



Welcome to the *ANCIE Bulletin*, a monthly electronic newsletter that explores different topics about newcomer children living in BC – including immigrants, refugees, international students, and children of temporary foreign workers. This e-bulletin focuses on newcomer children’s health and wellness.

The Healthy Immigrant Effect

Newcomers, including children, tend to arrive to Canada with a higher level of physical health than the average Canadian resident. This is known as the “healthy immigrant effect”—people who immigrate tend to be in better health—and is largely due to medical screenings required of sponsored immigrants before arriving to Canada. However, health status tends to decrease over time once in Canada. Many newcomers eventually become high risk for chronic diseases, such as diabetes and obesity.

Barriers To Accessing Health Services

Health is crucial for the development of any child. Both newcomer and Canadian-born children have similar needs for a healthy development—a loving family, a safe and healthy environment, nutritious food, education, and access to health care services. However, newcomer children are more likely to face barriers to staying healthy and well.

Navigating the health care system in British Columbia is not an easy task for newcomer families. While there are specific programs available for newcomers, they are often difficult to access. It takes a good understanding of the system in order to identify them. It has been found that newcomer families are less likely to access health care services on a regular basis. This is due to a number of reasons:

- Language / Communication Barriers – lack of fluency in English; unease in working with interpreters, especially for those with fewer immigrants from their cultural communities
- Geographical Barriers – lack of transportation to a health care service location; long wait times; hours of operation
- Socio-cultural Barriers – ethnocentric service providers; immigrants seen as one group; different beliefs about health, illness and treatment (traditional remedies vs. Western medicine); lack of female physicians
- Information Barriers – lack of knowledge of services available; different expectations of the health care system
- Economic Barriers – three-month waiting period for provincial health plan coverage in BC; cost of uninsured services (e.g. dental, counselling); indirect costs to health care access (e.g. unpaid leave to take children to medical appointments, transportation)

FACTS

- Newcomers, especially those from non-European countries, tend to have a higher level of physical health when they first arrive to Canada, compared to Canadian-born residents. However, once in Canada, their health status tends to decline over time.
- The majority of newcomers to Canada come from Asia, Africa and Latin America. Immigrants from these areas are more likely to face both language and cultural barriers to access health care services.
- Newcomers who arrive to places where there are fewer individuals from their community of origin, particularly those settling in rural areas, will face significantly higher barriers to access health care services. There is greater likelihood of cultural and linguistic barriers, and inadequate social support.
- Immigrants are less likely to visit a doctor or dentist regularly, or to have a regular health care provider.
- Refugees selected by Canada for “sponsorship” from overseas have the highest number of physician visits and hospitalization rates per person.
- Children from the lowest income level are three times more likely to have never participated in organized activities and sports, compared to those in the highest income levels. In Canada, 48% of children from recent immigrant families live in poverty.





Mental Health And Wellbeing

Newcomer children may experience mental or emotional problems due to trauma. Moving to a new place can be traumatic in itself. Some newcomer children may have also experienced a more extreme trauma in their country of origin—war, destruction, death of a family member, the conditions of a refugee camp, and other hardships difficult for even an adult to process.

Newcomer families seldom seek mental health services for their children. This is partly due to the stigma attached to mental health in many cultures. In fact, there is no translation for the term “mental health” in a number of languages. Some newcomers are unaware that mental health services even exist in Canada, as they may not exist in their own countries.

Culturally Competent Health Care

Cultural competency refers to “a two-way avenue where service providers / policy makers respect and welcome immigrants / refugees through understanding of their culture, values, beliefs and needs, while the population receiving services also needs to learn about the Canadian service system and values” (Poureslami et al.). While culturally competent health services are available in British Columbia, they tend to be concentrated in urban areas, such as the Lower Mainland, and provided by specialized organizations. When they are provided within larger organizations, they are often part of a separate “division” and treated as a separate entity.

Case Study

After Carolina immigrated to Canada with her six-year old son, Juan, his physical and mental health declined. He would often get sick with different types of viruses and infections, including croup. Juan soon became depressed, and would get scared whenever Carolina left him with others. He began drawing pictures using only black and brown. Carolina became very concerned about his wellbeing. She discovered that Juan was being teased by other children at school for not speaking English. He was eventually placed in English as a Second Language (ESL) classes in school, and was enrolled in an after-school daycare program. Both the teachers and daycare monitors provided Juan with the extra support he needed, and helped him to feel safe in school. They integrated his interests, such as drawing, into his learning and encouraged him to learn English while playing with smaller groups of children. He started to express his feelings through his drawings, and began to communicate in English. Carolina also started to speak some English at home, using words from their mother tongue to help him. Thanks to the effort made by his family, school and daycare, Juan was able to gain back his confidence, and once again became a happy, healthy boy.

TIPS FOR PROVIDING CULTURALLY COMPETENT HEALTH SERVICES

- Provide access to qualified interpreters and other resources so that clients and health care providers can understand one another.
- Do not place immigrant children in the position of interpreters for their family members—never ask immigrant children to interpret or translate for their parents about topics as important and personal as health.
- Learn about the views and practices of different cultures around physical and mental health, wellbeing and treatments, and how they compare to your own. There are many alternative healing practices used around the world, such as home/folk remedies, herbs, special diets, massage, prayer, spiritual/religious practices, etc.
- Break down stigmas by educating parents. Talk about concerns, such as anger or depression, using case studies of similar families.
- Build a trusting relationship with a child’s parents and extended families—strong relationships help to build good health, a long life, and a positive attitude.
- Use a religious or community leader as an advocate or mediator if a family needs extra support for their child’s health concern.
- Ideally, the services available in a community should be reflected in the structure of the population, such as employees reflecting languages in proportion to the community served.

SEND US YOUR CASE STUDIES!

The next ANCIE Bulletin will focus on refugee children. If you have worked with refugee children and would like to share a story, please send it by email to [Rishima Bahadoorsingh](mailto:Rishima.Bahadoorsingh). The deadline for submission is by July 26.





Further Reading

The information provided in this ANCIE Bulletin comes from the following resources. For more information on the health and wellness of newcomer children, or to access the resources directly, please [click here](#).

Ahmed, Nina. *Analytical Studies Branch Research Paper Series Intergenerational Impact of Immigrants' Selection and Assimilation on Health Outcomes of Children*. Family and Labour Studies Division Statistics Canada.

BC Healthy Living Alliance. *Healthy Futures for BC Families: Policy Recommendations for Improving the Health of British Columbians*.

BC Ministry of Education. *Students from Refugee Backgrounds: A Guide for Teachers and Schools*.

Campaign 2000. *Report Card on Child and Family Poverty in Canada 1989-2009*.

Daneman, Denis & Ford-Jones, Elizabeth Lee. *"Attending to the health of immigrant children."*

Health Canada. *"Certain Circumstances" Issues in Equity and Responsiveness in Access to Health Care in Canada: Equity in Access to Health Care- Access to Health Services for Underserved Populations in Canada*.

Kugler, Eileen Gale & Price, Olga Acosta. *Helping immigrant and refugee students succeed: It's not just what happens in the classroom*. The Center for Health and Health Care in Schools.

Poureslami, Iraj et. al. *Bridging Immigrants and Refugees with ECD Services: Partnership Research in the Development of an Effective Service Model*.

For more information on the health and wellness of newcomer children, please visit the Health and Wellness section of the ANCIE website. All research and resources cited in this bulletin can be found [here](#).

For more information about AMSSA's Newcomer Children's Advocate Program, please visit: www.amssa.org/ancie.

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About AMSSA:

The Affiliation of Multicultural Societies and Service Agencies of BC (AMSSA) is provincial not-for-profit, non-partisan umbrella organization representing and serving over 75 immigrant settlement and multicultural agencies in British Columbia. AMSSA members are mandated to address a broad spectrum of multicultural and immigrant settlement and integration issues in their communities. AMSSA acts as a central resource for member community agencies working in large urban centres and smaller communities. AMSSA's services and engagement extend to all levels of government, as well as to relevant public institutions, the private sector, community groups, and the general public. For more information, please visit www.amssa.org.

For more information about AMSSA's Newcomer Children's Advocate Program, please contact Rishima Bahadoorsingh at newcomerchildren@amssa.org.

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