

Resettlement of Older Syrian Refugees in Canada: Key Individual Factors of Social Inclusion

Réinstallation des réfugiés syriens âgés au Canada : principaux facteurs individuels d'inclusion sociale

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Résumé de l'article

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Resettlement of Older Syrian Refugees in Canada: Key Individual Factors of Social Inclusion

Jill Hanley^a , Mahmudul Hassan^b , Adnan Al Mhamied^c , Sepali Guruge^d ,
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ABSTRACT

Existing literature documents how older refugees are at risk of social exclusion and isolation, yet few researchers have investigated the social inclusion of recently (re)settled older Syrian refugees in Canada. Here we apply the social inclusion model to older migrants to analyze the social inclusion of 360 Syrian refugee older adults (51+ years) in Canada. Results indicate that older Syrian refugees tend to have good health, a strong sense of belonging, regular communication with others, and supportive relationships; therefore, they are likely to experience social inclusion, despite education and language challenges. We conclude by discussing the positive structural elements in their resettlement experiences.

KEYWORDS

Syrian refugees; social isolation; social inclusion; refugee resettlement; older immigrants; older refugees


RÉSUMÉ

La littérature existante documente comment les réfugiés âgés sont à risque d'exclusion sociale et d'isolement, mais peu ont étudié l'inclusion sociale des réfugiés syriens âgés récemment (ré)installés au Canada. Nous appliquons ici le « Modèle d'inclusion sociale des migrants âgés » pour analyser l'inclusion sociale de 360 réfugiés syriens âgés (51 ans et plus) au Canada. Les résultats indiquent que les réfugiés syriens âgés ont tendance à avoir une bonne santé, un fort sentiment d'appartenance, une communication régulière, des relations de soutien et sont donc susceptibles de faire l'expérience de l'inclusion sociale, malgré les difficultés d'éducation et de langue. Nous concluons par une discussion sur les éléments structurels positifs de leurs expériences de réinstallation.

MOTS CLÉS

Réfugiés syriens ; isolement social ; inclusion sociale ; réinstallation des réfugiés ; immigrants âgés ; réfugiés âgés

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INTRODUCTION

Moving to a new country creates challenges and predicaments for all migrants, but the situation is particularly difficult for older people (Bolzman, 2014; Pachner et al., 2021; UNHCR, 2021b). A combination of structural socio-economic forces, state policy, host community behaviour, and individual factors may result in older migrants experiencing cultural shocks, financial crises, and feelings of loss and mental stress (Loi & Sundram, 2014) or physical separation from family members (Karlsson & Jönsson, 2020) and from larger social networks (Bolzman, 2014; Koehn et al., 2022). Combined, these difficulties can lead to social isolation (Lin et al., 2016; Massey et al., 2017) and physical and mental health problems (Lupieri, 2022). Whether a person has migrated voluntarily (e.g., an immigrant) or was forcibly displaced (e.g., a refugee) also heavily shapes a person's settlement and integration experience.¹

Considerable studies focus on the challenges, isolation, and loneliness of older immigrants (Jang et al., 2016; H. J. Park et al., 2019), most often investigating the situation of older immigrants who have aged in place after immigrating at a younger age (Berchet & Sirven, 2014). On the other hand, in countries such as Canada, older adults are under-represented in migration research, with recruitment focusing on working-age adults. Not only are older migrants severely disadvantaged in Canada's immigration system, leading to their under-representation among newcomers, but there is perhaps also a perception that older migrants are outside

of the public sphere, dependent, and even a burden on their families (Ferrer, 2015). Even less attention has been given to older refugees (Karlsson & Jönsson, 2020; Lupieri, 2022). Very little literature exists on older refugees' social networks, inclusion, and connectedness (Ekoh et al., 2022).

Research on the social inclusion experiences of older newcomers and/or forcefully displaced older refugees will contribute to ensuring adequate support for their health and well-being. Therefore, in this article, we investigate the individual indicators of social inclusion among older Syrian refugees who arrived in Canada as permanent resident between January 2015 and July 2017. Applying the social inclusion model for older migrants developed by the Inclusive Communities for Older Immigrants (ICOI) project (Guruge et al., 2021–2028), we analyze the data from years one and two of the (four-year) Syria-LTH study² to generate new knowledge and understanding of social inclusion among Syrian refugee older adults (51+ years) in Canada (n = 360).

We begin by offering an overview of the context of Syrian refugee migration to Canada and existing knowledge about the experiences of the older refugees among them. Next, we discuss the determinants of social inclusion as they emerged from a recently conducted scoping review (Guruge & Sidani, 2023). After presenting the data collection methods of the Syria-LTH project and our social inclusion-oriented analysis for this paper, we turn to our results. Given the scarce literature on older refugees in Canada, we present a unique profile of older Syrian refugees in terms of the following determinants of social inclusion: immigration status, demographic characteristics, health condition, degree of

¹In this paper, we will use the term **migrants** when referring to all categories of people moving across international borders. By **immigrants**, we are referring to international migrants who are settling permanently in their country of destination. **Refugee** will refer to a person who has been forcibly displaced from their home country and, in the case of Canada, has been recognized as such by the Canadian state either prior to their arrival as a "resettled refugee" or after a process of in-land refugee determination.

²Syria-LTH (SyRIA.lth) is a longitudinal, mixed-methods, community-based research study looking at the integration and long-term health outcomes of Syrian refugees resettled in Canada (Hynie et al., 2016–2021).

acculturation, language skills, and social connectedness. In our discussion and conclusion, we note the favourable structural conditions under which Syrian refugees were resettled to Canada and bring forward the practice implications of these findings in terms of settlement services and social support for recently arrived older migrants in general, and older refugees in particular.

LITERATURE REVIEW: VULNERABILITY OF OLDER SYRIAN REFUGEES

The Syrian civil war, which began in 2011, is considered the worst humanitarian and largest refugee crisis the world has seen (UNHCR, 2021a). It has displaced more than 13 million Syrians (Syrian Network for Human Rights, 2021), forcing about 6.8 million refugees and asylum seekers to flee their country (World Vision, 2024). Millions of people have escaped to neighbouring countries such as Türkiye, Jordan, Lebanon, Iraq, and Egypt (Doumit, 2020; UNHCR, 2023). When the huge influx of Syrian refugees came to European borders, this crisis received wider media coverage around the world, resulting in other governments such as those in the United States and Canada announcing plans to resettle Syrian refugees (Doumit, 2020).

Before the Canadian government became involved in the resettlement of Syrian refugees, Syrian Canadian community members had started sponsoring their family members and community people through their churches and ethnic organizations (Hanley et al., 2018). As the civil war intensified and public pressure increased, the government of Canada mobilized its three refugee resettlement programs—Government-Assisted Refugees (GAR), Privately Sponsored Refugees (PSR), and Blended Visa Office-Referred Refugees (BVOR)—to facilitate the arrival of Syrian refugees in communities across the country (Immigration, Refugees and

Citizenship Canada [IRCC], 2019). Due to the high uptake of the sponsorship program, as of 2021, more than 73,000 Syrian refugees had resettled in Canada (Dawson, 2022; Kalata, 2021).

Skinner (2014) argued that the Syrian crisis has left older refugees among the most vulnerable. He found that more than half of the older respondents in a survey of more than 3,000 displaced Syrians in Jordan and Lebanon had poor health and physical impairment, destitute socio-economic situations, and higher levels of psychological stress. Strong et al. (2015) found that the majority of older Syrian refugees in Lebanon had poor physical and psychological health conditions. More than 60% of respondents reported having depression, anxiety, and loneliness, along with conditions such as hypertension, diabetes, and heart disease, and many felt they were a burden to their families. Highlighting the scarcity of research on identifying the challenges and needs of older Syrian refugees, Bazzi and Chemali (2016) said that older people want to be connected to their family members and participate in family chores and community activities. Senior refugees worry about their loneliness, poor health conditions, and lack of medications, resources, and support in the foreign land. In a study on Syrian older adults in refugee camps in Lebanon, Chemali et al. (2018) noticed a sense of insecurity and loneliness in those without family members, as well as depression and psychological stress, and urged psychological support. Similarly, Lupieri (2018) noted that older Syrian refugees in Jordan need health care support and that owing to acute poverty and limited rights, they are unable to access health services.

Similar findings were revealed by the Emergency Nutrition Network (ENN, a UK-based charity organization), which reported over-

whelming health care needs (both physical and mental) among Syrian older refugees in Lebanon. More than 65% of older respondents reported poor health, and nearly 90% of refugee seniors were unable to afford their regular medication. Moreover, a significant number of older people expressed feelings of depression and loneliness in the host country ([Emergency Nutrition Network \[ENN\], 2014](#)). While working with Syrian older refugee women in Türkiye [Hakki \(2018\)](#) also identified the integration challenges of older refugees in the host community. Older women respondents were found in traumatic situations and, consistent with what was found in other studies, expressed feelings of sadness because they were missing their family members and feeling lonely. What's more, studies in immediate countries of displacement underscore the inadequate health and social services and limited material support available to older Syrian refugees ([Chemali et al., 2018](#); [Strong et al., 2015](#)).

In the Canadian context, [Oudshoorn et al. \(2020\)](#) found that Syrian refugees were grateful to the Canadian government for the stability and security in their lives in Canada and for such things as language support and education for children. Simultaneously, they expressed concerns about isolation and integration challenges due to language barriers, low income, limited financial resources, and so on. While analyzing the lived experiences of Syrian refugees in Canada, [Aldiabat et al. \(2021\)](#) observed that Syrian refugees faced challenges in finding houses, securing employment, and getting involved in social activities. Along with social isolation and loneliness, participants were worried about small social networks, low levels of support, lack of cultural adaptation, and raising children (whether their own or as part of extended families) in the Canadian culture, findings echoed in recent studies

on Syrian men and fathers in Canada ([Al Mhamied, 2023](#); [Al Mhamied et al., 2023](#)). In contrast, [Hanley et al. \(2018\)](#) documented strong social capital and good social networking among Syrian refugees resettled in Montreal. While some participants felt socially isolated, most felt they received support from family, friends, and community members in getting housing and employment. In its **Syrian Outcome Report** based on data from Syrian refugees resettled between November 2015 and December 2016, the [IRCC \(2019\)](#) mentioned that Syrians felt a strong sense of belonging in Canada and had accessed government-provided language and health services, along with education for children, though some were facing language barriers and mental health issues.

Only a few studies, however, have explored the experiences, challenges, and inclusion of older Syrian refugees in Canada. Despite the increasing number and humanitarian needs of specific groups of older immigrants and refugees, [Johnson et al. \(2019\)](#), in their scoping review paper, highlighted the limited knowledge of social isolation among these groups. They highlighted the importance of a conceptual framework to better understand social isolation and loneliness among refugee seniors, a point we are responding to here. [Boutmira \(2021\)](#), in a study on the language barriers faced by older Syrian refugees in Canada, reported that a lack of English-language proficiency affects the resettlement process from diverse perspectives, leading to loneliness, dependence on children and others for support, and challenges in accessing services. However, [Employment and Social Development Canada \(2018\)](#) identified different risk factors for refugee seniors, such as language difficulties, cultural differences, high degrees of attachment to culture/language of origin, small sizes of communities of the same ethnicity, limited

religious and cultural activities, sponsoring relations and their expectations, and lack of settlement services. Considering the limited body of work in this area, our paper focuses on the individual factors that shape the social inclusion of older Syrian refugees in Canada, placing them within their structural context.

FACTORS OF SOCIAL INCLUSION FOR OLDER IMMIGRANTS AND REFUGEES

Under the ICOI project, members undertook a scoping review on the determinants of loneliness among older immigrants (Guruge & Sidani, 2023). Here, we employ the social inclusion model for older migrants framework developed from that scoping review.

Loneliness and social isolation are two international public health concerns for older people (Fakoya et al., 2020). **Loneliness**, a possible outcome of social isolation, can be described as an unpleasant and subjective experience (emotion) of being lonely and missing desired contacts (Guruge & Sidani, 2023; Hoang et al., 2022; Holt-Lunstad et al., 2015). On the other hand, having limited contacts, relationships, and meaningful ties with others is a marker of social isolation (de Jong Gierveld et al., 2006; Holt-Lunstad et al., 2015; Hong et al., 2023). However, some argue that loneliness and social isolation are not directly and significantly correlated (de Jong Gierveld et al., 2006; Holt-Lunstad et al., 2015). Persons with frequent social contacts may still feel lonely, and on the contrary, socially isolated people may feel content with minimal contacts.

In contrast, **social inclusion** is the process of enhancing the ability, skills, opportunity, and dignity with which individuals and/or groups may participate in a particular society (World Bank, n.d.). The United Nations (2016) defined social inclusion as a core aspiration of the 2030 Agenda for Social Development Goals, as a process of improving the terms

of participation for the disadvantaged and vulnerable groups in society through ensuring respect and dignity, opportunities, and access to resources. It includes support, relationship, and connectedness in society; the engagement of individuals; better functioning in society; and a sense of community. Older immigrants, often considered a vulnerable group, face challenges in adapting to changes in their lives and integrating into host countries, which affect their social connections and relationships, financial conditions, and social functioning (Chung et al., 2018; de Jong Gierveld et al., 2015; Jang et al., 2016). After reviewing extensive literature on the social isolation of older immigrants, the following interrelated factors have been identified as key to influencing the social inclusion, relationship, connectedness, and isolation of older immigrants in a foreign land.

Immigration Status

Immigrants, particularly older ones, have smaller networks (N. S. Park et al., 2021). Migration, in many cases, reduces their connections with family members and friends back home (Gautam et al., 2018; Jetten et al., 2018; Tabatabaei-Jafari et al., 2021). Some studies showed that loneliness is higher among older immigrants as they have lower levels of social support and less social participation (King et al., 2014; Morgan et al., 2020; Uysal-Bozkir et al., 2017; Wright-St Clair & Nayar, 2020). Other studies, however, found decreasing loneliness among immigrants over time as they gradually integrated into the host community (Dolberg et al., 2016; Jang et al., 2022; Liu et al., 2017; Salma & Salami, 2020). Precarious immigration status (i.e., in temporary foreign workers, asylum seekers, sponsored family members, super visa holders, undocumented immigrants) impedes older migrants' further access to

many social rights, affects eligibility for many community programs, and can impact individuals' sense of belonging and security in relation to others (Ferrer, 2015; Koehn et al., 2022).

Demographic Characteristics

Different demographic factors such as age, gender, marital status, and education can shape the social inclusion of older immigrants in positive and negative ways.

Age

Age is a factor that can have opposing influences on older immigrants' social connectedness and isolation. On one hand, the increasing age of the immigrants reduces their contacts and support from family, relatives, and friends, as well as their social engagement and participation (Berchet & Sirven, 2014; Charpentier & Kirouac, 2022; Dong & Chang, 2017). On the other hand, older adults from different ethnocultural communities often garner social support and respect due to their age and the cultural values of those communities (Akram, 2019; HuffPost, 2014), which can facilitate their social inclusion process. There is no consensus on what chronological age should be the beginning of "old" age, and older adults may have very different experiences related to such things as their health status, employment, and social class.

Gender

Studies have exhibited that older immigrant women are lonelier; have less contact with family members, relatives, and friends; and have lower social engagement than older immigrant men (Burholt et al., 2018; Dong & Chang, 2017). Yet other studies suggest paying more attention to older men, who seemed to be more isolated (Charpentier &

Kirouac, 2022; Jang et al., 2016; Klok et al., 2017).

Marital Status

Studies have shown that married older immigrant men and women had better support networks that led to high levels of social participation and connectedness in the country of settlement (Dolberg et al., 2016; J. H. Kim & Silverstein, 2021; Klok et al., 2017). However, one study showed that unmarried older individuals had large support networks (Bordone & de Valk, 2016).

Education

Older immigrants who have a higher level of education have been shown to have better support networks, lower levels of loneliness, and more social participation and engagement (Berchet & Sirven, 2014; Bordone & de Valk, 2016; Fokkema & Naderi, 2013; Kandula et al., 2018; J. H. Kim & Silverstein, 2021; Klok et al., 2017; Tang et al., 2018).

Ethnicity

Ethnicity can be a protective factor against isolation and promote some forms of inclusion. Older immigrants from collectivist societies, in general, are more connected to their extended family members and different generations of relatives, and they regularly maintain social interaction (Ajrouch, 2017). However, older immigrants often face discrimination in the country of settlement because of their ethnic or racial identity, which leads to lower social participation (Cela & Fokkema, 2017; Lin et al., 2016).

Religious Involvement

Closely related to ethnicity, religious involvement through religious institutions can help older immigrants with social inclusion (Calvo et al., 2017; Johnson et al., 2019; Salma &

Salami, 2020; Tang et al., 2018; Wright-St Clair & Nayar, 2020).

Acculturation

Acculturation is a developmental process that results from social, cultural, behavioural, and psychological changes in immigrant individuals by maintaining the native culture while adjusting to the host culture (Goforth et al., 2015; Nieri & Bermudez-Parsai, 2014). Sense of belonging and language proficiency are two identified subfactors under the acculturation process that can impact older immigrants' loneliness and social isolation in the host community.

Language

Local language proficiency helps older immigrants maintain regular communication with family members and relatives, neighbours, friends, local people, and community members (Gubernskaya & Treas, 2020; Jang et al., 2016). However, language barriers can restrict older immigrants' social engagement (Cela & Fokkema, 2017; Curtin et al., 2017; Gautam et al., 2018; Li et al., 2018; Schoenmakers et al., 2017).

Sense of Belonging

Sense of belonging can be considered the opposite of loneliness. When an older immigrant has a strong sense of belonging to the host community, they can have more social and community participation and engagement and feel less lonely (de Jong Gierveld et al., 2015; Lai et al., 2019). Socially connected older immigrants are likely to have more social support available to help them transition into the host culture (Jetten et al., 2018). On the other hand, loneliness can be greater when one has a high level of transnational belonging to one's origin community or a low sense of belonging to the host society (Klok et al., 2017; Li et al., 2018). As

a result of longer stays, older immigrants become more familiar with local people, build relationships, and engage in community activities (Dong & Chen, 2017; Jang et al., 2022; J. H. Kim & Silverstein, 2021; T. Kim et al., 2015; N. S. Park et al., 2017; Simon et al., 2014).

Family Support/Relationships

Another key factor that shapes social inclusion of older immigrants is family support and relationships. Lack of family contact or support in a transnational family setting has been recognized as one reason for social isolation and loneliness among older immigrants (Ali et al., 2021; Burholt et al., 2018; Fokkema & Naderi, 2013; Jang et al., 2016; Morgan et al., 2020). Inadequate support from family and friends makes it more challenging for older people to take part in social activities or to access the facilities provided by the community/city (Bordone & de Valk, 2016; Calvo et al., 2017; T. Kim et al., 2015; Liu et al., 2017). Being unable to talk to family members and friends about concerns and problems causes emotional isolation (Dong & Chang, 2017; Fokkema & Naderi, 2013; Kandula et al., 2018). Additionally, dependency on children in the host country causes a role reversal that is stressful for both the adult children and the older immigrant parents, especially in relation to the parents' loss of authority and independence (Albert, 2021; Koehn et al., 2022; Wang et al., 2017). Some parents are worried about further burdening and increasing tensions for their children (Martin-Matthews et al., 2013; Schoenmakers et al., 2017; Wang et al., 2017). Sometimes, older immigrant parents report feeling lonely and socially isolated due to their children's physical absence (Li et al., 2018). However, researchers indicate that living alone is not necessarily associated with limited social support among older adults,

since some might receive support from their children at a distance (Martin-Matthews et al., 2013).

Social Networks

The lack of connections and meaningful relationships outside of family is reported as a cause of loneliness and isolation among older immigrants (Cela & Fokkema, 2017; Curtin et al., 2017). Friends or co-ethnic peers are important sources of information and psychological and emotional support for older immigrants (Chung et al., 2018; Jeon & Lubben, 2016; J. Kim et al., 2016; King et al., 2014; Koehn et al., 2022; Ramos & Karl, 2016). Programs and other opportunities to make connections with their own ethnic community and socially interact with the broader community are thus important to improving older immigrants' quality of life, sense of belonging, and well-being as they cope with transitioning to a new country (Chung et al., 2018; Curtin et al., 2017; Jetten et al., 2018; J. Kim et al., 2016; Ramos & Karl, 2016). Frequent and continuous contact with social networks outside of the family can reduce feelings of social isolation (Calvo et al., 2017; Cela & Fokkema, 2017; Chung et al., 2018; Curtin et al., 2017; de Jong Gierveld et al., 2015; Jang et al., 2016; Jetten et al., 2018; T. Kim et al., 2015; N. S. Park et al., 2021) and has also been shown to improve health-seeking behaviours and health management strategies (Chung et al., 2018).

Health

Older immigrants with poor health (conditions that negatively affect them physically, mentally, or socially in their ability to perform daily tasks) may feel loneliness when family members and friends do not maintain communication, and poor health gradually reduces social involvement (Burholt et al., 2018; Charpentier & Kirouac, 2022; Dolberg

et al., 2016; Fokkema & Naderi, 2013; Jang et al., 2016; Martin-Matthews et al., 2013; Simon et al., 2014; Wu & Penning, 2015). On the other hand, older immigrants in good health often have high levels of closeness with family members, kin, and non-kin, and report low levels of loneliness as they have high levels of social engagement (Albert, 2021; Chung et al., 2018; Dong & Chang, 2017; Jang et al., 2015; Kandula et al., 2018; J. H. Kim & Silverstein, 2021; Klok et al., 2017; Lai et al., 2019; Tang et al., 2018).

METHODS

In this article, we present the results from the older respondents (aged 51+) from the Syria-LTH study. For a full detailed account of the survey methods used in this study, please refer to Hynie et al. (2019, pp. 37–39). This multi-province (Quebec, Ontario, British Columbia), multi-site (Montreal, Toronto, Kitchener-Waterloo, Windsor, Vancouver, and Okanagan), four-year longitudinal study explored the health and well-being and social integration pathways for newcomers from Canada's refugee resettlement programs: GAR, PSR, and BVOR. The Research Ethics Board of York University provided approval for informed consent and confidential management of data (certificate #389-0217).

The project team conducted annual surveys with resettled Syrian refugees (18+ years and capable of informed consent) who arrived between January 2015 and April 2017 on such issues as health, employment, housing, and social inclusion. The first wave of survey data collection, which provided most data included in this paper, was conducted from April to July 2017. The first three waves of surveys were conducted in person, and the fourth, in summer 2020, was done over phone or online due to the COVID-19 pandemic. We interviewed all eligible and willing adults within each household, which

allowed us to have a range of participants of different ages, genders, and socio-economic backgrounds.

In the absence of a sampling frame, such as one that might have been provided by IRCC, we relied on three main recruitment strategies: (a) outreach through refugee-focused ethnic and community organizations, (b) advertisement in the community and on social media, and (c) word of mouth through social networks, as recommended in community-based research with harder-to-reach populations (Fête et al., 2019). We were careful about whether particular profiles of participants were being over- or under-represented, and a total of 1,921 participants were recruited.

A team of Arabic-speaking research assistants who were familiar with the newly arrived Syrian refugee community conducted the surveys in Arabic at locations convenient to participants (usually in their homes; also in language schools, coffee shops, local universities). After obtaining informed consent, survey answers were recorded using a tablet application and submitted digitally to a central database housed at York University. For the purposes of this article, we have extracted the survey responses of the 360 participants who were 51 years old and above, seeking to highlight the experiences of older refugees. During the survey, all respondents (18+ years) who came to Canada as Syrian (re)settled refugees were interviewed, and there was no maximum age limit for participation; the original project aimed to document resettlement experiences of those across the lifespan, including those in old age. This choice was made also in recognition of the fact that many migration studies focus on working-age (18–64) adults. We chose the age of 51+ for this analysis because this is an age at which health concerns tend

to increase and participation in the labour market tends to decrease.

Responses were compiled and analyzed using SPSS software. We analyzed demographic data (age, gender, religion, marital status, ethnicity, family composition, etc.) of the subsample of older respondents (those aged 51+), crossing them with variables related to social inclusion (sense of belonging, language proficiency, health, support of family and friends, etc.). Finally, we compared the results of this analysis with our aforementioned social inclusion model of older migrants for an indication of the social inclusion status of older Syrian refugees in Canada.

FINDINGS: FACTORS OF SOCIAL INCLUSION FOR OLDER SYRIAN RESETTLED REFUGEES

Relying on the above-discussed framework identified by the ICOI project, here we present our analysis of the data gathered from 360 older Syrian resettled refugees to investigate their social isolation in Canada. The social inclusion of older adults (51+ years) who participated in the first and second waves of data collection was assessed using numerous indicators.

Demographic Profile

Immigration Status

Under different resettlement programs (GARs, PSRs, and BVORs³), all participants arrived

³An earlier analysis of the data from the Syria-LTH study documented the socio-demographic differences between GARs, PSRs, and BVORs across the age span in the broader study (Hynie et al., 2019). This prior analysis concluded that it was the socio-demographic factors and social networks that explained differences in settlement outcomes, not the program itself: "Comparing GARs and PSRs is a fraught exercise, given the incommensurate profiles of each category. ... Furthermore, PSRs are not a homogeneous group: Groups of 5 resemble GARs more than other PSR sponsorship types" (p. 47). In our subsample of refugees aged 51+, there were only 11 BVORs (too few to analyze), and PSRs were over-represented compared

in Canada as permanent residents, with full access to all social and economic rights, and were eligible for Canadian citizenship after three years without, for those over age 54, completing the Canadian knowledge or language exams (Government of Canada, 2023, 2024). This would qualify them as having secure immigration status, a positive factor for social inclusion. In addition, at the time of participants' arrival, public support for Syrian refugees was significant. This group of migrants, at least initially, benefited from a welcoming environment.

Table 1 shows the demographic information of the older participants in this study. They are heavily concentrated in the younger cohort of 51–60 years (> 60%), with older participants concentrated in Montreal, where they were more likely to be involved in family-related PSR sponsorship. We know that social inclusion becomes more difficult for people as they advance in age (Charpentier & Kirouac, 2022; Dong & Chang, 2017); this suggests that the Syrian refugees in our study were not yet in their older years, when connections become more difficult. Of note, isolation associated with advancing age can sometimes be counterbalanced by the special respect and care afforded by elders in many cultures (Akram, 2019; HuffPost, 2014), as is the case in Syrian culture (Aldiabat et al., 2021; Strong et al., 2015).

In terms of gender, a nearly equal number of men and women older Syrian refugees participated in this study. The literature contains contradicting evidence about the social inclusion of women versus men. Much suggests that women suffer more isolation and loneliness as they age, in part related to many outliving their partners (Burholt et al., 2018; Dong & Chang, 2017); however, other research suggests women experience less iso-

lation and loneliness than men (Charpentier & Kirouac, 2022; Jang et al., 2016; Klok et al., 2017).

Marriage was a nearly universal experience over the life courses of the Syrians in our study, with only 3.3% reporting having remained single throughout their lives, and only one person reported being divorced. Though almost 80% of older respondents were married at the time of the survey, there was a heavy gender divide: 98% of men were married at the time, compared with 60% of the women. Among women, 32% were widowed versus only 1% of the men. The literature suggests that being married is a positive factor for social inclusion among older immigrants (Burholt et al., 2018; J. H. Kim & Silverstein, 2021), so most older Syrian refugees, especially men, benefited from this protective factor.

The majority of this subsample of respondents was Christian (64%); 36% were Muslims. However, about 75% of older Syrian refugees reported that religion had low importance in their lives, with women less likely to say it was very important (only 20%) than men (31%). Though these people reported identifying with a specific religious group, and many were privately sponsored by religious organizations, they had limited connections with religion and religious institutions. The literature suggests that a sense of religiosity and connection to religious communities increases social inclusion and connectedness (Salma & Salami, 2020; Tang et al., 2018; Wright-St Clair & Nayar, 2020); however, three quarters of the older Syrian refugees in this sample were not connected in this way.

Closely tied to religious affiliation is ethnicity. Most older Syrian respondents identified as Arab (68%), but a significant number (22%, concentrated in the Montreal sample) identified as Armenian; 4% identified as

with the overall arrival of resettled refugees, so in light of the earlier analysis, we decided not to compare GARs, PSRs, and BVORs.

Table 1*Demographic Information*

Characteristic	Men		Women		Total	
Number of participants	181	50.3%	179	49.7%	360	
Age						
51–60	107	59.1%	111	62.0%	218	60.6%
61–70	59	32.6%	43	24.0%	102	28.3%
71–80	12	6.6%	19	10.6%	31	8.6%
81–90	3	1.7%	6	3.4%	9	2.5%
Marital status						
Single/unmarried	2	1.1%	10	5.6%	12	3.3%
Married	177	97.8%	108	60.3%	285	79.2%
Separated but still legally married	0	0.0%	2	1.1%	2	0.6%
Divorced	0	0.0%	1	0.6%	1	0.3%
Widowed	2	1.1%	58	32.4%	60	16.7%
Religion ^a						
Muslim	71	39.2%	59	33.0%	130	36.1%
Christian	109	60.2%	120	67.0%	229	63.6%
Other	1	0.6%	0	0.0%	1	0.3%
How important is religion?*						
Important	56	30.9%	35	19.6%	91	25.3%
Not important	125	69.1%	144	80.4%	269	74.7%
Education						
Very low (primary not completed)	59	32.6%	68	38.0%	127	35.3%
Low (primary completed)	60	33.1%	56	31.3%	116	32.2%
Moderate (high school completed)	19	10.5%	25	14.0%	44	12.2%
High (post-secondary studies)	43	23.8%	30	16.8%	73	20.3%
Ethnicity						
Arab	127	70.2%	119	66.5%	246	68.3%
Armenian	35	19.3%	43	24.0%	78	21.7%
Kurdish	4	2.2%	9	5.0%	13	3.6%
Other	15	8.3%	8	4.5%	23	6.4%
Sponsorship*						
GAR	54	29.8%	47	26.3%	101	28.1%
PSR	119	65.7%	129	72.1%	248	68.9%
BVOR	8	4.4%	3	1.7%	11	3.1%
Major city (resettled in Canada)						
Kitchener	8	4.4%	9	5.0%	17	4.7%
Montreal	99	54.7%	102	57%	201	55.8%
Okanagan region	5	2.8%	2	1.1%	7	1.9%
Toronto	36	19.9%	37	20.7%	73	20.3%
Vancouver	16	8.8%	14	7.8%	30	8.3%
Windsor	17	9.4%	15	8.4%	32	8.9%

* Note. GAR = Government-Assisted Refugee; PSR = Privately Sponsored Refugee; BVOR = Blended Visa Office-Referrred Refugee.

^a There are missing data.

Kurdish, and another 6% identified with other ethnic groups. We know members of the Arab community are more likely to face racial discrimination linked to Islamophobia (Economou, 2019) than the Armenian community, for example. However, most Canadian cities have pre-existing Arab communities to provide the possibility of co-ethnic social networking, and Armenians settling in Montreal benefited from the existence of a strong pre-existing Armenian community there.

Finally, the education level of older participants was overall low, with men reporting slightly higher levels of education than women. Previous studies showed that older immigrants with little education are granted limited opportunities to fully integrate within the host community (J. H. Kim & Silverstein, 2021; Tang et al., 2018). In the current study, more than a third had not completed primary education.

Acculturation

Our survey provided data related to the sense of belonging and language ability, both of which are central to the process of acculturation.

The majority of older refugees from Syria had a high sense of belonging to Canada, the city where they were living, and their neighbourhood (Figure 1). Hanley et al. (2018), in another study with the same data, reported that Syrian refugees thought Canadians were welcoming and showed respect to immigrants. Also, many refugees joined extended family members, relatives, and friends in Canada. This strong sense of belonging facilitated their social inclusion process, helped them integrate into the mainstream community, and reduced their loneliness (Dong & Chen, 2017; Jang et al., 2022; J. H. Kim & Silverstein, 2021). However, some participants (nearly 20%) showed weak attachments to

their neighbourhoods and the cities. This is somewhat surprising given that most respondents settled in neighbourhoods with an established Arabic-speaking community, which would make it easier for Syrian newcomers to speak with neighbours and access services, for example.

Language is a key medium of social interaction. Most older participants had low levels of both English and French competency, Canada's official languages (see Figure 2). The Montreal-based older Syrians—majority PSRs with higher level of education and more likely to speak French or English upon arrival—had stronger language skills; 45% of the Syrians in Montreal reported speaking fair to excellent French (Montreal's public language), while 43% reported fair to excellent English, another useful language for public interactions in Montreal.⁴ In contrast, only 37% of older Syrians at other study sites reported fair to excellent English, and only 6% spoke fair to excellent French. Despite these promising numbers, 55% of those in Quebec had poor to no French skills, while most respondents had poor to no English skills in the rest of Canada (64%). This language barrier can limit Arabic-speaking older refugees' connections with the mainstream community and affect their social inclusion (Cela & Fokkema, 2017; Chung et al., 2018; Curtin et al., 2017; Jetten et al., 2018).

Social Connectedness of Older Syrian Refugees

In this section, we present our findings regarding the family relationships of older Syrian refugees and how these relationship patterns have impacted their social inclusion in the host country.

About 98% of older Syrian refugees in Canada lived with family members (Figure 3).

⁴For a more in-depth discussion of uptake of language classes among Syrian refugees in Montreal and elsewhere, see Ives et al. (2022).

Figure 1

Sense of Belonging Among Older Syrian Refugees

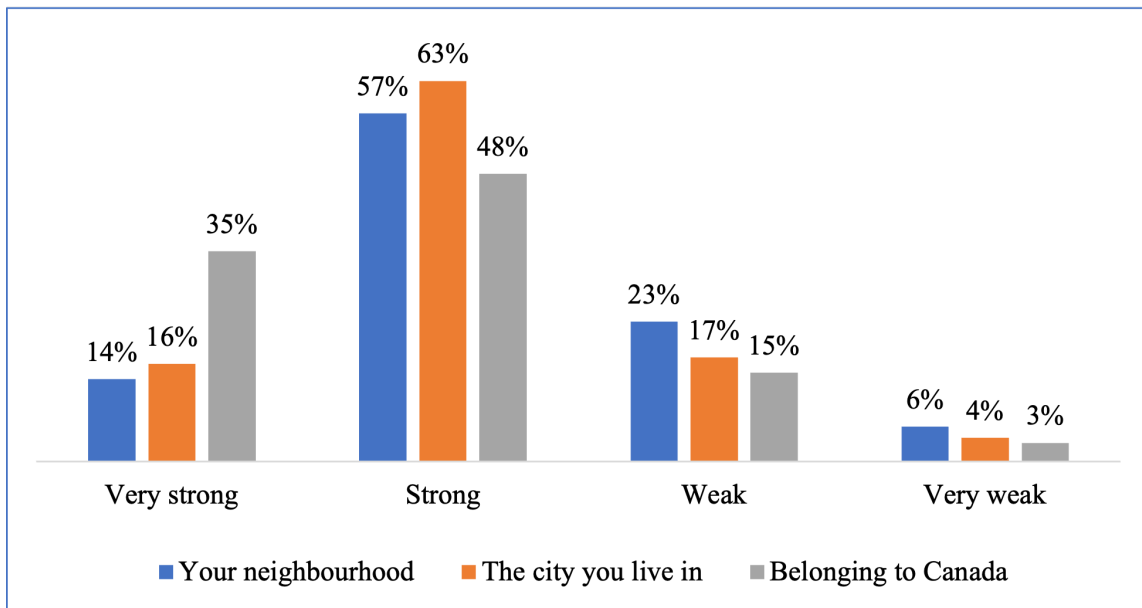
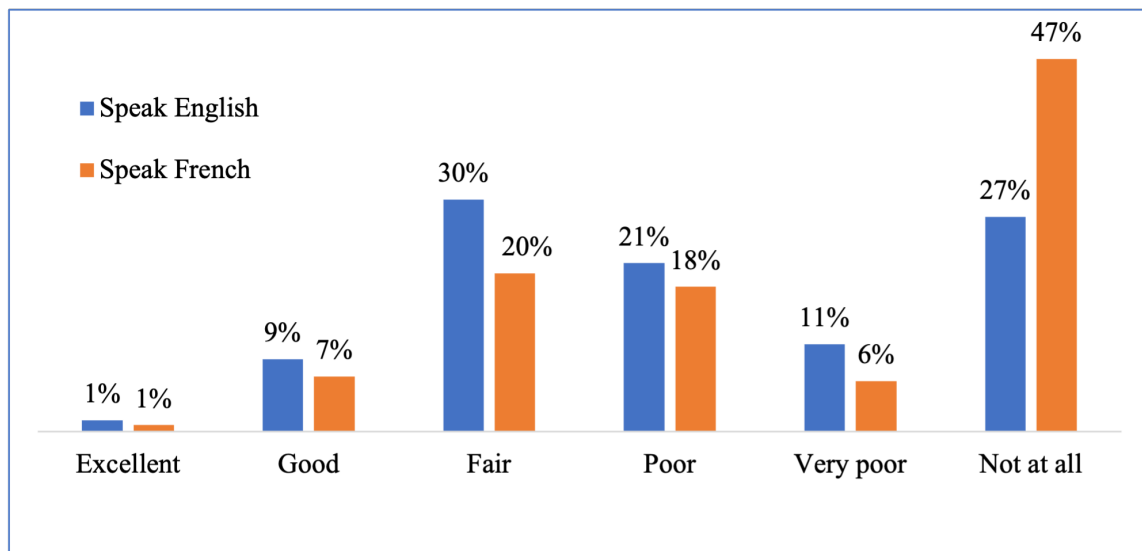


Figure 2

Language Proficiency (English and French)



When older people live with family members, it helps them to be psychologically strong, lessens feelings of isolation, and provides more support to engage in community activities (Bordone & de Valk, 2016; Calvo et al., 2017; Jang et al., 2015).

Like other Middle East countries, Syria has a collectivist culture, where people live with their extended family members (Bazzi &

Chemali, 2016), and it is the norm for older adults to live with their adult children and grandchildren. Our data show that these war-affected Syrian families were practising that norm in this foreign land (Figure 3). Though these people were displaced, had supportive people (children and extended relatives) around them (Figures 4 and 5), likely related to their arrival as PSRs.

Figure 3

Living Arrangements of Syrian Refugees: Living Alone

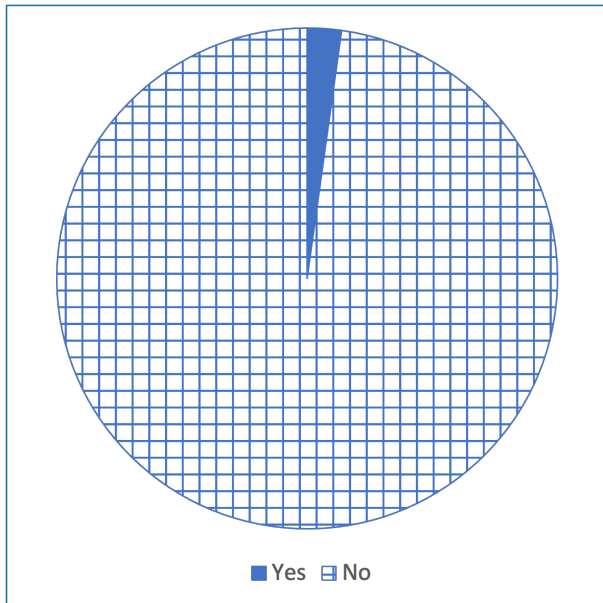
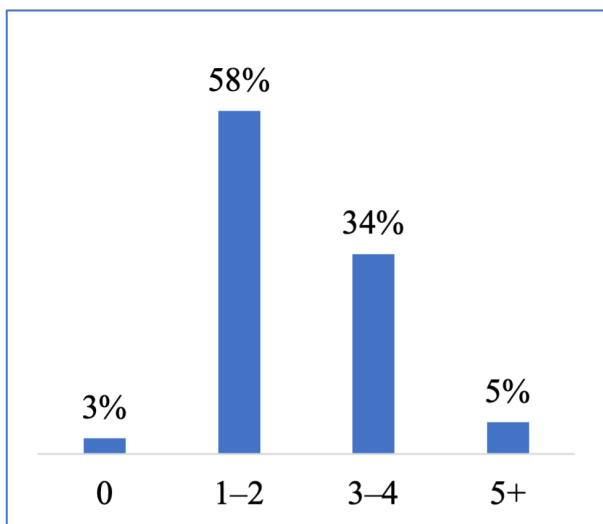


Figure 4

Older Syrian Refugees' Number of Children in Canada

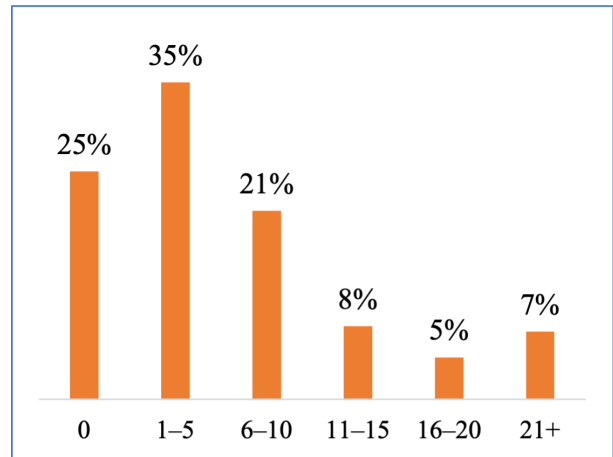


Support from Family

Living with family members, however, does not always mean they are supportive and helpful. Therefore, we asked about the different forms of support received by older Syrian refugees from their family members (Figure 6). Most participants acknowledged

Figure 5

Older Syrian Refugees' Number of Relatives in Canada



their families' support in daily life. At the same time, respondents expressed distress related to separation from family members left behind (e.g., adult children) to whom they could not offer support.

Almost 80% of respondents agreed that their families tried to help them when they needed support, provided them with emotional assistance, and allowed them to discuss their problems. Supportive relationships between older people and family members, a cultural norm for Syrians, reduces emotional isolation, helping older people mix with others in the community (Dong & Chang, 2017; Fokkema & Naderi, 2013; Kandula et al., 2018).

Social Connectedness and Social Support from Friends

It is very important for immigrants and refugees to develop new connections in the host community and maintain regular communication with friends for good social functioning (Chung et al., 2018).

About 85% of respondents had connections with friends from their own ethnic community (Figure 7). Though more than 60% of participants did not have friends from

Figure 6

Older Syrian Refugees' Support from Family

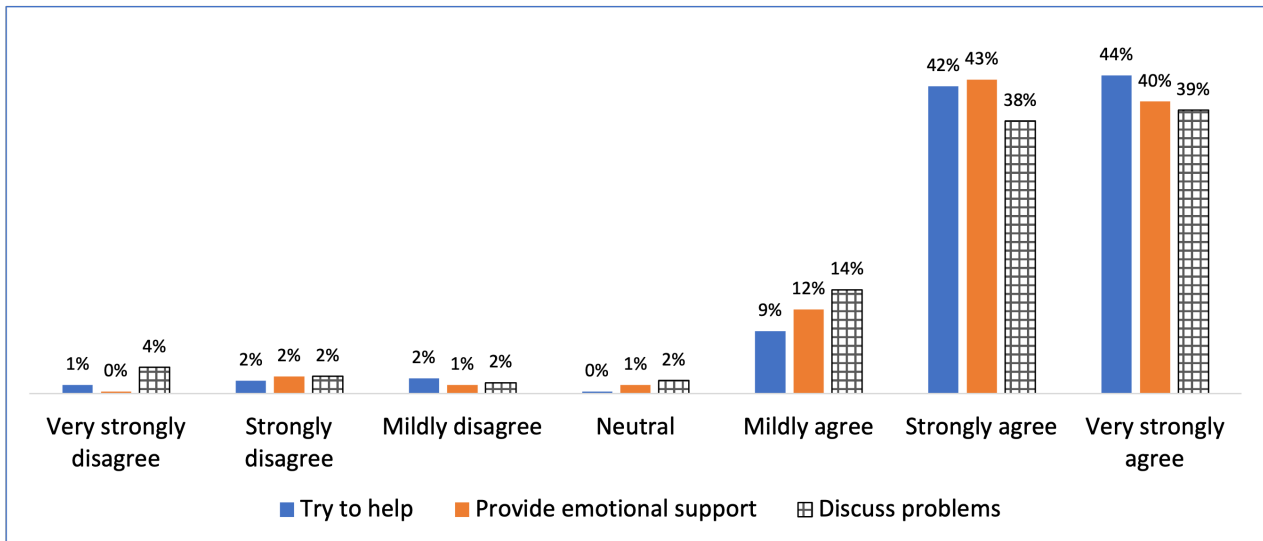


Figure 7

Older Syrian Refugees' Origin of Friends

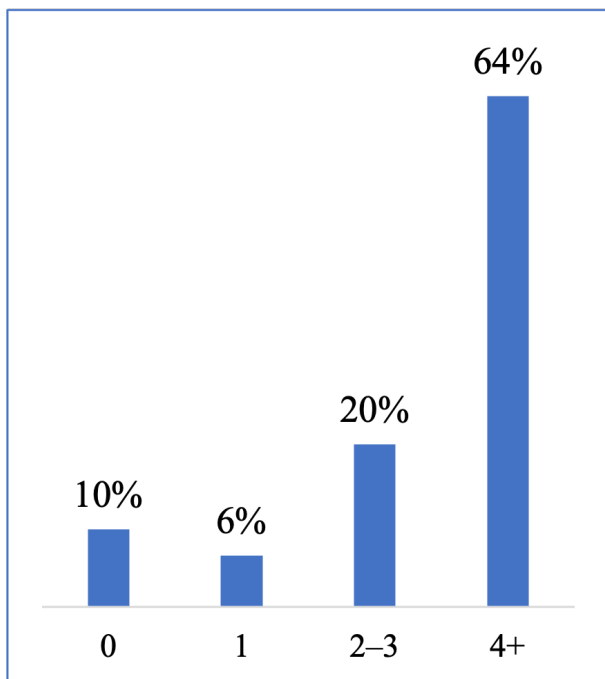
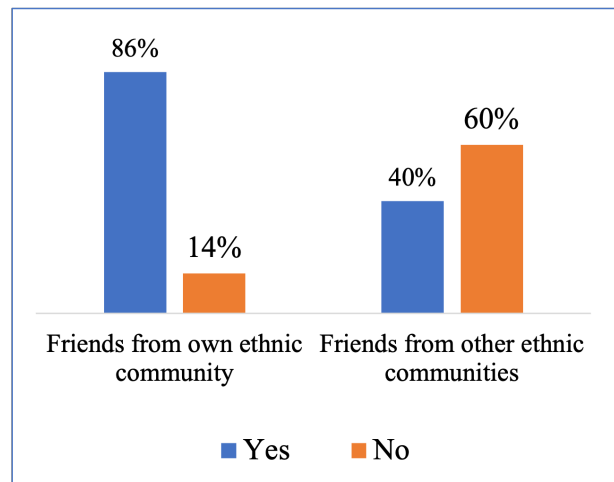


Figure 8

Older Syrian Refugees' Friends in the City



outside of their community, 63% had four or more friends in their cities (Figure 8).

Participants exhibited close relationships with their friends. Most agreed that they could share their joys and sorrows with friends and also discuss their problems.

When older people have better relationships and regular connections with friends, they get psychological and emotional support and feel more connected to society (Chung et al., 2018; Jeon & Lubben, 2016; J. Kim et al., 2016; King et al., 2014; Koehn et al., 2022). Strong peer relationships in their new home community, as we can observe among older Syrian refugees (Figure 9), facilitate older refugees' social inclusion, allowing them to go out to meet friends; engage in social, religious, or volunteer activities; and

Figure 9

Ways Older Syrian Refugees Could Rely on Friends

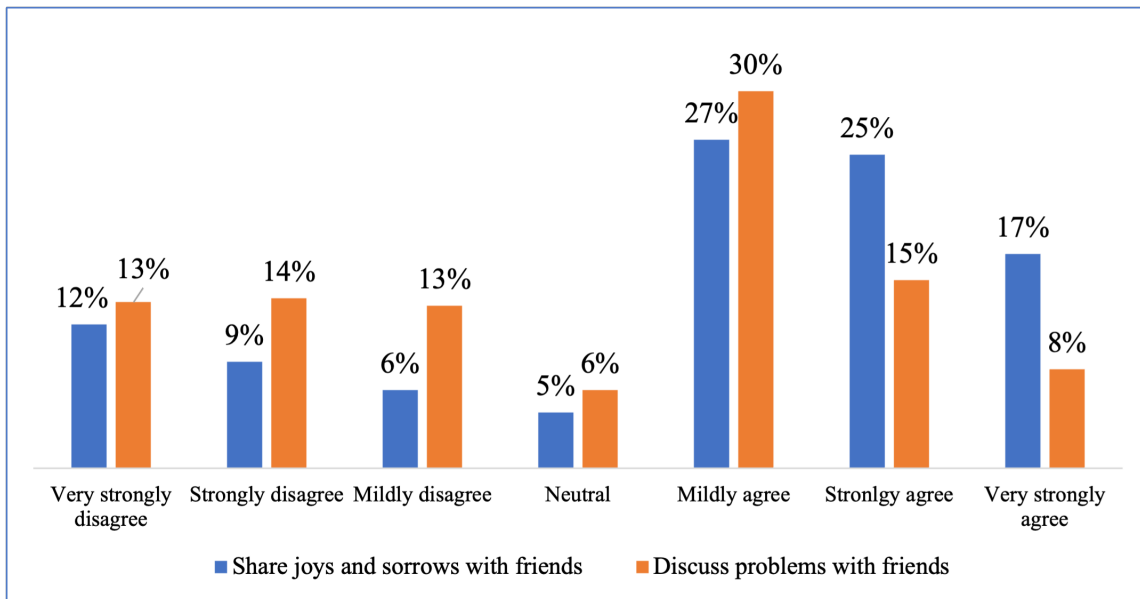
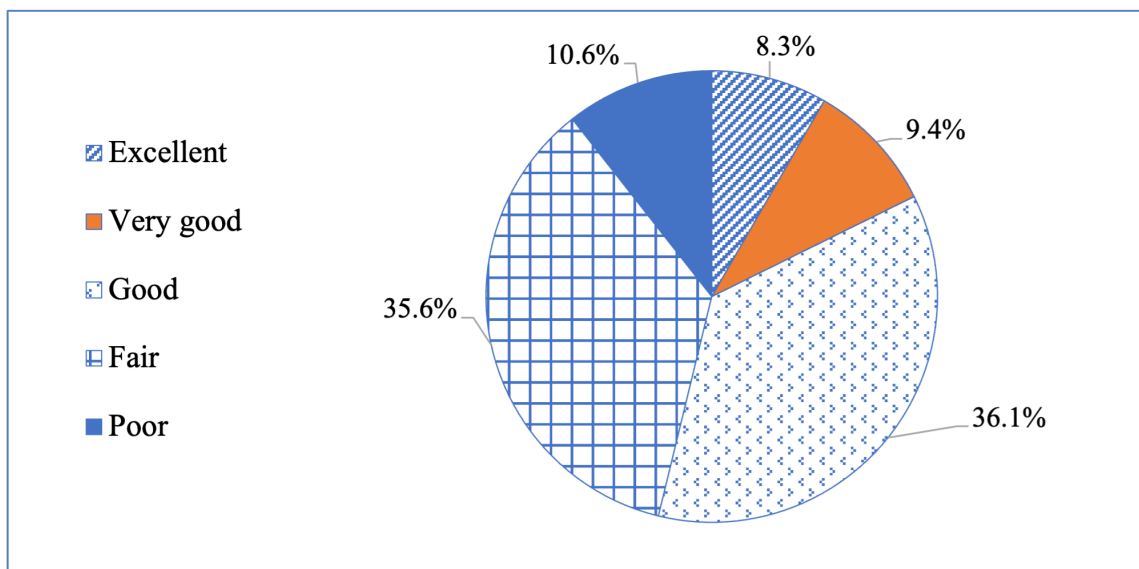


Figure 10

Older Syrian Refugees' Self-Reported Health Condition



secure more opportunities for community engagement.

Self-Reported Health Conditions

Participants' self-reported health data (Figure 10) suggest that most (90%) older Syrian refugees are sufficiently healthy to interact with their physical and social surroundings.

Older people in good health can more easily maintain connections with family members, relatives, and friends, and develop relationships with members of the host community (Albert, 2021; Chung et al., 2018; Dong & Chang, 2017; Klok et al., 2017). Better physical health enabled respondents to engage in local community and social activities.

DISCUSSION AND CONCLUSION

This article portrays the social inclusion of older Syrian refugees in Canada, based on the social inclusion framework that was developed in collaboration with the members of the ICOI project's social inclusion research stream. In this framework, key interrelated factors (immigration status, age, gender, education, health, sense of belonging, language proficiency, acculturation, relationships with family, social networking, etc.) of social inclusion for older immigrants were identified by using a scoping review method. For the current study, data from older (51+ years) Syrian refugees in Canada, collected through the Syria-LTH study, were analyzed using this framework.

The findings reveal positive indicators for the social inclusion of older Syrian refugees in Canada, with some exceptions. Although studies show that immigration status limits social connection and access to services, as well as increasing the social isolation of older people (Berchet & Sirven, 2014; Jang et al., 2022; N. S. Park et al., 2021; Tong et al., 2021), all Syrian refugees arrived in Canada as permanent residents and, therefore, had legal access to all rights and services. Geopolitical factors meant older Syrian refugees were warmly welcomed in Canada (Bélanger McMurdo, 2016), which was not the case in all countries where Syrians sought refuge (Hakki, 2018; Skinner, 2014). Permanent resident status offers older people greater possibilities to lead a secure life and opens opportunities to engage in their new country.

Previous studies found that social networking and inclusion are much more challenging for those of more advanced age (Charpentier & Kirouac, 2022; Dolberg et al., 2016), including older women (Burholt et al., 2018; Dong & Chang, 2017), older men (Charpentier & Kirouac, 2022; Klok et al., 2017), older single/unmarried men (Charpentier

& Kirouac, 2022) and women (J. H. Kim & Silverstein, 2021), and older immigrants with lower education levels (Kandula et al., 2018). In this study, a nearly equal number of male and female respondents participated. The majority were not of a very advanced age (60% were 51–60 years old), and nearly 80% were currently married—both positive indicators for social inclusion. Health is another significant factor for older immigrants in maintaining regular communication with family members and friends, establishing community engagement, and enhancing social inclusion (Albert, 2021; J. H. Kim & Silverstein, 2021). Most older Syrian displaced people in Canada were in good health. They also had a strong sense of belonging to the city where they were living, their neighbourhood, and their host country (Canada).

Though respondents came as refugees, their collectivist culture and migration journey in Canada enabled older Syrian refugees to maintain communication with family members and children, meet people from their own community, and engage in social activities over time. Older Syrian refugees in Canada have strong social connections with children, relatives, and friends. As mentioned, older Syrian refugees are overwhelmingly living with their children and have contact with relatives who are also in Canada. One nuance to consider, however, is that despite the norm of living with adult children, not all participants did so prior to their resettlement; increased dependence on their children, whether due to language barriers or new living arrangements, could be an unpleasant shock for some.

In accordance with the social norms of Syrian culture, where older family members have respected positions and are supported and taken care of by other family members (Bazzi & Chemali, 2016), older Syrians in this study reported having opportunities

to share their problems and ask for help and having emotional support from family members—although sometimes a sense of dependence caused distress. Also, these senior refugees had friends both from their own ethnic community and from other ethnic communities; they often met new friends in language classes. Their peer relationships helped them share sorrows and joys, discuss challenges, and reduce loneliness. Support and regular communication with family, children, and friends in a foreign land lessens older refugees' vulnerability; enables them to develop a strong sense of belonging and engage in social, religious, voluntary, or community activities; and facilitates the social inclusion process. These findings reflect a favourable environment for the social inclusion of older Syrian refugees in Canada.

Most respondents reported being of Christian or Muslim faith, although 75% reported relatively low importance of religion in their lives. Studies show that older immigrants often make friends and reduce loneliness by visiting religious institutions and engaging in religious groups (Salma & Salami, 2020; Wright-St Clair & Nayar, 2020), yet older Syrian refugees in this study appeared less connected in this way. In addition, the majority had low education levels, a barrier to social inclusion in Canada. The analyzed data on older Syrian refugees' language competency support Boutmira's (2021) findings identifying older Syrian refugees' lack of English-language proficiency in Canada. Boutmira's study showed that the language barrier restricted older Syrian refugees' access to services and communication and led to social isolation. Though English and French are the two official languages in Canada, in this current study, most participants had low language competency in both. This language barrier can increase loneliness and social isolation and hinder

social inclusion of older refugees in Canada (Cela & Fokkema, 2017; Gautam et al., 2018; Li et al., 2018).

There are some limitations to this study. We included older Syrian refugees who were aged 51 years and older; most respondents were between 51 and 60 years old. This skew towards less advanced age may mask difficulties for older Syrian refugees. In addition, we were not able to fully consider indicators of social inclusion, such as experiences of discrimination and place of residence (rural/urban), which can heavily influence social inclusion. Future research studies can include these indicators.

Older Syrian refugees, like other older refugees, can be a vulnerable and marginalized group, yet very few studies in Canada exist on their challenges and needs, loneliness, and social inclusion. This study assessed key individual indicators of older Syrian refugees' social inclusion in Canada. The results reveal older Syrian refugees have good health, a strong sense of belonging, regular communication, and supportive relationships with their children, relatives, and friends—all of which indicates that they are in a relatively good position to obtain social inclusion despite low education and language proficiency. The overall analysis showed a positive environment of social connection, communication, and inclusion of older Syrian refugees in Canada. At least in their early years of (re)settlement, older Syrian refugees seem to have socially connected lives. These findings can guide service providers in assessing the strengths and needs of older refugees, helping to highlight how individual traits can vary significantly within a group and orient service provisions that meet individuals' needs.

Structural forces were present that shaped the experiences of older Syrian refugees, especially because they arrived in an unusually

positive political and social context. Political, government, nonprofit, and community efforts were exceptionally mobilized, and, for the most part, public views of arriving refugees were positive. Specific settlement services were complemented by a public welcome that other recent cohorts of resettled refugees have not enjoyed. Additionally, factors beyond the individual that facilitated the social inclusion of the older Syrian refugees in our study include a large number of Syrians arriving at once, with most having spent comparatively little time in third countries (e.g., versus those resettled from refugee camps in Africa or Asia), and the existence of a strong and largely middle-class Syrian Canadian community. Given the positive integration outcomes, policy-makers and service providers should strive to replicate the welcome afforded Syrian refugees for other resettled refugees.

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