

BUILDING RESPONSIVE SYSTEMS:

A Needs Assessment on Prenatal
and Postnatal Support for
Newcomer Families in Calgary

Prepared by:

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EXECUTIVE SUMMARY

The Immigrant Services Calgary (ISC) conducted an assessment of the prenatal and postnatal care needs of newcomer families in Calgary, Alberta. The purpose was to identify priority needs, service barriers, and opportunities for responsive program development.

Background and Context

Canada is home to an increasingly diverse population, with Calgary identified as one of the most rapidly growing immigrant-receiving cities. According to the 2021 Census, 33.3 percent of Calgary's population are immigrants, of which 19 percent are considered recent immigrants, having arrived in Calgary between 2016 and 2021 (City of Calgary, 2025). Newcomer families bring unique strengths, cultural practices, and healthcare expectations. However, many encounter structural barriers that affect their ability to access timely and appropriate prenatal and postnatal care. Newcomers often experience challenges related to employment, housing, language, and healthcare navigation. These factors are magnified during pregnancy and early parenthood, already characterized by vulnerability and increased service needs (Dela Cruz et al., 2023; Nisa et al., 2024; Vaillancourt, 2024).

Definition of Newcomer

For this assessment, a newcomer is defined as an individual of a family who has recently arrived in Canada and is settling and integrating into Canadian society. This includes individuals with various statuses in Canada, such as permanent residents, government-assisted or privately sponsored refugees, refugee claimants, temporary foreign workers, and international students. While experiences vary based on immigration pathway, socioeconomic status, and length of stay in Canada, there are cross-cutting needs related to social inclusion, access to healthcare, and economic security (Allana, 2023).

Focus of the Assessment

The assessment explored the prenatal and postnatal care needs of newcomer families from two perspectives:

1. Newcomers with experiences of navigating prenatal and/or postnatal services in Calgary.
2. Service providers delivering health and social services to newcomer families in Calgary during pregnancy and early parenting period.

The report draws on qualitative and quantitative data from interviews, focus groups, and surveys with newcomer families, ISC staff, and representatives from partner organizations.

Key Findings

- **System Navigation:** Newcomers face difficulty understanding and navigating the complex health and social service ecosystem. This is demonstrated by the lack of clear, centralized information or support to guide service access.
- **Referral inefficiencies:** Fragmented service coordination, unclear follow-up processes, and eligibility mismatches result in service delays and unmet needs.
- **Language and communication barriers:** Language differences and a lack of culturally and linguistically appropriate communication can delay access to care and reduce the effectiveness of services.
- **Social support gaps:** While some families benefit from community or peer networks, most experience isolation or rely on informal advice that may conflict with healthcare best practices.
- **Financial challenges:** Many newcomers face economic hardship, difficulty accessing parental leave and affordable childcare, and increased financial strain related to unfamiliar caregiving expectations in Canada.
- **Childcare accessibility:** Waitlists, cost, limited services available in home languages, and unclear eligibility criteria are significant barriers to securing childcare services. Additionally, securing childminding support while attending programs or services presents a challenge for many families.
- **Service provider constraints:** Providers highlight the need for improved inter-agency collaboration, more flexible and inclusive funding models, and better data-sharing frameworks.

Overall Implication

The findings of this assessment highlight the urgent need for more integrated, culturally responsive, and adequately resourced prenatal and postnatal care systems that recognize the distinct experiences of newcomer families. Strengthening collaboration among service providers, addressing systemic barriers, and improving communication are key to improving maternal and child health outcomes for Calgary's newcomer population.

LIST OF ABBREVIATIONS

Canada Prenatal Nutrition Program	CPNP
Community Action Program for Children	CAPC
Immigrant Services Calgary	ISC
Permanent Resident	PR
Canada-Ukraine Authorization for Emergency Travel	CUAET

INTRODUCTION

Quality prenatal care plays an important role in the well-being of mothers, children and their families (Public Health Agency of Canada, 2023). However, barriers and inequities may affect newcomer families' access to healthcare and other support services. While the women's chosen support system is essential to their physical, psychological and economic well-being, weak relationships can be a source of distress for families and have potential adverse outcomes for children and families (Public Health Agency of Canada, 2023). Other factors contributing to inadequate prenatal care include household composition, neighbourhood resources, maternal age and socioeconomic status (Heaman et al., 2018). Culturally responsive healthcare practices, as well as social infrastructures, including libraries, recreational centers, and childcare facilities, are integral to the health and well-being of newcomer families as they navigate their settlement in Canada (Lane & Vatanparast, 2022; Public Health Agency of Canada, 2023). These resources must be able to meet the unique needs of a diverse population while maintaining the general standards of care for all.

Study Purpose and Scope

This needs assessment examines the experiences of newcomer families living in and accessing prenatal and postnatal health and social services in Calgary, Alberta. The assessment sought to answer the following questions:

1. What support needs do newcomer families have during pregnancy and postpartum periods?
2. What challenges or barriers do newcomer families face in accessing prenatal and postnatal health and social services?
3. What challenges and limitations do service providers face in supporting newcomer families during pregnancy and postpartum periods?

METHODOLOGY

This needs assessment draws on both primary and secondary data sources to provide a comprehensive understanding of the experiences of newcomer families accessing prenatal and postnatal healthcare and related social services in Calgary. The assessment employed a mixed-methods approach, combining qualitative and quantitative data collection methods.

Qualitative Data Collection

Qualitative insights were obtained through a series of focus group discussions and key informant interviews with individuals who either received or delivered prenatal and postnatal services. Specifically, the following data collection activities were conducted:

- Three focus group discussions with 14 newcomer families
- One focus group discussion with 10 pregnant women
- One focus group discussion with 5 Immigrant Services Calgary (ISC) staff members
- Three focus group discussions with 16 representatives from 12 partner organizations

Additionally, six key informant interviews were conducted with pregnant women or those who had recently given birth to obtain deeper insight into individual healthcare and support experiences.

All focus group discussions were conducted in person at the ISC office. Each session was facilitated by trained ISC staff and conducted after obtaining informed consent from all participants. Two note-takers were present during each session to ensure accurate documentation, and all discussions were audio-recorded using portable recording devices. Recordings were then manually transcribed for analysis. Key informant interviews were conducted virtually via Microsoft Teams. With participants' consent, the interviews were recorded and automatically transcribed. Subsequently, the transcripts were reviewed and cleaned for accuracy. All transcripts from focus groups and interviews were coded and analyzed thematically. Finally, the findings were organized into two primary perspectives:

- The newcomer family perspective, capturing lived experiences accessing healthcare
- The service provider perspective, reflecting on delivery challenges and system-level barriers

Quantitative data collection

Quantitative data were collected through the Newcomer Family Health Access Survey, which included multiple-choice questions across five key areas:

- Access to prenatal, postnatal, and child health services
- Barriers to care
- Sources of information
- Satisfaction with services
- Unmet needs

A total of 173 survey responses were received, of which 167 were deemed valid and included in the analysis. ISC clients completed the survey, which was available in seven languages: English, Arabic, Dari, Korean, Spanish, Ukrainian, and Hindi. The multilingual format supported broader participation from diverse newcomer communities. The survey responses provided valuable insights into service access trends and were used to validate and supplement the qualitative findings from focus groups and interviews.

Participant Profiles

Focus group participants

1. **Newcomer families:** Fourteen newcomer families who were clients of ISC's Community Action Program for Children (CAPC) shared their experiences navigating postnatal healthcare and related social services in Calgary. These were families with children between the ages of 0 and 6.
2. **Pregnant women:** Ten clients of ISC's Canada Prenatal Nutrition Program (CPNP) shared their experiences accessing prenatal healthcare and related social services in Calgary.
3. **ISC staff:** Five frontline workers supporting newcomer families in accessing prenatal and postnatal care services reflected on systemic challenges, service delivery gaps, and opportunities for improvement.
4. **Partner representatives:** Sixteen representatives from 12 partner organizations in the healthcare, mental health, early childhood development, housing, and education sectors shared their professional experiences supporting newcomer families and discussed system-level barriers and collaboration challenges.

Key informant interview participants

5. ***Pregnant women or new mothers:*** Six women between the ages of 30 and 39 who had been in Canada for at least three weeks provided detailed narratives on navigating health and social services in Calgary during pregnancy and early parenthood. These participants included three ISC clients and three individuals not accessing services through ISC at the time of data collection.

Survey participants

6. ***Newcomer individuals and families:*** One hundred and sixty-seven newcomers who were CAPC and CPNP clients participated in the Newcomer Family Health Access Survey. For detailed demographic information of survey participants, please see page 19. The survey was focused on newcomer individuals' and families' experiences with prenatal, postnatal, and child healthcare access.

FINDINGS

The study's findings are organized into two main categories: newcomer and service provider perspectives. Similar themes emerged across the different groups of participants. The two overarching categories are further broken down into key themes shown in the chart below:



Figure 1. Chart Showing key themes

Newcomer Perspective: Qualitative Themes

System Navigation and Referral Challenges

The findings highlight a continued need for an integrated and coordinated service delivery system to support newcomer families in Calgary better. Newcomers shared encountering many challenges with navigating the needed services and identified referrals as integral to navigating Calgary's complex service provider network. Many participants identified a lack of clear, accessible information about available prenatal and postnatal healthcare and social support programs and services that match newcomer families' needs as a major challenge. Language barriers and ineffective communication further contribute to misunderstanding the participants' needs and a mismatch with the referred supports.

Some participants noted that even when agencies provide them with referrals, long wait times or unclear next steps reduce the usefulness of the connection. Others shared that they received multiple referrals without coordination, leaving them responsible for navigating a disjointed system alone. This often involved repeatedly completing redundant intake forms or undergoing needs assessments at multiple agencies, creating a burdensome process that discourages help-seeking. One participant stated:

“I remember my anxiety because I have a lot of information but after what I have to do is a lot even though there is step by step, but [there are] a lot of challenges because I have only come for two months, and this was difficult”

Another family had similar challenges with a long wait time for referral response:

“We were referred to a pediatrician one year back, then we got a pediatrician appointment one year later, then we got after three months, we got back this letter, and I was able to submit it, and then it’s ten months now, but we haven’t heard from [the organization]”

Participants also discussed how transportation, financial costs, and lack of childcare support pose logistical hurdles for newcomer families as they follow up with their referrals. One of the participants shared:

“Whenever there are referrals, we go to them and they send you an intake form, so you have to do filling up of all forms as I did fill a couple of forms of various resources then they get back to you and redirect you to some websites so you can go again and fill in [forms]. So, I feel like I was doing all the filling up and then it not getting materialized.”

As experienced by many participants, the programs and services reflect a fragmented service delivery landscape. These findings point to the continued need for a streamlined, client-centred referral system such as Gateway that promotes inter-agency collaboration and warm handoffs; ensures referrals are matched appropriately to clients’ eligibility and needs; and provides follow-up support to ensure clients can access the services they were referred to; reduces duplication and administrative burden for both clients and providers. A more integrated approach would improve service navigation for newcomer families and enhance the efficiency and impact of Calgary’s health and social support systems.

Language and Communication Barriers

Newcomers to Canada rely heavily on online materials as the first point of contact for navigating healthcare and social services. that are accessible online. While digital resources are essential, many participants reported feeling overwhelmed by the information volume and confused by conflicting or unclear guidance. The lack of centralized, plain-language, and culturally appropriate information creates barriers to accessing care at critical points in the prenatal and postnatal journey.

Accessing services typically begins with an intake assessment to determine eligibility, but for many newcomer families, language barriers and unfamiliar processes create further stress. These issues can result in miscommunication of needs and misalignment between the services offered and what families require.

One participant shared:

“In my case. I contact organization through completing a form and this organization answer me but don’t accept me in the program for my level of English. After three days, this organization answer me and say I need to improve English.”

Another participant shared:

“It is difficult to talk on the phone, email is better, on the phone they are going too fast and we are learning English and a lot is happening”

Communication challenges are especially pronounced during pregnancy. Newcomers must quickly establish trust and rapport with unfamiliar healthcare providers, often without adequate cultural or linguistic support. Participants shared that they sometimes felt their concerns were dismissed or not taken seriously, particularly during early appointments. In addition, delays in follow-up care, often due to resource constraints, further heightened stress and uncertainty, especially for new parents or those who had experienced pregnancy complications.

Similar concerns were expressed about postnatal care experiences. Participants noted that healthcare protocols in Canada often differ significantly from those in their countries of origin, leading to confusion and miscommunication. Appointments were sometimes described as rushed, leaving families unsure about the next steps. One participant described receiving numerous reading materials about breastfeeding but reported anxiety and lack of confidence due

to the absence of in-person, practical support. This communication gap contributed to feelings of being unsupported and unprepared during a vulnerable time.

Families whose children required specialized care or developmental assessments reported long wait times—often over a year—to access specialists, delaying critical diagnoses needed to qualify for additional support. During this period, families often felt they lacked the necessary information to make informed decisions or prepare adequately for their child’s needs.

Moreover, persistent language barriers and poor communication practices discouraged some newcomers from seeking healthcare altogether. Participants shared various reasons for delaying or avoiding care, including long wait times, inability to take time off work, negative past experiences with healthcare services (e.g., waiting over seven hours at an emergency department), lack of access to a family doctor, distance to services or lack of transportation, childcare responsibilities, and difficulty communicating in English.

These findings underscore the continuous need for more accessible, culturally appropriate, and responsive communication strategies within the healthcare system. Providing timely, clear, and personalized information through both digital and in-person channels is critical to supporting newcomer families in navigating care confidently and effectively.

Social Support Gaps

For many newcomer families, social support networks, including friends, extended family, and community members, are essential sources of information, reassurance, and practical assistance during prenatal and postnatal periods. These informal networks often help newcomers navigate unfamiliar healthcare systems, especially when formal support is limited or inaccessible. While these connections can provide emotional and logistical support, they can also carry risks.

Participants noted that relying solely on informal networks can sometimes lead to misinformation, which may unintentionally conflict with medical advice or delay access to professional care. This tension can undermine trust in healthcare providers and reduce the effectiveness of formal service delivery. Added to this, there is a need for supports that help families to reorient to how their roles in the family might change. *One participant shared:*

“It would be great to have some support for my husband, because there is a culturally very different expectation. Of course, because we are alone here, he learns all those things, but I know some people, you know, everything is on the women. There are a lot of cultures where they need to open up those doors for men to also start thinking and learning how to support”

Another participant highlighted that although healthcare professionals provide essential medical guidance, their advice often focuses narrowly on physical health without addressing broader questions related to parenting, emotional well-being, or navigating services. Several participants expressed that when they actively asked for more information, some providers responded helpfully by sharing referrals or resources. However, they also believed that they would not have received that information voluntarily if they did not know what questions to ask. The inconsistency in communication created a sense of missed opportunities for support, especially among those unfamiliar with the Canadian healthcare system or unsure of what services they were entitled to.

Some participants reported positive experiences with in-home support services, particularly around breastfeeding guidance and early infant care. These services significantly increased their confidence in caring for their children. However, not all families were aware that such support was available. Those who lacked access to this type of formal help often relied heavily on informal sources, which, while helpful, may not always meet the medical or developmental needs of the child. These experiences point to a clear need for proactive communication from healthcare providers, consistent promotion of available supports, such as in-home services, integration of informal networks into the broader care ecosystem through community partnerships and culturally competent outreach. A coordinated approach that bridges formal care and informal support can improve outcomes and build trust among newcomer families navigating pregnancy and early parenthood in a new country.

Childcare Accessibility

NB: This study reflects participants' experiences prior to the implementation of updates to Alberta's Affordability Grant for Childcare, which came into effect on April 1, 2025.

Access to affordable, high-quality childcare was identified as a major concern among participants, particularly for families with children aged 0–6. Many newcomer families rely on a combination of formal services and informal networks, including friends and extended family, to meet their childcare needs. For many, these needs extend beyond childcare to include essential supplies such as food, clothing, other material needs, childcare services or a mix of both. However, this approach was not always sustainable or sufficient. Participants cited several recurring barriers, including lengthy waitlists, sometimes requiring paid enrollment without a clear timeline; high costs that made full-time care unattainable; limited awareness of financial assistance programs; and language and cultural barriers, including few childcare options in preferred languages. These challenges had a direct impact on family well-being and economic mobility. Some participants shared that they often had to reduce work hours or accept flexible, low-paying jobs that offered little stability or benefits. Some parents also reported accepting part-

time childcare placements or turning down full-time work opportunities due to the unpredictability of childcare arrangements.

One participant shared:

“I’m really grateful, because of the pandemic, we shifted to this hybrid situation [for work] because otherwise I don’t know how I would be working. So, I can take the risk and start my child part time and if it was without the subsidy I wouldn’t have gone back to work because the logistics wouldn’t work”

Another participant lamented the fact that other affordable options pose challenges as well

“Finding daycare still remains a challenge because there is no availability” also for school-aged children “we are in downtown and the school that we fall under is overfilled school, we got approval for the out of bound school but we still go to the overfilled school because the out of boundary school we do not get ride for and all those things”

These findings illustrate the need for more coordinated, linguistically inclusive, and accessible childcare solutions. A responsive childcare system must be viewed as an essential part of newcomer families’ settlement journey, not a separate or secondary concern.

Parenting Support and Prenatal Education

Alongside childcare access, some participants also emphasized the importance of parenting and prenatal education in adjusting to life in Canada. These supports help families learn about child development, build confidence in caregiving roles, and navigate cultural expectations related to parenting. Some participants were aware of available prenatal education programs tailored for newcomers, while others were either unaware or believed the sessions were too expensive or inaccessible. In many cases, logistical barriers, such as conflicting work schedules or challenges with public transportation, made attending the programs difficult, particularly when sessions were held far away from home.

One participant described the value of a prenatal workshop in helping her family adjust to parenting roles in Canada. Coming from a cultural context where childcare responsibilities traditionally fell to women, she found the session beneficial for herself and her husband, who better understood how to support her well-being in the postnatal period. However, other families noted that work obligations often prevented fathers from attending the programs, limiting shared learning and support. One participant who is aware of available prenatal workshops stated:

“I would want my husband to get the information, but he has to go to work he cannot do any of the workshops, I am not working, he is the one working so I go to the workshops”

These differences in awareness and use of available resources reflect the broader reality that newcomer families experience parenting and caregiving through diverse cultural, economic, and social lenses. Knowledge gaps, time constraints, and competing responsibilities often shape support needs and access to resources. Furthermore, the implications of these challenges extend to other spheres of newcomer lives.

One participant reflected on the emotional toll of prolonged uncertainty:

“My question is, I have two kids, how do I know which [daycare] is available and when? You only give me a call when a spot opens up, but how do I plan my life, my work, my things? The participant further stated that the unknowns around available day care options creates added strain when thinking about applying for benefits because the Alberta grant was really strict on the hours”

These experiences highlight the need for clear communication about available support. Ensuring that parenting education programs are accessible, culturally relevant, and flexible in scheduling and format is essential to meeting families where they are and supporting their confidence and well-being.

Financial Challenges

The relocation and integration into Canadian society places significant financial strain on newcomer families. Participants in the assessment described a range of economic challenges that required them to rethink family budgets, employment plans, and caregiving arrangements.

A common issue identified was the difficulty securing employment that offers both sufficient income and critical benefits, such as parental leave and health insurance. This was consistent across different immigration statuses. Even when employed, many newcomers found that their income did not meet the rising cost of living or accommodate the new and unfamiliar expenses associated with raising a child in Canada. One participant shared:

“I do not attend [prenatal workshops] because I am busy, my priority is to get a job, everything depends on if you have a job or not”

Childcare affordability and availability emerged as one of the most pressing concerns. Many families reported altering their initial childcare plans due to the high cost or limited access to licensed childcare options in Calgary and surrounding areas. These changes often resulted in increased reliance on informal care or one parent—usually the mother—delaying or foregoing re-entry into the workforce.

Participants also pointed to hidden or unexpected costs associated with early childhood care. One parent shared:

“At home, we use cloth diapers, but when it was time for daycare, we needed to buy disposable diapers, and they use like six a day... that’s like a super cost.”

When combined with reduced earning potential, such sudden increases in daily expenses created a compounding financial burden. Some families also spoke about the need for one parent to reduce work hours or leave the workforce entirely to manage childcare, further reducing household income and limiting access to employer-based benefits.

For expecting families, the cost of childcare often exceeded the potential income from returning to work, making it impractical to re-enter the labour market. These financial realities impacted long-term planning and increased dependence on community and social support.

These findings highlight the need for more accessible, affordable childcare options and employment supports tailored to the realities of newcomer families navigating early parenthood in Canada.

Overall Reflections

Newcomer participants in focus groups and interviews clearly identified what has benefited their transition to life in Canada and the challenges they face in accessing healthcare and social services, specifically in prenatal and postnatal care. Their experiences underscore the complex and deeply personal nature of navigating systems during a critical life stage—pregnancy, childbirth, and early parenthood. Access to services is influenced by various intersecting factors, which can either ease or complicate the integration process. These include how long the family has been living in Canada, if this is their first pregnancy and/or first child, the quality of the relationships the family has with its social networks, the quality of the experiences newcomers had with healthcare and social service providers, the quality of information available from informal support systems, the

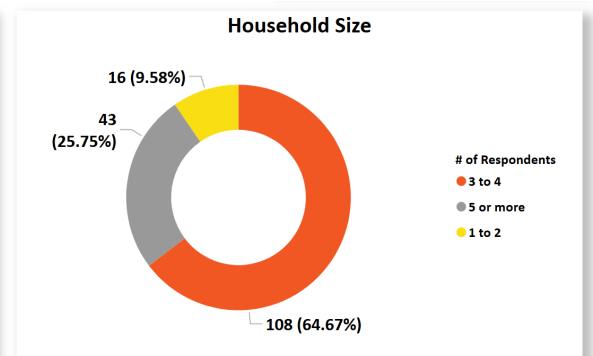
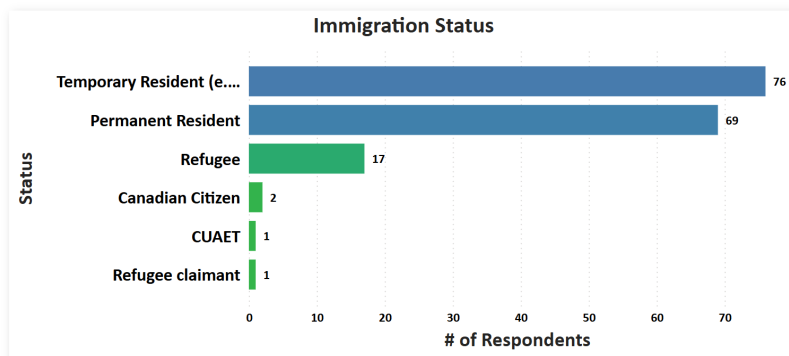
language in which services are provided, and the overall availability of the resources the families need to ensure healthy child development and family well-being.

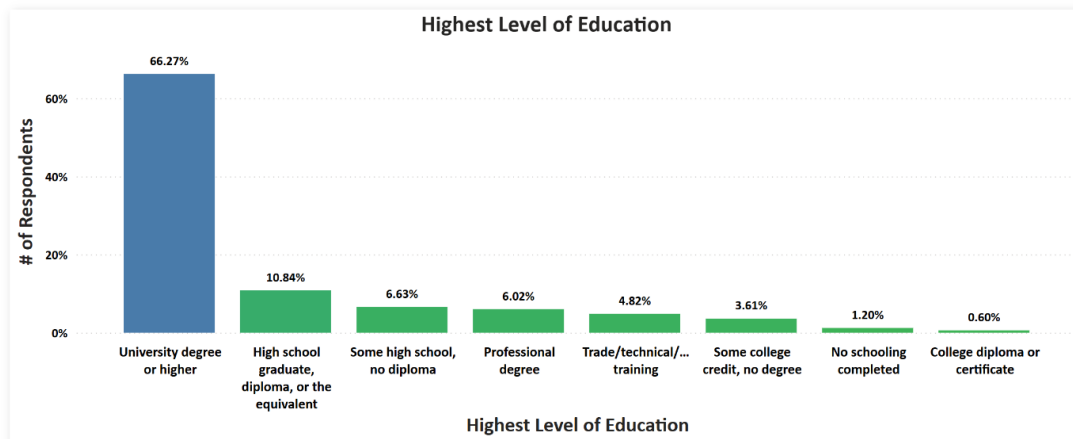
Taken together, these factors influence not only how newcomers experience and access prenatal and postnatal care but also their overall sense of confidence, belonging, and well-being as they adapt to life in Canada. These findings highlight the importance of creating a holistic, responsive, and culturally informed system that supports newcomer families through formal service delivery and strengthened community-based resources.

Newcomer Perspective: Survey Results

Demographic Information

One hundred and sixty-seven survey respondents shared their experience accessing healthcare services in Canada. Of that, 76 respondents identified as temporary residents, 69 were permanent residents, 17 indicated having refugee status, two were Canadian citizens, one was under Canada-Ukraine Authorization for Emergency Travel (CUAET), and one was a refugee claimant. Regarding household size, 64.67% lived in a household with 3 to 4 people, 25.75% had 5 or more household members, and 9.58% had a household of 1 to 2 people. The majority of the survey respondents, 66.27%, had at least one university degree, 10.84% had completed high school, 6.63% had some high school education, 6.02% had a professional degree, 4.82% had trade and or technical training, 3.61% had some college credit, and 1.2% had not completed any formal schooling.



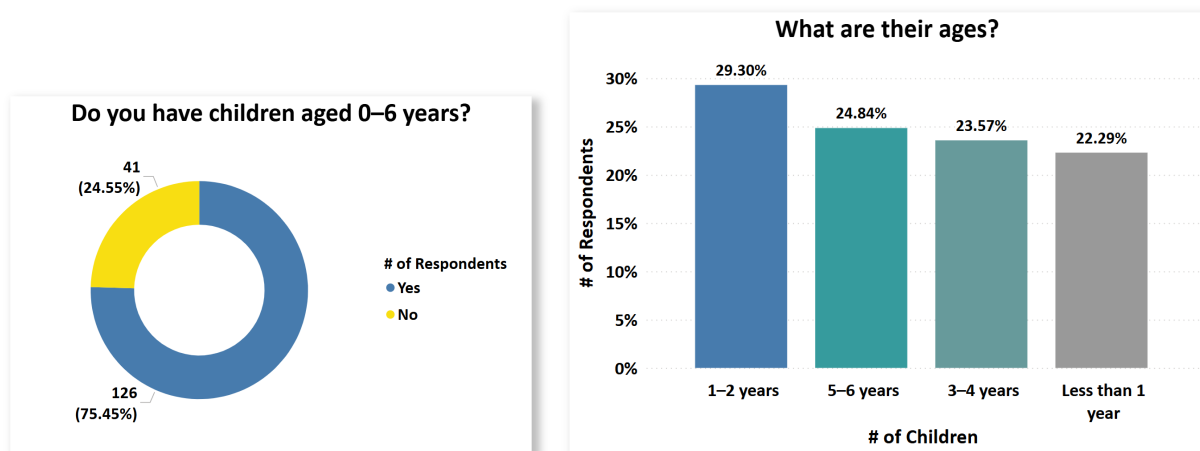


Geographical Distribution

Most respondents were residents of Calgary, with 25.75% living in the Northeast (NE), 23.35% in the Southwest (SW), 20.36% in the Southeast (SE), and 16.77% in the Northwest (NW). Additionally, 7.19% resided in Downtown Calgary, while 5.99% lived outside of Calgary.

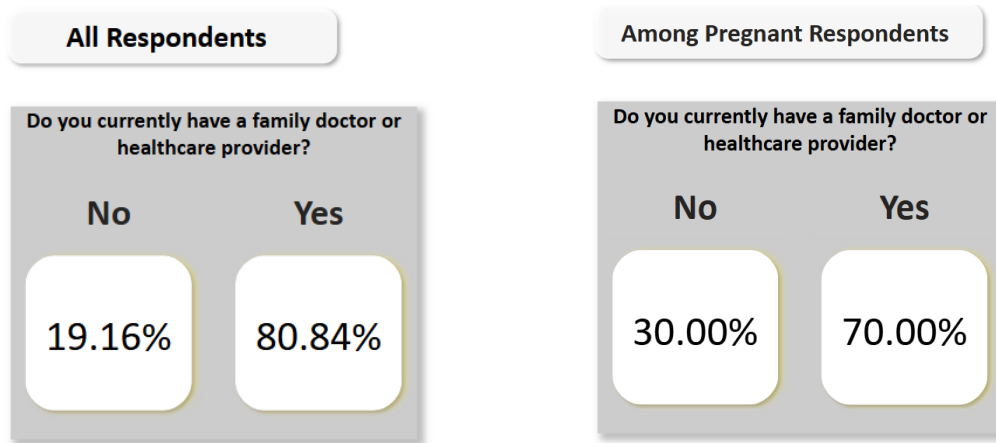
Family Composition and Child Age

Over seventy-five percent (75.45%) of the respondents had children under 6 living in their household. Of that group, 29.30% had children between ages 1 and 2, 24.84% had children between ages 5 and 6, 23.57% had children ages 3-4, and 22.29% had infants less than a year old.

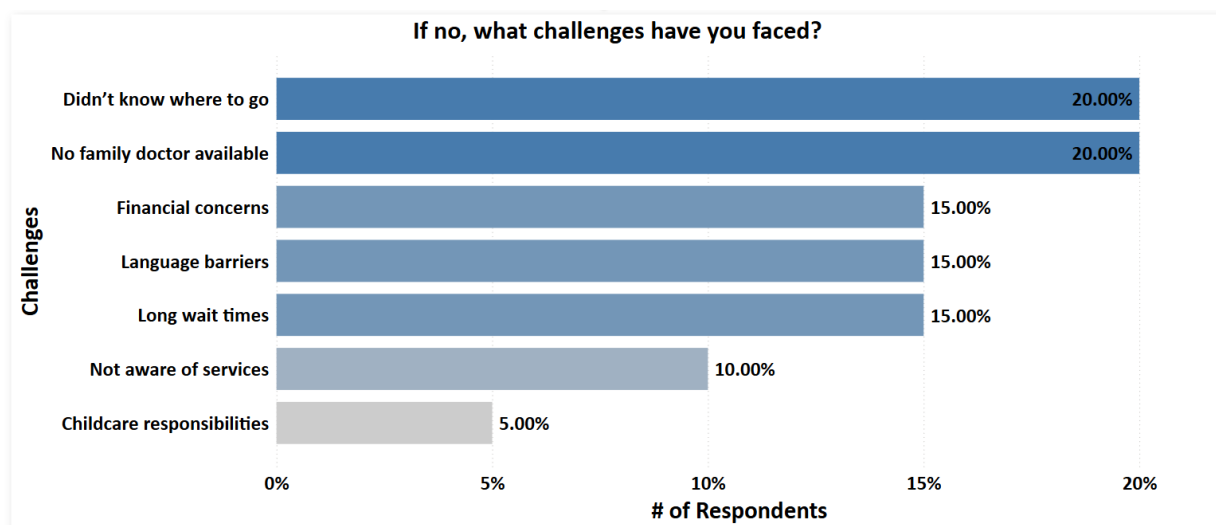


Healthcare Access and Barriers

Overall, 80.84% of all respondents reported having access to a family doctor or healthcare provider. However, only 70% of respondents with a pregnant family member reported having access to a family doctor or provider.

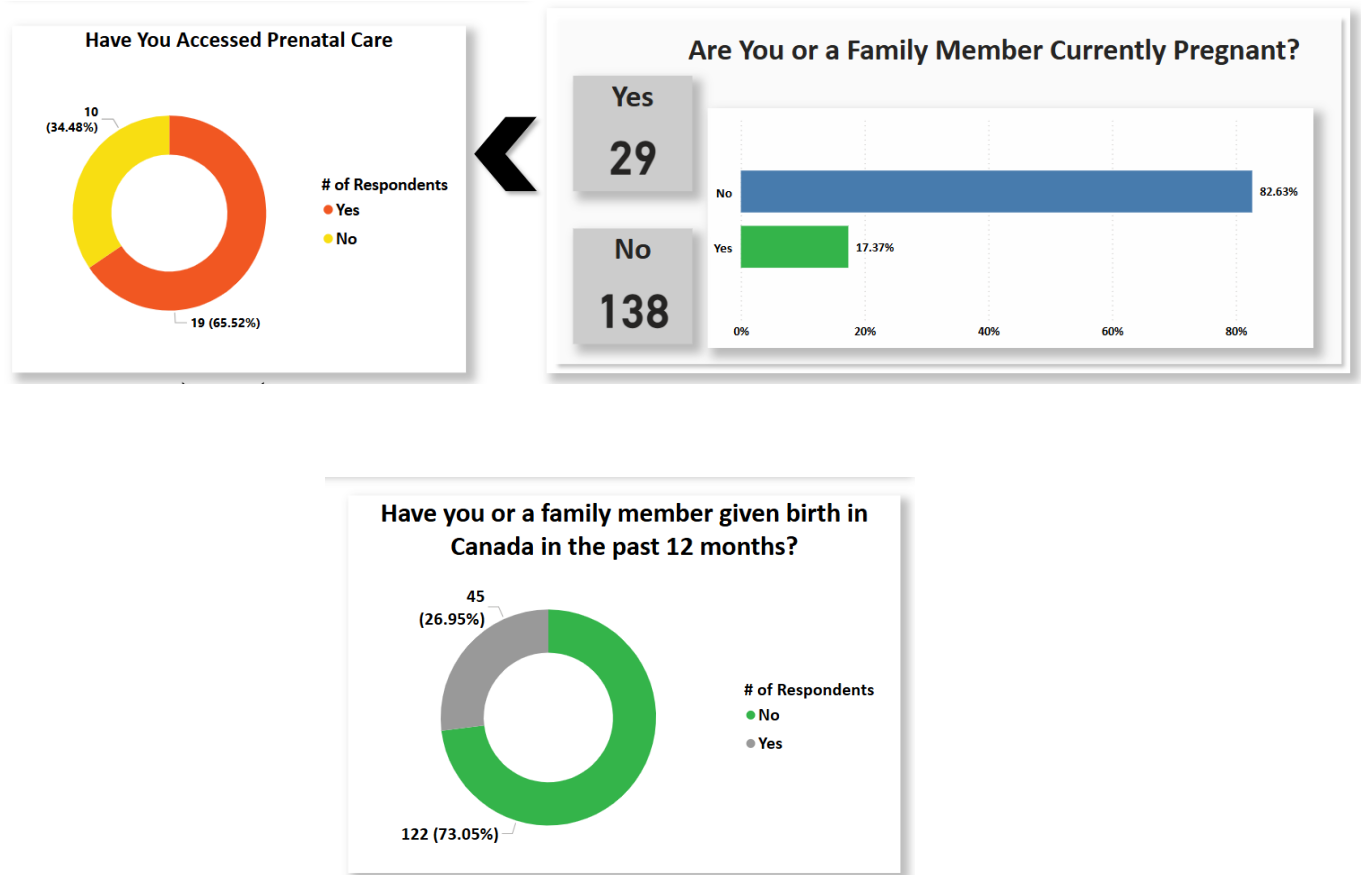


Among participants who had not accessed healthcare for their child/ren, the challenges for not seeking healthcare included: did not know where to go (20%), no available family doctor (20%), financial concerns (15%), language barriers (15%), long wait times (15%), lack of awareness of available services (10%), and childcare responsibilities (5%).

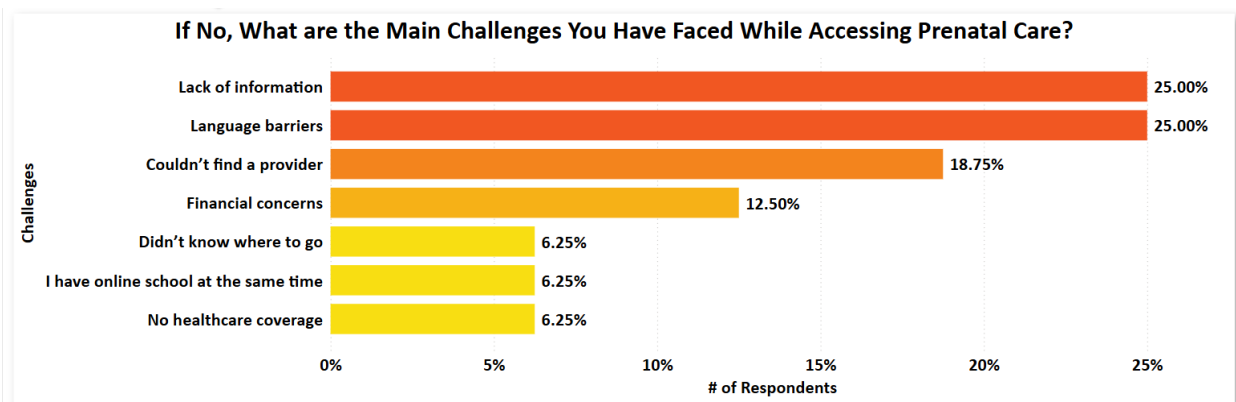


Prenatal Care Access and Challenges

When asked if a family member in their household was currently pregnant, 17.37% of the respondents reported having a pregnant family member, and 26.95% said they had a family member who gave birth in Canada in the past 12 months. Of those with a pregnant family member, 65.52% had accessed prenatal care, while 34.48% had not.



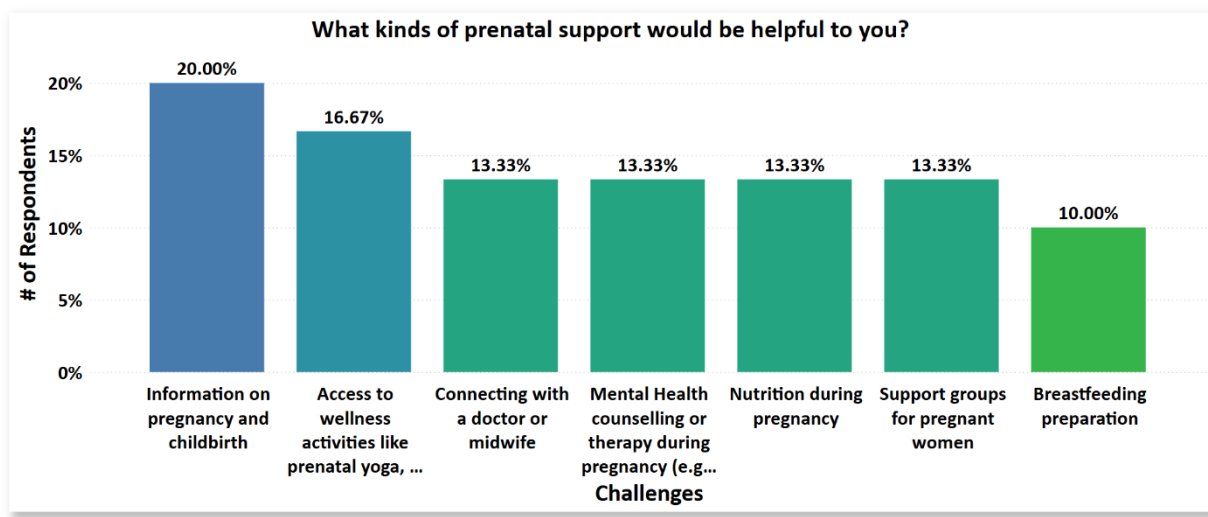
Of those with a pregnant family member, 65.52% had accessed prenatal care, while 34.48% had not. Among those who had not accessed prenatal care, reported challenges included lack of information (25%), language barriers (20%), inability to find a prenatal care provider (18.75%), financial concerns (12.5%), unawareness of where to go (6.25%), lack of healthcare coverage (6.25%), and conflicts with other commitments (6.25%).



Prenatal Support Preferences

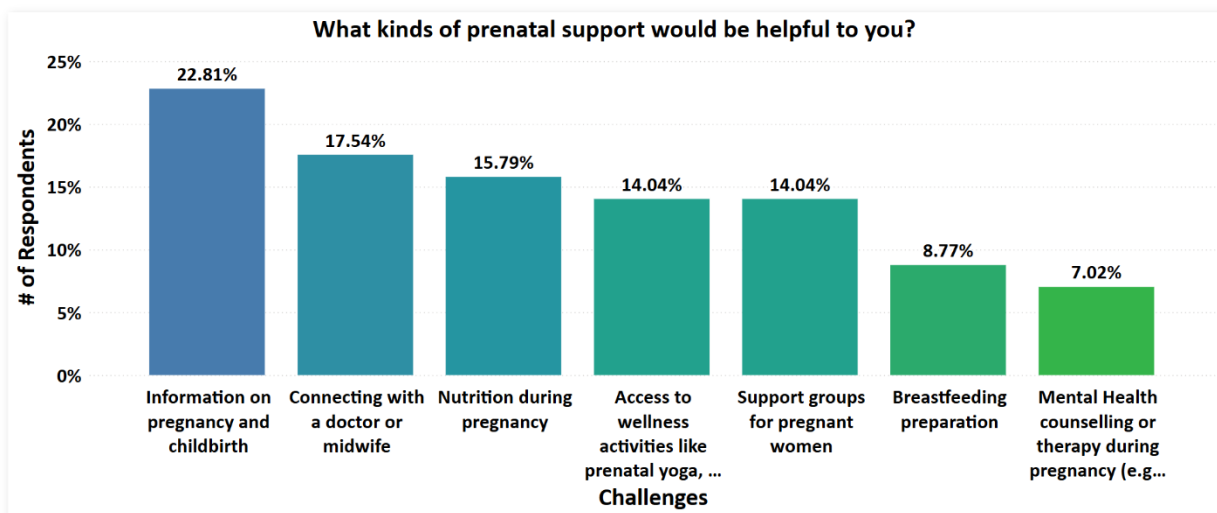
Among respondents with a pregnant family member who had not accessed prenatal care, 20% wanted pregnancy and childbirth information, 16.67% wanted access to wellness activities like prenatal yoga, 13.33% each wanted support connecting to a doctor or midwife, mental health counselling or therapy during pregnancy, nutrition during pregnancy, and support groups, while 10% wanted support with breastfeeding preparation.

Respondents who had not accessed prenatal care

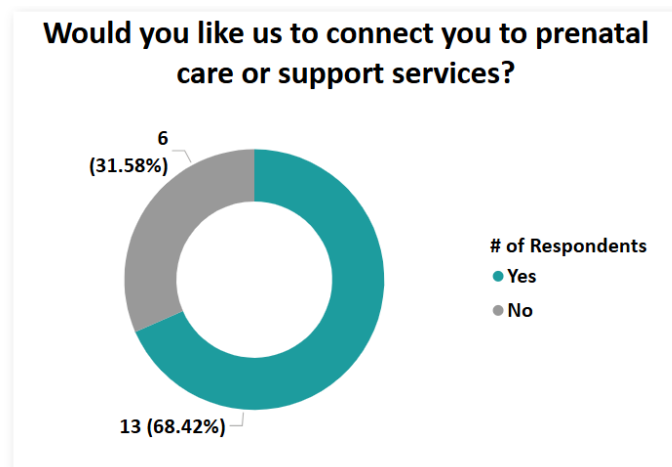


Respondents with a pregnant family member who accessed prenatal care expressed similar support needs to those who have not accessed prenatal care. Over twenty-two percent (22.81%) wanted pregnancy and childbirth information, 17.54% wanted connections to a doctor or midwife, 15.79% wanted nutrition support during pregnancy, 14.04% wanted access to wellness activities and support groups, 8.77% wanted support with breastfeeding preparation, and 7.02% wanted mental health counselling or therapy during pregnancy.

Respondents who accessed prenatal care

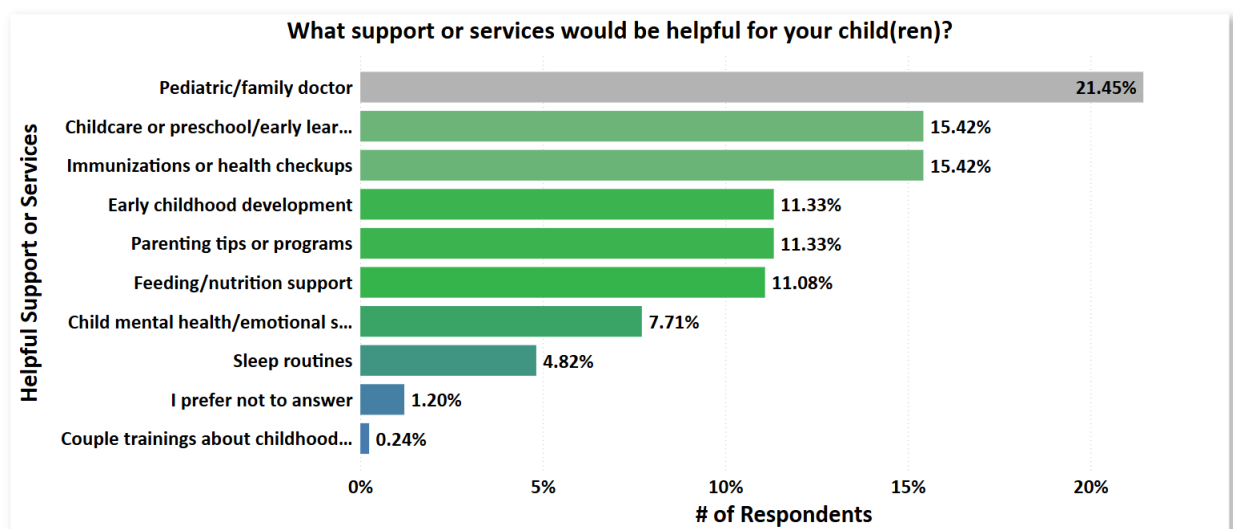


Notable, 68.42% of respondents who had accessed prenatal care still indicated they needed additional help connecting to prenatal care and support services.



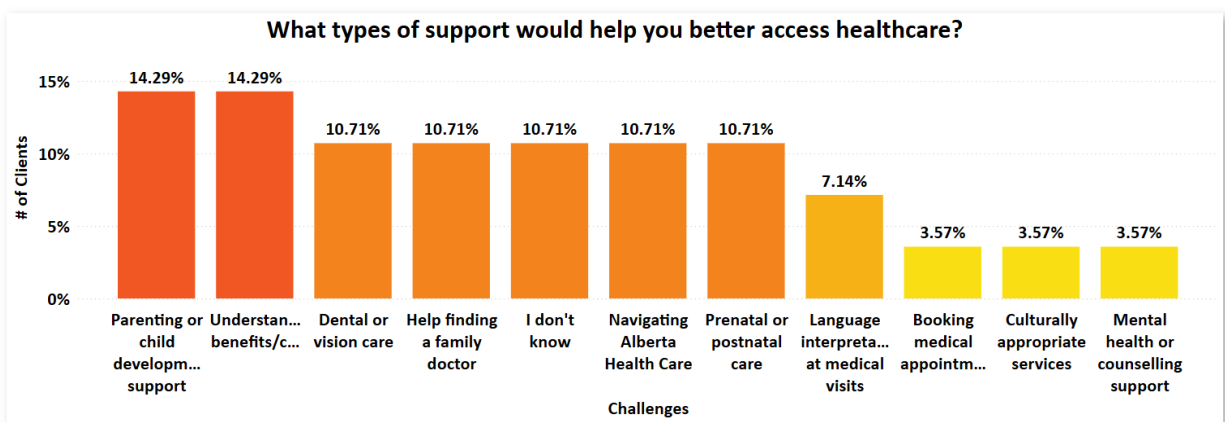
Support Needs for Children Aged 0-6

Among respondents with young children, 21.45% indicated having a pediatric or family doctor would be helpful for their children, 15.42% indicated having childcare or preschool would be helpful for their children, the same number, 15.42% indicated the need for immunizations or health checkups, 11.33% expressed the need for early childhood development and parenting programs, 11.08% wanted feeding and nutrition support, while 7.71% wanted child mental health and emotional support.

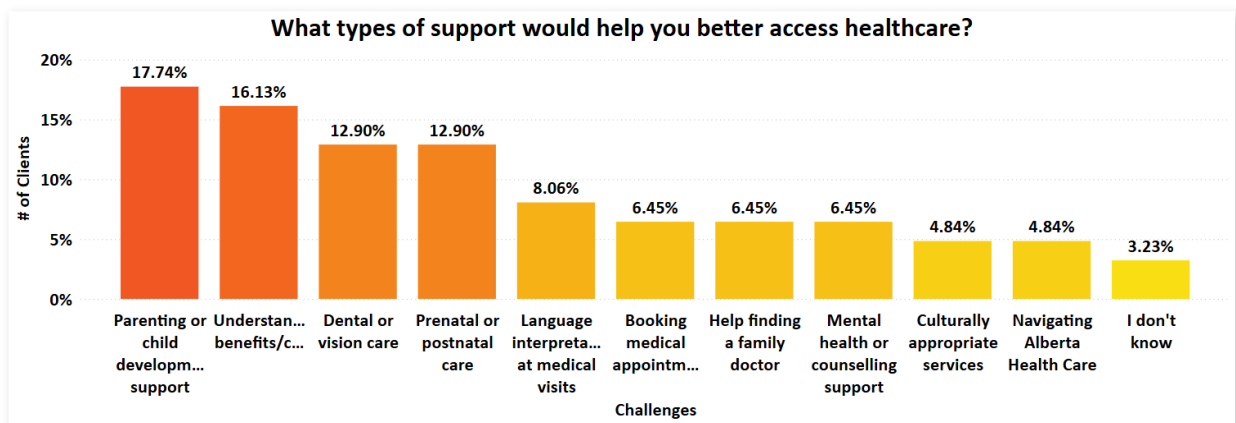


Additional Support to Improve Healthcare Access

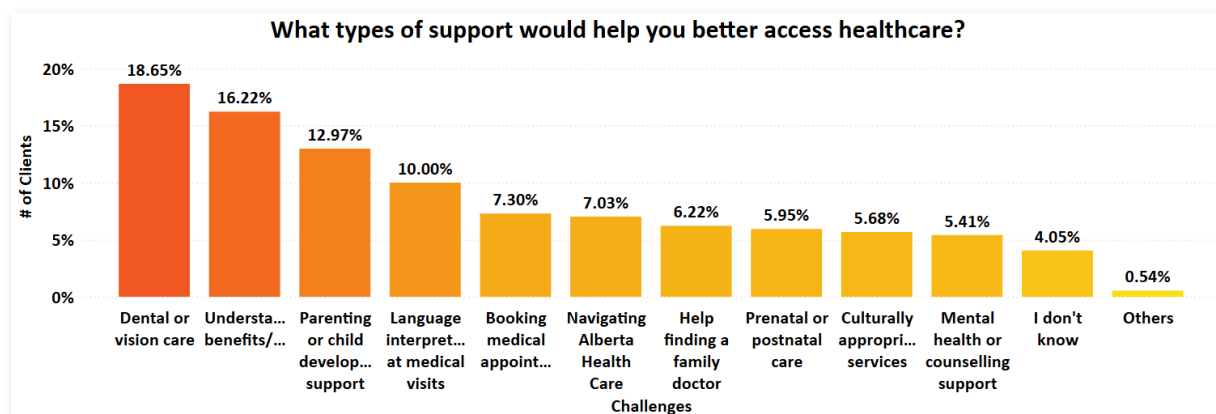
Respondents with a pregnant family member who had not accessed care indicated parenting and child development support as their priority needs (14.29%). An equal number of respondents indicated that understanding available healthcare benefits would help them access healthcare (14.29%). Over ten percent each (10.71%) wanted help with dental or vision care, finding a family doctor, navigating Alberta Healthcare, and prenatal/postnatal care. Fewer respondents expressed a need for help booking medical appointments (3.57%), culturally appropriate services (3.57%), and mental health or counselling support (3.57%).



Similar patterns were observed in the support needs of respondents with pregnant family members who had accessed prenatal care. Over seventeen percent (17.74%) indicated that parenting and child development support would help them better access healthcare, followed by 16.13% wanting support with understanding benefits and 12.90% wanting support with dental and vision care.



However, most respondents with children aged 0-6 years indicated that dental and vision care was the most needed support, followed by 16.22% indicating the need to understand existing benefits and 12.97% wanting parenting or child development support.



Overall, 71% of the respondents indicated that they would like to be connected to child health or parenting resources, and 74.25% wanted to receive information about parenting programs, workshops, or community support groups. When asked about getting care for oneself, 79.64% indicated that they had not delayed or avoided getting care for themselves or a family member. The survey data shows that while priority needs may change based on each household's circumstances, there remains a strong demand for clearer information and better access to supports related to healthcare and parenting.

Service Provider Perspective: Qualitative Themes

The insights from service providers, drawn from focus groups with ISC staff and representatives from partner organizations, highlighted several systemic challenges in supporting newcomer families, particularly the need for coordination and integration across the service sector.

Integrated Service Needs

Service providers emphasized that a critical need in the system for supporting newcomer families is continuous improvement in coordinated communication and collaboration among organizations serving newcomer families. Families are often left to navigate multiple, disconnected services on their own, which leads to confusion, delays, and gaps in care. Participants strongly advocated for a more integrated approach to service delivery that allows clients to be seamlessly referred between organizations with minimal friction and duplication. Providers identified the need for continuous improvement in referral frameworks, including clear protocols, shared expectations, and mutual accountability. A clear need for warm referrals was also discussed, where the referring organization remains engaged and informed until the client successfully connects with the receiving service. In addition, a need for feedback loops was identified to keep referring agencies updated on whether clients accessed and benefited from the referred services.

The current fragmented service delivery framework often results in clients repeating their stories and completing similar intake processes at multiple agencies, delays in accessing time-sensitive resources, and increased frustration among clients and service providers. The current framework leads to missed opportunities for holistic, wraparound care for newcomer families. Service providers agreed that inter-organizational collaboration projects such as Gateway, which includes shared training, common intake tools, and co-located or co-delivered services, could significantly reduce stress on newcomer families and increase support systems' overall effectiveness and efficiency.

A more connected service ecosystem and enhancements in collaborative projects would benefit clients and strengthen organizations' capacity to respond proactively to emerging needs within Calgary's diverse and growing newcomer population.

Funding Needs

Service providers highlighted that limited and inflexible funding structures significantly constrain their ability to support newcomer families effectively. Many organizations rely on program-specific funding that includes strict eligibility criteria imposed by funders. These restrictions often prevent providers from serving clients whose needs fall outside narrowly defined parameters, even when

those needs are urgent and legitimate. This lack of flexibility undermines the responsiveness of services, particularly in a city like Calgary, with a growing and evolving newcomer population. Providers reported that the rigidity of funding frameworks limits their ability to tailor programs or adapt to community-identified priorities. In addition, resource constraints impact staffing levels and organizational capacity. Funding shortfalls can lead to inadequate staffing, high caseloads for frontline workers, limited staff training and professional development opportunities, and reduced ability to invest in language support, interpretation services, and culturally relevant programming.

These limitations affect service delivery and contribute to staff burnout and turnover, further disrupting the continuity of care for newcomer clients. Service providers called for more flexible, sustainable, and equity-focused funding models to meet newcomer families' complex needs. These should allow for eligibility criteria that reflect real-world complexities, support cross-sector collaboration and integrated service delivery, and invest in organizational capacity building, including workforce development, language access, and culturally responsive care. Service providers discussed that addressing funding gaps is essential to building a service ecosystem that is inclusive, adaptive, and capable of supporting the full spectrum of newcomer experiences.

Revised Data Sharing Practices

Service providers emphasized the need for a collective strategy to improve data sharing across organizations supporting newcomer families. As Calgary's newcomer population continues to grow and diversify, the data collected by different agencies, ranging from healthcare and housing to early childhood education and mental health, can be leveraged more effectively to inform planning and service delivery. Currently, the absence of coordinated data-sharing mechanisms limits the sector's ability to understand emerging needs and service gaps in real time, track service uptake and outcomes across organizations, and coordinate care for families navigating multiple systems. Participants recommended the development of an information-sharing strategy which would allow for safe, ethical, and purposeful data sharing. Such a system would provide a more holistic picture of newcomer experiences and enable evidence-informed decision-making at both the organizational and systems levels. Proactive and collaborative data and information sharing would enhance the effectiveness of the entire sector by equipping service providers with timely insights into population needs, promoting cross-sector accountability, and reducing duplication of efforts.

Organizational Capacity Building

Partner representatives identified a strong need to improve and strengthen service providers' organizational capacity to ensure more effective support for newcomer families. One key area of concern was the communication of service offerings, including eligibility criteria and intake

processes. Without clear, accessible information, newcomers are often referred to services that do not align with their needs, leading to frustration and missed opportunities for support.

Participants also noted that health services operate under the assumption that clients know what they need and understand how to access the healthcare system. However, this is not the case for many newcomers, especially those navigating these systems for the first time. In response, providers recommended (1) improved person-to-person referral handoffs, where service providers directly support the transition between services and (2) referral documentation that clearly outlines a client's needs to reduce repeated assessments and ensure continuity of care

Participants also discussed that organizations must be agile and culturally responsive, given the cultural and linguistic diversity of the population. This means developing staff and volunteer capacity to communicate effectively across languages and cultures, understanding varied cultural perceptions of healthcare and social support, and adapting services to better reflect the lived realities of newcomer families. To achieve this, organizations need sustained investment in professional development, including cultural competency and anti-oppression training, language and interpretation services, client-centered communication practices, and evidence-based program design, delivery, and evaluation frameworks

SUMMARY AND CONCLUSION

The findings of this needs assessment underscore the critical role of a coordinated referral system in supporting newcomer families' access to healthcare and social services. A well-functioning referral framework is essential for connecting newcomers to accurate information, appropriate services, and benefits that promote child and family well-being. Participants highlighted communication barriers, lack of service alignment, and complex eligibility requirements as key obstacles that hinder newcomers' ability to access care. These challenges reduce the effectiveness of existing services and contribute to delayed help-seeking and unmet needs among newcomer families. Survey respondents consistently identified language barriers and limited information as major hurdles in accessing prenatal care. In addition, families reported needing greater support in navigating systems related to pregnancy and childbirth education, child and parental benefits, dental and vision care, and child development resources.

The findings of this need assessment study emphasize the need for stronger inter-agency communication, flexible service delivery models, and responsive programming that can be adapted to the specific needs of newcomer families. While there is an existing collaboration among healthcare and social service providers, participants pointed to a need for more intentional coordination and resource sharing across sectors.

Service providers expressed a strong interest in improving referral and follow-up processes, including the ability to track service outcomes and ensure successful connections. Building an integrated, client-centered system that prioritizes cultural responsiveness, timely access, and collaborative care will be key to supporting the successful settlement and long-term well-being of newcomer families in Calgary.

RECOMMENDATIONS

1. Strengthen community outreach and information sharing: Develop multilingual, culturally appropriate educational resources to enhance community knowledge and reduce misinformation.
2. Improve interagency collaboration: Establish an oversight committee to coordinate service delivery, referrals, and case transitions between agencies.
3. Create a sector-wide data-sharing platform: Design and maintain a secure, shared system to streamline client referrals, monitor service uptake, and identify and forecast population-level trends.
4. Enhance funding flexibility: Advocate for changes to funder guidelines for inclusive service delivery for families with all newcomer statuses.
5. Enhance referral processes and post-referral support for newcomers and their families. This could include in-home support for new families: Expand culturally responsive, in-home pre and postnatal care programs to support parental well-being and early child development.
6. Build staff capacity and sector resilience: Invest in ongoing training in cross-cultural communication, equity-based service planning, and evidence-based, client-centered care.
7. Prioritize real-time data in program planning: Align program evaluation and planning with emerging trends through a proactive, integrated data management strategy.
8. Expand access to affordable childcare: Strengthen advocacy and support accessible, affordable, and language-appropriate childcare services for newcomer families.

Close the gap between research and practice: Facilitate ongoing knowledge exchange across service providers, researchers, and policymakers by creating opportunities to share evidence-informed best practices, program models, and innovations that improve outcomes for newcomer families.

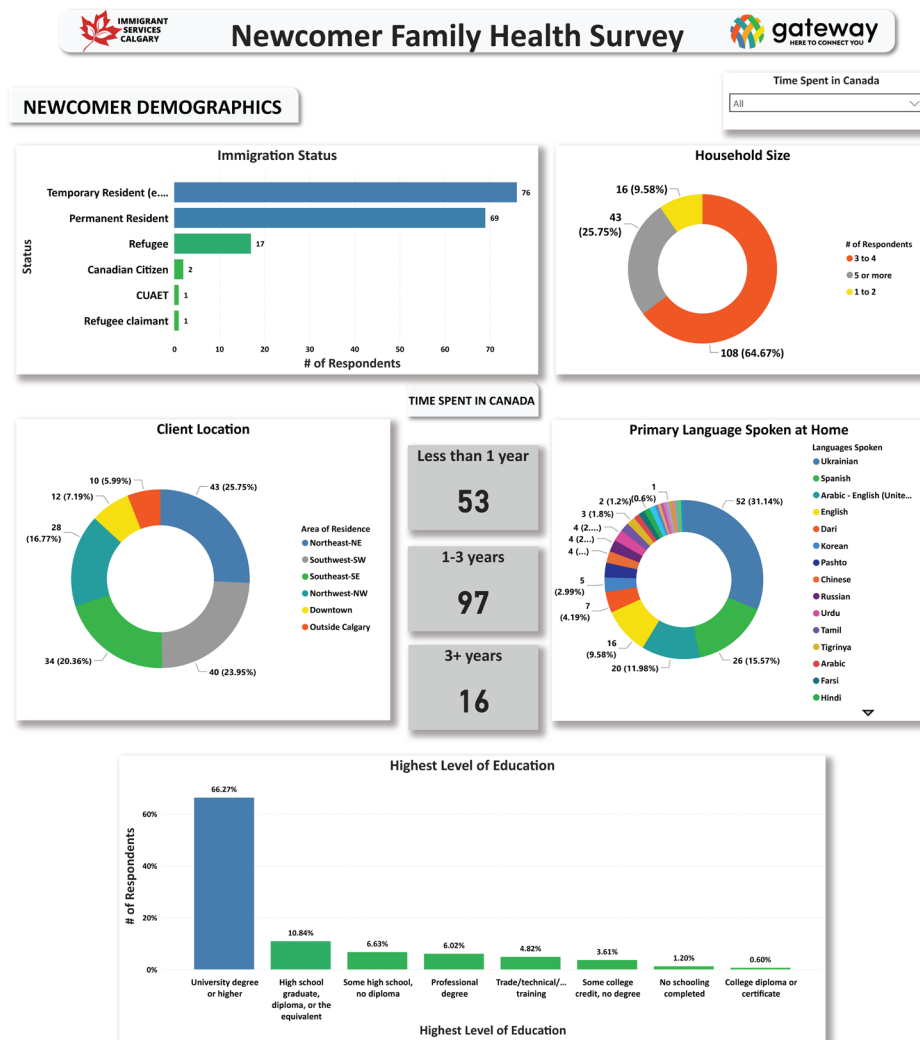
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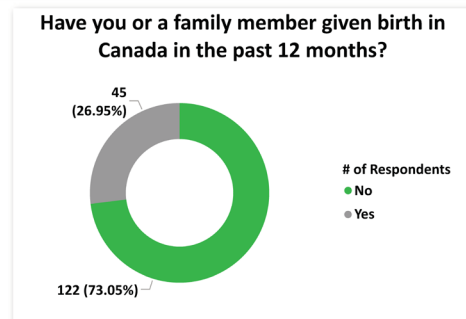
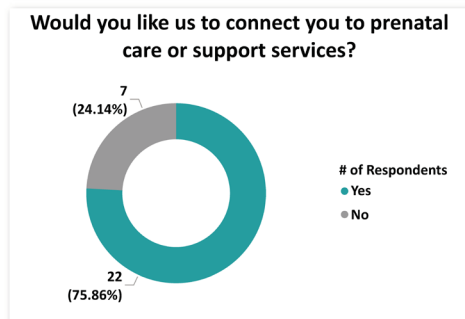
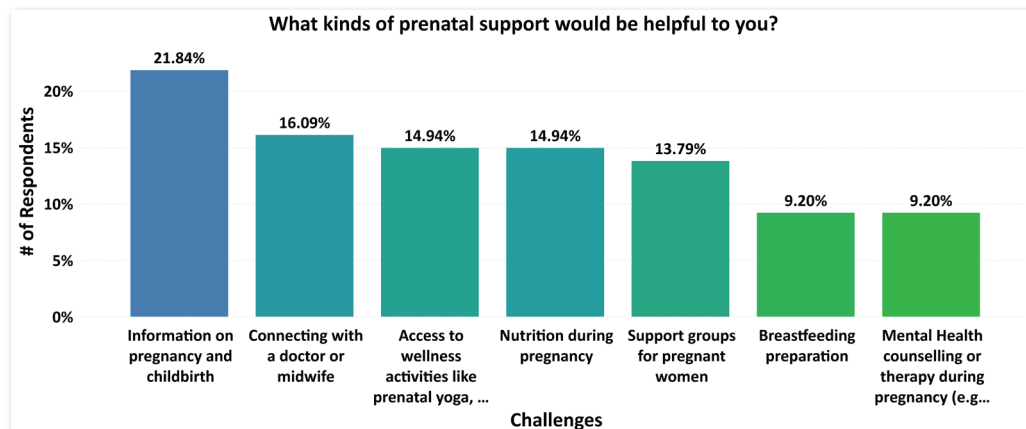
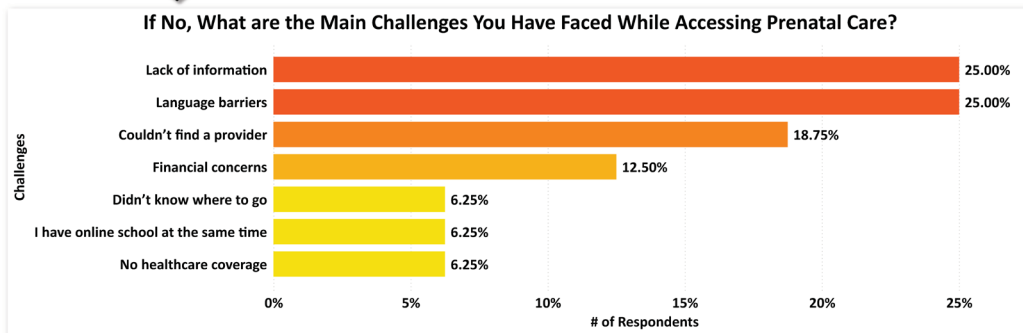
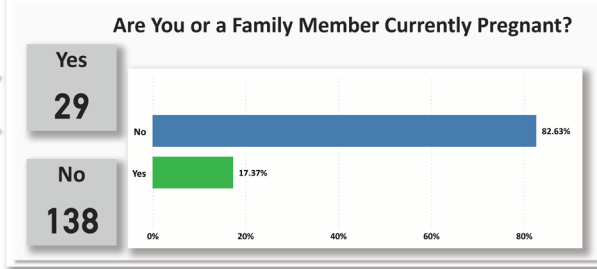
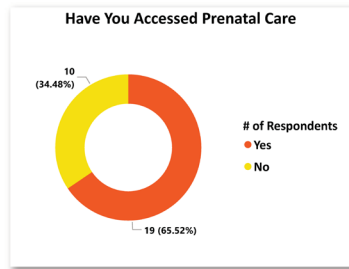
APPENDICES

Appendix A

Newcomer Family Health Survey Dashboard

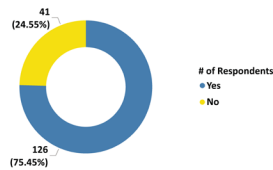


Pregnancy & Postnatal Health

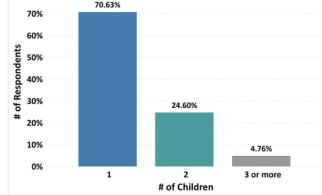


Children's Health & Parenting

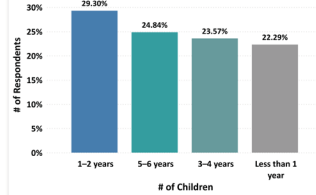
Do you have children aged 0–6 years?



How many children under age 6 live in your household?



What are their ages?

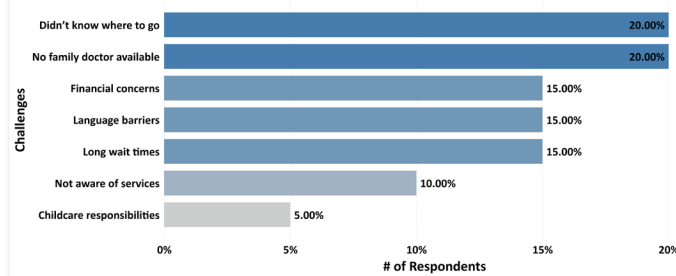


Have you accessed healthcare for your child(ren) in Canada?

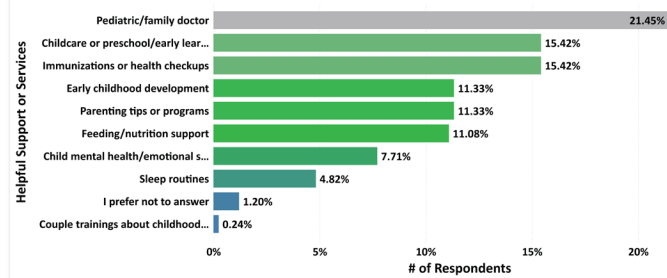
Yes
90.48%

No
9.52%

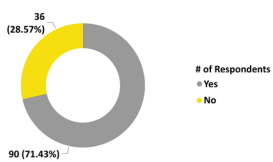
If no, what challenges have you faced?



What support or services would be helpful for your child(ren)?



Would you like us to connect you to child health or parenting resources?



General Health Access

Do you currently have a family doctor or healthcare provider?

No

19.16%

Yes

80.84%

Have you delayed or avoided getting care for yourself or a family member?

No

79.64%

Yes

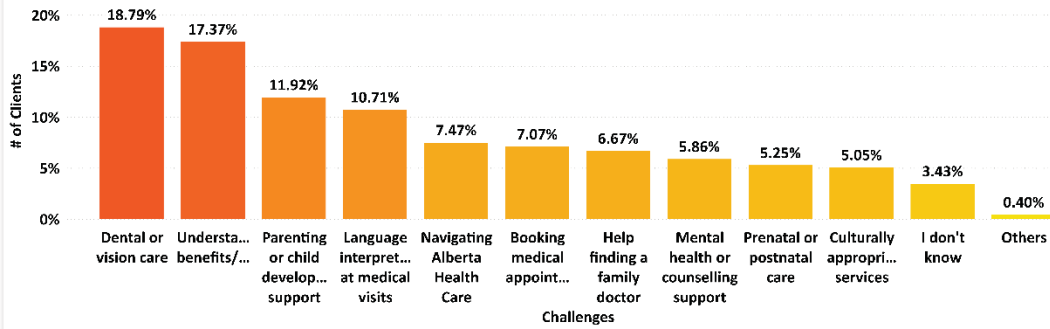
17.96%

I prefer not to answer

2.40%

of Respondents

What types of support would help you better access healthcare?



Would you like to receive information about parenting programs, workshops, or community support groups?

Yes

124

No

43

Yes

74.25%

No

25.75%