



Older Syrian refugees' experiences of language barriers in postmigration and (re)settlement context in Canada

Original Research

Souhail Boutmira¹

¹Policy Studies, Ryerson University, Toronto, Canada

Corresponding author: S. Boutmira (souhail.boutmira@ryerson.ca)

ABSTRACT

This research explores older Syrian [from the Government-Assisted Refugee program (GARs)] experiences of language barriers in Canada's post-migration and (re)settlement context. Guided by the Ecosystemic Model, the qualitative descriptive method was used to describe the experiences of six older adults (three women and three men, 55-years-old and over) living in the Greater Toronto-Hamilton Area. Results suggest the lack of English proficiency affects refugees' (re)settlement and older adults at risk of abuse. Language barriers influence older adult refugees because it limits their ability to navigate the Canadian systems, exacerbate their dependency on adult children, increase social isolation, and decrease employment and income opportunities. Participants' commitment to learning English comes from their conviction that fluency has an essential role in shaping their experiences in Canada. Conclusions can help policymakers identify specific interventions to address language barriers among older adult Refugees.

KEYWORDS

Government-Assisted Refugees, Language Barriers, Older Adults, Resilience, Syrian Refugees

BACKGROUND

According to Pottie et al. (2016), the ongoing war in Syria is the most devastating conflict in modern times as half of the population was displaced within the country, and over four million refugees escaped to Lebanon, Turkey, and Jordan. The situation of Syrian refugees shows that this vulnerable population needs "targeted health assistance and surveillance" (Bazzi & Chemali, 2016: 55). Older adults from the refugee population are highly in need of help because they have limited mobility, and many live with the trauma that prevents them from adapting to medical care. Additionally, older adults' Syrian refugees need long term care due to the chronic nature of their illnesses (Bazzi & Chemali, 2016). However, older Syrian refugees find themselves sidelined in chaotic circumstances in refugee

camps where most of the assistance is directed toward women and children (Khabra, 2017).

With the collaboration of international organizations, the Canadian federal government responded to its international obligation and welcomed over 55,000 refugees that escaped the Syrian civil war (Khabra, 2017). The country implemented three structurally different programs to facilitate the (re)settlement of Syrian refugees; the Government Assisted Refugee (GAR) program, Privately Sponsored Refugees (PSR), and Blended Visa Office-Referred (BVOR) (IRCC, 2017). Each program aimed to resettle some refugees living in refugee camps in adjacent countries to Canada before selecting and dispersing them across major cities in Canada (Khabra, 2017). GARs did not come directly from Syria to Canada, they have



been (re)settled from refugee camps and neighbouring countries (Khabra, 2017).

Upon their arrival in Canada, limited language skills affect refugees' ability to access information and services regarding their health, well-being, (re)settlement, civil rights, and political participation. (Malcolm, 2017). Language barriers influence older adult refugees even more because it limits their ability to navigate the Canadian systems, increase their social isolation, decrease employment and income opportunities, among others (Stewart et al., 2011; Zhou, 2012). These factors, in turn, may create situations of elder abuse and vulnerability, and other mental and physical health problems (Canham et al., 2017; Jang et al., 2016).

The majority of Syrian refugees in Canada reported having limited English proficiency. Statistics gathered by IRCC show that 24% of Syrian refugees do not know English, while 50% do not exceed level 2 (Khabra, 2017). However, these numbers are not homogenous across different (re)settlement programs. For instance, 17% of refugees under the government assistance program have basic English knowledge, while 81% of the PSRs reported speaking one of Canada's official languages (Malcolm, 2017). Lack of English proficiency affects refugee's (re)settlement, and in particular older adults who are at risk of abuse. This study focused on exploring how this affected the settlement of older adult Syrian refugees.

LITERATURE REVIEW

Older Syrian refugees often lack language proficiency to support themselves on their own in Canada; therefore, they often rely on their family members, neighbours, and others (Khabra, 2017). Stewart et al. (2011) explain that language barriers can negatively affect multigenerational relationships. Children and grandparents do not understand English and have difficulties learning the language in a fast-paced environment. Khabra (2017) found that refugees take long to learn and have limited opportunities to practice English, making it harder for them to start fresh and integrate within the community. Language barriers and immigration experiences shift the power relationship between older refugees and their family members. Since the well-being of

immigrants relates significantly to their relationship with their family members (Guruge & Khanlou, 2004), older adults' inability to communicate increases their social isolation and loneliness inside and outside the home (Lai, 2016; Guruge et al., 2015).

At the community level, active community engagement provides an opportunity for older immigrants and refugees to build new friendships. Active membership in the neighborhood can nurture their sense of belonging in their new place of residence (Gierveld et al., 2015). However, Brown et al. (2005) explains the sense of belonging to the community evolves when both the newcomer and community members are predisposed to think of their relationship as positive and beneficial. Lacking the medium to engage in exchanges with others prevents the local community from including older immigrants, which may lead to marginalization that can be interpreted as abuse on the other (Zhou, 2012). Language barriers prevent refugees and immigrants from participating in social events. Speaking neither of the official languages in Canada results in their exclusion from the community and society (Ahmed et al., 2017; Zhou, 2012). Active community engagement provides an opportunity for older refugees and immigrants to build new friendships.

Communication with service providers is limited due to inadequate interpretation services (Wayland, 2006). Community services, especially community health clinics, are committed to providing interpreters, but most available services report limited funding and ad hoc budgets to finance their interpretation services. Schools and agencies unable to offer adequate interpretation services often rely on bilingual staff and family members for help. Unfortunately, reliance on family members puts older refugees at risk of being misunderstood as explained by Stewart et al. (2011): "service providers indicated that family members who acted as interpreters sometimes did not correctly convey information between service providers and seniors" (Stewart et al. 2011: 24).

At the societal level, language barriers exclude the individual from social and health services (Li, 2016), which in turn, decreases the immigrant's disposition to adopt new norms and undermines



their sense of belonging (Chow, 2007). Older refugees' limited access to care due to health coverage and communication issues result in unmet needs that further deteriorates their health conditions (McKeary & Newbold, 2010). For example, Newbold and Willinsky (2009) report that some physicians reject older refugees even when they have an urgent need for care because of substantial time and expenses associated with their age-related health needs (2009). Although Syrian refugees benefit from the Interim Federal Health Program (IFH), language barriers pose a problem because refugees must apply to the program to become eligible (McKeary & Newbold, 2010). Completing administrative tasks related to the refugees' (re)settlement process requires filling out forms and navigating a complex bureaucratic system. Older immigrants and refugees without limited educational level and language abilities find the experience extremely challenging. Thus, limited English proficiency represents a significant risk for mental and physical health (Canham et al., 2017).

PURPOSE AND RESEARCH QUESTION

There is limited literature that examines, in-depth, the experiences of older adult refugees, sponsored by the government with language barriers. This study explored older Syrian refugees' experiences of language barriers in the post-migration and (re)settlement context in Canada. This study highlighted the influence of language barriers on older Syrian refugees from the Government-Assisted Program. GARs have been reported to have the least language skills among Syrian refugees (Malcom, 2017).

The primary purpose of this qualitative study is to identify common themes of different aspects of the research topic that can be discussed qualitatively (Patton, 2000). The study addressed the main research question: What are older Syrian refugees' GAR experiences of language barriers after their (re)settlement in the Greater Toronto-Hamilton Area?

THEORETICAL APPROACH

This study was guided by the Ecosystemic model (Guruge Khanlou, 2004). The ecosystemic model has been used to study and analyze trauma and

resilience among families and older adult refugees and immigrants (Goodman et al., 2017; Hynie et al., 2013; Vesely et al., 2017). The ecosystemic framework can help explain the unique circumstances that shape older adult refugees' lives after their migration. The framework is suitable for this study because it can help explore the range of factors that influence the older refugee experience including family, community, and institutional stressors. These stressors can act together and separately to prevent refugees from acquiring language proficiency (Ledi, 2004).

Bobes and Rothman (1998) outline six fundamental assumptions to the ecosystemic approach that are found to impact immigrants' and refugees' experiences. First, lived experiences influence the individuals themselves and others around them. Therefore, any assistance must take into consideration the context in which refugees evolve. Refugees leave their country of origin suddenly; they leave behind their family, friends, wealth and memories to come to an unknown environment where everything is different. They have to learn new routines and develop new knowledge and behaviors that are unique to their new environment.

Second, change in one's family membership will affect the entire system. Some older adult Syrian refugees came to Canada accompanied by their spouses, children and sometimes parents. Each member's experience differs greatly from the rest of the family because of age, gender, and personal objectives. For instance, a child will have a completely different perspective about language barriers because they have to use it in schools and playgrounds. Older adults often lack the practice component that can catalyze their need to learn English.

Third, the ecosystemic model highlights the assumptions that leads to hegemonic thinking that, refugees are all the same. Bobes and Rothman (1998) explain that "the focus is upon circular causality rather than linear thinking" (p.7) because many stressors overlap at multiple levels of complexity to affect refugees differently in any given situation.

Fourth, interactions between family members relate to or are affected by the present conditions.



Current situations that dictate the interrelationships among members of the same household offers a suitable environment for each member to gain / develop new unique qualities.

Fifth, the family interrelationships change over time giving rise to new interactions that result in new interrelationships. Older adult Syrian refugees reimagine or re-envision their relationships with their spouses and children. The change can generate a shift in the power relationship that can undermine the role of older adults in the house. Sixth, adapting to the power shift can give place to tension and conflict between family members in ways they did not experience in the past. Ledi (2004) explains that conflicts at the family level are necessary to the successful implementation of adaptive family systems. She argues that “to achieve homeostasis (steady states), the families struggle at maintaining equilibrium (Ledi, 2004: 19).

METHODS

Design

There is limited literature that looks in-depth into government assisted older adult Syrian refugees' experiences with language barriers. Qualitative research helped develop a contextualized understanding of people's experiences to close the gap between older adult Syrian refugees' linguistic needs and available services (Vaismoradi et al., 2013). The distinctiveness of the descriptive method allowed a direct exploration of the phenomenon in ways that can stimulate the readers understanding of the GARs lived experiences. Qualitative descriptive method (Sandelowski, 2000) helped describe the experiences of Syrian older adults with language barriers at the macro, meso, and micro levels. Additionally, descriptive finding clarified how policy makers identify and classify immigration and (re)settlement related laws (Sandelowski, 2010). The method goes beyond the simplistic description of data that explains different patterns of the human behaviour by “loosening the bonds that tied them to rigid methodologies” (Thorne et al., 1996: 172).

Recruitment and Data Collection

Ryerson University Research Ethics Board approval was received. Six participants were recruited, three women and three men, as they fit the study's inclusion criteria: 1) came to Canada under the GAR Program, 2) are 55 years old and over 3) live in the Greater Toronto-Hamilton Area. Since no public listing of the targeted population is available, snowballing technic was used to facilitate access to the participants (Sandford, 2015); starting at the Wesley Urban Ministries because of their experience (re)settling different categories of government assisted refugees. Participants came to Canada in 2015 and 2016, they were interviewed in Arabic as per their request. I relied on the extensive experience accumulated while conducting interviews in Arabic for the Immigration Health Research Centre under the supervision of a senior researcher.

Participants were asked 10 to 12 questions about their experiences of language barriers in the context of post-migration and (re)settlement in the Greater Toronto-Hamilton Area with special attention to their experiences in relation to the following four themes.

The interview themes were:

1. Experience with the process of learning English in Canada?
2. Experience with language barrier at the family level (e.g., while living with children)?
3. Experience with language barrier at the community level (e.g., grocery shopping, at the bank, in the neighborhood)?
4. Experience with language barrier at the institutional level (e.g., access to information, employment, healthcare)?

RESULTS

The result section has been structured in accordance with the interview themes. First, the participants described their experiences with language classes after their (re)settlement in Canada. Second, they commented on their experiences of language barriers at the family level (e.g., relationship with adult children). Third, they highlighted the aspects of their experiences with language barriers at the community (e.g., neighborhood, grocery shopping and banking). Finally, the participants explained their



experiences with language barriers at the macro level (e.g., employment and access to healthcare).

Experience with Language Acquisition

The Beginnings of English Classes

All participants completed a language assessment test as soon as they arrived in their respective cities. According to the test results, they were given a score that indicates their proficiency level. All participants registered in their respective assigned classes. They started going to classes within the first few weeks of their arrival. They showed a lot of enthusiasm when they were talking about their initial experience of learning English in Canada. One participant stated that he drove 25 kilometers to get to school. Another participant said that English assessment test was the first thing he thought about as soon as he landed. A 70-year-old woman shared the details of her first day in Canada:

I came to Canada, I did my English assessment the next day, I got level 1, I visited the school ... the same day. The lady asked if I wanted full-time or part-time. I did not know what to say, I said full-time. (70, female, in Canada since 2015)

Learning Progress and Length of Study

Four participants (two men and two women) continued to attend language classes without interruption, for four consecutive years after their arrival. At the time of the study interviews, three participants were registered as full-time and one as part-time. However, most participants did not feel comfortable moving up to advanced levels. One woman indicated that she attended classes full-time for one year; her teacher encouraged her to move on to the next level, but she did not have enough courage to do so. After one year, she joined the second level but asked not to move her to the next level until the following year. She explained:

I kept saying I don't know much, and I need to practice more, but since on paper I am doing good, they want me to continue. The next semester I found myself in level 4. If you think about it, I am good with answering questions on

paper, but I have a problem finishing a conversation. (70, female, in Canada since 2015)

A man had a different experience attending classes. He stated that it was a good idea to start from level zero because it helped refresh his memory. However, he had difficulties adapting to the slow pace of the learning process. He wanted to learn English at the academic level because he wanted to go back to college.

The ESL program gave me the basics, but I needed more. I need to read articles and write long essays. I finished level 5. I heard about the academic upgrading program. I did Math and English reading and writing tests. At the time my mother was here with me, so I had more freedom. I used to go to high school in the daytime and ESL in the evening until I finished level 6. (56, male, in Canada since 2015).

Multigenerational and Online Classroom

All participants were pleased to see students from different ages attending language classes with them. One participant explained that the youth are important in the classroom because they can motivate older adults to learn faster. However, she argued that older adults do not learn at the same pace as young students because older adults have other responsibilities. She indicated that as soon as she finishes classes, she thinks about what to cook for her family and when her husband's next appointment is. Younger adults have more time to practice, therefore they can learn faster. Another participant had a different experience. She expressed her desire to be around younger students because it made her remember when she was a teacher back home. She expressed that she is happy to help the youth from the GAR program because she knows they have a literacy program. She explained:

All my classmates are younger than me, they all love me. I like to be around young people. They have difficulties learning English, especially grammar. I found English grammar easy because I taught Arabic back home. Arabic grammar is similar to English. I try to explain to them sometimes in Arabic, they were very happy with me. (70, female, in Canada since 2015)



The recent COVID-19 pandemic forced many older adults to self-isolate for a long period of time. While youth were able to adapt to online learning, older adults experienced challenges with their learning process at multiple levels. For instance, older Syrian adults may not be able to afford to pay for internet connection and a working laptop or desktop. One participant explained that her welfare combined with her son's disability benefit were their only source of income. Second, older adults were not prepared for the sudden and complete move toward online classrooms. Two participants said that they stopped taking classes as soon as schools closed. Others required the help of their children to navigate the online platform and submit their homework. A 70-year-old participant that lives with her husband and two children explained:

...Online learning is difficult for me and I think language barrier has something to do with it. I have to call my son all the time to fix it for me. He gets upset; I understand him though, it happens often. I decided not to take any classes next semester if the only option is online classes. (70, female, in Canada since 2015)

Multicultural Classrooms

All participants are proud of becoming a member of a multicultural community where diversity is recognized and celebrated. They found that people are genuinely interested in getting to know about their traditions. A female participant said that she was closer to her Columbian friends than other Arabic speaking students. Another participant said that students asked her if she was Muslim or Christian; they were surprised to see a Muslim woman without a scarf. Older women felt relieved when teachers accommodated their needs. One participant explained that the administration gave special instructions not to schedule any tests during the month of Ramadan. She said that even back home they used to have exams during Ramadan (i.e., fasting month) and go back to work the next day after Eid (i.e., celebration of the end of fasting). She commented:

As an Arabic woman, I feel like people and institutions respect our tradition and culture a lot. I feel very comfortable here.

One participant referred to his religious background to advocate for cultural diversity. He explained that his religious beliefs forbid him from discriminating people because of their race. He continues to say:

.... our religion (Islam) tells us to seek knowledge from the crib to the grave, it encourages us to travel anywhere to learn from other civilizations...so here I am learning in Canada

Why Language Learning was Important to them

One participant said that she was eager to start quickly because it is her responsibility to learn the official language of the country that adopted her and her family. Another participant said that he walks 40 minutes a day to go back and forth from his school without interruption for the last three years because he wants to learn, and he enjoys going to class. He said that he qualifies for free door to door transportation because of his disability but he refuses to take advantage of it. He said:

I walk 20 min every day to go there. I do not take the bus; they can get me special transportation to get me to and from school, but I told them I don't need it. It does not matter for me if it is summer or winter, I always go to school. I have been doing it for three years because my objective is to learn English. Language is a must, the minimum we can do here is to learn the language. (84, male, in Canada since 2015)

One participant explained that she wants to learn English because she wants to explore her new country. She wants to learn about its geography and history and to know about the different cultures and traditions. She wants to communicate with people and build friendship. More importantly, she does not want to be dependent on her children anymore. She reported:

I want to run my errands without having to ask for help. That's how I think. For now, it's still my children that take care of me, my son is always with me when I go to the grocery store, when I go to the bank and so on (70, female, in Canada since 2015).



Experience with Language Acquisition

Language barriers living with children

Most participants are partially or completely dependent on their children. They all had adult children living with them in the same apartment. All participants converse with their children in Arabic with some exceptions where they use English for practical purpose. I asked one participant about instances where he feels comfortable speaking English with his children. He said that he does so when he has an English lesson related question. He said that he speaks some English when only close family members are present. For example, he said that he can ask his children to clarify a word he heard on the news. He said that sometimes he tries to discuss the story behind the movie or TV series they watch late at the night.

Another participant said that she tries to entice her daughter to help with household work by asking her in English. She practices English with her daughter when they are preparing for dinner. For example, she tries to remember phrases such as, “help me clean dishes please” and “help me organize the room please”. She acknowledges that her daughter acquired the language much faster than she did. She specified that she registered her daughter in an English-speaking private school even before she knew they were coming to Canada.

Although I have some background in English because we learn it in middle school a little bit. My daughter is doing much better because she is young and can learn faster. Also, she knew some English before coming to Canada. She speaks fluently, she just graduated from college. (64, female, 2016)

Experience with Language Barriers at the Community Level

Neighbours and community members

All participants agreed that language barriers lead to their social isolation at the community level. One participant lives with her husband and two children; she suffered a lot from isolation because of language barriers. She said that she still

has difficulties four years later because she cannot express herself in English. She cannot ask people in the street questions because she does not understand slang language. She explained “I lack practice so my ear cannot get used to the language”. A male participant explained that he feels isolated because he has difficulties asking his neighbours simple questions that can spark a discussion. He said:

My neighbor told me that his son is ill. I met him a few days later, I wanted to ask him about his son’s health, but I couldn’t. And even if I knew what to say I will not be able to understand his answer. That’s my problem. (84, male, in Canada since 2015)

One participating woman tried to combat their language barriers and social isolation by proposing Syrian food to her neighbours. Later, the food sharing became the foundation of a solid relationship that evolved through time as one woman explained:

I just want to meet some people or a family to practice English. I wish if older adults have a program where they can meet other families. I can cook for them as far as I can practice English. I am not afraid to express myself in English. I know that I can understand key words that will help me carry on the conversation. I just want to find people to practice with. (72, female, in Canada since 2015)

Other participants chose volunteering to integrate in the community. A female participant went to a nursing home to help in the kitchen. She told me that she was serving older adults’ food, but she did not find the experience helpful because she could not practice English with the residents:

My task was to serve, so I had to do it fast, I did not sit down with the older adult to have a conversation (64, female, in Canada since 2015)

Experience with Language Barriers at the Institutional Level

Information and Administration

I asked participants about their experience with language barriers at the institutional level.



Participants, including the one fluent in English, acknowledge that language is a major barrier to their relationships with institutions. They experienced anxiety when they perform administrative tasks, take phone calls, book doctors' appointments, and meet with government services. They require the help of their children, (re)settlement case managers and interpreters to complete forms related to their status in Canada, to renew their medical cards and yearly taxes.

One female participant told me that she was filling her taxes wrong because she did not understand if she can claim her medical expenses. She said that she did not get any refund in two years, so she decided to rely on her son to deal with any issues with Canada Revenue Agency. Her serious tone shows how anxious she was about causing a problem with public administration:

Health concerns along with any government related matters are no joke. I do not mess with that. I won't know how to do it on my own. I was doing my taxes wrong for the last couple of years, so I did not get any refund. (70, female, in Canada since 2015)

All participants mentioned that they struggle with access to information because of language barriers. I asked them how they get their local and national news updates. All participants admitted not knowing much about what is going on in Ontario, Canada, and the Greater Toronto-Hamilton Area. They did not read local newspapers, listen to radio stations, or watch mainstream media channels because they cannot understand the language. One participant's experience with access to information is relevant because it relates to finding the appropriate language classes. He explained:

The first two years were so hard for me and my family. I needed information about English language programs that will allow me to access universities and colleges. All I needed was the yearly program catalogue, but even that was hard to get because we did not know. Seriously, access to information was a major issue in the first couple of years. (56, male, in Canada since 2015)

All participants are using social media instead. They find social media very helpful because they

can translate the information with a simple click. One participant explained with astonishment:

I know the news through my son or my smartphone. If I do not know something, I translate it using my smartphone. Now social media feeds include a translation button that makes translation very handy. (84, male, in Canada since 2015).

Another female participant said that she uses Facebook and YouTube channels to get information because she cannot find news in Arabic. She said that she watches CP24 from time to time if there is something major happening in the country. She said that she does not understand everything, but she gets a general idea.

Language Barriers, Employment and Academic Credentials

One participant had great hopes of finding a job as an interpreter as soon as he landed simply because his profession is in demand. He explained he was asked to complete a licensing procedure despite his professional experience of 20 years at the United Nations. He said in a desperate voice:

I did not think that language is going to be a barrier. I was dreaming that I will be using English and other languages as soon as I come to Canada. Can you believe that someone with my kind of experience and fluent in English can find difficulties finding a job in Canada. I realized later that other factors such as age, I am 68 years old now, may block access to employment for refugees. The language did not help me at all.

Another male participant planned to acquire a qualified job in Canada had a similar experience. Unlike the first participant, he does not speak English and he does not have any international working experience. However, He knew that working before mastering the language is a mistake that can have drastic short- and long-term consequences. He wants to work in accounting because he was a math teacher and entrepreneur back home. He was hoping to know about the process of academic upgrading during his first year. He argued that the whole idea behind credentials and Canadian experience should have been explained as soon as they arrived. He explained:



...I think the concept of going to school and gaining Canadian experience should have been introduced early on in the (re)settlement process. The first few months are essential for refugees' stability, I heard that some of them are dealing drugs and getting killed. The Arabic community and human right organizations should plan sensitization session to explain to refugees the benefits of learning the language and going to school in the long term. (56, male, in Canada since 2015)

Language Barriers and Access to Healthcare

Participants except one reported some level of stress and anxiety when dealing with healthcare providers. They all request an interpreter when they have a doctor's visit. However, they prefer to be accompanied by a family member instead because of privacy issues. Also, they want their children to handle their conversations with health professionals to make sure they do not forget any important information. One female participant who takes care of her husband living with a disability explained that she takes health concerns very seriously. She does not have enough confidence that she can discuss a health-related matter in English. She said:

Although I worked in healthcare in Syria, but the language barrier is a major problem for us. We usually get an interpreter when we see the doctor. Health concerns are different than running errands or doing groceries, I have to make sure I understand everything. (64, female, in Canada since 2016)

The service is available for free and can be face to face or over the phone. All older adults are aware of available healthcare services, but they prefer to have someone they know accompany them to complete the visit. Participants with children insist on having their children be present at the visit because they don't want to miss any important information. One participant prefers that to have his son with him because he can help him remember what the doctor's said later. He explained:

I prefer my son to be with me for my doctor's appointment. An interpreter comes for few

minutes and leaves, with my son, I can ask him once and twice until I am sure" (70, female, in Canada since 2015)

A female participant argued that she uses interpretation services when she has a routine check-up. However, she insisted on the presence on a close family member when she must deal with a complicated matter. She explained:

It's good to have a translator because everyone in my family is too busy. However, it is different with my little son because he has brain complications, so he needs to have someone fluent to assist the surgeons with any clarification. I have difficulties understanding the situation because I do not speak the language. My granddaughter came to assist once but she is waiting for a baby now, she cannot come. (72, female, in Canada since 2015)

All participants have an Arabic speaking family doctor. These doctors were assigned to them upon their arrival four to five years ago. All participants found that having an Arabic speaking family physician very important as one female participant stresses, "My family doctor is Arabic speaking, he was a Syrian MD now she is Egyptian, I won't go to the doctor if she/he is not Arabic speaking." (70, female, in Canada since 2015). Participants' answers made me think about the availability of Arabic speaking doctors. One participant complained about the wait time when he has an appointment. Another participant stated that his family doctor never answers his call. He explained that the problem of dealing with an Arabic speaking doctor is accessibility. He said that his family doctor refused to see him because he was busy which made him question the effectiveness of the Canadian healthcare system. He explained:

The problem we have with Arabic speaking doctors is availability. My family doctor has over 2000 patients to take care of and his time is very limited. My question is why a family doctor would accumulate 2000 patients in the first place. If I did not have a language barrier, I could have switched to an English speaking one. (56, male, in Canada since 2015)

DISCUSSION



Debeljacki (2007) explains that government-assisted refugees have the lowest graduation rates as compared to economic and family class immigrants. He argues that GARs have difficulties completing the program because they require more individual attention in the classroom than other students (Debeljacki, 2007). This study's participants explained that language classes became inadequate in meeting their needs after the first or second year of their arrival to Canada. They acquired basics skills, such as sentence structure and vocabulary during the first year, then the formal environment did not motivate them to learn more which explains why they did not move up to advanced levels. They kept going to classes because it mainly helped them overcome their social isolation.

According to the literature, communication difficulties minimize social contacts and interactions, and increase social isolation and loneliness (Jang et al., 2016; van Baarsenet al., 2001). Similarly, the study's participants showed a high degree of dependency on their children. Older adults, who are Syrian GARs, are sensitive to the pressure that they are putting on their children. Language barriers exacerbate their vulnerabilities even more when they become aware that their children may not be available for a long period of time. The combination of financial and language barriers creates a form of dependence that keep older adult and their children in constant struggle to maintain their family stable (Ledi, 2004).

Debeljacki (2007) linked language classes dropping rates to financial hardship. Depending on the language program, available resources may offer the student free bus tickets to attend classes but not all programs cover such costs. Debeljacki explains that GARs must attend LINC classes every day to receive a one-way transportation ticket. Most GARs cannot afford to pay for the return ticket (Debeljacki, 2007). Similarly, older adult Syrian refugees lacked the means to attend classes regularly because they could not afford to pay for transportation while living on a strict budget. Most participants received welfare and lived with a partner or a child that requires constant caregiving. They expressed their interest to attend older adult programs organized by community centers and public libraries. They prefer to meet with other older adults within the community to share their

experiences while practicing the language. However, programs that combine activities with language learning do not qualify for free transportation services or subsidies, forcing older adults to discontinue attending the program only weeks after they start.

Literature (Debeljacki, 2007; Van Baarsen et al. 2001) shows that the Canadian government provides limited (re)settlement funding for service providers to address barriers to employment, housing and language acquisition for newcomers' immigrants and refugees. Service providers' partnerships with government institutions became contract-based, competitive, short-term, and regulated (Evans et al., 2005). Limited funding impacts older adult refugees' learning process, which in turns, may increase their loneliness and social isolation. The findings are in accordance with scholars and researchers such as Wayland (2006) who recommend additional funding for age-specific programs that are sensitive to the older adults' cognitive capabilities, adequate to their daily needs, and culturally appropriate.

Older adult Syrian refugees carry the double burden to prove they were worth the sacrifice of the Canadian society. They want to learn the language to become active members and give back to the community that welcomed them. According to Wayland (2006), language barriers occurring at multiple levels influence refugees' identities. For instance, they can influence older refugees even more because it limits their ability to navigate the Canadian systems, and decrease employment and income opportunities (Stewart et al., 2011; Zhou, 2012). Accordingly, weak language abilities affect employment opportunities. Only 10% of GARs were able to secure a job since they arrived in Canada compared to 53% of PSRs (IRCC, 2017).

Man (2004) observed language program intakes and determined that immigrants and refugees were placed in part-time programs in community centres and local schools because the province eliminated the living allowance and restricted language programs to newcomers. Man argues that the lack of resources to acquire language proficiency and the absence of adequate programs forces immigrant women to take "menial positions" (p142). This study's findings are in line with Man's conclusions except that in this study,



men too are taking menial positions that undervalue their competencies. Vijay (2007) conducted a study to highlight the discrimination facing South Asian immigrant and refugee women with low language skills. Her study can help my discussion because she provides interesting information about language classes that include different age groups. She argues that women felt trapped because of a series of structural barriers that undermine their abilities to attain high language proficiency levels. More importantly, Vijay's study highlights that western hegemony impacts immigrants and refugees' newcomers. She concludes that the purpose of the ESL program is to help women navigate and adjust to their new environment while the undisclosed objective is to perpetuate the homogenize view of the woman refugee. Likewise, this study's participants complained about lack of information about available alternatives to formal language programs. They found that language barriers prevent them from accessing information in timely manner. Lack of information or misinformation may create situations of delay in accessing services that can result in frustration and demotivation.

Consistent with the literature, language difficulties also threaten refugees' privacy, especially when accessing healthcare services (Vijay (2007); Man (2004)). The literature shows that women can share their health concerns and symptoms with their family doctor, but not necessarily in the presence of an interpreter, especially where there is a small community of Arabic speaking people (Ahmed et al., 2017). McKeary and Newbold (2010) study on older adult refugees' access to healthcare services in Canada showed that access to health professionals is further complicated by low literacy levels because describing symptoms and understanding diagnosis' technical jargon require more than basic English skills. The study discussed the risk of assigning family doctors based on language and ethnic backgrounds. Similar to my findings, the study shows that sometimes family doctors refuse to see their patients because of time constraints. The experience of the women who participated in my study takes different dimensions because they are women, and they have the responsibility to care for a close family member. They find themselves stuck between their caregiving duties, the household work such as cooking and cleaning, and the need

to build relationships with their neighbours and community members. They must accompany their family member to the hospital on weekly basis. They need to arrange special transportation, meet with healthcare professionals, coordinate between service providers and the family member to complete any administrative applications. Most participants reported some sort of dependency on their children, case workers and interpreters. However, the absence of support did not stop them from them carrying on with their responsibilities with high level of commitment and agency.

RECOMMENDATIONS

Based on the study findings, the focus should be on access to information about available language programs and options, as well as social isolation. The following recommendations may be helpful to policy makers and outreach program designers.

First, older adults have different needs that dictate what kind of language program they may need. Creation of a newcomer program to provide tailored information about available language classes would support older adult Syrian refugees. The program could help guide older adult refugees adapt their learning to their individual objectives. The program could also provide an overview of available fulltime, part time classes in formal and informal classrooms. In addition, the program could inform older adult refugees about options to upgrade their academic credentials and pathways to academia as soon as they arrive in Canada.

Second, a newcomers' outreach program to promote community engagement while learning English would be important. The program could be created to help older adults access information about available activities at the community level. A coordination between the case manager responsible of the refugees first year of (re)settlement process and other outreach program is recommended.

Third, social isolation should be addressed at the local level. learning while socializing at the neighborhood level can solve the problem of older adults that cannot leave home for a long period of time because of caregiving responsibility. Community leaders can coordinate home based



tutoring activities tailored to the need of older adult refugees' unique circumstances.

Fourth, most older adults are on welfare with limited financial capabilities. Their income can barely cover the cost of rent and monthly groceries. I recommend providing older adults with transportation vouchers to help cover the cost of transit to attend formal and informal English classes.

CONCLUSION

Age has a socially constructed meaning that generates different expectations at different stages of one's life. While society sees life as linear, from a period of schooling to work, building a family, then retiring, refugees' experience is non-linear because they need to re-establish themselves in the new country of residence. Older refugees who do not speak English or French demonstrate more significant vulnerabilities than English-speaking older adults in Canada (Jang et al., 2016; Pottie et al., 2008). The research results show that limited language abilities undermine refugees' ability to build enduring friendships and increase their dependence on their children. The difficulty increases when language barriers exacerbate their opportunity to access age-specific community-based programs. In addition, language barriers complicate their ability to obtain helpful information to improve their employment experiences and navigate a complex healthcare system.

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