

Mid-term Newcomer Survey

Introduction/Consent

- Ethics, how is data used for program management vs. evaluation

Demographic & Pre-Arrival Information

1. What province are you located in?

- | | |
|--|---|
| <input type="checkbox"/> Alberta <input type="checkbox"/> British Columbia <input type="checkbox"/> Manitoba <input type="checkbox"/> New Brunswick <input type="checkbox"/> Newfoundland and Labrador <input type="checkbox"/> Northwest Territories <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> Nunavut <input type="checkbox"/> Ontario <input type="checkbox"/> Prince Edward Island <input type="checkbox"/> Quebec <input type="checkbox"/> Saskatchewan <input type="checkbox"/> Yukon |
|--|---|

2. What type of sponsorship are you participating in?

- Named sponsorship
- BVOR
- I don't know

3. In the space below, please indicate your country of origin.

4. In the space below, please list the gender identity, racial/ethnic identity, and age and English language fluency of family members included in the sponsorship

| | Gender | Age | Racial and/or Ethnic Identity | Rate your current ability to understand English (1 = I don't understand any English, 5 = I am fluent in English) | | | | |
|---|--------|-----|-------------------------------|--|---|---|---|---|
| 1 | | | | 1 | 2 | 3 | 4 | 5 |
| 2 | | | | 1 | 2 | 3 | 4 | 5 |
| 3 | | | | 1 | 2 | 3 | 4 | 5 |
| 4 | | | | 1 | 2 | 3 | 4 | 5 |
| 5 | | | | 1 | 2 | 3 | 4 | 5 |

5. How would you describe your relationship with members of your sponsor group **before** arriving in Canada?

- We had a close relationship with at least one member of our sponsor group
- We were familiar with at least one member of our sponsor but did not know them well
- We learned some information about our sponsor group but did not know them
- We did not know anything about them before arriving

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Enabling Transition Activities & Related Outcomes: Basic Needs

6. How do you rate the quality of your current housing?

- Very Good
- Good
- Acceptable
- Poor
- Very Poor

a. What would you like us to know about your current housing?

7. Which of the following statements best describes the food eaten in your household in the last month?

- You and other household members always had enough of the kinds of foods you wanted to eat.
- You and other household members had enough to eat, but not always the kinds of food you wanted.
- Sometimes you and other household members did not have enough to eat.
- Often you and other household members didn't have enough to eat.

8. The statements below are about your ability to access transportation. Please indicate how often you are accessing the following modes of transportation.

| | Very Frequently | Frequently | Occasionally | Rarely | Very Rarely | Never |
|--|-----------------|------------|--------------|--------|-------------|-------|
| My sponsors provide my family with the transportation we need | | | | | | |
| My friends or family provide my family with the transportation we need | | | | | | |
| My family uses public transportation to get around | | | | | | |
| We have regular access to a car and drive ourselves | | | | | | |

9. Which of the following statements best describes your family's current ability to manage your own finances?

- Our sponsors handle all the finances
- We are starting to handle our finances but need a lot of assistance
- We handle some of our finances and need assistance in some areas
- We handle most of our own finances
- We manage all our own finances

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10. Overall, is the financial support you are receiving enough to meet your family's basic needs?

- Yes
- Somewhat
- No
- I don't know

Enabling Activities & Related Outcomes – Healthcare Services

11. Have you and other members in your household seen a doctor at least once since your arrival?

| | Yes | No | I don't know |
|------------------|-----|----|--------------|
| Family Member #1 | | | |
| Family Member #2 | | | |
| Family Member #3 | | | |
| Family Member #4 | | | |

12. Have you and other members in your household seen a dentist at least once since your arrival?

| | Yes | No | I don't know |
|------------------|-----|----|--------------|
| Family Member #1 | | | |
| Family Member #2 | | | |
| Family Member #3 | | | |
| Family Member #4 | | | |

13. Have you and other members in your household seen mental health service provider (e.g., social worker, therapist, etc..) at least once since your arrival?

| | Yes | No | I don't know |
|------------------|-----|----|--------------|
| Family Member #1 | | | |
| Family Member #2 | | | |
| Family Member #3 | | | |
| Family Member #4 | | | |

14. Is there anything you want us to know about your experiences with health-related services in your region?

Settlement & Integration Support Activities & Related Outcomes – English Language Learning

15. Are you and other members of your household enrolled in English Learning classes?

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| | Yes | No | I don't know | Already fluent in English or French |
|------------------|-----|----|--------------|-------------------------------------|
| Family Member #1 | | | | |
| Family Member #2 | | | | |
| Family Member #3 | | | | |
| Family Member #4 | | | | |

16. Tell us about some of the strategies you and other members in your household are using or have used to learn English outside for ESL classes?

Settlement & Integration Support Activities & Related Outcomes– Employment

17. Which of the following options best describes the current employment status for each adult in your household?

| | Unemployed and not yet looking for paid work | Unemployed and actively looking for paid work | Unemployed and currently enrolled in training/ education program | Employed – temporary contract | Employed – Steady paid work |
|----------|--|---|--|-------------------------------|-----------------------------|
| Adult #1 | | | | | |
| Adult #2 | | | | | |
| Adult #3 | | | | | |

18. Tells us about some of the strategies you have used or are using to find paid work.

Settlement & Integration Support Activities & Related Outcomes– Settlement Services

19. Have you and/or other members of your household seen a settlement worker at least once since your arrival.

- Yes
- No
- I don't know

20. Has the sponsorship group sat down with you and members of your household to discuss your goals for the end of the sponsorship year and beyond?

- Yes
- No
- Other

21. Tell about some of the organizations, resources, and/or people who have been most helpful to you and your family as you settle into [insert region].

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Relationship Building Activities & Outcomes

22. How often do you or other members of your household initiate contact with sponsorship group members?

- | | |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bi-monthly | |

23. How satisfied are you with the level of communication between your family and your sponsor group?

- | | |
|---|--|
| <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Dissatisfied |
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very dissatisfied |
| <input type="checkbox"/> Unsure/Neither | |

24. Please indicate the extent to which you agree or disagree with the following statements about your relationship with members of your sponsor group.

| | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Prefer not to say |
|---|----------------|-------|----------------------------|----------|-------------------|-------------------|
| Members of my sponsor group have made efforts to get to know me and members of my household | | | | | | |
| I consider at least 1 member of my sponsorship group a good friend | | | | | | |
| I feel like I know most of the members of my sponsor group well | | | | | | |
| I value my relationships with my sponsor group | | | | | | |

25. Is there anything else that you would like to tell us about your relationship with members of your sponsor group?

Newcomer Resettlement Outcomes

26. Please indicate your agreement or disagreement with the following statements about the support you have received from sponsor group members over the last 6 months.

| | Yes | Somewhat | No | I don't know | Prefer not to say |
|--|-----|----------|----|--------------|-------------------|
| Members of my sponsor group... | | | | | |
| Were prepared for my arrival | | | | | |
| Helped me apply for the documents I need | | | | | |
| Are available to answer my questions | | | | | |

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| | | | | | |
|--|--|--|--|--|--|
| Help us solve problems we face while trying to settle in our new community | | | | | |
| Can provide information about the services I need | | | | | |
| Provide the financial support I need | | | | | |
| Help me access local amenities (grocery stores, childcare, parks, etc...) | | | | | |
| Help me understand and access public transportation | | | | | |
| Introduce me to new people in my community | | | | | |

27. In this question, we want to learn more about your experiences in the sponsorship program, including the impact the program has had on your resettlement journey. Please indicate your agreement or disagreement with the following statements.

| | Strongly agree | Agree | Neither Agree nor Disagree | Disagree | Strong Disagree | Prefer not to say |
|---|----------------|-------|----------------------------|----------|-----------------|-------------------|
| I have the resources and knowledge I need to meet my family's basic needs | | | | | | |
| I know how to access the services and supports I need | | | | | | |
| I am confident in my ability to find my way around {insert region} | | | | | | |
| I have made new connections and friends in the community | | | | | | |
| I have the resources and knowledge I need to engage in recreation activities with my family | | | | | | |
| I have the resources and knowledge I need to find employment | | | | | | |
| I have friends in {region} I can rely on for help | | | | | | |
| I feel welcomed in this community | | | | | | |

28. How safe does your family feel in your current community?

- | | |
|---|---|
| <input type="checkbox"/> Very safe <input type="checkbox"/> Safe <input type="checkbox"/> Neither safe nor unsafe | <input type="checkbox"/> Unsafe <input type="checkbox"/> Very unsafe |
|---|---|

Would you like to tell us why?

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29. Have you or members of your household experienced discrimination since your arrival?

- Yes
- No
- I don't know

Would you like to tell us about your experiences?

30. What have been the joys or highlights of your sponsorship so far?

31. What have been the challenges of your sponsorship so far?

32. From your perspective, how successful is your sponsorship so far? (Please rate on a scale of 1-5)

- Very successful
- Successful
- Neither successful nor unsuccessful
- Unsuccessful
- Very Unsuccessful

a. Please explain.