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The Role of *Changing Together: A Centre for Immigrant Women* in the Well-being of its Clientele; A Qualitative Evaluation

by

Katharine Ruth Hibbard 

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Science

in

Medical Sciences - Public Health Sciences

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Abstract

The following have been identified as threats to the health of immigrant women in Canadian society: economic barriers, social isolation, language barriers, and psychological and family stress. This qualitative study explored the barriers facing immigrant women in Edmonton and the effect that a centre for immigrant women had on their well-being. The findings suggest that immigrant women continue to face the barriers that have been identified in the literature for the past several decades. Social isolation and economic marginalization characterized the experiences of nearly every participant. Other concerns included physical/emotional hardship, abuse, and language barriers. The empowerment framework was applied in this research and was found to be appropriate. Women felt stronger through a process of identifying with others facing similar barriers and through receiving support and information. The self-confidence and opportunities that women experienced after their involvement with *Changing Together* helped them overcome factors that compromise health and well-being.

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Chapter One

Introduction

Introduction to Chapter One

This chapter provides background information on the study and *Changing Together*. The study's rationale, objectives, and research questions are introduced. *Changing Together*'s objectives are outlined as are the objectives and research questions of the study.

Background

The need for programs that provide integration assistance remains high. In addition to increasing immigration levels (Beiser, 1994), there have been changes in immigration patterns. Prior to the 1970's, Canada's immigration policies favored the entry of Europeans and Americans (Boyd, 1987). Also prior to this, refugee status was not considered a principle of admissibility. Since then, less emphasis has been placed on country of origin and we have seen a concomitant rise in the number of people from diverse cultural and linguistic backgrounds (Minister of Supply and Services Canada, 1988).

Different groups in society have unique health needs. So far, health research has neglected to examine the diverse ethnic nature of Canadian society (Anderson, 1992). Currently, our research is "not providing an accurate picture of the health of our population, and as such may be inadequate to inform health and social policy in a pluralistic society (Anderson, p. 84)." Unless health professionals and government agencies understand what influences the well-being of different groups, they are not in

a position to provide insightful assistance or programming. Anderson (1992) recommends a strong link between researchers and members of ethnocultural communities.

Rationale for the Study

Immigrant women have been identified as a group at risk for health problems due to the multiple stresses they face (Meleis, 1991). Immigrant women tend to access mainstream services less than native-born Canadian women, and health care services in particular (Murty, 1998). Very few foreign-born mothers-to-be found attend prenatal classes offered through mainstream agencies (Dhari, Patel, Fryer, Dhari, Bilku, & Bains, 1997; Wolfe-Gordon Consulting, 1998). Immigrant women have indicated that there is a lack of services responsive to their needs (Hill, 1992). Out of frustration with a health care system that does not understand their needs, members of an immigrant population may not access services until the problem becomes acute (Dillmann, Pablo, & Wilson, 1996). This increases overall health care costs that might have been kept lower if preventive services had been sought (Dillmann, Pablo, & Wilson, 1996).

Marginalization or 'becoming marginal' refers to the experience of not being fully integrated in society due to barriers to services and opportunities that are available to the majority of citizens (Minister of Supply and Services Canada, 1988). Immigrant women have historically faced barriers to meaningful work, mainstream services, English language training, social integration, and information networks.

Lowered use of preventive services is but one manifestation of the position of marginalization that immigrant women have faced in Canadian society.

Marginalization itself has been identified as a threat to health (Minister of Supply and Services Canada, 1988). More and more, researchers and policy-makers are recognizing that the best way to improve the health status of immigrant women is to address the factors that lead to their isolation and marginalization (Minister of Supply and Services Canada, 1994; Health Canada, 1996).

Changing Together is a centre for immigrant women that aspires to address the social and economic needs of immigrant women to prevent their marginalization within Canadian society. Its mission statement is "to help Edmonton and area immigrant women and their families overcome personal and systemic barriers that keep them from participating fully in Canadian society (informational brochure)." This study will seek to explore the impact of *Changing Together*'s services upon immigrant women's ability to overcome the structural barriers that could potentially marginalize them and adversely affect their health. *Changing Together*'s organizational objectives are:

- To provide a place for immigrant women to meet and work together to develop solutions to common problems and concerns.
- To help immigrant women realize their full potential through active participation in Canadian life.
- To provide opportunities for immigrant women to volunteer in order to acquire employment skills and work experience.

Absent from the literature have been evaluations of the effectiveness of such interventions. In an era of deficit-reduction, it is crucial to examine the impact of social and health programs upon the well-being of their target groups. This study explores the effect that a Centre for immigrant women has on the lives and well-being of a sample of 12 immigrant women. The current study is also a partnership between the university and a non-governmental organization, a trend that is supported by many researchers and community workers (Mwarigha, 1997).

Objectives of the Study

The objectives of this study are:

- To explore the experiences and health/well-being of immigrant women.
- To determine whether outcomes of the programs have met the objectives of the organization.
- To provide *Changing Together* with a useful document for future program design and funding application.

Research Questions

1. What barriers and challenges do immigrant women face that could be a threat to their health and well-being?
2. What impact does *Changing Together* have on the lives of the immigrant women who use its services?

3. Does *Changing Together* help women overcome barriers that could be a threat to health; and if so, how does it help women overcome these barriers?

Overview of Services Offered at *Changing Together*

History of the Centre; mission statement and objectives. The Centre opened in 1984 following a study conducted at the University of Alberta on the needs of immigrant women and a meeting of the *Edmonton Working Group on Issues of Immigrant Women*. The Centre endeavors to help immigrant women recognize their value in Canadian society by giving them a voice, providing a place of respect and support, and linking women with each other so they can overcome problems together, thereby reducing the load on social services.

A document entitled "Public Health: Initiatives in Multiculturalism" presented at the 1981 Immigrant Women's Conference suggests that a centre for immigrant women could serve as a form of primary prevention (Rampersaud, Caplan, & Wawer, 1981). By addressing the social needs of immigrant women, a centre could reduce the rate of emotional and physical illness that arises from the stress of integration. Services advertised as providing social rather than professional support are more likely to be accessed (Seward & McDade, 1987). If *Changing Together* does indeed increase women's level of participation in Canadian society, then it acts as a means for empowerment as defined by the World Health Organization (1998): "In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health."

The focus at *Changing Together* is on doing whatever possible to enable immigrant women to be participatory, contributory, and self-determined members of Canadian society. *Changing Together* aims to provide a warm, supportive environment where women can feel accepted and appreciated. Programs are also offered free of charge. *Changing Together* has relatively few permanent, paid-staff because it relies on a large volunteer base and on contributions of time and expertise from successful graduates of their programs.

Changing Together's philosophy reflects the ideals of multiculturalism in that it encourages the practice of the culture of origin but also recognizes the benefit of knowing the system of the host society. Though newcomers may find social support within their ethnic community, a lack of connection with their new society may lead to an inability to access career and educational opportunities, health and social services (Nann, 1982). It has been suggested that the healthiest balance involves connection with both the culture of origin and the dominant culture of the new country (Minister of Supply and Services Canada, 1988). A feeling of acceptance and belonging in the broader community comes from the empowering effect of access to information and a sense of being connected.

The Mentors for Women Seeking Employment Program. This program is designed to assist women to overcome systemic barriers that prevent them from using their training in Canada. It is common practice for most jobs to be obtained through personal contacts. For a woman who is new to Canada and has a limited social network, finding a job can be especially challenging. The Mentors Program facilitates the meeting of women seeking work with those who have successfully found work in

an area of mutual interest. In a pilot study of the program, all women involved either found work or had enrolled in further education or training (Mentors for Women Seeking Employment pilot study, 1996). Although the program is not currently being funded, it continues to be run informally.

The Volunteer Program. Not having a reference from a Canadian employer can prevent a person from finding work. This program offers women the opportunity to use and develop skills while contributing to the functioning of the organization. The most common duties are in general office administration and accounting.

The Family Services Program. *Changing Together* offers services for personal and family needs. These include support groups, counselling, drop-in sessions, workshops and classes on personal and family health and well-being. A popular example is the bi-cultural parenting class.

The English as a Second Language (ESL) Program. *Changing Together* offers four levels of ESL with a focus on practical usage.

The Discovering Personal Development (DPD) Program. This program is designed for newcomers and women who have been here for years but continue to lack a sense of connection with Canadian society. The 11-week sessions provide an overview of Canadian law, government, history, cultural beliefs and norms. Participants of the program learn about democratic rights and accessing important services entitled to Canadian citizens, which are often not known to a newcomer who has limited knowledge of Canadian society. Participants also learn about the Canadian labour market and methods of job searching.

Why services are specifically for women. *Changing Together*'s services are designed specifically for women. According to a document released by Toronto's department of Public Health, immigrant women tend to have a lesser degree of acculturation than do their husbands (Rampersaud, Caplan, & Wawer, 1981). The percentage of female migrants not knowing one or both of the official languages has been nearly double that of males (Boyd, 1987). When a family immigrates to Canada, often the highest priority is on finding work for the husband. Families may not realize that the cost of living often requires that the wife work as well. If she does not have advanced training from her country, she is at risk of ending up in job ghettos as described in Chapter Two.

More often than not, it is the husband's decision to leave the homeland (Minister of Supply and Services Canada, 1988). It is the husband, whose English is often a little better, who is given the information on Canadian society when the family arrives (Ng & Ramirez, 1981). Consequently, the wife may not know about services available for women in Canada. Housewives and mothers are at risk of quickly becoming "the least visible sector of the immigrant community" (Ng and Ramirez, 1981, p. 9). Globally, women face greater poverty and social discrimination than men, a phenomenon that does not end the moment that women and their families arrive in Canada (Haq, 1995).

The integration needs of women are different from those of men (Status of Women Canada, 1997). With the stresses faced by the rest of their family members, immigrant women tend to put their own needs last and that includes neglecting to care for ailments until a medical problem becomes quite severe (Meleis, 1991; Murty,

1998). According to the Executive Director of *Changing Together*, the absence of men at the Centre helps women focus on their own needs, which may be different from the needs of their husbands and children. *Changing Together* provides an environment where women can address family health issues as well as their own. This is important because in families where the woman is healthy and successful, the children are likely to be healthy and have fewer accidents (Carlin, 1990; Wilkinson, 1996).

It has also been noted that there is a lack of collaboration between Canadian and foreign-born women (Agnew, 1996; Brigham, 1995). Essentially this rift weakens the cause of all women. *Changing Together* attempts to bring these two groups together by inviting Canadian-born women to volunteer and take part in the activities at the Centre.

Changing Together as a Centre for Health Promotion. *Changing Together* attempts to address the factors that lead to the marginalization of immigrant women. If successful in this regard, it acts as a centre for health promotion. Its objectives fulfill three of the five priority action areas outlined in the Ottawa Charter for Health Promotion: creating supportive environments, strengthening community action, and developing personal skills. Health involves the ability to "identify and to realize aspirations, to satisfy needs, and to change or cope with the environment (Ottawa Charter for Health Promotion, 1986)". This definition resembles *Changing Together*'s philosophy as outlined in its objectives. The Centre aims to alleviate the social barriers that immigrant and refugee women face by providing social support, information, and skills which lead to a sense of control and self-efficacy. *Changing*

Together's mission statement appears most relevant to health when considered in the context of the following statements made at the 1992 Multicultural Health Conference in Whistler, British Columbia:

> The quality of health and of health care of a society is first and foremost dependent upon the environment, support and interest of the people in a community or society (McLeod, 1992, p. 71).
>
> Multicultural health issues demonstrate how impossible it is to consider physical, mental, social, or economic well-being in isolation (Catley-Carlson, 1992, p. 77).

Summary of Chapter One

Chapter One included background information on the study and outlined the rationale, objectives, and research questions of the study. This chapter explained how *Changing Together* aims to address the factors that lead to a health-compromising position of marginalization. Chapter One provided background information on *Changing Together* and the programs it currently offers.

Limitations of the Study

The use of translators was prohibited by cost. Therefore one of the study's major limitations was that only women whose English was at a high enough level for them to understand the information and consent forms could take part in the study. Another limitation arises from the use of in-depth, individual interviews. Because some cultures are not comfortable with an intense focus on the individual (Minister of

Supply and Services Canada, 1988), some participants may not have felt at ease with individual interviewing.

A limitation involves the level of comfort that some women might feel about divulging information to a researcher who is not part of the immigrant women's community (Agnew, 1996). Hiring interviewers from among the immigrant women themselves may have been more empowering to the community (Fetterman, Kafterian, & Wandersman, 1996). However, this approach was prohibited by cost.

Delimitations

The literature has identified different levels of empowerment (Chapter Two, p. 24). Empowerment at a group level quite possibly does occur at *Changing Together* and might be measured using focus groups. However, because this research sought to understand empowerment on an individual, psychological level, it employed individual interviews.

Another delimitation was the age range of the women interviewed. In the event that the issues facing immigrant women were age-related, only participants between 25 and 45 years old were interviewed. An assumption was made that women in this age range would be at a point in their careers where the attainment of relevant, meaningful employment would be a strong motivator to integrate and participate in a new country. The selection of this age range is also based on a survey conducted by staff at *Changing Together* in January 1997. The results suggested that the greatest number of women using the services were between the ages of 31 and 40.

Overview of Thesis

Chapter One includes background information on the study and the Centre. Chapter Two provides a literature review. In Chapter Three, the research methods of the study are described. In Chapter Four, findings are presented. Chapter Five includes discussion of the findings, conclusions, policy implications and areas for future research.

Chapter Two

Literature Review

Introduction

The following section covers the factors that threaten the health of immigrant women in Canadian society. Threats to health include: economic marginalization, social isolation, language barriers, racism and sexism, and family and psychological stress. Subsequent to these descriptions is an outline of the theoretical framework of the study.

Economic Marginalization

Most immigrant women face challenges in their attempt to find employment in Canadian society. Unemployment rates tend to be high for recent immigrants due to language barriers, lack of labour market information and difficulties having qualifications recognized in Canada (Herridge, 1981; Hersack & Thomas, 1988). It is common practice for most jobs to be obtained through personal contacts. For a person who is new to Canada and has narrow social and informational networks, finding a job can be especially challenging, even for a highly-trained professional (Government of Alberta, 1992). Many highly trained professionals find that their skills and experience are not valued in Canada. Foreign-born women are over-represented in certain low-wage service and manufacturing jobs (Hersack & Thomas, 1988; Hiebert, 1997). Despite the fact that with longer residency immigrants are more evenly distributed across occupational categories,

> there appear to be rigidities in the labour market that simultaneously reflect and reinforce the marginalized position of certain groups: immigrant and visible-minority women receive fewer benefits from education than those in more "mainstream" categories; men and women of colour occupy more than their share of "secondary" occupations; and immigrant women of colour are frequently locked in to the least-paid, least-secure jobs (Hiebert, 1997).

Shamsuddin (1997) found that birthplace and gender account for the large discrepancy in earnings between the native-born male and the foreign-born female in Canada. Even where English is not a problem, discriminatory hiring practices and inadequate recognition for non-Canadian training and experience complicate the search for meaningful work. According to the 1988 Task Force on Mental Health Issues Affecting Immigrants and Refugees, "language disability and ignorance of Canadian law lock many immigrant women into abusive work situations. Women are [often] occupationally segregated (Minister of Supply and Services Canada, 1988, p. 76)." Ng and Ramirez (1981) describe the process of economic marginalization in the following terms: "What can be seen as personal competence is, in fact, determined by a larger social organization which defines and limits how an individual can conduct her work (p. 18)."

Job ghettos such as the garment industry serve to segregate and marginalize immigrant women. The garment and textile industry offers work for women whose English and professional training is limited. Through this process, their isolation becomes institutionalized. Immigrant women who do piecework at home have expressed a sense of confinement and being cut off from the outside world (Ng, 1999). Lack of knowledge of Canadian law and an inability to express a concern fluently in English among immigrant workers make it easy for owners of such companies to

violate labour standards. In some types of work, such as piecework from home, workers are exempt from the Workplace Safety and Insurance Act (Ng, 1999). Union activity is low in industries that have predominantly immigrant women (Modibo, 1995).

People who are unemployed face stigma and have a higher incidence of a variety of health problems (Jin, Shah, & Svoboda, 1997; Minister of Supply and Services Canada, 1988). Migration combined with a drop in socio-economic status places a person at risk for psychiatric illness (Minister of Supply and Services, 1988). Part of the distress experienced by immigrant women is related to their difficulties finding meaningful work (Franks & Faux, 1990).

Research into the health effects related to job hierarchy continues to support the original Whitehall (1978) study, which suggested that poorer health is correlated with lower job status (Freund & McGuire, 1995; Marmot, Rose, Shipley, & Hamilton, 1978; Marmot, Smith, Stansfeld, Patel, North, Head, White, Brunner, & Feeney, 1991). A very high occurrence of stomach ulcers (Arnopoulos, 1979), allergies and repetitive strain injuries (Ng, 1999) have been documented among women who perform piecework in the garment industry. Improving opportunities for meaningful work among immigrant women has been identified as one means of improving their health status (Minister of Supply and Services Canada, 1994).

Social Isolation

Although some immigrants are fortunate enough to be received into a well-informed and supportive group, many are not. Even after decades of living in Canada,

immigrant women have found many Canadians unwilling to accept them fully (Miedema & Nason-Clark, 1989). Without friends who know the system, some immigrants are left without the information required to navigate in Canadian society.

Social isolation is one of the greatest threats to the health of immigrant women (Health Canada, 1996; Wolfe-Gordon Consulting, 1998). Immigrant and visible minority women face greater isolation than white women in Canadian society (Health Canada, 1996; Man, 1995). They are also more likely to be poor and have less access to child care (Planned Parenthood, 1994) and other mainstream services (Miedema, 1989). Recent government publications have stressed the importance of addressing the social and economic environment when trying to improve the health of women and immigrant women in particular (Health Canada, 1996; Minister of Supply and Services Canada, 1994).

Social support and health. The importance of social networks and support in a person's health and well-being has been documented in the medical and social sciences literature since the 1970's. In 1976, Cassel proposed that social support serves as a psychosocial protective factor that reduces individuals' susceptibility to the negative effects of stress upon health. It plays a non-specific role in etiology, meaning that without social support, a person has increased vulnerability to a variety of health problems rather than one in particular. Berkman (1995) argues that psychosocial support, where one is reassured of one's worth as a person, enhances well-being regardless of stress levels. Supportive social relations increase one's ability to access new contacts and information that assist in the identification and resolution of problems. The buffering hypothesis has evolved over the past few decades and

resembles Cassel's original assertion. It suggests that the availability of community resources increases the likelihood that stress will be coped with in a way that reduces short and long-term adverse health consequences (Cohen & Wills, 1985; Glanz, Lewis, & Rimer, 1997).

Social support goes beyond family and friends. It can be as minor as being able to relate to the service personnel in stores and restaurants. It can also take the form of formal institutionalized support. There are cultural and linguistic barriers that prevent immigrant women from receiving support from mainstream institutions and professionals, increasing their feelings of alienation (Strategies, 1994). It has been suggested that improvements in health can be achieved by increasing the social support level of the individual (Cassel, 1976; Berkman, 1995).

Language Barriers

Language barriers contribute to social isolation. Limited English restricts one's social network and reduces one's ability to access important sources of information. It can create an overwhelming sense of distance from the host society and has tremendous potential to marginalize.

> Non English-speaking immigrants in particular are cut off from many avenues of information (such as newspapers, journals, reports, etc) and resources which would otherwise enable them to make the connections between their lives and the larger political and economic processes to which their lives are inextricably tied (Ng & Ramirez, 1981, p. 17).

Lack of English proficiency restricts a person's social network, including both professionals as well as non-professionals who might offer assistance in times of need. Having very few people to turn to in times of need increases overall stress. "Language

is the most ubiquitous barrier to effective mental health service (Minister of Supply and Services Canada, 1988, p. 42)." Inability to speak the language of the host country was identified as one of the most powerful predictors of emotional distress among immigrants because of its tendency to lead to alienation (Minister of Supply and Services Canada, 1988).

Misunderstandings due to the language barrier that arise while a person is seeking health services can result in severe problems (Stevens, 1996). In addition, "language is a major barrier to accessing appropriate services and in leaving abusive relationships, thereby increasing women's risk of becoming socially and economically isolated (Strategies, A Conference, 1994)." The immigrant's ability to speak the language of the host country is associated with the types of employment she can access and the economic status she is able to attain (Seward & McDade, 1988). If an immigrant woman is forced to accept a low-wage, long-hour job beneath her training due to the language barrier, and also has children at home, the possibility of English classes in the evenings becomes unworkable (Anderson, 1986; Paredes, 1987). Many of the jobs in the garment, cleaning, or service industries do not permit women to practise their English, allowing them to become mired in a job ghetto (Arnopoulos, 1979; Netting, 1985). A study into the effectiveness of English classes found that women who participated had a higher level of integration and were able to develop a social network of friends outside their ethnic community (Nagata, Rayfield, & Ferraris, 1970).

Unfortunately, immigrant women continue to face barriers to learning English (Paredes, 1987). The most comprehensive language training is offered through

Citizenship and Immigration Canada. However it is not available to sponsored immigrants, a requirement that excludes a large number of immigrant women. Often the male has higher educational credentials and is labelled the principal applicant and the woman is labelled the sponsored immigrant (Agnew, 1996). To be eligible for the language training, applicants must prove they require English or French to do the job they were trained for. Women who work in job ghettos cannot prove that they need English or French to work in a factory or as a janitor, for example (Agnew, 1996).

Racism and Sexism

Racism affects the well-being of immigrant women. Blatant racism, where a person is deemed less competent based solely on her heritage, occurs in many of the interactions that an immigrant woman faces in Canadian society (Lalonde, Taylor, & Moghaddam, 1992; Naidoo, 1992). The stress of being the target of negative attitudes is detrimental to health (Halpern, 1993; Krieger, 1990; Williams, Yu, Jackson, & Anderson, 1997). A large percentage of Canadians still hold racist attitudes and are against further immigration (Alberta Community Development, 1993). Racism prevents women from participating in mainstream organizations (Agnew, 1996).

Immigrant women face a 'double jeopardy' in their interactions with Canadians. They are the targets of both racism and sexism (Gutierrez, 1990; Hiebert, 1997). Unfortunately, the very nature of Canada's immigration policies is sexist (Ng, 1993). Women outnumber men in the family-class or sponsored category (Status of Women Canada, 1997). Family class immigrants are assumed to make no economic contribution. This categorization denies the tremendous economic contribution that

immigrant women do make in Canadian society (Thobani, 1999). A sponsored or family-class immigrant has limited access to income assistance and social welfare programs such as legal aid and publicly-subsidized housing (Symposium on Immigrant Settlement and Integration, 1991). She is entirely dependent upon her sponsor. Immigration policies establish a position of dependency even before a woman enters the country (Ng, 1993). According to Brigham (1995), "immigrant women face extraordinary difficulties and discrimination in all areas of their lives and the immigration policies in Canada do little to alleviate the problems women face (p. 14)."

When husbands sponsor their wives, they hold considerable power, which can be especially dangerous if the male is abusive (Das Dasgupta, 1998; Standing Committee on Citizenship and Immigration, 1995). Once trapped in an abusive situation, an immigrant woman has few avenues of escape. Many do not know about shelters for abused women (Strategies, A Conference, 1994). Newcomers do receive information about Canada upon arrival but this information often does not include women's shelters.

Emotional and Family Stress

Along with social isolation comes an increased risk for domestic violence and family communication problems. Violence and poverty are concerns for immigrant women (*Changing Together* staff member, personal communication, July 1998; Health Canada, 1996). Some immigrant women come from countries with oppressive

governments. Their level of fear is high and can prevent them from accessing the services they need, including assistance from the police (Agnew, 1996).

Many immigrant women experience severe anxiety and depression (Health Canada, 1996; Netting, 1985; Ng & Ramirez, 1981). Because of cultural and linguistic barriers, this anxiety and stress increase during encounters with the Canadian health care system (Chiu, 1991). In a recent project that provided health information sessions to immigrant women, the need for culturally-sensitive counselling services arose (Murty, 1998). Feelings of isolation, loneliness, anxiety and depression among immigrant women have been noted by counsellors, especially within the first 18 months after arrival. However, few psychiatric facilities and psychological services are equipped to deal with the ethnic client (Agnew, 1996 Alberta Career Development and Employment, 1985; Beiser, 1994; Rampersaud, Caplan, & Wawer, 1981).

Immigrant women face the stress of multiple demands in work, child care, and home care responsibilities (Anderson, 1986; Ng, 1999). It is often the woman in the family who takes on the responsibility of making sure the rest of the family adapts and gets what they need (Dunn, 1992). The potential for conflict is high among the immigrant population if the family is facing isolation and has limited social networks (Baker, 1996; Nann, 1982). The rapid acculturation of the children can result in intergenerational conflict (Minister of Supply and Services Canada, 1988; Rampersaud, Caplan, & Wawer, 1981). Problems can also arise when the man in a family has trouble finding work. He might have no support outside his family and inadvertently take out his frustrations on them (Strategies, A Conference, 1994). If his

wife works, he might feel his bread-winning role threatened and become violent towards her (personal communication, Nancy Gibson, August 24, 1999). Some women fear that ending an abusive relationship with a sponsor may result in deportation (Status of Women Canada, 1997; Strategies, A Conference, 1994).

The Role of Ethnic Communities

The role of a woman's ethnic community has been raised in the literature. Having close ties with one's ethnic community does not pose a social barrier in itself. In fact, research has suggested that the size of a given ethnic community correlates inversely with the amount of diagnosable mental illness (Nann, 1982; Seward & McDade, 1988). The ethnic community provides "a sense of continuity with the past as well as a secure base from which to explore opportunities for the future (Beiser, 1994, p. 81)." The danger lies in not having the connections with mainstream society that a person may need to be able to feel integrated in her new country (Agnew, 1996; Nann, 1982). Some cultures may not feel that their female relatives should work outside the home and may become extremely strict with them in reaction to the freedom granted Canadian women (Strategies, A Conference 1994). If a woman decides she wants to be more involved in the community but faces opposition from home, she has little recourse. Having links with both the ethnic community as well as the host society has been described as the healthiest balance because it provides the individual with the most options (Minister of Supply and Services, 1988).

Theoretical Framework

Introduction

An empowerment framework was selected for this study. Firstly, the mission statement of the Centre immediately suggests empowerment: "overcoming personal and systemic barriers." Secondly, empowerment theory can occur on multiple levels and involves the increased ability of an individual or group of people to gain control over their well-being within society (Labonte, 1992). This is consistent with the *Changing Together* approach. Thirdly, an empowerment framework has been used effectively in similar studies of marginalized people (Wallerstein, 1992).

Empowerment Theory

According to theory, empowerment refers to the attainment of control over one's circumstances, which enables an individual to become more involved in community and political activities (Wallerstein, 1992). Empowerment signifies a process through which people, organizations, and communities achieve mastery over their circumstances (Fawcett, Francisco, Schultz, Richter, Lewis, Harris, Williams, Berkely, Lopez, & Fisher, 1994; Rappaport, 1987). It involves "the capacity to define, analyze and act upon problems in one's life and living conditions (Labonte, 1992)". According to the World Health Organization (WHO):

> Individual empowerment is the individual's ability to make decisions and have control over their personal life. Community empowerment involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community (WHO, 1998, p. 6-7).

The experience of powerlessness may well have more to do with the failure of social structures than deficits of the individual (Freire, 1970). Marginalization and isolation can lead to a sense of powerlessness over one's life, which is associated with lower health status (Labonte, 1992; Wallerstein, 1992). Empowerment is used in health promotion programs because "control over destiny, or lack thereof, emerges as a disease risk factor (Wallerstein, 1992, p. 202)." A sense of empowerment is increasingly being viewed as an integral component of well-being (Jones & Meleis, 1993).

The empowerment model is originally credited to Brazilian educator Paulo Freire, who emphasized the importance of critical analysis of one's place in society (Freire, 1970). It encompasses such results as an increased sense of self-worth, identification with others in a shared community, organizing for community change, and ultimately political change. Freire applied his theories while working as an educator with marginalized groups. He explained that life situations put people at risk for feeling powerless. Critical thinking about one's situation reduces feelings of isolation and unites people with a common interest to overcome social barriers.

The ability of a social program to empower its participants can be measured on several levels. Psychological empowerment, where an individual acquires a critical awareness of sociopolitical factors affecting her life and an increased sense of control over her life, takes place on an individual level (Fetterman, Kafterian, & Wandersman, 1996; Zimmerman, Israel, Schulz, & Checkoway, 1992). Intraorganizational empowerment is a collective process among the members of the organization.

Extraorganizational empowerment occurs when social systems are able to influence their environment (Fetterman, Kafterian, & Wandersman, 1996). Fulani (1988) describes psychological empowerment as the individual's ability to learn to protect her well-being from the destructive influences of social barriers and injustices. The current study focuses mainly on psychological empowerment but the other levels will be discussed briefly as well.

To measure the effect of empowerment programs, Wallerstein (1992) suggests assessing participants' perceived ability to help others and participate in community change, critical thinking abilities about the underlying causes of problems, belief in one's ability to exert control, and a sense of coherence about one's place in the world. Therefore, an appropriate indicator of effectiveness in this study of *Changing Together* may include an increase in a sense of self-worth and ability to take action to improve one's life.

It is crucial to recognize the cultural, historical, social, economic, and political context within which the individual exists (Israel, Checkoway, Schulz, & Zimmerman, 1994). In an empowerment education project, teens were encouraged to examine the social factors which would lead a person to engage in destructive behaviours (Wallerstein & Bernstein, 1988). *Changing Together* aims to help women identify factors that lead to their isolation and marginalization. Identification can then lead to a sharing of possible solutions.

Summary of Chapter Two

Chapter Two outlined the literature on factors affecting health of immigrant women. These factors include economic marginalization, social isolation, language barriers, abuse in the forms of racism and sexism, and emotional and family stress. The empowerment framework was explained. Chapter Three will describe the research methods used to explore the experience of marginalization and the impact of participant involvement with *Changing Together*. The impact of the Centre on women's lives will be examined in Chapters Four and Five.

Chapter Three

Research Approach and Design

Introduction

Chapter Three describes the procedure of data collection. This qualitative study made use of participant observation, document review, and individual interviews to explore the experiences of 12 participants. Thematic coding was used to analyze the data.

Data Collection

The approach of this evaluation research study was qualitative. When a topic is not well understood, a detailed, in-depth approach is most appropriate (Cresswell, 1998). Qualitative evaluations are highly descriptive and provide an in-depth examination of the experiences of people who use a program (Patton, 1987). According to Posavac (1997), the question the researcher must ask in an evaluation of outcome is: "Are program recipients performing well?" This study explored the impact of *Changing Together*'s programs on participants' well-being. The open-ended nature of the interview guidelines was designed to encourage the participants to identify the issues that were most personally relevant or distressing about their lives in Canada.

Labonte (1992) suggests that experiences of health and well-being are phenomenological. If research is to influence health policy in a meaningful way, it needs to explore the lived experience of immigrant women in their daily lives (Meleis, 1991). Each participant's experience of coming to Canada and using services at

Changing Together was explored. The objective was to listen to participant's experiences in their own words and then compare descriptions with those of the other participants. Data collection involved in-depth interviewing, document review and participant observation. Applying more than one method of data collection to enhance the credibility of a study is known as triangulation (Guba, 1981). Organizational objectives were examined and close contact was maintained with staff members at *Changing Together*. The researcher attended classes in the DPD and ESL programs to observe the interactions that took place. Journal entries from this time are included in the findings.

Participants

Twelve women were recruited for the study. The first eight participants were selected through a process of examining program records. It was assumed that greater attendance would more accurately measure the impact of involvement with the Centre. Women who had attended a number of programs were selected over those with attendance in only one program. Because of the sensitive nature of the Family Services program, the researcher only had access to records from the DPD, ESL, and Volunteer program records. The researcher compiled a list of women who had attended a number of programs in 1998 and gave the list to staff members. Staff members then phoned the women to tell them about the study and told them to contact the researcher if they were interested in participating.

To reach saturation, the researcher interviewed four additional participants who expressed interest when they heard of the study, despite the fact that these four

did not meet initial selection criteria. Three of these women had only recently heard about the Centre even though they had been in Canada for at least a decade. Women were offered a coffee coupon for their participation, valid at the *Changing Together* concession.

Interviews

Interviews were held between February 1999 and May 1999 in a room at *Changing Together* or in participants' homes, depending on participant choice. When interviews were at the Centre, a classroom with a separate entrance from the main one was used whenever possible. Before each interview, the issues of informed consent and confidentiality were reviewed with the participant.

The interviews were semi-structured. A list of guidelines (Appendix B) was used to frame the discussion and issues were explored as they came up. It was anticipated that the open-ended nature of the questions would elicit free, unconstrained responses. Seven participants consented to having the interview tape-recorded. For the rest, detailed notes were taken during the interviews. Saturation is the point in the data collection process where no new themes emerge and there is sufficient information to support the current themes and categories (Cresswell, 1998). After 12 interviews, saturation was reached. Interviews were transcribed by the author and verified by listening to tapes while reading the transcripts.

Member Checks

Member checks involve testing data and interpretations with those from whom data was obtained (Guba, 1981). Member checks in this study were performed over

the phone. The main themes of each interview were reviewed and participants were told when they might see a final copy of the study.

Data Analysis and Interpretation

Data were analyzed using thematic coding (Patton, 1990), also referred to as meaning categorization (Kvale, 1996) or content analysis (Patton, 1987). Colored pens were used to highlight words and phrases that described experiences. This task was performed several times, each on unmarked transcripts. Data were analyzed and compared based on the emerging categories rather than by question, as is recommended by Krueger (1998). Subsequently, the possibility of interrelationships among the categories was explored, a process known as axial coding (Coffey & Atkinson, 1996). Frequency (Patton, 1990), extensiveness and intensity of responses (Krueger, 1994) were also considered. After the first two interviews, results were analyzed and modification to the interview guidelines was found to be unnecessary.

To avoid selective perception (Krueger, 1994), a member of the supervisory committee, who is trained in qualitative techniques, conducted a similar analysis upon a sample of the data and a comparison was made of the outcomes.

According to the methods of data analysis (Creswell, 1998), specific statements and themes were analyzed and possible meanings were explored. The following analysis continuum presented by Krueger (1994, p. 131) illustrates the reduction of data:

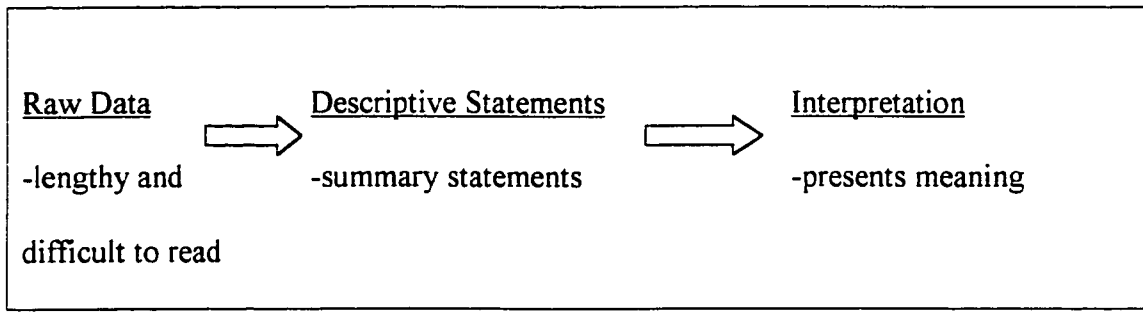

Figure 3.1. Reduction of data in qualitative analysis as presented by Krueger (1994).

Ethical Considerations

The ethical issues of informed consent, confidentiality and consequences of the research must be addressed when interviews are being used as a method of inquiry (Kvale, 1996). Participants were free to decline an interview or to withdraw from the investigation at any time. Participants were reminded that the staff at the Centre would not know who participated. Assurance was given that a participant's decision to accept or decline an interview would not change her relationship with the organization and that the organization would not have access to the list of participants without all participants' consent.

Summary of Chapter Three

The research approach, design and ethical considerations were described in Chapter Three. The study employed a qualitative approach using document review, participant observation, and 12 individual interviews. Chapter Four describes the themes that emerged from the data.

Chapter Four

Findings

Introduction

Chapter Four summarizes the themes that emerged from the data. Participants had many positive things to say about *Changing Together.* Those who had only recently found out about the Centre said they wished they had known about it sooner. Most participants found that their involvement with the Centre helped expand their social and informational networks. Overall, participants said that involvement with the Centre helped them realize they were not alone in their struggles and provided them with support and opportunities to develop skills. Participants also had suggestions for how *Changing Together* could improve its services. These are outlined in Chapter Five.

Social Isolation

Participants revealed that socializing with Canadians was more difficult than they had anticipated. Most participants found Canadians far from welcoming. Canadians were described as being polite but as making little attempt to befriend newcomers. Canadians seemed *"closed-off"* and it was difficult to *"feel connected"* with them. One woman said she *"honestly couldn't make friends with any Canadians. They seem kind of a closed community... they don't let you in easily. You feel very lonely. You feel isolated."* Another said, *"I don't have friends. I would like to be able to talk to someone."* One participant who had been in Canada for nearly 20 years said, *"It*

doesn't matter how long you have been in the country, you feel like you have to work harder than other people to belong."

The isolation went beyond the language barrier. Even those fluent in English found that *"there were not comfortable opportunities to meet other Canadians".* Canadians appeared too busy to spend the time to get to know them. One woman said that there was something about the nature of Canadian society that isolates women, especially women who are not employed.

Part of the experience of being socially isolated is not having connections that provide one with important sources of information: *"you have no information about anything. There is no information."* Three of the participants had found themselves in very difficult situations and not having adequate information about where to go for help aggravated the situation. *"I found myself all alone,"* said one. Another three said that when they arrived in Canada, they were given no information about services and programs available to them. Two mentioned that they wished they had known about available bursaries or training programs. Participants felt that it was *"hard to find good opportunities."* One said that for a while she *"felt like [she] had no options and the future looked very black."*

Economic Marginalization

It was evident from the interviews that most of the women were facing major concerns regarding work or lack thereof. Not being able to find a job was described by some as the most difficult part of coming to Canada or *"the bad side of Canada."* Many felt there was a lack of opportunities. This was an issue about which nearly all

participants expressed discouragement. *"It is very hard to find a job here,"* said one participant. *"Finding work appeared impossible, even simple jobs. I felt lost,"* said another. She *"had given up looking for jobs before coming to Changing Together."* Six of the eight participants who did have jobs were deeply dissatisfied with the nature of their work. One participant was required to take an hour-long bus ride each way for one or two-hour shifts caring for seniors in their homes. She found all the jobs she was able to get in Canada to be physically demanding and exhausting. She says it has been a struggle considering she had a government office job in her country of origin. Another participant who said she was confident in her job back home said, *"It's hard to not have a job, to have no money."*

A live-in caregiver recognized that she was "*getting paid the lowest possible salary*" but that it was "*not accepted to talk about it*". In the words of a participant who took cleaning jobs to support her family, *"I don't say 'Oh boy, I can't wait to go and clean again.' I would prefer a more challenging, fulfilling job."*

Professionally trained women said finding a job in their field was much more difficult than they had imagined. Two highly-trained women were required to accept low-wage service jobs due to financial need. A couple of participants recognized that they faced disadvantages for not having contacts in their field of interest: *"you have to know someone to get a job here."* Others identified language as a barrier to employment. Some expressed fear that unless their English improved and they got additional training, they would be stuck in low-paying, menial jobs. One participant spoke of the *"fear of washing dishes forever."* Another barrier identified by

participants was lack of Canadian work experience. They found it difficult to find even unpaid work placements to gain Canadian work experience.

Cultural barriers can complicate the search for employment. One participant described the experience of job interviews in Canada compared to her home country. For example, in her country it is not appropriate to smile too much in an interview in case the employer thinks you are not serious enough. In Canada, it is the custom in job interviews to be extremely friendly, especially for jobs working with the public.

Another participant summed up a possible connection between the social and economic marginalization that many immigrants experience: *"Everything is money here and that gets into people's behaviour and people don't want to get too close. You have to worry about your own life. I find it so cold - people's relations here."*

Abuse

Two of the participants had been in abusive relationships since their arrival in Canada. Neither had known where to turn for help and had felt that there were no options. Getting help was more difficult than it might have been for Canadian-born women because of the high level of isolation the participants were facing. They did not know about shelters for women or legal aid.

One woman, a live-in caregiver, was abused by a Canadian citizen who promised to sponsor her after the wedding. He reneged on his promise and became abusive and threatening. In a class at *Changing Together*, she spoke to other women who had been threatened with deportation for disobeying their husbands. Another

participant had faced abuse from her husband after their arrival in Canada and she had not known of any services from which to receive support.

> *They have you here and they know they can control you because you're dependent. They are the sponsors...I found myself without any protection because he said that... he had consulted a lawyer and the lawyer said I should go on a visitor's visa so I lost my work authorization and I became totally dependent on him. He was like my master.*

Abuse was also experienced in the form of racism. Participants received cruel comments from Canadians regarding their level of English. A number of women at the Centre appeared reluctant to even attempt an exchange in English, possibly because of past experiences of being treated with impatience and disrespect. One woman said some ESL teachers she has had at other organizations were verbally abusive. One told her she should be grateful for all that Canada *"gives to immigrants for free."*

Again the experience of abuse goes beyond the issue of language. A woman who was exceptionally fluent in English *"felt treated like a small child"* when a manager went back on his promise to provide her with a work placement.

Emotional/Physical Hardship

Nearly all participants revealed that they had struggled with emotional pain connected to their arrival in Canada. Feelings of worry, sadness, anger, and alienation surfaced in the interviews. Some women openly used the words, *"pain"* and *"suffering"* and *"depression"* to refer to their experiences. One participant said there

was a time she could not motivate herself to get out of bed because *"the future looked so black"*.

For four participants, the psychological stress led to physical problems, such as headaches, lack of sleep, depression and generalized physical pain. One woman said that her feelings of hopelessness about her family's future in Canada kept her awake at night and made learning English excruciatingly difficult. Another woman said she had begun to develop health problems from walking endlessly to different agencies looking for help. She *"remember[s] crying everyday during that time"*. Another said she *"felt lost... and... was staying at home and feeling bad about [her/self"*.

For many, the experience of coming to Canada was far more difficult and alienating than they had imagined. *"Everything's very difficult here,"* said one participant. She said she would tell her friends back home not to come to Canada. Adapting to cold weather was also described as a source of stress by four of the participants.

Women who had been here for close to ten years or more did not express as intense emotion when asked about what it was like when they first arrived. Those who had arrived within the past decade expressed deeper emotion:

> *Life here is hard. There is more negative than positive in the world. Here you know nothing (in reference to how Canadians treat them). I feel weak and tired and sick. I feel old. I pray to God for strength to deal with this struggle. Go to bed early but can't sleep because of thinking and worry. Problems with concentration; used to be very afraid to speak (because of English); feel hopeless.*
>
> *I found myself all alone. A lot of stress, depressed for a long time – I quit dancing, I felt my personality change. I was more open and now I'm just kind of cautious whom I talk to and what I say. I couldn't sleep at night. I would never wish anyone, newcomer or immigrant, to be in the situation I was.*

Several participants said that the hardship they and their families experienced caused tensions at home. One woman had found her experience in Canada so difficult that she wanted to return to her home country. This became a difficult issue in her marriage as her husband was adamant about staying here. Another said there were communication problems in her family because *"they don't work in what they like. They don't find anything easily."* Two also mentioned that parenting in two cultures can be a challenge. Their children see two different standards of conduct and parents find themselves unsure of which child-rearing approach to use.

Language Barriers

For a number of participants, trouble with English was associated with low self-confidence. Some did not feel entitled to have jobs and feel integrated until they could be fluent. One participant said that she and her husband would like to have a child but she felt too afraid that the language barrier with doctors would be insurmountable. She associated some of the painful feelings she experienced since coming to Canada with not knowing English: *"When I improve my English, I will feel better."* Unfortunately, since English is radically different from some languages, it can take years to become fluent. Becoming fluent often took longer than most participants expected.

The experience of learning English was invariably described as difficult and challenging. Some women described the experience of trying to communicate with Canadians as frustrating and humiliating. Uttering more than a few sentences could be incredibly exhausting and difficult. One woman wanted a job working with people

but was *"worried that [she]'d spoil everything with [her] English."* She said she had been mistreated by Canadians who did not have the patience to give her a chance to speak: *"I'm uncomfortable because I have to keep saying 'pardon me'. Some people have been unfriendly, mean, impatient."*

As if learning English were not difficult enough on its own, some women revealed other barriers to learning English, such as not being able to focus when they had so many other worries. From the accounts of women who have had negative experiences with ESL classes, it appears that some ESL teachers are not attuned to this problem or else do not have the patience to deal with it. The three participant enrolled in the ESL program mentioned that the classes at *Changing Together* were better than at other organizations because the teachers seemed more patient and the material was very practical. It was evident from observing the classes that the experience was also a very social one. Women exchanged their favourite dishes in class. Some elderly women, who did not leave their homes very often, were sure to come to their ESL class at *Changing Together* even if they felt *"too old to learn."*

Empowerment

Several participants used language that expressed the empowerment construct (i.e., feeling stronger from the realization that their distress was related to the social situation they were in rather than a personal defect).

Meeting others who face similar barriers. Women revealed feeling more confident once they realized that other immigrant women were facing similar struggles. Participants used such language as *"you realize you aren't the only one"*, *"other*

people have problems too", "it's not just me", "I realized some of the reactions I was having were not unusual", "coming here, our mind changes" and *"I realized that most people who come to Canada...struggle to belong".*

> *Before I thought only I had a problem then when I talked to other women, I found that it's not just me, other women too. They have problems with husbands, children, jobs, language, adapting to life here in Canada, with the kind of food here.*

Social Support

Changing Together was described as a place that was supportive and *"full of nice people."* A number of women expressed an increase in self-confidence. One woman said this self-confidence helped her to be more assertive in her job search. The Centre was seen as a source of social and emotional support: *"the staff are friendly and kind and gave me a chance to learn."* The participants said the atmosphere in the centre was warm and supportive. It was a place where they felt comfortable and accepted, as the following comments indicate:

-[There are] good feelings over at Changing Together.

-When you come to a centre and start relating well, that's when you feel safe.

Five participants attributed their positive attitude to *Changing Together*. One of the participants said that according to Chinese beliefs, in order to feel happy and confident a person needs to feel as though they are lucky. She said that after her time at *Changing Together*, she was beginning to feel lucky again. Another had given up looking for work before she came to *Changing Together* but afterwards, was able to renew her efforts more aggressively. One woman who had faced extreme hardship said she still felt that it was important to have a positive attitude.

The environment in the classes is very supportive and friendly. In the ESL classes, the teacher asked students what they had done over the weekend. One woman said she had gone for a bike ride and the teacher gave her encouraging feedback for engaging in a healthy lifestyle.

A participant who said she had felt quite confident in her career back home believed that coming to *Changing Together* helped her regain some of that confidence. It helped her escape the confines of her home. *"I took everything I could here. I wanted to get out of the apartment."* A participant who had been involved in both the Volunteer and Developing Personal Development Programs said *Changing Together* helped her realize her self-worth.

Women who have felt supported by the organization are often eager to dedicate their time and energy to helping other newcomers. *"Knowing that someone didn't fall through the cracks of the system because I did something is very satisfying,"* said one participant. Another participant continued to volunteer in the office at the Centre even after she was able to find paying jobs because *"the people are great and there's always something to learn."* Two others said they told everyone they knew about *Changing Together*.

Emotional Support

The level of emotional pain was especially high for women who had come as refugees or against their will. A woman from Cambodia in an ESL class had a look of intense emotional pain on her face. She was having trouble learning English, which appeared to be related to the emotional stress. At one point she revealed that she had

not wanted to come to Canada and was also facing a serious medical problem which she did not understand and her doctors did not have the patience to explain. A woman in her position would likely not know about available counselling or even find a Western style of counselling helpful. Community workers struggle to provide the most appropriate services for newcomers facing emotional and physical hardship. As mentioned in Chapter Two (p. 21), there are few accessible services of this type in Edmonton. *Changing Together* employs a social worker and a psychologist who offer culturally sensitive counselling. Women come into the Centre in emotional crisis, with limited English, and feeling absolute terror that they will not find what they need. The researcher witnessed staff members mobilizing to provide these women with comfort and practical information. One participant who felt that the staff at *Changing Together* helped her through a difficult time said, *"Those people did more for me than a doctor with pills or medication or something."*

Information

Participants described ways that *Changing Together* had improved their ability to access information and feel connected. One participant said that she received *"information about how to go to school here, how to improve your English, about Canadian culture."* Five participants mentioned that staff members had made efforts to connect them with women working in their field. Staff members were said to be a source of information about educational opportunities and connected women with others who could provide them with information. From discussions with staff

members, it was apparent that they attempt to maintain diverse contacts with other agencies and professional women who have been involved with the Centre.

One participant benefited from *Changing Together*'s connections at Citizenship and Immigration Canada. This participant needed assistance with immigration issues but was not able to receive help from the government office when she approached them on her own. Another participant says she found out about other agencies through *Changing Together* and learned about educational opportunities at an in-service offered at the Centre. By many, it was described as a place of learning. *"You have to learn about government systems, institutions, language, your rights and responsibilities. It's a long process but with Changing Together, anything that took me a long time to learn would have come faster,"* said one participant.

A woman who was unemployed came to the Centre to practise using the computers and to look for jobs while her children played in the daycare. She said *Changing Together* was *"a place to get away from home. If you don't have a job, this is a good place to come to learn. It provides new opportunities to see what's going on instead of staying at home."* Participants who had only recently found out about *Changing Together* wished they had known about it sooner. They said it would likely have helped them with finding jobs, and information and overcoming other challenges.

All six participants who had taken the DPD program felt it was an invaluable source of information about life in Canada. One participant who was struggling to find work had begun to wonder if her skills were useless here but after her time at *Changing Together*, she felt a renewal of hope and confidence that she simply needed to build on the skills she already had.

The Role of Ethnic Communities

Four participants said they received support from members of their ethnic communities. One woman from Hong Kong found she was able to make social connections in the Chinese-speaking community in Edmonton. She also found a Chinese-speaking family doctor. Another participant, who had only heard about *Changing Together* recently, said that part of the reason she has been doing well since coming to Canada was the support from her ethnic community. From it she received social support and assistance finding her first job. She did indicate however that she did not have some of the information she needed about bursaries and programs. Another participant said that involvement with her ethnic community is important so that her children may learn about their culture of origin.

A couple of participants were not able to benefit from their ethnic communities. Despite having a group of friends from her ethnic community, one participant found herself in a difficult situation where this support was insufficient because they did not have information about the help she needed. In another situation, a participant was not able to get connected with people from her ethnic group in Edmonton because she knew so few people when she arrived. She remained isolated until she found out, through *Changing Together*, about a cultural centre she could get involved with.

It came up in the interviews, as it has in the literature, that one's ethnic community can be constraining as well as supportive. Women can face extra pressures in some communities because of their gender. Three participants mentioned that the women in their culture are discouraged from being *"outspoken"* or assertive. As one woman

explained, *"it takes a lot for women of my culture to get involved. They are afraid of men."* Without being 'outspoken', it is difficult for a person to seek out and learn about new opportunities, said these two participants. For women to become involved in Canadian society, *"they have to break the 'home barriers' to become independent"*. In another participant's words, *"I can see how some men might not like their women coming to Changing Together. It teaches them to be more assertive."*

According to one participant, a heavy reliance upon one's ethnic community may prevent women from taking advantage of the opportunities in Canada. She saw Canada as a place where one could go for further training and have unlimited career options. She said that:

> *there is a mentality among some of the people from my culture that once you have finished school, you do not go back. Some just stick with their own. They don't go to school, [they] have low-paying jobs. Back home, a woman is not supposed to say too much.*

The multicultural nature of *Changing Together* was mentioned by four participants. One said meeting others from so many different countries made her feel better about being from a different country herself. Another said, *"It's a savior that Canada is multicultural and you don't stand out like a sore thumb. The law in Canada is to support multiculturalism and that makes you feel safe."*

Summary of Chapter Four

Chapter Four details the themes that emerged in the interviews. The major challenges identified by women were: social isolation, economic marginalization, abuse, language barriers, and physical/emotional hardship. The experience of

empowerment involved meeting others in a similar situation and receiving support and information. Participants spoke of the supportive atmosphere of the centre and the opportunities they found out about through *Changing Together*. Chapter Five discusses these findings and makes conclusions and recommendations for policies and future research.

Chapter Five

Discussion of the Findings

Introduction

The findings have been organized according to the categories outlined in figures 5.1 and 5.2. Social isolation and economic marginalization appear to be the most pervasive forces that threaten the health and well-being of immigrant women. The other forces, emotional/physical hardship, abuse, and language barriers, are aggravated by the two dominant forces and also contribute to them. Figure 5.2 outlines the experience of empowerment as it appeared to occur for participants of this study. The objectives, methods and research questions of the study are also reviewed in this chapter.

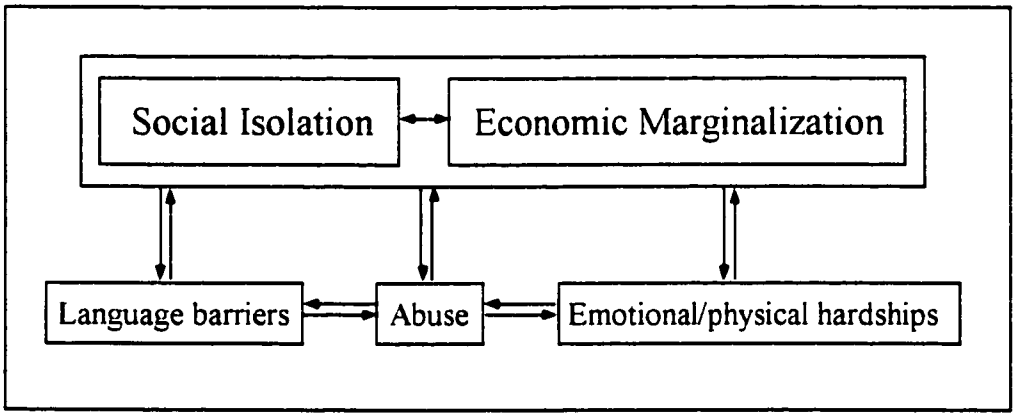

Figure 5.1. Interaction between factors that compromise the well-being of immigrant women, as suggested by the current study.

Social Isolation and Economic Marginalization

Social isolation and economic marginalization appear together in the larger box not only because they were the most commonly expressed and most

overwhelming barriers but also because they are closely interrelated. The smaller categories of language, abuse and emotional/physical hardship contribute to and are also exacerbated by the two main categories in the large box. The economic marginalization of newcomers likely stems from lack of social networks: not knowing people who could connect them to jobs and not knowing the social norms related to job searching. Most participants also experienced what could be described as a drop in socio-economic status. Although it is not the fate of all newcomers, it is possible for a person to live in Canada for years without knowing where to make the connections to get what she needs. Sometimes this is related to socio-economic status. In menial, low-paying jobs where there is little opportunity to practise English, there is a danger that a person will not feel connected with her new society. Poverty has the overwhelming ability to isolate and being a newcomer can compound this problem (Health Canada, 1996).

Abuse

Abuse is connected to social isolation and economic marginalization, partly because the women's vulnerability to abuse was heightened by their isolation and also because it is more difficult to escape situations of abuse when one is isolated. Simply being part of a group that has been marginalized places a person at risk for abuse from the dominant culture. Racism from Canadians represents a barrier to social integration. Several women described episodes of racially-motivated verbal abuse from Canadian citizens.

Participants also experienced abuse of their vulnerable economic status. The bank manager who did not follow through on an offer for a work placement, and the live-in caregiver whose employers violated the agreements made over the phone are examples of this. Entrenchment in low-paying sectors of the economy, as experienced and feared by the participants of this study, is abuse at a societal level of immigrant women's economic vulnerability.

Physical/Emotional Hardship

The stress of integration involved extensive physical and emotional hardship. The seeming impossibility of finding work that was related to their training and experience caused extensive psychological pain for participants. Some feared they would never find work to support themselves and their families. Others were petrified of remaining in menial, low-wage jobs. Facing social isolation, language barriers, and abuse elicited equally painful emotions. A sense of loneliness and rejection resulted from the seeming coldness of Canadians. Strong feelings were also connected to the experience of trying to learn English and being mistreated and discriminated against for their current level of fluency. Participants felt shame and lowered self-confidence for struggling with English.

The data suggest that a serious barrier to learning English is the emotional hardship experienced by immigrant women. This concern was discussed in interviews as well as observed directly. According to the Ontario Council on Agencies Serving Immigrants (1992), "immigrants experiencing social isolation or the aftermath of

torture will be unable to successfully learn an official language without having their other needs assessed and addressed (cited in Agnew, 1996, p. 180)."

For some, psychological stress led to physical health problems. Worry interfered with adequate sleep. Headaches and other aches and pains were also experienced as a result of psychological stress.

Language Barriers

Language barriers feed into and are aggravated by social isolation and economic marginalization. Some Canadians argue that people should learn English before they come to Canada. Unfortunately, the availability of instruction varies widely across nations. In addition, it is ultimately very difficult to learn a language without a close connection with its speakers (Schumann, 1986). Because of the marginalization experienced by some newcomers, it can take years for them to feel fully connected with English-speaking communities.

Even where funding to learn English is available, because of limited social networks, many likely do not hear about these opportunities. Even when language training opportunities are accessed, there are additional barriers to learning English. Participants revealed that learning English can be nearly impossible when they face so many other sources of stress in their lives.

Empowerment

As Figure 5.2 on page 51 illustrates, empowerment is not only the realization that one is not alone in one's suffering but also involves receiving support and

information that will allow the individual to take control of her life. The participants who expressed feeling stronger since they became involved with *Changing Together* spoke of increased self-confidence and increased awareness of opportunities.

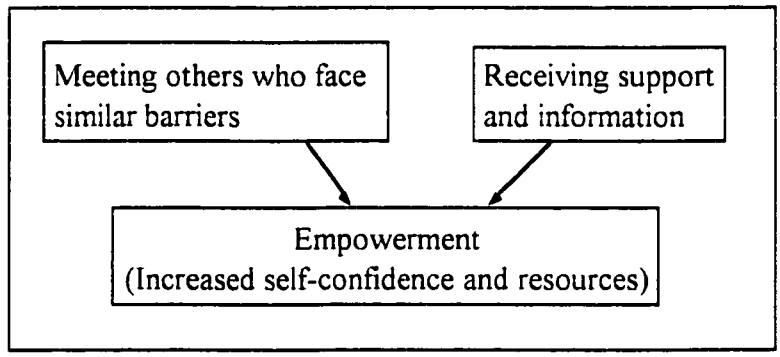

Figure 5.2. Empowerment as experienced by participants in the study.

Meeting others who face similar barriers. Participants found it reassuring to discover that other immigrant women were facing similar barriers. This reaffirmed their confidence in their own abilities because they recognized the broader social barriers they were facing. This corroborates previous literature on empowerment, which indicates that the process involves a component of increased self-efficacy (Freire, 1970; Fulani, 1988; Shields, 1995).

Social support. As discussed in Chapter 2, the latest research suggests that the most effective way of improving the health of immigrant women in Canada is to address their social isolation and economic marginalization (Health Canada, 1996; Minister of Supply and Services, 1994). These two closely inter-linked barriers figured the most prominently in the experiences of women in this study. Support from

staff members and volunteers at the Centre helped women feel more positive and self-confident

Emotional support. *Changing Together* offers emotional support to women in crisis. From interview data and observation, it is apparent that the psychological services available at the Centre are supportive and effective. The literature raises concerns about the availability of culturally sensitivity counselling services in Canada. The staff members at *Changing Together* use their extensive resources to fill this gap in services. Even women who had faced the most trying of hardships said they had a positive attitude towards the future, which they attributed to *Changing Together*.

Information. There is a risk that empowerment could be used as a catchphrase that places undue responsibility upon the individual without addressing structural inequalities (Rissel, 1994). Empowerment is more than the individual's recognition of her own self-worth. The literature suggests that the availability of information and resources is an equally important component of the experience of empowerment (Lord & Hutchison, 1993; Shields, 1995). *Changing Together* provides participants with information about opportunities for further training and education. The Volunteer program provides women with the opportunity to build skills that can be used in future jobs. The DPD program provides women with resources by increasing their knowledge of Canadian culture and the experience of integrating into a new society. Networking with others at the Centre helps to increase awareness of opportunities.

Contributions from 'Graduates'

The women's willingness to give back to the Centre in time and expertise is a testament to *Changing Together*'s ability to empower its clientele. Contributions from successful graduates reduce the amount of funding required by the Centre and enhance the effectiveness of the programs. This increases the sustainability of *Changing Together's* programs. The ability of the empowered individual to contribute to the further strengthening of members of their group is a key aim of community development projects (Wallerstein, 1992). *Changing Together* provides the means for women to become participating members of their community.

The Role of Ethnic Communities

One's ethnic community can be supportive but potentially constraining. Having a large receiving community can be helpful, as has been suggested by the literature and the interview data. One participant met many good friends through the Chinese community in Edmonton. Another participant, who had only heard about *Changing Together* recently, has felt supported and fortunate since arriving in Canada thanks to relatives and members of her community.

The experience of coming to Canada seems most trying for those who have few or no family members and friends when they arrive and where there is no ethnic community to join. These results strongly support the ideals of multiculturalism. It has been suggested in the literature that the healthiest environment for newcomers is one where they have support from their ethnic community but also have some sense of integration with mainstream society (Minister of Supply and Services, 1988).

Changing Together recognizes the importance of receiving support from one's ethnic community. The Centre does not wish to replace this support. However, there are occasions where the support from the community is insufficient. The size of the community may be too small or members of the community may not have access to important sources of information.

Another instance is when the community places restraints upon women that prevent them from being able to fully benefit from being a member of Canadian society. A couple of participants revealed that cultural expectations of women may intensify their isolation in Canadian society. While in some countries, women do not work outside the home, the housework tends to be more communal such that women do not experience the social isolation that is experienced here (Ng & Ramirez, 1981). One of the participants in this study made note of how easy it is for women to become isolated in Canadian society. The usefulness of a centre such as *Changing Together* is especially valuable for women struggling to make a transition to Canadian society because it increases their options and social networks.

Suggestions for *Changing Together*

The most frequent recommendation from participants was for *Changing Together* to increasing its advertising. Participants felt that women should be able to find out about the Centre more easily. They said that information about places like *Changing Together* should be made more available upon entry into Canada. Word of mouth or referrals from other agencies appear to be the ways most women found out about the Centre. Unfortunately, the reasons many women do not find out about

Changing Together are the same reasons that immigrant women need places like *Changing Together* in the first place: social isolation and limited information networks. Several participants suggested that information about centres for immigrant women be distributed in multiple languages when women first arrive in Canada. Otherwise, women, especially those who are sponsored as family-class immigrants, are at risk of becoming invisible members of Canadian society with limited access to information and services.

Those who had taken the DPD program found it to be quite useful and recommended that *Changing Together* continue to provide programs that help women learn about Canada and accessing opportunities here. Another participant said she especially enjoyed the nutrition component in the DPD program. Three participants mentioned that finding food that was familiar to them was one of the challenges of coming to Canada. The nutrition class served as a way of providing women with the information that helped them to meet their dietary requirements with the food available in Edmonton.

Another suggestion was for *Changing Together* to provide more personal health services. One woman said, *"Changing Together would benefit if it expands in health."* Another participant was concerned about being able to help her family cope with stress and recommended that *Changing Together* offer a family communication class. Another suggestion was for a public-speaking course to improve the women's self-confidence and help them be more *"outspoken."*

There was some disappointment that *Changing Together* does not provide job placements through other organizations and businesses. One participant said,

"*Changing Together could benefit from having more links with professionals who can provide work experience placements. The Canadian government should be aware that many immigrants cannot find work without relevant Canadian work experience.*" Another said, "*Changing Together needs a job search help, to help people to be connected to jobs.*"

One participant said that she did not feel she benefited from the Centre because to her, the overriding concern as a newcomer was to find a job. She felt that *Changing Together* should set up unpaid work experience opportunities with other organizations and agencies.

Unfortunately, part of the reason it is difficult for *Changing Together* to set up a job placement program is due to the low levels of current funding for community agencies. Because agencies that provide similar services have to compete for limited funding, each agency feels pressured to develop a core focus (Go, Inkster, Lee, & Stewart, 1996; Catholic Social Services staff member, personal communication, March 1999). Job placements are offered at other settlement agencies such as the *Mennonite Centre for Newcomers* and *Catholic Social Services*, so it is difficult for *Changing Together* to get funding to set up such a program for itself.

Non-governmental organizations would benefit from mutual support and cooperation. More and more collaborative programs are emerging between organizations. *Changing Together* does make referrals to other agencies but might consider collaborative projects as well.

Revisiting the Research Questions

1. What barriers and challenges do immigrant women face that could be a threat to their health and well-being?

The barriers identified by women in the interviews closely followed those identified in the literature. Social isolation, economic marginalization, language, abuse, and physical/emotional hardship were themes that emerged from interviews with participants.

2. What impact does *Changing Together* have on the lives of the immigrant women who use its services?

This question was explored through conversational and open-ended questions. It appeared that *Changing Together* alleviated some of the struggles faced by immigrant women. In particular, it provided women with a feeling of being connected, thereby reducing social isolation and increasing a sense of having options. The Centre was described as a place to meet friends and learn about new opportunities.

Despite the assistance at *Changing Together*, several participants continued to struggle to find work that they considered meaningful. The Centre has limited funding for job-related ventures and focuses instead on integration and family and individual well-being.

There was indication that the Centre helped women to take action needed to improve their lives in Canada. This occurred through a process of realizing that they were not alone in the difficulties they were facing and through receiving support and information. The Centre was repeatedly described as a place of sharing and learning.

Finding out about the Centre was often followed by a desire to spend as much time as possible there, which was followed by concrete actions to achieve goals.

3. Does *Changing Together* help women overcome barriers that could be a threat to health; and if so, how does it help women overcome these barriers?

By reducing social isolation, by providing information and support, *Changing Together* addresses important determinants of health for immigrant women. Free language classes are made available as is information about further training and educational opportunities. Staff members attempt to connect women with people who can give them information about finding work in specific areas. The DPD program appears to increase a sense of connection with Canadian society and helps women to understand culture shock. Involvement in classes and volunteering connects women with each other for social support. From the interviews and from observation, it also appears that the psychologist and social worker at *Changing Together* are able to provide culturally sensitive psychological support where other "mainstream" agencies may not have such capabilities.

Reviewing the Objectives of the Study

The first objective of this study was to determine whether the outcomes of the programs met the objectives of the organization.

First organizational objective. *To provide a place for immigrant women to meet and work together to develop solutions to common problems and concerns.*

Changing Together provides a means for immigrant women to exchange information and receive emotional support and validation. This was evident from the interviews as participants expressed a realization that their tribulations were similar to those experienced by other immigrant women. A number of participants said that after their time at *Changing Together*, they found new resolve and confidence to pursue what they needed and wanted in Canadian society.

Second organizational objective. *To help immigrant women realize their full potential through active participation in Canadian life.*

Many participants described the Centre as providing a supportive environment. Women volunteered, met new people and found out about opportunities at *Changing Together*. These activities denote community involvement (Zimmerman et al, 1992). The DPD program was described as an excellent way of learning essential information about Canadian culture.

Third organizational objective. *To provide opportunities for immigrant women to volunteer in order to acquire employment skills and work experience.*

Changing Together provides volunteer opportunities for immigrant women to acquire job skills. Some said the accounting department was too busy for them to volunteer there and would have appreciated placements with affiliated organizations and businesses. Participants in the Volunteer program said it helped them regain confidence in the skills they had and an opportunity to use their new-found confidence to develop new skills.

The second objective of the study was to explore the experiences of health/well-being of immigrant women. It is apparent that stress is compromising to the health of immigrant women. Participants revealed varying degrees of psychological distress related to the social barriers they were facing in Canadian society. For some this included physical health problems as well.

The third objective of the study was to provide *Changing Together* with a useful document for future program design and funding application. Staff at *Changing Together* will be given a copy of the thesis and a presentation of the findings will be made at the Centre. To further disseminate the findings, an executive summary will be sent to Citizenship and Immigration Canada. Copies will also be offered to interested organizations, such as settlement agencies.

Reflections on Methods

The empowerment framework proved to be appropriate for this study. Women expressed the experience of feeling stronger and credited this both to the recognition that other immigrant women were struggling and to the resources received at *Changing Together*.

Observations were a particularly useful source of data in this study. They were less intrusive than the interviews and allowed the researcher to directly see effects of involvement with the Centre. Interviews were a useful technique for exploring the perceptions of the individual. Using a combination of techniques resulted in effective data collection.

Summary of Chapter Five

Chapter Five discussed the themes identified in Chapter Four. Barriers facing immigrant women were examined as was the experience of empowerment. Barriers identified in the interviews closely paralleled those identified in the literature review. Likewise, the experience of empowerment for women in this study resembled the literature on empowerment theory. In addition, original objectives of the study and the organization were reviewed in Chapter Five.

Conclusions

Immigrant women in Edmonton continue to face the same barriers that have been identified in the literature for the past 20 years. *Changing Together*'s mission statement and objectives are as appropriate and valuable to the lives of immigrant women as they were when the Centre first opened. Social isolation and economic marginalization figured prominently in the experiences of the research participants. The other challenges faced by women (language, abuse, and physical and emotional hardship) are closely tied to social isolation and economic marginalization. If the Canadian government is sincere in its efforts to improve the health and well-being of immigrant women in Canada, these factors must be addressed.

Changing Together addresses women's social needs. However, more funding is required for job placement programs. Without assistance with economic integration, foreign-born women are at risk of remaining marginalized and facing health risks associated with marginalization.

The experience of empowerment, as it appears to occur for women at *Changing Together* involves a process of identifying with others facing similar social conditions and receiving support and information. This research demonstrates the need for centres such as *Changing Together*. The Centre indeed serves to reduce marginalization of immigrant women in Edmonton. According to a participant, *"if [she] had known about somewhere like Changing Together, many of the challenges [she] faced and the difficulties and frustrations would have been alleviated."* Another participant said, *"It's extremely valuable to have places like Changing Together."*

Above all, this study reinforces the long-held notion that social integration is a necessary component of well-being (Amick, Levine, Tarlov, & Walsh, 1995). Social programs that facilitate the integration of groups and individuals facing marginalization increase the well-being of our society as a whole (Wilkinson, 1996). Canadian policy makers must closely examine the institutional forces that foster the marginalization of certain groups in society. This study suggests that a centre for immigrant women serves to reduce their marginalization in Canadian society.

Policy Implications

This research strongly supports the continuation of programs that address the social isolation and economic marginalization of immigrant women as a means of health promotion. The identification of immigrant women as a high-risk group for health problems is based largely on the level of social isolation they face, an experience closely tied to their relegation to low-status, low-paying jobs.

This study supports the need for centres such as *Changing Together* that assist immigrant women with social and economic integration. However, the study revealed that further funding is required for employment programs designed for recent immigrants. According to newcomers, basic job search programs are reasonably available but are of little use when the barrier to employment is a lack of Canadian experience. Participants want a chance to demonstrate their skills and attitude through unpaid work placements. Participants in this study were adamant that they came to Canada to work hard, not to collect welfare. Placements would likely help newcomers feel integrated and connected with Canadian society.

Also apparent from this study was the need for ESL programs that address the social and emotional stress of integration. Participants identified that learning English can be almost impossible when they are facing so many other sources of stress in their lives. ESL instructors need to be aware of the other challenges that newcomers are facing. This would improve their ability to address the issue and design lessons that include discussions of ways to deal with these sources of stress.

Another approach to this problem is for settlement agencies to offer a spectrum of services, as does *Changing Together*. Multiple needs can be met within one centre. Participants were eager to take everything they could at *Changing Together* because they found the atmosphere so supportive. The availability of different services was comforting to participants. Often a newcomer is facing more than one barrier. *Changing Together* helps to address multiple challenges.

Based on the experiences of a participant in this study, modifications to the federal government's Live-in Caregiver Program are suggested. The nature of this

program heightens the isolation and economic vulnerability of immigrant women. Caregivers are expected to be available whenever the family needs them. This requirement prevented a participant in this study from being able to volunteer to increase her chances of getting a job in her chosen area once she had completed the program. A modification to this program might include mandating that the caregiver be permitted an afternoon or evening off every week for purposes of professional or personal development. This might increase her ability to be involved in the community. The participant in this study revealed that her involvement with *Changing Together* was restricted by her job as a live-in caregiver.

Research and experience suggest that it is relatively easy for employers to breach contracts made with caregivers (Brigham, 1996), as was the case for the participant in this study. Improved monitoring of the well-being of caregivers is recommended.

Immigration policies that place the sponsored immigrant in a position of dependence on the sponsor are dangerous for women, especially those in abusive situations. This study reinforces that Canadian immigration policies should be sensitized to the needs of women. Sponsored immigrants should not be denied access to services in Canada. Also, information in different languages about services for women in Canada need to be made more available to women entering the country.

Areas for Future Research

A similar study might use focus groups to further explore the process of empowerment as it occurs at *Changing Together*. Participants may feel freer to

divulge personal challenges if they sense that they are not alone in their perceptions and experiences. A future study might have clients of the Centre be part of the data-gathering process as assistant facilitators in a focus group, for example. This might ease the comfort level of participants and help them feel freer to voice their concerns.

Additional work could be done in the area of empowerment. Community agencies seeking effective ways of empowering their clientele would benefit from an understanding of the process and the requisite components of an empowering program. It would be interesting to determine the usefulness of programs that help immigrant women understand the broader social inequities that may have made their entrance into Canadian society challenging and painful. This awareness could help to bolster women's confidence in their own abilities to problem-solve.

The current study examined the issues affecting 25 to 45 year old women. Women above and below this range may have slightly different needs and concerns. Observation revealed that the potential for isolation among senior immigrant women is even higher than for the 25 to 45 range. The adverse effects of isolation upon the health of seniors has been documented extensively (Beiser, 1994; Choi & Wodarski, 1996; Rubinstein, Lubben, & Mintzer, 1994; Thompson & Heller, 1990). Future studies might explore *Changing Together*'s ability to enhance the quality of life for seniors.

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Appendix A: Information Letter

Date

My name is Kate Hibbard. I am a student in Population Health at the University of Alberta. I am interested in the health of immigrant women. My study looks at the role that *Changing Together* plays in immigrant women's lives and health. I would like to talk with you about your new life in Canada and about *Changing Together*.

If you are willing, I would like to talk with you for about 30 to 45 minutes in a place where you will feel comfortable. I would like to tape-record our talk so that I can listen to it later. You are allowed to refuse to answer a question if you are not comfortable with it. One benefit of being in this study would be the opportunity to talk about coming to Canada. Being in this study involves no known risks. You may drop out of the study at any time.

If you decide to be in the study, it will not affect the services you use at *Changing Together* in any way. Your name and anything you say that would identify you will not be in any publications or presentations of the findings. The tape recordings will be available only to the researchers and will be stored in a secure place for seven years. All information will be held confidential except when professional codes of ethics and or legislation require reporting.

If any further analyses are conducted with this study, further ethics approval will be sought.

If you have any questions, please phone me, Kate Hibbard, at 433-8768 or Dr. Ollie Triska at 492-1907. You may also ask questions of Dr. John Church, director of graduate training in Public Health Sciences at the university, at 492-8604.

Thank you for being part of the study.

Sincerely,

Kate Hibbard

Appendix B: Interview Guidelines

1. What do you feel were some of the challenges you faced when you first came to Canada?
2. How long have you been coming to *Changing Together*?
3. Has coming to *Changing Together* helped with these challenges?
4. Do you have any suggestions for *Changing Together*?

Appendix C: Participant Consent Form

Title of Project: "A Qualitative Evaluation of Changing Together: A Centre for Immigrant Women."

Principal Investigator:
Kate Hibbard
M.Sc. Graduate Student
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University of Alberta, Edmonton, AB
Phone: 433-8768

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Doug Wilson, M.D., FRCPC
Professor
Department of Public Health Sciences
University of Alberta, Edmonton, AB
Phone: 492-7385

Participant Questions:

Do you understand that you have been asked to be in a research study?	Yes	No
Have you read and received a copy of the attached Information Sheet?	Yes	No
Do you understand the benefits and risks involved in taking part in this research study?	Yes	No
Do you understand that the interview will be tape-recorded?	Yes	No
Have you had an opportunity to ask questions and discuss this study?	Yes	No
Do you understand that you are free to refuse to participate or withdraw from the study at any time? You do not need to explain why and it will not affect your relationship with the staff at *Changing Together.*	Yes	No
Has the issue of confidentiality been explained to you?	Yes	No
Do you understand who will have access to your responses?	Yes	No

This study was explained to me by: _____

I agree to take part in this study.

_____ _____ _____
Signature of Research Participant Date Witness

_____ _____
Printed Name Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

_____ _____
Signature of Investigator or Designee Date

Appendix D: Background Information on *Changing Together*

According to an original brochure, *Changing Together* was designed as a drop-in centre where immigrant women could meet people and make friends, find information, referrals and training.

Initial programs:
Drop in, ESL, Making Changes (pre-job orientation), New Friends, Information and referral on social service, health services, child care, legal rights, referral to other organizations, workshops, volunteer participation.

Early objectives:
1. Drop-in centre
2. Providing information about various settlement, social and education programs
3. Referrals to and links with other organizations of relevance to immigrant women
4. Forum for discussion about common concerns
5. Programs to meet needs and develop life and leadership skills
6. Adaptation and integration into Canadian life

Funding for 1997
- Advanced Education and Career Development
- Status of Women Canada
- Department of Canadian Heritage – Canada
- City of Edmonton – FCSS
- United Way
- Alberta Family and Social Services, Citizenship and Immigration – Canada, The Learning Link

148 received counselling in 1996-7
28 received parenting assistance
178 participated in LINC
120 took Canadian Citizenship classes
Total served in 96-7 2200
Membership count 192
New Friends 136