



Journal of Urbanism: International Research on Placemaking and Urban Sustainability

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/rjou20>

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To cite this article: Boadi Agyekum, Pius Siakwah & John Kwame Boateng (2021) Immigration, education, sense of community and mental well-being: the case of visible minority immigrants in Canada, Journal of Urbanism: International Research on Placemaking and Urban Sustainability, 14:2, 222-236, DOI: [10.1080/17549175.2020.1801488](https://doi.org/10.1080/17549175.2020.1801488)

To link to this article: <https://doi.org/10.1080/17549175.2020.1801488>



Published online: 04 Aug 2020.



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Immigration, education, sense of community and mental well-being: the case of visible minority immigrants in Canada

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ABSTRACT

Immigrants often cite improvements in quality of life as the motivation for immigration, yet it can lead to the loss of social networks, family and community ties. This article employed key informant interviews to explore visible minorities' sense of community from the perspectives of immigrant resettlement service providers. Nine key informants were interviewed to document visible minority immigrants' experiences in Canada, and how this affected their sense of community. Participants identified barriers to immigrants' development of a new sense of community, including discrimination tied to improper placement within the Canadian educational system, unemployment/underemployment, poor housing conditions, language barriers, and lack of social support networks. Confronting these barriers will require creating a stronger sense of community by providing more and better support of immigrants, visible minorities and everyone across Canada. This would help eliminate discrimination against ethnic minorities and enhance a sense of community belonging amongst visible minorities in Canada.

KEYWORDS

Immigration; education; well-being; visible minorities; sense of community

Introduction

Immigration is a life changing experience that can have both positive and negative health implications for those who migrate. Immigrants often cite improvements in quality of life as one of the motivations for immigration (Statistics Canada 2014). However, immigration can lead to the loss of social networks, family and community ties as migrants become detached from their original countries. Immigrants from countries and cultures where a sense of community has been an important part of their lived experience will be most affected by this new experience. As the source of immigrants to Canada has shifted from Europe to arrivals from Asia, Latin America, the Caribbean and Africa, so do their experiences differ in their new destinations. Belonging to a minority ethnic group tends to be associated with economic and social disadvantages (see Platt 2007; Khattab, Miaari, and Mohamed-Ali 2019; Wu and So 2020). Many ethnic minorities face higher risks of unemployment (Platt 2007), earn less (Longhi and Platt 2008), and live in more deprived areas than their majority ethnic counterparts (Hulchanski 2010).

There are approximately 7 million visible minority immigrants in Canada (Statistics Canada 2017), representing 19.1% of the total population, and are expected to reach 33% by 2031. Visible minority immigrant families represent a wide variety of socio-economic, cultural and linguistic backgrounds and continually face multiple challenges integrating into the Canadian society, including racism and discrimination (Reitz, Zhang, and Hawkins 2011; Agyekum 2016). While many visible minorities are able to successfully integrate into the mainstream society, others struggle, with health implications in their attempt to adapt to their new conditions. Research on immigrants indicates that visible minorities and their offspring are sometimes denied access to good jobs, and are often not given the opportunity to gain necessary skills or use their existing skills and education (Yap 2010; Reitz, Zhang, and Hawkins 2011; Yap and Everett 2012). A visibly minority is defined by the Government of Canada as 'persons, other than aboriginal peoples, who are non-Caucasian in race or non-white in colour' (Canada 2015). Under this definition, regulations specify the following groups as visible minorities: Chinese, South Asians, Blacks, Arabs, West Asians, Filipinos, Southeast Asians, Latin Americans, Japanese, Koreans, and other visible minority groups such as Pacific Islanders. As Boatswain and Lalonde (2000, 217) rightly put it: 'it would be naïve to assume that the politics of visible minority identity in Canada are not influenced by events and trends taking place in the United States'. Similar to the white/non-white dichotomy in the United States, Canada employs white versus visible minorities. The two categories, despite differences in appearance perform the same process of exclusion and inclusion (Kusow 2006). It creates 'us' and 'them' that can be used for discrimination. We believe that all of this evidence of exclusion and inclusion differences between visible minorities and non-visible minorities can put the former at risk of increased racism, discrimination and associated health problems, and also decreased their potential for socio-economic advancement. These risks may be reduced if resettlement workers and other stakeholders exhibit greater involvement in visible minority immigrants' integration.

By identifying significant resettlement stressors that act to create health challenges for immigrants, and socio-economic resources that reduce risks and promote well-being, immigrant research can enhance policy and practice. It is significant to understand the concept of sense of community belonging of visible minorities from the perspective of immigrant settlement workers, migrants, and other stakeholders. However, the paradigms that have dominated immigrant research over the years – 'mainly focusing on the personal experiences of the immigrants' – and this has been inadequate. Part of the problem is that social and political controversies have influenced the questions asked about immigrant health (see Beiser 2005), and the issue of social desirability. This study builds on previous studies in Hamilton, Ontario, Canada, by identifying resettlement stressors that impede on well-being, and the socio-economic resources that promote a sense of community among immigrants to help ensure that Canada benefits from the human capital that immigrants bring with them.

This exploratory study reinforces the resettlement challenges, on one hand, and the services and programs that are likely to promote visible minorities' (including refugees) sense of community belonging, which is a precursor for positive well-being. The goal was to understand the programs and support service needs of visible minorities, and to explore service workers' perceptions of visible minorities' experiences or challenges in the process of integrating into the Canadian society.

Literature review: sense of community

Sense of community has been related to a number of similar constructs, including: place attachment (Hidalgo and Hernandez 2001), sense of place (Wylie 2009; Agyekum and Newbold, 2016), sense of belonging (Kitchen, Williams., and Chowhan 2012) and community belonging (Ross 2002). This research focuses on sense of community, which reflects the services provided to immigrants in the process of creating community in a new location and context (Agyekum and Newbold, 2016). As Hill (1996) argued, the concept of sense of community has a strong contextual nature and should be studied using diverse methods, with diverse populations and in a wide variety of disciplines. McMillan defines sense of community as:

'a feeling that the members of a community have in relation to their belonging to a community, a feeling that members worry about each other and that the group is concerned about them, and a shared faith that the needs of the members will be satisfied through their commitment of being together' (McMillan 1976, 9).

Contributing further to the development of the concept, McMillan and Chavis (1986) later identified four components of a sense of community: membership, influence, integration, and shared emotional connection. They defined membership as a feeling of belonging that members in a community feel for each other. Influence includes a sense that the individual is important to the group and the group matters to the individual as well. Integration comprises a sense of trust that the community can meet the needs of its members. Finally, shared emotional connection is the sense that the community members share a common history and similar experiences. These components that promote individual and groups' sense of community have also been observed to influence people's physical and mental well-being (Kitchen, Williams., and Chowhan 2012; Kitchen, Williams and Gallina, 2015) at the individual, intermediate and systemic levels (Ng and Omariba 2010; Khanlou 2009; Wu and Schimmele 2005). Among immigrants, it can be suggested that a higher sense of community encourages mental well-being. Previous studies of sense of community belonging in Canada also provide empirical support for this line of reasoning, and have demonstrated an association between a high sense of community belonging and self-perceived positive health status (Ross 2002; Kitchen, Williams., and Chowhan 2012; Statistics Canada 2016). Immigrants' previous experiences with the political, economic and social structures of their home origins influence the development of a sense of community in their new destination (Bathum and Baumann 2007). Understanding immigrant mental well-being is fundamental to Canada's immigration policy as it relates to general measures of population health.

Sufficient evidence shows that some immigrants have a higher incidence of psychotic disorders after migration (Cantor-Grace and Page 2007; Morgan, McKenzie., and Fearon 2008). Some researchers (Newbold 2005; Ng et al. 2005) postulate that the decline of health status of immigrants is due to barriers to the use of health services, including gender roles, trust of western medicine, preferential use of traditional health-care providers, education and income, language or cultural differences, a lack of information, and experience with their new health-care system. These barriers are viewed to worsen immigrants' health status because of relative under-utilization of preventive health services and under-diagnosis and treatment of health problems. An alternative explanation

given by McDonald and Kennedy (2004) posits that improved access to and use of health services over time reveal existing but undiagnosed conditions of immigrants from countries with poor health services, hence a worsening of health. Other studies have discussed conditions that influence immigrants' health and mental health under three main factors, namely: individual, intermediate and system influences. For example, some studies have identified individual factors that affect mental health in terms of being female, low income, lower education, having children under six years old, marital status (separated/divorced, widowed, never married compared to married/cohabitation) to be significantly related with depression (Wu and Schimmele 2005; Guruge and Collins 2008). At the intermediate level, family and social support networks have been identified as a protective factor against depression (Wu and Schimmele 2005). Finally, the system influences include underemployment and unemployment. Khanlou, Koh., and Mill (2008) note that underemployment/unemployment is one of the most significant stressors for mental health that has been identified by immigrants. In most cases, these immigrants came with high expectations from themselves and their families, which are sometimes not met initially, putting stress on them.

Immigrants often leave behind family and friends who provide emotional, informational and cognitive supports that are important in maintaining health. These supports are difficult to access in a new society. Coupled with loneliness and isolation, the lack of support structures contribute to stress and mental health problems (Beiser 2005; Agyekum and Newbold, 2016). It is increasingly recognized that in smaller communities, developing social support networks across social sectors and ethno-cultural groups can be useful in a way that provides a sense of community belonging and support to newcomers (Reitmanova and Gustafson 2009; Khanlou, Koh., and Mill 2008).

Immigration and adaptation to a new destination involve the process of creating community in a new location and context. Determining the extent to which resettlement stressors undermine immigrants' well-being, and the extent to which interventions buffer against resettlement stressors, constitute an important research priority.

Study design

We focused on settlement workers' (key informants) views on the personal and social resources that influence visible minorities' sense of community, and how those resources might shape their well-being in Hamilton. This is because in Hamilton, as elsewhere in Ontario, municipalities have the primary responsibility to support and integrate immigrants. This paper employed a qualitative case study approach, and a purposive sampling was used to recruit participants from diverse service organizations in Hamilton. Participants were contacted and recruited from organizations such as churches, mosques, associations, and Hamilton city organizations in charge of immigration and resettlement services. For consistency and to add rigor to the study, all interviews were conducted by the first author. With a total of 11 organizations contacted, approximately 81% expressed interest in the study. We recruited a relatively small number of key informants due to the limited number of immigrant resettlement service providers in Hamilton, Ontario. In total, nine service providers were recruited and participated in the study, including three religious leaders (with all of their congregation members being visible minorities), two local group leaders, one health practitioner and three participants from members of the

Hamilton Immigration Partnership Council (HIPC). HIPC includes representatives from the immigrant service provider sector (i.e., health), businesses, unions, government and community-based organizations along with other groups, and aims to create a welcoming community for new immigrants. The inclusion criterion was that the service provider was engaged in providing services to immigrants (including visible minorities) in Hamilton. Participants were between 29 and 56 years of age; four females and five males; seven married, one widowed and one single; all had completed post-secondary education. In terms of country of origin, the study sample was quite heterogeneous with participants coming from Africa, Asia, South America and Europe. It is important to note that all key informants were visible minorities themselves who have lived in Hamilton between 11 and 28 years. Face-to-face interviews were conducted using open-ended questions, which sought for details of service providers' perceptions of difficulties or challenges that visible minorities encountered in their attempt to integrate into the Canadian society. The interviews lasted between 45 and 60 minutes at locations preferred by the participants, including churches, mosques, homes and shops. All interviews were audio-recorded and transcribed verbatim. Following each interview, field notes were taken by the interviewer concerning his impression about the interview. These notes provided additional insights into existing policies and practices beyond that provided by the text of the transcripts.

The data were collected between August 2015 and February 2016. The university ethics guidelines were followed and approved by the University Research Ethics Board at the first author's institution and verbal approval was granted by key informants in all study sites. All interviews were anonymized and stored on a secure server available only to the research team. Pseudonyms were assigned to participants and religious sites to protect confidentiality. Themes were generated after reading the scripts. Two of the researchers independently reviewed the transcripts of the completed interviews and generated sub-themes. The three then met to discuss similarities and differences, which helped to refine and categorize the themes. It is important to note that two of the researchers' positionality no doubt influenced the emerging themes. Thus, two of the researchers were visible minorities, have experiences in immigration, health and qualitative studies.

This paper uses individual narratives of assessing immigration and resettlement services, and interventions in various institutions and/or sites to reveal how immigrants, particularly the visible minority group navigates their communities with similar and different expectations. The narratives worked well, as the service providers participated very actively and passionately. Participants provided answers to raised questions, exposing their perceptions of visible minorities' experiences, and sharing the kind of services provided to immigrants, thus generating large synergies in their responses. Service providers demonstrated a high level of understanding of the processes and the agents involved in them.

Findings

The key informants identified barriers to immigrants' development of a new sense of community in Hamilton, Ontario, Canada. These barriers included discrimination tied to education, housing needs, employment, language barrier and lack of social support networks. However, some key informants, such as religious leaders re-iterated how the construction of religious centres as a 'home' for many visible minority immigrants helps to promote a sense of

community belonging and cohesiveness. Generally, key informant service providers claimed that discrimination compromises the health of visible minority immigrants, and inhibits their access to health-care services. There is a growing research, suggesting the effects of discrimination experienced by visible minorities through various mechanisms, including psychosocial stressors, economic deprivation, and social exclusion (Edge and Newbold 2013; Harris et al. 2006). In a Statistics Canada's longitudinal survey of immigrants to Canada, which asked respondents whether they have experienced discrimination, DeMaio and Kemp (2010) observed a significant association between discrimination and declines in health.

Barriers to education

Arguably, educational outcomes among the children of immigrants provide a longer-term assessment of the effectiveness of a country's immigration and education policy. It provides an evaluation of whether or not immigrant parents' desire for and improvement in their quality of life and that of their offspring have been successful and accomplished. Based on the data however, key informants revealed the presence of some improper placement within the educational system. For example, some youth from refugee camps and other immigrant receiving countries that have never been to school, are placed in school based on their age rather than the ability to understand what is required of them. This, along with acculturative stress experienced by the parents, challenge the process of belonging to a community with its associated effect on mental wellness. In his own words:

The other area is the portion of, like, we have a lot of youth from refugee camps (visible minorities) that have never been in school. And what happens is that when they come here and, you know what, you're 15 years old so you have to be in grade 9. So, how is someone that has never been in a school setting going to be in grade 9. And again we see that on a daily basis where they are sitting down. They give them a paper and say do this, they don't know how to read in their own language, let alone they are going to read here in Canada (Service Provider Participant #1).

Yeah, people get frustrated, it makes you feel pain, and you feel like going back home. There are limited programs to help immigrant families feel comfortable, willing and able to engage in school-based involvement, so that their children can reap the benefits of involving in their schooling (Service Provider Participant #1).

The study reveals key informants deep dissatisfaction with certain aspects of the educational policies in Canada. Service workers working with immigrant families could provide culturally appropriate ways to encourage the involvement of immigrant families in their children's education. Engagement with teachers and other school staff may help immigrant children adjust more easily to school activities. They were also concerned with what they wanted to see government do to assist with diversity in the educational system. There is the need to place children based on their capabilities.

Housing needs

Immigrant integration in a city is tied to access to affordable housing. Participants identified difficulties in accessing affordable housing as having a large impact on visible minorities' wellbeing and functioning:

Most visible minority newcomers live in the downtown core because that's where the rent is cheaper and it's more affordable. Unfortunately, the living conditions are not the greatest; it's atrocious and some of the places you wouldn't even think of living in (Health practitioner participant #2).

So a lot of visible minorities that come to the country, sometimes they turn to be very disadvantaged economically, and socioeconomic disadvantage limits where they can live and oftentimes they would confine to a specific government housing and really limits their upward mobility and their interaction with other people, it limits the opportunities, it really limits what they can do (Religious leader participant #2).

Accompanying such comments is the growing awareness that appropriate housing establishes conditions for access to other formal and informal supports and networks, and thus speeds the integration of immigrants into the host societies (see Murdie 2003; Kaushik and Drolet 2018; Rose 2019). Thus, the lack of appropriate housing as identified by the informants is likely to inhibit visible minorities' sense of community belonging, which is vital to general and mental wellness. To help in this respect, all religious groups indicated ways through which they help new members to settle before they find government-assisted housing or are able to find their own accommodation:

When we receive newcomers, we offer them the first, 2nd, and third-month rents and help them look for something, get them connected with other resources in the community (Religious group leader #2).

Employment

Key informants stressed how visible minorities are excluded, directly or indirectly from job opportunities and key information networks. Although unemployment or underemployment jeopardizes the life of both immigrants and the native-born (Agyekum 2016), it seems to affect immigrants more seriously, perhaps because, immigrants have fewer resources to support themselves in times of need. According to a study by Block and Galabuzi (2011), the data show that while racialized Canadians have slightly higher levels of labour market participation, they continue to experience higher levels of unemployment and earn less income. Most of them work at the lower echelon of the society. Thus, racial discrimination denies the visible minorities from reaching their full career potential. This issue has compelled some organizations, including religious bodies to help remedy the unemployment situation. As one religious leader put it:

We do have programs, we are working on a database on employment so that means if somebody comes across employment or job opportunity positions, they would enter that in the system and that would be basically opened for anybody who is basically looking. This is intended to help achieve equality in the workplace so that no person will be denied employment opportunities based on one's physical traits (Religious group leader #1).

Finding a job is not the issue but getting the right job that matches your qualification. I know there are certain jobs that are not for minorities. It does not matter whether you have the highest qualification and experience. Some people have attended several interviews, which I think they qualified for. They had all the qualities that they were looking for, yet not one was hired. A lot of people in my neighbourhood also experiences similar situations. They keep on complaining, but what can you do? Only God knows how we survive in this system. (Religious group leader #1).

A person's colour, his race and the way he looks affects his opportunity of being employed in the formal sector. You are judged based on your colour. The lighter you are, the closer you will get to these people. The darker you are the further down you get and the lowest job (Service provider participant #1).

Many visible minorities sometimes have the experience of gaining employment and then finding that their experience in the labour market is marred by racism. Research has shown that blacks are the most underprivileged groups amongst the visible minorities in Canada (Este et al. 2012) and experience higher rates of discrimination (Ray and Preston 2015).

Language barrier

Limited English/French proficiency creates barriers to sense of community for immigrants whose day-to-day language is not English or French. Responding to this has been the establishment of the Refuge clinic in 2011 by a group of physicians to address the health gaps that many refugees and immigrants face. The clinic offers primary healthcare pediatrics, nutrition specialists, cardiology and a host of other services. An evaluation assessment by refugees and immigrants who access the clinic revealed that the centre is welcoming and easy for people to navigate compared to other clinics and health centres in the city. Indeed, a welcoming environment throughout the literature has been observed to promote individual and groups' sense of belonging and its association with both physical and mental wellness. As one health practitioner illustrates:

The clinic facilitates language interpretation, people see this place as safe, welcoming, and you are not the 'other' so there is that sense of belonging I think. It is really important, that is other people who look like them, who talk like them, and I think it is important and I think we need to look at diversity and work place (Health practitioner participant).

Participants were of the view that improving language skills is an important motivation to make sure that immigrants get outside of their comfort zone, get involved in community activities, and learn some of the values within the community through programs at clubs and youth centres or through sports clubs. Together, they work to improve immigrants' career success, expand their networks and consequently promote a sense of community belonging:

When visible minorities come in, they're faced with a lot of challenges. When I came here I didn't speak the same word of English, and I was not used to the study system; it was very very difficult, but having a community that offers certain assistance and certain levels of transition programs, and transition processes. For example, having an English language class teacher who speaks your language can really help; having an introduction about the school system by somebody who has gone through the same experience, comes from the same place, which can really make it easy (Service provider participant #2).

Social support network

When it comes to the benefits of having a sense of community, all participants shared similar experiences. They expressed that belonging to a community is an important need for residents in general, and for immigrants in particular. They think it is even greater for immigrants because there is a sense of separation from home, from family and friends, from where one is used to living, as most immigrants left their places of origin to start

a new life in Canada. Therefore, when immigrants feel that they do not belong, feelings of isolation, separation, social exclusion and increased anxiety are common:

If you come to a place and you have no family member, no friend to talk to and explain things for you, it hurts. It can lead to sickness because you don't know where and when to go. It brings about anxiety, etc., so I think what bothers many immigrants is anxiety, distress and such like (Service provider participant #1).

Access to social support networks was identified as a prospect in every single key informant interview. All service providers, associational groups, and religious leaders who work with immigrants and newcomers develop programs that would help immigrants connect to others for resources, information, ideas, skills, knowledge as well as other forms of social and human capital. They are of the opinion that immigrants who come to the city, regardless of their status, hold some resources that may be useful to others in the city. Likewise, members of the city also possess resources that are beneficial for newcomers. Thus, it is through active social networking that these reciprocal tendencies can be achieved, which help to promote sense of community belonging amongst individuals and groups, with positive implications on mental wellness:

I think some of the factors that helped me personally were being part of an organization. I was part of this organization (Name withheld) before I started working with them and afterwards, since then, I'm not saying just this organization but just being part of an organization from the beginning in this country, this community, and learning some of the values within the community helped. I think that friends, families, how well they are connected themselves within the community makes a big difference (Service provider participant #3).

We have annual community forums, which provide opportunities for community members to actively participate in our resettlement programs and services. The community forums serve a capacity building functions, as they help to increase the respective communities' capacity to work with issues of discrimination, racism, gender, and health. They are open to all interested community members, including policy makers, health and social service providers (Service provider participant #2).

A feeling of belongingness in a community where you live is a two-way street, according to participants. Even though the city works to create an inclusive and welcoming environment, immigrants are also responsible for making themselves feel welcome:

There is a saying that you can take the horse to a river side but you cannot force it to drink, as one participant noted. Sometimes I find that it's the immigrants also who isolate themselves and say things like Oh these guys, these people ... and it doesn't help them because they don't allow themselves to integrate into the community, they want to do things ... as if they are transferring their countries of origin to Canada, and it doesn't work. It has to be give and take. So I think from the part of immigrants they should also allow themselves to integrate into the community, learn the processes that make this place the way it is (Local group leader participant #1).

The combination of the stress of trying to make ends meet and the frustration of not being able to speak proficiently and interact freely negatively impact the health of immigrants in general. Studies on visible minority immigrants emphasize how prejudicial and discriminatory treatment within the media, school, labour market and other settings impede their sense of community belonging (Caxaj and Berman 2010), which forms an important part of their health, mental health and positive esteem (Beiser and Hou 2006).

Participants indicated a varied number of ways that not belonging to a community or not feeling a part of a community impact their physical and mental wellness:

Very frequently, it's when people, when they don't feel part of the community that they are living in, whether Hamilton community or a Canadian society at large or ethnic group that they are part of, whatever you may have, it highly takes a toll mentally and we know there is impact on mental health like depression and anxiety, that kind of stuff. Oftentimes it also manifest in physical ways so, hmmm, people end up with chronic illness, they become socially isolated and medically declined (Health practitioner participant).

They feel that they are not just outsiders looking inside and that they are part of the community, nobody questions them. For instance, if they are looking for a doctor and they can, just like anybody else within the community, go through the process of getting a doctor, it makes them feel well; it makes them feel a part of it if they take the child to school and nobody said because you're this so take your child there it makes them feel that we all belong (Local group leader participant #2).

Discussion and conclusion

Scholars have called for the study of vulnerable immigrant groups in the process of adapting to a new country, which involves managing the loss of one's sense of community, nurtured in the native culture and integrating a new sense of community as acculturation occurs. This article has responded by focusing on immigrant resettlement workers' perceptions of visible minorities' experiences and challenges in Hamilton, Canada. Our findings underscore the need to retain immigrants in their respective communities. Understanding visible minorities' sense of community from the perspectives of immigrant settlement workers is significant in that working to help retain immigrants, and to develop a sense of community motivate immigrants to participate fully in the Canadian society, and better help take care of themselves and their families. Resettlement workers revealed that visible minorities lack community integration. They identified many challenges that affect their process of integration, including access to employment, housing, education, health, language interpretation and training. These factors are perceived to be important in determining the success of visible minorities' integration and well-being in their new destinations. These findings corroborate other studies that asserted that racialized individuals and groups are more likely to be excluded, either implicitly or explicitly, from job opportunities, key information network, access to health and healthcare human resource investments, professional development opportunities, team membership, and decision-making roles (Galabuzi 2012; Yap and Everett 2012; Agyekum and Newbold 2019). Interventions to eliminate these barriers in order to promote a sense community need to be as holistic and systemic as the problems they represent.

The literature support the notion of well-being and health promotion associated with sense of community. Key informants identified visible minorities' loss of a sense of community as a result of discrimination in areas of education, employment, housing and health. The findings offer additional insight into the determinants of health and mental well-being as the calls for culturally appropriate care have been increasing (Betancourt et al. 2003). The aim is to enable health and social service providers to reflect on their own and others' cultural beliefs, behaviours and communication strategies to enable practical skills that facilitate quality, non-discriminatory care (Magoon 2005;

Reitmanova and Gustafson 2009). In Hamilton specifically, a strategy employed is the setting up of the Refugee Clinic in 2011 to address refugees' health needs by bringing in professionals that share their clients' languages and ethnic backgrounds. This initiative was intended to bridge the health needs gap between visible minority/new immigrants and the Canadian population, which is likely to promote visible minorities' sense of community belonging and associated wellbeing. Again, this initiative is in line with the calls for specific programs and strategies to address specific immigrant needs in immigrant-receiving communities. It is reasoned that medium to large cities tend to employ 'one-size-fits-all' programs to address immigrants' needs due to cost constraints (Frideres 2006) that may hinder the supply of immigrant services and further place attachment.

The findings related to religion is quite intriguing. Although it was mainly discussed by religious leaders, it does highlight religion as a potential for promoting sense of community, particularly when it is tied to employment, housing, health and social support network. Religion helps to empower the individual through connecting individuals to the community, and a greater force that might in turn give psychological stability (Oman and Thoresen 2003). Thus, the restorative effects of religion on emotional, cognitive and physical functioning are well illustrated and acknowledged (Lima and Putnam 2010; Koenig, King., and Carson 2012).

There are limitations to this study. The sample was small due to the limited number of immigrant settlement service providers in Hamilton, and chosen for convenience. Notwithstanding this limitation, the paper contributes to an improved understanding of the factors that promote immigrants' sense of community and well-being in medium-sized cities with limited ethno-specific facilities. Another limitation involves the scope of this study, which encompasses all immigrant visible minorities regardless of immigration status (e.g., refugee groups). It is possible that different immigrant groups may have different experiences of sense of community that could be studied by exploring more homogeneous groups of immigrants, given that other research has shown that immigrant experiences and perceptions often vary across immigrant subgroups (Beiser 2005; Ng et al. 2005). Therefore, there is a need to examine the experiences of different immigrant groups. While we recognize that our study did not identify causal pathways between sense of community and well-being, it does provide insight on those significant factors that promote visible minorities' sense of community belonging and how they may shape their well-being. Our study has demonstrated the importance of key factors (e.g., the role of religion) that may be overlooked when considering sense of community and immigrants' well-being.

As discussed, the study has shown that immigrants derive a sense of community from multiple sources. Some appreciate a chance for family reunification, others derive satisfaction from belonging, from perception of inclusion, equality and non-discriminatory tendencies. This may reflect the ideas of transformational community (Fyson 1999), community empowerment (Israel et al. 1994) and community social change (Cronick 2002). The nexus between a sense of community and well-being is apparent in the findings of this study. Nevertheless, almost all key informants interviewed do express beginning thoughts on the role of a sense of community in promoting health in immigrant communities. In policy terms, minorities in Canada are currently experiencing multiple challenges. Local communities, policy makers, and social scientists alike will undoubtedly continue to be confronted with the challenges of understanding and managing the impact of existing adaptation, and of supporting their implementation in an integrated manner. Institutions can understand

the unique needs that visible minorities have while living and working in Canada. In addition, there is the need to consider what exactly is encompassed in sense of community in immigrants, especially for those from different cultural backgrounds. Finally, future studies should conduct similar analysis on approaches that would enhance sense of community belonging amongst immigrants (e.g., social services, language training and interpretation) and across groups categorized by race/ethnicity, gender, and place, and their association with health outcomes, are recommended.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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References

- Agyekum, B. 2016. "Labour market perceptions and experiences among Ghanaian-Canadian second-generation youths in the greater Toronto area, *Norsk Geografisk Tidsskrift*." *Norwegian Journal of Geography* 702:112-124.

- Agyekum, B., and K. B. Newbold. 2016. Sense of place and mental wellness of visible minority immigrants in Hamilton, Ontario: revelations from key informants. *Canadian Ethnic Studies* 481:101–122. doi:10.1353/ces.2016.0001.
- Agyekum, B., and K. B. Newbold. 2019. "Sense of place and mental wellness amongst African immigrants in Canada." *Journal of Urbanism: International Research on Placemaking and Urban Sustainability* 122:188–202.
- Bathum, E. M., and L. C. Baumann. 2007. "A sense of community among immigrant Latinas." *Family & Community Health* 303:167–177.
- Beiser, M. 2005. The health of immigrants and refugees in Canada. *Canadian Journal of Public Health/Revue Canadienne De Sante'e Publique* 962:S30–S4. doi:10.1007/BF03403701.
- Beiser, M., and F. Hou. 2006. "Ethnic identity, resettlement stress and depressive affect among southeast Asian refugees in Canada." *Social Science & Medicine* 63:137–150. doi:10.1016/j.socscimed.2005.12.002.
- Betancourt, J. R., A. R. Green., E. J. Carillo, and O. Ananeh-Firempong. 2003. "Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care." *Public Health Reports* 118:293–302. doi:10.1016/S0033-3549(04)50253-4.
- Block, S., and G.-E. Galabuzi. 2011. *Canada's Colour Coded Labour Market: The Gap for Racialized Workers*. Ottawa:Canadian Centre for Policy Alternatives and Wellesley Institute. March.
- Boatswain, S., and R. Lalonde. 2000. "Social identity and preferred ethnic/racial labels for Blacks in Canada." *Journal of Black Psychology* 262:216–234. doi:10.1177/0095798400026002006.
- Canada, S. 2014. *Life satisfaction among recent immigrants in Canada*. Comparison with source-country population and the Canadian-born. Research Paper Series, Catalogue no. 11F0019M-NO. 363.
- Canada, S. 2015. *Census Profile*. (accessed November 2015). <https://www12.statcan.gc.ca/censusre-censement/2011/dp-pd/prof/index.cfm?Lang=E>
- Cantor-Grace, E., and L. Page. 2007. Ethnic minority groups, particularly African-Caribbean and Black African groups, are at increased risk of psychosis in the UK. *Evidence Based Mental Health* 103:9595. doi:10.1136/ebmh.10.3.67.
- Caxaj, C. S., and H. Berman. 2010. Belonging among newcomer youths: intersecting experiences of inclusion and exclusion. *Adv Nurs Sci* 34:E17–30. doi:10.1097/ANS.0b013e3181fb2f0f.
- Cronick, K. 2002. Community, Subjectivity and Intersubjectivity. *American Journal of Community Psychology* 304:529–545. doi:10.1023/A:1015860002096.
- DeMaio, F. G., and E. Kemp. 2010. The deterioration of health status among immigrants to Canada. *Global Public Health* 55:462–478. doi:10.1080/17441690902942480.
- Edge, S., and B. Newbold. 2013. "Discrimination and the Health of Immigrants and Refugees: exploring Canada's evidence base and directions for future research in newcomer receiving countries." *Journal of Immigrant Minority Health* 15:141–148. doi:10.1007/s10903-012-9640-4.
- Este, D., R. W. Bernard., J. E. Carl., A. Benjamin., B. Lloyd, and T. Turner. 2012. "African Canadians: employment and racism in the workplace." *Canadian Diversity* 9:40–43.
- Frideres, J. S. 2006. "Cities and immigrant integration: the future of second- and third-tier centres." *Our Diverse Cities* 2Summer:3–8.
- Fyson, S. 1999. "Developing and applying concepts about community: reflections from the field." *Journal of Community Psychology* 273:347–365. doi:10.1002/(SICI)1520-6629(199905)27:3<347::AID-JCOP8>3.0.CO;2-L.
- Galabuzi, G.-E. 2012. "Employment equity as 'felt fairness': the challenge of building an inclusive labour market." *Canadian Diversity* 9:22–28.
- Guruge, S., and E. Collins. 2008. "Emerging trends in canadian immigration and challenges for newcomers." *Working with Immigrant Women: Issues and Strategies for Mental Health Professionals*. edited by S. Guruge and E. Collins, 315. Toronto:Centre for Addiction and Mental Health.
- Harris, R., M. Tobias., M. Jeffreys., K. Waldegrave., S. Karlsen., and J. Nazroo. 2006. "Racism and health: the relationship between experience of racial discrimination and health in New Zealand." *Social Science & Medicine* 63:1428–1441. doi:10.1016/j.socscimed.2006.04.009.

- Hidalgo, C. M., and B. Hernandez. 2001. Place attachment: conceptual and empirical questions. *Journal of Environmental Psychology* 213:273–281. doi:10.1006/jevvp.2001.0221.
- Hill, L. 1996. "Psychological sense of community: suggestions for further research." *Journal of Community Psychology* 24:431–438. doi:10.1002/(SICI)1520-6629(199610)24:4<431::AID-JCOP10>3.0.CO;2-T.
- Hulchanski, J. D. 2010. *The Three Cities within Toronto: Income Polarization among Toronto's Neighbourhoods. 1970–2005*. Toronto: Cities Centre, University of Toronto.
- Israel, B., B. Checkoway, A. Schutz, and M. Zimmerman. 1994. Health education and community empowerment: conceptualizing and measuring perceptions of individual, organizational, and community control. *Health Education Quarterly* 212:149–170. doi:10.1177/109019819402100203.
- Kaushik, V., and J. Drolet. 2018. "Settlement and integration needs of skilled immigrants in Canada." *Social Science* 7:76–89. doi:10.3390/socsci7050076.
- Khanlou, N. 2009. *Policy Brief: Mental Health and Immigrant Populations*. Ottawa: Public Health Agency of Canada and Metropolis Canada. http://www.ocasi.org/downloads/Immigrant_Mental_Health_Policy_Brief_Final.pdf
- Khanlou, N., J. G. Koh, and C. Mill. 2008. "Cultural identity and experiences of prejudice and discrimination of Afghan and Iranian immigrant youth." *International Journal of Mental Health and Addiction* 64:494–513. doi:10.1007/s11469-008-9151-7.
- Khattab, N., S. Miaari, and M. Mohamed-Ali. 2019. "Visible minorities in the Canadian labour market: disentangling the effect of religion and ethnicity." *Ethnicities*. Online May 2019. doi:10.1177/1468796819847750.
- Kitchen, P., A. Williams, and J. Chowhan. 2012. Sense of community belonging and health in Canada: a regional analysis. *Social Indicators Research* 1071:103–126. doi:10.1007/s11205-011-9830-9.
- Kitchen, P., A. M. Williams, and M. Gallina. 2015. Sense of belonging to local community in small-to-medium sized Canadian urban areas: a comparison of immigrant and Canadian-born residents. *BMC Psychology* 3:1–17. doi:10.1186/s40359-015-0085-0
- Koenig, H. G., D. E. King, and V. B. Carson, edited by. 2012. "A history of religion, medicine, and healthcare." *Handbook of Religion and Health*. 2nd ed. 15–34. New York: Oxford University Press.
- Kusow, M. A. 2006. Migration and racial formations among Somali immigrants in North America. *Journal of Ethnic and Migration Studies* 33:533–551. doi:10.1080/13691830600555079.
- Lima, C., and R. D. Putnam. 2010. Religion, social network, and life satisfaction. *American Sociological Review* 731:914–933. doi:10.1177/0003122410386686.
- Longhi, S., and L. Platt. 2008. *Pay Gaps across equality areas*. Equality and Human Rights Commission Research Report No. 9. Manchester: EHRC.
- Magoon, J. 2005. *The health of refugees in Winnipeg. Report prepared for Winnipeg regional health authority*. Winnipeg, Manitoba.
- McDonald, J. T., and S. Kennedy. 2004. Insights into the healthy immigrant effect: health status and health service use of immigrants to Canada. *Social Science & Medicine* 598:1613–1627. doi:10.1016/j.socscimed.2004.02.004.
- McMillan, D. 1976. *Sense of Community: An Attempt at Definition*. Unpublished manuscript. Nashville, TN: George Peabody College.
- McMillan, D., and D. Chavis. 1986. "Sense of community: a definition and theory." *Journal of Community Psychology* 14:6–22. doi:10.1002/1520-6629(198601)14:1<6::AID-JCOP2290140103>3.0.CO;2-I.
- Morgan, C., K. McKenzie, and P. Fearon. 2008. *Society and Psychosis*. New York, NY: Cambridge University Press.
- Murdie, R. 2003. Housing affordability and Toronto's rental market perspectives from the housing careers of Jamaican, Polish and Somali newcomers. *Housing, Theory and Society* 204:183–196. doi:10.1080/14036090310018923.
- Newbold, B. K. 2005. "Self-rated health within the Canadian immigrant population: risk and the healthy immigrant effect." *Social Science & Medicine* 606:1359–1370.
- Ng, E., R. Wilkins, F. Gendron, and J. Berthelot. 2005. "The changing health of immigrants." *Canadian Social Trends* 781:15–19.

- Ng, E., and W. R. Omariba. 2010. Is there a healthy immigrant effect in mental health? Evidences from population-based health surveys in Canada. *Canadian Issues*, Summer: 25–28.
- Oman, D., and C. Thoresen. 2003. "Spiritual modeling: a key to spiritual and religious growth?" *The International Journal for the Psychology of Religion* 13:149–165. doi:10.1207/S15327582IJPR1303_01.
- Platt, L. 2007. *Poverty and Ethnicity in the UK*. Bristol:Joseph Rowntree Foundation.
- Ray, B., and V. Preston. 2015. Working with diversity: a geographical analysis of ethno-racial discrimination in Toronto. *Urban Studies* 528:1505–1522. doi:10.1177/0042098014536628.
- Reitmanova, S., and L. D. Gustafson. 2009. Mental health needs of visible minority immigrants in a small urban center: recommendations for policy makers and service providers. *Journal of Immigrant and Minority Health* 11:46–56. doi:10.1007/s10903-008-9122-x.
- Reitz, J. G., H. Zhang, and N. Hawkins. 2011. "Comparisons of the success of racial minority immigrant offspring in the United States, Canada and Australia." *Social Science Research* 40:1051–1066. doi:10.1016/j.ssresearch.2011.03.009.
- Rose, D. 2019. Creating a home in Canada: refugee housing challenges and potential policy solution. Migration Policy Institute. <https://www.migrationpolicy.org>
- Ross, N. 2002. "Community belonging and health." *Health Reports* 133:33–39.
- Statistics Canada. 2016. Table 105-0501-health indicators profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2013 Boundaries) and peer groups, occasional (date file). Retrieved on June 02, 2020.
- Statistics Canada. 2017. CensusProfile2016. Catalogueno.98-316-X2016001. Ottawa. Accessed 9 May 2018. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>
- Wu, Z., and C. M. Schimmele. 2005. The healthy migrant effect on depression: variation over time? *Canadian Studies in Population* 322:271–295. doi:10.25336/P6DW3T.
- Wu, Z., and Y. W. V. So. 2020. Ethnic and national sense of belonging in Canadian society. *International Migration* 582:120–146. doi:10.1111/imig.12650.
- Wylie, J. 2009. *Sense of Place*. The dictionary of human geography. 5th ed. edited by. D. Gregory, R. Johnston, G. Pratt, M. J. Watts, and S. Whatmore, 676. Chichester, UK:Wiley-Blackwell.
- Yap, M. 2010. "Slicing and dicing the gender/racial earnings differentials." *International Journal of Manpower* 31:466–488. doi:10.1108/01437721011057038.
- Yap, M., and G. K. Everett. 2012. "Similarities and differences in labour market experiences of minorities of Black, Korean and Latin American heritage." *Our Diverse City* 9:34–39.