THE NEW CANADIAN CHILDREN AND YOUTH STUDY

Research to Fill a Gap in Canada's Children's Agenda

ABSTRACT

One in every five children living in Canada was either born somewhere else or born into immigrant and refugee families, and Canada expects a lot from them. The literature about immigrant and refugee children is riddled with paradoxes, inconsistent results and unanswered questions. Longitudinal research, employing sufficiently large samples of children in differing situations, living in different regions of the country, and using culturally and situation-sensitive measures is badly needed. The NCCYS is one attempt to address this need.

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Rarely has so much return been expected from so little investment. One in every five children living in Canada was either born somewhere else or born into immigrant and refugee families, and Canada expects a lot from them. On the one hand, we expect their achievements to help justify our relatively large immigration rates. On the other hand, we act as if this will happen even though we choose to largely ignore their health, development, and adaptation. Take, for example, Statistics Canada's National Longitudinal Study of Children and Youth (NLSCY). On a simple probability basis, the NLSCY sample of more than 23,000 should include about 4,600 immigrant and refugee children. However, a single study – not even one of the scope and quality of the NLSCY – can accomplish everything. For various reasons, immigrant and refugee households were undersampled: instead of the expected number, the NLSCY sample contains only 358 immigrant and refugee children.

Health Research to enrich theory, to enlighten policy, and to direct practice

The NLSCY is only one of several national health studies to neglect immigrants and refugees. Including immigrants and refugees in national studies is neither easy nor inexpensive. Identifying newcomer households from which to draw samples is daunting, particularly because immigrants tend to be highly mobile people. Aside from sampling problems, the cost of translating questionnaires into heritage languages, and the effort required to recruit and train bilingual interviewers are far from trivial.

If it were true that whatever applies to the population as a whole applies equally well to immigrants and refugees, the dictates of efficiency and economy might justify leaving newcomers out of national studies. However, what applies to the majority often does not apply to minorities. For example, poverty is among the most potent threats to children's mental health. Although immigrant families are almost three times more likely than non-immigrant families to live below the poverty line, immigrant children as a whole are nevertheless in better mental health and have fewer behavioural problems than their native-born counterparts. Does the answer to this apparent paradox lie in an exceptional resiliency among immigrant and refugee children, or does the strength of immigrant family life somehow protect children? And, if so, what are the roots of such resiliency, and the nature of immigrant family strengths?

At first blush, the findings support the popular view of children as adaptable creatures. The apparent ease with which immigrant and refugee youngsters learn new languages, their almost legendary scholastic achievements, and their apparent quickness to take on the dress and behaviour patterns of their adopted countries, are all consistent with a rosy stereotype of resilience. Many immigrant and refugee children do integrate well. However, some have a lot of trouble learning a majority culture language, some have difficulties in school, and rapid integration – not infrequently resulting in familial role reversal, intergenerational conflict, and identity conflicts during adolescence – can be a decidedly mixed advantage.

The findings do not justify complacency. Although immigrant children as a whole may have a mental health advantage, this may not apply to all newcomers. There is, for example, good reason to hypothesize that the pre-migration trauma suffered by refugee children and the discrimination directed towards visible minority children create mental health risk. The NLSCY's restricted sample makes it impossible to separate immigrants from refugees, or to examine the effects of discrimination on mental health.

Research about immigrant and refugee children is important, not just to answer interesting questions, and not even just to contribute to theory. As children mature, their respective biological endowments become increasingly less important predictors of development, while psychosocial factors become correspondingly more important. In other words, with the passage of time, a society's attitudes and actions become increasingly important in shaping the development of its children. Canada's societal institutions have been too slow to respond to the need to create structures, systems and services to support the development of newcomer children. Care-givers and policy makers need information about the health of immigrants and refugees, how this compares with majority-culture children, and about how health patterns evolve over time. They also need data about health determinants, some of which may be similar to those in the majority culture population, others of which may be unique. Finally, there is a need to examine the match between health needs and the use of services, and to understand the successes and failures of various approaches to providing care.

A Focus on the Health of Immigrant and Refugee Children

To help address such questions, investigators associated with four Metropolis centres of excellence on immigration research initiated the New Canadian Children and Youth Study (NCCYS) in 2001. Building on the NLSCY's invaluable data about (mainly) native-born children, the NCCYS focuses on the health and development of approximately 4,500 immigrant and refugee youngsters living in six Canadian cities, and makes comparisons between immigrants and the native-born. Like the NLSCY, the NCCYS interviews children and their families every two years, thereby making it possible to study children's development over time. The immigrant and refugee communities making up the NCCYS sample include mainland Chinese, Hong Kong Chinese, Filipino, Haitian, Ethiopian, Somali, Jamaican, Serbian, Vietnamese, Lebanese, Central American (Salvadorian, Guatemalan, Nicaraguan) and Colombian, Kurdish, Iranian, Punjabi, Tamil, and Afghani.

Start-up funding from the federal departments of Health, Canadian Heritage, and Citizenship and Immigration, from the Metropolis centres, from the FQRSC in Québec, and AHFMR in Alberta facilitated the creation of a large interdisciplinary team of epidemiologists, sociologists, specialists in child development, health services researchers, psychologists, mental health experts, anthropologists, educators, and academics from the clinical disciplines of nursing, paediatrics, psychiatry, social work, as well as partnerships between the investigative team and local immigrant communities. Community advisory councils whose membership included representatives from immigrant organizations and immigrant-serving agencies, as well as representatives of multiple levels of government, worked with the investigative teams in Montréal, Toronto, Winnipeg, Calgary, Edmonton and Vancouver: the university/community partnerships helped develop the NCCYS conceptual framework, identify specific immigrant and settlement stresses and protective factors, create strategies to inform and engage communities, and recruit and train interviewers. With this structure in place, the team carried out pilot tests to examine the applicability of NLSCY instruments, refined its concepts and measures for use with ethno-culturally diverse populations, and developed additional measures to capture the dynamics of the resettlement experience. The NCCYS has now received funding from the Canadian Institutes of Health Research to support the first two of the planned biennial surveys. The first wave of interviewing has been completed.

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What do we know already?

Researchers in Canada and elsewhere have not completely neglected immigrant and refugee children. However, the value of the information already available is compromised by the sometimes confusing and often contradictory nature of the findings. According to some reports, immigrant children have more illness, mental distress, developmental problems and behaviour disorders than their native-born counterparts. Researchers tend to attribute such findings to personal vulnerability based either on biological predisposition or on early developmental problems, or to exposure to threatening environments. Other findings, however, demonstrating no difference between the health of newcomer and native-born children – or even a health advantage for immigrants – contradict the idea that predisposition and/or living in stress-filled environments inevitably jeopardize the well-being of immigrants and refugees.

It does not necessarily follow that researchers are a confused lot, or that some do good studies and others do bad ones. Lack of sufficiently comprehensive theory is the crux of the problem. Paradigms attributing cause solely to predisposition or to environmental stress are too simplistic. Although migration and resettlement probably affect development, contingencies such as host country selection policies, immigrant versus refugee status, age at migration, gender, family characteristics, visible versus non-visible minority status, personal ethnic identification, social support, the availability of a like-ethnic community, and receiving society attitudes and resettlement practices determine whether immigration is followed by stress-induced maladaptive outcomes, or by well-being, positive self-regard, and achievement.

According to the NCCYS guiding framework, immigrant and refugee children's well-being and accomplishments result from a dynamic process, the components of which include individual characteristics, pre- and post-migration stressors, and the individual and social resources children can draw upon to cope with them.

Age at arrival in a resettlement country is a particularly interesting characteristic. According to the literature, age ten may be a critical cut-point: children who come to Canada before the age of 10 seem more likely than older children to integrate successfully, and to eventually identify themselves as mainstream Canadians, rather than foreigners or minorities.

Immigrants and refugees have vastly different experiences prior to coming to Canada. Catastrophic stresses, including human-initiated and natural disasters, have mental health repercussions. Refugee children, many of whom witnessed violence in their homelands, are at high risk for developing post-traumatic stress disorder (PTSD). Although reported rates for PTSD are startling – some as high as 50% – they raise a provocative question for future research. Assuming that all refugee children have been exposed to horror, why are the rates for PTSD always less than 100%?

What happens to people after they come to Canada is at least as important for their well-being as what happened to them before getting here. The research literature implicates acculturation and discrimination as major mental health stressors.

When cultural groups come into contact, they interact, and each takes on some of the characteristics of the other. Social scientists refer to this process as acculturation. Most research focuses on the effect of the dominant acculturating force – in this case Canadian society – on the less dominant – in this case, the immigrant communities. As a result of acculturation, families may switch from good diets to junk foods, and children may be exposed to viruses and bacteria that are common in Canada, but for which they did not develop immunities while growing up in their home countries. Some immigrant communities tend to avoid the health care system and to be dilatory about immuni-zations, both of which could increase the risk of illness. Intriguing research suggests that the more highly acculturated immigrant children become, the greater the probability that they will use illegal drugs. One possible explanation is that traditional methods for regulating the behaviour of youth break down under the acculturating pressure of the receiving society.

Apart from the family, school is the most potent influence on children's development. UK studies suggest that Asian immigrant children have higher educational and vocational aspirations than British-born children, and US studies point to the successful realization of their aspirations. However, success tends to be uneven. The reading skills of high-achieving Southeast Asian students generally lag behind their accomplishments in less language dependent topics, such as mathematics. The apparent facility immigrant children display in acquiring a new language can mislead adults into thinking that children are more fluent than they actually are. In contrast with the generally optimistic literature about immigrant children's school accomplishments, some recent Canadian studies paint a more troubling picture of high rates of school dropout, and compromised post-school success.

Discrimination is assumed to be one of the causes of poor educational performance, low occupational aspiration, and compromised health. Despite wide-spread acceptance of the premise, the fact is that discrimination and its effects on adaptation have rarely been subjected to scientific study. According to the Ethnic Diversity Survey conducted by Statistics Canada and Canadian Heritage, only one in ten of all Canadian residents 15 years of age and older had personally encountered discrimination. By comparison, one in five members of visible minority groups reported at least one experience with discrimination because of ethnicity, culture, skin colour, language, accent or religion. The highest rates of all – one in three – were reported by Africans and Afro-Caribbeans. Visible minority status was not the only basis for discrimination: recently arrived, non-visible minority group immigrants were twice as likely to have experienced discrimination as longer-stay, or second-generation immigrants.

Pre- and post-migration stressors jeopardize well-being, but, when confronted by challenge, human beings are not passive. To cope with adversity, they turn inward to call upon personal resources like self-esteem, and outward to call on family, neighbourhood and community.

Research shows that children who are secure about their ethnic identity and are at the same time comfortable with a larger Canadian identity are the most likely to have high self-esteem. There is some evidence that schools, society's major institution for socializing children aside from the family, may force youngsters into making uncomfortable choices between the old and the new, rather than supporting their efforts to integrate the demands of heritage and mainstream identification. Ethnocultural identity is important not only because of its impact on individual well-being, but because it affects social cohesion in culturally diverse societies like Canada. Studies suggest that the more comfortable adolescents feel about their ethnic identity, the more they are able to empathize with peers whose ethnic backgrounds differ from their own, the more likely they are to initiate interethnic contact, and the greater their academic achievement.

Regardless of ethnic background, immigrant parents have high aspirations for their children. However, lack of familiarity with the school system, inability to understand information provided by the schools and preoccupation with making a living impede parents' ability to help children realize these ambitions. Neighbourhoods affect children's health and well-being. Children in poor neighbourhoods tend to attend schools with limited funding, have access to few cultural resources, and are at high risk of dropping out of school.

According to the NCCYS guiding framework, immigrant and refugee children's well-being and accomplishments result from a dynamic process, the components of which include individual characteristics, pre- and post-migration stressors, and the individual and social resources children can draw upon to cope with them.

Summing Up

The literature about immigrant and refugee children is riddled with paradoxes, inconsistent results and unanswered questions. Longitudinal research, employing sufficiently large samples of children in differing situations, living in different regions of the country, and using culturally and situation-sensitive measures is badly needed. The NCCYS is one attempt to address this need.

Canada expects newcomers to contribute to the national good. Left to themselves, many immigrants and refugees will fulfil this expectation. Programs responsive to the needs and aspirations of newcomers will, however, help those destined for success achieve their goals faster and with less pain. Sound resettlement policy will also help others who, without assistance, might flounder.

In his novel, *A Bend in the River*, V.S. Naipaul writes, "We make ourselves according to the vision we have of our possibilities." Canada is committed to a National Children's Agenda that will provide equitable access to whatever it takes to ensure that tomorrow's citizens are healthy, strong, and able to realize their potential to contribute to the common good. In this spirit, Canada cannot go on ignoring the children of its newest settlers. It must, instead, help them create a vision as unblinkered as possible by trauma and hurt, and as open as possible to the potential contributions they and their parents can make to this country.

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