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Beyond Settlement

Strengthening Immigrant Families, Communities and Canadian Society Through Cultural Brokering

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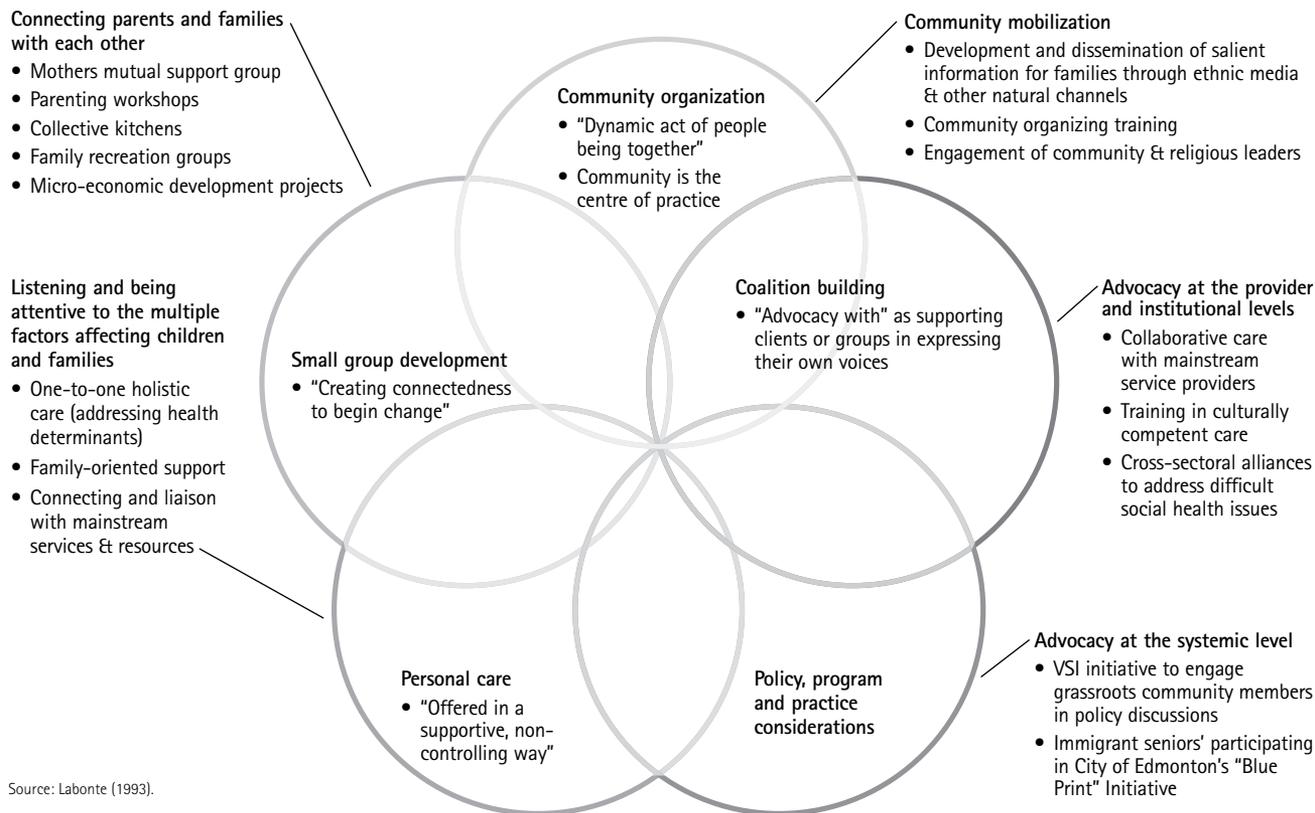
Multicultural health brokers began to emerge in the mid-1990s in Edmonton, Alberta, to address the unequal treatment and severe lack of equitable access and culturally responsive programs and policies that many minority members of their communities experienced with regard to human services (Ortiz 2003). The timing of the emergence of multicultural health brokers is not accidental. Historically, cultural brokers emerged to mediate relationships between social groups with unequal power, often straddling cultural groups and acting as “go-betweens” (Paine 1972, Szasz 1994). In the contemporary context, the need for multicultural health brokers arose at the intersection of global forces of migration, and national, provincial and municipal action and inaction. Multicultural health brokers are community members who address the immediate, urgent needs, and concerns of immigrants and refugees in their communities, while also examining underlying conditions and circumstances that may result in new programs, capacity building and system change initiatives. This article describes the work of the Multicultural Health Brokers Co-operative (the Co-op), formally established in 1998, and provides a glimpse into the conditions from which

multicultural health brokers arose, and continue to grow in number. These conditions shape the unique practice of cultural brokering in support of immigrants trying to overcome the many challenges they face in a second-tier city in the Prairies (Frideres 2006).

Between 1998 and 2008, immigration to Alberta has increased dramatically, shaped especially by the economic boom. Since 1998, the proportion of immigrants to Alberta has increased by 1 to 2% annually. Most settle in the province's two largest centres, Edmonton and Calgary.¹ In 2006, the foreign-born population comprised 19% of Edmonton's total population, and Edmonton had the 6th largest share of recent² immigrants to Canada (CIC 2006). Although the Philippines, India, China, Pakistan and the United States are the top five countries from which immigrants arrive, this obscures the fact that Edmonton residents come from more than 50 countries around the world. More than a third (39%) of those who arrived in 2006 spoke neither English nor French upon arrival (City of Edmonton 2006).

¹ Calculations based on data from Citizenship and Immigration Canada (2006).

FIGURE 1
Dimensions of the multicultural health brokering practice



Source: Labonte (1993).

A fifth of Edmonton's population speaks English as a second language (Statistics Canada 2006).

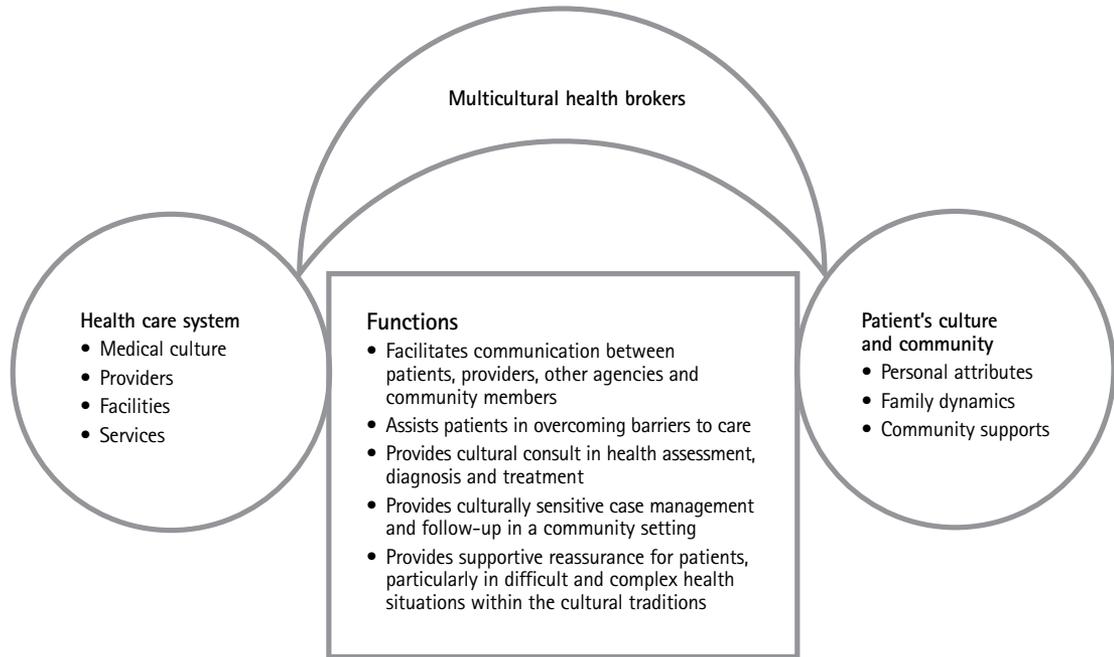
The Government of Canada controls immigrant admission criteria, and funds a selected set of resettlement support programs and services for up to three years following the arrival of newcomers to Canada, depending on their ascribed immigration category (see CIC 2007, 2007a). Many of the challenges that immigrants face go beyond the nature, scope and time frames of government-designated resettlement programs. There are many gaps in needed services during initial resettlement, such as navigating health and social programs, and few formal supports and services to assist newcomers during the transition from resettlement to full integration in Canada, or across the life course as challenges continue to emerge (Frideres 2006, Wayland 2006). In recent years, increasing responsibility for resettlement support has fallen to immigrant-serving organizations (ISOs). Even when services are funded by the government,

formalization of contractual relationships between the federal and provincial governments and ISOs has resulted in, and sometimes required, tighter organizational mandates, service parameters and accountability mechanisms, limits on the range of services provided and styles of delivery, and restrictions in service eligibility (Baines 2004, Mitchell 2007, Oxman-Martinez and Hanley 2005, Wayland 2006). The Longitudinal Survey of Immigrants to Canada (LSIC) (CIC 2004) revealed that significant proportions of immigrants had difficulty accessing employment (70%), training opportunities (40%), housing (38%), and health services (22%) during the first six months following their arrival³. The 2005 LSIC data (Statistics Canada 2007) indicated that while two-thirds of new immigrants said that "life in Canada has lived up to their expectations," it remains that almost half (46%) identified finding an adequate job, and more than a quarter (26%)

² People who have immigrated to Canada in the last three years.

³ Proportions of immigrants who had tried to access such assistance.

FIGURE 2
Model of multicultural health brokering for the health system



mentioned learning English or French, as their biggest difficulties since arrival.

The Multicultural Health Brokers Co-operative

Many community-based, non-governmental organizations (NGOs) have emerged to fill the gaps in the settlement sector; among these is the Co-op. The Co-op's mandate is "to support immigrant and refugee individuals and families in attaining optimum health through relevant health education, community development and advocacy support," based on principles of democratic governance, direct responsiveness and accountability, and facilitating equity and social justice (MCHBC n.d.).

Multicultural health brokers had their beginnings as childbirth educators. As a result, women's and children's health has always been an entry point for much of the Co-op's work. By establishing trusting relationships, and seeing the families' struggles from their own vantage points, brokers work under the surface of immediate issues to identify the challenges that may interfere with achieving optimal health and well-being, as well as meaningful participation in society.

During the past 15 years, the brokers have been involved in a myriad of initiatives addressing the determinants of health (Labonte 1993, Raphael 2004) across the life course, ranging from pre-

natal to seniors' perspectives. These efforts have engaged the Co-op in the health, social services, education, and employment sectors at municipal, regional, provincial, and federal levels. Figure 1 depicts the Co-op's conceptual framework. The number of brokers has grown from 8 to 35; they are currently working in and with the Afghani, Bosnian, Central and South American, Chinese (both Cantonese and Mandarin speaking), Congolese, Croatian, Eritrean, Ethiopian, Filipino, Karen, Korean, Kurdish, Iraqi, Iranian, Indian, Middle Eastern, Pakistani, Rwandan, Serbian, Sierra Leone, Somali, Sudanese, Vietnamese and Serbian communities in Edmonton.

During the past three years, the Co-op's workload has tripled, with little increase in funding or remuneration. This growth has been in response to two quite different migration trends. First, a large number of refugees have arrived in Edmonton, many of whom have experienced years of physical and mental trauma, and spent 15 to 20 years in refugee camps prior to arrival in Canada. In fact, many of the refugees currently arriving were born and grew up in refugee camps in areas such as the jungles of Thailand, in the case of Karen refugees from Burma, and are from the remote mountainous areas of Turkey, Iraq, Iran and Syria, in the case of Kurds. Such newcomers are completely unfamiliar with urban life. Many of

the women and children are illiterate in their first languages, and speak no English. Those who lived in remote rural settings in their home countries may have never seen a doctor, and many refugee camps did not provide medical or dental care. These individuals often have multiple and complex mental and physical health, as well as social, issues that interfere with resettlement.

Second, a large number of temporary foreign workers have been recruited to fill the job shortage catalyzed by the boom. Most temporary foreign workers are men, and often their wives and children are not eligible for health care coverage, rendering them extremely vulnerable in times of illness or pregnancy, or other unanticipated situations. According to provincial government projections, their numbers are projected to increase to over 30,000 annually (Alberta Employment and Immigration 2008).

Health initiatives

Pre-natal and family support has always been a primary focus for the Co-op, and a source of annually renewable health sector funding. In 2007–2008, the brokers provided pre-natal support to over 1,500 women and their families, through 95 prenatal classes in six languages, 183 parenting groups in seven languages, 1,028 episodes of one-to-one prenatal education, and labour support to 51 women. The Co-op's experience has demonstrated that for an astute broker, an entry point for service delivery is a funnel into the lives of families and communities. Within the health sector, during the past ten years, the Co-op has been involved in projects ranging from healthy sexuality and mental health to chronic disease management and cervical cancer screening to a preschool development screening initiative, as well as several research studies. In the past three years, the Co-op has been a project partner in catalyzing the development and implementation of the New Canadian Health Centre for refugees.⁴

While many newcomers undergo the pre-arrival medical assessment that is required by Citizenship

and Immigration Canada, these assessments, according to international health experts,⁵ are not considered comprehensive enough to indicate adequate interventions. Although most permanent residents and refugee claimants have coverage for health care, availability of services does not guarantee access to these services. Many newcomers experience significant barriers in meeting their health needs. At the most basic level, it is a challenge for anyone new to Edmonton to find a family doctor; it becomes excruciatingly difficult for someone who does not speak English and has no experience living in an urban setting in a Western society. Among the most challenging issues the brokers consistently identify is the need for comprehensive services and support to address the complex refugee health and social issues, which are exacerbated by poverty. Some brokers have identified racial and linguistic discrimination as persistent barriers for minority immigrants. According to a study that is currently underway, some brokers have said that the system is set up for people who were born in Canada and is not “fit for everyone.”

Families and children

Addressing the issues of immigrant families warrants becoming involved in the region's Children Services programs, including parenting and early childhood development support, intense home visitation, support for families with children with disabilities, and, most recently, family enhancement, intervention and child protection services. The Co-op has also become extensively involved in early learning initiatives – from supporting staff to appropriately addressing the realities of families using pre-school early intervention programs to supporting parent-child literacy programs.

Emerging initiatives

The Co-op has also begun to engage in the employment sector, partly in response to the under- and unemployment of many of the people they support, including some of the brokers themselves, and partly because of the circumstances of many refugees and temporary foreign workers. The need to engage in the employment sector is deeply embedded in other issues surfacing across many immigrant communities. As youth observe that their parents' high levels of education have

⁴ The New Canadian Health Centre is a multi-organization joint initiative in Edmonton to provide initial health assessment, preventive health services and primary care to newcomer refugees and immigrants. It is a small facility operating 1.5 days a week in an Immigrant Reception House with a multi-disciplinary team composed of staff and workers from Capital Health, University of Alberta Faculty of Medicine, Catholic Social Services, Multicultural Health Brokers Co-op and the Mennonite Centre for Newcomers.

⁵ Committee members of the Canadian Collaboration for Immigrant and Refugee Health (CCIRH), 2008.

not resulted in commensurate employment, their optimism about the future evaporates. School dropout rates are very high, and inter-generational conflict is defined as a key issue in almost every community. Colleagues in regional Children's Services tell the Co-op that they have recently begun to see disproportionately large numbers of immigrants and refugees on their caseloads, resulting from inter-generational conflict and hopelessness. Family violence is a frequent occurrence in some communities, stemming from torture, abuse, and the violence of war.

A final area of brokering that has emerged during the past several years has been isolated seniors. Working collaboratively with a major multi-purpose seniors' NGO, the Seniors Association of Greater Edmonton, Spanish-speaking, Korean, Kurdish, Eritrean, and Eastern European seniors have been connected to English language classes and social support for the first time. Such partnership efforts gave rise to involvement in an important Immigrant Seniors Forum held in May 2008, which brought together researchers, policy-makers, program designers and seniors-serving professionals to explore with immigrant seniors the unique challenges they face. It was an opportunity to discuss important gaps in income security provisions for senior immigrants – a source of great hardship for many.

The Co-op has always been involved in intentionally fostering cross-sectoral partnerships that address the complex realities of immigrant and refugee communities. Through its involvement as a key partner in Families First Edmonton, the Co-op was part of the City of Edmonton's comprehensive long-term research project exploring the employment, immigration, housing, recreation and educational needs of low income families. This collaborative research project has highlighted the changing reality of our community: immigrants and refugees, like Aboriginal people, form a disproportionate number of people living in poverty within our community, who are falling through the cracks of the "siloes" service system. Further, existing programs and services do not adequately reflect the need for specialized and comprehensive services necessary to support full social and economic integration. It is clear that resettlement support is too short, not always provided at the right time, and insufficient. Systemic change is required to achieve the goals of equitable access to human services and community resources, and participation in society, for all immigrants.

Taking stock for the future

Having just celebrated the 10th anniversary of its formal establishment as a Co-op, it is a time to take stock and to revisit the vision for the future in light of the persistent issues facing immigrants. The Co-op's current priorities are:

- Strengthening the capacities of immigrants, whether as individuals, families or communities, to gain control over their own lives and health;
- Working for integration of multicultural health brokers throughout the health system;
- Increasing the capacities of the system and of service providers to be culturally responsive, through dialogue and training;
- Fostering opportunities to co-create creative and innovative programs and projects that address the challenges that immigrants and services experience;
- Establishing a coalition of immigrant community members to advocate for change through political involvement;
- Stewarding processes that maximize active participation and make the voices of immigrants heard.

In conclusion, cultural brokers see evidence of incremental change, which gives them cause for optimism. However, most cannot imagine a future when cultural brokers will not be needed. The persistence of many of the same issues, exacerbated by the increasing numbers of, and increasingly complex, health and social issues, have caused the Co-op to reaffirm its commitment to initiatives that are designed to support community capacity building and systemic change. As one broker puts it, "If I had it my way, I would help them. I would set them up. So from then on, they would be in control of their lives and could move on. I would prefer to help them, to really do what it takes...it keeps you alive too. It gives you hope. Otherwise, what kind of hope is there, if you only repeat things?" Another broker sums up his work this way: "Brokering is not just a job. It's bringing change and linking people to the whole system, and bringing both sides together – the system and the client – to work together towards the well-being of the individual, the family and society."

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