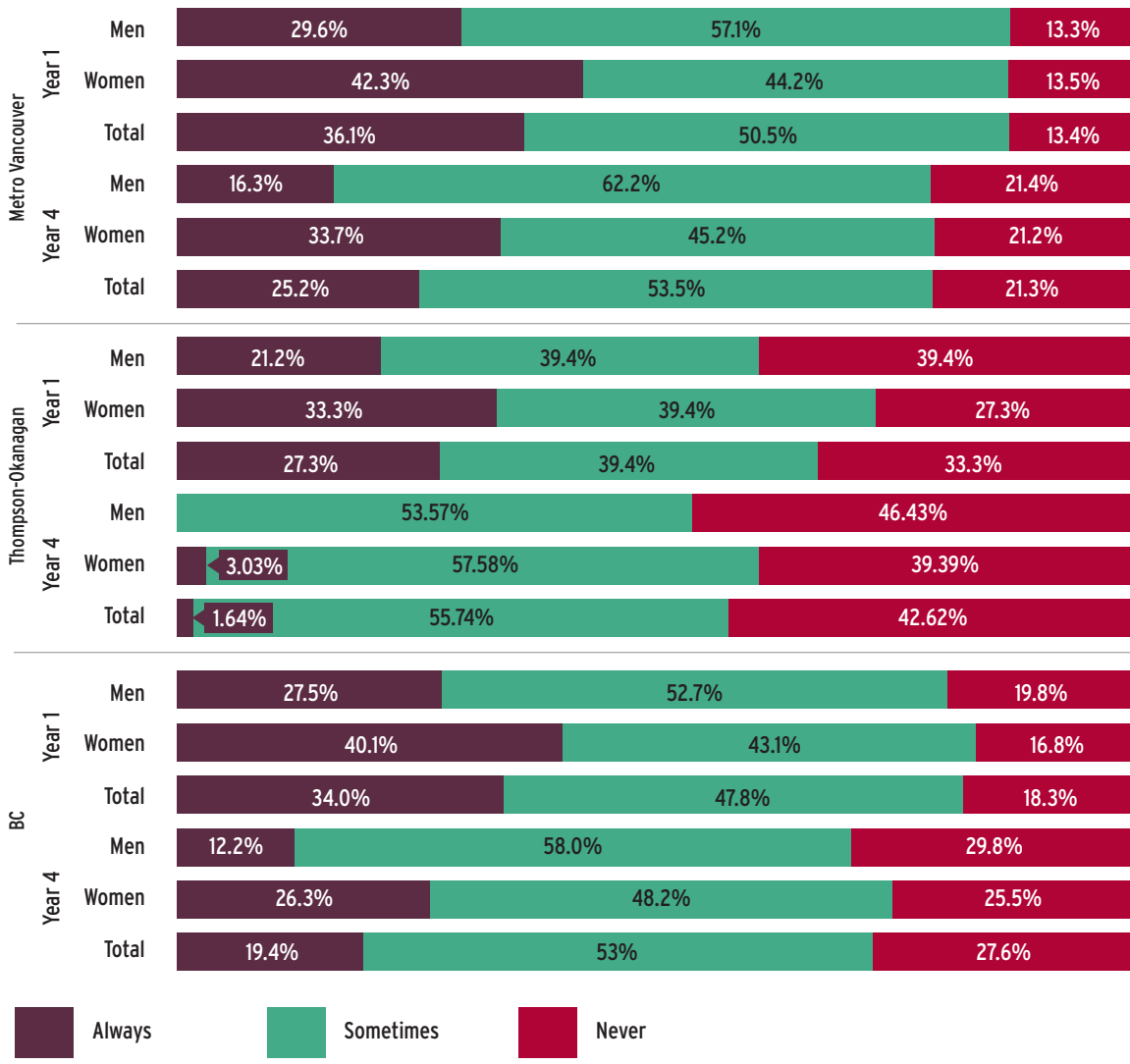


Figure 12: BC Survey Participants—Need for Interpretation by Region and Gender (n=268)

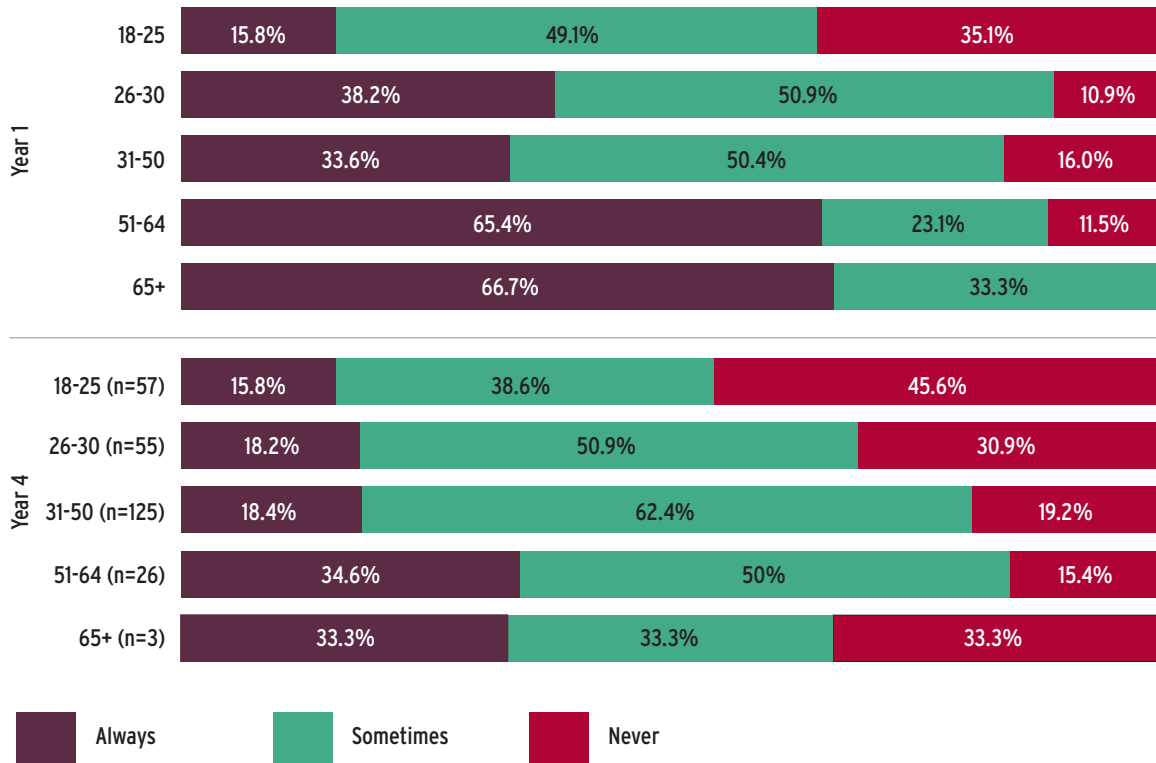


Figure 13 BC Survey Participants—Need for Interpretation by Age Group  
 Note: Age groups are as recorded at the start of the study.

## Language Classes

Resettled refugees are eligible for free, federally funded Language Instruction for Newcomers to Canada (LINC) classes, administered provincially through service providers, including ISSofBC. These were fundamental to learning English for most adult Syrian newcomers, with the majority spending more than one year in formal classes.

*When I first got here, I only knew the words I spoke in Lebanon which were “yes” “no,” and “hi.” These were the only words I knew. But now, praise be to God, I can speak as I’m on the 4th level [of LINC].*

*(Focus Group D, 2018)*

In all three provinces participating in the SyRIA.lth study, PSRs were less likely to attend language classes, reflecting pre-migration education and language skill differences. Regardless of their pathway,

Syrian refugees who already never needed an interpreter in the first year, and therefore already had strong official language skills, were also less likely to attend classes (Ives et al., 2022, p. 9).

In both BC and Ontario, SyRIA.lth researchers found that women were less likely to attend language classes in the first year of the study (Ives et al., 2022, p. 14). More men than women had taken two or more years of language classes.

Kuo and colleagues (2020) and settlement workers interviewed by Ives and colleagues (2022) suggest that barriers to accessing childcare and the household division of labour may impede women’s access to language classes. This was echoed by women’s focus group participants, who highlighted the need for care for school-age children in the summer, in addition to year-round daycare for younger children.

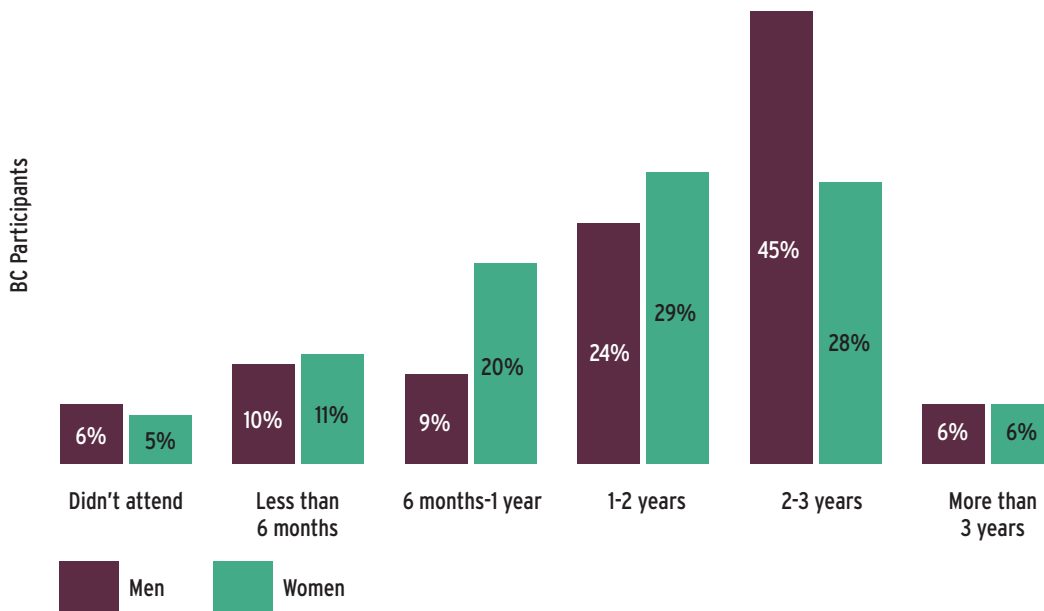


Figure 14: BC Survey Participants—Time Spent in Formal Language Classes (2019, n=254)

*LINC could be opened for summer, but we can't go because we have to attend to our little children. It is hard for us to go study at LINC, because there is no daycare*

*(Focus Group C, 2018).*

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Field notes from BC peer researchers indicate that several women had to stop language classes after having babies. When they were ready and able to return, they were placed on a waitlist, despite having already waited for space for the original classes they had enrolled in. Similar barriers were noted in Ontario in the field notes. In Quebec, because the costs are both capped and reimbursed by the province, childcare is not considered a barrier to attendance by the majority of Quebec participants, and gender is not a statistically significant predictor of language class attendance among SyRIA.lth participants (Ives et al., 2022).

In both BC and Ontario, employed participants were less likely to attend language classes (Ives et al., 2022). Work is a common priority for resettled refugees of all categories. Settlement workers in BC and Ontario cited “a shortage of evening and weekend sessions for those who were employed” as well as the challenges of balancing work, family, and studying (Ives et al., 2022, p. 15).

### ***Beyond the Classroom***

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While employment may be a common barrier to formal language study, participants in several focus groups noted the importance of learning “informal language,” both *through* and *for* work. “Learning on the job” complemented the English learned in formal classes.

*The second thing that has helped us in learning the language is working with Canadians. When I started working, I faced a lot of hardships, I was like a deaf person among a wedding ceremony [an informal Arabic proverb]. I wasn't understanding what the right work was to do, though I was learning at school and learning the language at school. The problem is that the language at school is the formal one.*

*(Focus Group B, 2018)*

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Although language was noted as an obstacle to forming friendships, several participants noted building their confidence in English both *through* and *for* building social connections.

*[Participant] While I'm out in the streets, I talk to other Canadians at the bus stop.*

*[Facilitator] You chat with them?*

*[Participant] Yes, talking with them helps me improve my language skills.*

*And they don't laugh at you in the street when you speak English. They won't tease you or make a fool out of you for mispronouncing an English word. They would help you instead.*

*(Focus Group D, 2018)*

---

Ultimately, language learning increased the confidence of many participants.

*Once the illusion of the language barrier is gone, we found that we are capable.*

*(Focus Group A, 2018)*

---

Year after year, language achievements were the most listed “successful

experience” by participants. These successes included enrolling in language classes, passing to higher levels in LINC, completing everyday tasks in English, seeing their children learn English, and often, initially, simply “learning English” (see Section 6).

## 5.2 Employment and Income

Finding employment is a widespread challenge faced by refugees following resettlement. Rates of employment have increased over time for participants in both Metro Vancouver and the Thompson-Okanagan, with total employment increasing from 29.4% in year 1, to 42.2% in year 4 (summer 2020), despite COVID-related job losses (see Figure 15).

Across Canada, moderately and highly educated participants were more likely to be working than those with low education

(Bridekirk et al., 2020, p. 291). PSRs are, on average, more highly educated, which likely contributes to their higher rate of employment. However, SyRIA.lth researchers also found that even when socio-demographic variables such as education were considered in Canada-wide statistical modelling, PSRs were still more likely to be employed than GARs (Hynie et al., 2019, p. 43) (see Figure 16).

In analyzing employment rates, it is important to consider the ways in which people are selected for each resettlement stream. GARs must meet certain vulnerability criteria that may range from a family member with a serious medical condition or disability to a lone parent caring for many children, which makes formal employment challenging. Therefore, any comparison between the two categories is problematic without considering such variables.

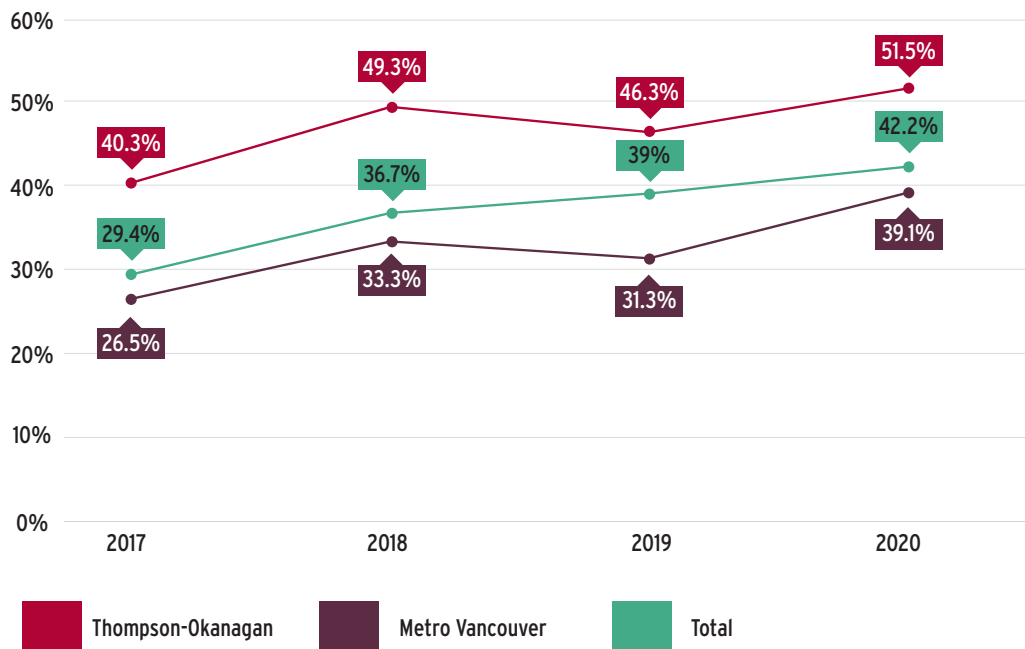


Figure 15: BC Survey Participants—Employment Rate



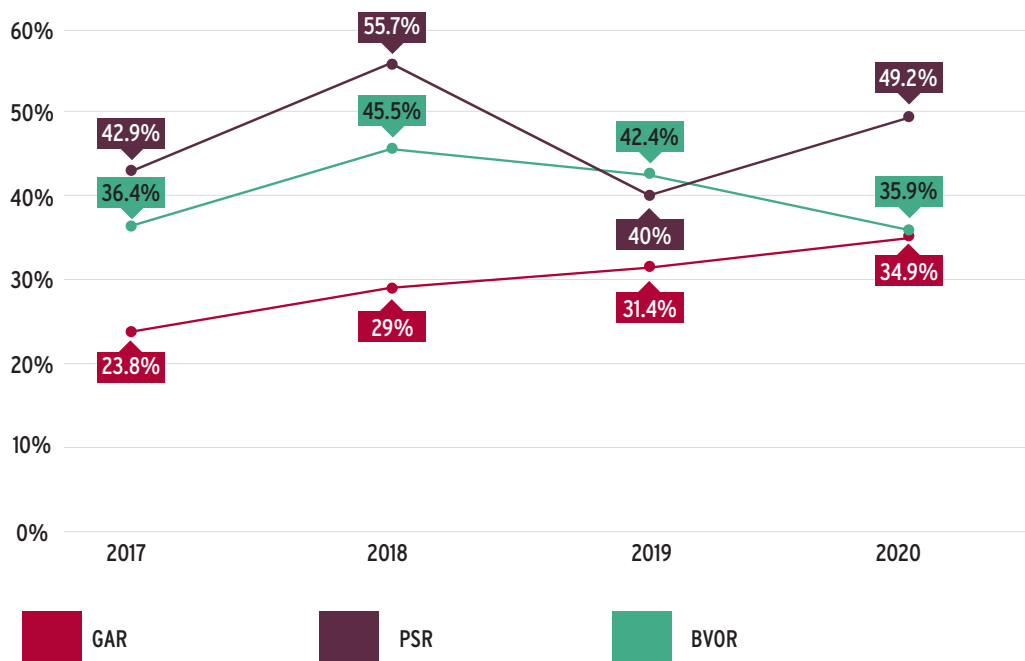


Figure 16: Employment Rate by Resettlement Category

Notably, employment rates were similar across all three resettlement categories in Thompson-Okanagan, varying significantly less than the difference between categories in Metro Vancouver. While 47.8% of GARs in Thompson-Okanagan were employed in 2020, only 32.8% in Metro Vancouver had work. Employment rates for PSRs, however, were similar for both sites.

Canada-wide statistical analysis found that employment is more likely for men, Christians, younger participants, and those who had spent longer in Canada (Hynie et al., 2019, p. 43).

### Gender and Employment

In BC, only 15% of women participants were employed in 2020, compared with 70% of men. Not all women are seeking work, as many have children,

and the family has decided they will stay home to look after them.

Among other factors, the lack of affordable childcare may be a substantial barrier to women’s employment. In 2019, 24.9% of participants reported that childcare was a barrier to employment, a challenge repeated by women in the focus groups in both Metro Vancouver and Thompson-Okanagan.

A similar challenge was noted about access to language classes for women , negatively impacting their opportunities to improve their English. This speaks to how various aspects of and barriers to integration may interact and how they may be gendered: language levels can be a substantial barrier to employment, while employment can offer practice and opportunities to improve in English.

Women in one focus group expressed a relationship between work and participation in Canadian society, suggesting that differences in access to employment could contribute to women’s social exclusion.

*Here, only those who work are the ones who exist. You’re right, if I don’t work then I don’t exist. It’s different than our Arab society.*

*(Vancouver Female Focus Group, 2018)*

While both men’s and women’s focus groups discussed entrepreneurship, women highlighted the possibilities of businesses that could be run from home, such as childcare and food services, which would allow them to continue to care for their children at home. Numerous barriers were also raised, including understanding the licences and insurance needed to start a business.

*I do think about [getting a job], but I can’t work outside [the house], it is hard for me. I do think of working in foods, making sweets from home and such. There isn’t anyone to explain about the licence needs for such work, related to food. Every time I ask they tell me—they told us—it is very, very complicated, even though there [is much] love and acceptance of Arabic food. I feel like we need a leader who can bring people together and start such a thing.*

*(OF Focus Group)*

### COVID-19 Impacts

Although employment rates rose in 2020, the first year of the COVID-19 pandemic, compared with previous years, at the time of the survey 28 of the participants reported they had lost their job due to the pandemic. An additional 20 reported temporary layoffs or stopped self-employed work (from one to four months in length). Of 113 working participants, 40 participants had their hours reduced hours (35%) due to the COVID-19 crisis.

Nearly 40% of working participants in 2020 had jobs in “essential services” such as grocery stores, food delivery, health care, or pharmacies, highlighting the important contributions of newcomers to Canada (see Figure 17). Nevertheless, only 3% increased their hours, and less than 2% received an increase in pay through the pandemic “essential worker top-up.”

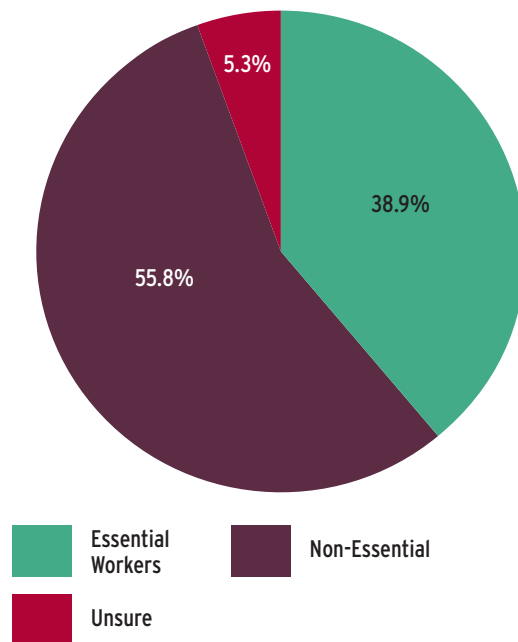


Figure 17: BC Survey Participants: Proportion of Essential Workers in 2020

At the time of the survey in 2020, 38% of participants noted that their household had relied on the Canada Emergency Response Benefit (CERB) in the past month.<sup>6</sup> A further 41% relied on provincial COVID-19 benefits. These figures differ from the percentage laid off due to COVID-19, as multiple household members in the study may rely on the income or benefits of one working household member.

### Income and Assistance

While the majority of those employed reported earning more than minimum wage

(\$14.60 in BC at the time of the survey), the proportion varied from year to year, increasing from 60% in 2017 to 88.5% in 2020.

At year 4, 41.4% of participants reported social assistance as a source of household income—a slight increase from 38% in the first year of the study. Child tax benefits also continued to increase in significance, with 69% of participants reporting these as source of household income in the second year of the study, increasing to 78.4% in year 4 (see Figure 18).

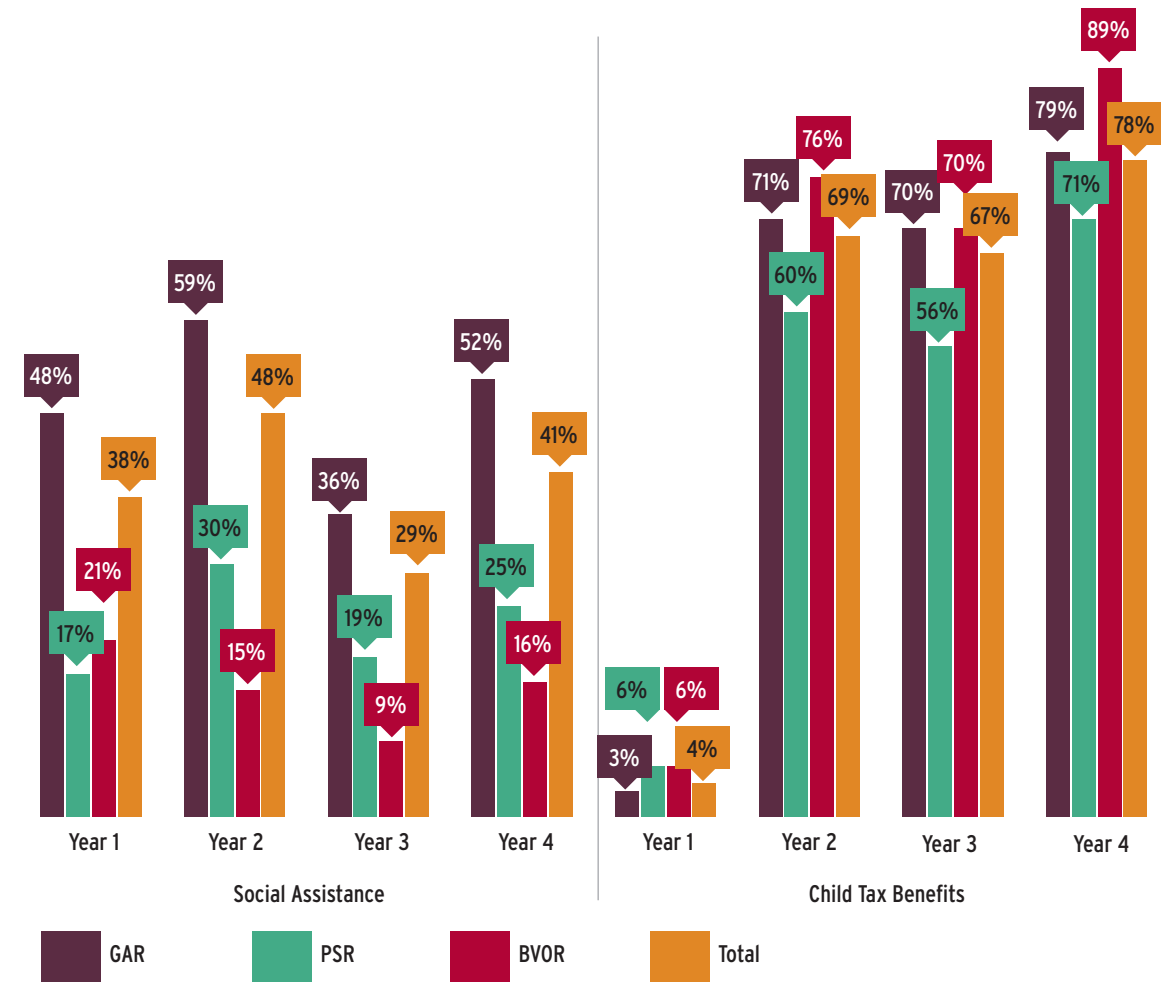


Figure 18: BC Survey Participants: Proportion of Households Receiving Income Assistance

<sup>6</sup> CERB) was a time-limited benefit introduced by the Government of Canada to provide financial support to employed or self-employed Canadians directly affected by the COVID-19 pandemic (e.g., lockdowns or public health restrictions).

## DISABILITY BENEFITS

Twenty-eight percent of participants reported their household income had included access to disability benefits in 2020, a substantial increase from 17.9% in 2019 (see Figure 19). Note that multiple household members in the study may have reported the income to their household from benefits from a single household member, so this figure is likely greater than the percentage who qualify for benefits themselves.

The substantially higher proportion of GARs whose household income includes disability benefits likely reflects the “vulnerabilities” criteria for their selection for resettlement.

## FOOD ASSISTANCE

Nearly half the participants (47%) reported household using food banks and/or receiving baskets from community or religious groups in the three months preceding the 2020 survey: almost half of these (22% of all participants ) relied on both food banks and community/religious group baskets.<sup>7</sup> A further 6% of participants indicated not accessing foodbanks due to a fear of COVID-19, and 3% were unable or unwilling to take transit to a distant location during the early months of the pandemic. This suggests that some 56% of participants may have required food assistance in year 4 of the study, similar to prior years: 54% reported seeking food assistance in year 3 of the

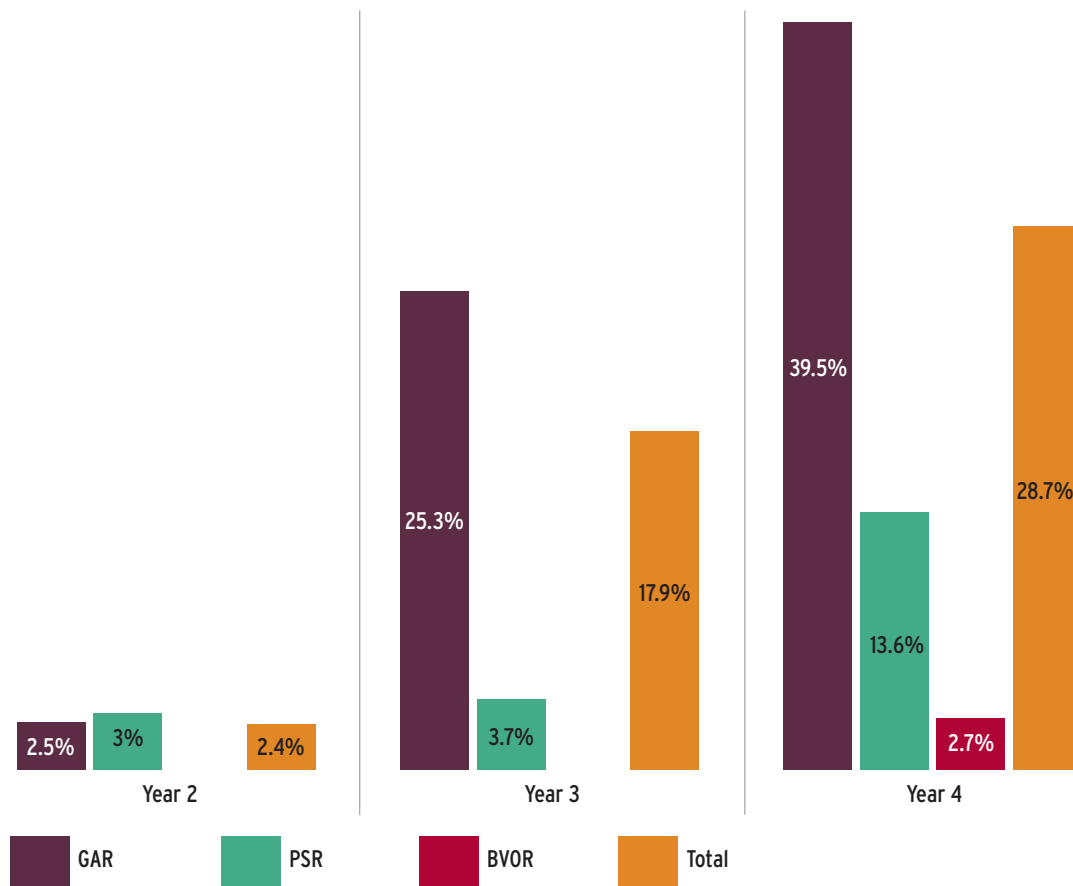


Figure 19: BC Survey Participants: Proportion of Households Receiving Disability Assistance

<sup>7</sup> Year 4 surveys were conducted in the early months of the pandemic during lockdowns and widespread public health orders.

study. It was access, rather than need, that was most affected by the onset of the COVID-19 pandemic, with 15% of those who wished to seek food assistance unable to access these services.

**Social Connections for and Through Work**

*Work and integrate and mix with other people. If you don't mix with the people and socialize, and get to know them, you will never get the job you want.*

*(Focus Group D, 2018)*

Data on how participants found work was collected for the first three years of the study. The largest proportion of participants found work through family and friends. Community agencies were much more important than employment agencies in initial years of the study, but this shifted by the third year (see Figure 20).

Across the country, SyRIA.lth researchers found that participants who had relatives in Canada and social connections with people of other ethnic communities were more likely to be employed (Hynie et al., 2019). "Co-ethnic friends" were the most mentioned source of assistance in finding jobs. PSRs were more likely to have Syrian family and friends already established in Canada, and thus more able to mobilize these networks to find work (Hynie et al., 2019, p. 48).

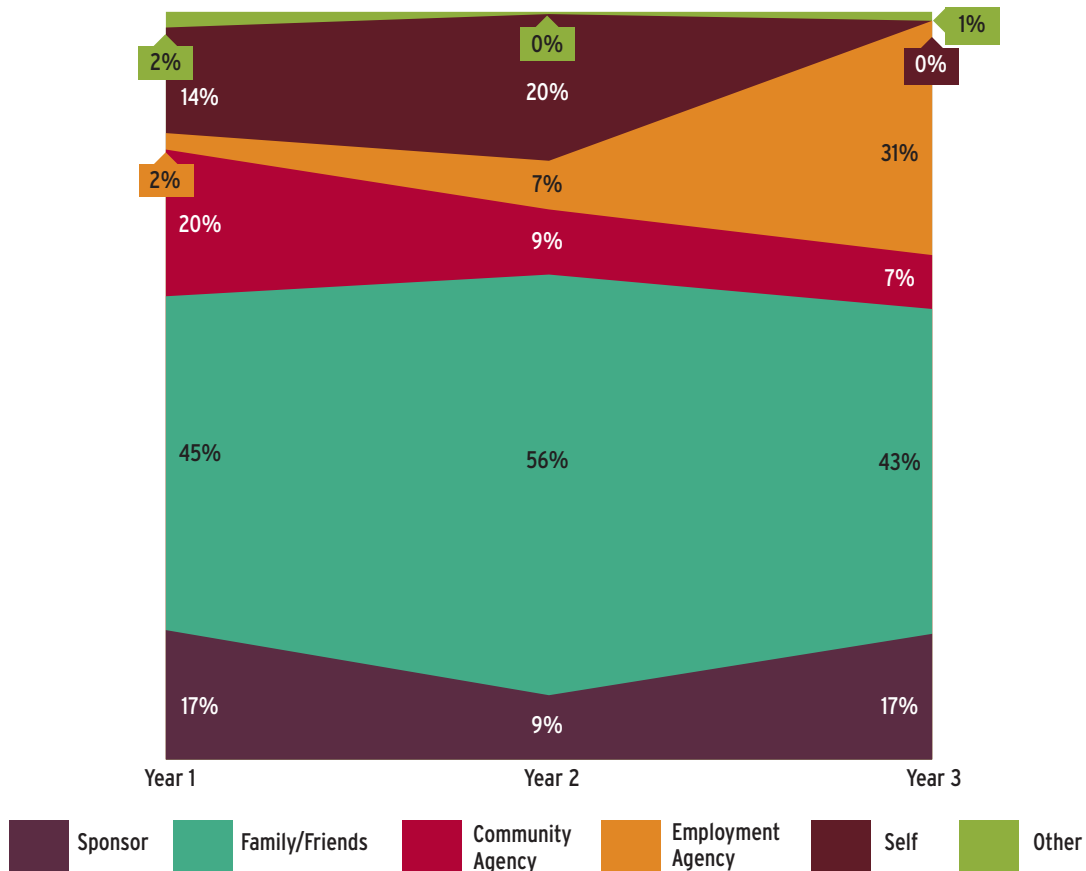


Figure 20: BC Survey Participants: Who Helped Participants Find Work

Echoing the statistical data, focus groups emphasized the importance of social connections for getting work. However, they also noted the importance of work to making social connections.

### ***Starting from Scratch: Overqualification, Experience, and Changing Fields***

While being overqualified for the jobs they find is common for most immigrants, it may be more prevalent among resettled refugees who are highly skilled because they are selected based on refugee status, not labour market requirements (Bridekirk et al., 2020). All focus groups discussed the need to “start from scratch” and the challenges of not having their previous work experience and/or education recognized by Canadian employers. Some felt that this reduced their creativity and satisfaction in their jobs.

*What I would tell the newcomer is, in this country, don't even dream of working in your field.*

*You would have to start from scratch. And to be able to work, you need to put in effort, so you can get a job.*

*(Focus Group D, 2018)*

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*...the experience you had in your country won't be sufficient. [...] You need to have an experience here, and that is very hard. Everyone needs an experience to be able to work. I would start by being a mere worker here and it would take me years to get to the position I was in back home. I wasted my life on my job back home, but they wouldn't accept it here. Like they can even test us before letting us work in our*

*fields. I'm a welder. I can weld all types of iron. But at the interview, they would ask me if I have any experience...*

*(Focus Group D, 2018)*

---

*... you can be more creative in [the field you are used to working in]. Your mind is used to it and is comfortable with it. While here they tell you that you need language and a certificate, but we were working without a certificate or a language. Here it became different, not only studying a new language, but also a new job.*

*(Focus Group B, 2018)*

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*I studied psychology and accounting, I used to teach in Syria and was a head of a department in Lebanon. But it means nothing here! I must study some other major to work. It'll take me 15 years to finish majoring in psychotherapy.*

*(Focus Group C, 2018))*

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*I had experience working in a laboratory. For me, I was looking for the courses I needed to prepare me to get a job. I had my degree accredited here, but even after that I couldn't find a job.*

*(Focus Group A, 2018))*

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In addition to accreditation challenges, participants expressed the frustration of a “catch-22”: not being able to get a job (and particularly a job in their prior vocational field) without Canadian experience, but not being able to get Canadian experience

without first getting a job. This barrier is notable as there was significant support for Syrian refugees by many Canadians upon their arrival, including offers of employment and specific initiatives to provide jobs to Syrian newcomers (Boynton, 2016; Hire Immigrants, 2017). (The effects of these barriers to employment and to appropriate employment are discussed further in Section 5.7.)

### 5.3 Housing

BC participants in this study reflect the large family sizes of refugees resettled

in Operation Syrian Refugees. Over two-thirds of households in the study were made up of five or more people, with most living with spouses and children.

Of the participants who lived in social housing, all of them were in Metro Vancouver, which had substantially higher rates of social housing than the other large cities in the SyRIA.lth study (Toronto: 0.2%; Montreal 0.1%, see Figure 21). In Thompson-Okanagan, 77% lived in rented houses, compared with just 33% in Metro Vancouver.

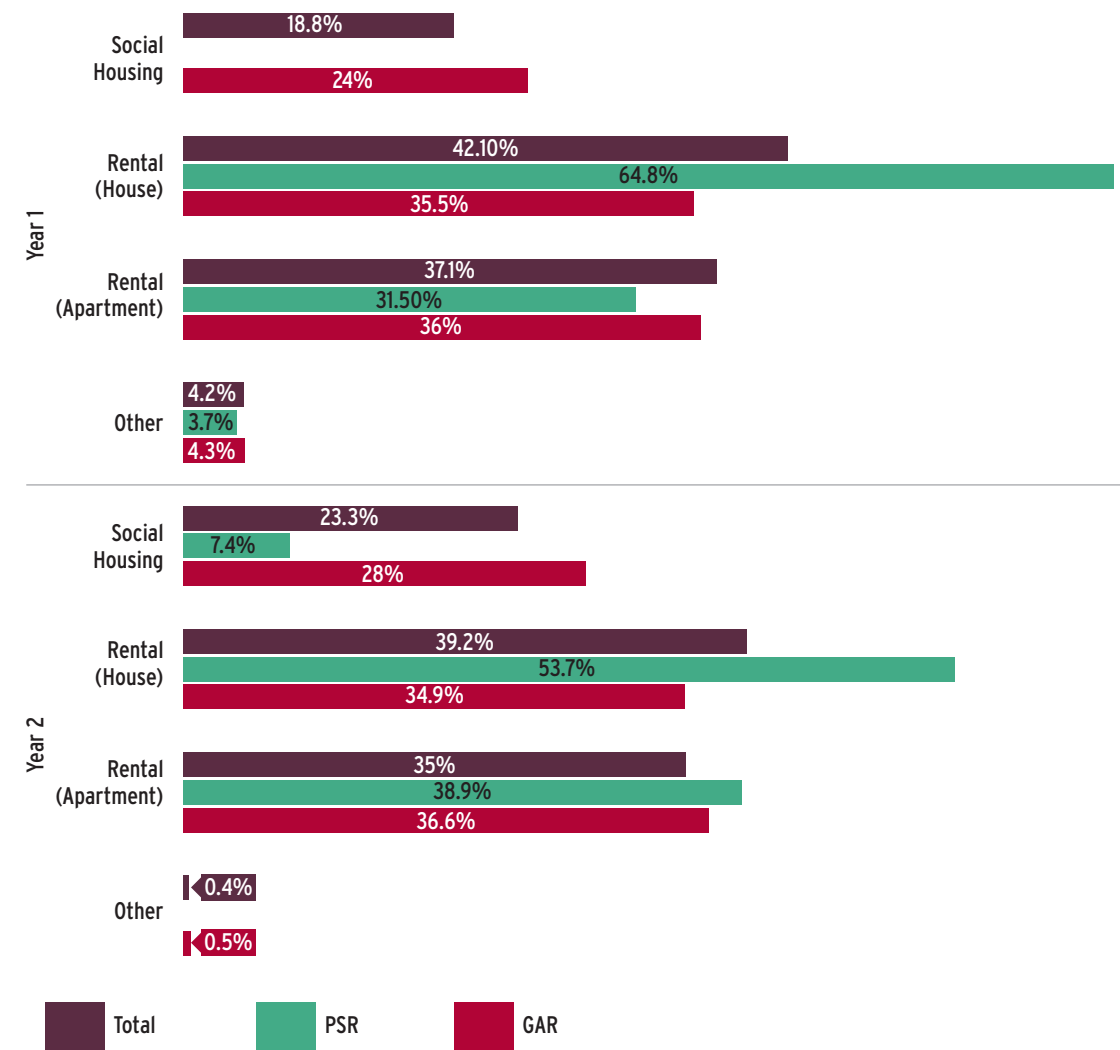


Figure 21: BC Survey Participants: Housing Type (n=240)

While most residents remained in their initial homes (following temporary housing on arrival), over one-fifth (21.3%) moved in the year prior to the first survey. Only 2.9% and 2.1% moved in years 2 and 3 respectively.

While their reasons for moving varied, lower rent and improved housing were the most significant (see Figure 22). In years 2 and 3, affordability was by far the most common reason. This is reflected in the changes in housing types from the first to the second year of the study, with an increase in participants moving into social housing and rented apartments, and a decrease in participants in rented houses. In total, in the three years of the study in which housing was analyzed, over 10% of BC participants moved due to affordability. Comparatively, over a five-year period prior to 2021 (encompassing the years of this study), only 3.7% of BC residents more generally “moved to reduce housing costs” (Statistics Canada, 2023), suggesting that housing affordability is a disproportionate concern for refugees in their first year in BC (see Figure 22).

Housing affordability is a major concern and a significant cause for stress for several participants. Even with nearly 19% able to access social housing in the first

year, and one-fifth having moved due to affordability, over half the Metro Vancouver participants and a third of Thompson-Okanagan participants found housing very or somewhat expensive (see Figure 23). According to researcher field notes, many more participants hoped to move into BC Housing accommodation, despite long waitlists, particularly given the difficulty of finding affordable houses for large families.

Peer researchers observed participants living in cramped and substandard conditions because affordable housing was not available:

*Eight people in a three-bedroom house is very tight and uncomfortable. One of the bedrooms has a leakage from neighbours’ bathroom upstairs (Field Notes, Vancouver, 2017)*

*Lots of rats in the house because non-affordable housing elsewhere (Field Notes, Vancouver, 2017)*

*Very expensive rent, and [the participant is] stressing because [they] will soon be transferred to welfare, and won’t be able to afford [rent]. (Field Notes, Vancouver, 2017)*

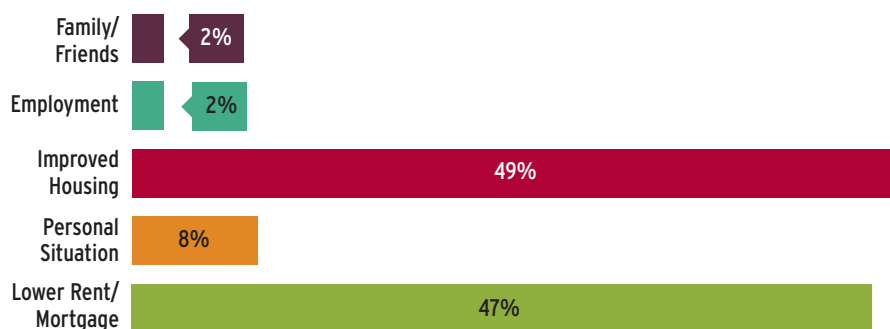


Figure 22: BC Survey Participants: Reasons for Moving in Year 1 (n=51)



Peer researchers also recorded that many participants wanted assistance with housing issues, such as landlord relations, which could result in substantial stress. Some participants also requested more information on housing, including the possibilities for some day owning a home. The desire for home ownership was echoed in one focus group, though the challenge given the low incomes of most participants was noted.

Perceptions of the change in housing quality in Canada were canvassed in the first two years of the study: more GARs perceived improvement in their housing quality than did PSRs. Forty percent of PSRs reported a decrease in the quality of their housing in the first year of the study, though this proportion decreased substantially by year 2 (to 3.7%). Both GARs and PSRs reported higher overall satisfaction with their housing in year 2 of the study (see Figure 24).

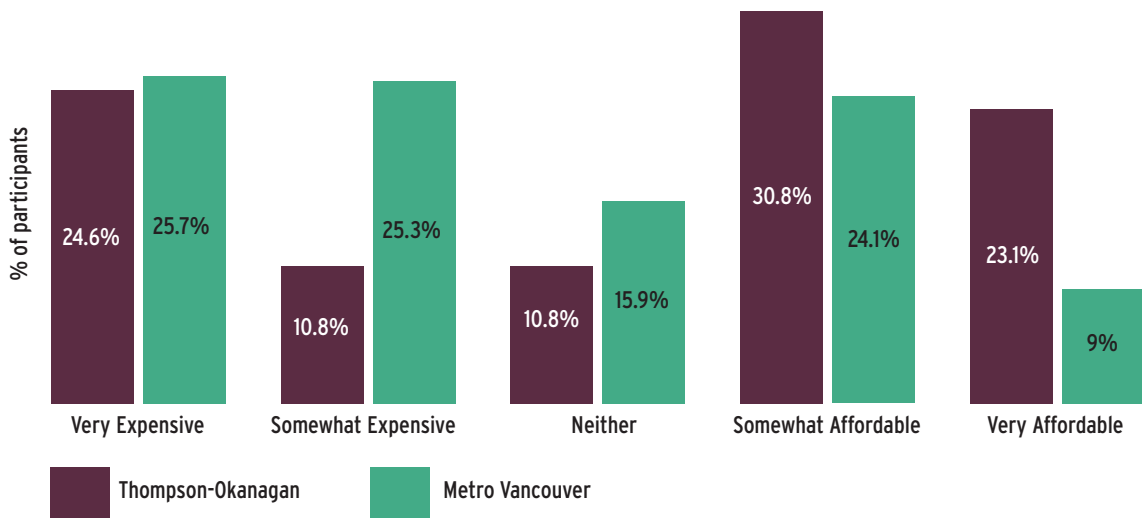


Figure 23: BC Survey Participants: Reporting of Housing Affordability

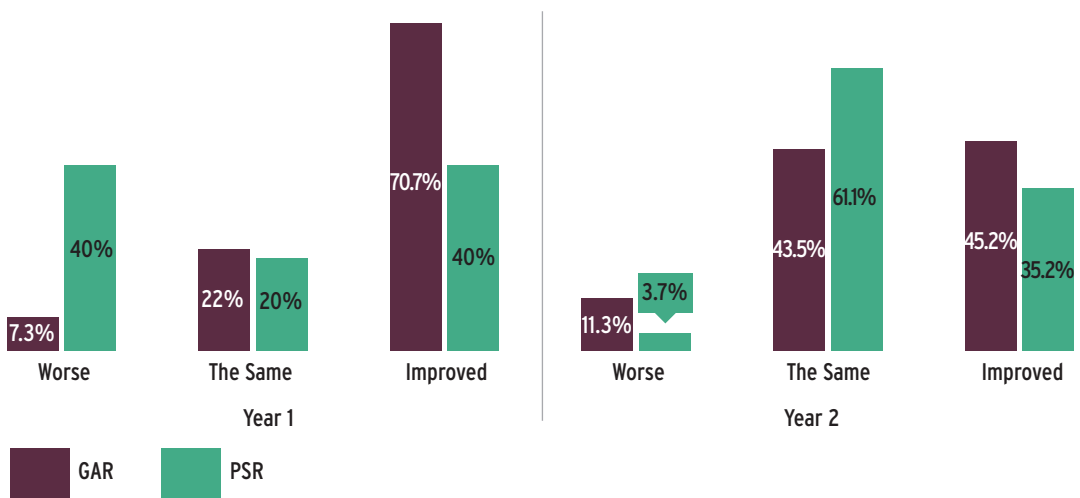


Figure 24: BC Survey Participants: Perception of Housing Quality Change Since Arriving in Canada (n=240)

## 5.4 Social Integration and Connections

Social networks and connections are important aspects of refugee integration and well-being (Hynie et al., 2019). A person’s capacity to form relationships interacts with other factors such as language, gender, and location, and is shaped by the broader socio-political context (such as welcome and discrimination).

### Friendships

The importance of friendships was noted by all focus groups. Many noted forming initial friendships through service providers, community groups, and religious organizations:

*We started some friendships. Thanks to the services providers [named settlement organizations] because they brought us together through*

*their activities. Through these activities there began to be some mingling and socializing and then you can grow it into a close relation with another person or family.*

*(Focus Group C, 2018)*

The development of friendships varied by resettlement pathway. A larger percentage of PSRs and BVOR refugees reported having four or more friends in their city in both the first and third year of the study. Both groups were supported by volunteers living in the community, rather than professional settlement organizations, resulting in more social networks and access to social capital for Syrians who arrived through those pathways.

While time is often considered a factor in creating friendships (Hynie et al., 2019), in BC the number of friends reported by participants declined over time. Between years 1 and 3, the number of people

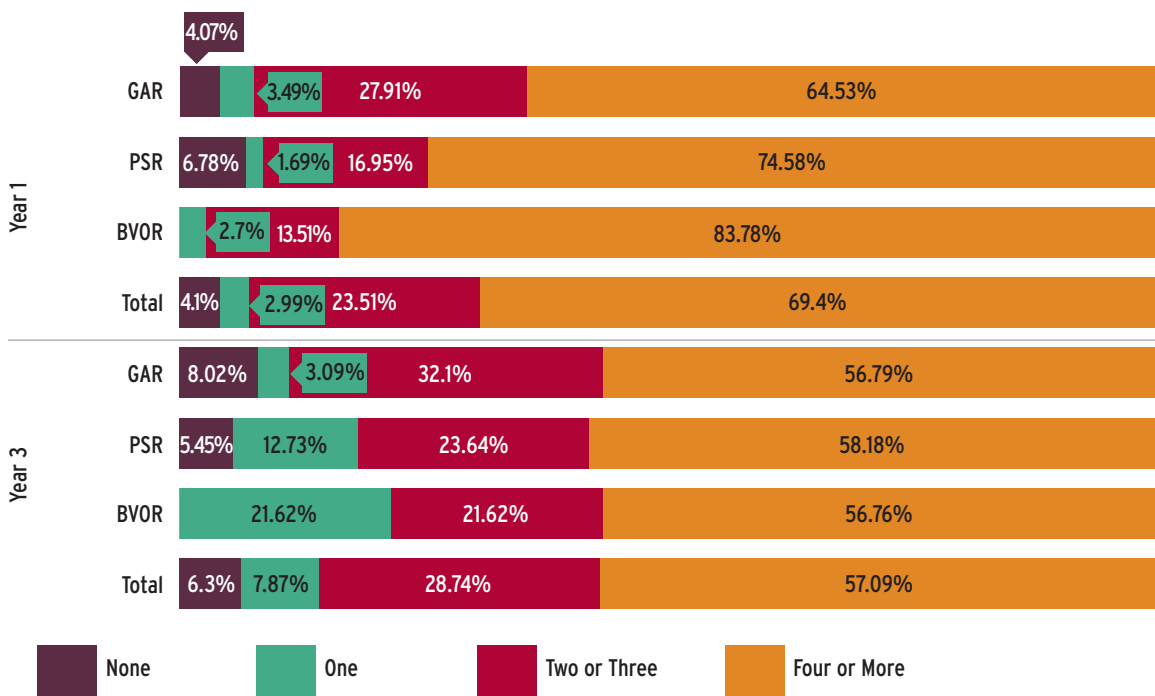


Figure 25: BC Survey Participants: Percentage of Friends by Pathway

reporting four or more friends decreased across all categories, from an average of 69.4% in year 1 to 57.9% in year 3. The proportion of participants reporting only one friend or no friends in their city also grew between the first and third years of the study, with 6.3% of participants reporting no friends in year 3 (up from 4.1% in the first year), and 7.9% reporting having only one friend (see Figure 25).

Men reported having more friendships than women did, echoing findings from previous research (see Figure 26). Women newcomers face more social exclusion than men (Bragg, B. 2020; Hynie et al., 2019; Kuo et al., 2020;).

Focus group participants noted that the general busyness of life in Canada was a common barrier to forming friendships with non-Syrian Canadians, as well as with other Syrian newcomers. Both men and women saw this problem as more general in Canadian society, and different from what many had been used to.

*You find most people here as Canadians, any person in Canada and all the society are running, they say; "No time to visit each other."*

*(Focus Group B, 2018)*

*You know life here is so fast. There's no time for anything! School and kids take all your time once it's 4 p.m., it's dark, you can't visit anyone! Except for the weekends, these too are dedicated for grocery shopping and you still can't visit anyone!*

*(Focus Group A, 2018)*

Participants in one focus group discussed how they were pleased that the group itself was on the weekend, providing them an opportunity to meet each other, now that many worked during the week and could no longer participate in many services provided on weekdays:

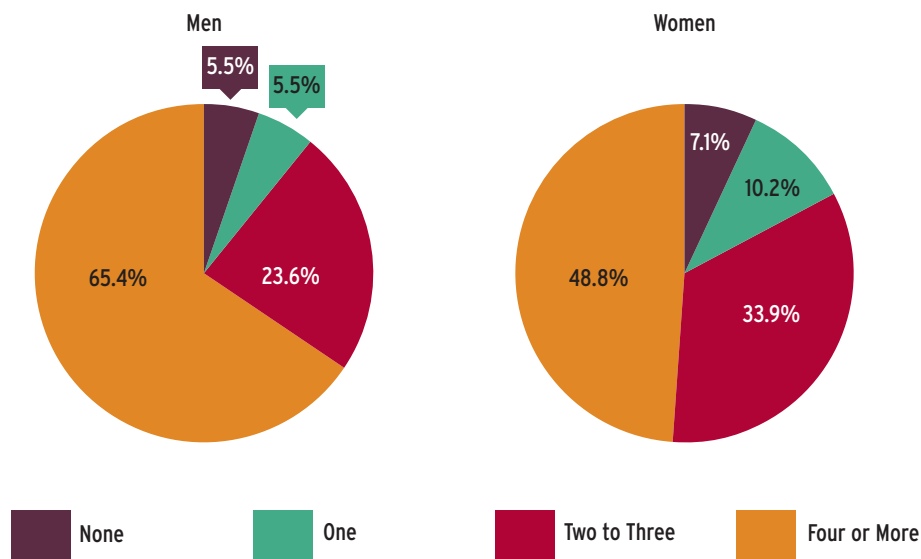


Figure 26: BC Survey Participants: Percentage of Friends by Gender

*So, everyone who came here, met each other through non-profit organizations, which happened at the beginning of the week. So, this is the first time for me to be a part of such group on the weekend. When we first got here, we didn't have jobs, so it was easy to join such groups. I think we were the first generation, the first batch of Syrians to attend here. So, by now, I think everyone has found jobs for themselves, everyone is now busy.*

*(Focus Group B, 2018)*

Focus group participants further emphasized their own desire to support newcomers, the importance of coming together for special occasions, and to provide comfort when community members faced hard times.

Focus group participants and field notes also suggest that extensive caregiving responsibilities may create barriers to forming friendships for some newcomers. Those caring for family members with disabilities or serious illness may be less able to participate in social events. For example, field notes recorded that a woman caring for a disabled child was unable to attend English classes and was extremely isolated, and she wished to have more friends. A woman

in one focus group reported being unable to go out to meet new friends as she provided care for her husband:

*As human beings we always go through ups and downs. I couldn't meet people because of my husband's illness.*

*(Focus Group A, 2018)*

### CLOSE FRIENDSHIPS

Although the total number of friendships for participants decreased over the course of the study, more participants reported having close friends in year 3 than in year 1 (see Figure 27). "Close friends" was defined for the study as friends who are "emotionally close," "with [whom] you feel comfortable talking about personal matters."

While PSRs and BVOR refugees were more likely to be satisfied with their close friendships than GARs in the first year of the study, by year 3, PSRs and GARs had similar rates of satisfaction with their close friendships (PSRs: 55%; GARs: 56%).

Overall, the proportion of participants satisfied with the number of "emotionally close" friendships increased, though all of this increase is attributed to women.

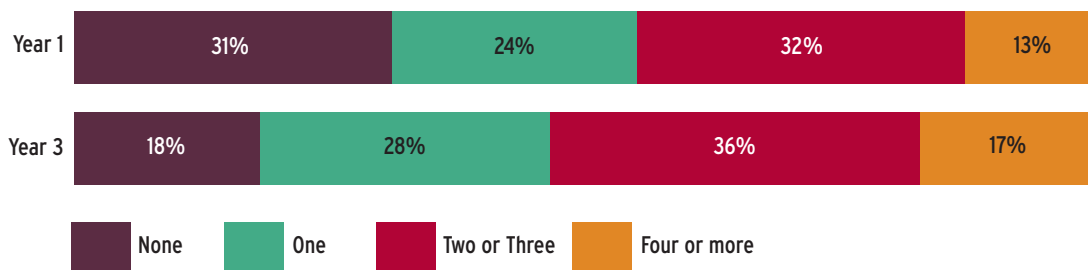


Figure 27: BC Survey Participants: Number of Close Friends

In total, over 30% of BC participants still wished they had more close friendships by year 3 of the study (see Figure 28).

Across Canada, younger participants, those with greater fluency in English (or French), and men were more likely to have friends in the established Syrian community (i.e., Syrians who had already been living in Canada prior to Operation Syrian Refugees). Those who had spent longer in Canada at the time of the research were also more likely to have such friends (Hynie et al., 2019, 47-8).

### BUILDING BRIDGES

“Bridges” are conceptualized as relationships with people outside one’s own ethnic or linguistic community, whereas “bonds” are defined as those within one’s own community (Ager and Strang, 2008). Notably, 76.1% of BC participants reported having friends outside their own ethnic community—bridges—in the first year of the study, compared with only 55.5% of participants across Canada (Hynie et al., 2019). Having such friends was not tied to sponsorship (Hynie et al., 2019).

Focus group participants particularly highlighted such friendships as a two-way cultural exchange, and valued sharing their own customs, culture, experiences, and beliefs with Canadians of other ethnic backgrounds. They were pleased about making a positive impact on Canadian society and when Canadians of other ethnic backgrounds adapted to understand and include them, noting that other Canadians also benefited from newly formed friendships:

*Some people did not know anything about Syria; they would ask me, “Where is this Syria?” Little by little they started to know about the war, and to look Syria up on the Internet. They started to invite me over, and I would tell them “I am fasting” and they would ask, “What is fasting?” They started knowing about fasting and the habits of Islam.*

*(Focus Group A, 2018)*

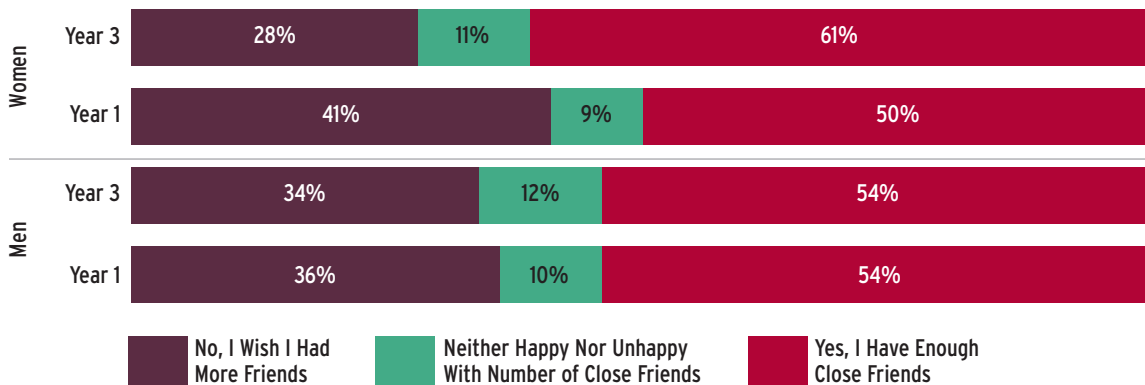


Figure 28: BC Survey Participants: Do you feel you have enough close friends?

*Even some of them are greeting with “As-salamu alaykum” [Peace be upon you.] Even Bob<sup>8</sup> at the church, when he always sees me, he says “Assalamu alaikum” “Alhamdulillah” (Thanks Allah/God). It cheers you up from inside.*

*(Focus Group B, 2018)*

---

*We’ll leave a mark after 10 years. They’ll start to take after us too.*

*(Focus Group C, 2018)*

---

Some participants noted that such exchanges helped overcome some prejudices and ignorance. Nevertheless, experiences of discrimination were still noted, both in the survey and by focus group participants (see Section 5.5, below).

## **5.5 Citizenship and Belonging**

*When we saw the prime minister of Canada on TV, welcoming the refugees and dressing them, and how the government treated the refugees, we thought that this country is good. The prime minister loves the refugees, his actions have really touched my heart. Like people back in Jordan they were afraid of coming here, but I said if here the prime minister himself dresses a refugee and he acknowledges him, welcomes him in his country, it really touched my heart. [...] This shows you that you can actually live in this country. This situation and his actions were the reason why I decided to come here.*

*(Focus Group D)*

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Belonging is not a one-way street and is shaped by the broader context, as noted in the quote above, in which the political context shaped a participant’s sense of welcome.

## **Discrimination**

Experiences of discrimination were noted in both focus groups and survey data. Women’s focus groups included more extensive discussion of experiences of discrimination, specifically Islamophobia toward women who wear headscarves or veils.

*We have more experiences on that topic, because we go out and we hear people and see the looks. They say things like we don’t want to go out with her because she is a veiled/covered woman.*

*(Focus Group A, 2018)*

---

Others noted discrimination based on language and origin.

*The looks we get ... it is like they think you are ignorant, that you don’t understand anything ... that because you come from Syria, you don’t know about anything. At school, they wouldn’t trust us to be in charge of anything, things like organizing files or such, but that image has changed very slowly. I started telling them, we know. We have computers and technology.*

*(Focus Group A, 2018)*

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<sup>8</sup> Not his real name

In the first year of the survey:

- 11% of participants reported having experienced people acting afraid of them.
- 17% felt they had been treated with less courtesy or respect than other people.
- 6% had been threatened or harassed.
- Race (5%), religion (9%), and language (8%) were the primary reasons cited for these experiences of discrimination.
- 7% had received poorer service than other people, primarily due to gender, religion, or language.

### Sense of Belonging

Participants' sense of belonging to their neighbourhoods, cities, and Canada, increased across the four years of the study. The strongest sense of belonging was to Canada, rather than to the most local scale of neighbourhood (see Figure 29).

Nationally, Hynie et al. (2019) found that having friends from other ethnic communities increased SyRIA.lth participants' sense of belonging to Canada, noting a correlation between a welcoming context and a subjective feeling of belonging for newcomers. A stronger sense of neighbourhood belonging was correlated with greater satisfaction with housing quality.

### Citizenship

By the final year of the SyRIA.lth study, nearly all participants met the minimum residency requirement to apply for citizenship. Since 2017, resettled refugees may apply for citizenship if they have spent three of the previous five years in Canada (CCR, 2018). Applicants aged 18 to 54 must provide proof of language proficiency, pass a citizenship knowledge test, and pay fees totalling \$630.

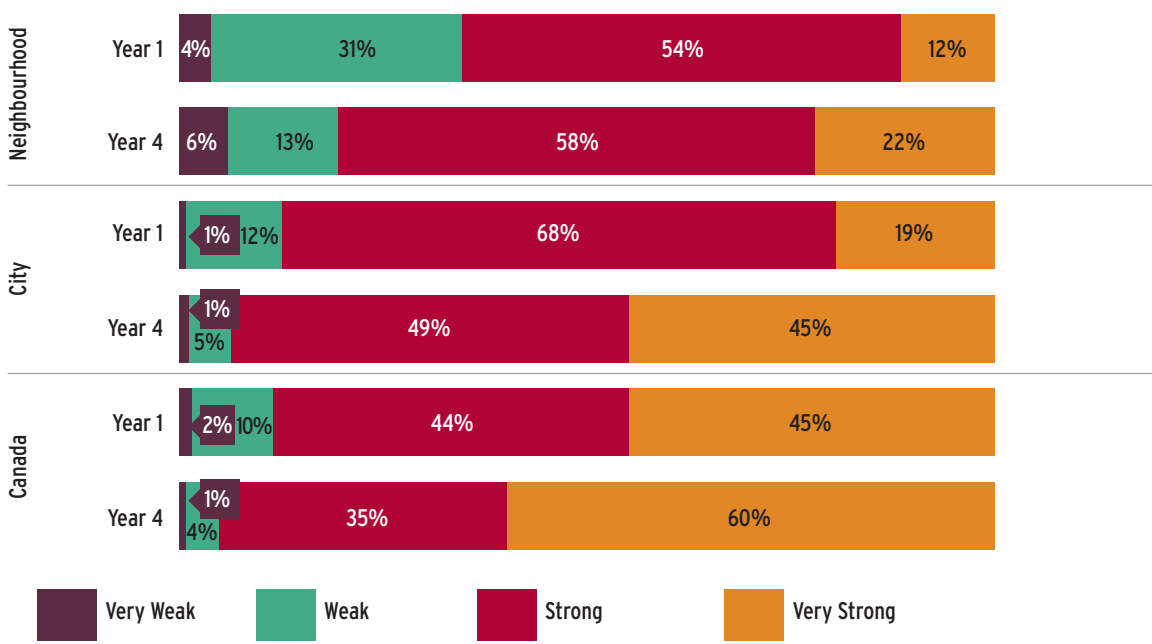


Figure 29: BC Survey Participants: Sense of Belonging

At the time of the 2020 survey, 155 BC participants (58%) had applied for citizenship, with a further 4% in the process of applying. PSRs had the highest rate of application for citizenship with over two-thirds having applied; Less than half of BVOR refugees had applied for citizenship at the time of the study (see Figure 30).

Of 115 participants who had not yet applied for citizenship, 92 cited the language proficiency requirement as their primary barrier (see Figure 31). This may be one reason for the variation in application rates by sponsorship: PSRs had higher levels of English both on arrival and in year 4 of the study.

Of those who applied:

- 35% had received citizenship, while 5% had passed and were waiting for their ceremony.
- 43% of applications were still being processed, while a further 14% cited COVID delays.

### GENDERED BARRIERS TO CITIZENSHIP

Citizenship applications varied by gender (see Figure 32). This data suggests that women face more barriers to attaining the full political participation in Canadian society that citizenship provides.

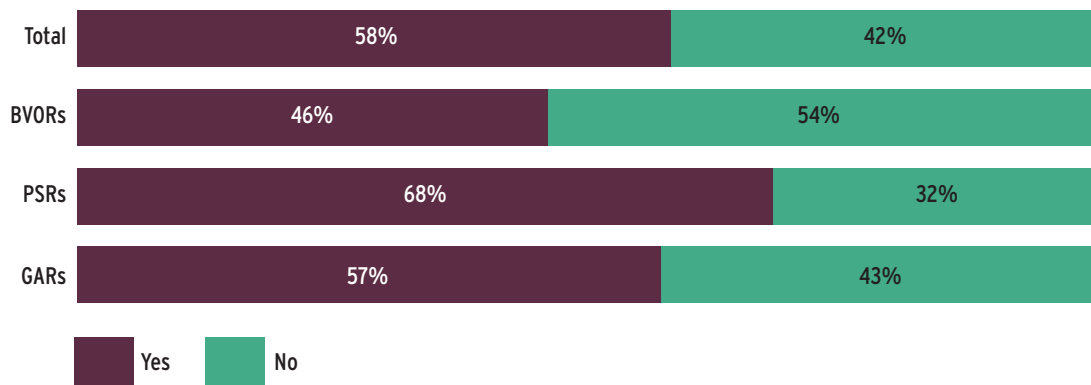


Figure 30: BC Survey Participants: Submitted Application for Canadian Citizenship

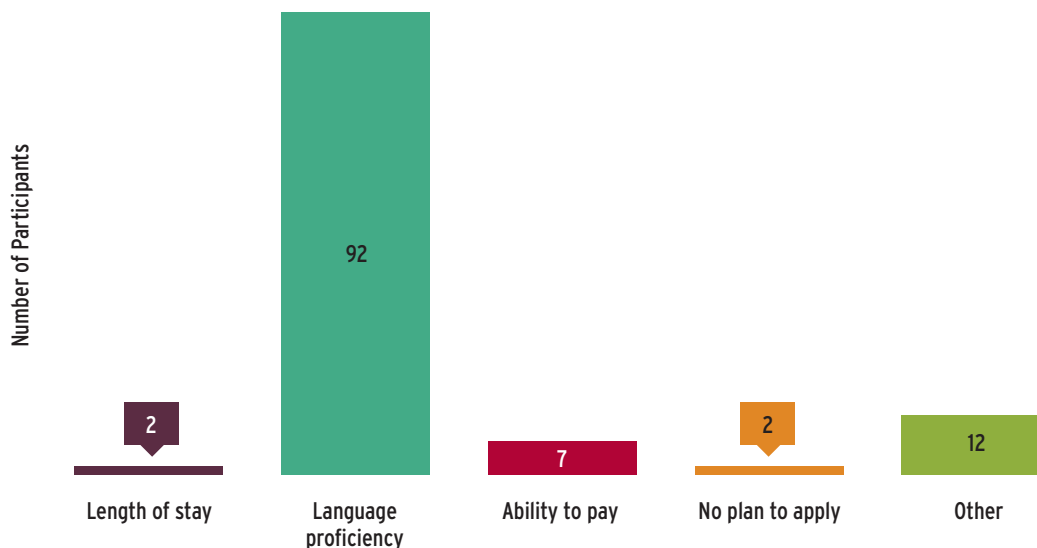


Figure 31: BC Survey Participants: Reasons for Not Applying for Citizenship (n=115)



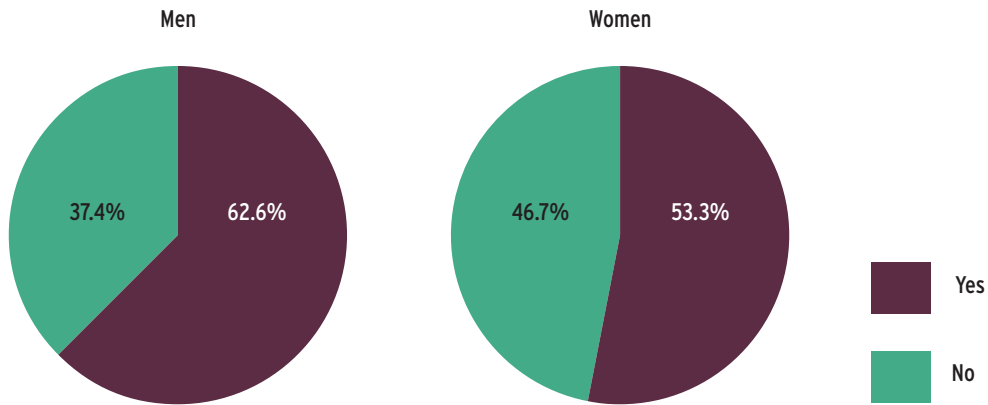


Figure 32: BC Survey Participants: Application for Citizenship by Gender

Language and ability to pay were both more substantial barriers for women than for men. As noted in prior sections of this report, women face greater barriers to language class attendance and employment, likely shaping this citizenship application outcome.

## 5.6 Health Care Access

### Family Physicians

Rates of family doctor access varied by region. In 2017, 83% of BC participants had a family physician. In the Thompson-Okanagan, 100% had a family physician, while in Metro Vancouver only 79.4% had one. This increased to 88% by 2020, in turn increasing the BC-wide rate of access to 91% (see Figure 33).

While the BC data requires further analysis, elsewhere in Canada, the SyRIA.lth health team members found higher levels of physical health correlated with “being younger, being married, being more proficient in English, being employed,

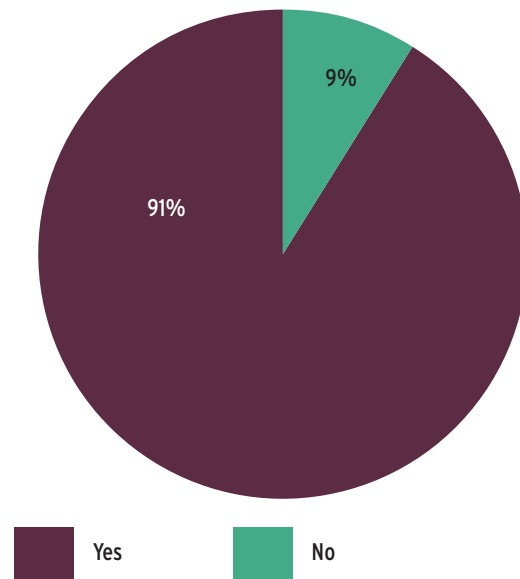


Figure 33: BC Survey Participants: Access to a Family Physician

perceiving a greater control over their circumstances, reporting less stress, as well as being satisfied with one’s housing, health services, employment services, and one’s friendship quality” (Kuo et al., 2020 p. 789).

## COVID-19 Pandemic

Many SyRIALth participants in BC reported multiple difficulties faced in the first months of the COVID-19 pandemic, prior to the final survey (see Figure 34).

Obtaining necessary face masks and other personal protective equipment (PPE), as well as hand sanitizer and cleaning supplies, were the most common challenges cited by participants.

While 51.9% of participants who attempted to access health care in the initial months of the pandemic did not have problems, nearly half did, with technological issues with virtual appointments the biggest barrier (see Figure 35).

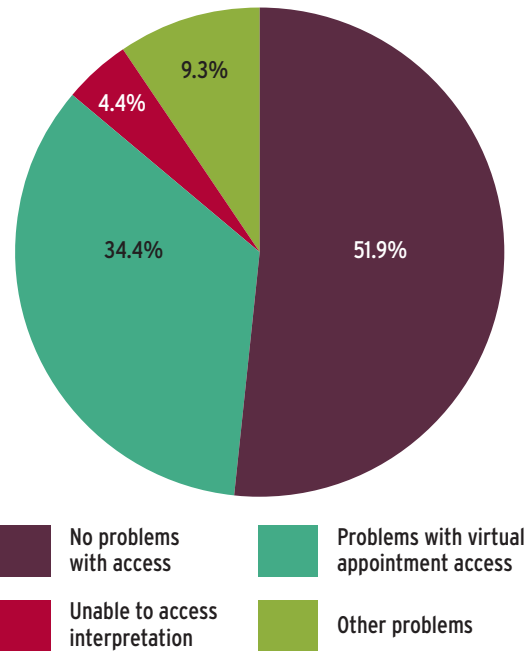


Figure 35: BC Survey Participants: Health Care Access During COVID-19

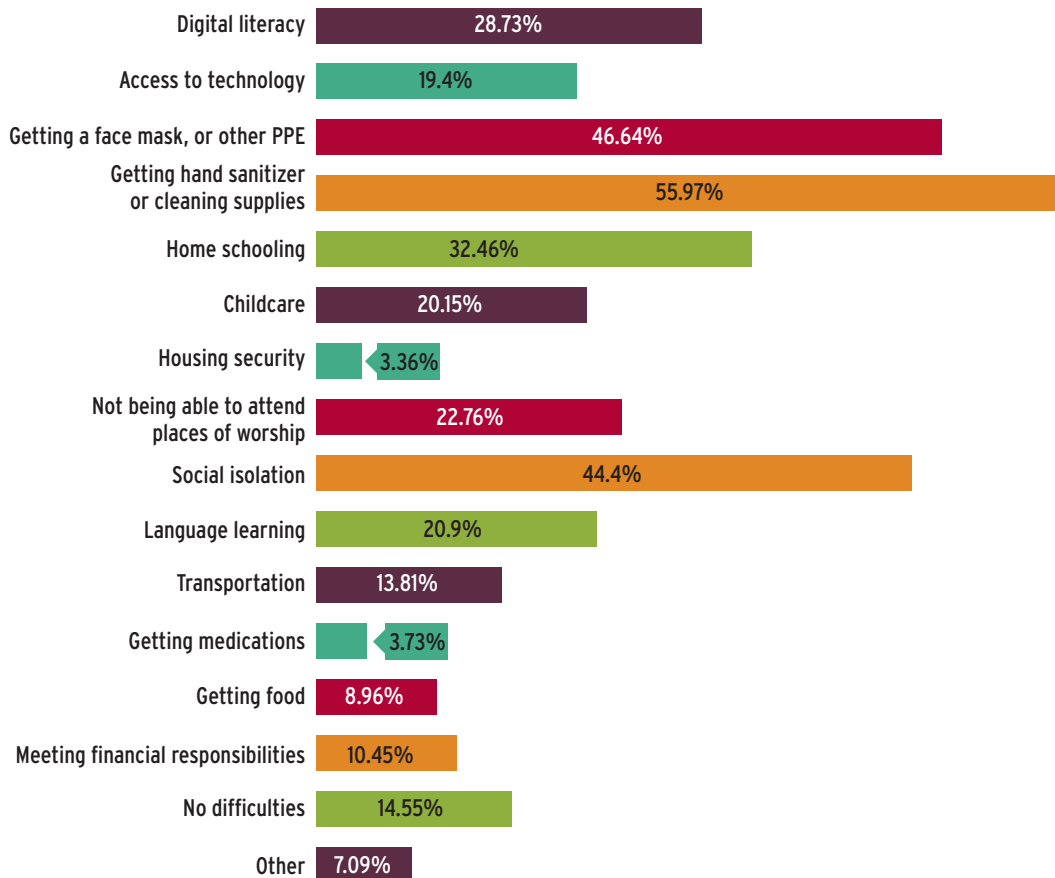


Figure 34: BC Survey Participants: Difficulties Faced Due to COVID-19 Pandemic

Digital literacy and access to technology became increasingly important for accessing many services, including health care, during the pandemic. Nearly a third of participants noted difficulties with using and understanding needed technology, while one-fifth had insufficient access to technology. These challenges had substantial impacts for participants seeking to access health care.

### 5.7 Mental Health and Well-being

*There's an important point no one is paying attention to. Many said they went through depression when they got here. No one talks about it. It would've been better had the Canadian government paid more attention to our mental and emotional well-being, not just the housing and money.*  
*(Focus Group C, 2018)*

Refugees fleeing war and persecution may be exposed to traumatizing experiences that affect their health and well-being,

which may contribute to high rates of depression. Yet their post-settlement experiences and challenges are also important in shaping their mental health outcomes (Beiser, 1999; Hynie, 2018). The national data from the SyRIA.lth project confirms that attention to refugees' mental health after resettlement is important to their well-being. The holistic integration model thus shifts the balance of responsibility for inclusion and well-being from the newcomer to the society that is welcoming them.

The SyRIA.lth survey questions incorporated standardized scales to measure mental health. One key tool is the Patient Health Questionnaire (PHQ). Analysis of PHQ responses calculates depression-level symptoms, ranging from no-depression (0-4), to mild (5-9), moderate (10-14), and moderately severe/severe depression (15-27). Moderate level symptoms and above ( $\geq 10$ ) are considered "clinical," or "probable" cases of MDD [(Major Depressive Disorder)] (Ahmad et al., 2021, p. 250; Shields et al., 2021, p. 342). Other tools included the Perceived Stress Scale, Perceived Control Survey, and



Figure 36: Percentage of Participants with Higher ( $\geq 10$ ) Level of Depression

Rand-36 Health Survey, a standardized measure of North American mental health.

Across Canada, the average level of depression symptoms for participants in the first year of the study was mild (5.02). Of participants, 27.4% reported mild levels of depression symptoms, while 15.2% had moderate or higher levels. In the second year, the proportion of participants increased in both categories: 29.7% reported mild-level symptoms, while 18% reported moderate or clinical levels of depression, consistent with major depressive disorder (see Figure 36). While the average remained mild in the second year, it showed a statistically significant increase (to 5.44) (Ahmad et al., 2021).

In Metro Vancouver specifically, the rates of both mild and major levels of depression were higher than the national average (in participants who participated across all four years of the study). In the first year, 21.21% reported moderate or

severe depression-level symptoms, with 23.76% reporting clinical depression-level symptoms in the final year. Approximately one-third of participants experienced mild depression-level symptoms across all years (see Figure 37).

These SyRIALth findings are significant because the rate of depression is substantially *higher* among resettled Syrian refugees than for Canadian-born residents (Ahmad et al. 2021). Comparatively, 6% of the adult population in BC reported moderate or severe depression-level symptoms prior to the COVID-19 pandemic, increasing to 17.2% in fall 2020, during the pandemic (Shields et al., 2021).<sup>9</sup> The rates among Metro Vancouver SyRIALth participants did not show a similar increase by spring/summer 2020 compared with previous years, but they did remain substantially higher than among the broader Canadian population.

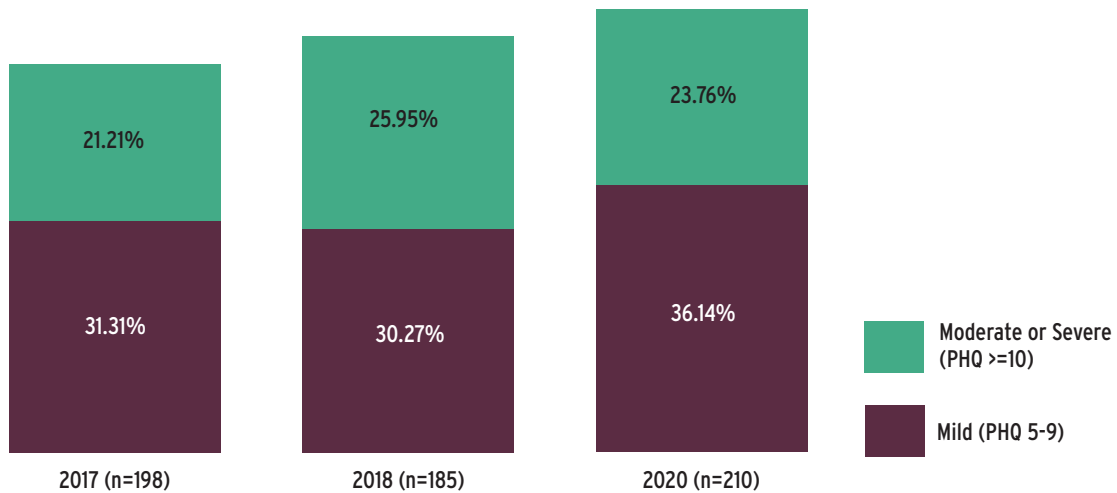


Figure 37: BC Survey Participants: Rates of Depression-Level Symptoms in Metro Vancouver  
 Note: No PHQ-9 data was collected in year 3

<sup>9</sup> Although the cited study also used the PHQ-9, this comparison of separate studies does not control for variables such as age, which have previously been shown to be important when comparing newcomer mental health with the “general population” (see Beiser, 1999, Chapter 4).

According to SyRIA.lth researchers, these findings also matter because rates of clinical depression-level symptoms *increased* as resettled refugees spent more time in Canada. This confirms the importance of post-migration factors in shaping the long-term well-being of resettled refugees.

### Risk Factors

Statistical analysis of the data across Canada in the first two years of the study found several risk factors correlated with higher rates of depression (Ahmad et al., 2021).

#### **Risk factors correlated with moderate or severe depression in both years (Ahmad et al., 2021):**

- Being a woman
- Being divorced, widowed, or separated
- Being a GAR
- Being Muslim
- Being unemployed
- Financial insecurity
- Low education
- Needing language interpretation
- Having fewer friends

#### **Risk factors for depression in year 2 (Ahmad et al., 2021):**

- Having depression-level symptoms in the first year (the biggest predictor for moderate or more severe depression in the second year)
- Needing an interpreter in the second year (this increased the risk of moderate depression by 66%, and severe depression by 100%)
- Lack of satisfaction with housing conditions
- Low social support
- Lack of satisfaction with health services
- Lower perceived control in their lives
- Living longer in Canada

Analyzed within the holistic integration model, many of the factors associated with depression may intersect. For example, language ability is shaped by prior education, and may shape the ability to make friends and access services; language and education shape one's ability to gain employment; employment is tied to financial security, and can also further language learning and create new connections, etc. (Hynie et al., 2019). Conversely, poor mental health may affect other aspects of integration. For example, depression can make it difficult to gain and retain employment (Dobson et al., 2020), to concentrate in language classes, or to socialize and meet people. Again, these factors interact, creating further barriers to integration if not addressed.

Identifying depression early is important to the long-term well-being and resilience of refugees, and minimizing the risk of future depression. This is particularly important as research suggests that Syrian refugees rarely access mental health care (Oda et al., 2017).

*Sometimes you don't know that you're going through depression. I didn't know. I had two sponsoring groups, Muslims and Christians. The Muslims had a therapist among them and he caught it when I broke down at a dinner gathering. I was telling them that I'm cold then I passed out. I've been medicated since then, but I didn't know I was depressed. I'd just cry a lot and wasn't happy. I wanted to go back to Lebanon.*

*(Focus Group C, 2018)*

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### **Social Connections and Well-being**

Having few friends was associated with a risk of depression across both years, and social isolation has been linked to poor mental health outcomes in other studies (Hynie et al., 2019; Kuo et al., 2020; Ahmad et al., 2021). When women's focus group participants discussed depression, they noted both the importance of social connections to well-being, which is supported by the broader findings of the SyRIA.ith research:

*–Some say that this cup of coffee a woman has with her friends is not a waste of time, because you need this emotional support.*

*–But sometimes you need it and can't find it. Everyone is busy with school or work.*

*–It's not an everyday thing, only on weekends.*

*–But you still need it!*

*(Focus Group C, 2018)*

---

A men's focus group also reflected on the need to talk with others about past and current difficult experiences, and to have friends:

*–I still remember what you have told me about Lebanon, and what you have went through.*

*–I can't forget it either. I can't forget what I have went through there.*

*–You need to tell the people about it. You need other friends and to get acquainted with others.*

*(Focus Group D, 2018)*

---

Yet one participant who had been medically diagnosed with depression found it difficult to be around others from her own community because they reminded her of people she missed from her home:

*I tried to mingle with Syrians, but I couldn't. Like, it's your friends, family that you haven't seen in years. Being around Syrians will make me more depressed.*

*(Focus Group C, 2018)*

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Previous ISSofBC findings and peer reviewed research have repeatedly shown that concern for family overseas may be a significant stressor for many resettled refugees (ISSofBC, 2016; Hynie, 2018; Gowayed, 2022). Peer researchers in Metro Vancouver observed the extremely poor mental health of participants whose minor children remained overseas. Many participants expressed guilt, stress, and worries for adult children, older parents, and other family still in Syria, as well as in Turkey and other countries of refuge. In several cases, peer researchers noted that this stress was impeding concentration in language school and other activities.

Field notes show that research participants expressed frustration at the obstacles and slow timelines for bringing family to Canada (Morris, Lenard & Haugen, 2021).

### ***Employment, Income, and Mental Health***

*To me, working is a relief. It's tiring and stressful, but just going out and working lessens the stress.*

*(Focus Group C, 2018)*

Unemployment increases an individual's risk of moderate or more severe depression—a finding both in this study and for the general Canadian population (Ahmad et al., 2021; Dobson et al., 2020). However, the relationship of employment

to mental health outcomes for SyRIA.lth participants is more complicated (Bridekirk et al., 2021). While the participant quoted at left found that work reduced stress through social connections, inadequate income and low job satisfaction can negatively affect the mental health outcomes of SyRIA.lth participants across Canada.

Among resettled refugees who are employed, whether their income is adequate or not is the most significant predictor of mental health. Poverty is perhaps the most significant determinant of poor mental health and a significant source of stress for resettled refugees (Bridekirk et al., 2021).

Beyond income, those who do not perceive improvement in their employment after initial settlement, and do not feel their work is appropriate, express lower feelings of control during the resettlement process and have poorer mental health outcomes (Bridekirk et al., 2021). More specifically, people with higher education and language skills may have higher expectations of their employment outcomes, and may be less happy with their work relative to their expectations. In fact, among employed participants, it was the most highly educated participants who expressed the highest levels of stress, and poorer mental health, compared to resettled refugees with lower levels of education. Those who are accepted jobs out of financial necessity are the least happy with their work (Bridekirk et al., 2021).

## 6. Successes

In each of the first three years of the study, the survey concluded with an opportunity for participants to highlight what they considered a successful experience from the past year. **Learning English** was the most-cited success across all years, particularly in the first year. Resettlement and **safety** for themselves and their families were notable in the first year, along with education for their children, work, and appreciation of government and community assistance.

In the second year, **driving licences** and **employment** increased as commonly cited themes, and several participants mentioned purchasing cars. Family remained important in listed successes, though the focus of family success somewhat shifted from basic safety in year 1 to **important events**, such as births, and being able to travel to visit family members resettled in other countries. English successes remained prominent in year 3, with many participants specifically mentioning passing levels three and four in LINC language courses. Work successes increased in significance, from getting a job for the first time, to promotions, and starting or succeeding in new businesses. Driving licences remained prominent, with car ownership a related theme.

While transportation was not a central topic in the survey research, the frequent mention of attaining a driver's licence as a key success suggests its importance to newcomers themselves. Former refugees "may face unique barriers" accessing licences shaped by provincial licensing policies (Baker, 2016). Research

in Ontario linked transportation barriers of Syrian newcomers to increased social exclusion, negatively affecting well-being, and increasing isolation and loneliness (Farber et al., 2018). Access to a driver's licence may be interlinked with other factors of integration such as language abilities required for testing, the support of experienced drivers to practise, and ability to pay the fees. Driving may be further connected to social identity factors such as gender, and shaped by the specific transportation infrastructure in a given locale (Preston et al., 2022), suggesting that driving and other transportation access in relation to newcomer integration and well-being may merit further research.

The "word clouds" on the following pages highlight the most common words participants used to describe their successes each year, alongside select responses in their own words.



## Year 1 (2017)

*"Getting to know Canadian people; They are happy and welcoming and feel safe"*

*"Settlement and peace"*

*"Learning English, and [a] future for [my] kids"*

*"That I didn't feel like I was a refugee; My kids learning English; government assistance"*

*"Social assistance from [the] government; safety and education for [my] kids"*

*"Getting a job for the first time in my life"*



## Year 2 (2018)

*"Meeting people at ISSofBC and finding jobs for my sons"*

*"Gave birth to a child and went up two levels in my English"*

*"Travelled to Germany to visit my kids"*

*"I learned how to shop on my own, deposit money on my own, and meet Canadian people"*

*"Having my baby and getting my driving licence"*

*"Working and helping my family back home"*



### Year 3 (2019)

*"I visited a psychologist who speaks my language"*

*"Went camping"*

*"Learnt how to open my own business"*

*"I enrolled in language school and enrolled my kid in kindergarten"*

*"I applied for [a] driver's licence, and [am] volunteering for [the] Food Bank"*

*"Did a road trip to Saskatoon"*

*"Working full time and raising [a] healthy family"*

*"Feeling independent"*

*"Promoted at my job"*

*"Helping my family in Syria"*



## 7. Conclusion and Recommendations

*...whoever looks at Canada, whether as an immigrant or as a refugee, there are stages. The first stage is to support his psychology and health; you're coming to a new country, a new culture and everything is new, even the air you're breathing is new. You need time to adapt psychologically and physically; that's the first stage. The second stage is making a friend and building relationships. There're many stages—maybe 10 or 15 stages—it's a lot of challenges, but as a Syrian community ... these stages may take two years as if walking in a minefield. However, the path now is clearer than before and, thanks to Allah, we're pleased with our life...*

*(Focus Group A, 2018)*

When “everything is new, even the air you are breathing,” the process of resettlement can feel like a “minefield,” according to the focus group participant quoted above. Drawing on his own experience, he explained the many challenges that newcomers face in adapting to a new place before the path, which at first seemed perilous, becomes clearer. Beyond immediate physical and mental health needs, comes making new friends, building relationships, and many other first steps—each with their own challenges in a new cultural context. The journey to a clearer path takes time, years even. The SyRIA.Ith research provides new insight into this path over several years, beyond the initial welcome of resettlement,

and as popular attention shifts to new “crises” elsewhere in the world.

Operation Syrian Refugees was the result of the outcry by Canadians over the Syrian refugee crisis. Substantial media coverage and an outpouring of public support, sponsorship, donations, and volunteering resulted an enthusiastic reception, which was appreciated by many of the newcomers in this study.

The longitudinal SyRIA.Ith research study highlights the need for this kind of sustained support and community engagement. Challenges continue, and barriers to “a clearer path” remain for many newcomers after initial engagement and community support may fade. How do we move beyond a warm welcome at the beginning of the road to sustained accompaniment for the journey of integration? Answering this question through research is significant as the Canadian government and citizens respond with a desire to welcome refugees when new crises arise. This has resulted in initiatives such as the Afghan Special Initiative and Ukrainian Operation Hope.

The study has demonstrated the successes of many Syrian newcomers, Canadian communities, and settlement services during the first five years of Operation Syrian Refugees participants in Canada (see Section 6, above). It also has highlighted ongoing struggles for many Syrians resettled through Operation Syrian Refugees. These struggles are shaped by systemic and interrelated barriers to

social inclusion, and hinder the long-term integration and well-being of newcomers.

The following challenges and recommendations below are presented as possible aspects of the role of Canadian institutions and communities in continuing to walk and clear the path to integration through the years to come:

### ***Language and Education***

While many BC SyRIALth participants have substantially improved their language abilities, in the fourth year of the study, nearly one in five participants still always required interpretation. More women than men continue to require interpretation, as caregiving remains a barrier to women's access to LINC language classes. Barriers to language learning further negatively impact employment opportunities and contribute to social isolation.

Addressing gendered barriers to language learning is also important to redressing inequitable access to the full civic participation, as language remains the most substantial barrier to citizenship applications.

It is possible that the rapid pivot to online service delivery during the COVID-19 pandemic may have removed some barriers to attending language classes, but new barriers may need to be considered. (In the study, we record that many participants had difficulty accessing online appointments due to technology barriers or digital literacy challenges.)

Further, many participants celebrated obtaining a driver's licence as a key success in the second and third year, while a number also highlighted car ownership. While transportation was not

a key focus of this study, further research in this area could assist in understanding and better meeting refugees' own stated priorities, including how access to a driver's licence and a car may be interrelated with other key factors of integration.

### **RECOMMENDATIONS**

- Expand LINC instruction with consideration of the needs of diverse populations, such as parents with small children, other caregivers, and employed newcomers.
  - ▶ Online alternatives to classroom-based models have been tested during the COVID-19 pandemic. Further research is required on access and outcomes (including, possibly, the challenges of learning while caring for children at home). Any online programs must ensure support and training for digital literacy, access to needed technology, and low-cost Internet.
  - ▶ Other alternatives to classroom-based instruction such as home-based language outreach models may be helpful in reaching isolated individuals and families with caregiving needs, or other barriers to attendance such as physical and mental health concerns.
  - ▶ Expanded workplace-based language instruction opportunities could be helpful.
- Continue to expand childcare spaces for language learners.
- Integrate trauma-informed approaches within language-learning settings to accommodate participants with mental health challenges that can impede access to language education.

- Consider “everyday” informal and conversational English within the context of formal LINC classes.
- Do further research on the barriers to and benefits of obtaining a driver’s licence, having car access, and using other modes transportation in relation to other aspects of integration and well-being.

### ***Employment and Income***

Although more participants found employment every year of the study, they continue to face systemic challenges in accessing work, particularly appropriate work, that pays a living wages. Employment is important to forming social connections, language learning, and mental well-being. Women participants face more barriers to employment than men. Strict comparisons between GAR and PSR employment outcomes are not appropriate without considering the very different selection and characteristics of both programs.

In the fourth year of the study, more than half of participants required food assistance, and over 40% reported social assistance as a source of household income.

#### **RECOMMENDATIONS**

- Support provincial advocacy for living wages and increased social assistance.
- Support refugee entrepreneurship and self-employment initiatives, including training on relevant licensing and laws; childcare availability, or alternatives to classroom-based training models to decrease gendered barriers to employment.
- Support programs of community bridge

building and relationships to positively impact employment outcomes, particularly for GARs and women, as friends are an important source of assistance in finding employment.

### ***Social Integration and Connections***

Friendships with Syrians and people of other ethnicities are valued by participants and have demonstrated importance for well-being. Nevertheless, the number of friends that participants reported declined over the four years of the study. Women reported fewer friendships than men, echoing prior research that newcomer women face more social isolation than men. However, a substantial proportion of men (one in three) also desired more close friends in year 4 of the study. SyRIA.lth researchers argue that “additional steps need to be taken to ensure that all members of newcomer communities can build community here” (Hynie et al., 2019, p. 48). Language, childcare, and the busyness of everyday Canadian routines may be barriers to building friendships.

#### **RECOMMENDATIONS**

- Service providers, as well as religious and community groups, should consider diverse schedules and caregiving needs in designing programs that continue to build bridges between distinct ethnic and language communities, encourage friendships, and reduce isolation beyond newcomers’ first year in Canada.
- Creative programs to address the needs of the most isolated newcomers (including those with full-time caregiving roles, and physical or mental health challenges), such as home

visitors or remote supports, should be considered. These programs could be incorporated with others such as language learning or mental health supports, or stand alone as social programming to reduce isolation.

### ***Mental Health and Well-being***

Mental health and well-being declined the longer participants were in Canada, and rates of depression-level symptoms were higher than the general Canadian population. The risk of depression increases the longer resettled refugees live in Canada, suggesting that long-term well-being is shaped not only by pre-migration traumas, but equally by post-migration stressors. Poverty, unemployment, the need for interpretation, and having fewer friends are all aspects of integration addressed above and correlate with increased risk of depression-level symptoms. Women and GARs have a higher risk of depression.

The many correlated factors demonstrate the interconnected aspects of well-being. “The need for interpretation” as a risk factor for connection suggests the importance of access to language class. It relates to building friendships, as language can facilitate meaningful relationships, while friendships can, in turn, strengthen language skills. “Having fewer friends” suggests the need for programs to build enduring connections beyond an initial welcome, and further relates to employment, as friends are a key variable in access to employment. These findings support a holistic approach to research and programming addressing long-term integration and well-being.

Extended separation from family is a significant source of stress to many; conversely, extended family in Canada can be a substantial support to newcomer well-being. The most substantial factor influencing risk of depression-level symptoms in the second year of the study was having depression-level symptoms in the first year of the study, emphasizing the importance of early intervention and treatment for mental health concerns.

### **RECOMMENDATIONS**

- Fund a Canada-wide settlement-informed refugee mental health program, providing trauma-informed and “culturally competent counselling services” specifically adapted for newcomers who arrive as refugees, for up to five years at the federal level (Huminuik, 2020).
  - ▶ If such a program were implemented, it should consider additional access for prior “cohorts” of resettled refugees whose mental health needs were not adequately met within their initial years in Canada.
  - ▶ First-language counselling should be prioritized, with interpretation services available as a secondary option.
- Support early identification and intervention. Both settlement service staff and private sponsorship groups should be trained in trauma-informed support, as well as being provided with information on how to refer newcomers to appropriate mental health supports. Huminuik (2020) specifically recommends that “Crisis support workers within immigrant-serving agencies require basic mental health first-aid training in order to

provide psychosocial orientation and education, offer crisis support, and identify refugees with mental health concerns during the temporary housing stage and beyond” (p. 34).

- IRCC should consider the benefits and costs of an extended family-based resettlement model for all refugees selected for resettlement.
- Support in other areas (such as language and employment and reducing isolation) may have positive effects on well-being.

Considered through a holistic integration lens, separating out these recommendations risks creating artificial silos that do not reflect the interrelated nature of many of these aspects of integration. No single aspect of this report can alone address integration and well-being outcomes. However each aspect addressed may have the potential to positively impact other aspects of integration. The full breadth of the SyRIA.lth findings cannot be summarized in a single report. The research team continues to analyze the data, and to publish and mobilize the results.

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# Appendix A. Methodological findings: Lessons from Peer Researchers on Ethical Community-based Research

This study has highlighted important lessons on the ethical considerations of conducting community-based research with peer researchers. A group of SyRIA.lth team members led by Anna Oda (project coordinator and researcher,) published a chapter on their findings in an academic book,<sup>10</sup> and created an online fact sheet for future community-based research initiatives (Oda, 2022; Oda et al., 2022). They highlight four key ethical issues encountered by peer researchers and recommended strategies to support ethical community-based research.

## KEY ETHICAL ISSUES

- 1. Positionality and the insider/outsider position:** Peer researchers occupy complex roles both as “insider” members of the communities they study and as “outsiders” due to their professional research role. They must balance creating trust and maintaining professional distance and objectivity.
- 2. Professional role conflict:** Peer researchers who work in settlement services or community organizations may feel pressure to provide support or services, which is both beyond the scope of the study and could bias the data. Declining to provide assistance can be emotionally challenging.

### **3. Compassion fatigue and burnout:**

Compassion fatigue can occur when researchers wish to help participants who are suffering, but it is beyond their abilities or the scope of their research role. Over time this may contribute to burnout.

### **4. Distress and secondary trauma:**

Listening to the stories of trauma survivors can contribute to *secondary or vicarious trauma*, including for researchers, with profound and negative effects on their well-being.

## STRATEGIES TO SUPPORT PEER RESEARCHERS

Diverse strategies were employed by the SyRIA.lth team to address the stress experienced by peer researchers. These strategies emphasize the importance of self-care as a collective endeavour, addressing team members’ “emotional, psychological, spiritual, and physical well-being” (Oda et al., 2022). These strategies include:

- Holding weekly individual and team meetings
- Working in pairs when conducting interviews in homes to provide informal emotional support and safety

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- Using WhatsApp discussion groups for informal peer debriefing, connection, and support
- Making available mental health practitioners at each research site for individual professional support
- Offering annual “self-care” webinars conducted by a professional on the research team
- Facilitate reflection time, including individual and group exercises





