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Investigating the Social Service Needs of Hamilton's Muslim Community: Results from Key Informant Interviews

Prepared for

Mishka Social Services

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Contents

Executive Summary

Mishka Social Services (MSS) is a non-profit organization that aims to bridge the gap between current services in Hamilton and the Muslim population's needs. MSS approached the Office of Community Engagement at McMaster University with an interest in learning about the barriers that the Muslim community faces in Hamilton accessing social services, and how the COVID-19 pandemic has impacted these barriers. The primary goal of this research was to examine the barriers that the Muslim community in Hamilton faces when accessing social services and identify strategies to alleviate these barriers. We conducted semi-structured interviews with key informants from social service organizations in Hamilton. We found challenges and strategies that were both unrelated and directly related to the COVID-19 pandemic.

In the first section (general challenges), we describe three common challenges that organizations faced in providing social services to Muslims in Hamilton: language, stigma, and cultural and religious needs and preferences. These challenges existed before the COVID-19 pandemic but may have somewhat been exacerbated since the start of the pandemic. In the second section (general strategies), we identify five strategies that social service organizations adopted to combat general challenges: increasing staff diversity, policy and mission statements, language translation, religious and cultural accommodations, and the centralization of social services and partnerships. In the third section (challenges related to the pandemic), we identify four common challenges that became apparent at the start of the COVID-19 pandemic: service accessibility, demand for services, COVID-19 misinformation, and social and physical connection. To address these challenges, in the final section (strategies to address pandemic challenges), we identify the following three strategies: reorganizing and developing new social services/initiatives, developing partnerships, and addressing COVID-19 misinformation.

Based on these findings, we present the following five recommendations as practical steps for MSS:
1. Partner with other organizations to enhance the cultural and religious sensitivity of services in Hamilton
2. Support translation/interpretation services across Hamilton social service organizations
3. Develop and deliver training sessions to help increase technological literacy among Muslim clients during the COVID-19 pandemic
4. Provide culturally appropriate mental health services
5. Provide culturally appropriate domestic violence services geared towards Muslim women

Introduction

Mishka Social Services (MSS) aims to bridge the gap between current services in Hamilton and the Muslim population. Examples of their programs include Barakah Box, a local food bank providing culturally appropriate foods to 400 Muslim families (and anyone else) in need annually; and Sawa, which supports students' personal growth,

social skills, and literacy skills to help them integrate in the classroom. MSS staff, through their annual work with Muslim families and individuals, have noted that the Muslim community faces barriers to accessing social services in Hamilton, specifically in the following areas: mental health, domestic violence/child safety (children's aid), food insecurity, immigration/resettlement, and poverty. The organization, however, has not had the time or resources to conduct a comprehensive needs assessment to evaluate the specific needs of the Muslim community.

This research involved a needs assessment through key informant interviews with staff of local social service agencies and Muslim social service users in Hamilton. The goal of this study was to document the challenges that the Muslim community faces in accessing social services in Hamilton. Specifically, the research questions for this project were:
- What are the barriers for Muslim community members in accessing social services in Hamilton?
- How, if at all, has COVID-19 influenced the barriers the Muslim community faces in accessing social services in Hamilton?

MSS intends to use the research to inform the development of new programs and interventions to support the needs of Hamilton's Muslim communities or to engage in knowledge transfer work to support more culturally appropriate and/or relevant forms of existing services.

This report is organized in the following way:
- **Background**: This section provides an overview of the challenges that Muslims face accessing social services and reviews the demographic characteristics of Muslims in Hamilton.
- **Methodology and Limitations**: This section describes the methods we used to gather data to inform the findings and recommendations.
- **Findings**: This section synthesizes the findings from the key informant interviews in each of the following themes:
  - **General Challenges**: Language, stigma, and cultural and religious needs and preferences.
  - **General Strategies**: Increasing staff diversity, policy and mission statements, language translation, religious and cultural accommodation, and the centralization of social services and partnerships.
  - **Challenges Related to the Pandemic**: Access to social services, technology, COVID-19 education, and physical and social connection.
  - **Strategies to Address Pandemic Challenges**: Reorganizing and developing new social services and initiatives, developing partnerships, and addressing COVID-19 misinformation.
- **Discussion and Recommendations**: In this section, we examine the most relevant and common findings to develop practical recommendations for MSS:
  - Partner with other organizations to enhance the cultural and religious sensitivity of services in Hamilton

- o Support translation/interpretation services across Hamilton social service organizations
- o Develop and deliver training sessions to help increase technological literacy among Muslims during the COVID-19 pandemic
- o Provide culturally appropriate mental health services
- o Provide culturally appropriate domestic violence services geared towards Muslim women
- **Appendix**: We provide two resources in this section. The first appendix includes the interview guide we used to collect data from key informants; and the second appendix shows preliminary survey findings from the 11 participants who responded to our survey.

Background

Challenges Muslims Face Accessing Social Services

In the past several decades, immigration to Canada has increased and diversified. As a result of increasing immigration, the Muslim population in Canada has risen and will continue to rise at a rapid rate. Approximately 4% of the total Canadian population are Muslims, with the majority living in urban and suburban areas in the provinces of Ontario, Alberta, British Columbia, and Quebec (Statistics Canada, 2016).

Muslim immigrants, along with many newcomers, disproportionately rely on social services to support their life needs during their assimilation process. However, research suggests that Muslims experience challenges and barriers to accessing social services. For instance, a 1997 study examined Canadian social service provision to the Muslim community in Toronto (Azmi, 1997). The author found that Muslims seldom accessed the social services available to them because they were not reflective or responsive to their cultural needs, including their diets, ideas of privacy, and cultural values. In other contexts, over the years researchers have highlighted an ongoing need for the provision of services sensitive to the needs of the Muslim community, i.e. services that are deemed culturally "sensitive" (Graham et al., 2009), reflective of cultural and religious diversity (Graham et al., 2010), or culturally "competent" (Attum et al., 2018).

Two decades since the publication of the 1997 study on social service provision challenges to Muslims in Toronto, researchers continue to document a lack of representation, specialization, and sensitivity in social services accessed by Muslims and other racialized groups (e.g., Islam et al., 2017). A lack of culturally-safe social services presents an immense challenge for Muslims who rely on food banks, tax help, and other services for maintaining an acceptable quality of life for them and their families, with important implications for local service planning and delivery (Islam et al., 2017).

Social Service Organizations in Hamilton

There are a number of organizations that Muslims in Hamilton may approach for their social service needs, although few are dedicated specifically to the Muslim community. Some social services for Muslims are provided through organizations that primarily provide spiritual services; for example, the Muslim Association of Hamilton offers Islamic counselling and community chaplaincy. They also have various committees dedicated to empowering and engaging Muslim seniors, children, youth, and women. The Hamilton Downtown Mosque provides counselling and family mediation services, as well as financial support for people experiencing poverty.

Muslims may also approach organizations that provide social services to the general Hamilton population. For example:
- Wesley Urban Ministries provides children, youth and family; housing and homelessness; newcomer; and employment services.
- Neighbour to Neighbour Hamilton offers family counselling services, educational support for children, emergency food bank access, and subsidies for electricity bill payments.
- Counselling services are offered in a number of languages, including Arabic.
- Mission Services of Hamilton offers resources for food access, shelters (separate for women and children, and for men), addiction treatment, and afterschool programs for youth.
- Welcome Inn Community Centre has children's programs, seniors' programs, a food bank, tax clinics, a library and computer lab, and haircuts that are generally free or low cost for children going back to school, for job interviews, or for holidays.

Demographic Characteristics of Muslims in Hamilton

Hamilton is a diverse city with residents of many ethnicities, religious affiliations, and backgrounds. According to data from the 2016 census, a quarter (25%) of the Hamilton population identifies as a non-citizen (i.e., an individual who is not a citizen of Canada but might be a citizen of another country) (Statistics Canada, 2017). A quarter of non-citizens identify as immigrants, which includes permanent residents. Approximately 18% identify as a visible minority, which includes South Asian (22%) or Black (20%) (Statistics Canada, 2017).

In terms of religious affiliation, the majority of individuals in Hamilton adhere to Christianity (68%) (Statistics Canada, 2011). Excluding those with no religious affiliation (25% of the population), Muslim individuals comprise Hamilton's second-largest religious community, accounting for 3% of the city's population (Statistics Canada, 2011). Muslims in Hamilton are generally younger; the most populous age group is between 25 to 54 years (Statistics Canada, 2011; Statistics Canada 2017).

Around 19% of Hamilton's Muslim community is composed of non-citizens and 70% of the community identifies as an immigrant (Statistics Canada, 2011). One in eight Muslims in Hamilton identify as a visible minority, with most identifying as either South

Asian (36%) or Arab (34%) (Statistics Canada, 2011). Around 6% (1315 individuals) of the Muslim community does not have English nor French fluency (Statistics Canada, 2011).

Regarding education level, 86% of the Muslim community in Hamilton have a certificate, diploma, or degree. Specifically, 23% of these individuals have a high school diploma or equivalent and 64% have a postsecondary certificate, diploma, or degree. Of those with postsecondary credentials, 55% have university degrees at the bachelor level or above, 25% of them have college/CEGEP/other non-university certifications, 11% have university certificates/diplomas below the bachelor level, and 9% have apprenticeship and trades certificates.

As for socioeconomic factors, 56% of Muslims in Hamilton who are 15 years of age or older are part of the labour force (Statistics Canada, 2011). Of these individuals, 87% are employed (Statistics Canada, 2011). Those not in the labour force, unemployed, or not looking for work comprise 44% of the population (Statistics Canada, 2011). Overall, the employment rate of the Muslim community in Hamilton is 49% (compared to 59% of the general population), and the unemployment rate 13% (compared to 7% of the general population) (Statistics Canada, 2011).

Methods and Limitations

Methods

To answer the research question, we conducted a qualitative study involving semi-structured interviews with key informants from social service organizations in Hamilton[1].

In consultation with the community partner, we interviewed key informants from Hamilton social service organizations on challenges they perceive the Muslim population faces in accessing their (and other) services, and how, if at all, COVID-19 has impacted their ability to provide social services to Muslims in Hamilton. We conducted interviews from December 2020 to March 2021. First, we compiled contact information for social service organizations in Hamilton across a number of social service areas identified by the community partner, including: food banks, immigration and resettlement, children's aid, financial aid, domestic violence, mental health, and Muslim organizations[2]. We then contacted these organizations over a two-week period, first with invitation emails and follow-up emails, and then through cold calling the organizations if they did not respond to email communications. As soon as an interviewee provided their consent, one research team member conducted their

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[1] Note: the research team planned on conducting a widespread survey of Muslim community members and service beneficiaries in Hamilton to complement the key informant interviews. However, due to low response rates, the team is unable to report on the findings of the survey. We have included the preliminary survey findings as in Appendix B of this report, which should be interpreted with caution due to the low response rate.

[2] We used Google and the Redbook of Hamilton to locate the information of organizations online.

interview over the phone, transcribed their interview, and uploaded it to a secure electronic system.

We used a staged qualitative coding process to analyze the data, which involved pilot coding, initial coding, and focused coding. In the first stage, we independently reviewed two transcripts from two different social service organizations and then met as a group to discuss the findings, themes and concepts. From these discussions, we developed a list of themes and subthemes that captured what we found about the challenges that social service organizations face in providing services to Muslims in Hamilton. We found that interviewees discussed challenges they faced as a result of the COVID-19 pandemic, as well as general challenges they continued to face that may have been somewhat exacerbated by the pandemic. Both challenges overlapped considerably, but we decided to distinguish our data into the following two categories:

1. **General Challenges**: Language, stigma, cultural and religious preferences, staff diversity, organizational policies, engagement, and service delivery strategies
2. **Pandemic Challenges:** Access, technology, COVID-related education, physical and social connection, job insecurity, partnerships and addressing COVID misinformation

We created six coding templates to capture each category, theme, and subtheme. Each transcript was reviewed by at least two research team members as they organized transcript data in the coding templates. Once the coding templates were complete for all transcripts, one research team member developed a narrative, expository summary of each theme and concept, noting their differences and similarities across interviewees and social service categories. These narrative summaries were reviewed multiple times and integrated into one findings section through iterative peer feedback and discussion.

Limitations

We would like to note that a greater proportion of key informants represented the perspectives of food banks and immigration services. This means that our findings are more influenced by the unique contexts and challenges that these social service organizations face. While we mention the perspectives of financial aid, domestic violence, and mental health organizations, there is a clear need to further investigate the challenges these organizations face in providing social services to Muslims.

Findings

General Challenges

We found a number of general challenges that staff at social service organizations faced when providing services to Muslims in Hamilton and that Muslims faced in accessing social services. These challenges were not directly related to or caused by the COVID-19 pandemic but may have been exacerbated to some degree by physical distancing and other restrictions. We describe these challenges below as they relate to *language*, *stigma*, and *cultural and religious needs and preferences*.

Language
Participants from a variety of social service organizations described language barriers when interacting with Muslim service users. In particular, participants explained how Muslim service users who accessed their services were more comfortable with Arabic than English. As a result, service providers who could not communicate in Arabic experienced difficulties in understanding and responding to the diverse—and at times, complex—needs of the Muslim community. In food banks, for example, staff without a working knowledge of Arabic were unable to gauge which culturally appropriate foods were preferred by Muslim service users. This language barrier was noted to have also deterred some service users from accessing such services altogether. Members of the Muslim community have also refused support from case workers without Arabic fluency, because of the challenge Muslims users faced in articulating their dietary and cultural needs. Participants emphasized the need for language translation services, though seeking persons who were able and available to offer such services was challenging for social service organizations. Even in situations where language translation was available, it was restricted: service providers were at times successful in delivering information to Muslim families through pre-translated Arabic resources but were unable to understand and respond to families. One participant noted, "there's no way for our Muslim families to respond back to us other than, perhaps say, pointing to a picture or pointing to a sentence, and to me, that's really disrespectful in many ways, because we want to have a dialogue" (Director, Food Bank).

Stigma
Service providers from different organizations indicated the presence of stigma toward the Muslim community. Participants recognized that the Islamophobic sentiment and rhetoric advanced by the media affected the everyday experiences of Muslims. In food banks, stigma was described as manifesting in very specific ways. Larger Muslim families who, in proportion to their family size, took larger amounts of food were negatively perceived by others in line as "taking all the food" (Manager, Food Bank). These negative perceptions were internalized by some Muslim families; families did not "want to seem greedy" (Director, Food Bank), and thus asked for food in moderation to dispel others' negative social perceptions.

Internalized stigma was also noted in fear among Muslim families of being judged by their neighbors and friends for accessing food hampers. Moreover, some participants identified a "charitable" (Manager, Financial Aid and Immigration) mindset prevalent within the food bank system, which assumes that for service users, "you get what you get" (Manager, Food Bank). This mindset emerged as a tension between staff and Muslim families who refused certain foods that did not meet their dietary or cultural needs. Overall, experiences of stigma posed as critical access barriers for some families. One participant remarked, "I think it's really, really, really difficult. I think it stops people from accessing those services, or it only takes one really crappy experience to make someone decide not to access a service, even if they really need it" (Manager, Food Bank).

Beyond food banks, participants also identified stigma toward mental health and mental health care within the Muslim community as barriers to accessing appropriate services. A participant described the following:

> "mental health is very much seen, as, you know, deficient or, or it's recognized as being like discriminatory, you know, people have their prejudices about individuals, so, there's always more or less of a push within the cultural contexts to, to keep those issues hidden, or to not address them publicly or openly…. as a result of that, people usually don't, you know, try to reach out to get help or support" (Counsellor, Mental Health Organization).

It was further noted that Muslims who also identified as LGBTQ+ experienced another layer of stigma from within the Muslim community toward diverse gender and sexual identities, which deterred access to relevant social services. However, stigma towards the LGBTQ+ community was not commonly discussed by participants.

Cultural and Religious Needs and Preferences
Participants described several challenges in meeting the cultural and religious needs and preferences of Muslim service users. For example, participants indicated challenges with organizing spaces and services to accommodate cultural and religious norms (e.g., considerations for offering activities tailored to women as opposed to all genders). Participants also noted that meeting the large demand for nutritious Halal foods from members of the Muslim community was a perennial challenge. Service providers lacked understanding of the Halal diet and grappled with sourcing Halal foods based on the limited supply from donations and purchasing.

In general, the greater Hamilton area offers few Muslim-oriented social services, such as places of worship and community. One participant shared,

> "apart from local masjids that are available, for example, you know, there's about two or three different mosques in Hamilton. Apart from that as a centre where people can kind of, you know, go for help…So, apart from Wesley services, I don't know of anyone that's like geared to the Muslim community specifically" (Counsellor, Mental Health Organization).

At the same time, participants emphasized that many social services in Hamilton lacked staff diversity and did not have Muslim staff who could direct service users to culturally and religiously relevant services. Moreover, participants indicated how the majority of available services were tailored to the mainstream Western community, and as such, were not inclusive of Muslim traditions (e.g., the City of Hamilton's Christmas Assistance Program centres on a Christian holiday not necessarily observed by Muslims). Finally, participants pointed to the lack of services that recognized the intersection between mental health and Muslim identity in safe and culturally appropriate ways.

Strategies to Address General Challenges

Participants identified a number of strategies to that they used to address or alleviate the general challenges they faced in providing services to the Muslim community in Hamilton. These strategies fell under the following themes: 1) increasing staff diversity, 2) policy and mission statements, 3) language translation, 4) religious and cultural accommodations, and 5) centralization of social services and partnerships.

Increasing Staff Diversity
Participants identified the need to increase staff diversity at their organization to better reflect the diversity of the Muslim community, which may enable them to provide more appropriate social services. Participants spoke about the importance of hiring Muslim staff in their organizations for different social service areas. Participants recognized that Muslim staff were able to educate other staff members on the unique cultural and religious needs of Muslims and support Muslim clients in advocating for their needs. Having Muslim staff also promoted the use of social services by Muslim clients, as they were perceived to feel more comfortable in interacting staff representing their cultural and religious background. As one participant noted, "being an immigrant, I see myself in every woman come to the door; I exactly face what she faces" (Manager, Immigration). Participants discussed how increasing representation from Muslims among staff and volunteers in social service organizations needs to be done deliberately through hiring practices.

Policy and Mission Statements
Participants identified certain organizational policies and practices that promoted inclusivity of Muslim service users. Incorporating inclusive hiring and recruitment practices for Muslim staff and volunteers in policy and mission statements mentioned were essential strategies to reducing barriers for Muslim service users. Furthermore, participants highlighted the need for anti-oppression and anti-racism policies that set expectations within the organization on how to ensure that services were inclusive for Muslim service users and other groups:

> "we enacted our anti-racism, inclusion, equity, and access policy. That was something we wanted to make sure we had included in our policy manual for all staff, agency, and board of directors. Again, it's just highlighting the importance of inclusion within everything that we do" (Manager, Food Bank).

Anti-racism training involved training initiatives for staff and volunteers on being inclusive of cultural differences among clients to combat xenophobia. Some participants also mentioned changing their approach to their routine activities to accommodate the needs and preferences of Muslim service users. Food banks purchased culturally appropriate foods and communicated to their donors about the dietary needs of Muslims, for the purposes of better serving Muslims in Hamilton.

Language Translation

A major challenge identified by participants was the language barrier between them and their clients. Many service providers reported translating or wanting to translate their organization's materials to overcome this barrier. As stated by one of the service providers, this allowed "clients [to] have a better understanding of some of the things we're asking for" (Manager, Food Bank). They either translated their documents and promotional materials in-house or partnered with other agencies to do so. Another way organizations reported reducing language barriers was by using translation services during face-to-face interactions with their clients. Smaller organizations with limited staffing and resources utilized online translation services such as Google Translate to aid them. Lastly, organizations also addressed language barriers by hosting programs in diverse languages, and other organizations hosted programs specifically to improve clients' conversational English.

Religious and Cultural Accommodations
Another way social service organizations have increased the accessibility of their services to Muslim service users is by providing religious and cultural accommodations. Many organizations reported providing a dedicated space at the organization for prayer, and scheduling key services around Muslim holidays, such as Eid and during Ramadan. Organizations also strived to respect gender boundaries by providing separate areas for men and women and separating social service programs for women "where they can feel more comfortable to, [for example], take off their hijab" (Mosque Representative). Lastly, service providers, especially food banks, provided religiously and culturally appropriate foods. Organizations obtained appropriate foods through donations or used monetary donations to purchase food. This was not only for accommodating dietary restrictions, but also for accommodating culture-specific preferences, such as dry instead of canned food.

Centralization of Social Services and Partnerships
Participants mentioned their concerns with the lack of a centralized point for services that Muslims can access in Hamilton. One participant expressed that "it is a scavenger hunt to try and piece everything together" (Manager, Food Bank). Participants reported addressing this need for centralization in various ways, such as creating a directory of Muslim-specific services. Other organizations hosted workshops to familiarize Muslim service users with other services in the area or offered services in a centralized location that was easily accessible to them. One organization endorsed the creation of an organization that can directly link the Muslim community with available social services in Hamilton as a potential solution to the lack of centralization. This organization could also liaise with existing service providers to advocate for Muslim service users.

Engaging with other organizations and the Muslim community was identified by participants as another strategy that increased the reach and effectiveness of their social services. Participants identified the importance of partnerships to address the following areas: mental health issues, domestic violence, family conflict experienced by Muslims who identify as LGBTQ+, and integration of newcomers and refugees. Participants described partnerships between social service organizations and Mosques or other Muslim-serving organizations as a strategy to assist Muslim community

members in finding relevant services when they need them. Such partnerships enabled general social service organizations to engage directly with Muslim clients, disseminate information about their services, provide services tailored directly to Muslims, and promote a sense of safety and comfort among service users. Additionally, general social service organizations such as food banks engaged with Muslim organizations and community members directly to learn how best to serve them. Working with local school boards and the Muslim Student Association at McMaster University was a strategy used to reach Muslim youth requiring mental health services.

Challenges Related to the Pandemic

Interviews with staff of social service organizations have brought to light a range of pandemic-related challenges that Muslim social service users experienced. These challenges include *access to social services, demand for services, COVID-19 misinformation,* and *physical and social connection.*

Service Accessibility
Access challenges identified by service users included access to childcare, transportation, and technology. The perspective of food bank staff was that childcare responsibilities during the pandemic made it difficult for Muslim community members to access their services. Staff recognized that Muslim service users found it difficult to secure babysitting or someone to look after their children due to social distancing policies so that they could travel to the food bank.

Participants also noted how Muslim service users faced frequent challenges in securing transportation to and from the food bank. This challenge was particularly prevalent for seniors who feared using public transit because of the spread of COVID-19 in their communities. Difficulties with transportation is exacerbated for newcomers due to lack of familiarity with the city; COVID-19 has compounded this issue as people were reluctant to leave their homes.

Lastly, due to the nature of the pandemic, some specific services, such as newcomer services, were transitioned to an online platform, which posed a number of challenges for Muslim community members. For example, newcomers faced challenges with online government applications, delaying the receipt of a Social Insurance Number, which was required to access essential social services such as financial services to pay for rent or food banks. Lack of technological literacy also reduced the quality and quantity of communication between service providers and users. As stated by a service provider:

> "we do see a lot of parents struggling. Forget about anything else, they're struggling with having their children online during the day for school. So, technology is a huge barrier right now and language and just navigation of technology because there's really nobody to hold their hand and guide them through" (Manager, Immigration).

Furthermore, communicating over the phone or through email may not be possible for some clients who are unable to speak English. For example, as described by a service provider,

> "I actually have two clients who right now both do not speak English. So, actually their children that are in high school are the ones that are calling me and emailing me. Which I think might be, again, it's nice that they're able to do that. But that is a barrier for the initial service user" (Manager, Food Bank).

This has been a challenge as organizations are required to (i) teach clients to use technology and in some cases (ii) find staff to lead programs who bring a shared understanding of the technological literacy of seniors. Furthermore, lack of technological literacy has impacted online education: "a lot of newcomers, they're not computer literate enough to take online classes, either children or adults. So, they need a lot of help" (Staff, Immigration). Specifically, surrounding mental health, organizations have hosted webinars to normalize experience of mental health: "So, we were able to through our workshops and through our webinars, we were able to, like traverse those barriers, those cultural barriers by normalizing the experience of mental health" (Counsellor, Mental Health Organization). Collectively, the shift to online resources has intensified issues related to access to technology, which continues to impact communication between service providers and Muslim social service users.

Demand for services
A major challenge identified by staff at food banks was food insecurity. As food banks could only be used once per month, participants described how families, especially larger ones, feared running out of food. While these issues were present before the pandemic, it became more common during the pandemic because of physical distancing and lockdown rules, since families were working less and relying more on food bank services.

Furthermore, one staff member observed an overall increase in the number of calls since COVID-19 relating to demand for mental health services:

> "So, we've found that, you know, from March of 2020, we've seen an increase in calls. And I don't have the data in front of me, but what I do know is that [compared to before] the pandemic, there [are] a lot of calls that identified relationships as an issue. Although anxiety, depression, some of the more individual mental health pieces, were there, as flagged as part of, you know, some of the information, some of the callers may have been calling about, but with the pandemic, we've seen an increase of calls, you know, from youth [and] vulnerable groups" (Counsellor, Mental Health Organization).

COVID-19 Misinformation
Participants also cited challenges related to COVID-19 misinformation and the need for education on personal protective and hygiene behaviors. One challenge mentioned by multiple participants included the difficulty of communicating COVID-19 education with

members of the Muslim community who do not speak English fluently. Lack of adequate communication often led to COVID-19 misinformation. As stated by a participant:

> "there's a lot of misinformation. I have a lot of people say to me, 'it's okay, I'm clean.' Like it's not about being clean … I think there'll be a lot of people who say they don't want to take the vaccine. And rightfully so their decision, but a lot of people I've spoken to they say they believe that the vaccine is a medication for COVID. So yeah, so there's just a lot of miseducation out there. And I don't see any of it any COVID information going out in Arabic" (Manager, Food Bank).

Participants suggested the need for COVID-19 education in various languages for the Muslim community in Hamilton as a strategy to address misinformation. As shared by a service provider:

> "So, the other thing I think is an issue and I should have said this is the understanding around COVID. So, I'll say could you put a mask on? Or, you know, no hugs or no, you know, and then they'll say, 'it's okay, sister, I'm clean.' And I think like, I tried to explain it, but there's no real education around COVID and the vaccine to the Arabic speaking community. Like, if you're not attending mosque, I don't know [if] the education is there. Like, where is the education coming in Arabic? I don't know (Manager, Food Bank)."

Social and Physical Connection
Participants from a variety of social service organizations described how challenges in maintaining a physical and social connection with Muslim users brought forward by the pandemic impacted their motivation to access social services. This was especially the case since most services transitioned from an in-person to an online platform. For example, a lack of interpersonal connection between staff and community members made it challenging to build and sustain social relationships and client-user rapport. As indicated by a service provider,

> "connecting with community and me being able to provide resources and be able to get a feel for what's going on with people and provide a little bit of mental health work with people. It's just not there….and there also was a lot of people who [are] connected at the food bank...and those connections are gone now. So that has really impacted people" (Manager, Food Bank).

Furthermore, the inability to use facial expression/body language made it harder to connect with people online. As shared by a service provider, "in person, it's a big factor. People want to see your face, your gestures, you build a relationship in the center, you talk to each other. And this is all gone. It was a little bit challenging, trying to transfer those into the online (Manager, Immigration).

Challenges surrounding confidentiality and privacy during counselling has also been reported.

"Well, certainly for mental health services, everything, any counseling right now, any form of therapy now is either over the phone or online. That's making it very difficult for clients to talk about what's going on because their family [is] at home, especially since everything's confidential" (Staff, Immigration).

Furthermore, the reduction of opportunities to meet and connect with users led to the following: challenges in providing mental health support during crises, connecting Muslim users with others who share the same experiences or situations, and helping Muslims cope with the reality of not being able to visit the mosque for religious and spiritual activities.

The pandemic has also impacted physical connection between service providers, users, and families in general. For example, having physical space for families to congregate while waiting for their food pre-COVID is no longer available. Furthermore, a lack of physical connection with staff has impacted the way in which knowledge is provided to clients such as relying heavily on Google Maps "to go to be able to navigate the services" (Manager, Immigration). A lack of physical access has also made it difficult to accompany clients to appointments, conduct home visits, and meet them physically. A lack of physical access to clients has also made it difficult to address mental health and domestic violence issues.

Strategies to Address Pandemic Challenges

Participants described a number of strategies they adopted to address the service delivery challenges presented by the COVID-19 pandemic. These strategies included the following: reorganizing and developing new social services and initiatives, developing partnerships, and addressing COVID-19 misinformation.

Reorganizing and Developing New Social Services/Initiatives
Participants adjusted their services in response to the pandemic by restructuring how they offered their services, implementing new programs, and planning for outbreaks within the organization. Multiple participants shifted their services to an online platform, by appointment only, or through delivery/curbside pick-up; however, some organizations allowed doorway visits during emergency situations. For food banks, the amount and variety of food was adjusted to better address food insecurity that was caused by lockdown policies and loss of work.

Participants also mentioned implementing new services such as programs to alleviate social isolation and strengthen social relationships between social service providers and Muslims users. For instance, organizations implemented phone programs to enhance social connections with vulnerable groups and hired volunteers fluent in Arabic to reach diverse communities. Participants also developed new initiatives such as grocery programs for vulnerable Muslim communities, paying to transport clients to and from the organization, supporting clients in finding technology and a reliable internet connection, and translating COVID-19 financial aid applications offered by the government. Lastly, staff were intentionally split into smaller teams with similar skill sets to effectively deliver

services to different client groups. Other organizations had some teams work on-site and others off-site so that they could cover for one another in the case of an outbreak.

Developing Partnerships
Organizations have partnered with other service providers during this unprecedented time for the purposes of increasing the collective capacity to provide more culturally and religiously appropriate services. For instance, some food banks have partnered with other organizations with more funding to be able to purchase Halal foods. Social service organizations have received greater financial support from the government and private donors, which have increased their capacity to meet the needs of Muslim users during the pandemic. Social service organizations have partnered with the municipal government to implement pandemic-specific programs such as home food delivery programs for vulnerable populations that also target Muslim service users. Social service organizations have also partnered with district school boards to host information sessions to orient Muslim service users whose children attend school from home.

Addressing COVID-19 Misinformation
Lastly, social service organizations have also adapted their services to address COVID-19 misinformation. This has mostly entailed communicating with clients to ensure their compliance with COVID-19 protocols, either personally or through signage. When directly communicating this information to clients, participants described the need to consider language barriers and differing perspectives on the pandemic (e.g., for users who may not believe in the need for masking or physical distancing). Signage interpretation can also be impacted by language barriers, which organizations circumvented by making signs as visible as possible with few written messages.

Recommendations

Partner with other organizations to enhance the cultural and religious sensitivity of services in Hamilton

We recommend broadening MSS's partnership network with other organizations in the community to improve the availability of culturally and religiously appropriate services. This may involve creating and sharing knowledge of a network that provides religiously/culturally sensitive services in Hamilton with their Muslim and minority service users, as participants in our interviews reported a lack of awareness of and access to such services. In a scan of the existing literature and local social service organizations, Robson (2012) found that collaboration between organizations and having a one-stop-shop for social services improved accessibility. Importantly, she noted that partnerships allowed service users to navigate the social service landscape with greater ease, which was cited by participants in this study as a major barrier to access (Robson, 2012). Such partnerships and collaborations may also allow MSS to share their knowledge of Muslim users' needs to other organizations, enabling the creation of more inclusive spaces in the community. Furthermore, partnerships with other organizations in the community would allow MSS to address cultural and religious barriers that are not within

their scope of service. For instance, participants identified stigma as a major barrier that prevented Muslims from accessing mental health services. MSS could partner with religious leaders to promote clinical mental health services, or with mental health organizations to work towards inclusive services. Furthermore, MSS can assist social service organizations in increasing their staff diversity, so that they can better understand and respond to the needs of Muslims.

Support translation/interpretation services across Hamilton social service organizations

Social service organizations reported lacking the working knowledge of Arabic and other languages commonly spoken by Muslim service users. Language barriers make it challenging for service providers to appropriately respond to the needs of users. Though translated information was at times delivered to Muslim users, there remained few avenues for service providers to engage in conversation or dialogue with them. For this reason, we recommend that MSS engage with Hamilton social service organizations to offer translation and interpretation services, thereby facilitating access among Muslim users to a broader network of organizations. MSS may work towards establishing mutually beneficial partnerships with organizations, wherein MSS supports the translation of documents to Arabic and other languages, as well as the interpretation of conversations between staff/volunteers and Muslim users. This requires MSS to allocate resources toward bridging Muslim users and multiple organizations across Hamilton. In doing so, MSS will contribute to building capacity in language among organizations, equipping them with the tools to engage in open, effective communication with Muslim users, which is foundational to our other recommendations.

Develop and deliver training sessions to help increase technological literacy among Muslim users during the COVID-19 pandemic

A majority of organizations reported shifting to an online platform to be able to continue providing services during the COVID-19 pandemic. This transition has led to a number of technological challenges, specifically providing social service users with the tools and resources to navigate online media. To help users gain digital knowledge, stay connected, and become comfortable using online services, we recommend developing and providing introductory technology training to help increase technological literacy among users. As a result of the COVID-19 pandemic, the knowledge and use of technological literacy has become vital and an integral part of everyday life. A study conducted by Santiago Tejedor et al aimed to evaluate the development of digital literacy in three countries (Spain, Italy, and Ecuador) during lockdown. The results showed "the necessity of enhancing the main aspects such as the teacher's digital skills... and teaching methodologies that should be appropriate to the current context. Conclusions suggest rethinking higher education learning and reinforcing main issues for this transformation, mainly: communication, teaching, and digital competences" (Tejedor 2020). MSS can collaborate with organizations such as Hamilton-Wentworth District School Board, Hamilton Public library, or McMaster University, to create and deliver technology-related workshops. To help reach a broader group of service users,

these workshops may be provided in diverse languages. The Canadian Bankers' Association provides a number of useful suggestions for strengthening the digital literacy of Canadians during COVID-19 (Canadian Bankers' Association, 2020)

Provide culturally appropriate mental health services

Interview participants reported that stigma surrounding mental health in the Muslim community posed a barrier to individuals seeking mental health support. This finding was reflected in a study looking at the factors influencing American Muslims' attitudes towards seeking mental health support, which found that cultural/religious beliefs about causes and treatment for mental health issues were associated with negative attitudes towards seeking help through mental health services (Khan, 2019).

Given that culturally appropriate mental health services are a gap in Hamilton, MSS should consider supporting access to mental health information and services for Muslims in Hamilton. A key approach to addressing mental health among Muslims may be involving Imams and Mosques in providing education and services. For instance, a recent study looked at a mental health educational intervention involving a variety of presenters such as Muslims with lived experience of mental health disorders, Muslim mental health professionals, an Imam, and a Muslim psychiatrist with formal education in Islamic studies. This intervention had positive effects on Muslim participants' understanding of mental health symptoms and roles of service providers, as well as their willingness to discuss mental health issues with physicians, therapists, or Imams (Mushtaq et al., 2020).

Another approach to disseminating mental health care to Muslim community members is by providing training for Muslim imams and other community leaders. A Muslim Mental Health First Responder Training program was developed by the Khalil Center, an organization focused on Muslim mental health and delivered to participants in United States and Canada and facilitated by professionals trained in mental health and Islamic studies (Syed et al., 2020). This program aimed to educate Imams on how to recognize and respond to individuals showing signs of mental health challenges and to promote partnerships between Imams and mental health professionals. A survey of program participants demonstrated that the program was well received; participants felt that the training improved their understanding of mental illness and its treatment and appreciated that the content was designed from an Islamic perspective (Syed et al., 2020).

Provide culturally appropriate domestic violence services geared towards Muslim women

Interview participants discussed the need for services tailored to Muslim women, particularly towards addressing domestic violence issues. Our findings indicate that Muslim women are under-supported in escaping or recovering from domestic violence; participants indicated that there was a lack of domestic violence services provided from an Islamic perspective for Muslim women. At the same time, participants feared that

Muslim women delayed seeking support for domestic violence when they needed it because of the lack of culturally appropriate services available to them. Domestic violence interventions developed from an Islamic framework may involve Imams and other community leaders from the Muslim community (Hamid, 2015). A domestic violence intervention that is culturally appropriate should involve collaboration between Muslim organizations or Imams and mainstream domestic violence organizations to ensure women's safety (Milani & Leschied, 2020). This approach is beneficial because it provides understanding of Muslim women's values to organizations that address domestic violence. Educating religious leaders such as Imams on domestic violence is also recommended to ensure that Muslim women feel supported seeking help (Milani & Leschied, 2020).

The Peaceful Families Project (PFP) in the United States was developed to address domestic violence in Muslim families (Abugideiri, 2010). They provide educational programs to both perpetrators and victims of domestic abuse using Islamic beliefs and values to encourage changing attitudes around domestic violence in the Muslim community. They also recognize the importance of religious leaders in addressing domestic abuse and provide educational workshops to Imams on factors that promote domestic violence and psychological and spiritual impacts of abuse (Abugideiri, 2010).

Conclusion

This report provides the results of a needs assessment involving semi-structured interviews with staff from social service organizations in Hamilton to identify the social service needs and gaps that Muslims face. Our interviews helped to identify challenges and strategies that organizations experienced providing services to Muslims in Hamilton, as well as challenges and strategies that became apparent during the COVID-19 pandemic. This research articulates an ongoing need for social service organizations in Hamilton to employ culturally responsive delivery models to better meet the unique needs of Muslim social service users, especially in light of the additional challenges posed by the COVID-19 pandemic.

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Appendices

Appendix A: Interview Guide

A. **Context**
1. What is your role at [organization name]?
2. What kind of service(s) does [organization name] provide?
3. What's the general demographic of your clients?
4. Do members of the Muslim community ever access your services?
    1. (If Yes) From what you've observed, approximately what percentage of your clients are from the Muslim community?

B. **Service Accessibility**
1. Has your organization ever experienced challenges serving members of the Muslim community? (Prompt: Have you ever received feedback from Muslim community members using your services?)
    1. What were those challenges?
        1. Prompt: language barriers, safety, stigma, lack of knowledge of the service landscape
    2. Has your organization discussed or enacted any changes to overcome the challenges?
        1. (If yes) What changes did you make?
        2. (If no) What difficulties have you faced in enacting any changes?
2. Does your organization conduct any outreach specifically to the Muslim community in Hamilton to make individuals aware of your services?
3. From what you've learned through your work, what unique barriers, if any, do Muslims face in accessing [social service area (e.g., food banks, employment services)] in Hamilton?
    1. Are you aware of any policies or practices within or outside of your organization that are helping to reduce these barriers?
        1. (If yes) What's being done?
        2. (If no) Do you have any ideas of what can be done to reduce these barriers?

C. **COVID-19**
1. How, if at all, has COVID-19 impacted your service operations?
    1. How has your organization responded to these impacts?
2. In what way, if at all, do you believe COVID-19 has impacted the accessibility of your services to minority communities, like the Muslim community, in Hamilton?
    1. What solutions, if any, is your organization exploring to address these impacts?
    2. What challenges, if any, does your organization face in addressing these impacts?

D. **WRAP-UP**

1. From where you stand, are you aware of any major needs of the Muslim community that are currently unmet by social services in Hamilton?
   a. How do you think these needs could be better met?
   b. Beyond what you currently offer, what other services do you think would be helpful in addressing the needs and challenges of the Muslim community?

2. Do you have any final reflections or comments to add about the topic?

Thank you for your time.

Appendix B: Preliminary Survey Findings

Survey Findings

Over the period of three months, 11 participants responded to our survey (nine in English and two in Arabic). Due to the low response rate, we were unable to analyze the data to provide any meaningful insight on social service barriers that Muslims face in Hamilton. In total 11 Muslim service users responded to our survey. To analyze the data, we performed basic descriptive characteristics. The demographic characteristics of respondents is shown in Table 1.

Table 1: Demographic Characteristics of Respondents

Variable	Number (Proportion)
What is your age?	Median = 36 · 20-30 = 3 (27.3%) · 30-40 = 3 (27.3%) · 40+ = 4 (36.4%) · Not reported = 1 (9.1%)
Are you male or female?	Female = 8 (72.7%) Male = 3 (27.3%)
In my house, my primary role is:	Parent = 8 (72.7%) Eldest Child = 1 (9.1%) Middle Child = 1 (9.1%) Youngest Child = 1 (9.1%)
Are you the primary income earner in your household?	Yes = 7 (63.6%) No = 4 (63.6%)
Were you born in Canada?	Yes = 3 (27.3%) No = 8 (72.7%)
If you said no to the previous question, when did you come to Canada?	1-3 = 2 (18.2%) 3-5 = 1 (9.1%) 5-10 = 1 (9.1% >10 = 4 (36.4%)

Do you have, or are currently applying for, refugee status in Canada?	Yes = 1 (9.1%) No = 10 (90.9%)
From which country did you or your parents originate from?	India = 1 (9.1%) Iraq = 3 (27.3%) Jordan = 1 (9.1%) Lebanon = 2 (18.2%) Pakistan = 3 (27.3%) Syria = 1 (9.1%)
Where do you currently live?	Hamilton centre = 2 (18.2%) Hamilton mountain = 6 (54.5%) Stoney Creek = 3 (27.3%)

Respondents shared their general experiences with finding and using services. Overall, the majority of respondents somewhat (n = 7; 63.6%) or strongly agreed (n = 1; 9.1%) that it was easy to find information about social services in Hamilton. However, participants did not always feel comfortable accessing social services; in response to the question "in general, I feel comfortable using social services when I need help," only four (36.4%) participants somewhat or strongly agreed with this statement, and three (27.3%) participants chose not to answer this question. This was similar to the question, "in general, I believe that my cultural needs will be respected and accommodated when I approach a social service organization for support," where seven (63.6%) participants agreed, and four (36.4%) participants disagreed.

While respondents were generally aware of various types of services, few used them, and the primary reason for not using a service was simply not needing them. More respondents were aware of food banks (n = 8; 72.7%), immigration (n = 8; 72.7%), and financial aid (n = 6; 54.5%) services, compared to children's aid (n = 3; 27.3%), domestic violence (n = 3; 27.3%), and mental health (n = 4; 36.4%). While we are unable to provide accurate proportions of experiences of Muslims using these services, we did find some useful suggestions. In Table 2, we list the suggestions that respondents had for each service area.

Table 2: Suggestions for Social Service Areas

Service Area	Challenges and Suggestions
Food Banks	• Needs to be faster • Need to offer more cleaning products • Need to offer more fresh fruit and vegetables

	• Need to offer halal meat
Immigration	• Long waitlist • Need more services
Financial Aid	• The amount of money received is insufficient to pay for rent, which is very high in Hamilton
Children's Aid	NA
Domestic Violence	• Domestic violence issues need to be discussed in the Islamic context for families
Mental Health	• More non-White mental health professionals • Mental health issues need to be discussed in the Islamic context for families