

Community Consultation Initiative 1994:
Assessing Barriers to Human Services in Edmonton

Edmonton Social Planning Council

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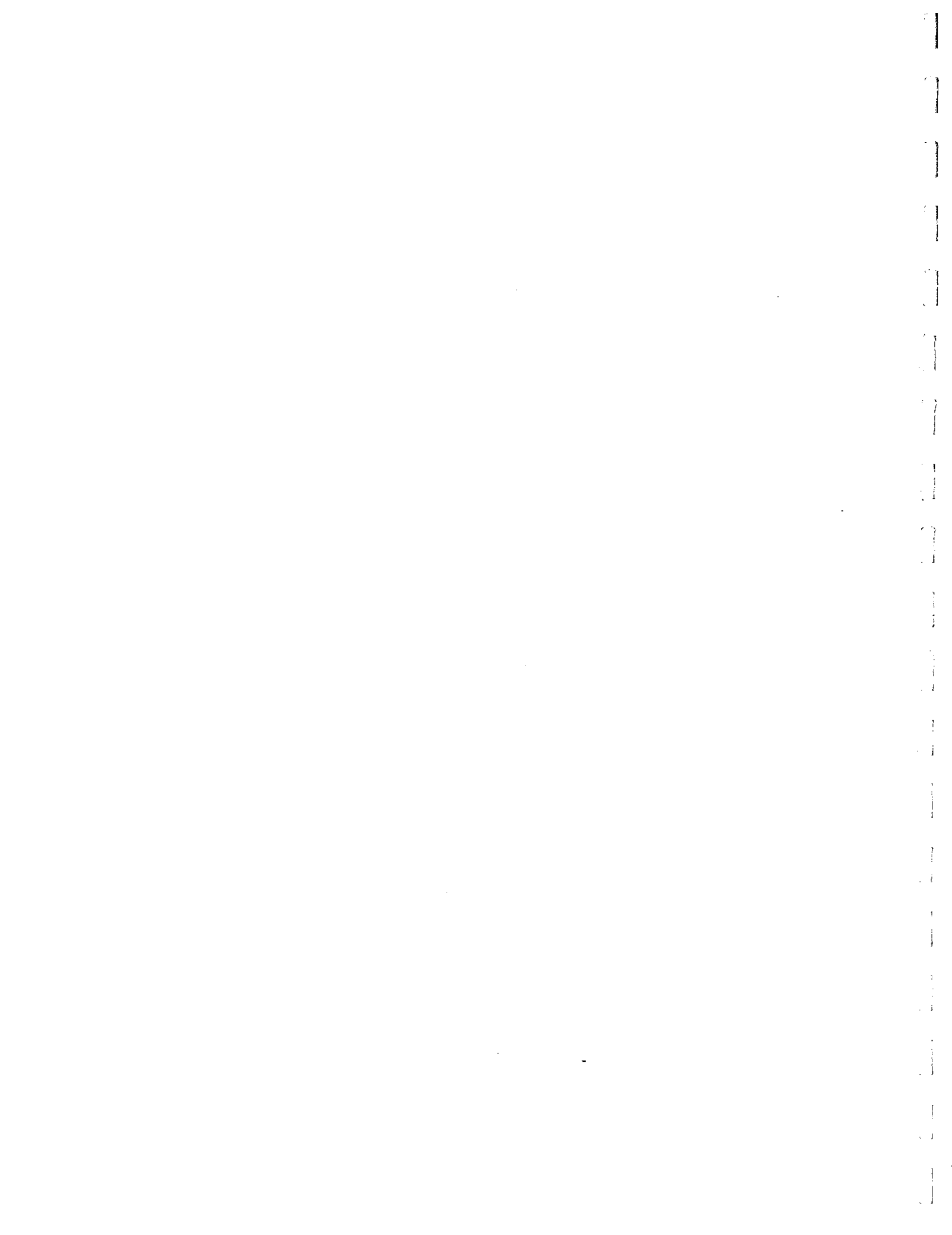


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The Edmonton Social Planning Council would like to take this opportunity to thank all the individuals, groups and organizations who provided valuable input into this study looking at the barriers immigrant, visible minority and Aboriginal peoples face when seeking the services of community agencies in Edmonton

Edmonton Social Planning Council

Community Consultation Initiative 1994

I) INTRODUCTION

During the summer of 1994, the Edmonton Social Planning Council undertook a study to identify the barriers that immigrant, visible minority and Aboriginal peoples face when seeking the services of community agencies in Edmonton. The objective of this research project, *Community Consultation Initiative 1994*, is to assess service users' awareness of, and accessibility to, the wide-ranging human services which are available in Edmonton. This information provides the basis for a series of recommendations designed to improve service delivery to target groups. The findings of this study, then, are aimed at identifying infrastructural barriers and key problem areas for service agencies so they can become more accessible to segments of the population who may face linguistic, racial, and/or cultural difficulties when trying to obtain services or information about services.

II) METHODOLOGY

a) *Overview*

The Edmonton Social Planning Council is committed to a community participation approach when conducting research of this nature. This is in keeping with one of our mandates at the Council which is to encourage greater public participation in the development of social policies and in the implementation of programs. In order to help facilitate the effective delivery of services to Edmonton's diverse and changing population, this project involved the participation of a wide cross-section of Edmonton's immigrant, visible minority, and Aboriginal populations (the "stakeholders").

b) *The Research Sample and Size*

Our sample contained 204 participants. These participants were selected primarily from already-existing community groups having ethnically diverse memberships. Specifically, we sought the cooperation of those community groups in which new immigrants, visible minorities, and Aboriginal peoples constituted a significant portion, if not majority, of the client base. Staff at organizations working, or in contact, with these individuals or groups assisted our study by acting as an intermediary with the participants. The 19 sources of participant referrals are found in *Appendix A*.

c) *Content of the Questionnaire*

We developed a questionnaire that assessed the respondents' needs, knowledge and accessibility to services. The questionnaire was pre-tested on group coordinators. Suggestions were solicited about the following matters: 1) the content of the questionnaire, 2) the appropriate methods of distributing the questionnaires; and, 3) ways in which to enhance focus group participation and discussions. We considered the useful suggestions we received from coordinators and implemented many of their ideas.

The questionnaire, which can be found in *Appendix B*, contained questions relating to services in four areas: health care, education, employment, and family services. For each of these areas, we included questions to assess the following criteria:

1. **Need:** The respondent's personal need of human services (for example, the status of their health, their employment situation, their desire for further education, their need for English-as-a-Second-Language[ESL] training, and their need for employment counseling).

2. **Knowledge/
Awareness:** Whether the respondent has awareness of services available to meet personal needs, or whether, given certain hypothetical situations, respondents would know where to go to obtain the appropriate service or appropriate form of intervention.
3. **Accessibility/
Barriers:** Where appropriate, what, if any, barriers respondents had encountered in seeking the assistance of human service agencies.

Because not all the questions would apply to every respondent, we asked participants, when possible, to put themselves in the place of someone who is faced with the particular situation referred to in the given question and attempt to respond.

In order to assess and ensure the diversity of participants we also included some preliminary questions to gauge the demographic configuration of the sample. Participants were therefore asked questions regarding their gender, age group, marital and family status, place of birth, and length of residency in Canada.

d) Distribution of the Questionnaire

All participants in the study completed a questionnaire. Most of the questionnaires were coupled with either a focus group discussion or a personal interview. There were 128 individuals who participated in focus groups and 55 individuals were interviewed (in-person or over the phone). The balance of the questionnaires (21 out of 204) were sent to organizations we had contacted, distributed to clients by staff at the organizations, and then mailed back to us.

We generally tried to meet in-person with participants at the organization they were affiliated with, or clients of, rather than meeting with them at alternative locations. This was done in order to make use of natural meeting places rather than creating artificial ones in which participants may feel uncomfortable. A total of 22 groups from 19 different organizations participated in the study:

- eleven groups participated in focus groups discussions led by the project coordinator from the Edmonton Social Planning Council and then filled out questionnaires
- four groups had questionnaires distributed to them by staff members of organizations we contacted
- two groups came to organizations on a drop-in basis and had questionnaires distributed to them either in small groups or on an individual basis
- five groups of participants were referrals who were interviewed individually in-person, or over the phone

Appendix A is the list of community groups that participated in the study.

e) *Focus Group Discussions and Interviews*

In conjunction with the information we gathered from the questionnaires, we also collected useful data from focus group discussions and personal interviews. We have included this information in the conclusion section of each service area we looked at. We found that this interview data proved to be very rich, and in some instances more insightful than the responses to the questionnaire.

III) DEMOGRAPHIC PROFILE

a) Overview

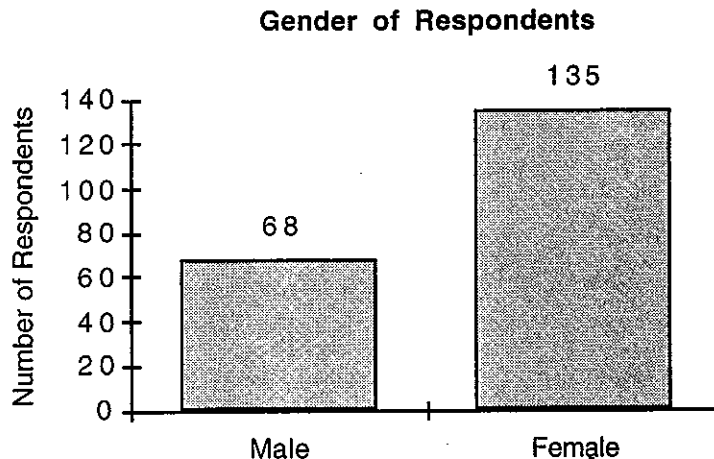
A total of 204 respondents completed questionnaires. The chosen sample of participants in the study attempted to reflect the diversity of Edmonton's population. Since the organizations we contacted were located in various geographical areas of Edmonton, the focus groups and meetings were also conducted in a various neighbourhoods, namely, the inner city, the northeast, and the south east.

The demographic factors of gender, age, family or marital status, place of birth, ethnicity and language, length of residency in Canada, as well as level of education varied widely among the participants. Diversity was an important feature of our sample. We wanted to ensure adequate representation from the Aboriginal community. Therefore, Aboriginal peoples constituted almost one-quarter of the (22%) sample.

Please note that not everyone filled out all of questions related to the demographic data. The following information is based on the number of completed responses and may vary from question to question.

b) Gender

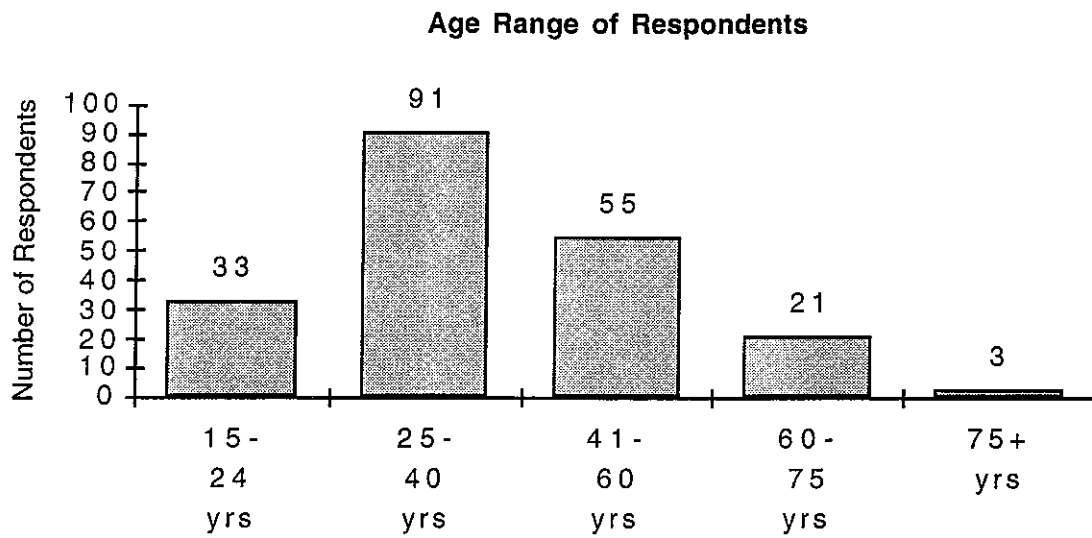
There were proportionately more women than men who participated in the study. Males constituted 33% of the sample and females constituted 67% of the sample. The greater number of female participants could perhaps be attributed to their greater utilization of the organizations we contacted, lower employment rates and greater availability during the daytime.



Based on 203 responses

c) *Age*

Participants ranged in age from the categories of 15-24 years old to over 75 years old. The largest proportion of the participants were from the 25-40 year-old category which included 46% of the participants. The following is a breakdown of age range of participants.

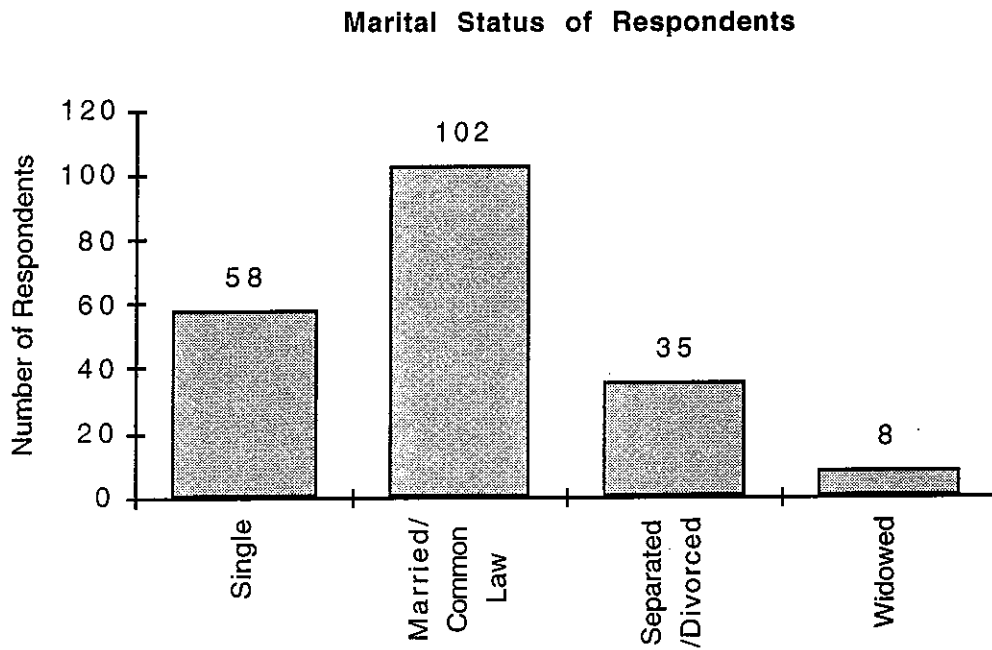


Based on 203 responses

d) *Family and Marital Status*

The family status of participants varied greatly. Our study included teenagers, parents of young children, parents of adolescents, and grand- and great-grand parents.

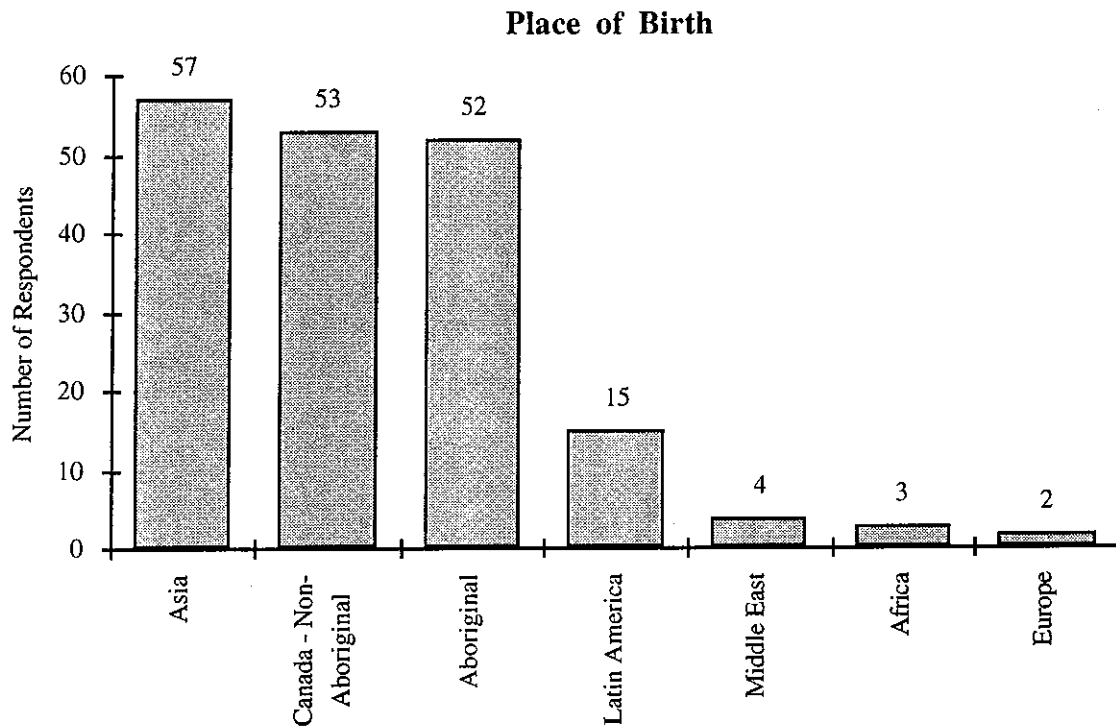
Marital status questions indicated that half (102) of the respondents were married or in common-law relationships, while 29% (59) were single, 17% (35) were separated or divorced, and 4% (9) were widowed.



Based on 203 responses

e) *Place of Birth*

One hundred and six (52%) participants identified themselves as immigrants to Canada and ninety-eight (48%) stated that they were born in Canada. Of those who identified themselves as born in Canada, 45 participants, (22% of the total number of respondents indicating their place of birth), were Aboriginal peoples. Seven participants who identified themselves as Aboriginal were not born in Canada. These individuals were indigenous peoples of either the United States, Central America, or South America. In total, 26% of the sample constituted non-Aboriginal participants who were born in Canada. This group included visible minorities who were born in Canada as well as Caucasian individuals born in Canada.



Based on 186 responses

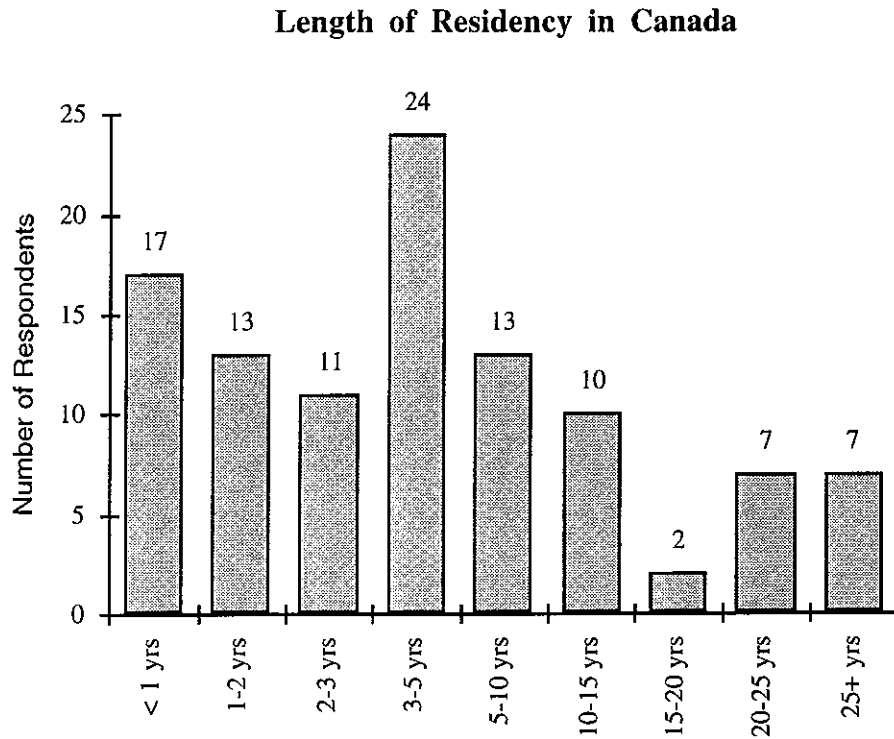
* Of the people who indicated Aboriginal heritage 45 were born in Canada and seven were born elsewhere.

f) *Immigrants' Country of Origin, Ethnicity, and Language*

The countries of origin varied widely among the participants who were immigrants. Participants came from Asia, Europe, South America, and Africa. A total of 33 countries of birth were identified, 29 ethnic groups were represented (including those who identified themselves as French-Canadians) and 29 languages (including various Native languages) were indicated as being "spoken at home".

g) *Length of Residency in Canada*

Respondents who immigrated reported varying lengths of residency in Canada — ranging from one month to sixty seven years — with almost half, 46%, having lived in Canada for one to five years. The following is a breakdown of immigrants' length of residency in Canada:



Based on 104 responses

IV) SERVICE DELIVERY

a) *Health*

i) *Needs*

We assessed participants' overall need for health services by asking them whether they had experienced any health problems while living in Canada. This was further broken down into the categories of mental health, physical health, or both. We found that of the 202 participants who answered this question (two persons did not answer), approximately one-half (51%), or 102 persons had experienced health problems of some form while living in Canada. Of the 102 individuals who stated that they had experienced health problems, 73% had only physically-related problems, 9% had only psychologically-related problems, and 18% had experienced both.

ii) *Knowledge/Awareness*

We assessed participants' general knowledge and awareness of available health services by asking those who had experienced health problems if they knew where to obtain treatment. We found that of those who had physical problems, 88% knew where they should go to obtain treatment and 12% did not know. Of those who had psychological problems, 56% knew where to go to obtain treatment and 44% did not. Of those who had experienced both, 78% said they knew where to go to obtain treatment and 22% said they did not. On average, 83% of those who identified themselves as having experienced health problems felt they knew where to go to obtain treatment and 17% indicated that they did not.

The findings show that although most participants knew where and how to obtain medical treatment for basic physical ailments, this was not the case when it came to mental or psychological problems. In fact, our indicators showed that only slightly over one-half (56%) of participants knew where to obtain services for mental or psychological problems.

The knowledge that people had about where to obtain services was not always the most appropriate. For instance, many people responded that they would go to hospitals or specialists for services that they could more easily obtain from health clinics found right in their neighbourhood. This lack of awareness is especially problematic as these specialized health outlets are meant to be used in emergency situations and not on a routine or day-to-day basis. The cost of such emergency services can be much higher, both for the user and the taxpayer.

We asked all participants, regardless of whether they had experienced health problems or not, where, if necessary, they could go to obtain the following more specialized, health services: hearing and sight tests, immunization of children, medical check-up for babies, special services for the disabled or elderly, pregnancy tests, and tests for sexually transmitted diseases. Of those who answered the questions, the following is a breakdown indicating the percentage of those who answered 'do not know' in each of these areas:

| | Specialized Health Service | Do Not Know |
|----|--|--------------------|
| 1. | hearing and sights tests | 32 % |
| 2. | immunization of children | 26 % |
| 3. | medical check-up for baby | 25 % |
| 4. | special services for the disabled and elderly | 35 % |
| 5. | pregnancy test from other than doctor's office | 18 % |
| 6. | tests for sexually transmitted diseases | 28 % |

In general, the preceding figures indicate that approximately one-quarter of the participants lacked knowledge of where to obtain specialized medical services.

iii) *Accessibility / Barriers*

There were two indicators on the questionnaire which examined participants' accessibility to health care services. One concerned the quality of health service they received, and the other was an open-ended question regarding the type of barriers they had experienced, or alternatively, the degree of access they had to services. These questions were: 1) whether medical attention and services had been adequate, and, 2) in what ways have they been adequate (accessible) or inadequate (barriers)?

The results indicated that 73% felt that the medical attention and services they received had been satisfactory, while 27% felt that the attention they received was inadequate. Of those who felt that the medical attention they received was less than satisfactory, the barriers they encountered varied from racial, to cultural, to financial. The following are a list of some of the barriers that were mentioned in the questionnaires. The first three barriers were listed by several participants and the next six were identified by particular individuals:

1. Lack of support/treatment for those who are bed-ridden at home.
2. User fees. Many mentioned that it is difficult to afford services not covered, or not fully covered, by Alberta Health Care.
3. Doctors failing to inquire adequately about patients' medical history.
4. "Some places (hospitals) treat Aboriginal clients differently." (41-60 year old Aboriginal male)
5. "Sometimes you have to wait a long time for emergency aid if you are of Native background." (25-40 year old Aboriginal female)
6. "Lack of access to, and no coverage for, non-Western forms of medicine, for example, holistic, homeopathic, naturopathic, or acupressure therapy." (25-40 year old Malaysian female)
7. "My doctor would prescribe 'painkillers' to me without proper diagnosis and when I wouldn't take them, he told me that my illness was only "in my head." (41-60 year old Metis male.)

8. "My doctor would not refer me to a specialist and tried to cure me himself, even though I tried to express that I should see a specialist. He could not understand me, or did not believe me." (41-60 year old Salvadorean [Spanish-speaking] female)
9. "I have experienced barriers to health care services not because of my race [Asian] but because of my sexual orientation." (15-24 year old gay individual)

iv) *Conclusions Based on Questionnaires and Focus Group Findings*

Much of the time spent in focus group discussions centered on creating an awareness among participants of the variety of health services that are available in Edmonton. We particularly tried to educate participants about organizations that provide services to the community on a minimal or no-charge basis to individuals in need — for example, community health units, Pregnancy Clinics and STD Clinics.

During the focus group discussions concerns were raised by participants about particular aspects of the health care system. The following is a summary of some of the broad concerns mentioned by participants in focus groups and questionnaires:

1. **Costs.** Many were concerned that health care in Canada would soon become unaffordable to all but the wealthy. They discussed the increase in user fees and longer waiting lists for basic health care needs and were worried about the future and the possibility of further cutbacks. However, several individuals who came from countries where health care is not funded at all were thankful to live in Canada, and were hopeful that health care services would not deteriorate here.
2. **Choice.** Many participants expressed that they would like to have the option to choose alternative forms of health services which currently fall outside the scope of traditional western medicine. Services that participants mentioned were those of midwives, holistic healing, acupressure, acupuncture, and homeopathic medicine.
3. **Confidentiality.** Several of those who had immigrated recently to Canada reported their anxiety that there may exist a lack of confidentiality in the health care profession. They feared that if they contracted certain illnesses or required expensive medical treatment they could be deported if immigration authorities were notified. This may have had an effect on the number of respondents who indicated that they had experienced health problems.
4. **Paternalism and Stereotyping.** Several individuals (some seniors, a few Aboriginal peoples, and some immigrant women) reported that in their contacts with health care workers, they had noticed that service providers often assume too quickly what their ailment is, or do not take the patient's description of what they are feeling seriously. Respondents indicated that doctors and nurses occasionally take neither the time to listen to what these patients are saying, nor complete the adequate medical testing on them.

b) EDUCATION

i) Needs

We assessed the educational needs of participants by looking at the following criteria: 1) the level of education they had completed and whether they wished to further their education (including ESL training), and 2) where applicable, whether their foreign qualifications had been recognized in Canada.

We found that the level of education of participants ranged from those who had less than grade 9, to those who held Ph. D.s. Approximately 26% of the sample had a level of education below grade 12, with 23% having grade 12, and 51% reporting some form of post-secondary education. Broken down further, these levels for different groups were:

- | | |
|------------------------------------|--|
| 1) Immigrants | 21% had less than grade 12, 31% had completed grade 12, and 48% had post-secondary education. |
| 2) Aboriginal peoples | 47% had less than grade 12, 13% had completed grade 12, and 40% had post-secondary education. |
| 3) Non-Aboriginal (born in Canada) | 15% had less than grade 12, 21% had completed high school, and 64% had post-secondary education. |

Of those who responded to the question "would you like to further your education," 81% answered yes. At least one-third (34%) of those who wanted to further their education specifically indicated ESL training, and two-thirds (66%) wanted to upgrade or attend post-secondary institutions.

Of the 153 individuals who said they would like to further their education, 34% were male and 66% were female. These figures are almost identical to the gender proportions of the sample as a whole in which males comprised 33% and females 67%. An alternative breakdown of the respondents who answered affirmatively to this question, indicated that 51% were immigrants, 29% were born in Canada (excluding Aboriginal peoples), and 20% were Aboriginal peoples. These figures were also generally in line with the proportions of these groups in the sample as a whole. (Of the whole sample 52% were immigrants, 26% were born in Canada [excluding Aboriginal peoples], and 22% were Aboriginal peoples.)

A noteworthy finding was in the area of recognition of foreign qualifications. Of those who received post-secondary education outside of Canada, only 11% received recognition for their qualifications by Canadian academic and professional bodies. Seventy-one per cent did not get recognition for their foreign qualifications, and 18% responded that they did not know.

Of the 11% who had qualifications which were recognized in Canada, 60% came from European countries. This is noteworthy because Europeans constituted only 22% of the immigrants who had post-secondary education. These figures correspond to the following statements noted in ratio form:

- 1) 1 out of every 3.3 Europeans in our sample who had post-secondary education from outside Canada have had their qualifications recognized.
- 2) 1 out of every 21 Asians in our sample who had post-secondary education from outside Canada have had their qualifications recognized.
- 3) 1 out of every 11 South Americans in our sample who had post-secondary education from outside Canada have had their qualifications recognized.

Our findings, therefore, indicated a correlation between recognition of foreign qualifications and place where one was educated. These findings are supported by looking at the medical profession as an example. Gilbert Sharpe has written about the recognition in Canada of medical degrees received abroad:

Graduates of medical schools beyond the borders of Canada are treated in a variety of ways. The diplomas from schools in England, Scotland, Republic of Ireland, South Africa, New Zealand, Australia and the United States are more likely to be regarded as equivalent to those from Canadian schools, except in Quebec where all diplomas are treated uniformly. The holders of such diplomas may be licensed without further examination, or they may be required to write the examinations of the Medical Council of Canada. Diplomas from schools in the other countries listed in the World Health Organization Medical Directory **may** allow the holders ... to sit the examinations of the Medical Council of Canada. (emphasis added) ¹

It could be the case that there are variations which exist in the recognition of foreign qualifications for other professional fields as well.

ii) *Knowledge / Awareness*

We evaluated participants' knowledge and awareness of educational programs in three areas: upgrading or continuing education; ESL programs; and special education programs for children. Specifically, this section included questions on: 1) what steps can be taken to further one's education; 2) who is eligible for ESL training; 3) what special education programs are available for children and how to enroll children in such programs, and; 4) where a parent can seek assistance if their child is experiencing difficulties in school. The responses to these questions are noted below.

- 1) As previously mentioned we found that 81% of the participants indicated that they wanted to further their education. However, only 49% of the participants were able to suggest even a single method of how they could go about doing this.
- 2) Although **all** landed immigrants who are adults (over 19 years old) are able to qualify for ESL funding through Language Instruction for Newcomers to Canada (LINC), only 38% of the respondents were aware of this, 19% did not have any idea as to who qualifies, and 43% were misinformed about who qualifies for funding.

¹ Gilbert Sharpe, *The Law and Medicine in Canada* (2nd ed.), (Butterworths: Toronto), 1987.

- 3) The responses to the question of what special education programs are available for children showed that 63% did not know of any special education programs for children. Responses also indicated that 76% did not know how to enroll children in special programs.
- 4) Thirty-six per cent answered that they would not know what to do if a child is experiencing difficulties in school. However, the answers we received from the other 64% of the respondents were quite creative and resourceful. In terms of seeking assistance from others, respondents said they would consult with school counselors, social services, paediatricians, principals, tutors, or teachers. And in terms of dealing with the problem themselves, respondents suggested that they would attend case conferences, change schools, teach them at home, provide them a loving environment, or simply talk to the child.

iii) *Accessibility / Barriers*

To evaluate the accessibility and barriers to education, we asked respondents whether it had been difficult to further their education. We followed this question with an open ended one asking them to describe the ways it has or has not been difficult.

Almost two-thirds (63%) of those who responded said that it had been difficult to further their education. When asked about the barriers, we received the following variety of answers. Note that because some individuals stated more than one barrier, the total of the percentages is greater than 100:

1. **Financial difficulties** — (36% mentioned this) Newcomers as well as individuals born in Canada stated that a large barrier to pursuing academic goals was their lack of finances and their need to be employed to support their families. Coupled with this barrier, many mentioned that their chance of getting funding or student loans was more doubtful in this current climate of increasing government cutbacks to educational programs. A couple of people mentioned that even if they were eligible for student loans, with the unemployment rate so high, it was possible that they could not secure employment after they graduated and were fearful that they would not be able to pay back the loans.
1. **Language barrier** — (34%) Many newcomers felt that their English was not good enough and thus lacked the confidence to learn new things taught in the English language. Participants also mentioned that they found it difficult to improve their language skills as they had few opportunities to engage in conversations with English-speaking people. Others stated that they would have to pass the TOEFL (a Test of English as a Foreign Language) to go any further in their studies.
2. **Foreign qualifications not recognized** — (27%) (Seventy-one per cent of immigrants with post-secondary education mentioned this. Note that 48% of the immigrants in our study had post-secondary education.) Participants stated that they already had studied what they had intended to practice but could not get recognition for their studies or professions in

Canada. Many of these individuals felt they could not afford the costs (both emotionally and financially) required to gain academic or professional recognition in Canada. Several respondents indicated this had been compounded by the fact that before immigrating they were **not** told that their qualifications may not be recognized, and that the Canadian embassy did not inform them adequately about a potential loss of credentials upon arrival to Canada. On the contrary, many stated that they were under the impression their credentials would be worth something in Canada since the Canadian government either actively recruited them, or awarded points to them under the immigration point system for their superior level of education.

3. **Raising a family** — (15%) Fourteen women and four men stated that a significant barrier to their pursuing educational goals was that they were too busy raising their families and could not afford the time it would take them away from their children.
4. **Personal or family problems** — (10%) Poor personal health (physical or mental) or having to look after parents or children who were in poor health, were barriers we grouped together in this section.
5. **Age** - (8%) Several individuals mentioned that they felt their age was a barrier to continuing or upgrading their education.
6. **Lack of information** — (5%) Several individuals mentioned that they did not even know where to start and have had difficulty in getting information about education programs for themselves and their children.
7. **Lack of self-esteem** — (4%) Several individuals mentioned a lack of personal self-esteem or confidence as a significant barrier to furthering their education.

iv) *Conclusions Based on Questionnaire and Focus Group Findings*

The results of the data gathered during focus groups discussions echo the finding from the questionnaires. The findings from both sets of data are synthesized and summarized below:

1. **Desire for Further Education.** The data revealed that there exists a need and a desire in the immigrant, Aboriginal and non-Aboriginal Canadian-born population to have the opportunity to become further and better educated. The proportion of the sample as a whole who indicated they would like to further their education was 81%. There was no relevant distinction based on gender, ethnicity or place of birth.
2. **Lack of Information about Educational Programs.** Our research data revealed a lack of knowledge about all aspects of education, whether it be upgrading, ESL classes, eligibility for funding, or programs for children. Although most indicated an awareness or familiarity with the programs that do exist, the majority (51%) did not have any specific knowledge about how they could access these programs. And those who

did (49%) often had inaccurate or incomplete information. This was true of both immigrants and those born in Canada.

3. **Barriers to Education.** There are several specific accessibility and barrier issues that exist in the area of education that were highlighted during the focus group sessions:

- a) *Foreign qualifications.* Many immigrants who have high levels of education (48% of the immigrants in our study had post-secondary education) mentioned that they have not received recognition for their qualifications here. This barrier has been more pronounced for those immigrants who come from countries in the southern hemisphere as they reported lower rates of foreign qualification recognition.

Individuals related how the lack of recognition for their credentials has been a demeaning experience. For instance, a woman who was an experienced teacher for over 10 years in her native country is now a daycare worker here. Another gentleman who has a Ph.D. from an Asian country has only been able to obtain work as a taxi driver. Similarly, a woman who was a practising dentist in her native country, feels that the dental profession is very protectionist in Canada. The dental association has told her that she must get accepted to the program at university, and then complete the four year course in order to become a qualified dentist again. Since dentistry is being phased out of universities in Alberta, this means that she would have to relocate herself and her family to another province in Canada.

These individuals indicate they have lost the respect of their families and feel a great loss of self-esteem. This has adversely affected their personal well being, as well as placed a strain on their families. One person mentioned that because many new immigrants must accept two or more part-time or low status jobs in the hopes of improving their standard of living, "family loyalty" is tested, since children begin to see their parents occupy a marginalized position in society.

- b) *Language Barriers.* Interviews also showed that the language barrier was perceived among newcomers to be a significant, if not the most profound, barrier they encounter. It was indicated that "conversational learning" was a necessary component to becoming fluent in English. The missing piece becomes the forum for such conversations. Participants indicated that this deficiency serves to limit their social, academic, and employment potential in the community, however, many wished to make clear that they did not wish to place the blame on Canadian society. Rather, they simply wanted to improve their English.
- c) *Financial Difficulties.* Many mentioned that financial difficulty was a significant obstacle to furthering their education. As the prime reasons for their financial difficulties, interviewees stated a lack of eligibility for student loans, having to raise a family, having to work full-time to support themselves and their families, or having to pay off previous student loans or other accumulated debts.

c) **LABOUR**

i) *Needs*

We assessed the needs of participants in the labour and employment sector by asking them if they had experienced difficulty in finding a job.

Of those who were born in Canada, non-Aboriginal people had the best success rate with 48% of them reporting no difficulty in finding a job. Thirty-eight per cent of the Aboriginal peoples in our study reported no difficulty in finding work. However, of the immigrants in our study, only 22% reported having no difficulty finding employment. The average percentage for the sample as a whole was 37% who reported that they had not experienced difficulty in finding work and 63% who did. Therefore, from the statistics we collected, it appears that almost two-thirds of participants in our study have a need for employment and labour market services.

There was a significant correlation between experiencing no difficulty in securing employment and level of education. Those who reported no difficulty in getting a job had quite high levels of education, with 78% having some form of post-secondary education. Note that only 51% of the sample as a whole had post-secondary education. Generally speaking, those in our sample who had more education, had less of a need for employment services. The exception here was the immigrant community, for which indicators revealed a much less significant correlation between level of education and difficulty in finding work. In other words, the indicators showed that even immigrants who had post-secondary education have experienced difficulty in finding work.

ii) *Knowledge / Awareness*

We included several questions to assess the knowledge of participants regarding employment and labour matters. We looked at four broad areas: employment placement services, employee rights, discrimination in the workplace, and workers' compensation. The responses we received in this section showed that the participants had a fairly good knowledge of labour market rights and employment services. The specific questions and the responses we received are as follows:

- 1) If you have had difficulty finding work, do you know of programs that help people find work?

For this question, 36% of the survey respondents answered that they were aware of programs that help people find work, 21% answered that they did not know of programs that help people find work, and 44% did not answer this question. Some of the individuals who did not answer may be employed so they may have felt the question did not apply to them.

It is encouraging to note that of the people that did answer this question, two-thirds of them said they knew of programs that help people find work. It is worth mentioning, however, that many of them also noted they felt that these programs were somewhat ineffective for

their needs or levels of skill. For example, several individuals noted the factor of over-qualification — in that many of the jobs for which they had obtained referrals from employment placement services greatly under-utilized their education skills. Furthermore, one immigrant individual wrote that most of her referrals are for either part-time or temporary low-paying labour positions where she would have no opportunity to put her university education to use. Several individuals wrote that the programs are ineffective, not because of the agencies involved, but rather because of the scarcity of permanent employment opportunities currently available.

2) What can you do if your employer fires you without a valid reason?

This question assessed participants' knowledge of employee rights in cases of wrongful dismissal. Sixty-two per cent of the respondents stated that generally they would seek the assistance of higher authorities. One-fifth (20%) of the respondents answered that they did not know what to do, and 18% did not answer. The following, listed in descending order of frequency, are some of the answers we received regarding to whom an employee should turn in such cases: the Labour Relations Board (21%); a lawyer (8%); the Human Rights Commission (5%); Employment Canada (federal department) (5%); check employment standard rules; ask own supervisor directly; appeal to boss's superior; report to an Ombudsman; do nothing; get a new job; or go to church (1-3% each).

3) What can you do if you have experienced discrimination in the workplace of which you have told your supervisor, who in turn, has done nothing?

This question assessed participants' knowledge of what they can do if they face discrimination in the workplace. Over half (55%) of the respondents answered that they would take some form of action if they encountered discriminatory experiences on the job. Twenty per cent gave no response, 18% said they would not know what to do, and 7% said they would quit or ignore the racist comments. The following is a list of responses given by those who answered, in descending order of frequency: go to the Human Rights Commission (30%); get physical or confront the racist party face-to-face and insist that they stop (7%); seek recourse from a higher supervisor (5%); go to the Labour Relations Board (4%); report to the union; improve own work; laugh; seek mediation; go to a lawyer; or seek counseling (1-2% each).

4) What can you do if you have been injured on the job?

The final question in this section assessed participants' knowledge of what they could do if they were injured on the job. We were looking to see what proportion of the participants were aware of worker's compensation benefits. The results were quite significant, indicating that over half (52%) the participants would put in a claim with the Worker's Compensation Board. Eighteen per cent of the participants said that they would not know where to go and 16% gave no response. The balance of the answers are listed in descending order of frequency: speak to supervisor (6%); see a doctor (3%); apply for unemployment insurance (3%); suffer quietly or do nothing (2%).

iii) *Accessibility / Barriers*

Assessing the barriers that job-seekers may encounter in the labour market could prove to be a difficult task if one tries to ascertain this subjectively from those who are affected. That is, if you ask the individuals who themselves are trying to participate in the labour market what it is that prevents them from securing employment, or opportunities for employment, they may not be able to provide an answer. Those who encounter employment barriers may not get jobs for reasons of which they are not fully aware, or face discrimination at the workplace in ways which are covert. Therefore, we did not include any questions which asked participants directly what barriers they confronted in trying to secure adequate employment. Rather, the barriers that exist in society, some of which our sample of participants encountered when seeking employment, were revealed indirectly by their answers to other questions contained in the survey, or explicitly by what they expressed in focus group interviews.

Some of the barriers to participation in the labour market which we garnered from responses to other questions on the survey, are noted below:

1. As highlighted in the previous section on education, for many immigrants the failure to secure recognition for their foreign qualifications acts as a significant barrier to potential employment opportunities.
2. As noted in the 'needs' component of this section on labour, individuals have identified the factor of over-qualification which acts as a barrier to their securing adequate employment.
3. Also identified as a barrier in the previous component to this section, was the overall lack of employment opportunities due to the current economic climate.

iv) *Conclusions Based on Questionnaire and Focus Group Findings*

Several noteworthy barriers to employment were identified in focus group discussions which elaborated upon the responses found to other questions in the survey. These findings are grouped into the following sub-headings noted below:

1. **Discriminatory hiring practices.** A group of individuals who participated in a focus group discussion (18 participants) believed they faced discrimination in their search for work. It was not clear whether these individuals (many of whom were immigrants and visible minorities) were, in fact, discriminated against on the basis of their skin colour, but several of them related similar experiences in their search for work: they had been turned away by employers who told them that there was no work available, but later found out that someone new was hired soon after.

In another focus group session, it was noted that age was felt to be an obstacle for older people who are looking for work. One gentleman, who is in the upper end of the 41-60 year old category, said that in his many futile

attempts to secure work he has learned that, "experience is valuable only up to a point — after that you're just old."

Another point that one individual made, touched upon the foreign qualifications point described earlier in the report. He believed that some businesses tended to only hire persons who received their education in the western hemisphere, even though several others, who had received an equivalent (or even higher) level of training for which they had received full accreditation by the appropriate board, had applied for the same position.

2. **Toleration of discrimination in the workplace. The tendency for it to be covert rather than overt.** Several individuals in the focus groups noted that discrimination in the workplace is often tolerated, or denied by employers. There is even a tendency to "blame the victim" who speaks out against the unfair practice. Therefore, some participants noted that if they secured a 'good' job, but were experiencing discrimination at work, they would be reluctant to take action and would "put up with a lot" in fear of losing their job if they complained. One individual noted that this was particularly so if it happened to be their immediate supervisor who was treating them unfairly as this person may have the power to fire them. Another noted that if they had personally observed that nothing was done for another employee who was the victim of acts of discrimination previously, they would probably "keep their mouth shut." Furthermore, in one focus group discussion, the conversation moved to the topic of how discrimination in the workplace tends to be covert rather than overt. The following are direct quotes from participants referring to their experience with covert discrimination in the workplace:

They work with me, give assignments, etcetera, but they won't look at me on the elevator — they won't say one word to me outside work.

I'm a professor, she's a secretary but I know... It's the way she hands me my papers. I've thought is it me? Is it something I've said? Done? Have we had a run-in? I know we haven't. But I know she doesn't like me. It's the colour of my skin.

3. **The outright denial of barriers by some who face discrimination — the tendency to blame oneself.** Several individuals in focus group sessions noted that they were sure that an individual close to them had faced discrimination in the labour market. This discrimination had led to either their not being hired in a position for which they were qualified, or being subject to unfair practices at work. Participants reported that these individuals who were subject to discrimination, would deny that fact and would claim other reasons for their not getting hired, being treated poorly at work, etc.

A few participants suggested that in some cases individuals who face discrimination in the workplace tend to blame themselves for their lack of opportunities or poor treatment. These individuals believed that good work, a good reputation, and honesty should keep one in the work force and if one is not able to secure work it is because of a personal lack of worth, rather

than any systemic, or even intentional discrimination. A similar belief was also reflected in the fact that numerous participants said they would be willing to put up with a lot in order to remain productive, and keep their jobs.

d) FAMILY AND SOCIAL SERVICES

i) Needs

Although several needs issues arose in the focus group sessions, the personal needs of participants for family and social services were not measured directly in the questionnaire. For the purposes of the questionnaire, we operated under the principle that it did not matter whether participants currently, or in the past, had sought outside intervention for family problems, substance abuse problems, or financial difficulties. We were sensitive to the fact that participants may not wish to divulge their personal histories to us about such things as the dysfunctionality of their family, or substance abuse. Rather, we chose to focus on participants' knowledge and awareness of services that are available in the community should they or other members of their family ever have the need for such services. The "needs" that arose in the area of family and social services are set out in sub-section (iv) "Conclusions Based on Questionnaire and Focus Group Findings" which is found three sub-sections below.

ii) Knowledge / Awareness

We included five questions in the survey related to knowledge of family and social services available in Edmonton. All the questions we included were phrased in hypothetical terms. Broadly speaking, the questions can be categorized into the following four areas: social service support and food banks; parent and child relations; substance abuse programs; and family violence.

In this section, the responses of participants generally revealed a common sense approach to dealing with family issues. It also revealed a desire among participants to try to deal with problems themselves rather than seeking intervention at the outset. Many individuals indicated that they would make an earnest effort to communicate with the family member who was experiencing personal difficulty, and expend their own emotional resources to resolve the problem before seeking outside assistance from a service agency or community program. Most respondents noted there are situations when this approach would not be appropriate. For example, cases of family violence.

The specific questions and responses we received were as follows:

- 1) If you have lost your job, are not eligible for unemployment insurance, no one else in your family works, and you cannot pay your rent or buy groceries, what choices do you have and where would you go?

The first question related to knowledge of social assistance programs and other services

which can provide the most basic of needs, such as food and shelter. The following are the responses we received: 59% indicated that they would seek social assistance; 15% said they would not know what to do; 13% did not answer; 6% said they would go to the food bank; 2% said they would ask extended family or friends for assistance; 2% indicated that they would try to find new work soon or create their own job; 1% said they would return to their country of origin; 1% said they would seek assistance from their church; and 1% said they would call a crisis line for help.

Stated another way, if we were to consider only those who **responded** to this question, rather than the whole sample, knowledge indicators would show that only 17% would have no idea where to go, over half (67%) the participants would be aware of social assistance programs, and approximately 16% would try to access other means of survival.

- 2) You and your teenager are not getting along. S/he wants to stay out late and is hanging around the mall. You have tried to stop this behaviour, but your child rebels. What can you do now?
- 3) What can be done if a parent and child disagree about dating or friendships?

As both the second and third questions concerned parent and child relations, they will be dealt with together. The responses showed that most would try to communicate and negotiate with the child. For both these questions the number of those who said they would not know what to do was 20-23%.

Over three-fourths of those who answered were able to suggest reasonable ways they would deal with the problem. Approximately 30% said they would seek outside intervention in the form of counseling (individual or whole family), social workers' advice, or family education programs. The remaining 49-52% said they would try to deal with the problem themselves. The following are a sample of some of the suggestions we received listed in descending order of frequency:

- talk with them (23-26%)
- try to persuade them (7-9%)
- negotiate and compromise (5-6%)
- enroll in an activity with them (2-3%)
- spend more time with them (1-2%)
- seek the assistance of other family members (1-2%)
- try to cope with them and let go of them - allow them to decide for themselves (1-2%)
- seek spiritual help (1-2%)
- ground them - not allow them to go out (1%)
- send them away (1%)
- let them speak to Elders in the community (1%)
- lay down the law (1%)
- kick them out of the house (0.5%)

- 4) If you suspect a teenager is abusing alcohol and/or drugs, do you know of places to go for help? If yes, where?

The fourth question dealt with teenager substance-abuse problems. The results revealed that 54% of the participants knew of places to go for help, 30% said they did not, and 16% did not answer. Of those who knew of places to go for assistance, 91% mentioned either AADAC, AA, or ALATEEN. This level of awareness can perhaps be attributed to the high profile of these organizations as a result of advertising. Many participants specifically mentioned that they knew of these places because of advertisements they had seen in the transit system.

Nine per cent of those who answered mentioned that they would first seek help at Poundmaker's Lodge, St. Paul, or Elders from Aboriginal communities for teens in need. These individuals strongly believed that these sources of assistance would provide more culturally appropriate treatment that would encompass holistic forms of care.

Of the 46% who either did not answer, or said they would not know where to go for assistance, 74% were immigrants, 14% were Aboriginal peoples, and 12% were non-Aboriginal people born in Canada. As previously mentioned, for the sample as a whole, immigrants comprised 52%, Aboriginal peoples comprised 22%, and non-Aboriginal individuals born in Canada comprised 26% of the sample. This is significant because it reveals that a much greater proportion of the immigrant group (22% more) did not know where to go for assistance in dealing with substance abuse than the non-immigrant groups.

- 5) Family violence affects a number of people in Canada. If this happens, what can you do to get help for yourself or someone you know?

The fifth and final question dealt with issues of family violence. Only 12% said they would not know what to do. Six per cent of the participants made suggestions that included the involvement of family members. Two per cent made it clear that they definitely would not call the police because of the harsh repercussions that the offender may face. The balance of the respondents who answered this question (19% did not answer) suggested a variety of sources outside the family they would contact in cases of domestic violence. Respondents suggested they would:

- 23% would contact the police
- 12% would contact battered persons shelters
- 8% would get counseling for the individual in need
- 7% would contact social services
- 4% would contact a family centre
- 2% would contact a sexual abuse centre
- 2% would call a distress hotline
- 2% would leave the abuser
- 1% would call legal aid

Thirty-one per cent of the participants either did not answer or said they would not know where to turn in cases of family violence. A higher proportion of immigrants answered that

they did not know where to go than the immigrant proportion in the sample as a whole. Note that 61% of those who did not know were immigrants and their representation in the sample as a whole was only 52%. On the other hand, 21% of Aboriginal peoples, and 18% of the non-Aboriginals born in Canada, responded that they did not know, and their representations in the sample as a whole were 22% and 26%, respectively.

iii) *Accessibility / Barriers*

Accessibility and barriers to family and social services were ascertained by asking participants if the services they needed in the community had been readily available to themselves or their families. While 28% did not answer this question, the balance of the responses revealed an almost perfect split: 37% indicated that, in their opinion, services **had been** readily available; and 35% indicated that services **had not been** readily available. A noteworthy finding here, however, was that of those 75 individuals who said that services **were available**, over half went on to list barriers that are present in the system, or said that services may be **available but not accessible**. Several individuals in this group also mentioned that although they personally had not faced barriers to services since they spoke English and had lived here all their lives, they could understand how it would be very difficult to access appropriate services if one was a newcomer to the city, or could not speak English.

iv) *Conclusions Based on Questionnaire and Focus Group Findings*

From the focus groups' discussions we gained much useful information about participants' accessibility to family services and the barriers they perceive exist. We also gained some useful insights about immigrant family dynamics and the specific needs of the immigrant community. The qualitative findings from the focus group discussion have been supplemented with the questionnaire findings and are summarized under the following sub-headings noted below:

1) *Social Support Services*

As indicated in the knowledge section above, if presented with the problem of no money or food, 58% of respondents said that they would seek social assistance and 6% said they would go to the food bank. However, what is troubling is that there were 28% who either said they would not know where to go or who did not answer the question. It is for this group that awareness of the social assistance system needs to be raised. Many of those who did not know what to do if faced with this situation were immigrants. Several immigrant participants went so far as to say that they would move back to their places of origin if they ever found themselves in the situation described above.

The Supports for Independence system is quite complex. Moreover, the rules which govern eligibility change constantly as do levels of coverage. Handbooks like *The Other Welfare Manual* can make this system less of a mystery. It would be useful if such handbooks were printed in several languages so that immigrants could have access to the information in their own language.

During focus group discussions it became apparent that many immigrants were aware of organizations like the food bank. However, a barrier which was revealed in some cases was their own pride and refusal to think they could ever accept agency handouts. These individuals stated that they would prefer to rely on extended family or, if they had no one in Canada, would "move back home." Their attitudes may have been affected by portrayals in the media of those needing social assistance. The class structure in the societies from which they come might also contribute to a reluctance to seek help. The social stigma that they feel may be reinforced by the way that the Canadian social safety net is changing.

2) Parent/Child Relations

It was apparent in the questionnaires that most participants felt that parents should first try to sit down and communicate with children whose actions or habits they did not agree with. Only 30% said they would seek outside counseling for the problem and few agencies they could ask for assistance were mentioned by name. This shows a lack of awareness in the community about such programs and agencies.

A specific problem was raised during focus groups which did not come up in the questionnaires. Immigrant parents cited as a problem, "children assimilating and integrating more quickly than parents in a new country." Parents and grandparents are often left out of the integrating process as they are not influenced by Canadian culture in the same way that their children are in schools.

Parents understood how "fitting in" to Canadian culture was very important to their children, but several immigrant parents noted how this can be the source of many conflicts at home. Several indicated that they felt it was a result of the clash between two value systems. Immigrant parents often impose one set of values upon their children at home and expect them to behave accordingly, but at the same time the children, who are exposed to another set at school, may adopt the cultural values of their peers at school.

Often immigrant parents know that their child is not rebelling against them personally but, rather, their culture. However, they are not aware of agencies they can turn to that will be culturally sensitive to their needs. One individual stated that immigrant families are often not comfortable going to agencies staffed by "only those of a Canadian background," rather, they would prefer to deal with individuals from similar ethnic backgrounds to whom they could more easily discuss the specific cultural and generational gaps they are experiencing with their children.

3) Substance Abuse Programs

The results from the questionnaire revealed that 54% of the participants knew of places to get help for teens who abuse substances. However, 30% said they did not know, and 16% did not answer. Of those who answered, 91 per cent mentioned either AADAC, AA, or ALATEEN, which may be attributed to these organizations' visible advertising campaigns. Nine per cent mentioned that they would choose sources of assistance like Poundmaker's Lodge that provide holistic forms of care.

During one of the focus group sessions, respondents suggested that preventative, rather than curative measures should be used to deal with the high rate of substance abuse among teens of all backgrounds. One immigrant respondent suggested that there is a myth that

immigrant children do not partake in the substance abuse activities of "Canadian kids." This person noted that this is not necessarily the case. Rather, some immigrant children may be tempted to engage in such activities not only because they have nothing else to do, but because they want to "fit in too quickly." Several participants suggested organized activities or agencies that children could go to after school "to hang out" rather than resorting to negative "time fillers."

4) Family Violence and Intervention

The results of the questionnaire suggested that possibly up to 31% of participants would not know what to do in cases of family violence. This figure may be a bit high because it includes those who simply did not answer. The focus group discussions indicated that more participants were aware of the services available for those who experience family violence than was reported on the questionnaire.

Most respondents were aware of shelters for battered women but some believed that a specific set of values was required to use the shelters. One woman (not an immigrant) referred to the values of those who work in shelters as radical feminist. She further stated that in her experience with shelters, "if you are not willing to leave immediately, they don't want you to waste their time."

Several participants indicated violence is a symptom of underlying social ills. One man asked, "how many people have pretended not to know the truth about their neighbour?" As long as we as a community tolerate or turn a blind eye to violence against women it will continue.

V) COMMENTS AND SUGGESTIONS OF PARTICIPANTS

In the focus groups as well as on the questionnaire we asked participants for their general comments or suggestions on how to improve access to services for those who may face linguistic, racial, or cultural difficulties when trying to obtain services. We also asked them to identify barriers that they have experienced or are aware of. We received many useful comments from participants. Listed below are the key suggestions and barriers that participants mentioned:

1. *Distribution of Information / Increasing Awareness*

Increasing the awareness of services in all areas was one of the most common suggestions we received, and lack of information about services was seen as a significant barrier. Several suggestions were made of ways to increase awareness:

- information booths at community events and malls
- high profile advertisements (such as the AADAC one on Edmonton transit) or television (one respondent suggested every day, 60 seconds of air time during the news should be dedicated to a different service or agency)
- the use of information kits and wallet size information cards
- a 24-hour hotline or a single source referral
- having outreach workers contact various ethnic groups in their own neighbourhoods
- for newcomers, make the information available upon arrival and translated into many languages
- information should be readily available in churches, as many newcomers may contact their church organization soon after arrival

2. *Process and Worker Attitude*

The mere process of getting help was viewed as a barrier. Suggestions were made that better networking between agencies would help reduce the shuffling of users. Respondents cited "the humiliation of asking for help," "the red tape," "telephone tag," and "condescending attitudes" as the most frequent barriers. Not understanding how the system works was termed "dehumanizing." Another example of how the system can be dehumanizing was "the glass booths with little talk holes" at the Alberta Mental Health office. This participant said "how can they be so impersonal — yet at the same time try to probe into everything about you?" Coupled with the barrier of trying to get help was that of poor worker attitude. One person said that the workers at social service agencies may be overworked, burned out, cynical about their work, and as a result forget that they are in the "helping profession."

3. *Availability*

Respondents who identified that waiting lists are a barrier believed that delays are "unreasonable and punishing." Hours of operation were often mentioned as a barrier. One example was the STD Clinic located downtown and open Monday to Friday during business hours. Getting help from this agency may require that one takes time off work which is not always an option. Some agencies which are open late at least one night a week are more accessible.

4. *Transportation*

We received a good deal of feedback on transportation issues. The size of Edmonton and the amount of time spent on buses to travel to downtown services can be a barrier. The cost of transportation was also a problem. There was a general criticism that bus passes and single tickets were priced too high. Because services were viewed by some respondents as fragmented, sometimes a person may have to go to a number of agencies in various locations in order to get help.

5. *Youth Programs/Prevention*

Many respondents stressed the importance of making programs more available to youth. More time should be spent on prevention according to many parents. Prevention could take the form of more extra-curricular activities and informing kids in school about available services.

6. *Support for the Elderly*

Many of the suggestions pointed to the lack of services for retired people and senior citizens. For example, programs could be made more accessible through low costs and easy transportation. Ethnic groups stated the need for implementation of programs for seniors in their own language. Helping to increase the frequency of interaction between the elderly and the youth was also suggested. The youth could learn something about their culture from the elders, and a sense of usefulness would be gained by the seniors.

VI) RECOMMENDATIONS

The purpose of this study has been to identify the barriers that immigrant, visible minority and Aboriginal peoples face when seeking the services of community agencies in Edmonton. Based on the findings of this study, we would like to make a number of recommendations which we believe could improve service delivery to these target groups. The recommendations are not specific to one service delivery area but have been developed to enhance effective service delivery in all areas.

1. As an initial step in this process develop a racial and cultural profile of Edmonton which is readily available to service providers. Establish profile parameters which assist service providers to develop and deliver programs effectively for all sectors of the community. For example, the profile could take into consideration demographic data such as country of origin, ethnicity, mother tongue, age breakdowns and information on literacy levels.
2. Hold workshops which enable immigrant, visible minority and Aboriginal peoples to articulate their needs, the barriers they face and to conceive of solutions.
3. Hold workshops which enable immigrant, visible minority and Aboriginal peoples to engage service providers in a dialogue about their needs, the barriers they face and to consider ways in which these sectors of the community can work on solutions with service providers.
4. Explore creative ways of increasing cooperation and collaboration between service providers and immigrant, visible minority and Aboriginal peoples.
5. Service providers should utilize outreach workers who can share information, create networks, decrease duplication, and engage in multi-agency collaborative efforts in working with immigrant, visible minority and Aboriginal peoples.
6. Develop a model for a "cultural interpreters" program suited to the needs of Edmontonians. This program could enhance existing language translation services by providing the cultural context for users and providers.
7. Establish whether there is a need for a resource centre. Such a centre could provide a centralized mechanism for sharing information. It could coordinate linkages between service providers and members of the immigrant, visible minority and Aboriginal communities. It could facilitate the organization of workshops which enable people to engage in dialogue with these sectors of the broader community.
8. Service providers should complete internal assessments regarding policies and practices (including hiring practices) to ensure they are meeting the needs of immigrant, visible minority and Aboriginal peoples and eliminating barriers to accessible service delivery.

9. Service providers should look for effective ways to raise the awareness of their programs and services among immigrant, visible minority and Aboriginal peoples. In some situations this may mean translating written material into other languages. More importantly, it may mean a move away from relying on traditional forms of written information and focus on creative ways to raise awareness of programs and services. Input from immigrant, visible minority and Aboriginal peoples is vital in developing appropriate and effective strategies for raising awareness.

10. Develop a resource book and information kits translated into many languages and given to each adult and youth immigrant upon arrival. There could be two or three different type of information kits prepared for the distinct needs of various individuals: for example, one for the person who will be the primary "breadwinner," another for the person who will be the primary caregiver, and a third for youth and teenagers who have their own unique requirements.

11. Develop a model for sensitizing organizational staff, volunteers, employers and co-workers about the needs of the immigrant, visible minority and Aboriginal peoples and the barriers they face.

12. Hold education clinics for workers on other services that are available.

13. Recognize the benefits of a single entry point system for service delivery.

Appendix A

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Community Consultation Initiative 1994: Assessing Barriers to Human Services in Edmonton

Appendix A: List of Participating Community Groups/Organizations

Boyle Street Co-Op

Canadian Native Friendship Centre

Candora Society of Edmonton

Changing Together

Chiapas Network

Edmonton Immigrant Services Association

Family Centre

French Bilingual Community - individual contacts and referrals

Indo-Canadian Women's Association

Korean Community - individual contacts and referrals

Mennonite Centre for Newcomers

Metis Children's Services

Metis Urban Retirement

Philippine Heritage Society

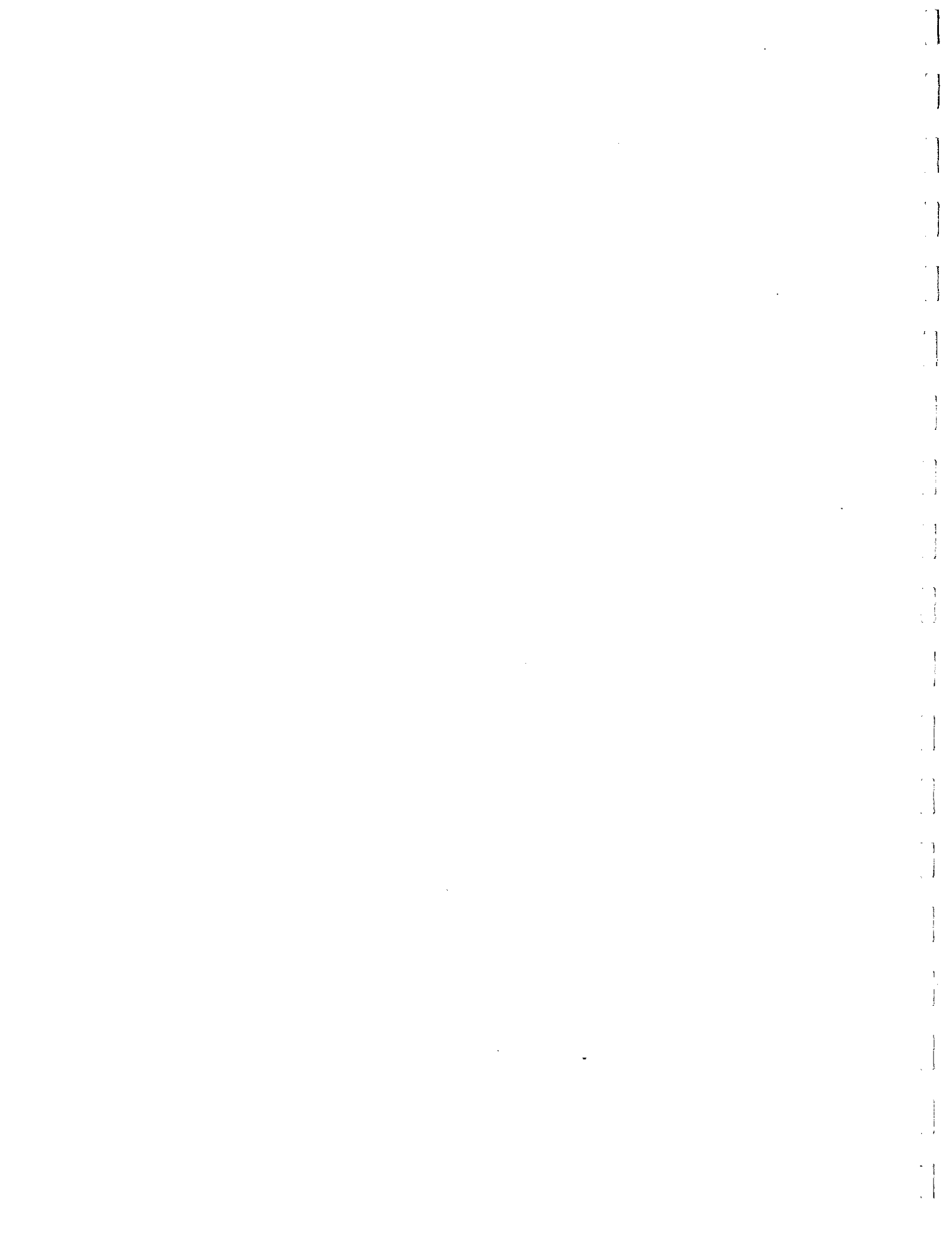
St. Barnabas Refugee Society

Salvadorean United Community

South Side Community Group

Unity Centre of Northeast Edmonton

YMCA (Downtown)



Appendix B

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QUESTIONNAIRE

IT IS NECESSARY TO ASK A FEW SHORT QUESTIONS ABOUT WHO YOU ARE IN THE COMMUNITY, WHILE AT THE SAME TIME MAINTAINING YOUR RIGHT TO PRIVACY. THESE QUESTIONS ARE NOT MEANT TO IDENTIFY YOU AS AN INDIVIDUAL.

Male Female

Age 15-24 25-40 41-60 60-75 75+

Born in Canada First Nations Person

Immigrant to Canada ethnic group _____
country of birth _____
language spoken at home _____
how long have you been in Canada? _____

Marital Status single
 married/common law
 separated/divorced
 widowed

FOCUS QUESTIONS:

HEALTH

1 Have you had health problems while living in Canada?

mental Yes No

physical Yes No

If yes, did you know where to get help? Yes No

If yes, has medical attention and services been adequate? Yes No

In what way? _____

2 Where would you go for immunization of children in your community? _____

for hearing and sight tests? _____

to check on your baby's health? _____

3 If someone lives alone and is unable to do housework and prepare meals, what could they do or who should they call? _____

4 Can you get a pregnancy test from someplace other than the doctor's office? Yes No
if yes, where? _____

5 Where can someone be tested for sexually transmitted diseases? _____
does it cost anything? Yes No

EDUCATION

6 What education have you completed? _____

7 If you have been educated outside of Canada, have your qualifications been recognized in Canada? Yes No

8 Would you like to further your education? Yes No
if yes, what steps can you take to do this? _____

9 Has it been difficult to further your education? Yes No
in what way? _____

10 Do you know about special education programs for children? Yes No
if yes, what programs are available? _____

do you know how to enroll a child in a special program? Yes No
how? _____

11 Who can take English as a Second Language programs? _____
Who qualifies for funding? _____

12 If a child is experiencing difficulties in school with learning, teachers or other children, what can a parent do? _____

LABOUR

13 Have you had any difficulty finding a job? Yes No
if yes, do you know of programs that help people find work? _____

14 Your employer fires you for no reason. What can you do about it? _____

15 Someone you work with is constantly putting you down, maybe it is your accent or pronunciation, the food you eat, or the color of your skin. You have told your supervisor who does nothing. What can you do? _____

16 You have lost your job and you are not eligible for unemployment insurance. No one else in your family is working and you cannot pay your rent or buy groceries. What choices do you have and where would you go? _____

17 If you have been injured on the job, what can you do? _____

FAMILY SERVICES

18 You and your teenager are not getting along. S/he wants to stay out late and is hanging around the mall. You have tried to stop this behavior, but your child rebels. What can you do now? _____

19 If a child and parent disagree about dating or friendships, what can be done? _____

20 If you suspect a teenager is abusing alcohol and/or drugs, do you know of places to go for help? Yes No
if yes, where? _____

21 Family violence affects a number of people in Canada. If this happens, what can you do to get help for yourself or someone you know? _____

COMMENTS/QUESTIONS

22 In your opinion, have services been readily available to you, your family and your community? Yes No

23 Have you experienced barriers to services you have needed? Yes No
if yes, what kind? _____

24 Please offer any suggestions for improvement of services in Edmonton.

25 Any other comments? _____

THANK YOU VERY MUCH FOR YOUR SUPPORT!

