Sudanese and Somali Refugees in Canada: Social Support Needs and Preferences

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ABSTRACT

The aim of the study was to identify the unique support needs and preferences of African refugees in Canada. In-depth interviews were conducted with Sudanese and Somali refugees (n=68) living in two cities in central and western Canada. Refugees were interviewed individually to identify their support needs, current sources of support, available support programmes, barriers to access to support resources, and preferred support interventions. These refugees reported major support needs, depleted social networks, and barriers to accessing services and supports. They identified distinct preferences for support from peers from the same country of origin and professionals. Participants wanted group-level support supplemented by one-to-one support. Transportation, child care, meals, and peers matched by language and gender were recommended to enhance accessibility to support programmes. These findings can inform the design of support intervention research and enhance the relevance and supportiveness of services and programmes for recent refugees.

INTRODUCTION

Canada is a popular refugee destination country that experienced a sharp increase in refugee claims during the past decade (Citizenship and Immigration Canada/CIC, 2005; UNCHR, 2011). Sudan and Somalia were two of the top African refugee-source countries during this period. Recent socio-political upheavals and civil wars in these countries (Beiser et al., 2010; Bhui et al., 2006; Jaranson et al., 2004; Karunakara et al., 2004) have resulted in mass migration into neighbouring countries and subsequently to western countries.

Refugees face challenges in resettlement countries, including language difficulties, acculturative stress, loneliness, and societal prejudice that jeopardize their integration (Beiser et al., 2010; Karunakara et al., 2004; McMichael & Manderson, 2004; Stewart et al., 2010). Moreover, newcomers experience limited access to culturally appropriate services (Bowes and Wilkinson, 2003), and many mistrust service providers (Davies and Bath, 2001). People from ethnic minority groups are among those at greatest risk for isolation, loneliness, and poor health outcomes (Beiser et al., 2010). While social support can reduce refugees’ isolation and loneliness, improve their health, and facilitate integration into a new society, numerous barriers impede newcomers’ mobilization and use of support resources (Beiser et al, 2010; CIC, 2005; Stewart et al., 2010; Wu and Schimmele,
Research focused on social-support interventions is rare (Gottlieb and Bergen, 2010); and the interaction between social support and ethnicity has been neglected (Stewart et al., 2010). Differences between Somali and Sudanese refugees reinforce the need to elucidate the role of ethnicity and culture in social support interventions. Consequently, the objective of this study was to identify the support needs and preferences of two ethno-culturally distinct refugee groups from Somalia and Sudan in Canada.

**REVIEW OF THE RELEVANT RESEARCH**

Estimates of the number of Somali and Sudanese residing in Canada vary, but the majority (53%) live in Ontario, with the second largest concentration found in Alberta (28%) (The Mosaic Institute, 2009). The 2006 census identified 37,790 Somali people and 12,640 Sudanese people living in Canada. Almost half the Somali population (18,445; 48.5%) and quarter of the Sudanese (3,030; 24.97%) resided in Toronto. Edmonton is home to about 7 per cent of the Canadian Somali (2865, 7.6%) and Sudanese (880, 7%) (Statistics Canada, 2006). Cultural organizations produce higher estimates, saying that refugees don’t understand statistical questions or complete census forms. According to their 2007 estimates, 140,000 Somalis (Canadian Friends of Somalia, 2012) and 30,000 Sudanese were living in Toronto (Simich et al., 2010; The Mosaic Institute, 2009) and 10,000–12,000 in Edmonton (Sudanese-Canadian Education and Rural Development Organization). Somali people in Canada reported an average income of $17,969 in 2006; 48 per cent were male, and 52 per cent were female (Statistics Canada, 2006). Almost a quarter (24%) of the Sudanese population in Canada has a post-secondary education (73% of degrees obtained outside of Canada) (The Mosaic Institute, 2009); 55 per cent were male and 45 per cent female (Statistics Canada, 2006).

Government-assisted refugees have settled in Toronto because of pre-existing family ties or community-based connections (The Mosaic Institute, 2009; Simich et al., 2010), but many refugees in Alberta are inter-provincial transplants who moved from other Canadian provinces in search of employment (Mosaic Institute, 2009). Both Somali and Sudanese refugees are potential targets of discrimination because of skin colour and cultural and religious traditions (Din-Dszietham et al., 2004; Karunakara et al., 2004). In one study of Somali and Ethiopian refugees, 53 per cent attributed their challenges to discrimination based on ‘race’ and believed that black Africans were not accepted as equal members of Canadian society (Danso, 2002).

Somalis belong to the same ethnic group, speak the same language, share the same culture, and are predominantly Muslim. The Sudanese are more diverse, half speak Arabic, while the other half speak Sudanese languages (e.g., Nuer, Dinka). Both groups have been exposed to violent conflicts, civil war, and acute traumatic incidents, including forced separation from family members, rape, persecution, torture, and murder (Bhui et al., 2006; Karunakara et al., 2004). At post-migration, trauma correlates with social problems, mistrust, and sense of betrayal during resettlement (Jaranson et al., 2004). Although communal identity is strong, and solidarity, reciprocity, trust, support, and religion are valued for both the Sudanese and Somali refugees (Jaranson et al., 2004; McMichael and Manderson, 2004); research documents cultural variations in responses to trauma and migration (Goodman, 2004; McMichael and Manderson, 2004).

Social support has the potential to decrease refugees’ isolation and loneliness (Bhui et al., 2006), enhance their sense of belonging and life fulfillment (Jaranson et al., 2004), mediate the stress of discrimination (Brooker and Eakin, 2001; Din-Dzietham et al., 2004), and facilitate integration (Stewart et al., 2008). Our previous Canadian research revealed that refugees believe social support can enhance health and reduce loneliness and isolation (Stewart et al., 2008; Stewart et al., 2010). However, intergenerational conflicts, struggle for employment, inadequate knowledge of resources, language difficulties, and lack of transportation obstruct newcomers’ ability to mobilize social
support in resettlement countries (Wu and Schimmele, 2004). Loss of social support through migration and diminished social networks exert detrimental impacts on integration (Simich et al., 2010).

African refugees’ perceptions of their support needs and of interventions that could strengthen support have not been solicited. Consequently, the study described in this paper explicates preferences for ethno-culturally based support interventions. The research questions guiding this study were: 1) What are the support needs of Somali and Sudanese refugees in Canada? 2) What barriers to accessing supports and services are experienced by Somali and Sudanese refugees? 3) What are their preferences for social support interventions that meet these needs and overcome these barriers?

**METHODOLOGY**

**Study design**

The study was conducted in two urban centres in central and western Canada (Toronto and Edmonton) to facilitate comparison of support needs and support preferences within different geographic and socio-cultural contexts. This exploratory study employed a participatory research design and qualitative methods to enhance understanding of sensitive issues and meanings, perceptions, beliefs, values, and behaviours (Tashakkori and Teddlie, 2003) of vulnerable groups. Consistent with principles of participatory research (Ahmed et al., 2004), participants specified their support needs and preferred type and substantive content of a support intervention. Support interventions have typically not been informed by participants’ assessment of their support resources, needs, and preferences (Gottlieb and Bergen, 2010). The use of experienced peers (former refugees) to conduct interviews enhanced the credibility and acceptability of the study for participants. An advisory committee composed of partners from public, practice, and policy domains was created in each city. Twelve organizations serving Somali and Sudanese refugees participated in these community advisory committees.

**Sample and recruitment**

The sample of 68 refugees included Sudanese (n=29) and Somali refugees (n=39) between the ages of 18 and 54 who had lived in Canada for ten years or less. Approximately equal numbers of men and women were sought to enable exploration of the influence of gender on the way refugees seek, obtain, and enact supportive behaviours. Recruitment was facilitated by the community advisory committees and involved successful strategies (e.g. ethno-specific newsletters) previously used by the research team (Simich et al., 2010; Stewart et al., 2010).

**Data collection and analysis**

Interviewers were matched to participants by gender and ethnicity as gender segregation with respect to family, household and societal roles is exhibited in some Somali and Sudanese cultural communities (Kileff and Kileff, 1997). In-depth interviews, lasting approximately 90 minutes, were conducted in participants’ homes or in community agencies, based on participant preferences. A semi-structured interview guide was developed and translated into the participants’ first language and then back-translated to ensure that the meaning of the translated document was equivalent to the intended meaning of the original interview guide. The translated interview guide was pilot-tested with four Somali and four Sudanese volunteers to determine accuracy and appropriateness. All interviewers were fluent in predominant languages spoken by participants.
The interview guide encompassed questions focused on support resources, needs, barriers to support, and support intervention preferences. All individual interviews were digitally recorded, transcribed verbatim, and analyzed using thematic content analysis (Hsieh and Shannon, 2005) according to ethnicity/country of origin, gender, and site. Nvivo™ qualitative data analysis software was used to facilitate data management.

This research proposal was approved by the university ethics committees in the two cities. Information letters and informed consent forms were translated into Arabic and Somali. The data were collected and analyzed between 2008 and 2010.

**FINDINGS**

**Support needs (Research question 1)**

These newcomers faced difficulties establishing and maintaining social networks which impeded their integration in Canada. Refugees wanted assistance to enlarge and strengthen their existing networks and create new social networks. Participants reported experiencing many challenges including multiple low-paying jobs, lack of child-care, family conflict, cramped living quarters in unsafe neighbourhoods, financial worries, and language difficulties. These refugees wanted to explore ways to cope with their difficult circumstances and to access support. They desired culture-friendly programmes and safe neighbourhoods encompassing other refugees from their cultural community. They recognized that there were many untapped resources in the community, and needed to know how to use these resources.

At arrival the whole family is more united and positively excited after the long suffering in a refugee camp. Now the most needed support is at crisis time where frustrations have build up and expectations may not be up to one’s hopes. This is the tempting time where families break apart easily. Without adequate support or intervention it becomes very fluid.

Some challenges prolonged full integration into the Canadian system and support was needed to overcome these challenges. Language difficulties encountered with service providers inhibited access to services. Many service providers in both cities did not speak these refugees’ languages. Most participants were taking classes on English as a second language.

Actually, I have no idea where to start when seeking such support or any other support. When you have no language problem and know where to get such services then you can seek, but I have no idea because I stay indoor for babysitting.

Access to safe and affordable housing was another key challenge for refugees living in both cities. Most participants lived in neighbourhoods which exposed their children to gang activities and drug use. Most families could not afford houses with enough room to accommodate their large families. The money received from government or employment was not sufficient to satisfy their needs.

To adjust I need more extended support with the finance. We are given very little money. I also think they should write off the transport loan. We have huge loans for coming into Canada, which we have to pay back.

Unemployment and precarious jobs were closely linked with low incomes and financial problems. Many participants lacked knowledge of the Canadian work culture and described discrimination manifested in job insecurity, poor treatment by employers, and inconsistent wages. They
believed that their access to employment was restricted as their educational credentials were not recognized. Although some wanted to upgrade their education, they did not have sufficient time or finances because they worked multiple jobs to support their families. A quote from a Sudanese man reflects refugees’ experiences holding multiple jobs at a lower level than their qualifications.

When I came to Canada I was expecting something different. It is not the house or the car, but it is about your feelings. I am a TV director but I am not able to get that opportunity. I have all my time in doing labour jobs or two jobs.

Racism and intolerance were reported in work places. Some Somali participants in particular, perceived stigma about their religion as well as refugee status. Some reported humiliation when seeking social services because they were treated as foreigners.

I would like to talk about how to deal with racism in society. What can we do if [it] happened to us? In mainstream society we are always singled out.

These refugees reported loneliness and isolation which they attributed to discrimination and depleted social networks. Some stayed at home because they were afraid to explore the city and available services.

Why are the low-income families of immigrant or refugee background concentrated in certain confines and not spread among the private residential areas? It is like we are a certain class that must be concentrated in particular confines and all are people of low income. I think it gives a bad image and it is like we are discriminated not to be in certain areas of certain class of people.

Most participants faced difficulties navigating services such as education, health care, child care, legal aid, translation, community support, employment, recreation, and transportation. Lack of familiarity with these services, coupled with language barriers, made these refugees hesitant to approach service providers.

Spousal conflicts also emerged as a significant challenge, particularly among Sudanese participants in Alberta. Conflicts and tensions within participants’ families made it difficult for them to establish a new life in Canada. Conflicts arose when one spouse was dependent on the other for finances, language, and transportation. Moreover, changes in gender roles and responsibilities contradicted their culturally established husband-wife roles.

The other problem is that there is no harmony between the husband and the wife and the woman may call police any time.

When I first arrived I was desperately in need of many of the supports but at the same time after staying for a little while challenges … arose in the house and this is the dangerous time where families can break apart. I think support is most needed on arrival but also at critical few months down the road when real issues begin to arise and the conflict in culture begins to take effect. I mean the conflicting way both cultures seem to have in some of the matters like men washing dishes is fine in this country but it is against my cultural norms.

Participants from both Somali and Sudanese communities viewed parenting in Canada as a challenge. Their children lived in an unfamiliar culture. Conflicts about cultural and traditional customs emerged between refugee adults and their adolescent children. Some refugees thought that schools undermined their traditions and religion, while others believed they could no longer discipline their children, due to fears of child abuse charges in the Canadian context.
Children learn faster than the parents and they adapt easily. This poses a challenge to the parents especially those who grew up in an environment where children are disciplined by beating.

Refugees were often separated from their families for long periods of time. Participants were concerned about challenges facing family members left in their home country; their inability to communicate with their kin; and the prolonged process of family reunion. Some participants indicated that they had limited contact with their parents, children, or siblings who still lived in the home country or neighbouring countries. They wanted to learn more about coping with the stresses of family separation and expediting the reunification process.

I would like to know why family reunion takes so long. There are many refugees who left their loved ones behind and feel incomplete without those loved ones. Does the Government care so much that this is part of the support that the refugee is desperate?

**Barriers to accessing services (Research question 2)**

Many participants reported that they did not participate in support programmes because of lack of knowledge. Participants noted that information about available services should be placed in public venues which refugees access such as churches or community centers. Accessible written information about services was considered preferable to depending on word of mouth.

If there is a programme which our community has no idea, then there is a high chance that I also do not know about. Unless most of the people have an idea about an existing programme, only few people will benefit from such a programme.

Participants, however, contended that they were overwhelmed by the amount of information received after arrival in Canada. The one-time orientation programmes bombarded newcomers with information at a time when they felt disoriented. Gradual orientation and timely provision of information about support programmes would enable refugees to seek support based on their specific needs.

I also think the information given to us upon arrival as orientation is too much and there is a need to go through them at a later time with the counsellors. I think they do not understand where we are coming from given all the culture shock.

You do not need to know what is irrelevant to you, what you need to know is only what can solve your problems at that particular time.

Participants wanted orientation programmes to incorporate information on survivor skills and acculturation skills, required for moving from refugee camps to a large city, such as shopping for groceries and using the telephone or public transportation.

…here, it is very difficult to open…. especially when you are coming from our country; you do not know how to keep money in the bank and sometimes even how to withdraw it. … So these are the things that need to be taught to the people so that they understand.

Participants needed information on support available for registering foreign qualifications, upgrading qualifications, preparing for job interviews, writing resumes and job seeking skills. They wanted to understand how other refugees acquired Canadian work experience, a qualifying factor in seeking employment.
Some participants criticized generic services provided to all immigrants and refugees. Some service providers were criticized as they served all newcomers in the same way regardless of whether they came from a war-torn country or a refugee camp. These refugees preferred targeted services and programmes suitable for the culture of specific newcomer groups, and provided by individuals who had an understanding of culture-specific needs.

You are going to a person who does not understand you, who will apply one standard to all people. If you are from Portugal, from far Asia, they apply same programme hence your needs are different from each other. You do not need same thing. So it could be better if it were made resource based on communities.

Although community brokers were viewed as potential facilitators of access to generic services, one participant noted that community brokers are sometimes ineffective or have inadequate resources. Moreover, some reported negative experiences with brokers’ intermediary role, which posed barriers to accessing needed support.

Lack of culturally appropriate services
These refugees reported receiving services that were not culturally appropriate and wanted programmes that supported their cultural traditions.

Our background is Muslim and therefore we would like our boys and girls to have different swimming pools and a female instructor for girls. Should the programmes have no such properties then our community will not participate. It is possible for me to take my son to the swimming programme but my daughter does not want. The reason can be she does not need any practices against her culture and beliefs.

We cannot adjust if many of our cultures and traditions are not being promoted. We are expected to assimilate but integrate really. That is how I look at all the core of some of our discomfort in this country.

Participants wanted an opportunity to participate in programmes where they could discuss spousal challenges, the effect of family conflicts on the wellbeing of children, and potential sources of help when conflicts arise. Refugee parents expressed concern about their children’s difficulties with the English language and learning at school. They maintained that refugee children need special help to compensate for difficulties adjusting to a new education system. These parents were not sufficiently educated or too busy to assist their children with homework. Some parents chose to care for their children at home to avoid costly day care expenses, which in their view deprived their children of the chance to interact and learn from others.

I think what is needed is special support for youth in school and out of school. Youth need support so that they will not be involved in drugs and gangs…. It will be a good idea that youth have more recreational centres in the city or programmes for youth.

I think [we need] after school programmes for children. When I am working in shifts in the evening it is hard for me to help my kids to do the homework. I need support for my children.

Preferences for support intervention (Research Question 3)

These refugees reported specific preferences regarding level, mode, composition, content, and location of support interventions. Refugees who had personal problems preferred one-to-one support because their issues were sensitive and confidential. Participants believed they could share personal
information related to their problems with individual support providers and work together to find the best remedy.

The one on-one-support is more important for me. Sometimes we are scared of sharing our challenges with our own community members for fear of being talked about or laughed at.

Participants who preferred group support noted that some common problems are faced by refugees. Groups can save time and resources, provide opportunities for participants to share coping strategies, and promote networking. One participant indicated that refugees can feel comfortable exploring possible alternatives in group settings. They thought that group support was appropriate for dealing with issues in general terms and for receiving information. Participants who did not prefer group support believed that it could be intimidating for shy people, and that a few people could dominate the group at the expense of others.

I like the group type because the problem I have is maybe affecting other people. So I can measure someone’s problem to mine and say, ok they also have the same problems with you. So the group support is good for me.

A few participants pondered the merits of using both one-on-one and group formats. Some noted that there was a need to mix one-on-one with group support because each individual has unique problems as well as problems common to other refugees.

When I need financial support I prefer one-on-one services. If I want discussion on how I can live and adjust to this country, I need a grouping where we exchange ideas and come-up [with a] better solution.

Face-to-face support was the preferred mode of support delivery as participants believed that there would be no barrier between them and the support provider. Moreover, face-to-face support offered an opportunity to explain their needs with the help of body language and other cues. They believed they would be more comfortable asking some questions in person rather than via the telephone or internet. Face-to-face meetings offered lonely and isolated newcomers opportunities to socialize and receive human contact.

I can see the person who is helping me, who is supporting me, there [is no-one] between us and I get first-hand information from that person and vice versa.

In face-to-face type of service, I can try to explain what I need even if it is by gesture or by asking someone who knows my language to translate for me.

A few participants wanted support delivered by the telephone. One participant observed that telephone interactions would work best as a follow-up to previous face-to-face support and for shy refugees. This support mechanism was not widely preferred because participants were concerned that their privacy might be violated. Telephone delivered support was also considered difficult when refugees are not comfortable with the English language because it prevents observation of gestures and facial expressions during conversations.

I can also use the telephone if I am familiar with the person I am asking the support service from however, unfortunately you do not know how many people are on the other side with the person you are getting the support services from.

Participants reported that they were not comfortable with computers and would not want to share personal information online.
Internet is not easy for me since I do not know how to read and write properly.

The Internet is not my choice. It is not secure and secondly not everyone is able to operate the computer and use the Internet.

Participants preferred connecting with refugees who shared the same cultural background. For some participants, refugees shared similar experiences, while for others specific nationality was a distinguishing factor. Some, however, thought that culture-specific groups limited opportunities to learn from and integrate with people representing different backgrounds and cultures.

I would say the Sudanese because our problems and cultures are not identical with the other groups of immigrants.

Actually, as you know I like all Somali community [to] unite and have one voice, this way we can get support easily; share views and bring all their minds together on how they can improve support programmes. But first they have to speak one voice and solve their differences.

Many refugees from Sudan and Somalia were not proficient in English. In their view, common language should be the first consideration in creating support groups to enable newcomers to share experiences and learn from peers. Language was described as the key to effective support groups because refugees want to express themselves fully and seek answers without feeling self-conscious. According to participants, language barriers should also be overcome in service provision because refugees are frustrated by their inability to communicate needs. Most of these newcomers’ challenges were exacerbated by their inability to speak English.

Group [members]… need to communicate or express their views to one another so they need to understand and speak [a] common language. Language is important in group support, for example I don’t understand French or English but if anyone in our group speaks such languages I cannot understand and there will be no communication.

Participants preferred that age be used as another criterion for creating support groups after language, cultural background, and marital status had been considered. Refugees in different age groups experience different challenges, aspirations and expectations. Although older newcomers may be more concerned about health, children, and retirement, younger refugees may be preoccupied by education, work, and entertainment. While older generation refugees based behaviours and roles on their past, younger refugees were more focused on the future and less ingrained in their country of origin’s traditions.

It is also important to be among the same age group so that we can discuss common issues. I cannot sit among teenagers because we will have nothing much in common.

I would generally prefer my age mates because we will have the same level of understanding and many similar experiences or challenges.

Recommended topics of discussion for support groups focused on challenges including unemployment, underemployment, language barriers, financial worries, racism and discrimination, lack of affordable housing, social isolation, difficulties navigating services, spousal conflicts, parenting, and family reunion barriers. Participants wanted to share coping strategies with people from their cultural community and to learn strategies that other refugees use to overcome similar challenges. These refugees also wanted to exchange information regarding community and professional sources of support.
I would prefer to talk about the challenges that I might have as well as the available supports. Sometimes we think we know available supports but in fact we are limited to the large and powerful agencies and why should our knowledge be limited? The more we know the more choices we have and the better.

*Peer and professional helpers* who speak their language were considered particularly important to ensure that refugees’ concerns received serious consideration and their support needs were communicated. Peer and professional helpers could offer potential solutions to challenges, enable refugees to discuss settlement challenges, and advise others facing similar stressful situations. Established immigrants from their country of origin who are fluent in English were preferred translators.

The translators are the link because of the language barrier. They are important although I sometimes think with their presence too, many people become a little hesitant to be more open because of the trust factor, but yes it helps to promote access especially if you do not know the language.

As *accessibility* to support programmes was very important to these refugees, they recommended community venues close to participants’ place of residence, free transportation to the venue, bus passes, or home visits. Provision of child care was another strategy suggested to increase accessibility and acceptability of support programmes. For some refugee parents with young children, difficulty with public transit prohibits participation in programmes and services.

I think the support programme should be taking place in the community; this programme should come to … where people are. Most people need child care on site, so the community is the best place.

Agencies should have some kind of transport to bring some of the new people to the service area. Even those with young babies and do not have private transport will find it hard to come to where the service she needs is [being] provided.

Analysis of data from the two sites revealed many similarities and differences in the support needs and support intervention preferences of Somali and Sudanese refugees in their experiences of loneliness, coping, and support seeking. Common challenges and support needs described by participants included depleted social networks, loneliness, discrimination, spousal conflicts, unemployment, unaffordable housing, and unsafe neighbourhoods. In particular, most of the support gaps identified were associated with participants’ experiences as refugees from two war-ravaged African nations.

**DISCUSSION**

These Sudanese and Somali refugees reported significant support deficits and needs. Services and supports for income, education, employment, parenting, and housing were lacking and limited by language and discrimination barriers. Depleted social networks, separation from family, and family conflicts led to loneliness and isolation. These findings reinforce results from previous research reporting discrimination (McMichael and Manderson, 2004), language barriers (Karunakara et al., 2004), forced family separation, loneliness, and isolation (Beiser et al., 2010; Goodman, 2004; Bhui et al., 2006).

These post-migration adjustment challenges exert a critical influence on health of refugees (Lawrence and Kearns, 2005; Schweitzer et al., 2006). Social support could help refugees cope with challenges and enhance their well-being (Brooker and Eakin, 2001b; Din-Dzietham et al., 2010).
2004; Jaranson et al., 2004), but is frequently unavailable or deficient due to diminished social networks. Our study revealed that refugees’ social networks are diminished by family members separating during flight from their home country, restriction to certain neighbourhoods, exclusion from education and employment opportunities, discrimination, language difficulties, and policies that restrict family reunification. The significance of social networks and desire for support from family and like-ethnic communities for refugees in this study are noted by others (Davies and Bath, 2001; Lawrence and Kearns, 2005; Patel et al., 2004; Schweitzer et al., 2006; Warner, 2007). The importance of family and community are particularly poignant given that Sudanese and Somali cultural life is centred around the extended family as the key source of social support, solidarity, and sharing (Goodman, 2004; Schweitzer et al., 2006; Stewart et al., 2010).

Lack of knowledge and information inhibited these refugees’ access to services and supports. They wanted services provided by people who understood their cultural traditions, beliefs, and language. This calls for provision of culturally and linguistically appropriate services to immigrants (National Initiative for Children’s Healthcare Quality, 2005) and refugees (Patel et al., 2004). Our study extends this research by identifying participants’ specific support intervention preferences including like-ethnic peer and professional helpers who speak their language and understand their challenges, as well as co-participants from the same cultural background to build their social networks.

This study fills a significant gap in reported research by specifying preferences regarding support programmes and interventions that overcome barriers and address the unique support needs of recent refugees. To reduce the effects of trauma for African refugees and increase their coping and quality of life, researchers have called for interventions aimed at mobilizing social support and increasing support seeking (Gagnon et al., 2009; O’Mahony & Donnelly, 2010). Research focused on social support interventions is rare and participants’ preferences regarding type, format and mode of intervention are typically not identified (Gottlieb and Bergen, 2010). Moreover, African refugees’ perceptions of their support needs and barriers and of interventions that would strengthen support had not been solicited in reported research. Our review of research published from 1996 to 2011 revealed no assessments of African refugees’ preferences for social support interventions and no support intervention studies focused on African refugees. There is a need for research on refugees’ perspectives on support needs, barriers, and preferred support interventions (Donnelly et al., 2011; Gagnon et al., 2009; O’Mahony & Donnelly, 2010).

The support needs, gaps and intervention preferences identified in this study informed the team’s design of a face-to-face support group intervention supplemented by dyadic level support. The intervention was completed between 2009 and 2010. The composition of the support groups ensured similarity by ethnicity, language and gender. Trained peers co-facilitated the groups with professionals and child care; refreshments and transportation were provided to enhance accessibility. Each support group met bi-weekly for 12 weeks, and peer facilitators delivered supplementary one-to-one support via the telephone. There were significant increases in perceived support and social integration, measured by the Personal Resource Questionnaire (Weinert and Brandt, 1987), and significant decreases in loneliness and social isolation, measured by the Revised UCLA loneliness scale (Russell et al., 1980), after the pilot intervention.

The new knowledge generated by this study bridges these gaps in previous research. These African refugees emphasized the importance of timing, type, and amount of information about available support resources and services. Refugees wanted services and supports that are ethnically and linguistically relevant for specific refugee groups. In their view, interventions and programmes should support their cultural traditions and help them cope with life challenges.

These refugees from Africa preferred both individual-level support for sharing personal information about sensitive issues and peer group support to exchange information and discuss common problems facing refugees. In their view, members of support groups should be matched primarily by nationality, language, and gender, and secondarily by age. Moreover, peer helpers should share
the same language, ethnicity and gender as participants in support interventions. These refugees from Sudan and Somalia valued the experiential knowledge (Borkman, 2007) of peers and clearly distinguished peers by language, nationality, gender, and even age. They wanted supplementary support from professionals who in their view should co-facilitate the support groups with peers. Recommended topics for discussion in support groups and dyads reflected challenges faced by Sudanese and Somali refugees as well as coping strategies for dealing with these challenges. This emphasis on coping strategies to manage stressful situations extends previous studies focused primarily on challenges faced by refugees from Africa. Accessibility to support programmes was paramount in the view of these newcomers and should be enhanced by providing transportation, translation, child care, and community venues. Accessibility to psycho-educational interventions for African women refugees can be promoted through meals, transportation and child care assistance (Halcon et al., 2010). Another key contribution of this study is the engagement of refugees in voicing their desired support intervention in their preferred language – critical information for targeting and designing relevant services, programmes, and policies.

Future research could assess support needs and preferences of diverse refugee populations. This study paves the path for future community-based intervention trials and can inform the design of culturally and linguistically appropriate support programmes and policies for refugees.

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