RESPONSIVENESS TO NEWCOMER MIGRANTS' NEEDS DURING THE COVID-19 PANDEMIC: A PARTICIPATORY MULTIPLE CASE STUDY IN ONTARIO AND QUEBEC, CANADA

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Refugees, asylum seekers, and non-status migrants experience precarious living and working conditions that disproportionately exposed them to COVID-19. In the two most populous Canadian provinces (Québec and Ontario), to reduce their vulnerability factors, the public and community sectors engaged in joint coordination efforts called ***intersectoral collaboration***. This collaboration ensured care provisioning in times of crisis (e.g., psychosocial support, food security assistance).

→ Our *REAC!* participatory project looked at these *intersectoral* initiatives.

REAC! aimed to understand to what extent these initiatives were responsive to the needs and expectations of migrant service users. In the present study, we report on findings from the perspectives of refugees, asylum seekers and non-status migrants.

METHODS

This was a qualitative and participatory multiple case study, using data from interviews (n=4) and 21 focus group discussions (n=76) with refugees, asylum seekers, and non-status migrants in;

- 2 sanctuary cities – Toronto (Ontario) and Montréal (Québec)
- 1 smaller-size city with a history of welcoming refugees – Sherbrooke (Québec)

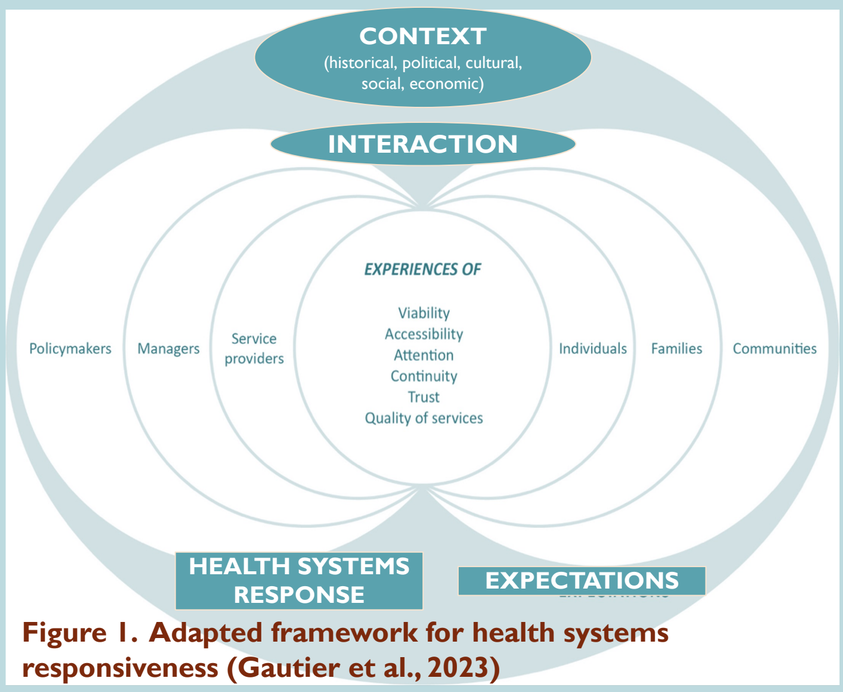

Figure 1. Adapted framework for health systems responsiveness (Gautier et al., 2023)

Thematic analysis was carried out using an adaptation of the framework on health systems' responsiveness (see Figure 1), with significant inputs from community partners and newcomer service users, to achieve our participatory approach.

The following framework dimensions were illustrated based on newcomer users' expectations, namely; ***accessibility*** of services, ***attention*** to evolving needs (i.e., remaining accountable to users), services ***continuity*** despite the crisis, and ***trust*** in services.

RESULTS

1. *Attention to (evolving) needs*

The first element that newcomer participants brought up, was the **importance for service providers to pay attention to multiple needs** (i.e., social needs like housing)**, instead of focusing only on COVID-19 healthcare services**.

Participants lamented the **absence of a holistic response** to their diverse needs.

2. *Accessibility of services (including awareness of services & approachability)*

Accessibility ←→ migration status

Linkage to social care and health services ←→ community frontline workers

"I contact the community services in my neighborhood, they are very helpful [...]. They give us advice, instructions, contacts if it's necessary to call the service concerned by our needs. So, naturally, I go to them." (F, Asylum Seeker, Montreal)

Contrasted beliefs in accessibility of services during COVID-19;

- Mismatch between providers/funders beliefs in and service users' experiences of services (awareness of services, access to, etc.).
- In Toronto: lack of services or service awareness outside of shelters

2. *Accessibility of services (cont'd)*

Virtual Support;

- Flip to virtual created new accessibility challenges (e.g., lack of digital literacy, lack of access to technology/reliable Internet connection)

3. *Service continuity*

- Participants lamented the breakdown / withdrawal of many services

"During COVID-19, those talks [about settlement] and- and the meetings and the sessions were, were hampered. And, you know, such sessions didn't have the capacity to do virtual, uh, interfacing. So, I guess that was a limitation too." (Male, Refugee, Toronto)

- Withdrawal of services had a considerable impact on;
  - official language learning
  - immigration processes (e.g., longer time for court hearings and family reunification)

4. *Trust in service provision*

During the pandemic, trust in service providers often stemmed from pre-established familiarity with those providers.

"We familiarized ourselves long before, with […] our services. For example, this neighborhood consultation table is where we used to come every time. I used to bring my whole family here. Every time we came here to read books. So if there was any information, the [community] workers were able to pass it on to me. [...] So we were really close, we had a really good relationship. That's why we had access everywhere." (Male, Refugee, Sherbrooke)

Trust in healthcare services was sometimes more difficult – newcomer service users expected more cultural proximity and sensitivity.

"The caregiver or the doctor should be someone who can understand from what culture I belong to, like that is very important because sometimes they have their own myths or biases which they're not ready to accept for myself." (Female, Refugee, Toronto)

KEY MESSAGES

- Participants' experiences shed light on how intersectoral initiatives should be improved to **offer holistic responses to refugees', asylum seekers', and non-status migrants' evolving needs, during crises and beyond.**
- Community frontline workers → linkage to care/services
- Lessons for intersectoral service provision: highlight the moment(s) when the need(s) arise, the most appropriate form of interaction preferred by service users, and identify the needs met through collaborating service providers.

DISCUSSION & CONCLUSION

This study offered lessons to improve the responses to various needs of refugees, asylum seekers and non-status migrants, in social and health service delivery. Raising awareness of and accessibility to resources may benefit newcomer migrants and foster inclusivity within the community. Our findings could also stimulate the development of intersectoral discussion fora for more reactive, culturally-sensitive services. These findings echo other works in Canada (e.g., Badji et al., 2023), such as the *Co-Vivre* action-research study which investigated a culturally-sensitive COVID-19 vaccination awareness campaign in underserved neighborhoods of Montréal (Schinazi et al., 2022).

Lessons learnt re- participatory methods

Representatives of service providers and newcomer service users contributed to each stage of the study, including in analysis and dissemination. For example, asylum seeker and refugee members co-presented preliminary findings along with students and researchers, to ethno-culturally diverse audiences. These co-presentations yielded unique forms of engagement with our study findings, which translated into several community strategic plans.

REFERENCES

Badji, M. S., et al . (2023). Les effets de la pandémie de COVID-19 sur l'intervention collective visant la mobilisation et le développement des communautés à Sherbrooke. *Revue Organisations & territoires*, 32(2), 97-117.

Gautier, L., et al. (2023). Learning from intersectoral initiatives to respond to the needs of refugees, asylum seekers, and migrants without status in the context of COVID-19 in Quebec and Ontario: a qualitative multiple case study protocol. *Health Research Policy and Systems*, 21(1), 59.

Schinazi, J., et al. (2022). The CoVivre Program: Community Development and Empowerment to address the Inequalities exacerbated by the COVID-19 Pandemic in the Greater Montréal Area, Canada. *Journal of Humanistic Psychology*, 0022167822112465 4.

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