

THE IMPACT OF THE COVID-19 PANDEMIC ON REFUGEE
RESETTLEMENT IN SAINT JOHN, NEW BRUNSWICK, CANADA

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RESETTLEMENT IN SAINT JOHN, NEW BRUNSWICK, CANADA

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DECLARATION OF ORIGINALITY

I, Zoe Mae Marsters, certify that

- I am the sole author of this thesis and that I have fully acknowledged and documented in my thesis all sources of ideas and words, including digital resources, which have been produced or published by another person or institution;
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ABSTRACT

The Impact of the COVID-19 Pandemic on Refugee Resettlement in

Saint John, New Brunswick, Canada

The Coronavirus Disease 2019 (COVID-19) pandemic has introduced new challenges to vulnerable populations globally. This is especially true in the case of refugees who have attempted to resettle since the disease's outbreak. Refugee resettlement refers to the movement from a country of asylum to another for permanent residence. Research shows that during this process, refugees tend to face significant challenges, such as overcoming language and employment barriers, which ultimately lead to delays in integration. This thesis seeks to identify additional challenges during a pandemic.

To test the hypothesis that the COVID-19 pandemic has introduced additional dimensions to existing challenges and has created new ones altogether in refugee resettlement, interviews were conducted. The research participants were divided into three groups, refugees, private sponsors, and those who facilitate resettlement in Saint John, New Brunswick, Canada.

Thematic content analysis was used to analyze responses by identifying patterns of experiences and observations. The results indicate that the COVID-19 pandemic not only made existing challenges increasingly difficult for refugees to overcome, but also highlighted new challenges. Specifically, social distancing measures, a weak labour market, and increasing physical and mental health needs impacted refugees' abilities to overcome language and employment barriers. The pandemic also presented new challenges in achieving social cohesion between newcomers and locals, in accessing physical and mental health services, and in physically relocating.

ÖZET

COVID-19 Pandemisinin Saint John, New Brunswick, Kanada Bölgesindeki Mülteci Yerleřtirmesi Üzerindeki Etkisi

Dünyanın her yerinde hali hazırda savunmasız bulunan topluluklar, Coronavirus Hastalığı 2019 (COVID-19) pandemisi sonucunda yeni zorluklarla baş etmek durumunda kalmıştır. Bu durum, özellikle salgının başlangıcı itibariyle yeni bir bölgede yerleşim edinmeye çalışan mülteciler için geçerli olmuştur. Yeniden yerleştirme, mültecilerin kalıcı ikamet edinmek adına bir iltica ülkesinden diğerine hareketi etmesi sürecini belirtmektedir. Araştırmalara göre, mülteciler, bu süreç boyunca dil ve istihdam gibi çeşitli konularda engellerle karşı karşıya kalabilmektedir ve bu engeller sonucunda toplumsal entegrasyonda gecikmeler yaşanabilmektedir. Bu tezin amacı, pandemi koşullarının hali hazırda yaşanabilecek zorluklara ek olarak ne tür zorluklar oluşturduğunu belirlemektir.

COVID-19 pandemisinin, mülteci yeniden yerleřtirmesinde mevcut zorluklara farklı boyutlar getirdiğine ve bunun yanında tamamen yeni başka zorlukların da ortaya çıkmasına sebep olduğuna dair hipotezi test etmek amacıyla Saint John, New Brunswick, Kanada'da ilgili kişilerle görüşmeler yapılmıştır. Araştırmaya katılan söz konusu ilgili kişiler; mülteciler, özel sponsorlar ve yeniden yerleşimi kolaylaştıran diğer kişiler olmak üzere üç gruba ayrılmıştır.

Yanıtlar, pandemi öncesinde ve sırasında deneyim ve gözlem kalıplarını belirlemek adına tematik içerik analizi kullanılarak incelenmiştir. Sonuçlar, COVID-19 pandemisinin, mülteciler için var olan zorlukları üstesinden gelinmesi daha güç hale getirdiğini ortaya koymuş ve pandemi koşullarında ortaya çıkan yeni sorunlara ışık tutmuştur. Özellikle de sosyal mesafe önlemleri, zayıf işgücü piyasası ve artan

bedensel ve zihinsel saėlık ihtiyaları gibi unsurların mltecilerin dil ve istihdam engellerini aşıma becerilerine etki ettiėi gözlemlenmiştir. Bunun yanı sıra, pandemi koşullarının toplumun yeni üyeleri ve yerel halk arasında sosyal uyumun saėlanması, bedensel ve zihinsel saėlık hizmetlerine erişimde ve yer deėiştirmeye ilişkin lojistik süreçlerde yeni zorluklar oluşturduğu belirlenmiştir.

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ABBREVIATIONS

In alphabetical order, the abbreviations used in this thesis are as follows:

COVID-19 — Coronavirus Disease 2019

GAR — Government Assisted Refugee

IOM — International Organization for Migration

IRCC — Immigration, Refugees, and Citizenship Canada

LINC — Language Instruction for Newcomers

NGO — Non-Governmental Organization

PSR — Privately Sponsored Refugee

PT — Province and Territory

UNHCR — United Nations High Commissioner for Refugees

CHAPTER 1

INTRODUCTION

Towards the end of 2019, the highly contagious Coronavirus Disease 2019 (COVID-19) was quietly spreading in the initial stages of a soon-to-be pandemic. Few could anticipate the types of changes that it would trigger in the coming months. By early 2020, COVID-19 had made a name for itself across the world and, mid-way through the year, it had serious implications in nearly every aspect of daily life. It became the center focus of everything from global and domestic policymaking to day-to-day decision making. The nature of education, work, travel, relationships, hygiene, and healthcare was brought into question and individuals had to suddenly face a confronting reality in which their simple actions could lead to serious illness or death. Debates on how to stop the spread had become commonplace at every level, from the dinner table to the world stage. During this time, politicians had tough decisions to make, carefully balancing the economy, public health, and humanitarian causes. At times, maintaining a strong economy meant compromising public health, and ensuring public health meant limiting global humanitarian actions.

As in most countries, Canadian politicians had little choice but to limit social interaction, the number of workers in a workplace, students in a classroom, services available to the public, and travellers entering the country. By May 2021, there had been over 1.3 million reported or probable cases of COVID-19 in the country and just under half of its 38 million residents had received one dose of an approved vaccine (Public Health Canada, 2021a; Public Health Canada, 2021b). Travel to Canada had been severely limited since March 2020 for non-citizens and non-permanent residents (Public Safety Canada, 2020). Every member of society felt the

effects of these policies. For some, the policies meant working from home, missed holidays with family and friends, a shift to online education, and social isolation. For others, they resulted in job loss, financial strain, depression, illness, and life-threatening uncertainty. Vulnerable populations, such as refugees, faced exceptional health, financial, and security-related consequences (Ilyas, 2020; Rogg, 2020).

Canada is a nation that relies on immigrants and refugees for population and workforce growth. It is also a nation that presents humanitarian policies as a source of pride. Without dismissing these policies as unimportant or ill-intended, it is also important to acknowledge the role of western imperialism in displacing populations and the result thereof. In Canada, where descendants of colonial settlers continue to live on indigenous land, a neo-colonial power dynamic between newcomers and locals can occur, where refugees are forced to assimilate into the very western settler society that may have played a role in their displacement (Arat-Koç, 2020). It is important to consider this reality when navigating the topics of migration and integration into western nations.

With that in mind, Canada's humanitarian policy is a relatively unique one, where Canadian citizens and permanent residents can get directly involved in refugee resettlement by sponsoring refugees or volunteering to assist them. Refugee resettlement, the primary focus of this research, is the movement of refugees from one asylum country to another, with the intention of becoming permanent residents (UNHCR, 2021). Unfortunately, refugee resettlement programs were severely disrupted by efforts to limit the spread of COVID-19. The impact of disrupting resettlement for the sake of public health deserves attention because there is no indication that a global health crisis, such as the COVID-19 pandemic, will be an isolated incident in human history. It is crucial to reflect on the widespread

implications of the pandemic to better prepare for and prevent similar future outcomes. For this reason, this thesis will explore the impact of the COVID-19 pandemic on refugee resettlement in Canada. Specifically, this research seeks to answer the questions: What new dimensions does a pandemic add to the resettlement challenges typically experienced by refugees and how can these be overcome?

The literature on migration, refugee resettlement, and public health is extensive. However, given the recent nature of the COVID-19 pandemic, there is limited published research that considers refugee resettlement in this context. This thesis will focus on Saint John, New Brunswick, a bilingual city in Atlantic Canada with a population of just under 80,000 residents (Statistics Canada 2021a). Saint John experienced a notable influx of refugees in 2015 and 2016 as a response to the Syrian crisis, but it is also home to refugees from many backgrounds and will continue to be one in the future (New Brunswick Jobs, 2018).

The following chapter, Chapter 2, will review existing theoretical literature on migration and public health to setup a research and analysis framework. Chapter 3 will outline the case of migration, public health and COVID-19 in Canada and, more specifically, in Saint John, New Brunswick by reviewing existing empirical literature and relevant statistics. In Chapter 4, the research methodology, including the research design, interview questions, participant selection, method of analysis, research ethics, and limitations will be described. This research was achieved by conducting interviews with refugees, private refugee sponsors, and those working for local NGOs directly serving newcomers in Saint John. Chapter 5 will follow with the research findings in the form of compiled interview responses, organized according to the themes that came up during the interviews. The findings will be divided into five categories: social cohesion, physical and mental health, language, employment,

and travel insecurity. In Chapter 6, the implications of the findings will be discussed in detail and areas for further research will be proposed. Chapter 7 will provide a conclusion to the thesis.

CHAPTER 2

THEORETICAL FRAMEWORK

As briefly mentioned in the introduction, the aim of this research is to determine the impact of the COVID-19 pandemic on the refugee resettlement process in Saint John, New Brunswick. Before delving into the specific details, a review of the relevant theoretical literature will provide a framework to navigate the topic further. Extensive theoretical research has been published on the topic of migration, refugee resettlement, and public health. This section will begin by defining key terms and indicators that will be useful for exploring the topic further. It will then be necessary to review existing literature on migration and public health.

2.1 Key definitions

A discussion on migration necessitates a differentiation between the terms *voluntary migrant* and *forced migrant*. Voluntary migration indicates a choice based on a perceived opportunity to improve one's overall livelihood, whereas forced migration refers to those who migrate to escape persecution, violence, or general danger to one's life and wellbeing (Schuster, 2016).¹ Another more commonly used term for forced migrant is *refugee*. The 1951 Convention Relating to the Status of Refugees defines a refugee as "someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion" (The United Nations High Commission for Refugees 2010, pp. 3).

¹ Although not all newcomers are forced migrants, for the purposes of this thesis, the term newcomer will refer to forced migrants unless otherwise stated.

While the focus of my research is on refugees rather than voluntary migrants, it is important to note that some theories and circumstances might apply to both groups. Therefore, the following section will review general theories relating to migration before delving into specific scenarios.

2.2 Migrant integration

Migrant integration into a host society occurs in many forms and changes can come about with all parties involved in the process. The context in which migration occurs can lead to different outcomes of integration or isolation. Scholars have attempted to determine what exactly influences these outcomes.

Assimilation occurs when newcomers substitute their own culture with the local culture (McBrien, 2005). In this case, the differences between the newcomer and local cultures are smaller than in the case of cultural pluralism or *multiculturalism* where newcomers maintain more aspects of their own cultural identity, while adopting some local customs, such as speaking the local language(s) (McBrien, 2005; Bloemraad, Korteweg, and Yurdakul 2008). Marginalization occurs when newcomers are excluded from the majority group in a host society and when the minority group, to which they belong, is not recognized as equal (Kolbe, 2016).

Zolberg and Woon (1999) describe the process of integration in terms of boundaries and how they are defined and crossed. Individual boundary crossing, similar to assimilation, occurs when a newcomer replaces part of their own cultural identity with the host's, such as language or religion, while the host remains unchanged. Boundary blurring occurs when the host society changes its structure to acknowledge the existence of multiple cultural identities, much like cultural pluralism or multiculturalism. Finally, boundary shifting occurs when the very

boundaries that define who is included or excluded from the majority group, in other words ‘us’ or ‘we’, are redefined. How these boundaries take shape varies regionally. In Europe, for example, the boundaries are based primarily on religion, whereas in the United States, they based primarily on language (Zolberg and Woon, 1999; Foner and Alba, 2008). If the host society does not create opportunities for these boundaries to be crossed, blurred, or shifted on a sociocultural, economic, and political level, newcomer groups can become isolated or marginalized (Kolbe, 2016).

In predicting to what extent and how migrants will or will not integrate, local policies, attitudes, and cultural particularities matter alongside the relationship that the migrant shares with their home country and community (Kunz, 1981). Factors that may contribute to newcomer integration include newcomer attitudes toward integration, the existence of cultural and religious differences or similarities with the majority group, a familiarity with or ability to learn the local language(s), and the absence or presence of discrimination (Phinney, Berry, Vedder, and Liebkind, 2006).

Negative local attitudes toward newcomers may stem from the local population’s income, education, and skill level relative to newcomers’, fears of social service exploitation, threats to job security and economic performance, a lack of previous contact with diverse groups, political affiliations with anti-immigrant groups, a perceived threat to one’s security, and the fear of a shift in local traditions and values caused by newcomers (Mayda, 2006; Fietkau and Hansen, 2018; Neumann and Moy, 2018; Homola and Tavits, 2018; Davidov & Semyonov, 2017).

In some cases, many of these fears may be perpetuated by a lack of interaction between locals and newcomers, resulting in prejudice founded, in part, by rumours (Ortmans and Madsen, 2016). If rumours are a source of tension between locals and newcomers, and if it is possible to dispel them through interaction, then

creating opportunities for interaction ought to be a priority for host communities. In the following section, various theories on how this might occur will be reviewed.

2.3 Social cohesion

Creating a cohesive nation, society, or community should be prioritized when newcomers are introduced to a local population that may not automatically welcome them. The term *social cohesion* will be used to discuss the phenomenon.

Social cohesion is a broadly used term among academics and policymakers that lacks a concrete definition. Its meaning can change depending on the ideological lens and the level of analysis through which it is observed (Markus & Kirpitchenko, 2007). In this section, I will outline the existing theoretical debate surrounding the term itself and its many definitions to determine how it fits into the context of my research.

The discussion on social cohesion begins with a debate on the level of involvement of the state in individual affairs. On the one hand, liberals believe that governments should reduce their involvement to maximize one's ability to succeed in a free market; in this case, private institutions, such as personal networks can propel the individual toward success (Jenson, 1998). This would demand that the government give way to the likes of families, churches, and charities who can protect and support the individual (Jenson, 1998). Social-democrats counter this idea by proposing that the state be responsible for ensuring equal opportunities through public institutions while protecting the individual from normal life-risks associated with sickness, old age, and unemployment (Jenson, 1998).

Jenson (1998) separates social cohesion into five dimensions: belonging vs. isolation, inclusion vs. exclusion, participation vs. non-involvement, recognition vs.

rejection, legitimacy vs. illegitimacy. Bernard (1999) extended Jenson's five dimensions of social cohesion into spheres that will help locate where private and public institutions could take a more dominant role. The first is the economic sphere, where an individual is either included or excluded and participates equally or unequally in a shared market and workforce. The second is the political sphere, where an individual is either active or passive toward participation in public matters and where institutions are considered legitimate or illegitimate by community or society members. The third sphere is sociocultural, wherein the individual either feels like they belong or are isolated from the majority; this is indicated by the existence of shared values and where there exists an acknowledgement of and tolerance for differences in a pluralistic society.

Taking into consideration these dimensions and spheres, researchers may adopt different perspectives on the extent to which public and private institutions ought to be involved. On the one hand, one might believe that family or community networks could bring about equal opportunities by helping an individual navigate the workforce and build important connections to gain employment. On the other hand, one might believe that public institutions should ensure that public education provides equal access to the necessary skills to enter the labour market. The debate between the role of public and private institutions in the resettlement process of newcomers in Canada will be important in analyzing effective methods of newcomer integration. This is especially true under the unprecedented conditions of the COVID-19 pandemic.

The term social cohesion is broad not only because scholars cannot agree on a definition, but also because the indicators used to measure the phenomenon are not universal. For instance, Jenson (1998) believes that shared values, similar

challenges, and equal opportunities can indicate the presence or absence of social cohesion within a community. Others propose that if community members trust one another to strive toward a common goal, based on sharing a common identity, similar values, a sense of belonging, or a certain level of interaction, the community is socially cohesive (Hooghe, Reeskens, Stolle, and Trappers, 2009; Holtug, 2010).

Putnam (2007) claims that diverse groups living together can actually result in a lack of trust for one another. After researching communities in America, he argued that increased diversity, caused by migration, is desirable only in the long-run and that, in the short- and medium-run, it can challenge social solidarity and a sense of common identity. Although compelling, Putnam's evidence was not entirely accepted among scholars who found the research difficult to replicate outside a racially divided America (Holtug, 2010). While Putnam claims increased diversity can lead to common identity challenges in America, Holtug (2010) could not find the same evidence in a diverse European Union, where a common 'we' among diverse nations is disputed but also celebrated. The literature shows that attention should be paid to the regional context when researching social cohesion.

Furthermore, studies that relate trust with common or diverse identities should acknowledge that identity itself is often multi-dimensional (Dukes & Musterd, 2012). An individual can intersect different identity groups based on demographics, values and belief systems, or political affiliations, to name only a few categories (Dukes & Musterd, 2012). To assume that all members of a community or society, who share the same demographic characteristics, also universally share the same moral values, religious beliefs, and political affiliations would disregard crucial details about the individuals in question.

To look at the Canadian context, Jenson and Papillon (2001) outlined the Canadian Diversity Model, which brings into question how much social cohesion versus diversity will lead to a functioning society. The model seeks to explain the balance in Canada across the following dimensions: uniformity and heterogeneity, individual and group rights, symmetry and asymmetry, as well as economic freedom and economic security. Specifically, Canadian institutions should represent the diverse communities within Canada, such as the English and French population, members of indigenous groups, and a multicultural patchwork that is the result of immigration. At the same time, there should be some level of social cohesion to create a 'Canadian' identity where diverse groups come together rather than diverge. It is important to continue the debate in new contexts, including periods of refugee influxes and global health crises.

So then, it is also important to consider the actual process in which minority groups can enter or live in harmony with majority groups or other minority groups, especially in the context of immigration. One such route is *community cohesion*, wherein existing minority communities welcome those of a similar ethnicity, culture, or religion and facilitate the process of integration by helping to navigate the local environment (Shields and Behrman, 2004). Shields and Behrman suggest that, while this can be an effective steppingstone in resettlement and integration, it should not be the last. Newcomers should also take initiative to interact with the local majority culture, which might be quite different from their own. In the same way, the majority and other minority groups of the host community should be willing to accept the norms, lifestyle, and culture of the incoming minority group for a cohesive community to emerge (Shields and Behrman, 2004).

Additionally, social cohesion between newcomers and locals can either be facilitated or inhibited by technology. Participation and access to information can be achieved through online communities and e-government platforms (Markus & Kirpitchenko, 2007). Technology can allow newcomers to maintain their social ties across large geographical distances and some individuals may actually prefer online social interactions to in-person interactions. Marlowe, Bartley, and Collins (2017) found that social media can provide tools to discover information about people before developing a friendship, such as interests, values, and beliefs. Furthermore, social media can increase the possibility of interaction where physical barriers exist or allow individuals to discover and enter networks safely, which might otherwise be impossible.

However, challenges faced in person can be replicated online, such as discrimination or marginalization (Harris and Johns, 2020). Moreover, the advantages provided by technology are limited to those who can access it without encountering economic, linguistic, educational, or even age-related barriers (Kennan, Lloyd-Zantiotis, Qayyum, and Thompson, 2011; Marlowe et al., 2017).

2.4 Immigration and public health

The previous section discussed social cohesion in general. In the context of the COVID-19 pandemic, it is also necessary to review the theoretical literature on immigration and public health. To begin, linguistic, cultural, and economic barriers can exist for newcomers during the resettlement process. For that reason, it is important to identify the implications for newcomers who seek medical attention in their new community. Refugee populations may have greater vulnerabilities in a health crisis due to a lack of familiarity with the local resources and how to access

them, a language barrier, discrimination, and financial difficulties (Wickramage et al., 2018). Based on these vulnerabilities, refugees may be reluctant to seek out and receive the care that they need, which could have widespread implications for locals and newcomers alike in the case of a pandemic (Wickramage et al., 2018).

In addition, refugees often need to travel urgently to escape dangerous conditions, so any disruption to travel could be life-threatening. Travel bans have been historically used as a preventative measure against the spread communicable diseases. Such policies could help mitigate the spread of disease in some cases, but they could also create an unrealistic sense of security by suggesting that a disease is contained abroad, while also stigmatizing foreigners as disease carriers (Illingworth and Parmet, 2017; Wickramage et al., 2018). Border health screenings for refugees, for instance, have historically provided an opportunity for health-based discrimination (Bisaillon 2010; Illingworth and Parmet, 2017; Grove and Zwi, 2006). Illingworth and Parmet (2017) argue that if travel bans apply only to non-nationals, they will not be effective in stopping the spread of disease because there is no evidence to suggest that non-nationals are more likely to catch and carry diseases. They further claim that travel bans could actually encourage reckless travel behaviour by individuals who want to avoid restrictions, either by travelling before the bans are enforced, or by changing their routes. Ultimately, only full-border closures applied equally to nationals and non-nationals could be an effective way to stop the international spread of communicable diseases. Any barriers for accessing healthcare pose a threat both domestically and globally in the face of a pandemic (Illingworth and Parmet, 2017).

The COVID-19 pandemic disproportionately affects vulnerable populations in terms of both physical health and security. The rise of discrimination against immigrants has been observed and members of minority communities have been targeted (Statistics Canada, 2020). In addition, COVID-19 can threaten vulnerable populations in developing nations where political leaders enjoy an increasing power to limit gatherings and increase surveillance, and also where growing financial crises can prevent access to essential resources (Ilyas, 2020; Rogg, 2020).

The theoretical literature reviewed in this chapter provides an interesting basis for considering refugee resettlement and public health. It will now be necessary to contextualize the literature. The following chapter will review empirical literature and statistics to develop a framework for research and analysis on refugee resettlement in the context of the COVID-19 pandemic in Saint John, New Brunswick, Canada.

CHAPTER 3

CASE STUDY: EMPIRICAL RESEARCH AND STATISTICS

3.1 Introduction

In this chapter, the relevant statistics and empirical literature will be helpful in determining how the COVID-19 pandemic has impacted refugee resettlement in Saint John. Specifically, in this chapter, I will first review existing research, data, and debates relevant to the national context and then consider the provincial and municipal contexts. I will begin by presenting key information about the region. Then, available empirical research on immigration and refugees in Canada, including the unique case of private sponsorship and how it compares to regular government assistance for refugees will be outlined. These will be explored more specifically in the context of the COVID-19 pandemic by considering data and publications from Statistics Canada, the government of New Brunswick, and academic research published since the outbreak.

Canada has a population of approximately 38 million residents spread across seven provinces and three territories (Statistics Canada, 2021b). In 2020, the COVID-19 pandemic slowed Canada's population growth significantly (Statistics Canada, 2021c). That year, it was estimated that COVID-19 was the cause of one in 20 deaths in Canada, yet the main source of the 80% decrease in population growth compared to the previous year was actually a restriction of international migration (Statistics Canada, 2021c). The 2020 pre-pandemic target for immigration set by Immigration, Refugees, and Citizenship Canada (IRCC) was 341,000 immigrants, yet only 184,624 newcomers ultimately landed in Canada that year (Statistics Canada, 2021c).

Every region in Canada will tell a different story. New Brunswick is an Atlantic province home to approximately 782,000 residents, or approximately two percent of the national population (Statistics Canada, 2021b). Before the COVID-19 pandemic, the province was experiencing a natural decrease in population due to low birthrates, which it sought to overcome through interprovincial and international migration (Statistics Canada, 2021b). Between 2016 and 2020, New Brunswick was successful in growing the population through this method until the COVID-19 outbreak occurred (Statistics Canada, 2021b).

According to New Brunswick Jobs (2018), nearly one third of immigrants residing in the province relocated there between 2011 and 2016, mostly in the cities of Fredericton, Moncton, and Saint John. In 2016, 4.6% of New Brunswick's population was made up of immigrants and another 0.6% of non-permanent residents; these percentages are relatively low in comparison to other provinces and territories. During the same period, 21% of those newcomers were refugees, mostly of Syrian background and most of whom arrived between 2015 and 2016. Most of the refugees who arrived in New Brunswick between 2011-2016 were of studying or working age. Nearly half of these refugees were below the age of 15, while almost a fifth were between 15 and 24 years old, and about one third were between 25-54, representing the core working age.

The city of Saint John is home to a population of approximately 78,000 residents (Statistics Canada 2021a). The city's unemployment rate is just over ten percent, whereas the national unemployment rate is closer to eight percent (Statistics Canada, 2021d). The average hourly wage in Saint John is CAD \$18.25, which is CAD \$4.5 lower than the national average (Statistics Canada, 2021d). Of all recent immigrants in Saint John, according to the 2016 Census, 21.4% settled in Saint John,

27.3% of which were refugees (New Brunswick Jobs, 2018). With this information in mind, an introduction to refugee resettlement and sponsorship in Canada will be helpful before moving forward to a discussion about the impact of COVID-19 thereon.

3.2 Refugee sponsorship in Canada

Canada underwent an important shift toward humanitarianism in the late 1970s and early 1980s with the acceptance of 60,000 Indochinese refugees after formally adopting the UN 1951 Convention on Refugees' definition of a refugee in 1969 (Immigration, Refugees and Citizenship Canada, 2018; Hynie, 2018; Lanphier, 1981). The New Immigration Act of 1978 allowed private refugee sponsorship by groups of five or more Canadian citizens or permanent residents in partnership with sponsorship agreement holders, which meant that the Canadian government could raise its quota for refugees (Neuwirth and Clark, 1981).²

With newcomers on the rise, monitoring which policies were most effective in facilitating their resettlement to the region would become of interest. According to Lanphier (1981), the successful adaptation of newly settled refugees in Canada had depended significantly on the services provided to them by prolonged sponsor supervision. In a study on 16 privately sponsored families in the early 1980s, Neuwirth and Clark (1981) observed that sponsors acted as the main representatives of Canadian culture and society for those they sponsored and that most of these refugees saw their sponsors as trusted social equals.

² The organizations that partner with private sponsors today are called Sponsorship Agreement Holders. These are legal organizations located in Canada that have the resources to support several refugees per year (Immigration, Refugees and Citizenship Canada, 2021a).

In Canada, private sponsors pledge to support refugees for one year by providing them with a home and household goods; facilitating interpretation; supporting access to medical care, including finding a family doctor; helping to enroll children in school; providing support with language learning; assisting with banking and other services; facilitating transportation; helping to find employment opportunities; and developing social bonds (Immigration, Refugees and Citizenship Canada, 2019). Research on resettlement in general and, more specifically, comparing private sponsorship and government resettlement tracks, reveals typical challenges that refugees face in Canada. These studies are important to predict how newcomers might integrate and how to improve existing systems by tackling common issues.

One study concerning the adaptation of Ethiopian and Somali refugees in Toronto outlined five major barriers that they faced during their initial resettlement; these would eventually leave them in disadvantaged positions compared to other communities (Danso, 2002). The five barriers consisted of unemployment and difficulties with credential recognition, housing market constraints, language barriers, racial discrimination, and insufficient income. Many of the participants in the study claimed that they initially felt welcomed by locals but faced difficulties becoming perceived as equal members of Canadian society. The study also revealed that refugees felt that they were not given enough information about local housing, employment opportunities, education, languages, and counselling and were forced to consult members of their ethnic community for solutions.

In his recent comparison of Canadian refugee sponsorship programs focusing on Syrian refugees in Alberta, Canada, Agrawal (2019) determined that private, public and hybrid programs were all effective in bringing refugees to Canada.

However, Agrawal emphasized that, across all streams, learning English and becoming employed proved to be the most significant challenges. Other challenges were similar to those of the Ethiopian and Somali refugees in Danso's study, such as credential recognition, issues with finding housing, and discrimination. Contrary to Danso's findings, most of the refugees interviewed by Agrawal claimed that they were well taken care of by settlement agencies and private sponsors. Many government assisted refugees (GARs) claimed that it was difficult to find a spot in a Language Instruction for Newcomers to Canada (LINC) class and that they had very few local contacts with whom they could practice English in a practical setting, often relying on friends or interpreters for assistance completing daily tasks.³ Many privately sponsored refugees (PSRs), on the other hand, were under the impression that GARs had access to more resources and were treated more consistently than PSRs.

A study by Kaida, Hou, and Stick (2020), looked at labour market integration of PSRs and GARs in the short and long-term. According to this study, in their first full year after arrival, PSRs had been more successful at entering the local labour market compared to GARs; however, this gap mostly closed over time. The data also indicated an advantage for PSRs over GARs among those who were less formally educated, which represents a sizeable portion of refugees in Canada.

According to Statistics Canada (2019a), asylum claimants more than tripled from 2015 to 2017. The Syrian refugee crisis led Canada to 25,035 Syrian refugees between January 1, 2015, and May 10, 2016; at the same time, Canada accepted 15,580 refugees from other countries (Houle, 2019). Of those, 2,670 Syrian refugees

³ LINC classes are adult language classes specifically provided by local NGOs for newcomers in Canada and are funded by Immigration, Refugees, and Citizenship Canada (Toronto District School Board, 2021).

and 765 refugees from other countries had been accepted to the Atlantic provinces of Canada, and 85.8% of those Syrian refugees were GARs (Houle, 2019). A

demographic difference exists between PSRs and GARs in Canada. GARs tend to be younger with larger families, have less knowledge of the local languages, and have fewer years of formal education compared to PSRs; this is due to the Canadian government prioritizing younger, more vulnerable families for refugee assistance (Statistics Canada, 2019b). It is important to consider what these means in terms of the local labour market.

3.3 Immigrant employment in Canada

Because immigration to Canada is used to supplement the aging workforce, immigrant employment should be a key area of analysis (New Brunswick Jobs, 2018). According to Ysaad and Fields (2018), in 2017, immigrants in Canada made up approximately one quarter of the workforce; however, immigrants represented a sizeable portion of the accommodation and food services industry, where the wages are relatively low. Immigrants also made up a notable share of total employment in finance, insurance, real estate, and leasing; transportation and warehousing; as well as professional, scientific, and technical services (Ysaad and Fields, 2028). Where immigrants become employed depends on the local employment opportunities and barriers, as well as immigrant demographics.

Cornelissen and Turcotte (2020) found that immigrants in Canada were approximately three times more likely than non-immigrants to be persistently overqualified in the workplace. Where they obtained their education or training, as well as their birthplace, gender, and familiarity with the local language(s) were found to be factors contributing to this tendency.

This does not show the whole picture, however, because there are several immigration tracks in Canada. Economic immigrants are accepted to Canada based on their employability and likelihood of integration, considering their credentials, relevant work experience, and working knowledge of an official language (Cornelissen and Turcotte, 2020). Refugees face greater challenges integrating into the local labour market because they are screened on a humanitarian basis rather than on their employability (Cornelissen and Turcotte, 2020).

Looking specifically at New Brunswick's labour market in 2021 for context, according to Statistics Canada (2021e), in April, 80% of New Brunswick's working population was employed in the services-producing sector, mostly in healthcare and social assistance, wholesale and retail trade, educational services, public administration, and accommodation and food services. The remaining 20% of the working population was employed in the goods-producing sector, working mostly in construction and manufacturing.

In terms of refugees in New Brunswick, most held occupations in industries such as sales and services as well as trades, transport, and equipment operation (Statistics Canada, 2018). It should be noted that Statistics Canada's data on refugee employment is outdated because it was collected in the 2016 Census, and it is unlikely that those refugees who arrived in 2015-2016 would have had the time to become employed by then. The publication of the 2021 Census will be an important source of data for further research on the employment levels of refugees in New Brunswick.

Education levels of refugees upon landing in New Brunswick, however, can be an indication of employability. New Brunswick Jobs (2018) indicated that 67% of refugees who arrived in New Brunswick between 2011 and 2016 did not have any

formal educational certificate, diploma, or degree. With these statistics in mind, the following section will describe refugee settlement policies, patterns and the related implications of COVID-19 nationally and locally.

3.4 Empirical research and statistics on COVID-19 in Canada

By mid-May 2021, there were just over 1.3 million publicly reported confirmed and probable cases of COVID-19 in Canada with 2,113 reported and confirmed in New Brunswick (Public Health Canada, 2021a). As of May 15, 2021, 41% of the population of New Brunswick had received at least one dose of a COVID-19 vaccine, which was similar to the total population of Canada (Public Health Canada, 2021b). By May 2021, New Brunswick saw a total of 43 COVID-19-related deaths and 1,949 recovered cases (Government of New Brunswick, 2021a). Travel to the province was temporarily restricted for non-residents and all those who entered were required to self-isolate upon arrival (Government of New Brunswick, 2021b). In Saint John, the reported compliance rate of the population to self-isolation was 98%, with minimal tickets distributed for non-compliance (Government of New Brunswick, 2021a).

3.4.1 COVID-19 and labour market integration

To understand the impact of the COVID-19 pandemic on newcomers, it is necessary to consider which types of employment were most affected by both the disease and the restrictions to mitigate its spread. According to Hou, Picot, and Zhang (2020), in Canada, between March and April 2020, 20% of female recent immigrants became

unemployed.⁴ At the beginning of the Canadian economy's partial recovery, between May and July 2020, the same group experienced a slower transition from non-employment to employment. Hou, Picot, and Zhang suggest that this could be explained by challenges newcomers face in transferring their credentials to the local labour market to find long-term and sustainable work. According to their data, newcomers tend to hold positions in the service sector, specifically in food and accommodation, which offers lower job security compared to other sectors.

Some workers faced a higher risk to contract COVID-19 than others. High-risk employment sectors in Canada include healthcare and social assistance; accommodation and food services; retail and trade; arts, entertainment, and recreation; construction; educational services; transportation and warehousing; as well as administrative and support services (Yang, Bonikowska, and Frenette, 2021). This was measured by taking into account a worker's frequency of contact and proximity to others, their interaction with the public, whether their work took place indoors or outdoors, and whether the job could be done from home. A high-risk worker, in this context, might also commute to work via public transit, live in a crowded dwelling, or live with a healthcare worker.

It is worth noting that, in Canada, immigrants are overrepresented in the health and social assistance sector, specifically working as nurse aides, orderlies, and patient service associates (Statistics Canada, 2021f). Recent immigrants often represent a substantial portion of workers in industries where physical distancing is a challenge and they might not be in a position to criticize employers who do not comply with public health regulations (Statistics Canada, 2021f). Furthermore,

⁴ Studies conducted by Statistics Canada refer to recent immigrants as having arrived in Canada in the previous 10 years (Hou, Picot, and Zhang, 2020).

recent immigrants in Canada are more likely to live in poverty than established immigrants and Canadian-born individuals, which means they are at a greater risk of experiencing malnutrition, stress, and crowded housing in low-income neighbourhoods where viruses could easily spread (Statistics Canada, 2021f).

3.4.2 Discrimination against minorities during the COVID-19 pandemic

The risks that migrants have faced during the COVID-19 pandemic have not only been health-related but have also been related to discrimination. According to Statistics Canada (2020), recent immigrants were more likely than established immigrants and Canadian-born individuals to self-report having experienced discrimination during the COVID-19 pandemic. This included discrimination in banks, stores, restaurants, public areas, online, at work, or while applying for a job. Those who experienced discrimination during the pandemic indicated lower levels of trust in institutions and a weaker sense of belonging to their community. Additionally, the impact of discrimination on mental health in this context should be considered. Psychological wellbeing has been a challenge for many during the pandemic, and the mental health of newcomers, especially during this time, should not be overlooked.

3.4.3 Newcomer psychological health and COVID-19

During the pandemic, recent immigrants in Canada were more likely to self-report psychological challenges compared to established immigrants and Canadian-born individuals caused by physical distancing measures (Evra and Mongrain, 2020). More immigrants reported concerns regarding domestic violence, family-related stress caused by confinement and cooperation with one another, as well as

maintaining social ties compared to their Canadian-born counterparts (LaRoche-Côté and Uppal, 2020). Fear of job loss and the impact of COVID-19 on meeting financial obligations were also sources of anxiety for recent immigrants (Evra and Mongrain, 2020; LaRoche-Côté and Uppal, 2020). Canadian policies can impact newcomers' wellbeing in many ways. The following section will outline Canada's response to the pandemic.

3.5 COVID-19 and policymaking in Canada

Canada is a federation of provinces and territories (PTs) and, as such, responsibilities are shared across three levels: federal, provincial and territorial, and municipal (Fafard, Cassola, MacAulay, and Palkovits, 2021). This is relevant in the case of the COVID-19 pandemic, where PTs are responsible for delivering health services, as well as inspecting premises, reporting disease, and ensuring compliance with isolation measures, while the federal government is responsible for areas such as drug regulation, quarantine measures, and research funding (Fafard et al., 2021; Fierlbeck and Hardcastle, 2020).

After the 2003 SARS epidemic, the Public Health Agency of Canada was established to better coordinate a multi-level response across the country during a health crisis (Fierlbeck and Hardcastle, 2020). One of the policy responses to the COVID-19 pandemic was to increase funding to areas that had already been established to protect citizens and residents such as a single-payer healthcare system and social benefits (Fafard et al., 2021). This coordination, which resulted from previous failures in 2003, was helpful in combination with a feeling of trust in and a duty to comply with institutions shared by a sizable portion of Canada's population (Fafard et al., 2021). Another response, which received public criticism, was to limit

the admission of non-nationals and permanent residents into the country, including refugees, essentially deeming them a threat to public health; this is where Canada's humanitarian agenda was put on hold for the sake of public health (Chen, 2021).

In terms of discrimination, the federal government attempted to confront the vulnerabilities of diverse communities by establishing an 'Equity-Seeking Communities COVID-19 Taskforce' (Canadian Heritage, 2021). The taskforce included members from 24 federal organizations and met bi-weekly to discuss the needs of diverse communities, dealing with topics such as "racism, accessing disaggregated data, expanding access to federal response measures, communicating to newcomer populations, [and] the gendered implications of the pandemic" (Canadian Heritage, 2021). One measure that the taskforce took was to organize a virtual townhall in July 2020 where Muslim community leaders across Canada could discuss the impact of the pandemic on community members, emphasizing the struggles of young newcomers who experienced increased psychological challenges and who faced barriers to education and funding, leading to an increased likelihood of food insecurity and homelessness (Canadian Heritage, 2021).

Finally, the federal government established a series of income supports for Canadian citizens and residents, which would compensate those who could not work due to pandemic-related restrictions (Canadian Heritage, 2021).

According to Immigration, Citizenship, and Refugees Canada, COVID-19-related restrictions have impacted the refugee resettlement process (Immigration, Refugees and Citizenship Canada, 2021b). Travel restrictions to Canada severely limited refugees' freedom of movement. When travel was made possible, the International Organization for Migration (IOM) was responsible for providing an orientation session that included information about reducing the spread of COVID-

19. The IOM was also responsible for providing a nurse or doctor to conduct a fitness to travel medical exam before refugees depart for Canada.

The empirical literature and statistics reviewed in this chapter provide useful insight into the conditions of newcomers arriving in Canada during the COVID-19 pandemic. Specifically, the opportunities and barriers refugees face during and after resettlement. Although still relevant and extensive, the available literature and statistics are somewhat outdated, and the topic demands more attention. The common challenges faced by newcomers presented in this chapter, along with the theoretical literature from Chapter 2, have provided a framework for further research. The following chapter will use this framework to formulate the research methods used in this thesis to determine how existing challenges for newcomers have changed and what new challenges arose as a consequence of the pandemic will be the focus of this thesis.

CHAPTER 4

METHODOLOGY

This thesis seeks to contribute to the empirical knowledge on the topic of refugee resettlement, specifically during the COVID-19 pandemic, by compiling and sharing the actual experiences and observations of refugees, private refugee sponsors, and those who work directly with refugees in Saint John, New Brunswick.

Qualitative data was collected by interviewing relevant individuals within the framework and guidance of the theoretical and empirical literature introduced in the second and third chapters, as well as statistics published by Statistics Canada also included in the third chapter. With this research in mind, it was possible to focus the interview questions in a way that would not only serve as an extension of existing knowledge but also bring to light new information. Through analyzing the data made available by this research, it is expected that some of the gaps in the literature on refugee resettlement will be filled and possible solutions to improve the processes and outcomes will be shared.

More specifically, this research proposes to examine the impact of a pandemic on refugee resettlement processes by answering the following questions: What new dimensions does a pandemic add to the resettlement challenges typically faced by refugees and how can these be overcome? Because refugee resettlement is a multi-dimensional process, based on the theoretical and empirical literature on the topic, the above research questions have been divided into five research areas: social cohesion, physical and mental health, language barriers, employment, and travel insecurity.

This chapter will outline the research methodology that was used to answer the research questions. It will begin with a section describing the research participant selection process. The rationale behind the chosen interview questions will then be explained. Next, the ethical concerns that arose while conducting research during a pandemic will be examined. A discussion on the research limitations will then follow. Finally, the chosen method of analysis will be described.

4.1 Participant selection

To gain real perspectives on refugee resettlement during the COVID-19 pandemic in Saint John, the research participants had to be members of a community of refugees, private sponsors, or individuals who work to facilitate refugee resettlement in Saint John; the third group will be referred to as ‘facilitators’ for the purpose of this research.

Through existing relationships with private sponsors in the region, it was possible to build a small network of candidates willing to be interviewed. Existing relationships were key in recruiting participants who might not have been open to online interviews with an unknown researcher. The snowball method was then used to reach more research participants.

To compare experiences during the pandemic to those before the pandemic, it was necessary for participants to have lived in Saint John during both periods. In terms of refugees, the participants were limited to those who had arrived no less than one year and no more than five years prior to the interview. For this reason, all the refugees interviewed had arrived in Saint John between 2016 and 2019.

In total, eight refugees, six private sponsors, and four facilitators were interviewed. These participants were divided into three groups. Group one refers to

those refugees who sought asylum in Canada and arrived no more than five years prior to our interview. Seven of these individuals were Syrian and one was Afghan. I decided to combine two of the refugee participants as ‘R6’ (see Table 1*) because they were husband and wife and one mostly spoke on behalf of both of them about their shared experience. Members of this group were given a codename R and a unique number to maintain their anonymity (i.e., R1, R2, R3, etc.).

Table 1. Demographics of Refugee Participant Group

Participant	Gender	Age	Ethnicity	Country of residence before Canada	Date of arrival in Canada	Resettlement program
R1	Female	36	Afghan	Afghanistan	2019	GAR
R2	Female	60	Syrian	Lebanon	2016	GAR
R3	Female	N/A	Syrian	Turkey	2016	GAR
R4	Female	41	Syrian	Egypt	2016	GAR
R5	Female	61	Syrian (Kurdish)	Turkey	2016	GAR
R6*	Male and Female	34 and 31	Syrian	Turkey	2018	PSR
R7	Female	34	Syrian	Jordan	2016	GAR

Group two consists of five individuals who had sponsored or were sponsoring refugees in Saint John at the time of the interview. Two private sponsors, PS1 and PS2 were also husband and wife and were interviewed together, but because they gave unique responses, they were given separate codenames. Although six private sponsors were interviewed, one was not included in the thesis because they were not located in Saint John. Private sponsors were given the codename PS and a unique number to maintain anonymity (i.e., PS1, PS2, PS3, etc.).

Group three refers to four individuals who worked as facilitators for refugee resettlement in Saint John before and during the pandemic. They will be labelled with the code F with a unique given number to maintain anonymity (i.e., F1, F2, F3, etc.). Two of these participants, F1 and F2, worked at a community center that serves a significant portion of refugees living in subsidized housing in Saint John. F3 worked at a local NGO that is very involved in the settlement services provided to the newcomer community in Saint John. Finally, F4 worked as a sponsorship agreement holder and was directly involved with one high-needs refugee family that arrived during the pandemic. When discussing my research with an employee of a local NGO dedicated to newcomers, I was invited to observe a training on newcomers and healthcare given by an individual who works for the NGO; this was not an interview, but for consistency and anonymity, I labelled the information and experiences shared during this training as 'F5'.

All participants of this study were adults at the time of the interview. An Arabic-English interpreter was present for the participants that requested one. This was important because not all of the participants were comfortable communicating in English.

4.2 Research ethics

Conducting interviews during a pandemic presented new challenges in terms of research ethics. First, it was necessary to follow local health guidelines to limit the spread of COVID-19. This meant that interviews had to be conducted online via Zoom. To ensure the participants' privacy and anonymity, the Zoom meetings were password protected. These interviews were recorded if the participant gave their consent. The recordings have been kept in a password protected file on my personal

computer until the completion of the thesis. It is possible that a computer can be stolen or hacked. The names and details of the participants were not saved along with the recordings to maintain anonymity.

Second, all participants were required to read and sign research information and consent forms. Because of the need for social distancing, and because it was impossible to physically distribute forms, it was necessary to distribute them by e-mail and receive electronic signatures. The forms were then deleted from my personal e-mail and kept in a password protected folder on my personal computer.

Third, the names of the participants were at no point shared with anyone, except for the interpreter who joined the interviews if consent was given. Instead, codenames, as presented in the previous section, were used.

4.3 Research limitations

One limitation of conducting interviews online is that it is impossible to ensure that the participant is alone during an interview. For my research, this meant that it could not be guaranteed that the participant was not coerced into giving specific answers or to withhold information in the presence of someone else.

A second limitation was that many participants did not have access to personal computers or printers, so it was difficult to obtain their consent. I was able to overcome this issue in three ways: first, one individual, who introduced me to some of the participants, was able to print the information and consent forms and safely distribute them on my behalf. Participants were then able to physically sign, photograph, and return them to me with their cellphones. Second, I received electronic signatures from those who were able to do so. For this, a computer application such as Microsoft Word was necessary and only those who were able to

download and sign forms, with a suitable level of digital literacy were able. Third, I repeated the essential details of the study to the participants at the beginning of our interviews and asked if they agreed to participate and be recorded, receiving their verbal consent as a final step. During this stage of my research, I was made aware of a dilemma that many newcomers face in a new country where complicated forms must be read, understood, and signed in a foreign language. When digital literacy, linguistic skills, and access to technology are limited, downloading, printing, and signing forms, especially during a pandemic is a huge challenge.

A third limitation was that it was only possible to interview those who could access Zoom. I received assistance setting up Zoom for one participant who was not familiar with the technology from an individual who introduced us.

Finally, much of the statistics made available by Statistics Canada was collected from the 2016 Census; this meant that a lot of data was outdated because there was a large influx of refugees in Saint John from late 2015 to 2016. It would be interesting to revisit the study after the 2021 Census data is made available.

4.4 Interview questions

In this section, I will discuss how I determined which questions to ask during the interviews. This section will be divided into five subsections, each one focusing on a different challenge. Those are: social cohesion, physical and mental health, language barriers, employment, and travel insecurity. In each subsection, the relevant literature will be very briefly summarized to inform why the particular questions were chosen. The subsections will also be divided according to the three participant groups, as each group was asked slightly different questions.

The interviews were semi-structured to give the opportunity to participants to identify issues and experiences most important to them, and to make them feel comfortable sharing only what they wanted to. The following questions only served as a guide during the interviews.

First, there were some broad questions that opened the interviews. The questions allowed the participants to share their general experiences and guide the interview toward further areas of interest. These questions are as follows:

Group one: refugees

1. How have COVID-19-related restrictions impacted your life?
2. According to your experience and observations, what are some challenges that refugees face in general and during the COVID-19 pandemic?

Group two: private sponsors

1. How have COVID-19-related restrictions impacted your life?
2. According to your observations, what are some typical challenges refugees face when arriving in Canada.
3. Based on your observations, what are some typical challenges refugees and sponsors have faced during the COVID-19 pandemic?

Group three: facilitators

1. How have COVID-19-related restrictions impacted your work assisting newcomers?
2. What are some typical challenges refugees face when arriving in Canada?
3. According to your observations, what are some of the challenges that refugees might face while resettling during a pandemic?

I will begin with the topic of social cohesion, since it is one that I felt to be of exceptional importance during a time where social relationships were severely limited.

4.4.1 Social cohesion

The literature suggests that an appropriate level of social cohesion in a community of newcomers and locals is a desired outcome of resettlement. Through my interviews, I sought to address the presence of common challenges, equal opportunities, trust in one another and institutions in the pursuit of a common goal—stopping the spread of COVID-19, a level of interaction between community members, as well as equal access to technology and online information (Jenson, 1998; Bernard, 1999; Markus and Kirpitchenko, 2007; Marlowe et al., 2017). I attempted to determine how the process occurs—through the ethnic community of the newcomer or through interaction with the majority group (Shields and Behrman, 2004). Finally, I sought to determine whether the factors that contribute to cohesion can be achieved online where in-person interactions were not possible. The interview questions related to social cohesion were as follows:

Group one: refugees

1. Did you arrive in Canada as a PSR or GAR?
2. Did you know anyone in Canada before arriving?
4. How did you meet people upon and after arrival?
5. Did you feel welcome in Canada upon arrival and after?
6. Do you trust members of your community to follow the government recommendations to prevent the spread of COVID-19?
7. Are you happy with the government's response to COVID-19?

8. How was your social life before versus during the pandemic?
9. How have you maintained relationships during the pandemic?
10. Do you feel comfortable meeting others online?
11. Have you met anyone online or participated in any online activities such as classes or social groups?

Group two: private sponsors

1. Did you know anything about the refugees that you sponsored before their arrival?
2. Did the refugees that you sponsored have existing relationships in Canada before arriving?
3. How did you assist them?
4. Did you invite them to any social gatherings?
5. Do you believe that the refugees that you sponsored had sufficient opportunities to meet locals?
6. How was your relationship with the refugees that you sponsored?
 - a. Do you still maintain communication with them?
 - b. Since the COVID-19 outbreak, has your relationship changed?
7. Are you satisfied with the government response to COVID-19?
8. Do you trust members of your community to follow the government recommendations to prevent the spread of COVID-19?
9. How have you maintained relationships during the pandemic?

Group three: facilitators

1. Does your organization do any work to inform the local community about newcomers or encourage relationship building between them?

2. To your knowledge, do newcomers face any challenges accessing technology?

4.4.2 Physical and mental health

A second especially relevant area of concern for refugee resettlement during a pandemic is physical and mental health. The literature suggests that barriers exist for newcomers to seek and receive the care they need (Wickramage et al., 2018).

Through my interviews, I sought to determine if newcomers were able to access and were satisfied with local health services.

Government policies to limit the spread of disease, such as travel bans and health-checks can lead to discrimination if not universally applied (Bisaillon 2010; Illingworth & Parmet, 2017; Grove & Zwi, 2006; Wickramage et al. 2018). Through my interviews, I sought to determine if this was true based on the experiences and observations of my research participants.

Finally, the literature claims that recent immigrants were more likely than established immigrants and Canadian-born individuals to report symptoms of anxiety based on fears of domestic violence, family-related stress due to confinement, cooperating with one another, maintaining social ties, and meeting financial obligations (Evra and Mongrain, 2020; LaRochelle-Côté and Uppal, 2020; Canadian Heritage, 2021). I attempted to determine if my research participants had experienced or observed such feelings during the interviews. The specific questions were as follows:

Group one: refugees

1. Have you had any experience with the local healthcare system?
 - a. If so, are you satisfied with your experience?

- b. Do you have a family doctor?
 - c. Is it easy for you to get to a clinic or hospital if you need to?
 - d. Have you experienced any issues communicating with receptionists, nurses, or doctors?
- 2. Would you be able to easily get tested if you needed to and would you be able to quarantine if you needed to?
- 3. Would you trust the local healthcare system to treat you if you had COVID-19?

Group two: private sponsors

- 1. To address this issue, I asked the broad question of what some major challenges are for newcomers and how private sponsors help newcomers get settled.

Group three: facilitators

- 1. To your knowledge, how are refugees' psychological and physical health needs addressed in Saint John?
 - a. What issues are you aware of and how are they overcome?
 - b. Has this changed since the outbreak of COVID-19?
- 2. Does your organization or work facilitate the physical or psychological wellbeing of newcomers? If so, how?

4.4.3 Language barriers

The language barrier can inhibit newcomer's ability to participate in their new community and to perform essential tasks. To recall the literature relating to learning the local languages, familiarity and the ability or willingness to learn local language(s) is important for migrant integration and resettlement in a host-country

(Kunz, 1981; Phinney et al., 2006). Not knowing the local language will be a barrier for newcomers in the long run in most areas of their lives including accessing public and private health and education services, finding work, building social ties, and completing daily tasks (Danso, 2002; Wickramage et al., 2018). Some GARs have reported that it was difficult for them to find a spot in a language class and to practice English in a practical setting, forcing them to rely more heavily on members of their community and interpreters to complete daily tasks (Agrawal, 2019). Most of the refugees who settled in Saint John in 2015-2016 were GARs; GARs tended to have less knowledge of the local language and fewer years of formal education (Houle, 2019; Statistics Canada, 2019b). This could create barriers to language learning and, as a result, GARs may have more difficulty completing daily tasks. The questions that addressed issues relating to the language barrier and use were as follows:

Group one:

1. Did you speak the local language(s) before arriving and, if not, what was your experience learning the local language(s)?
2. Which language(s) do you speak with your family and friends?
3. If PSR: How did you communicate with your sponsors?
4. If GAR: How did you communicate with a representative of the Canadian government, a settlement agency or an organization?

Group two:

1. How did you communicate with the refugee(s) that you sponsored?
2. This topic came up when asked the open-ended questions:

- a. What are the major challenges for newcomers based on your observations?
- b. How did you assist the sponsored refugee(s)?

Group three:

1. How do you communicate with newcomers or community members in need of your services?
2. According to your knowledge, are there currently any language courses available to newcomers?
 - a. If so, how do they function given the pandemic-related restrictions?
 - b. According to your observations, are newcomers currently willing and able to attend these classes?

4.4.4 Employment

The literature suggests that unemployment and overqualification are major challenges refugees face in Canada due to credential recognition issues, a lack of awareness of employment opportunities, a need for Canadian work experience, and language barriers (Danso, 2002; Agrawal, 2019; Cornelissen and Turcotte, 2020). I sought to determine if this was true among the refugees that I interviewed and according to the observations of the private sponsors and facilitators. I also wanted to determine if it was true that participants were at risk of contracting COVID-19 in their workplaces or if they were able to maintain a steady job during the pandemic, if that is what they wanted (Hou, Picot and Zhang, 2020; Yang, Bonikowska, and Fernet, 2021; Statistics Canada, 2021f). To discover the barriers that exist for

employment for newcomers during a pandemic and how these can be overcome, I asked the following questions:

Group one:

1. Are you currently employed, or have you been employed in Canada?
2. Did you work before coming to Canada?
3. Has COVID-19 impacted your work or your ability to work?

Group two:

1. This was addressed with the open-ended question: What are the main challenges that newcomers face, according to your observations in general and how do you think these have changed during the pandemic?

Group three:

1. To your knowledge, how are newcomers coping with finding and maintaining employment during the COVID-19 pandemic?
2. In which sectors do newcomers typically find work?
3. Do you know of any programs that assist newcomers in accessing technology to stay connected for work purposes?

4.4.5 Travel insecurity

Finally, one of the most unanticipated and arguably most difficult challenges in refugee resettlement during the COVID-19 pandemic has been border closures and travel bans. The literature claims that when bans are exclusively applied to non-nationals and non-residents, there is an implication that foreigners are disease-carrying and there is a false sense that disease will be contained outside the country, giving rise to racism, and creating challenges for those who are fleeing from conflict

and harsh conditions abroad (Bisaillon 2010; Illingworth & Parmet, 2017; Grove & Zwi, 2006).

To determine the impact of travel bans in Canada during the pandemic and how they impact refugee resettlement specifically, I asked the open-ended question of how COVID-19 has impacted each participant and other members of their community and family. Those who knew of instances where travel restrictions made resettling in Canada more difficult shared this information.

4.5 Analysis

Inductive analysis of the data was used to find patterns within the interview response data set. Specifically, a thematic content analysis was done to identify common themes in the experiences and observations of the participants on refugee resettlement in general and in the context of the COVID-19 pandemic.

First, a program was used to transcribe the recorded interviews verbatim. Then, spreadsheet with the interview questions and responses and another with codes from the interviews was created. Finally, using these spreadsheets, it was possible to identify the common themes and connect the participant responses to understand which experiences were similar or unique, thereby revealing patterns in the data.

CHAPTER 5

FINDINGS

Thus far, the logic behind the research, including the guiding literature and statistics, as well as the research methodology have been outlined in detail. In this chapter, the data, specifically the interview responses provided by the research participants, will be presented. Some interview responses have been written verbatim, while others have been paraphrased. The reason for paraphrasing, in this section, was mainly because many participants required an interpreter, who, through interpreting, paraphrased the participants' answers.

5.1 Social cohesion

In this subsection, I will outline the findings in terms of the definition and indicators introduced in Chapter 2, and according to the questions outlined in Chapter 4. The responses have been categorized according to trust, community engagement, and interaction, barriers to socializing, and overcoming these barriers.

5.1.1 Trust

When asked if the participants trusted members of their community to follow the regulations to stop the spread of COVID-19, most said yes. R2, a Syrian GAR who arrived in Canada in 2016, said that at the beginning of the pandemic, she did not see a lot of people wearing masks. According to her observations, many people were not taking social distancing seriously. Since September 2020, however, people started to follow the rules because there were a lot of enforced regulations and they started to understand how serious the situation was. While walking outside, she saw that

people around her would move aside. She mentioned, however, that she did not know what people were doing in their homes. In any case, she did not know of anyone who got sick (R2, personal communication, February 19, 2021).

R6, a Syrian PSR who arrived in Canada in 2018, explained that he trusted family members but, in general, he and his wife did not feel comfortable when they were in public places because, even if only one percent of the population was not following the rules, it could be dangerous (R6, personal communication, March 3, 2021).

R7, a Syrian GAR who arrived in Canada in early 2016, said that she trusted people to limit the spread of COVID-19. “People follow the rules well. Last month, when the government asked everyone to stay home, nobody was in the streets” (R7, personal communication, February 1, 2021).

PS5 said that she trusted most people to work together to stop the spread of the virus in Atlantic Canada more than those outside the region.

[I trust] by far 90% [of the population], I would say. I have not had any real negative experience with anybody. The only time I ever felt uncomfortable was in Ontario. People were not wearing masks in a store. And I would say 80% of the people were, but there were just a few that weren't. In the Maritimes [people are] excellent and really trustworthy. (PS5, personal communication, February 18, 2021)

PS4 said that 100% of people he came across followed guidelines, such as wearing masks in grocery stores and while driving vehicles (PS4, personal communication, February 16, 2021).

PS3, who sponsored a family that arrived during the pandemic, was generally pleased and trusted most people, but she had heard about a lot of people who thought the situation was false. She also observed that there were many people who did not always follow the public health guidelines perfectly but admitted that this also applied to her (PS3, personal communication, February 3, 2021).

Participants were also asked if they trusted the government to limit the spread of COVID-19. R2 said that she was not sure if COVID-19 was actually serious. She had mixed feelings about it because one day the government would say the city was 'orange' and at other times it was 'yellow' or 'red'. She was not sure what determined these decisions. She said that it was the same for all governments around the world but that it was best to follow the government regulations because there was no reason not to trust them. She said that she could not know if what the government said was true but what she could do was follow the rules (R2, personal communication, February 19, 2021).

R7 said that she thought New Brunswick was doing an amazing job compared to other provinces and that the Chief Medical Officer of Public Health New Brunswick was doing an excellent job (R7, personal communication, February 1, 2021).

PS1 was happy with the intergovernmental communication and the provincial government's response.

I feel like they follow Public Health guidelines, and they seem to respond really quickly. I think because New Brunswick is small, if they have a very small outbreak or number of cases, they just shut it right down. So, I'm happy to do it that way. (PS1, personal communication, January 26, 2021)

Although PS2 did not agree with all of the provincial government's policies, he was happy with their response to COVID-19.

I think it's kind of hard to argue with. I'm way left of this government in terms of my political views, but in terms of how they handled this, it's kind of hard to argue with...New Brunswick's kind of escaped pretty much scot-free, so they're either doing something right or getting really lucky. (PS2, personal communication, January 26, 2021)

PS3 sympathized with the government on the basis that there was no precedent for handling a situation on this scale.

It is a new situation and there is an enormous learning curve. It is ridiculous to think that the government would be able to work it all out right away. Many people don't understand the infection process and evolution of viruses. I am a biologist, so it makes sense to me and, based on this, I understand the government response. I believe they have done the best they can and maybe they are giving the economy a little too much priority but, since I am retired and financially secure, maybe that's why I see it that way. (PS3, personal communication, February 2, 2021)

PS4 also felt that it was difficult for the government to navigate such unknown territory and that overcoming the pandemic was everyone's responsibility.

I think they're doing a very good job in a very unknown space. And I don't think that, politically speaking, any of the politicians can turn right or turn left and get it right a hundred percent of the time. So, I think our New Brunswick government has tried its hardest to keep everything under control. I think, as citizens, it lies on us, not so much to government. The majority of the people that I have worked with and talked with in the past always...point fingers at the government [but], in a pandemic, disease is 100% in control of the people. (PS4, personal communication, February 16, 2021)

PS5 was happy with the federal and provincial government in their handling of the pandemic. "The federal government gave really good basic directions to the provinces, and then the provinces are doing each of their own and New Brunswick has handled it very well" (PS5, personal communication, February 18, 2021).

5.1.2 Community engagement and interaction

When asked about opportunities for newcomers to socialize, participants described many ways in which community centers and NGOs engage the community to welcome newcomers.

F1 works at a community center in a public housing neighbourhood home to many immigrants and refugees.

[It is] one of the largest subsidized public housing neighbourhoods in Canada and it is unique in that it offers subsidized housing to refugees. Normally, you have to be a resident before you can receive such benefits. However, New Brunswick recognized that there was a need in 2016 when we had the Syrian response and they decided to eliminate that requirement for New Brunswick housing units.

We can anticipate, with the growth of the population, there will be a higher demand also for newcomer populations that have kids who are planning to get married and want to have their own households. We have very, very limited resources and it's no longer happening. Some of the refugee clients are forced to live in the marketplace because there isn't a subsidized unit available, or there isn't one that fits the size of the families. Clients with refugee backgrounds usually come with big families and, in the city as a whole, we have kind of a housing crisis, specifically for big households. Not everybody is able to buy a house or pay CAD \$1,700 a month plus utilities for a three or four bedroom [home] that they probably won't fit in to begin with. (F1, personal communication, February 24, 2021)

When asked whether the community center works to engage the community, she explained that children were an important part of bringing together a very multicultural community.

We build on education through kids because kids don't know how to discriminate...They learn that from adults. Especially right now, there's a lot of awareness about racism. We noticed over the summer that children were picking up on these things and noticing differences. So, we did a lot of educational programs with the kids, whether it was through activities or gardening to make sure that we're all inclusive. And we had a great response with the kids; we could see the kids are trying to get along much better. When kids get along, most parents get along and just create that atmosphere of community. (F1, personal communication, February 24, 2021)

F2, who works at the same community center, further explained that community engagement can also occur through neighbourhood celebrations.

We did do a couple of activities trying to make the neighbourhood more welcoming by helping the residents in the neighbourhood learn about some of the cultures that our newcomers were celebrating. We had a couple of celebrations in the summer. They were outdoors. They were amazing. It really brought the neighborhood together and helped people see their new neighbours in a different light. (F2, personal communication, February 24, 2021)

The community center was used by other locals to create social programs for newcomers. PS3 described how she became involved in organizing and leading a group for newcomer women to make crafts and socialize.

Speaking to the various groups around here, I realized that the women were really socially isolated within their communities. They were mixing in the community, but definitely not making any steps outside to meet other Canadian women and so on. I thought, well, that's probably the highest

priority, to give them empowerment with other Canadian women and to make contacts. I was looking at it from the point of ultimately helping them to integrate into the Canadian community rather than staying as a little monolith.

We learned, first of all, that what the women really wanted was to get out of the house for a couple of hours with no kids and no responsibilities just have fun. They wanted to meet Canadian women. Their English was pretty much non-existent and, even though they were going to classes, it was very early in the game. So, they were getting a chance to speak English [outside of] their classes. The friendship and the integration through friendship was more important than the actual product. (PS3, personal communication, February 3, 2021)

R5, a Syrian GAR who arrived in Canada in 2016, used to attend the conversation group every week. She lived next to the community center so knew about the group and was invited to join. They cooked together and socialized. She loved it because when she went, she was not feeling psychologically well, and this group was great for her mental health. She said that she used to wait for it every week as if she were going to see her family (R5, personal communication, February 17, 2021).

R3 described how she got to know the city and local community through an NGO and with the help of her neighbours. When R3 arrived in Saint John in 2016, she and her family took a city bus and toured the city together with a local non-profit organization to get familiar with local life. She also had neighbours who helped her. She said that she was happy with how this happened (R3, personal communication, February 19, 2021).

When asked how newcomers find programs and services available to them, F3, who works for a local NGO, explained that the federal government refers GARs directly to the NGO.

We would promote the services and programs we offer and [newcomers] could come in and meet with us to get signed up. Then, we work with them directly through the Resettlement Assistance Program. They're assigned to us essentially from the federal government. (F3, personal communication, February 25, 2021)

F3 also described some other programs that help newcomers get familiar with their new environment.

We do have some tutors and conversation clubs. We also have a curriculum-based program that lasts about four to six weeks, depending on if there's interpretation, and that's really to have a large understanding of life in Canada and what to expect. There are different modules on living in Canada, banking and finance, things like that. So, students often meet each other in that program as well (F3, personal communication, February 25, 2021).

5.1.3 Welcoming teams and private sponsors

According to most participants, welcoming teams for GARs and private sponsors for PSRs have been a major asset in introducing newcomers to the local communities, socializing, and practicing language skills. These individuals became family-like and strong friendships were often the result. F3 described the concept of voluntary welcoming teams for GARs.

We have a volunteer matching program. So, we can connect our newcomers with 'first friends', we call them. That's how some sponsors probably would have met some of their first families, as volunteers. So too, especially with GARs, we strongly use that program because of the needs in their first few months or first year in Canada. (F3, personal communication, February 25, 2021)

R5 described how a welcoming team assisted her in many ways. When she and her family arrived, they initially stayed in a hotel. The welcoming family helped them find a house and furniture. They also took her out shopping, to the beach, and to the park because she was not feeling psychologically well when she arrived (R5, personal communication, February 17, 2021).

R4 did not know anyone in Canada when she arrived in 2016. She said that the Canadian government did everything they could, but the main help came from her welcoming team who got her and her family accustomed to the local lifestyle. For her, the welcoming team was the main asset in the resettlement program (R4, personal communication, February 8, 2021).

PS2, who was a member of a welcoming team for one family and a private sponsor for another, said that one thing he didn't anticipate was a lasting friendship.

You're going to be friends forever. With the welcoming team you've got this four-month obligation and at the end they get handed on and you go back to your life. That's the way I had imagined how things would go. And I feel like that is not how things go, for better or worse. You have friends for life. (PS2, personal communication, January 26, 2021)

R2 was frustrated by the fact that her family was not assigned a welcoming team like other families, and she did not understand why. Upon arrival, she had some family members in Saint John who had arrived before her, and she knew their welcoming team. She said that everyone else that she had met had been through her own effort and that it was hard to network at first, despite being a social person. R2 believed that families who were assigned a welcoming team had an easier time adjusting because the team could take them around and introduce them to their network, while also speaking English (R2, personal communication, February 19, 2021).

For sponsored refugees, sponsors not only provided financial support for one year but took on a similar role as the welcoming team in terms of socializing with newcomers. Many private sponsors started out as welcoming team members and moved on to become sponsors later. PS5 described her role in introducing newcomers to programs within the community.

We would do social things with them. I don't think we ever introduced them [to programs] so that they would make friends, but I guess we went so that they were aware of various programs. [For example, there was] a newcomer group for English [and] another for women. The majority of the programs were through [a local NGO]. We took them to the library; [there was a program] for mothers to take their children. I'm not sure if we should [have been] pushing them to do things or not. We tried to just open a door and say, "here it is." (PS5, personal communication, February 18, 2021)

PS4 described the social activities and their frequency during the sponsorship and after.

At first, [we saw them] every day...[for] probably three or four months anyway...Little by little we didn't see them as much, but now we're going on five years. We're seeing them now maybe once a month or a couple of times. They would come to our house on a number of occasions, and we would have lots of barbecues out here. We live on a waterfront property and so they would come out swimming and fishing and they just loved that. (PS4, personal communication, February 16, 2021)

F4 described her role as a sponsorship agreement holder.

I help churches in Atlantic Canada who are looking to sponsor refugees from all around the world. My job is to educate, equip, and inform sponsors in Canada. I help with the application process and the paperwork. I'm the liaison between the sponsoring church in Canada, the visa office overseas, and [IRCC] in Ottawa. And then, once the family comes to Canada, I would monitor their settlement process for their first year through the sponsors. (F4, personal communication, February 10, 2021)

When asked how refugees build relationships with locals, she explained that, aside from private sponsors, organizations play a key role. "I think [a refugee's] first social community is usually the people that they meet through whichever organization they go to. I think that's where they...kind of reach outside of their sponsoring group" (F4, personal communication, February 10, 2021).

PS2 met one family as a welcoming team member. He observed that refugees' social ties are sometimes more family-oriented outside of the initial welcoming team or sponsoring group.

As far as I can tell, the only Canadians that they socialize with are us. The sisters are really close, and I think they socialize all the time. Any time there's a celebration, they cook together and eat together. (PS2, personal communication, January 26, 2021)

When asked about whether she believed the family that she sponsored had a lot of opportunities to meet with locals, PS1 explained that, according to her observations, both the children and adults of that particular family do not socialize a lot with locals.

The kids clearly have a lot of friends, but it doesn't look like they're socializing outside of school, even pre-COVID-19. For instance, it didn't seem like the daughter would visit other kids in the neighbourhood. She's not

really connected to them. I do think that some of the Syrian community get together. I think that the first family [we met] who arrived in 2016 was connected to a group, but I think they made it really clear that just because they're from Syria doesn't mean they're all friends...It is hard to tell, but from our perspective it doesn't seem like our families are meeting with a lot of locals. (PS1, personal communication, January 26, 2021)

When asked about opportunities for children to socialize, F3 explained how the NGO she works for has a team focused on this.

We have a youth team, so that team supports getting kids into school and registered and connected with different social and cultural clubs. A lot of parents are really concerned about their youth, but there seems to be a good transition. (F3, personal communication, February 25, 2021)

5.1.4 Barriers to socializing

According to the refugee participants, it is not necessarily that they do not want to socialize, but that there are barriers to doing so.

R1, a GAR from Afghanistan, described the initial challenges for socializing.

It is hard to meet people because [Saint John] is a small city. When we arrived, we were so busy getting documentation together, we didn't have time to socialize. Then, the holiday season was long, and the pandemic happened soon after. The process to become a refugee is long [and] confusing. (R1, personal communication, February 9, 2021)

R2 explained that before the COVID-19 pandemic she was very busy working. She said that only around 10 to 20 percent of her time was dedicated to meeting with friends on the weekends. Otherwise, she was busy with household chores and work (R2, personal communication, February 19, 2021).

R3 said that newcomers want to interact and communicate with Canadians but that it is very hard for them to do so without speaking the language (R3, personal communication, February 19, 2021).

R4 described how, after she arrived in Canada, she gave birth to her son and there were many serious complications. Because of this, she spent most of her time at the hospital. It was the same for her husband. After leaving the hospital, they

would go home and cook for their children. She attended a local conversation group, which was one of the very few opportunities for her to interact with locals. It was an effective way to be involved in the community. She said that, after three years, she was cut off from receiving services that she enjoyed at a local NGO. This was not enough for her because she was so involved with her son early on. The conversation group was an effective way for her to overcome that (R4, personal communication, February 8, 2021).

When asked about socializing during the COVID-19 pandemic, many participants described how their relationships were strained or put on hold due to social distancing measures. PS8 described how the pandemic changed the frequency and the nature of her visits with the refugee families that she had become friends with.

Before COVID-19, we would go over, get the kids, and go places but it's not possible right now. Now we do window visits, bring packages, but it has been very difficult connecting. I can see their house from ours. They're a five-minute walking distance away so that's very hard for me. I've got books for the kids, and I've had them here a few times but then every time we lock down, I am not comfortable with it, according to the regulations. [The families] are very careful to watch the [COVID-19 case] numbers. They were not sending their kids to school because there was a case at school. Even though [COVID-19] is the reason we're not seeing them, they must also feel like, "why aren't we getting together?" (PS1, personal communication, January 26, 2021)

R4 said that before the COVID-19 outbreak, she and her welcoming team had maintained a strong relationship. Since the outbreak, she explained that it was no longer easy to connect with them (R4, personal communication, February 8, 2021).

PS3, who was sponsoring a family that arrived in September 2020, described the difficulties of arriving under such conditions. They were reuniting with their family members after many years apart.

Due to COVID-19, it is not really possible [to socialize]. When the family finally arrived in Saint John, they were in isolation. They couldn't hug their

family or sponsors at the airport. We would drop off packages at their door and wave from a distance. It was difficult because they weren't supposed to visit their family, but since they hadn't seen each other for five years, they did anyway. We initially joined the family at their parents' house. They were hugging and crying. It was emotional. We [also] had them over to decorate the Christmas tree. (PS3, personal communication, February 3, 2021)

Regarding newcomers landing in Canada during the pandemic, PS1 described the social environment at the time.

I think it's been very tricky bringing newcomers into a community that is not coming out of their doors. I think it's terrible to come to Canada right now because people are masked, and they don't want to talk to you. They don't want to meet your eye. And so, I just think it would be a really hard time to arrive in a new place. (PS1, personal communication, January 26, 2021)

PS2 added to PS1's response.

I think arriving as a refugee is isolating. You are trying to find a place somewhere that's totally foreign to you and then to have a disease arrive that keeps everybody to themselves. I think it just totally magnifies the isolating part of it. (PS2, personal communication, January 26, 2021)

R7 believed that the hardest time for refugees to resettle during a pandemic would be at the very beginning.

They don't speak the language. [There is a need for] self-isolation. If someone went to a country where they could find peace, they would love to explore outside, but they'll be forced to stay home [during a pandemic], especially with kids. (R7, personal communication, February 1, 2021).

PS4 compared the situation with a family who arrived before the pandemic and another during the pandemic.

[They have] been oppressed for so many years and not allowed to walk the streets freely, [and] in Canada they can do whatever they want, [then] they have been put in a box. And with the family [who arrived before the pandemic], it works well. I know that because they're very family oriented; they all stay in one house a lot anyways. So, it's not like they're out in the streets. Even before COVID-19 happened, they were all about music and food and that kind of thing, so that hasn't affected them. But the newcomers are still staying in their home, and they haven't experienced freedom yet. (PS4, personal communication, February 16, 2021)

When asked how her social life has changed since the pandemic, R7 explained that she couldn't see friends because she had young children and wanted to protect them from COVID-19.

It is hard right now. I have friends that I didn't see maybe for more than six months now—my Canadian friends. And we understand the situation for each other. We are in contact by text or phone call, but we are not seeing each other. And that makes it hard for me because I love to be outside with people. I'm not scared for myself, but I am scared for my kids. If I need to go outside, I have a baby. She is only one year old. (R7, personal communication, February 1, 2021)

R3 explained that because of COVID-19, her children could not attend school, she stopped going to community programs and receiving physical services. She also stopped seeing friends and going for walks outside. This is difficult for her, but she is grateful that her family is ok (R3, personal communication, February 19, 2021).

From her perspective, working at an NGO with newcomers, F3 explained that, during the pandemic, one of the biggest challenges for newcomers seems to be the social isolation, which also impacts language learning.

You can't even visit between cities in New Brunswick. So, some of the isolation is a big piece of it. I would say even though things have gone online, it's not the same engagement. So, if you are doing classes online, you might be sitting and learning, but you might not be practicing your skills as much. (F3, personal communication, February 25, 2021)

F4 described her observations about the children of the family that she was assisting. She explained that they were socializing very little due to the pandemic, despite the family's wishes.

[Their mother] wants to get them involved in sports and extracurricular activities and most of those things just aren't happening right now. So that has been a challenge for them. I feel like the boys go out to school every day and then, when they come home, they're in. So, a big outing is to go get groceries or go to Walmart. Other than that, there really isn't much. I have been to their home. I consider myself to be like one of their caregivers [due to one of the children's health issues]. So even if they were spot checked for having visitors, I would argue that I'm providing an essential service to them. (F4, personal communication, February 10, 2021)

PS3 explained the benefit of PSRs versus GARs according to her own experience sponsoring a family whose sibling arrived as a GAR around the same time.

When the family [we sponsored] arrived, [we] had already built up a strong, positive, and personal relationship even though it was via text [messaging] and in three different languages...The trust was already built and there was existing communication. They also had their family in Saint John, who I knew personally. Their brother [who is a GAR] didn't have any personal connections outside of the family and so many things didn't fall into place for him. He didn't [seem to] feel as supported and personally connected. The people who were organizing his arrangements were really busy and they didn't have a family at their beck and call to translate. So, his questions weren't being answered as quickly. He knew he was going to be moved out of [his] house, but he didn't know when. It turns out, miraculously, they agreed that the oldest daughter here who was 19 or 20 is going to move in with him so that he has somebody to connect to and to help him. (PS3, personal communication, February 3, 2021)

5.1.5 Overcoming the barriers

Since the emergence of COVID-19, many alternatives to conventional in-person socializing have allowed newcomers, sponsors, NGOs, and local community centers to overcome the social distancing regulations. When asked how people are overcoming the social challenges relating to COVID-19, F3 explained that the NGO took action to stay connected with their clients by phone.

At the beginning of the pandemic, we took our entire database of client lists, called everyone, and just asked how they were and checked in with them. And so really just continuing to proactively check in with people and see how they're doing. (F3, personal communication, February 25, 2021)

PS5 explained how she overcame the social distancing barrier by meeting families outside.

Before the pandemic, we would have [the families] come to our house frequently, but there are too many family members, and you don't want to invite one family without another. It's almost too hard and certainly in the wintertime. So, we would do a lot of get-togethers in a park and have picnics. We'd do that on a regular basis. (PS5, personal communication, February 18, 2021)

R5 explained that, even after years, her welcoming team has been very helpful, and they felt connected and loved. So, even during the pandemic, they still see each other from a distance, and they have phone calls to keep in touch (R5, personal communication, February 17, 2021).

PS3 explained how she kept her conversation group going during the pandemic.

Through the summer, we managed to do some in-person stuff. We went to parks and had picnics where we set up lawn chairs in a huge circle. So, everybody was distanced, and everyone had masks to get there. We had to pick them up and drive them, but we had some really good times. We went to the beach where we collected stones and pebbles. We went to an art gallery and there were some [refugees who already lived in Canada for some time], whose English was fluent, and they were the artists there. They came in to speak to them and give them that sense that “you can do this.” (PS3, personal communication, February 3, 2021)

Another alternative to socializing in person is socializing online. Many participants were open to meeting online if given the opportunity. Some had already begun attending conversation groups that took place in person before the pandemic.

R6 was already used to socializing online from attending higher-level language classes that were blended in person and online. However, his wife said that she was less open to it because she has to cover up when meeting people (R6, personal communication, March 3, 2021).

When asked if she would be open to socializing online, R7 said she absolutely would be and that she wished she could meet people online (R7, personal communication, February 1, 2021).

For some, communicating by phone or online can be challenging. R1 said one of the major challenges of the pandemic was that she couldn’t meet people, network, or engage with the community. She believed that if she were able to, then she could possibly find solutions to her problems and relieve pressure in her life. Frustrated from being stuck at home all the time, she attended a conversations group

online, but it was difficult to communicate because the participants were newcomers from diverse backgrounds, who spoke different languages, and were different ages. She said that not everyone was on the same page. According to her, it was difficult to communicate even in person, so communicating online was even more challenging. R1 also explained that it was hard for her to communicate on the phone because she could not read lips or gestures and she found people to be impatient (R1, personal communication, February 9, 2021).

Although most participants were eager to join online social gatherings, some explained that they did not find the experience to be the same as in-person gatherings. R4 said virtual one-hour meetings were not enough. Being in proximity to others, hugging, and physical touch were lacking. This had a psychological impact on her. She had not met anybody new since the COVID-19 outbreak. She attended a conversation group online. So far, they had just been chatting. She also attended online sessions to learn about the Canadian Citizenship Test. (R4, personal communication, February 8, 2021)

R5 attended three Zoom meetings with a social group that she used to attend in person. She was quite happy with the meetings, although she missed the group members and felt that the group was incomplete when they were not together. She also used WhatsApp video calling to check on her family. (R5, personal communication, February 17, 2021)

R2 said that she used to socialize ten percent of the time, and with the pandemic, this changed to zero. She used to practice her English and socializing was good for her mental health. During the pandemic, phone calls and Zoom meetings have helped her, but she found that they were not as good as in-person connections (R2, personal communication, February 19, 2021).

PS1 explained that when she tried to reach out to the families that she welcomed and sponsored, it was hard to figure out how to reach everyone online.

It's Facebook messenger where I can get a hold of everybody. Although I feel like they changed platforms, so it's hit and miss. I don't have WhatsApp right now. My husband can connect with them through e-mail. The second dad to arrive in 2018 has better English than everybody else so we send him a message and he'll send it to everybody. (PS1, personal communication, January 26, 2021)

PS3 described how members of her conversation group were able to stay connected through phone calls, text messaging and social media.

One [volunteer] was telling me she gets calls or texts at least once a week from several of the women and they're practicing their English. There are people who follow us on Facebook. They're not commenting, but they're sending hearts and flowers. Every time I send out a message to the larger group, there's a bunch of them that will answer right away and say, "we miss you and we miss the group." (PS3, personal communication, February 3, 2021)

With the transition from in-person to online programming, some NGOs and community centers have decided to make digital literacy a priority. When asked what NGOs are doing to make connecting online easier for newcomers, F3 explained how they not only made laptops available but also trained newcomers how to use them to perform necessary tasks if they did not know how.

We are now doing digital literacy programs. So, if everything were to go completely online again, we can help better prepare, especially GARs as they come in. At first, when it was new to everyone, it was a little bit harder, but teaching them how to use the programs and a little bit about security and what not to share online, that kind of information has been helpful. (F3, personal communication, February 25, 2021)

On the same topic, F1 explained that the need for digital literacy is high in the community and that there are programs to address it, but the implementation is challenging during the pandemic.

Some people have the hardware, but [also have] a lot of difficulties is navigating the hardware... There isn't a lot of technology literacy that is in place. And I know, for example, we've been contacted by a newcomer center here in Saint John [who] wanted to do a computer literacy program actually

the same week...everything got shut down. And back in November, we were going to start and then things kind of halted. We do have a high need for people to learn how to use e-mail, how to browse the internet, and how to access information on the computer. (F1, personal communication, February 24, 2021)

5.2 Physical and mental health

This section will introduce the findings based on the interview data from the participants who discussed their experience or opinions on physical and mental health in Canada. Section 5.2.1 will introduce findings relating to physical health and section 5.2.2 will introduce findings related to mental health.

5.2.1 Physical health

In this subsection, I will first include newcomers' experiences with the local healthcare. I will then include experiences with access to physical healthcare during the COVID-19 pandemic.

According to most participants, newcomers tend to have serious health needs.

F4 explained her observations as a sponsorship agreement holder.

It seems we have a fairly significant number of people who have medical issues who come to Canada. And so, there's a lot of tension and frustration for newcomers when they come to Canada because overseas, if you need something, you go to the pharmacy at [any] hour of the night...you just tell them what you want, and they give you the prescription. You know, in Canada, you have to see a doctor [and] you have to get a referral. The doctor might or might not choose to give you the medication that [you want]. Our process is just very different here. For some people that's difficult. (F4, personal communication, February 10, 2021)

PS4 explained that, since his wife is a healthcare professional, one of the things she noticed was that newcomers "are lacking in a lot of healthcare issues. So, she right away took to that side of it...with the dental work, getting all their x-rays done, medical assessments, needles" (PS4, personal communication, February 16, 2021).

R2 had many issues with the Canadian healthcare system. She had no family doctor upon arrival and still didn't have one at the time of our interview. Since the healthcare system is based on having a family doctor, and because there are staffing shortages, she said, "it is a terrible system and terrible is an understatement. My husband had three different operations. When he is sick, he walks to the hospital and waits for hours and hours. He's been seen by multiple doctors" (R2, personal communication, February 19, 2021). She said that her husband had issues with his back, stomach, and feet. She explained that since they don't have a family doctor, every time they go to the hospital, they must explain the situation repeatedly. It is as if they are visiting the hospital for the first time, every time. She also mentioned that her teeth were falling out and she did not have insurance to fix them. She said it would cost her CAD \$10,000 to repair them and she simply couldn't afford it. She also took daily medication that she could not afford due to a lack of medical insurance.

On the other hand, R3 had a much better experience with the local healthcare system. Before resettling in Canada, she and her family were in Turkey. While there, she found out that she had a cyst in her throat. One doctor told her that she would need to have an operation that could make her lose her voice. She said that she cried every day because of this. When she came to Canada, she went to the hospital and the doctors gave her medication and told her there was no need to operate. She said she felt very relieved and that it was easy to see a doctor. She brought her medical records from Syria and Turkey so that made things even easier for her (R3, personal communication, February 19, 2021).

R4 had a lot of experience with the local healthcare system after giving birth to her son with complications. He was born with Down's Syndrome and, after six

months, he rapidly developed other symptoms that turned out be caused by Leigh Syndrome. The first outcome of syndrome was that her baby could not digest milk, so when she fed him, he would vomit. They had to feed him through a feeding tube. From a humanitarian standpoint, she found the healthcare services to be excellent. She said that she saw a great side of the hospital staff. In terms of her family doctor, everything was fine but if she needed a specialized doctor, an appointment would be booked six months to one year later. She said that the wait in emergency was also excessively long and difficult (R4, personal communication, February 8, 2021).

For many newcomers, communicating with medical staff is a challenge.

When asked if she was happy with the local healthcare systems, R7 said she was not.

Especially in New Brunswick? No, because it's so slow and sometimes hard for some people. If you have an issue and you need to know as soon as you can if you are [ok] or not...When we were learning English, some people helped us through translation and... from 2017 [to] 2018 the hospitals started to use 'Healthy Zone', a language line. But with my family doctor, no, I have never used any kind of help. He knows what I can understand. He communicated with me in very basic English and that helped me to learn. (R7, personal communication, February 1, 2021)

F2 explained that in many cases, those who don't speak fluent English are forced to find their own interpreter if they want to receive care.

A client who needed to have a dental surgery was told [that] if she shows up on Monday without an interpreter, they're not doing the surgery. So, she was expected to pay for the interpreter. It was maybe a Kurdish family and they ended up using one of their friend's nephews or something like that. A kid went with her who's obviously not fully equipped to do interpretation and that's too much pressure for him, but they had to, because that was the only way for her to get her surgery. So that scenario is not unique to dental surgery. We hear that left and right. [For example,] people who want to renew their Medicare cards [who] don't have an interpreter [will] likely to be turned away. You have no idea how many times I have clients come in with that note that says, "ask your settlement counsellor to contact me or bring an interpreter with you next time." And it can be frustrating because there could be a lot of back and forth. Our city is not yet fully equipped because the communication piece is missing. (F2, personal communication, February 24, 2021)

F5 described some of the challenges newcomers face when accessing healthcare.

There is not enough support in small towns for the health system. There is an interpretation line that doctors can call when seeing newcomers. This is not quite fluid, but it works. On the other hand, in-person translation has caused huge trouble. Some doctors won't accept in-person translation because it has caused misinterpretation. [One local NGO had an interpretation program] and shut it down because there wasn't enough screening during recruitment. There were confidentiality issues as well. (F5, personal communication, February 12, 2021)

Discrimination is also a barrier for many newcomers who seek healthcare services.

F5 explained that she has experienced discrimination when seeking healthcare services herself. In some cases, wait times may be increased because patients are not taken seriously. According to her observations, some medical staff do not understand or do not want to understand their patients.

There was one woman who was having a miscarriage. She knew it was a miscarriage, but the triage didn't believe her and said it was normal. The woman was wearing a hijab. In another case, a doctor's son went [to the hospital] for appendix issues. She said that if he didn't get help immediately, his appendix might explode. In this case, the nurse said that even if the appendix exploded it would not be a big issue. They'd have to wait. There is a broken system, staffing shortage with burnout and high stress. When you add the cultural component, it can leave room for less cultural sensitivity and more miscommunication. (F5, personal communication, February 12, 2021)

She also explained that when someone in the community hears those stories, they might feel more vulnerable and less likely to try to access those services.

While these scenarios describe newcomer experiences pre-COVID-19, it is also necessary to consider newcomers' experiences in the context of the pandemic. According to some participants, access to healthcare has become more limited during the COVID-19 pandemic.

R1 thought that the Canadian healthcare system was one of the best in the world and could handle the pandemic. However, she said that when she gave birth six months prior to the interview, it was difficult because, although she worked as a midwife in Afghanistan and had already given birth to three children, she still lacked a lot of information. She could not get a physical appointment until four months into

her pregnancy, and in that case, an online appointment or phone call would not suffice. She and her husband also missed an orientation for parents, information sessions, and infant playgroups. According to R1, the COVID-19 pandemic brought new challenges to doctors and not all the necessary information had been digitized so that patients could access it (R1, personal communication, February 9, 2021).

F4 described the case of a family she was working closely with at the time of the interview. Although as a sponsorship agreement holder she did not normally get involved directly with sponsored families, due to the needs of this particular family, she had to get involved.

There is a high medical needs child in that family. So, I follow him and see what is needed to support him specifically at that time. When we are in the orange phase, I tend to be a little bit freer, and I probably pop in once a week or every ten days. When we were yellow, I was in there a couple of times a week. And so, there's me [and] this nurse [who] goes, and there are a lot of appointments. So, when they are going to appointments, [the nurse] tries to follow all their medical needs and future appointments. (F4, personal communication, February 10, 2021)

F3 explained how the local community center typically provides some health services but could not do so during the COVID-19 pandemic.

We used to have a nurse that came once a week. She would come in and seniors, women, or any person that wanted to would...sit with her to have that ease. Sometimes we'd have a respiratory therapist come in and do breathing tests. We cannot do that anymore. (F3, personal communication, February 24, 2021)

F4 described some challenges for newcomers who wanted to access healthcare services in Saint John during the pandemic and in general.

I think there are still holes in our structure. When a family arrived, I went online and applied for their social insurance. You still can't go online and apply for Medicare. That is not an option. And I think there are challenges for [newcomers] to get good healthcare—somebody who can follow them—because there's a shortage of doctors here. In Halifax, there's a refugee clinic where they can go and be followed by somebody if they need to have tests. We don't have that here and our clinics aren't really setup to follow your care. So, it's difficult that we bring people here and don't have the resources in

place to support them once they get here. (F4, personal communication, February 10, 2021)

As a solution for newcomers to visit doctors without the need to go to a hospital or clinic, F2 described a program “run through Horizon Health where they're going to provide the priority neighborhoods with iPads and residents can come into an enclosed private space and have a meeting with a healthcare professional” (F2, personal communication, February 24, 2021).⁵

5.2.2 Mental health

The interviews shed light on a need for more accessible mental health services in the community that were exacerbated by the COVID-19 pandemic. This section will begin with general issues relating to newcomers’ mental health and will follow with the impacts of COVID-19 on newcomers’ mental health and ability to access important services.

During the interviews, several newcomers described not only the psychological stress of forced migration but also the continued psychological effects of being away from their family members who remain in dangerous situations abroad. R5 explained that when she left Turkey with some of her children, she was made to believe that the rest of her children would be coming on the following airplane. When she arrived in Canada, she realized that wasn't the case. As a result of leaving some of her family behind, she faced serious psychological trauma that she could not overcome because, even after five years, they still had not reunited. When she first arrived at the airport in Canada, she said that a welcoming team met with her, and her family and they brought her flowers, which represented hope for her in

⁵ Horizon Health is a regional health authority that operates hospitals and medical facilities in New Brunswick, Canada (Horizon Health Network, 2021).

that moment. She had seen a doctor for her trauma and found some relief in the friendships that she made through a conversation group. Despite this, she would not feel happy until the whole family was together again (R5, personal communication, February 17, 2021).

Some NGOs and community centers have attempted to provide relief for newcomers who experienced psychological challenges before and after arriving, but there appeared to be a general shortage of one-on-one counselling for newcomers. F4 described the shortage of Arabic-speaking psychological counsellors in Saint John as a barrier for some newcomers to receive support.

I think some of the settlement service providing organizations do some broader workshops or information sessions that anybody can attend. Now, most of those are probably happening online. Depending on the phase of restriction, sometimes they might happen in person. If somebody needed one-on-one counselling, I think in Halifax there might be a couple of Arabic speakers. In New Brunswick, Prince Edward Island, and maybe even Newfoundland, I'm not aware of any Arabic-speaking counsellors. So, it's a challenge for people to come and see a counsellor and have to bring a translator. Even just having to do translation slows down your capacity to communicate. So, I think there's definitely a hole there that that needs to be filled if we're going to continue to bring large numbers of people who don't speak English to our country (F4, personal communication, February 10, 2021).

F5 explained that “there is a mental health crisis line which is not necessarily suitable. Seeing a therapist is difficult. There has been suicide in the community” (F5, personal communication, February 12, 2021).

Social groups have proven to be an important outlet for newcomers who gained friendship and built trusting relationships where they could discuss their challenges or gain relief by focusing attention elsewhere. In this case, getting out of the house was particularly important, so the pandemic made things worse.

PS3 described how her conversation group helped newcomers navigate psychological challenges and trauma in the community.

Some men in the community committed suicide and [we] looked into depression, healing of the community and those parents whose children had chosen to die. We had sessions with an imam who talked about how that fits into the Muslim religion, as well as taking care of children. One woman lost a baby. A lot of hugging happened in the group and a lot more trust was built. (PS3, personal communication, February 3, 2021)

F3 explained how private funding has made some options for mental health support available to newcomers.

With mental health, we do have some funding to support crises. If someone is having a mental health crisis, we can support them to go see counselling, depending on the language. There are some online tools and providers of medical and mental health and specific interpretation services. So, connecting providers of those services has been helpful, but we also offer a group mental health initiative. We do it cohort based. We separate men and women, and we separate languages. It's about six weeks and it's really group therapy. It's an opportunity for people to come together and have conversations about what's impacting their settlement and how to overcome those [challenges]. Depending on the group dynamic and they might have lots of conversations about parenting or isolation. That's something that we received [private] funding to run. (F3, personal communication, February 25, 2021).

When support is not effectively made available to the newcomer community, it can be expected, as within the local community, that smaller challenges will eventually grow into greater problems. PS4 described a case of domestic abuse with one family that he met as a part of a welcoming team. The father of the family was successfully adapting to local life. He was eager to learn English, he got driver's license, and established a Syrian grocery store. PS4 also helped get him a job at the oil refinery where he worked. PS4 emphasized that this was just one problematic case among many success stories and this situation was not particular to the newcomer community in Saint John but happened in other communities as well.

I showed up at his place one time and he and his next-door neighbor were drinking beer, and that's not typical of the Arab [community in Saint John]. A short time after the birth of his third son, he said he's just too tired to go to work. And then I noticed that he had bought himself a CAD \$60,000 car and the local banks had loaned him the money to buy this car that he didn't have money for. So, it just started to spiral to the point where, just recently, we got a call from someone in the community [on behalf of his wife] because he would not allow her to learn any English, [informing us] that he had beaten

her quite severely. His wife...[is] home now with four children, pregnant with a fifth, can't speak any English, and he has taken everything from her... We were with him for the longest time, and we kept saying, "you're going to be the leader of the community here." He was really proud but then something just went wrong and I'm not sure what it was. (PS4, personal communication, February 16, 2021)

For many refugees, the source of stress and anxiety caused by having family members abroad and wanting to reunite has been made worse by the pandemic. R1, who arrived in Saint John just before the pandemic, said that it is a big struggle for her to not be able to support her family abroad. She wanted to bring her family to Canada from Afghanistan. This caused her a lot of stress, anxiety, and pressure. She was not able to sponsor her family at the time of the interview. She mentioned that being stuck at home because of COVID-19-related restrictions added frustration, not being able to meet people to discuss issues, to relieve the pressure, and to find solutions (R1, personal communication, February 9, 2021).

R7 explained that she did not face a lot of trouble sponsoring her family members because some of her friends helped raise money and complete the paperwork for her. She said that all she had to do was go to the airport and pick them up. The entire process took ten months. At the time of the interview, she was sponsoring her husband's family, but they were stuck because of the pandemic. She explained that it was hard because her family was processed so quickly before the pandemic. Her husband's family did not believe that she and her husband were sponsoring them despite having received the paperwork because the process was so slow. She emphasized that a lot of people were missing their family and it was extremely hard to live without them (R7, personal communication, February 1, 2021).

According to the participants, another source of stress and anxiety was isolation and being forced to stay at home. R4 said that in March, because everything

was new, she stayed home with her family in a self-quarantine for about 20 days. She made sure that her children were not in contact with anyone outside. For her, the psychological impact was much harder than the physical impact of the pandemic (R4, personal communication, February 8, 2021).

F2 described the effect of the pandemic on the community's morale, "we've really found, especially in this last year, how lonely people are. They're struggling to cope. That's not exclusive to this neighborhood, but it's certainly something that we've seen a lot of in this neighborhood" (F2, personal communication, February 24, 2021).

F4 explained the isolating situation in which newcomers arrived during the pandemic due to social distancing regulations and quarantine measures for travellers.

The pandemic has only made things harder and more challenging for people. I'm working with a family who arrived at the end of October [2020]. We met them at the airport but from a distance. There were no hugs. There were no handshakes. It was very cold and informal when they arrived. They were a large family loaded in vehicles. They loaded their own luggage. They offloaded their own luggage on the other end. Nobody went into their home with them to welcome them and have tea when they arrived, which would be culturally very normal to do. We explained all of that before they came and that they had to do 14 days of quarantine. So, for 14 days, they were kind of trapped in their place. They didn't speak the language [and] they didn't know anybody. (F4, personal communication, February 10, 2021).

5.3 The language barrier

According to the participants in this study, the language barrier appeared to be one of the largest challenges for newcomers. This section will cover the topics of local language learning, translation, and interpretation. The general findings on the topic will first be outlined and then those findings specifically related to the COVID-19 pandemic will follow

5.3.1 Local language learning

Most refugees in Saint John did not arrive with fluency in English or French, although some participants had some knowledge of either language before arriving from education received in their home countries.

When asked about how she learnt English, R4 explained that she arrived in Canada with some existing English knowledge from high school in Syria; however, she had some difficulty continuing to learn in the second year after her arrival because she was occupied with her pregnancy (R4, personal communication, February 8, 2021).

When R6 arrived in Canada, he didn't speak English at all because his first foreign language in Syria was French. His wife knew a bit of English and her sister, who arrived a few years before them, was able to help. R6 was attending intermediate-level LINC classes at the time of the interview (R6, personal communication, March 2, 2021).

R5 explained that, because she is Kurdish, she didn't speak any English or Arabic when she arrived in Canada. She said that there were only two Kurdish families in Saint John at the time. She learned English through LINC classes. She attended classes every day for three hours and eventually graduated at the highest level (R5, personal communication, February 17, 2021).

R7, who spoke English fluently, explained that she learned through her own efforts inside and outside of the classroom.

I started to learn English at the end of April 2016 and when I felt I was ready to work, I started in August 2017...I did lots of volunteering and I attended English classes beginning at level one. I think volunteering helped me improve the most. I'm not shy to speak or to ask for words. If somebody told me something, and if I didn't understand, I would ask if they could explain. I have never used Google Translate. I love to understand the words that are kind of stuck [in my mind]. (R7, personal communication, February 1, 2021)

When asked, from the perspective of a private sponsor, PS4 observed the English language learning progress of the family he sponsored. He explained that LINC classes alone were not enough to become fluent.

I am a person that believes [the desire to learn a language] has to come [from] within because I think the resources are out there to continue the learning after the LINC classes. From what I see, as soon as [the family] leaves, they go back into their house [and] they just speak Kurdish the whole time...It's hard to get across, but my wife and I both talked to them and said, "instead of putting on Arabic T.V., put on Canadian T.V. and listen to English even though you don't understand it, just get it in the background." (PS4, personal communication, February 16, 2021)

Learning local language(s) is already a difficult barrier to overcome. With the COVID-19 outbreak, additional barriers for many newcomers arose. When asked what she thought the biggest challenge for newcomers in Canada was, R3 said that Canadians are welcoming and friendly, that Canada is safe, but that the communication barrier is hard. She wanted to interact and communicate with Canadians, but it was particularly challenging for her without the necessary language skills. At the time of the interview, she was attending LINC classes. She started in person and then switched to online learning. She said that the transition was hard for her. She enjoyed her in-person lessons much more than her online lessons. Before the pandemic, she could practice with Canadians outside of her classes. She practiced with neighbours and with a conversation group in her community; they cooked together and there were lots of families there from every country (R3, personal communication, February 19, 2021).

Arriving during a pandemic when social distancing measures are implemented can put regular programming on hold and can set newcomers back as a result. Additionally, the shift to online education for newcomers who are not used to using the necessary platforms and tools can be discouraging. F4 described the

situation of a family that she was assisting who had arrived in Canada after the COVID-19 outbreak.

[They had] been here [for a long] time before they [could] finally get started in language classes...I think even that's been a struggle for them. They are doing it on Zoom, so I had to rethink their space, set up Zoom for them, show them how it works. Things that I think we take for granted...it's just one more level of challenge to figure out how to navigate those things.

The assessment process to figure out what level they [belong] in language classes was not a good system for them to be using. It's all online driven. I knew before they did this, that they were both going to enter level one because their English was so low...They had to read a story and then answer multiple choice questions. Multiple choice is not something that's common to them and they didn't have the capacity to read the questions. Then, they had to listen to something and answer the questions. Well, if you don't understand the language, it's just white noise in the background. They just couldn't participate. It was very awkward. That was a two-night process for them, and I would say, both times when I left their home, they were left feeling very defeated and very deflated. And again, these are educated [people]—he's a businessman. I just think we don't speak value into their life. (F4, personal communication, February 10, 2021)

PS3 shared her observations on the challenges of online language learning with the family that she was sponsoring mid-pandemic. She assisted them with their LINC baseline assessment but struggled to create suitable environment for them.

They had to write an English evaluation before they could go into English classes, and it was three hours of testing...They had to do it on the computer, and they were supposed to have a block of quiet time. So, I arranged that we do it in the apartment and one of them would be there with the computer and then they would leave and the other one would come. So, I get there, and dad and baby are there with the young couple and I couldn't get them to leave. Eventually, I got them to go to another room and closed the doors because of the noise...Then, a few minutes later, their mom and a young woman arrived at the door and then, [when] the kids got out of school, all the other kids came over. They just totally didn't get the quiet [they needed]. (PS3, personal communication, February 3, 2021)

F3, who viewed the situation from the perspective of the NGO that was running the classes, explained that there was not as much of a barrier at the higher-level compared to lower-level LINC classes and that, in any case, the interest to learn still existed.

The higher-level language classes were [already] blended online and in-person, so that transition was a little bit smoother. The hardest transition was for our literacy students who might not understand computer technology as much. But everyone still wanted to attend classes and wanted to learn. So, we've still been able to maintain pretty high numbers. (F3, personal communication, February 25, 2021)

F3 further explained how the organization was attempting to make the program more accessible by providing the necessary hardware and skills.

We work with a non-profit that gave us a hundred computers, which we were able to give out to families to keep supporting their online learning. We are also now doing digital literacy programs. (F3, personal communication, February 25, 2021)

When asked if the organization was sufficiently staffed and how it was adjusting to working with clients during the pandemic, F3 explained that increasing staff was a priority.

Our team is about 60 to 65 staff [members]. We're always looking to grow, especially with some of the stipulations with COVID-19 around [our physical] space and online. So, with our classes, we can physically have less students in [each] class. We want to look to expand that and, with online learning, it's harder to have your standard 15 students in a class. So, we're looking to reduce class sizes and increase [the number of] classes. (F3, personal communication, February 25, 2021)

When asked if there are any policy areas that should be improved in terms newcomer resettlement, F2 emphasized that newcomers should be treated with more flexibility when learning a local language.

I think we have to be more patient and more forgiving. We have to provide more options for language training. I've talked to a lot of [newcomers] who would really love to learn English and maybe the classroom setting is not working for them, but that's what the Canadian government says they've got to do. (F2, personal communication, February 24, 2021)

Literacy among newcomers presents additional challenges for conventional classroom learning. F1 explained that low literacy levels among newcomers makes it difficult for conventional learning to occur.

One of the main [challenges], if we're talking about somebody who is illiterate in their own native language, never set foot in a classroom, and I'm

not talking about 50-year-olds, 60-year-olds and 70-year-olds, the majority of the population that we got here in New Brunswick, specific in Saint John are...between 20 and 40 years old. So, we've got the youngsters [that are] illiterate...certainly in this neighbourhood. I think that creates barriers for people to even pick up the language. (F1, personal communication, February 24, 2021)

For children, it is difficult to engage with online educators when they arrive with no knowledge of English or French and when their parents cannot help them. R1 explained that, although she speaks English well, her kids could not participate in school because their lessons were online, and she could not motivate them to join because they did not understand. They did not speak English or French, so they were very bored. (R1, personal communication, February 9, 2021).

For R4, the social consequences were not her biggest concern during the pandemic as much as the changes around education. At the time of the interview, her daughter was in the eighth grade at a French school. She said it was extremely hard to get her committed to learning online. R4 could speak English, but she could not help her children with their French schoolwork. (R4, personal communication, February 8, 2021). Until newcomers felt comfortable and confident with the local language(s), translation and interpretation would be necessary to perform daily tasks.

5.3.2 Translation and interpretation

Welcoming teams and private sponsors proved to be helpful for newcomers who did not speak the local language(s). They could help newcomers directly with appointments or could arrange interpreters to assist them.

PS1 described how, as a welcoming team member and private sponsor, she was able to break the language barrier with the families she assisted through the help of a local NGO and through local community members.

I feel like the language barrier is still present even today with our families. [A local NGO] was great at pulling translators from the community to help with

things. It wasn't hard to get a translator to do particular things, but we were really lucky that one of my husband's students who came from Syria and who spoke English and Arabic was studying at the university. Because she knew us, she helped us. She was at the ready for things that we did, so she broke the barriers. (PS1, personal communication, January 26, 2021)

PS5 described how, as a private sponsor, she helped by attending doctor and dentist appointments and acted as a sort of interpreter, not because she could speak Arabic, but because she was used to communicating with the family, so she would speak slower (PS5, personal communication, February 18, 2021).

When relying on interpreters, newcomers sometimes faced issues maintaining their privacy. F4 shared her observations about families who wanted to do banking or visit a doctor but had to rely on an interpreter to help them.

Going to the bank has been challenging [for newcomers] because none of the banks here have Arabic-speaking staff and so...[even] if they wanted to maintain some level of privacy, they couldn't go to the bank on their own. [They're] always taking somebody to the doctor with them. More and more, the doctor is now moving to calling the toll-free number to use an Arabic translator. (F4, personal communication, February 10, 2021)

A major issue with interpretation is that there are simply not enough trained interpreters available, which has resulted in untrained individuals taking on the burden of communicating for their peers. F1 described the situation in Saint John.

We have a need in the city for interpretation services, whether it's at a doctor's office or through the legal system, the police, or anywhere that [newcomers] go where they are expected to provide their own services or pay out of pocket to hire an interpreter. We have a high need in the city because we received the most newcomers per capita in 2016.

We're struggling with Somali. The only Somali clients that live in the city are all refugees. So, they come themselves as refugees and in the same stream as all their other peers and then suddenly they're expected to be the interpreter for the whole community. And then it creates those burdens or sensitivities that "you are one of me and now you know everything about me" kind of thing. (F1, personal communication, February 24, 2021)

Sometimes having a familiar person act not only as a linguistic interpreter but also a cultural interpreter can help, especially with family members of the same sex. F3 described the benefits of family-linked sponsorships.

There are tons of newcomers here in Canada now and so regardless of what language they speak, I would say for most people it's not big a challenge to find somebody who speaks their language. The bulk of the sponsorships that we submit right now are family-linked. And so usually a relative can go [to an appointment], which is great because if a man is going to the doctor, he can take a male relative. If a woman is going to the doctor, she can take a female relative. Even in terms of communicating to a female that when you go to the doctor, if your doctor is a man and that's culturally not the norm for you, it's safe and you don't need to be embarrassed. Having a female relative who's already here, who can communicate that is helpful. (F4, personal communication, February 10, 2021)

5.4 Employment

Many participants indicated that finding suitable employment in Canada was a major challenge for newcomers. This section will begin with a description of the employment situation of newcomers in Saint John and barriers to employment. The additional challenges for newcomers to become employed in the context of the COVID-19 pandemic will follow.

5.4.1 Employment situation and barriers to employment

When asked where newcomers typically work in Saint John, F2 explained that the sectors in which refugees typically become employed tended to be low paying but that there were programs available for newcomers to learn new skills.

I find that most of the folks that we know here are doing call center or customer service jobs. They're definitely low earning. [For example], working at a dollar store, working at a grocery store, or working at a coffee shop. Some do seasonal jobs, such as construction or roofing. Quite a few are enrolled in programs for the department of post-secondary education training [at local] libraries. So, they're paid to attend programs that will help them find a skill or to become more skilled. (F2, personal communication, February 24, 2021)

F1 added that many newcomers in Saint John work in retail, transportation, and delivery services (F1, personal communication, February 24, 2021).

According to participants, there are several barriers for newcomers to become employed in Saint John. First, the language barrier for newcomers presents itself as a

hurdle. Most jobs require either English or French language skills in New Brunswick. It has taken some participants years to develop their skills in the local languages. Upon arrival, newcomers are often required to spend a significant amount of time in language classes, which prevents them spending time searching for a job, gaining work experience, or learning new skills. F1 described the challenge of those newcomers who are mostly illiterate but have some English speaking skills.

[Those newcomers who are illiterate] might have better spoken English, but there are certain jobs that require you to get a license or certification. For example, people who worked in as an electrician back home didn't go to school to become an electrician. They picked up the trade and they've been working in it for x number of years...They come here and they can't work in it unless they go to school, and they get a two-year certification from the community college. If you're illiterate, good luck, right? How are you going to, if you've never been in a classroom and now you have to be a student and do this in a foreign language? (F1, personal communication, February 24, 2021)

F3 described what one local NGO is doing to overcome the language barrier for specific jobs.

We offer sector-specific employment language training based on needs in the community. So, if we realize that there's a large need for childcare providers, we will do one on childcare and in that they're learning very specific language. They will go through training to do their first aid, things that are necessary for that field. So, we've done construction, truck driving, and we've recently done roofing. We've done childcare, hospitality, sales, and customer service. We tailor those programs towards the needs of the community and often help with job and volunteer placements too. We work with employers specifically if they're coming to us and saying, "I need to fill this job and I want to hire a newcomer," we try to match them with someone. We also work with the clients if they need to do a group practice interview. (F3, personal communication, February 25, 2021)

A second major barrier for newcomers, according to participants, was a lack of credential recognition. R1 used to work as a midwife in Afghanistan and explained that, due to the conditions there, credential recognition was a major challenge that she could not overcome. Because she has a family to take care of, she could not

restart her education in Canada. She said that instead she would like to work as a translator (R1, personal communication, February 9, 2021).

F3 described the situation of highly educated newcomers who cannot continue a career in their field of experience due to a lack of credential recognition.

It's very hard. Someone who comes from another country who's a doctor or a nurse cannot practice here right away. It takes a long, long, long time. Often, they have to go back to school. That's why you often have people with PhDs and doctors working low-level jobs, but we are trying to address that with... the Atlantic Career Loan Fund, which is a partnership with the Royal Bank of Canada to help support...someone [who] needs to go back to school for their credentials or needs or wants to start anew. [For example], support with tuition...[there is] a loan and it's at a lower rate for a newcomer. (F3, personal communication, February 25, 2021)

A third barrier is a lack of incentive for newcomers to work because they will lose their government assistance as a result. In Saint John, because many refugees have the opportunity to live in public housing, their rent is heavily subsidized by the government until they start working. Along with housing, monthly payments and additional medical insurance are also provided to them to cover costs such as medication and dentistry, which are not covered by public healthcare. Because most newcomers end up working in low-paying jobs that don't offer such benefits, there is little incentive to work. When these individuals, who have always relied on government benefits begin working for minimum wage, it is hard to manage a sudden rent increase. This is especially true for those who require expensive medication or dentistry. They believed that they are better off on government assistance than working in a low-paying job without benefits.

R2 explained that once she started working at a food-packaging center, she not only lost financial support from the government, but her rent increased. At the same time, the company she worked for did not provide her with medical insurance. When she became injured on the job, she was forced to quit in order to receive

unemployment benefits. She and her husband required substantial medical care, including expensive medication and dental work, so working in a low-paying job was not a sustainable option for her (R2, personal communication, February 19, 2021).

R4 said that her husband was working as a carpenter and had to stop working due to the pandemic. She said that if he got offered a job again, he would receive minimum wage and, if he accepted, he would lose his government benefits and their cost of living would increase. She explained further that paying taxes was also difficult for them. In her opinion, if they couldn't find suitable employment, working would be a disadvantage for them (R4, personal communication, February 8, 2021).

PS4 felt that newcomers usually didn't want to work because they could easily afford to live on government assistance.

When you only have to pay CAD \$450 a month for your heat, lights, and rent for a two-bedroom apartment, and you're getting a check for say CAD \$1,400 as social assistance, there's not a lot of drive to come off. I personally only know of one [newcomer] that runs a welding shop. He went and got a welding degree and he said, "I can't wait to get out and have my own house and my own car." Most of them don't [seem to] have an interest in working and if they work at all [they would] just be doing a taxi drive once in a while, or [food delivery] or something like that. Maybe it goes all the way back down to education, but it's also that we just make it easy for people to just come in and settle in. I don't know how you promote the will and desire to get off social assistance because that's supposed to be a safety net for people who can't work. So, my wife has to quite often say [to me], "it's not the first generation, but the second generation; if we can get those kids [educated], then the cycle gets broken." (PS4, personal communication, February 16, 2021).

F1 felt that nobody took the time to effectively explain government assistance to newcomers and this created an expectation of government support among refugees.

We had an influx of newcomers coming in the hundreds each day. So, I don't think that anybody is to blame particularly [but] nobody took the time to explain what New Brunswick housing is: What are the benefits? Why does it exist? And that it's temporary. Money wise, it's still better to be working than to be on income assistance because you're going to bring in more revenue. It's going to be physically more demanding...but it's definitely more beneficial.

But for somebody who has only found out that their rent is CAD \$300 for x amount [of months]...[and] all the people around them pay almost the same amount, and then suddenly [they will be] asked to pay CAD \$700 or \$800 for the exact same unit, it's a shock. We've had many newcomers that have been able to secure a job...They notice that their rent is going up...and they freak out and quit. Or, unfortunately, they're encouraged to work under the table because working under the table means that rent is going to stay the same, but revenue is going to go up, and income assistance is going to stay.

I can't say this for everybody, but when you live in such a small, concentrated area, it's hard not to compare. We're talking about refugees. They come with a mentality of 'we', there's no such thing as 'I'...the individual. If you ask specifically about the income assistance, they won't use the [term] 'income assistance'. They'll say, "this is my salary." So, it puts it in perspective. What [we] think of [as] support, they see as a salary. (F1, personal communication, February 24, 2021)

The fourth major employment barrier for newcomers is that many Canadian employers put a significant emphasis on having Canadian work experience. Those who have never lived or worked in Canada found it especially challenging to break through this barrier. When asked about barriers to employment for newcomers, F1 explained a combination of Canadian work experience and credentials are preferred.

[Canadian employers have] an expectation of you to have Canadian experience. So even if you were a CFO or CEO in your country back home, you come here and you can't just fit in. You have to start from scratch and build your way up. And for some people that come highly educated, it's hard to throw everything out the door and start from scratch. It's not easy for somebody to accept. Not to mention, sometimes it's the language barrier that prevents you from even getting a job in your field, sometimes it's your age, or you're overqualified because [employers] know that you were [previously] working as a CFO (F1, personal communication, February 24, 2021).

R4 explained that her husband worked as a carpenter for 25 years in Syria, specializing in damascene mosaics, but every time he had a job interview, they asked him about his Canadian experience, which he was really struggling to get (R4, personal communication, February 8, 2021).

F3 described two programs to confront the barrier among youth.

One is a youth employability program for ages 18 to 30, and it's an 11-month program where they're learning workplace essential skills and English. [The second is] a paid practicum to help [youth] get experience because they often lack Canadian work experience. That program has been very successful and we're about to launch an adult version of it. (F3, personal communication, February 25, 2021)

Some individuals have faced discrimination during the job application process. F5 was aware of an individual who had a foreign-sounding name submit her CV under her real name and another less foreign-sounding name. She received a call back for the CV submitted under the fake name but not her real name. F5 noted that there is a program called Magnet created by Ryerson University, which Human Resource departments can use to overcome the issue of discrimination during the job search process (F5, personal communication, February 12, 2021).

5.4.2 The impact of COVID-19 on newcomer employment

Given the need for measures put in place to prevent the spread of COVID-19, it recently became even more difficult for newcomers to find and maintain employment for several reasons. First, social distancing measures demanded that fewer people work in a single location at a time and made commuting with public transportation increasingly difficult.

R2 said she had chosen to work instead of relying on government assistance. She worked for a food packaging company, and she was the only one working in her household because of her husband's health issues. She relied on public transportation to get to work. Since buses were accepting fewer passengers, she sometimes had to wait for two or three buses to pass before she could board. For that reason, her commute became exceedingly difficult. Furthermore, her work shift would typically have six workers performing the necessary tasks but after the COVID-19 outbreak,

they decreased the number to two workers per shift. This meant that her workload increased significantly, although she did not receive additional compensation for her efforts. She said this was extremely hard for her. From March until September, she continued working; however, because she worked overtime, standing and packing everything that the machine was producing, she began to experience health issues. She eventually became tired and injured so she had to stop working. She received unemployment benefits for six months, but they eventually ran out. At the time of the interview, she was frustrated by the lack of government support she had received and a lack of transparency in government procedures. She wanted to regain the benefits that she used to enjoy before she started working (R2, personal communication, February 19, 2021).

R4 explained that both her and her husband were working until the COVID-19 pandemic started. They stopped working because of the pandemic and still couldn't work at the time of the interview. Although her husband's work making mosaics was valuable in Syria, he couldn't find a similar job in Canada, so he worked temporarily as a carpenter for a charity making chairs, tables, and doors. He was only able to work for one year before the pandemic began (R4, personal communication, February 8, 2021).

Before the pandemic, R6 worked as a food delivery driver and a barber. He was able to continue working as a delivery driver during the pandemic but could not continue barbering. He used to have clients from his social circle, but it had slowed down significantly when people started to keep a distance to avoid getting sick (R6, personal communication, March 3, 2021).

As jobs and job searches shift to an online setting, newcomers face new challenges in accessing the job market. F1 explained that it is not only necessary to

have hardware, such as laptops or smartphones, but newcomers should also be able to use them for specific tasks.

If they don't have hardware that will be problematic... and, even access to documents, whether it's a tax form or a pay stub, we often have people e-mail us a link that we can [use to] download and print something off for them because they don't have printers. We are actually just applying for a grant now to get a laptop where folks can come in and give them more room to be able to access the Internet that way. (F1, personal communication, February 24, 2021)

Without the capacity or opportunities to work, newcomers are not only affected in their daily lives, but also face challenges raising money to sponsor their family members to join them in Canada. The process is extremely costly and earning money from a low-paying job or government assistance is insufficient. The COVID-19 pandemic has made it harder to raise the necessary funds to sponsor loved ones.

At the time of the interview, R4 was trying to sponsor her brother-in-law's family to come to Canada. They relocated to Turkey two years prior, and he lost his job during the pandemic. She said that it used to be easier to sponsor family members. A church endorsement was required to do so, and in recent times, the churches stopped doing this. When they finally found one who would, the only condition was that she raise all the funds before they endorse her. She said that she would need to raise CAD \$60,000 to sponsor her family. They were able to find a volunteer group to help fill out the paperwork, but they got stuck financially. She explained that during the pandemic, raising money became increasingly difficult. Before the pandemic, she could fundraise by selling food in schools and public places, but during the pandemic she had to sell it from home and struggled raise the necessary funds (R4, personal communication, February 8, 2021).

PS3 explained that the COVID-19 pandemic actually gave her new opportunities to raise money for her sponsorship.

One positive thing was that [the pandemic] gave me an opportunity to make and sell masks for our sponsorship. I have been fundraising by selling craftwork. I normally sell at markets, but they have mostly shut down. Now I sell online via Facebook and that proved to be as productive as selling in markets. In some ways it's easier because I don't have to commit every Saturday. Another plus is that people have started to shop locally more and more and so I'm getting more commissioned work, especially around holidays like Christmas. (PS3, personal communication, February 3, 2021)

5.5 Travel insecurity

One of the largest challenges that the COVID-19 pandemic introduced for asylum-seekers was the sudden and unanticipated closure of national borders as well as travel bans from some countries. According to participants, many refugees had been barred from entering Canada suddenly and indefinitely, despite seeking refuge from life-threatening conditions.

R5 was supposed to finally reunite with her son and his family after five years. Her son had been privately sponsored and was given a travel date. She described how she had prepared baked goods for his arrival and the day before they were supposed to travel, the Canadian government closed the borders to all those who didn't have citizenship or permanent residence. It would be six months before they could finally make it to Canada. She explained that upon arrival, the family would have to quarantine for 14 days so they could not go out to get food or anything. This meant that they had to secure food and necessities beforehand (R5, personal communication, February 17, 2021).

When asked, to her knowledge, how COVID-19 had impacted the refugee resettlement, F4 explained that there were many refugees whose applications were put on hold due to the border closure.

There's no rule book for this and so, we have lots of refugees who are stuck, whose applications are ready to be approved and would be ready to come to Canada. And, yet there just isn't provision for them to travel and come to Canada. That certainly is a challenge and families who are here know how

bad it is for refugees in other parts of the world right now. (F4, personal communication, February 10, 2021)

When asked what she thought the biggest challenges were for newcomers and sponsors during a pandemic, PS1 believed that the uncertainty of travel would be one of them.

I think that you can actually be brought right to the point of coming and then have things fall through, which I think has got to be one of the worst things that can happen. I think what's worse than just being in the camp and not having the option to come, is giving everything up and then being left out, hanging to dry. I think [the insecurity of travel] would be weighing on me pretty heavily right now if I were trying to bring a family over. (PS1, personal communication, January 26, 2021)

PS3 who was sponsoring a family that was supposed to come to Canada as everything was being shut down, explained the trouble this causes refugees abroad.

The family, [who were in Turkey], gave away all their earthly belongings. They gave up their apartment and apartments were hard to come by. Apparently, there were a lot of people [who] wouldn't rent to Syrians and there were certainly some who wouldn't rent to Kurds. That was another thing... We had to give them the money for the bus ticket to go to Ankara [to then travel to Canada]. Then they needed a bus ticket to come back and [then] they had nowhere to live. They had nothing except what was in the suitcases. So, we don't have the entire details because they don't like to talk about it now, but it sounds like they couch surfed with relatives [for some time]. We sent extra money. We were sending them money every month for a really long time actually before any of this happened, before we had even gotten the money raised because the family was just not able to function without it. (PS4, personal communication, February 3, 2021)

PS3 also explained that a sibling of that family had been accepted to become a GAR with her husband and children.

[They have] a little girl who has quite severe asthma and the conditions they're living in are so horrendous. So, I think they made the cut because of that. But then one of the things that happened was there was a general slowdown on the GAR program. I think that it was overwhelmed. Then, just about the time we thought they were going to be coming, she got pregnant, so they [were] put in the back of the line again. And then, of course, COVID-19 as well. I think everything together conspired to stop them. (PS4, personal communication, February 3, 2021)

CHAPTER 6

DISCUSSION

In this chapter, the meaning of the findings, as outlined in the previous chapter, will be discussed. Specifically, the patterns in participant responses will be analyzed to determine what they mean according to the theoretical framework from Chapter 2 and the empirical research and statistics from Chapter 3. This discussion will articulate how the qualitative data from this research can expand on the existing empirical literature and contribute to the knowledge on refugee resettlement and public health by considering the unique context of the research, thereby filling a gap in the literature.

The discussion will be divided similarly to the previous chapters, leading with social cohesion, followed by a discussion of the findings on physical and mental health, language barriers, employment, and travel insecurity. An additional section will discuss the role of private versus public institutions in facilitating refugee sponsorship in the context of the COVID-19 pandemic. The chapter will finish with recommendations for further research.

6.1 Social cohesion

To begin the discussion of the findings, it will be necessary to revisit the logic behind social cohesion being chosen as a major topic for this thesis. Recalling the literature, when new minority groups are introduced to other minority groups or a majority group through migration, these groups can live independently alongside one another or integrate (McBrien, 2005; Bloemraad, Korteweg, and Yurdakul 2008; Kolbe, 2016; Zolberg and Woon, 1999). Simply put, when a community lives in

harmony with one another, it can be said that they are cohesive. Several factors, outlined in detail in the previous chapters, can contribute to the occurrence of social cohesion between newcomers and locals. The extent to which a society should be cohesive at the expense of diversity, is another debate to be had. The purpose of this thesis is not to determine how cohesive Saint John should be or, in fact, is. Rather, this thesis seeks to identify what new dimensions COVID-19 has brought to refugee resettlement in Saint John, taking into consideration the idea that a cohesive society is a desirable outcome for a community that welcomes newcomers, while maintaining a certain amount of diversity. To have this discussion, some indicators of social cohesion discussed in previous chapters: the presence or absence of common goals, social interaction, and trust in community members and institutions have been chosen for analysis.

To begin, keeping in mind the context of the COVID-19 pandemic, the first two indicators, the presence or absence of common goals and interaction, can be linked in an interesting way. The COVID-19 pandemic has created a rare opportunity for newcomers and locals, who might otherwise have entirely different goals and priorities, to unite almost universally to achieve one specific goal, which is to limit the spread of a communicable disease. The disadvantage of this goal, however, is that to achieve it, social interaction must be severely limited. If interaction between newcomers and locals can help diminish negative local attitudes toward newcomers, as the literature claims, it should not be forgotten, even during a pandemic.

The findings show that limiting the spread of COVID-19 has been an important goal for all participants. They all took social distancing measures very seriously and limited their social interactions significantly. Participants also

indicated that they trusted members of their community, as well as their local government and institutions to work toward achieving this goal.

According to the findings, there were many opportunities for newcomers to interact with locals in Saint John preceding the COVID-19 outbreak. NGOs and community centers provided meeting points where welcoming teams, private sponsors, and newcomers came together for the purpose of social interaction and community building. The findings showed that these interactions between newcomers, welcoming teams, private sponsors, and neighbours created lasting and genuine friendships, as well as a community atmosphere in a diverse, low-income neighbourhood. These interactions, however, usually happened in a space deemed unsafe during the pandemic. Therefore, since the COVID-19 outbreak, many of these social interactions had been limited. As a result, important relationships between newcomers and locals became increasingly difficult to maintain.

Several sponsors indicated that they were very hesitant to visit newcomer families for the safety of all parties involved and expressed some guilt that they could not do so. Likewise, refugee participants indicated that they had limited their social interactions to only seeing family members and were extremely cautious even when walking on the street or sending their children to school. To build and maintain relationships with the same level of interaction that occurred pre-pandemic, new forms of interaction needed to happen. Welcoming teams and sponsors resorted to window visits, dropping off packages, and occasional home visits when allowed. Conversation groups and community-building events successfully took place outdoors with caution. However, these were limited mostly to summer months when the weather was more suitable for gathering outdoors. As an alternative, social interactions shifted online.

Empirical research indicates that social media can be a useful tool for social interaction when meeting in person is not possible (Marlowe, et al., 2017). My findings confirmed that this was also true in the context of a pandemic. Social media, instant messaging, and video calling proved to be especially useful when social distancing measures were put in place. However, my findings also showed that interactions through these platforms could not entirely replicate in-person socializing and were only the best case when nothing else was possible. The reasoning behind this stems from accessibility and communication issues, a lack of physical contact that participants found important, as well as distractions in the background of social interactions. All participants had moved their social lives online via Facebook, WhatsApp, video calling, e-mailing, or Zoom, but still missed in-person interactions deeply.

To confront the issue of accessibility, NGOs and community centers digitized their programming to the best of their abilities and prioritized digital literacy training. Welcoming teams and private sponsors also worked to facilitate newcomer participation in online programming, such as social groups or online classes, by setting up an appropriate space for the newcomers partake.

While social interaction between newcomers and locals remained possible with effort from the community, it is also necessary to consider what the pandemic meant for local fears of job loss, social service exploitation, and a shift in local culture and norms. Could these interactions bring about a desirable amount of cohesiveness in such a context? In terms of social service exploitation and job loss, the findings indicate that there is a perception among locals that newcomers are not willing to work for the sake of continuing to access government assistance. The findings also show that many newcomers do, in fact, rely heavily on these benefits;

however, it is also important for locals to understand that they are not doing so simply because they are lazy and unwilling to work. The reality is that there are many difficult barriers for newcomers to overcome before they can obtain a decent-paying job with adequate benefits. COVID-19 has added a whole new dimension to these barriers, which will be discussed in greater depth in section 6.4.

Regarding the fear of a shift in local cultures and norms, the findings show that instances of racism have indeed occurred in the neighbourhood where many newcomers are located. These can be addressed through community engagement activities that served to increase interaction between members of the diverse community. The activities took place during the pandemic and were made possible because they happened outside. However, virtual events for the purpose of community-building had not yet been explored by the participants at the time of research.

According to the literature, local minority groups who share a similar identity with newcomers can help them get settled, yet opportunities to and a willingness to interact with the majority group should exist to help prevent marginalization (Kolbe, 2016; Ortmans & Madsen, 2016; Shields & Behrman, 2004). According to my findings, some newcomers integrated well with the majority group through their own efforts, while others remained more isolated within their ethnic community or within their own families, despite the involvement of welcoming teams or private sponsors. While most of the refugees who arrived in Saint John in 2015 and 2016 were GARs with no family or friends in the city, many of those arriving later were reuniting with their family members. In these cases, family members, rather than sponsors or welcoming teams helped to familiarize the newcomers with the unfamiliar environment. During the pandemic, this was helpful because the social barrier did

not exist within families and trust was already built; this could not be easily achieved with strangers during a pandemic.

On the other hand, the pandemic could mean that, as a result of fewer opportunities to socialize with strangers, newcomers could remain isolated within their family bubble even more so, possibly resulting in marginalization. Social groups and neighbourhood events that take place outdoors or online, including those that focus on interaction of children and youth, could be key to breaking this cycle if they can be done safely.

6.2 Physical and mental health

A second area that all participants spoke extensively about, regarding the refugee resettlement experience in Saint John, was physical and mental health. According to the findings, many newcomers who arrived in Canada required physical medical care and many also required psychological care. Most of the refugees interviewed had serious medical needs within their families at some point upon or after their arrival in Saint John, and several of them required continuous care. Under the conditions of a pandemic, where hospitals were operating at a higher-than-normal capacity and doctors were forced to limit regular appointments, newcomers faced difficulties receiving the care or obtaining the information they needed. The discussion on these findings will be separated into a subsection on physical health followed by mental health.

6.2.1 Physical health

According to the literature, refugee populations may have greater vulnerabilities during a health crisis due to a possible lack of awareness of resources and how to access them, a language barrier, discrimination, and financial difficulties (Wickramage et al., 2018). My findings were consistent with previous studies in that they indicate that newcomers' barriers to accessing physical healthcare were not speaking the local language, facing discrimination, and experiencing long wait times. Additionally, not having a family doctor presented a huge challenge for one participant. The COVID-19 pandemic has added new dimensions to each of these barriers.

First, learning the local language has become increasingly difficult for newcomers who arrived in such a context. This issue will be discussed in depth in section 6.3. The findings show that untrained community interpreters can be a source of misinterpretation, an invasion of privacy, and of pressure from taking on the role while not being prepared to do so. For physical health services, a toll-free phone interpretation service has proven to be an effective solution. This is especially advantageous when social distancing measures exist and when the number of non-patients in hospitals should be reduced.

Second, the findings show that there is a medical staff shortage in Saint John, which has resulted in a high-stress environment for both staff and patients. This has led to miscommunication and instances of discrimination, where patients were not taken seriously. Stretching the healthcare system even further with COVID-19 could result in more instances of discrimination and miscommunication. One solution is to provide the budget and incentive for increasing hospital staff and family doctors in Saint John, especially those who represent the community that they serve. If

newcomers know they can access and trust medical institutions, they will be more likely to seek medical care; this is necessary to overcome a pandemic (Wickramage et al., 2018). Increasing the staff in such a way should not only lower instances of discrimination and create an environment for effective care, but also reduce waiting times in hospitals. During a pandemic, reducing the number of patients in hospitals should be a priority.

Another way to reduce the number of people filling hospital waiting rooms during a pandemic, while also facilitating newcomers' access to healthcare is to provide the resources directly within their communities. According to the findings, this is being done by one community center who intends to setup an iPad in a private room for the purpose of virtual appointments with doctors. Wi-fi hubs in low-income neighbourhoods will also help patients reach doctors from home.

Finally, the literature suggests that since recent immigrants in Canada are more likely to live in poverty than established migrants and Canadian-born individuals, they are also more likely to experience malnutrition, stress, and crowded housing in low-income neighbourhoods where viruses can disproportionately flourish (Statistics Canada, 2021f). Based on the findings, it is true that, in Saint John, newcomers tended to live in overcrowded housing in low-income neighbourhoods, which made them more vulnerable to COVID-19 than other neighbourhoods. At the time of the interviews, however, none of the participants had contracted COVID-19, nor did they know anyone who had. This could be a result of low case number in Saint John compared to other cities across Canada. It would be worthwhile to compare the situation in other cities for further research.

6.2.2 Mental health

In terms of mental health, one rather unexpected finding of was the lack of one-on-one psychological support available to refugees in Saint John. The findings show that, although there is a need for Arabic-speaking mental health professionals, due to the influx of newcomers from Syria since 2015, there are none in the city. As a result, newcomers were forced to source their own interpretation services, which can be costly and can slow down the flow of communication. Family members or members of the community end up interpreting for others, leaving room for a breach of privacy regarding sensitive issues.

Much like in previous studies, the findings of this research revealed instances among newcomers of trauma, suicide, miscarriage, domestic abuse (Evra and Mongrain, 2020; LaRochelle-Côté and Uppal, 2020). Further, my findings were also consistent with the literature that claimed in that stress related to meeting financial obligations, job loss, and socializing with others were in fact concerns of recent immigrants during the COVID-19 pandemic. Additionally, my findings showed that the psychological effects of physical health issues and the concern for family members living abroad in precarious situations with limited opportunities to reunite were of great concern. Some participants indicated that the psychological impact of being separated from loved ones made it more difficult to overcome existing psychological challenges that they faced and that they could not find relief with a lack of opportunities to meet with family and friends.

In Saint John, support is more readily available in the form of group therapy, workshops, and informal conversation groups led by local NGOs and community members rather than one-on-one therapy. The findings show that group therapy and social support provided some relief to newcomers. Facilitating new friendships and

creating a safe space to talk about challenges and experiences, and to become aware of issues faced by other newcomers proved to be an effective way for many to confront feelings of stress, anxiety, and depression. However, in the context of the pandemic, the participants were not as satisfied attending these meetings online compared to in person. The reasons provided were that they felt relief and connection through physical touch, such as hugging, and had difficulties connecting and communicating online, which slowed down the flow of their interactions. Furthermore, there could be a concern of privacy when individuals join these groups from home or in a public outdoor space.

Funding for one-on-one psychological support for newcomers exists but the language barrier is ever-present in Saint John. As with physical healthcare providers, there should be an initiative to recruit multilingual psychologists in regions where large numbers of refugees resettle. Furthermore, when in-person visits are not possible, as with regular doctor's appointments, iPads could be setup in local community centers in private rooms for those who would like to speak to a psychologist outside of their home but cannot make it to the neighbouring city where foreign language psychologists are available.

6.3 The language barrier

As outlined in the literature, one of the determinants of whether and to what extent migrant integration will occur is a familiarity with or ability to learn the local language (Phinney et al., 2006). Previous studies in refugee integration and adaptation in Canada indicate that the language barrier is one of the greatest challenges for newcomers (Danso, 2002; Agrawal, 2019). Specifically, finding a

spot in a language class and having opportunities to practice English were barriers to learning the local language(s) (Agrawal, 2019).

My findings are consistent with existing empirical research in showing that language learning is one of the greatest challenges for refugees who settle in Saint John. Although some participants in my study had some knowledge of French or English from education they received in their home country, they tended to have a very limited capacity to communicate upon arrival. Furthermore, some refugees who arrived in Saint John were illiterate in their native language and had not received significant formal education. This meant that the conventional classroom setting available to refugees in Saint John was not always effective. This was only exacerbated by the pandemic when students were expected to attend online LINC classes.

According to the findings, literacy students who had very limited knowledge of English or French struggled immensely when completing their language evaluation online. It was found that online learning was challenging even for those who had previous experience with formal education. The findings showed that many refugees in Saint John lacked sufficient digital literacy skills to navigate the necessary online platforms and programs. To address this issue, local community centers and NGOs facilitated hardware loans for newcomers to access online LINC classes; they were also developing digital literacy programs for newcomers. A critical area for further research would be the design, implementation, and effectiveness of digital literacy programs for newcomers. Unless the digital divide is effectively addressed, it will be hard for newcomers who resettle during a pandemic to overcome the language barrier. As a result, other areas of the resettlement process, such as finding a job and interacting with locals, could be delayed.

Outside of the LINC classes, newcomers were able to practice their language skills with welcoming teams, private sponsors, or conversation groups. This complemented classroom learning nicely for many. Unfortunately, when meeting in person became difficult, so too did practicing the local language(s). The findings indicated two solutions to overcome this challenge. First, newcomers were sometimes able to meet with locals in a safe outdoor setting, which some did, while others were reluctant. Second, some newcomers practiced their language skills through social networks, instant messaging, or video calling when possible.

6.4 Employment

Existing research shows that becoming employed is one of the biggest challenges for refugees in Canada. My findings are consistent with the research that claims the barriers refugees typically face when seeking employment in Canada are the language barrier, difficulty with credential recognition, and a need for Canadian job experience. Three additional barriers that I found were a lack of incentive to work and give up government assistance, a poor labour market caused by COVID-19, and health-related barriers.

First, as discussed in section 6.3, since most of the refugees who arrive in Canada do not speak the local language(s) upon arrival, they are required to attend LINC classes. It can take several years to gain the fluency required for some jobs. If language learning is delayed, which has been the case during the COVID-19 pandemic, then becoming employed will also be delayed. While newcomers lose time waiting to be placed in LINC classes or trying to acquire language skills through practice, they may lose time working on other skills necessary for work,

such as learning a new trade or going back to school to gain accreditation in their field.

Second, credential recognition is a complicated process that forces many highly educated and skilled refugees to work in low-paying jobs or not at all. According to previous studies and in line with my findings, many qualified newcomers were not able to join the labour market because their credentials were not recognized, and they could not or were not willing go back to school to obtain Canadian credentials at that stage in their life. Additionally, the findings show that newcomers who have worked in trades for many years in other countries, and who had learned on the job rather than through formal training, were not able to find work in Canada because their training was not considered legitimate.

Third, my findings show that Canadian experience is a barrier for newcomers to gain employment in Canada. Given the circumstances of the COVID-19 pandemic, it is even harder for newcomers to gain Canadian experience, either through volunteering or training programs when many programs are shut down or limited to prevent the spread of COVID-19. This will set newcomers back even further. With social distancing measures in place, job placements and in-person training could be exceptionally challenging and risky.

Fourth, the findings show that a major barrier for refugees to work in Saint John is that there simply isn't incentive to do so. It is not that newcomers do not want to work, but rather that it appears disadvantageous for them to do so. Even if a newcomer can overcome the language barrier, credential recognition, and the need for Canadian experience in a troubled labour market, they will lose their health insurance, subsidized housing, and monthly financial support once they start working. While there are many refugees who have found work in Saint John, once

they realize that they could lose their health benefits and must pay for expensive dentistry or medication, for instance, as well as relatively high rent for the same overcrowded home that they and their neighbours received for less, the incentive to work is relatively small. Of course, these factors coupled with the risk of working during a pandemic create an environment for dependence on, rather than exploitation of social benefits. The perception of government assistance as a type of wage for many newcomers does not help. For future newcomers, the purpose of social benefits should be effectively presented as temporary measures for those who absolutely cannot work and the dependence of newcomers on social assistance should be addressed through confronting the barriers altogether.

Fifth, there are many refugees who cannot work due to the health-related issues, which have been made worse by the COVID-19 pandemic. Most of the research participants described serious health conditions in newcomer families or even regular pregnancies that have legitimately prevented them from working. Moreover, and relating to the previous point, if they did work, they would lose medical insurance that would not likely be replaced by an employer in the types of jobs available to recently immigrated refugees.

Finally, one must determine whether it is worth the health risk to work at all during a pandemic. As previously discussed, refugees could be at a greater risk of contracting COVID-19 than other groups for several reasons. One could understand why a newcomer would choose not to work in conditions that would put them, their family, and their community at risk of contracting a potentially fatal and highly stigmatizing virus.

6.5 Travel insecurity

Perhaps one of the most unanticipated consequences of the COVID-19 pandemic was the sudden uncertainty of travel caused by travel bans and border closures around the world. What was an inconvenience for most Canadian nationals and residents, was a threat to the lives of countless refugees. My findings show that, when the Canadian border was closed for non-citizens and non-residents to stop the spread of COVID-19, refugees were left stranded in precarious situations, despite already being in the process of relocation. Some refugees, who had been approved and who were set to travel to Canada were left without a job, finances, a home, security, and suddenly additional health concerns during a pandemic. At the same time, Canadian citizens and permanent residents had the freedom to travel to and from Canada for leisure, only to suffer the relatively minor inconvenience of obtaining a negative COVID-19 test and quarantining upon return at their own expense. As the literature states, policies that are not universally applied can give the false impression that foreigners are disease-carrying and that a disease can be contained abroad, leaving refugees stranded and stigmatized (Illingworth and Parmet, 2017; Wickramage et al., 2018).

The purpose of this research is not to discredit the need to protect the well-being and safety of those individuals at embassies, consulates, and NGOs required for case processing. There was a need to also ensure that sponsors would also still be able to support the refugees in Canada during the COVID-19 pandemic. However, the danger that these refugees were put in is undeniable. This pandemic should serve as a precedent in handling increasingly urgent refugee cases under such circumstances. How that can be done is certainly an area for further research.

6.6 The role of public and private institutions in refugee resettlement

In Saint John, it is evident that there is a balance of public and private institutions working together for effective refugee resettlement. First, refugee resettlement in Canada is relatively unique in that the government has shared the responsibility directly with private individuals. GARs receive support from the federal government and from volunteers and NGOs, while PSRs receive support from private individuals in cooperation with sponsorship agreement holders, which are typically churches in Saint John.

Furthermore, the federal government, specifically IRCC allocates funding to NGOs that directly support GARs and PSRs in getting settled. For example, NGOs provide LINC classes, orientation services, and welcoming teams with the support of public and private funding. Individual and corporate donations to NGOs in Saint John have also been collected to address issues relating to mental health and employment.

Individual Canadians, often as welcoming teams or private sponsors, use their personal networks and resources to assist newcomers in areas such as language learning, accessing education, employment, housing, building social relationships, as well as providing emotional and financial support. In New Brunswick, for those refugees who do not receive rental assistance from private sponsors, public housing is available.

In terms of healthcare, all refugees in Canada have access to public healthcare services, and those who need it can access additional social assistance from the government in the form of medical insurance and monthly financial support, if they are not able to work.

In the context of the pandemic, private institutions were especially helpful in facilitating refugee resettlement in Saint John. NGOs and community centers worked to provide essential services when possible; they also checked on the wellbeing of their newcomer clients. They communicated essential information to newcomers about COVID-19 and shifted programming such as workshops, language classes, and social groups online. Both NGOs and community centers worked together to provide essential hardware and digital literacy training to newcomers who needed them to stay connected online.

Private sponsors, welcoming teams, and sponsorship agreement holders assisted newcomers in setting up their homes for online learning and communicating, preparing apartments with quarantine necessities before arrival, and providing funding and assistance to refugees stranded abroad due to border closures.

The findings suggest that through the cooperation of public and private institutions, many challenges to refugee resettlement in Saint John during the COVID-19 pandemic could be overcome.

6.7 Areas for further research

While the data collected and presented in this thesis has revealed many ways that COVID-19 has impacted refugee resettlement, in doing so, it has also highlighted several areas that deserve further attention. To begin, the data set provides just a sample of the greater picture of the situation in Canada and around the world. On the one hand, similar findings may also be discovered when conducting the same research in another city or country. On the other hand, additional findings could also appear where vastly different dynamics are at play. A wider study of multiple cities across Canada or, perhaps globally, could expand on this research in an interesting

way to identify different problems and solutions. For instance, some cities and countries faced significantly greater influxes of refugees, many placed within camps, which could make it harder for effective social interaction between newcomers and locals to occur. In the same sense, refugees in some countries might be viewed as transient, eventually moving on to other locations. These factors could bring additional challenges to creating socially cohesive communities, especially where resources are limited. In a similar sense, a certain level of multiculturalism exists within many Canadian communities, which also possibly contributes to a greater acceptance of newcomers compared to other communities around the world. A study that compares the levels of social cohesion within different communities before, during, and after the COVID-19 pandemic would be particularly interesting.

Furthermore, it would be worthwhile to study the long-term effects of the COVID-19 pandemic on PSRs versus GARs. This would require many years of research and the long-term commitment of refugees. It could also be possible through analyzing data provided by Statistics Canada in the future.

Finally, a study on digital literacy programs for newcomers would be an especially valuable area for further research. This thesis has highlighted the many advantages of addressing the digital divide through trainings, which have become a priority in Saint John. Researching the design, implementation, and efficacy of such programs around the world could be very insightful.

CHAPTER 7

CONCLUSION

Through the qualitative analysis of refugee resettlement in Saint John, New Brunswick during the COVID-19 pandemic, this research sought to answer the question: What is the impact of COVID-19 on refugee resettlement? Specifically, what new dimensions does the pandemic present to existing challenges and what new challenges exist under these circumstances?

In combination with the theoretical and empirical literature and with relevant statistics, the findings showed five principal areas of concern for refugee resettlement in such a context: social cohesion, physical and mental health, a language barrier, employment, and travel insecurity.

Canada was the focus of this research because it hosts a rather unique private refugee sponsorship program. It made for an interesting case study, providing room for a discussion on the role of public and private institutions in the resettlement process. The context of the COVID-19 pandemic is unique and presents a new area worthy of research because it has far-reaching implications across the globe. This was certainly true for the research participants in Saint John who, despite not actually having contracted the virus themselves, still experienced significant changes in their daily lives.

The interviews conducted with refugees who resettled in Saint John helped to bring greater awareness to the needs, challenges, and general experiences of newcomers in the region, including those particular to the pandemic. Private sponsors and individuals who work to assist newcomers in Saint John also shared valuable insights on these challenges and presented compelling solutions.

The data collected through this research should help fill a gap in the literature on migration, refugee resettlement, and public health. Although extensive literature on these topics already exists, the recent nature of the COVID-19 pandemic meant that key data was missing. The importance of filling this gap stems from the possibility that the COVID-19 pandemic might not be an isolated incident, but rather an ongoing phenomenon or an indication of future health crises to come. To prevent unnecessary suffering and hardships, should this pandemic be prolonged or repeated, it will be crucial to learn from lived experiences.

This research indicates that the COVID-19 pandemic has impacted refugee resettlement in Saint John in the following ways: first, while COVID-19 introduced a community-wide goal of limiting the spread of the virus, which most members of the community trusted each other and the local institutions to accomplish, it severely decreased opportunities for conventional social interaction. If, in fact, social cohesion is to come about through interaction, a strong push for online and outdoor community-building activities, social groups, and networking will be necessary where indoor interactions are considered dangerous. Before effective online social interactions can occur, digital literacy and access to technology among newcomers must be addressed through hardware loans coupled with digital literacy training. Without addressing the digital divide, a social divide could be inevitable.

This research emphasized a link between issues relating to social cohesion and public health by considering the pandemic not only in terms of case numbers but also in terms of the wider implications relating to refugee resettlement. Specifically, the presence of social cohesion was brought into question when public health took a priority over social relationship building by necessitating social distancing. For the first time, social relationships that were important to generating an inclusive society

for newcomers became nearly impossible to develop and maintain. The significance of this finding is that it highlighted a shortcoming in refugee resettlement in Canada where refugees face difficulties adapting as a result of the digital divide. The COVID-19 pandemic expedited a shift to virtual social life and those without the ability to quickly adapt faced setbacks. It is likely that once the pandemic has been overcome, the increased reliance on the Internet to communicate socially and professionally will remain. Because the participants found solutions to their problems in other areas, such as mental health, employment, and language learning through socializing before the pandemic, and because interactions contribute to harmony between diverse groups, finding a way to create and maintain a socially cohesive society in this context is tremendously important.

Second, language barriers have persisted as a result of delayed and limited access to online LINC classes and fewer opportunities to practice language skills with locals due to social distancing measures. These can be addressed through digital literacy training, hardware loans, additional support for setting up a learning-friendly environment at home, online conversation groups, and opportunities for interaction with locals through social media, telephone calls, and instant messaging. While IRCC provides funding for LINC classes facilitated by local NGOs, welcoming teams and private sponsors can help newcomers access their classes and provide safe opportunities for language practice outdoors or online

Third, although refugees are particularly vulnerable to contracting the virus due to crowded living conditions and high-risk workplaces, barriers to accessing healthcare mean that they might not receive essential medical treatment. Solutions for accessing physical healthcare services during a pandemic include tele-

interpretation services, providing hardware and private spaces for virtual doctor appointments, and hiring more medical staff who represent the community.

Furthermore, the research shows that social isolation, family members living abroad in dangerous situations, financial pressures, and domestic issues made worse by the pandemic present an increased demand for psychological support among newcomers. In Saint John, refugees typically receive psychological support through social interaction with family and friends, attending group therapy, or attending social groups. There is a serious lack of trained mental health professionals that speak the languages in demand in newcomer communities. COVID-19 has not only increased stress, anxiety, loneliness, and depression among newcomers but has also made it harder for them to seek relief through conventional methods. Providing the necessary hardware, training, and space for newcomers to meet virtually with mental health professionals in other cities, employing those who represent the local community in Saint John, and creating online support groups for newcomers are some solutions for addressing these issues.

Fourth, gaining and maintaining employment has become increasingly hard for newcomers who face setbacks learning the local language(s), gaining new skills, and acquiring Canadian work experience in an exceptionally tough job market. While some workplaces functioned at a limited capacity during the pandemic and others not at all, low-skill or temporary jobs, in which refugees tend to be employed, were eliminated or put on hold. Additionally, the incentive to work in high-risk conditions that threaten the health of newcomers and their families, meanwhile giving up government health insurance, rent subsidization, and monthly support payments is understandably low. Existing barriers for newcomers to become

employed and to learn the local language(s) must be urgently addressed to prevent further delay in successful refugee resettlement.

Finally, the uncertainty of travel caused by unpredictable and uneven border closures and travel restrictions left refugees in deteriorating situations abroad with no end in sight. The fact that Canadians were free to travel outside of the country and return, while most foreigners were not, painted foreigners as disease-carrying and did not stop the virus from entering the country or spreading within its boundaries. All the while, health systems and economies crumbled under the weight of COVID-19 and corrupt leaders took hold of increasing power in countries where many refugees were stranded; this made their cases even more urgent. If the Canadian government is to prioritize humanitarianism as a leading policy area, the travel of PSRs and GARs, whose asylum cases have been accepted, must be considered essential. More resources should be allocated for ensuring the safety and protection of those individuals, to whom Canada has made a commitment.

This research has highlighted the need for additional means to help refugees overcome existing barriers faced during resettlement, and also new challenges that the COVID-19 pandemic has introduced. The balance between public and private institutions in Canada and in Saint John had a significant impact in addressing these issues. For effective refugee resettlement in Saint John amid the COVID-19 pandemic, the partnership of private individuals, NGOs, community centers, multiple levels of government, and of refugees proved to be crucial.

REFERENCES

- Agrawal, S. (2019). Canadian refugee sponsorship programs: Experience of Syrian refugees in Alberta, Canada. *Journal of International Migration and Integration*, 20(2), 941-962. doi:10.1007/s12134-018-0640-7
- Arat-Koç, S. (2020). Decolonizing refugee studies, standing up for indigenous justice: challenges and possibilities of a politics of place. *Studies in Social Justice*, 14(2), 371-390. doi: <https://doi.org/10.26522/ssj.v14i2.2271>
- Bernard, P. (1999). La cohésion sociale: Critique dialectique d'un quasi-concept. *Lien Social et Politiques*, (41), 47–59. doi:10.7202/005057ar
- Bisaillon, L. (2010). Human rights consequences of mandatory HIV screening policy of newcomers to Canada. *Health and Human Rights*, 12(2), 119-134. Retrieved from www.jstor.org/stable/healhumarigh.12.2.119
- Bloemraad, I., Korteweg, A., & Yurdakul, G. (2008). Citizenship and immigration: Multiculturalism, assimilation, and challenges to the nation-state. *The Annual Review of Sociology*, 34(8), 1-27. doi:10.1146/annurev.soc.34.040507.134608
- Canadian Heritage. (2021). *Addressing COVID-19 needs in diverse communities*. Retrieved from <https://www.canada.ca/en/canadian-heritage/campaigns/federal-anti-racism-secretariat/covid-19-diverse-communities.html>
- Cornelissen, L. And Turcotte, M. (2020). *Persistent overqualification among immigrants and non-immigrants*. Insights on Canadian society. (Statistics Canada Catalogue No. 75-006-X). Statistics Canada. Retrieved from https://publications.gc.ca/collections/collection_2020/statcan/75-006-x/75-006-2020-5-eng.pdf
- Chen, Y. Y. B. (2021). Migrant health in a time of pandemic: fallacies of us-versus-them. In Flood, C. M., MacDonnell, V., Philpott, J., Thériault, S., and Venkatapuram, S. (Eds.), *Vulnerable: The Law, Policy and Ethics of COVID-19*. Ottawa, Canada: University of Ottawa Press.
- Danso, R. (2002). From 'there' to 'here': an investigation of the initial settlement experiences of Ethiopian and Somali refugees in Toronto. *GeoJournal*, 56(1), 3-14. Retrieved from www.jstor.org/stable/41147662
- Davidov, E., & Semyonov, M. (2017). Attitudes toward immigrants in European societies. *International Journal of Comparative Sociology*, 58(5), 359–366. doi:10.1177/0020715217732183
- Evra, R. & Mongrain, E. (2020). *Mental health status of Canadian immigrants during the COVID-19 pandemic* (Statistics Canada Catalogue No. 45-28-000). Statistics Canada. Retrieved from https://publications.gc.ca/collections/collection_2020/statcan/45-28/CS45-28-1-2020-46-eng.pdf

- Fafard, P., Cassola, A., MacAulay, M., & Palkovits, M. (2021). The politics and policy of Canada's COVID-19 response. In Greer S., King E., Fonseca E., & Peralta-Santos A. (Eds.), *Coronavirus politics: the comparative politics and policy of COVID-19* (pp. 459-477). Ann Arbor, MI: University of Michigan Press.
- Fierlbeck, K. & Hardcastle, L. (2020). Have the post-SARS reforms prepared us for COVID-19? Mapping the institutional landscape. In C. M. Flood, V. MacDonnell, S. Thériault, S. Venkatapuram, & J. Philpott (Eds.), *Vulnerable: The law, policy & ethics of COVID-19* (pp. 31-48). Ottawa, Canada: University of Ottawa Press.
- Fietkau, S. & Hansen, K. (2018). How perceptions of immigrants trigger feelings of economic and cultural threats in two welfare states. *European Union Politics*, 19(1), 119-139. doi:10.1177/1465116517734064
- Foner, N. & Alba, R. (2008). Immigrant religion in the U.S. and Western Europe: Bridge or barrier to inclusion? *International Migration Review*, 42(2), 360-392. doi:10.1111/j.1747-7379.2008.00128.x
- Government of New Brunswick. (2021a). *New Brunswick COVID-19 dashboard*. Retrieved from <https://experience.arcgis.com/experience/8eeb9a2052d641c996dba5de8f25a8aa>
- Government of New Brunswick. (2021b). *COVID-19 travel information*. Retrieved from <https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/travel.html>
- Grove, N. & Zwi, A. (2006). Our health and theirs: Forced migration, othering, and public health. *Social Science & Medicine* 62(8), 1931-1942. doi:10.1016/j.socscimed.2005.08.061
- Harris, A., & Johns, A. (2020). Youth, social cohesion and digital life: From risk and resilience to a global digital citizenship approach. *Journal of Sociology*, 57(2), 394-411. doi:10.1177/1440783320919173
- Homola, J. & Tavits, M. (2017). Contact reduces immigration-related fears for leftist but not for rightist voters. *Comparative Political Studies*, 51(13), 1789-1820. doi:10.1177/0010414017740590
- Hooghe, M., Reeskens, T., Stolle, D., & Trappers, A. (2009). Ethnic diversity and generalized trust in Europe: a cross-national multilevel study. *Comparative Political Studies*, 42(2), 198-223. doi:10.1177/0010414008325286
- Horizon Health Network. (2021). *About us*. Retrieved from <https://en.horizonnb.ca/home/about-us.aspx>

- Hou, F., Picot, G., & Zhang, J. (2020). *Transitions into and out of employment by immigrants during the COVID-19 lockdown and recovery*. (Statistics Canada Catalogue No. 45-28-0001). Statistics Canada. Retrieved from https://publications.gc.ca/collections/collection_2020/statcan/45-28/CS45-28-1-2020-66-eng.pdf
- Houle, R. (2019). *Results from the 2016 Census: Syrian refugees who resettled in Canada in 2015 and 2016*. (Statistics Canada Catalogue No. CS75-006/2019-1E-PDF). Statistics Canada. https://publications.gc.ca/collections/collection_2019/statcan/75-006-x/75-006-2019-1-eng.pdf
- Hynie, M. (2018). Canada's Syrian refugee program, intergroup relationships and identities. *Canadian Ethnic Studies*, 50(2), 1-12.
doi:10.1353/ces.2018.0012
- Illingworth, P., & Parmet, W. (2017). Keep out!: Immigration control as public health protection. In *The health of newcomers: Immigration, health Policy, and the case for global solidarity* (pp. 27-51). New York, NY: NYU Press.
- Ilyas, A. (2020). *COVID-19 Pandemic: Emergence of a new geopolitical perspective*. Sustainable Development Policy Institute. Retrieved from: <http://hdl.handle.net/11540/11906>
- Immigration, Refugees and Citizenship Canada. (2018). *Canada: a history of refuge*. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/canada-role/timeline.html>
- Immigration, Refugees and Citizenship Canada. (2019). *Guide to the private refugee sponsorship program*. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/guide-private-sponsorship-refugees-program.html>
- Immigration, Refugees and Citizenship. (2021a). *Sponsorship agreement holders: About the program*. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/help-outside-canada/private-sponsorship-program/agreement-holders.html>
- Immigration, Refugees and Citizenship Canada. (2021b). *Coronavirus disease (COVID-19): Refugees, asylum claimants, sponsors and PRRA applicants*. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/services/coronavirus-covid19/refugees.html>
- Jenson, J. (1998). *Mapping social cohesion: The state of Canadian research*. (CPRN Study No. F03). Canadian Policy Research Networks. Retrieved from http://www.cccg.umontreal.ca/pdf/cprn/cprn_f03.pdf
- Jenson, J. and Papillon, M. (2001). *The "Canadian diversity model": A repertoire in search of a framework*. (CPRN Study No. F19). Canadian Policy Research Networks. Retrieved from http://cprn3.library.carleton.ca/documents/8080_en.pdf

- Kaida, L., Hou, F., and Stick, M. (2020). *The long-term economic outcomes of refugee private sponsorship*. (Statistics Canada Analytical Studies Branch Research Paper Series, 1205-9153; No. 433). Statistics Canada. Retrieved from https://publications.gc.ca/collections/collection_2020/statcan/11f0019m/11f0019m2019021-eng.pdf
- Kennan, M. A., Lloyd-Zantiotis, A., Qayyum, M. A., & Thompson, K. M. (2011). Settling in: The relationship between information and social inclusion. *Australian Academic and Research Libraries*, 42(3), 191-210. doi:10.1080/00048623.2011.10722232
- Kolbe, M. (2016). Does cultural recognition obstruct immigrant integration? Evidence from two historic case studies. *International Migration Review*, 50(2), 413–444. doi:10.1111/imre.12131
- Kunz, E. (1981). Exile and resettlement: Refugee theory. *The International Migration Review*, 15(1/2), 42-51. doi:10.2307/2545323
- Lanphier, C. (1981). Canada's response to refugees. *The International Migration Review*, 15(1/2), 113-130. doi:10.2307/2545331
- LaRochelle-Côté, S. & Uppal, S. (2020). *The social and economic concerns of immigrants during the COVID-19 pandemic*. StatCan COVID-19: Data to insights for a better Canada. (Statistics Canada Catalogue No. CS45-28/1-2020-6E-PDF). Statistics Canada. Retrieved from https://publications.gc.ca/collections/collection_2020/statcan/45-28/CS45-28-1-2020-6-eng.pdf
- Markus, A. B. & Kirpitchenko, L. (2007). Conceptualising social cohesion. In J. Jupp, J. Nieuwenhuysen, and E. Dawson (Eds.), *Social cohesion in Australia* (pp. 21-32). Port Melbourne, Australia: Cambridge University Press.
- Marlowe, J. M., Bartley, A., & Collines, F. (2017). Digital belongings: the intersectionality of social cohesion, connectivity and digital media. *Ethnicities*, 17(1), 85-102. doi:10.1177/1468796816654174
- Mayda, A. (2006). Who is against immigration? A cross-country investigation of individual attitudes toward immigrants. *The Review of Economics and Statistics*, 88(3), 510-530. Retrieved from <https://www.jstor.org/stable/40043013>
- McBrien, J. L. (2005). Educational needs and barriers for refugee students in the United States: A review of the literature. *Review of Educational Research*, 75(3), 329-364. Retrieved from <https://www.jstor.org/stable/3515985>
- Neumann, R. & Moy, P. (2018). You're (not) welcome: The impact of symbolic boundaries, intergroup contact, and experiences with discrimination on immigration attitudes. *American Behavioral Scientist*, 62(4), 458-477. doi:10.1177/0002764218760370

- Neuwirth, G., & Clark, L. (1981). Indochinese refugees in Canada: Sponsorship and adjustment. *The International Migration Review*, 15(1/2), 131-140. doi:10.2307/2545332
- New Brunswick Jobs. (2018). *New Brunswick analysis 2016 Census topic: Immigration. Post-secondary education, training and labour*. Retrieved from <https://www.nbjobs.ca/sites/default/files/pdf/2018-01-15-immigration.pdf>
- Novy, A., Swiatek, D. C., & Moulaert, F. (2012). Social cohesion: A conceptual and political elucidation. *Urban Studies*, 49(9), 1873-1889. doi:10.1177/0042098012444878
- Ortmans, M. & Madsen, M. (2016). *Social cohesion programming in a context of major refugee influx crisis*. Case study series: Lessons learned from SFCG Lebanon combined approaches. Search for Common Ground. Retrieved from https://www.sfcg.org/wp-content/uploads/2016/11/Search-Lebanon_Case-Study_Social-Cohesion_Dialogue-and-Joint-Initiatives-2016.pdf
- Phinney, J. S., Berry, B. W., Vedder, P., & Liebkind, K. (2006). The acculturation experience: attitudes, identities, and behaviors of immigrant youth. In J. W. Berry, J. S. Phinney, D. L. Sam, and P. Vedder (Eds.), *Immigrant youth in cultural transition* (pp. 71-116). Mahwah, NJ: Lawrence Erlbaum Associates.
- Public Health Canada. (2021a). *Coronavirus disease (COVID-19): Outbreak update*. Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html?topic=tilelink#a1>
- Public Health Canada. (2021b). *COVIDTrends*. Retrieved from <https://health-infobase.canada.ca/covid-19/covidtrends/?HR=1,1302&mapOpen=false>
- Public Safety Canada. (2020). *Government extends international travel restrictions*. News Release. Retrieved from <https://www.canada.ca/en/public-safety-canada/news/2020/10/government-extends-international-travel-restrictions.html>
- Putnam, R. D. (2007). E pluribus unum: Diversity and community in the twenty-first century. The 2006 Johan Skytte Prize Lecture. *Scandinavian Political Studies*, 30(2), 137-174. doi:10.1111/j.1467-9477.2007.00176.x
- Reitz, J. G. (1998). *Warmth of the welcome: The social causes of economic success for immigrants in different nations and cities*. Boulder, CO: Westview Press.
- Rogg, M. (2020). COVID-19: The Pandemic and its Impact on Security Policy. *PRISM*, 8(4), 54-67. doi:10.2307/26918234

- Schuster, L. (2016). Unmixing migrants and refugees. In A. Triandafyllidou (Ed.), *Routledge handbook of immigration and refugee studies* (pp. 297-303). London, United Kingdom: Routledge.
- Statistics Canada. (2018). *2016 Census data table: Occupation - national occupational classification 2016, highest certificate, diploma or degree, admission category and applicant type, period of immigration, age and sex for the immigrant population who landed between 1980 and 2016 aged 15 years and over, in private households of Canada, provinces and territories, 2016 Census* (No. 98-400-X2016368) [Data set]. Statistics Canada. Retrieved from <https://www150.statcan.gc.ca/n1/en/catalogue/98-400-X2016368>
- Statistics Canada. (2019a). *Just the facts: asylum claimants*. Retrieved from <https://www150.statcan.gc.ca/n1/en/daily-quotidien/190517/dq190517b-eng.pdf?st=H0MIhWBI>
- Statistics Canada. (2019b). *Study: Syrian refugees who resettled in Canada in 2015 and 2016*. Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/190212/dq190212a-eng.htm>.
- Statistics Canada. (2020). *Impacts of COVID-19 on Canadians: experiences of discrimination*. <https://www150.statcan.gc.ca/n1/en/dailyquotidien/200917/dq200917a-eng.pdf?st=thV8Vp8H>
- Statistics Canada. (2021a). *Population estimates, July 1, by Census division, 2016 boundaries* (Table 17-10-0139) [Data set]. Retrieved from <https://open.canada.ca/data/en/dataset/c6655d40-19a2-4f26-b7e6-5840e72250d8>
- Statistics Canada. (2021b). *Population estimates, quarterly* (Table 17-10-0009-01) [Data set]. doi:10.25318/1710000901-eng
- Statistics Canada. (2021c). *Canada's population estimates, fourth quarter, 2020*. <https://www150.statcan.gc.ca/n1/daily-quotidien/210318/dq210318c-eng.htm>
- Statistics Canada. (2021d). *Labour market indicators by province, territory, and economic region, unadjusted for seasonality* [Data set]. Retrieved from <https://www150.statcan.gc.ca/n1/pub/71-607-x/71-607-x2017002-eng.htm>
- Statistics Canada. (2021e). *Employment by industry, monthly, seasonally adjusted (x 1,000)* (Table 14-10-0355-02) [Data set]. doi:10.25318/1410035501-eng
- Statistics Canada. (2021f). *COVID-19 in Canada: A one-year update on social and economic impacts*. (Statistics Canada Catalogue No. 11-631-x2021001). Retrieved from https://publications.gc.ca/collections/collection_2021/statcan/11-631-x/11-631-x2021001-eng.pdf

- Toronto District School Board. (2021) *Language instruction for newcomers to Canada*. Retrieved from <https://www.tdsb.on.ca/Adult-Learners/Learn-English/Language-Instruction-for-Newcomers-to-Canada>
- UNHCR. (2010). *Convention and the protocol relating to the status of refugees*. Geneva, Switzerland: UNHCR Communications and Public Information Service. Retrieved from <https://www.unhcr.org/3b66c2aa10>
- UNHCR. (2019). *Canada refugee resettlement facts*. Retrieved from <https://www.unhcr.ca/wp-content/uploads/2019/08/refugee-resettlement-facts.pdf>
- UNHCR. (2021). *Resettlement*. Retrieved from <https://www.unhcr.org/resettlement.html>
- Wickramage, K., Gostin, L., Friedman, E., Prakongsai, P., Suphanchaimat, R., Hui, C., & Harper, D. (2018). Missing: Where are the migrants in pandemic influenza preparedness plans? *Health and Human Rights*, 20(1), 251-258. Retrieved from <http://www.jstor.org/stable/90023068>
- Yang, Z., Bonikowska, A., & Frenette, M. (2021). *An occupational risk/reward assessment tool for COVID-19*. (Economic and Social Reports Volume 1 No. 4). Statistics Canada. Retrieved from https://publications.gc.ca/collections/collection_2021/statcan/36-28-0001/CS36-28-0001-2021-4-6-eng.pdf
- Ysaad, L. and Fields, A. (2018). *The Canadian immigrant labour market: recent trends from 2006 to 2017*. (Statistics Canada Catalogue No. 71-606-X). Statistics Canada. Retrieved from https://publications.gc.ca/collections/collection_2018/statcan/71-606-x/71-606-x2018001-eng.pdf
- Zolberg, A. R., & Woon, L. L. (1999). Why Islam is like Spanish: Cultural incorporation in Europe and the United States. *Politics & Society*, 27(1), 5–38. doi:10.1177/0032329299027001002