



NATIONAL NEWCOMER  
NAVIGATION NETWORK  
RÉSEAU NATIONAL DE  
NAVIGATION POUR  
NOS NOUVEAUX ARRIVANTS

# NATIONAL NEWCOMER NAVIGATION NETWORK RESEARCH REPORT: **Mass Arrival Capacity Building - May 2025**



**ACKNOWLEDGEMENTS**

The National Newcomer Navigation Network (N4) is a national network for the diversity of providers who assist newcomers in navigating the complex Canadian health care and social service systems. N4 is hosted at and governed by CHEO, a pediatric health care and research centre in Ottawa, Ontario. N4 was funded by Immigration, Refugees and Citizenship Canada (IRCC) from April 2019 – March 2025. This work was guided by N4’s pan-Canadian and intersectoral Advisory Committee and Community of Practice Steering Committee. We wish to thank them and the participants of the interviews.

*Suggested Citation: Goodfellow, C., Maddock, M. and Kouri, C., Research Report: Mass Arrival Capacity Building, National Newcomer Navigation Network, Ottawa, May 2025.*



# INTRODUCTION

Canada has a strong history of welcoming mass arrivals for settlement and integration. Most recently these arrivals were from Syria, Afghanistan, and Ukraine. Mass arrivals are a complex endeavour which often occur as a result of a conflict, driving a sense of urgency and humanitarian responsibility. At the same time, each event represents unplanned and differing needs, creating pressures on social and health sectors.

N4 stakeholders identified the need to better understand and address the way in which the health sector is able to respond to mass arrivals. One challenge identified to addressing the recent mass arrivals was a lack of institutional knowledge. This stemmed from the marked decrease in mass arrival events between 2015 to 2022. N4 therefore sought to capture recent knowledge from the most recent mass arrivals as the first step in enhancing health sector capacity for future events. The goal was to ensure that future providers could benefit from the knowledge of those who have engaged with these complex and high-stress humanitarian events.

# METHODOLOGY

N4 conducted a scan of settlement organization reports of mass arrivals, identifying key challenges and promising practices. Simultaneously, eight hour-long key informant interviews were conducted between January and March 2025. The interview questions are found in Appendix A. The professionals interviewed had all worked with one of the recent mass arrival events and represented pan-Canadian perspectives as well as a variety of sectors (health, settlement and government). A profile of those interviewed can be found in Appendix B. Data was coded in NVivo according to a codebook developed by the researchers. The results of this research are supplemented by material from prior N4 needs assessments and stakeholder engagement.

# FINDINGS AND N4 ANALYSIS

Due to the limited number of interviews, the following analysis should not be considered exhaustive. However, it was noted that the scan of settlement sector reports and interviews presented similar themes. The findings are presented below within seven themes, each beginning with a quote from those interviewed.



## THEME 1: PREPARING FOR MASS ARRIVAL

**“Nobody seemed to know how many were coming.”**

There was a consistent sense of avoidable chaos due to the lack of timely and accurate information about the volume and destination of mass arrivals. The information given to local service provider organizations (SPOs) varied greatly by location and by mass arrival. The nature of mass arrivals is chaotic, impeding possible planning. One participant reported that during the evacuation of Afghanistan, even country of arrival (Canada or US) depended on which plane they boarded, making planning for individual health needs impossible. Those in designated ports of entry were more likely to receive some information, allowing for some planning. In other locations, there were arrivals with no advance warning and no information regarding support available. It was, to one participant, “a deplorable lack of support” which was made worse by federal tables and committees which seemed unaware of needs and issues faced by frontline providers in the various provinces.

In the absence of clear information from government, organizations mitigated the lack of guidance by independently brokering intersectoral connections. Those relationships supported information sharing and planning on how best to address the needs of the newcomers. The sharing of information between federal and provincial governments (who have authority over and relationships with the health sector) was noted as an untapped route for information flow.

## THEME 2: REFUGEE HEALTH NEEDS

**“A lot of it is logistics rather than medicine.”**

Mass arrivals may have increased health needs compared to other newcomers. Among the most common health care needs identified were maternal/pregnancy care (particularly for Afghans), dental, complex and chronic adult conditions, complex pediatric conditions (Syrians), and mental health. N4’s previous research and stakeholder engagement has found a key challenge to addressing individual needs was the lack of health status pre-arrival. Unlike other transitions of care, there is little to no sharing of health information gathered pre-arrival with those charged to provide care in Canada post arrival. This gap was noted as not only impeding preparation for arrival but also delays and duplications in care due to a lack of information regarding their baseline status. The result is sub-optimal care and outcomes for the newcomers as well as resource waste.

Physicians described fostering local partnerships with labs and resources to support timely bloodwork and other testing (such as tuberculosis). Follow-up care for chronic conditions like diabetes could be missed, resulting in preventable crises. While settlement SPOs face their own capacity challenges to provide health navigation, private sponsors of refugees were described as supportive. Despite the fragmented approach to assuring care for mass arrivals, the quality of initial care provided by the healthcare sector was considered a strong asset. The ability to transition to a primary care provider was identified as an ongoing major challenge for mass arrivals given the lack generally in Canada.

## THEME 3: MENTAL HEALTH

**“The initial shock was a challenge.”**

Given their pre-arrival experiences, mental health needs are expectedly high among mass arrivals. The deficiency of mental health providers generally in Canada creates a challenge to find providers. In addition, mass arrivals have contextual differences. There are limited providers with capacity to address the level of trauma experienced by some mass arrivals. In addition, some smaller populations (Yazidi, Kosovar) have limited communities in Canada, creating both a lack of culturally appropriate knowledge and a lack of professional interpretation.

While forced migration and integration in a new country are common among mass arrivals, there are also differences among the groups. For example, trauma seen in Afghans was acute, whereas many Ukrainian arrivals desired a return home and consequently had difficulty with integration. It was also recognized that individual needs of arrivals varied, making assessments and planning essential to effective care planning.

## THEME 4: PROVIDER MENTAL HEALTH & BURNOUT

**“Be aware that there will be moments when you’re not okay.”**

Participants indicated burnout and distress among staff and volunteers at every level of the organization. Participants described mass arrivals as “overwhelming”, having “inherent chaos”, and “very hard on staff”. The effect was particularly acute in frontline providers and volunteers, because they are frequently former newcomers themselves who are hired in part to provide culturally appropriate services and interpretation. Proactive support and mental health first aid for healthcare professionals could be a buffer against vicarious trauma, and effective in fostering resilience.

## THEME 5: ORGANIZATIONAL NEEDS

**“Some things you can’t prepare for.”**

Mass arrivals can cause a significant strain on resources and staff that were already overstretched. While planning is essential to meet the needs of mass arrivals, the capacity of health providers is a challenge to do so while simultaneously addressing their needs.

Interviewees reported intersectoral partnerships among SPOs as an asset to system-level planning for cross-referrals and supporting navigation. Community groups, particularly those from the same ethno-cultural background as the new arrivals, responded with strong offers of support, including donations and volunteering. However, SPOs needed assistance to effectively organize and make use of these contributions. Places of worship and community centres were noted as helpful partners in these cases.

Through N4 stakeholder engagement with service providers from the health and settlement sector, it was evident that newly formed partnerships during mass arrival circumstances have unexpected benefits. They create a broader understanding of and partnership for other newcomers. SPO partnerships also provide unexpected opportunities for newcomer employment and volunteering in low-acuity health settings, augmenting staff diversity which better reflects the community they serve. These partnerships should be encouraged during mass arrivals.

## THEME 6: FUNDING

**“There needs to be a longer support system or a transition program.”**

Funding was identified as the single most important organizational need. The process of obtaining funding to support mass arrivals was a challenge. While mass arrivals and their supports are federally funded (including the interim federal health program coverage), the health sector infrastructure is provincially funded, resulting in a lack of coordination to address mass arrival needs. In some urgent situations, organizations were able to offer services and then later advocate to recoup costs from the government.

Generally, resources were allocated to address the acute and early needs of mass arrivals. Interviewees reported a greater struggle to address the ‘long tail’ of arrivals. While arrivals and their associated funding is time-limited, their needs for support are long-term. Several interviewees reiterated that Canada’s integration of mass arrivals requires a longer-term commitment towards their longer-term needs.

Leveraging private sector interest and funding emerged as a new source of support. This trend that was particularly evident during the response to Ukrainian arrivals.

## THEME 7: INTERSECTORAL COORDINATION

**“Collaboration across sites, sectors, and Canada is important.”**

No report or interviewee discussed mass arrival strategies without mentioning intersectoral collaboration. Locally, refugee-focused health clinics forged close working relationships with settlement organizations. Being co-located was identified as optimal to foster communication that prevents any newcomer from ‘falling through the cracks’.

Provincial and municipal government collaboration allowed for problem solving regarding social determinants of health. One municipality changed the requirements to get a low-income bus pass to expedite the applications of newcomers. Others mentioned advocacy around meeting housing needs.

## NEXT STEPS

The information gathered through this research has identified themes and their associated promising practices that can be leveraged by the health sector to enhance preparedness for mass arrivals. As mentioned previously, this preparedness needs to occur in a planning phase and not during the crisis of an actual mass arrival. It is therefore proposed that an additional tool be developed which will allow providers and healthcare organizations to assess their readiness for a mass arrival. Such a tool should offer links to this fuller report, as well as existing promising practices.

N4’s funding from IRCC concluded in March of 2025, preventing its involvement in developing a tool. It is hoped that other organizations will build on this initial research and invest the resources necessary to continue this work. Fostering the capacity of healthcare to enhance readiness, improve coordination, and ensure the efficient delivery of services for newcomers is essential to the integration of Canada’s mass arrivals.

# APPENDIX A

## Interview Questions

1. Which mass arrival events have you experienced?
  - a. What was the timeline of those events, from the first official information you received, to the first arrivals you saw, to a sense that the event was 'over'?
  - b. Were there notable differences between different waves of arrival, and if so, what were they?
2. What was your role during these events?
  - a. Tell me about your official duties at the time, and any duties you took on unofficially
3. What health needs did you identify in these mass arrivals?
4. What supports did your organization receive to help with the mass arrivals?
  - a. What would you have wanted in hindsight that you did not receive?
5. Who were your most crucial allies?
  - a. Were you connected with them before the mass arrival events?
6. Can you identify any differences in needs and practices between regular immigration and a mass arrival?
7. Any advice that you would give to someone/what do you wish you'd known?

# APPENDIX B

## Interview Participants

Interviewee	Province	Sector
1	Ontario	Settlement
2	Alberta	Healthcare
3	Nova Scotia	Healthcare
4	Nova Scotia	Settlement
5	British Columbia	Settlement
6	Ontario	Settlement
7	Ontario	Healthcare
8	Alberta	Healthcare