SOCIAL SERVICES FOR NEWCOMERS TO CANADA

SOCIAL SERVICES FOR NEWCOMERS TO CANADA: A SYSTEMATIC REVIEW
OF THE EVIDENCE ON PROVISION, MANAGEMENT, AND OUTCOMES OF
AVAILABLE SERVICES

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TITLE: Social services for newcomers to Canada: A systematic review of the evidence on provision, management, and outcomes of available services

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ABSTRACT

Background: Canada brings in more than 200 000 newcomers annually, many of who require the use of social services to aid in their integration process. In 2011, the federal government made a 12% cut to the budget allocated for newcomer services, resulting in the closure of many services and decreased overall service capacity. The purpose of this study is to understand how social services for newcomers are provided, managed, evaluated, and funded.

Methodology: Seven electronic databases (CINAHL, Global Health, Medline, Ovid Healthstar, PAIS, PsycINFO, and Sociological Abstracts) were searched using search terms related to newcomers, social services, and Canada (as a jurisdictional limit). Thematic Synthesis methodology was used to code textual data, and extract descriptive themes to further analyze to determine analytical themes.

Results: A total of 20 studies were selected for the systematic review (19 through database search, 1 through a search of references). From these, 7 descriptive themes were found and analyzed to determine 2 analytical themes. Findings exhibit unique interactions between different levels of service delivery for newcomers, but also demonstrate scarcity of data and research dedicated to the topic.

Conclusion: Due to significant changes in the governance structures that determine what services are provided and how they are funded, it is essential that future research focus on these changes and their impact on newcomer integration. Additionally, a deeper understanding of the relationships between and within different levels of service delivery is required.

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To my parents, Ajay and Rachna Sharma, thank you for your unwavering support and love. Thank you for showing me the true meaning of overcoming barriers, and for teaching me the immense value of education and hard work. Thank you for being the inspiration behind my work. To my sisters, thank you for always helping me see the world through new perspectives, and for reminding me to take it easy. To my grandparents, thank you for leading by example – especially Nanu, who always taught me that learning is more important than knowing. I miss you everyday. To my friends, thank you for the pep talks, and for forgiving me for countless cancelled plans. Thank you to all my fellow Global Health classmates for your laughter, brilliance, and friendship.

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LIST OF ABBREVIATIONS AND SYMBOLS

CCHS	Canadian Community Health Survey
CCR	Canadian Council for Refugees
CIC	Citizenship and Immigration Canada
ESA	Ethno-Specific Agency
ESL	English-as-a-Second Language
GIS	Geographical Information System
GTA	Greater Toronto Area
IRCC	Immigration, Refugees and Citizenship Canada
ISA	Immigrant Serving Agency
ISAP	Immigrant Settlement and Adaptation Program
LINC	Language Instruction for Newcomers to Canada
LMIC	Low- Middle-Income Country
MSA	Multi-Service Agencies
NH	Neighbourhood House
OASIS	Ontario Administration of Settlement and Integration Services
OCASI	Ontario Council of Agencies Serving Immigrants
PRISMA	Preferred Reporting Items of Systematic reviews and Meta-Analyses
RAP	Resettlement Assistance Program
RCO	Refugee Community Organizations
UN	United Nations

DECLARATION OF ACADEMIC ACHIEVEMENT

The following is a declaration that the content of the research in this document has been completed by Aru K. Sharma and recognizes the contributions of Dr. Patricia A. Wakefield and Laura Banfield in both the research process and the completion of the thesis.

Chapter I: Introduction

1.1 Introduction & Study Purpose

Migration has come to play a significant role in the economic, social, domestic, and international policies of countries around the world. The phenomenon of globalization has resulted in a great deal of migration, particularly from low-middle income countries (LMICs) to high-income countries (Li & Li, 2008). This shift in global migration patterns is particularly important in Canada, as it has been a top destination for newcomers[1], with approximately 200 000 newcomers arriving every year since 1990 (Citizenship and Immigration Canada [CIC], 2015), and the foreign-born population representing 20.6% of Canada's entire population (Migration Policy Institute [MPI], 2013; Statistics Canada, 2011). As a result of recent changes in immigration patterns (an increase in immigrants from Asia, Africa and Latin America), a need for understanding these populations has emerged, as this will allow us to better serve their unique needs (Ng, Lai, Rudner & Orpana, 2012). The nature of this subject makes it an important topic of study in both the global and Canadian contexts. Services for newcomers to Canada have been available since the late 1970s. However, major policy changes and shifts in responsibility for providing social services to newcomers over the years have created a disjointed system that is difficult to navigate. The Canadian Council for Refugees (CCR),

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[1] The term 'newcomer' is an inclusive term that refers to permanent residents in Canada. The term is meant to diminish the stigma associated with terms such as 'immigrant' or 'refugee'. Despite much acceptance in the academic literature, the term is open to critique due a lack of clarity as to when one is no longer considered a newcomer (Sadiq, 2004). The eligibility criteria for most social services require potential clients to have resided in Canada for ≤5 years – but many clients require services after that time period. In the context of this study, the term will be used as an umbrella term to describe Canada's foreign-born population (immigrants, un-documented migrants, refugees, and asylum-seekers) without a time stipulation to capture the largest amount of data. However, it should be noted that at least 80% of the articles included in this systematic review focused on services provided to newcomers living in Canada for ≤5 years.

a non-profit organization, developed a standard framework for providing social services to newcomers ("Canadian National Settlement," 2000). As it is not a product of government authorship, it is difficult to implement services according to the recommended guidelines, particularly as the federal and provincial governments and non-profit sector share the responsibility of providing social services to newcomers. Since the publication of this document, no further guidelines have been developed or adapted by federal or provincial governments.

In 2011, the federal government cut $53 million from Citizenship and Immigration Canada's (CIC) budget for provincial settlement services, $43 million of which was from Ontario funding, a primary destination for newcomers to Canada (Ontario Council of Agencies Serving Immigrants [OCASI], 2011). Ontario's 2010-2011 funding for settlement services was $428 million: the 2011 changes represented a 12% cut to the overall budget (OCASI, 2011). In addition, CIC opted not to renew the contracts of a number of agencies and most agencies in negotiation with CIC faced cuts of over 20% to as high as 40% (OCASI, 2011). These funding changes also came with changes to funding contracts, which were changed from 2-year to1-year contracts, making it difficult for agencies to plan programs and strategies (OCASI, 2011). A budget cut of this magnitude proved to be disastrous for organizations working with the immigrant and refugee community; multiple organizations lost funding, resulting in significant service cuts, loss of physical assets, and hundreds of lost jobs (OCASI, 2011). This is problematic as immigrants represent a significant and growing proportion of our population. This is especially true now as, in light of recent global conflicts and crises,

Canada has also opened its doors to a large number of Syrian refugees. The UN Refugee Agency (UNHCR) counts more than 4.3 million registered Syrian refugees as a result of the Syrian Civil War, and the Canadian government has committed to resettling 25 000 of these refugees by February 29th, 2016 (UN Refugee Agency [UNHCR], 2015; Government of Canada, 2015).

The government of Canada has published a number of documents relating to best practices for immigrant settlement services, however, they do not provide information regarding methodology, organizational funding models, organizational structure, or how outcomes are to be evaluated (Government of Canada, 2013). An initial literature review was conducted to determine the scope for conducting a systematic review. The search revealed that there is a great deal of existing literature on health services for newcomers, in fact, a large majority (>90%) of the articles found focused on healthcare services. While more analysis is certainly required in this area, it is clear that literature on healthcare services for newcomers is not lacking. Additionally, the bulk of academic research conducted on social services for newcomers is 10 or more years old, and in the time since then, the service landscape has changed significantly. While healthcare and social services are frequently grouped together, they refer to two separate streams of service. Healthcare in Canada pertains specifically to hospital-based and other healthcare services, while social services are those provided by governmental or non-governmental sources for the general benefit of the community. While this distinction can be subtle, it is important and will be discussed further in *Chapter II, Section 2.2.* This is why a systematic review focused on social services for newcomers was selected with the

purpose to examine these services through the research question and secondary objectives outlined in *Sections 1.2 and 1.3*.

1.2 Research Question

This study aims to answer the following research question:

What social services are available for newcomers to Canada and how are they provided,

managed, evaluated and funded?

The research question for this systematic review consists of three components:

(1) What specific social services are available to newcomers to Canada; (2) How are services determined, funded, organized, and governed, and by whom; (3) How are outcomes for those who access the services measured, and assessed?

1.3 Study Objectives

By addressing the primary research question, this systematic review aims to achieve the following objectives:

  I.   Evaluate and update the current state of knowledge and available evidence on social services for newcomers.

 II.   Embed existing knowledge on social services for newcomers in a broader social and historical context to explore changes over the study time period of 20 years.

III.   Understand and identify frameworks that are utilized by social services for service provision to newcomers.

IV.   Contribute to this field of research through the construction of a new or updated conceptual framework(s) based on the findings of the systematic review.

 V.   Identify gaps to determine areas in need of further research

Chapter II: Background

2.1 Historical Background

As a country formed by immigrants, immigration policy has always been an important part of Canada's political conversations. Moreover, in the sphere of global politics, Canada is positioned as a compassionate nation that places a great deal of focus on humanitarian goals, welcoming refugees with open arms. This has not always been the case, as immigration policy was explicitly racist until the introduction of the points system in the 1960s, and Canada's track record with refugees was largely negative until the enactment of the 1976 Immigration Act (Fitzgerald & Cook Martin, 2014; Green & Green, 2004). Since 1976, the political climate towards newcomers, particularly those with a racial minority status, has become remarkably positive (Green & Green, 2004).

The Immigrant Settlement and Adaptation Program (ISAP) was launched by the federal government in 1974, with the goal of making settlement services available to newcomers to Canada (Canadian Council for Refugees [CCR], 2000). In 1995 the federal government launched the Settlement Renewal process, shifting the responsibility of settlement service delivery to provincial governments and other bodies (Ku, 2011; Geronimo, 2000; CCR, 2000). As a result, the system for providing social services to newcomers became far more complex, with services offered through a wide range of organizations and little coordination between service providers (Geronimo, 2000). Understanding the way in which social services operate is important because they are an integral part of the newcomer settlement experience.

2.2 Key Concept: Social Services

In addition to scarcity of literature on the topic of social services for newcomers, there is no clear definition as to what they are. While a commonly used term, and one that seems to encompass a wide array of services, the exact nature of social services has not been clearly defined in the literature. Rather, there seems to be some unwritten acceptance of what constitutes a social service and what does not. This is in contrast to the concept of 'health services', which tends to be clearly defined both by the academic community and healthcare practitioners. Perhaps the reason for the lack of a clear definition is due to the overlap of service provision among multiple public service sectors – particularly those pertaining to healthcare services. For example, mental health services fall under the jurisdiction of both healthcare and social work, as do services such as nursing homes and long-term care facilities. For this reason, health and social services are often grouped together under one type of government body. In the case of social services for newcomers, CIC allocates funding to organizations under Immigration, Refugees and Citizenship Canada's (IRCC) two Programs: the Settlement Program and the Resettlement Assistance Program (RAP). These two programs, for immigrants and refugees, respectively, then fund social service agencies on a contractual basis. While some organizations apply for direct funding from CIC, there is no clarity as to which organizations are successful in securing it.

According to the definition provided by the *Encyclopaedia Britannica*, social services refer to organized activities and efforts created to advance human welfare, particularly through the aid of disadvantaged, distressed, or vulnerable groups, and to promote social well-being (Pinker, 2014). The definition provided by this resource also

includes charitable or philanthropic organizations as providers of social services. The

United Nations (UN) provides an online portal of terms, which describes social services

as services that:

> Typically involve employing social workers and other professionals who are to
>
> help people without much money or other resources, helping them, for example,
>
> to find lodging or get food, help for their children and with immigration, and so
>
> forth. (UN Term Portal, 2015)

The definitions pertaining to social services in the literature are both varied and vague;

however, the above definition provided by the UN is perhaps the most useful for this

study. Social services for newcomers are often referred to as 'settlement services' as they

aim to provide settlement and resettlement support to these populations during the time

leading up to arrival and the first few years after arrival. For the purposes of this study,

the term social services will be used as it captures both settlement services and other

services provided to newcomers past the initial settlement period. The term 'settlement

service' will only be used in specific reference to such services. Additionally, social

services will be defined as government-funded services that are not specifically under the

jurisdiction of healthcare services and are provided by social workers and others in the

public services sector.

Despite the seemingly fractured service landscape for newcomers, particularly

since the policy changes in 1995, service organizations appear to share one common goal

– *integration*. The term 'integrate' or 'integration' is used throughout the literature

pertaining to newcomers in reference to their adjustment to Canadian society. However,

there are, generally, two major types of integration that newcomers undergo: (1) Economic, and (2) Social and/or Cultural (Li, 2003; Berry, 1990).

2.3 Key Concept: Economic Integration

Economic integration refers to the extent to which newcomers participate in the Canadian labour market, that is to say, how many of them are able to find work based on the demand for workers, and at what wage rate. There is a great deal of literature available on this subject, particularly as it relates to those who immigrate to Canada as economic-class immigrants. Economic immigrants form the largest proportion of new immigrants to the country, consistently representing more than half of all foreign migrants to Canada since 1996 (CIC, 2015). Academic analyses of this phenomenon suggest that Canadian immigration policy has had a long-standing focus on immigration as a means of gaining beneficial human capital (Challinor, 2011; Green & Green, 2004; Ferrer, Picot & Riddell, 2014). Human capital refers to the intangible assets individuals possess, including skills in a particular trade, or education that can be used to create economic value (Marshall, 1998). From the perspective of the government, economic integration of newcomers is likely of greatest importance, as a larger and more skilled workforce is one of the best methods by which to increase economic growth and development (Schultz, 1960; Denison, 1985). Economic integration is also in the interest of newcomers who aim to become self-sufficient through labour market participation.

2.4 Key Concept: Social & Cultural Integration

Social and cultural integration refer to the extent to which newcomers are able to adapt to Canada's social fabric. Although they are two different types of integration, the

concept of cultural integration is often subsumed under that of social integration, as the two are highly interlinked and their theories are often employed in social work practice. Due to the connection between the two concepts, social and cultural integration are presented together in the literature using the term 'socio-cultural integration', and this term will be used moving forward. Socio-cultural integration of newcomers is often explored in the literature through theories of acculturation (Sakamoto, 2007). Berry's (1980) framework is perhaps the most influential and widely utilized in the study of acculturation (Sakamoto, 2007; Ward, 2007). The framework is organized into what many scholars refer to as 'Berry Boxes' (Refer to *Appendix A* for further details). The framework is built along two dimensions, and acceptance or rejection of one or both dimensions results in one of four acculturation attitudes: assimilation, separation, marginalization, and integration (Berry, 1980). Integration is often cited as the ideal acculturation attitude, in which the individual is able to successfully incorporate their 'original' culture with the 'host' culture, a process that enriches both cultures and results in the least amount of psychological distress (Berry, 1997; Sakamoto, 2007).

While widely used, the operationalization of acculturation theory, usually in the form of self-report surveys, is problematic. These surveys are often reductionist, working under the assumption that there is only one way of participating in and exhibiting one's culture. Additionally, theories of acculturation focus on the individual, and do not account for the external structures that impact their interactions with their original and host cultures. Many social services for immigrants focus on this aspect of integration through the provision of social support groups, ethno-cultural specific services, and mental health

support, as well as by focusing on the healthy development of the young children of newcomers. By addressing the individual alone and not their environment, social services have the appearance of celebrating diversity, but do not always confront oppression from external structures, often becoming complicit in the oppression of the very people they serve.

The complexities of the different types of integration have a number of implications for newcomers. For example, the mismatch between the (under) employment and educational attainment of highly skilled newcomers can have detrimental social and psychological consequences. The inability to find suitable employment can often result in poor social capital, and negative physical and mental health effects for immigrants (Stewart et al, 2008; Simich, 2003; Richmond & Shields, 2005; Dean & Wilson, 2009). Settlement in a new country, and achieving individual economic stability and growth, among other things, are top priorities for newcomers. The intersection of economic and socio-cultural integration and their barriers lead to numerous issues for these vulnerable populations, which social services attempt to address.

Chapter III: Methodology

3.1 Search Protocol

Boland, Cherry, and Dickson's (2014) book on conducting systematic reviews was used as a guide to establish a search protocol for this study. The Supervisory Committee[2] reviewed the search protocol to ensure that the selection of search terms, databases, and search strategy were appropriate and well designed. The systematic review included searches of seven electronic databases, and a limited search of grey literature was done with the purpose of finding supporting information related to service provision. As the federal government maintains primary responsibility for governing (chiefly through policies) and funding social services for newcomers, the grey literature search was confined to government sites and published documents. As mentioned earlier, in 1995, a major shift occurred in the way social services were provided to newcomers. For this reason, 1995 was determined to be the appropriate starting point for the literature search to understand the changes in social service provision since the devolution of service provision from the federal government to the provinces.

3.2 Electronic Database Search

3.2.1 Overview of Database Search

Seven databases were used to search for articles to be included in the systematic review. Each database was selected based on subject matter and suitability for the research topic. As social services for newcomers are often tied in with the provision of healthcare and mental health services, many of the databases used share a focus on health,

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[2] The 'Supervisory Committee' consisted of the author's thesis supervisor, an expert in the field of health service delivery systems, and thesis committee member, a health sciences librarian with expertise in the field of systematic and scoping reviews.

health services and allied services. Approximately ten databases were considered for use as a part of the search strategy, seven of which were deemed suitable for this study: CINAHL, Global Health, MEDLINE, Ovid Healthstar, PAIS, PsycINFO, and Sociological Abstracts. Each database was selected based on its fit with the research topic.

CINAHL was selected as it provides access to research for nursing and allied health professionals who are often involved in the provision of social services, while Global Health was chosen for its focus on public health and social services. Although Ovid Healthstar is a subset of MEDLINE, resulting in a high degree of overlap between the two databases, it was selected in addition to MEDLINE to capture potential results that may be unique to it (Kelly & St Pierre-Hansen, 2008). Both databases focus on healthcare, although they span across multiple fields related to health care that can overlap with social services. While MEDLINE is the larger database, Ovid Healthstar captures information from some additional journals not covered under it (Kelly & St Pierre-Hansen, 2008). The PAIS database was selected due to its focus on subjects related to the creation and evaluation of public policy, ranging from economic and finance, to public health. PsycINFO was chosen as it provides access to literature in the field of psychology, including subjects from the behavioural and social sciences. Finally, Sociological Abstracts was selected due to its focus on publications related to the social, behavioural, and anthropological sciences, making it a good resource to access information on social service provision.

Overall, 20 articles were deemed eligible for the systematic review, 19 from the searches of 7 databases, and 1 identified through a search of article references. Additional information can be found in *Table 1*. As noted earlier, 1995 was selected as the start date for the literature search. The last rerunning of the searches occurred on December 21st 2015, thus all searches are current 1995 to December 21st 2015 inclusive.

Table 1: Electronic Databases Selected for the Systematic Review Search Protocol

Database Name	General Information*	Initial Results[1]	Post title screening and de-duplication[2]	Post abstract screening[3]	Articles Selected[4]
Cumulative Index of Nursing and Allied Health Literature (CINAHL)	Provides access to a wide array of healthcare journals.	218	100	14	8
Global Health	Focuses on public health initiatives on a global scale.	65	13	3	0
MEDLINE	The primary bibliographic database for the United States National Library of Medicine, covers a large amount of literature	547	483	14	0
Ovid Healthstar	Focuses on clinical and non-clinical aspects of healthcare delivery	546	95	10	1
Public Affairs Information Service (PAIS)	Focuses on public policy over a broad range of subjects	175	23	6	1
PsycINFO	Resource for behavioural and social science research	184	89	6	3
Sociological Abstracts	Provides access to publications in the field of sociology and other related disciplines	822	61	22	6

*   Last search date for all databases: 21 December 2015
1   Total number of results yielded in the database search prior to de-duplication, title- and abstract-screening
2   Results yielded after screening titles and de-duplication of all results in Ref-Works
3   Results yielded after screening of all abstracts
4   Final number of articles selected for the systematic review after full-text review

3.2.2 Search Terms

The terms chosen for the search strategy were selected based on how strongly they captured the key concepts outlined by the research question. Searches used a combination of keywords, subject headings and descriptors as appropriate for each individual database, ensuring a parallel search structure when using each one. The following key terms were used: immigrant*, emigrant*, immigration, emigration, refugee*, newcomer*, migrant*, social work, social welfare, community integration, health service*, social service*, Canad*, British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Newfoundland, Nova Scotia, New Brunswick, Prince Edward Island, Yukon, North West Territories, and Nunavut. The asterisk is used to represent any number of unknown characters that can replace where it is placed in the search term. *Table 2* displays the full search strategy used in CINAHL; additional details for the search strategies used in each individual database, including modifications, can be found in *Appendix B*.

Table 2. Sample search strategy: CINAHL

#	Search Term
1	(MH "Immigrants") OR ("Emigration and Immigration")
2	(MH "Refugees")
3	"newcomer*"
4	"emigrant*"
5	"migrant*" OR (MH "Transients and Migrants"
6	Combine 1-5 with OR
7	(MH "Community Programs") OR (MH "Social Work Service") OR "social service*"
8	(MH "Health Services Accessibility") OR (MH "Community Mental Health Services") OR (MH "Health Services Needs and Demand") OR (MH "Health Services Research") OR (MH "Community Health Services") OR "community integration"
9	(MH "Social Welfare") OR "social work"
10	Combine 7-9 with OR
11	Combine 6 AND 10
12	Limit 11 – English
13	Limit 12 – Published 1995 – Current
14	(MH "Canada+")
15	"Canadian"
16	(MH "British Columbia") OR "british columbia"
17	(MH "Alberta") OR "alberta"
18	(MH "Saskatchewan") OR "saskatchewan"
19	(MH "Manitoba") OR "manitoba"
20	(MH "Ontario") OR "ontario"
21	(MH "Quebec") OR "quebec"
22	(MH "Newfoundland") OR "newfoundland"
23	(MH "Nova Scotia") OR "nova scotia"
24	(MH "New Brunswick") OR "new brunswick"
25	(MH "Prince Edward Island") OR "prince edward island"
26	(MH "Yukon Territory") OR "yukon"
27	(MH "Nunavut") OR "nunavut"
28	(MH "Northwest Territories") OR "northwest territories"
29	Combine 14-28 with OR
30	Combine 13 AND 29

3.3 Study Selection & Eligibility Criteria

Although the initial searches resulted in 2560 articles, only 20 met the inclusion and

exclusion criteria and were selected to be a part of the systematic review. :

Articles that were included met the following inclusion criteria:

   i.   Concentrated on services for newcomers

   ii.   Focused on social services

  iii.   Published in the year 1995 or later

  iv.   Published in English

   v.   Provides a Canadian context or is a Canadian study

Articles that were excluded met the following exclusion criteria:

   i.   Examined social programs not specifically for newcomers

   ii.   Focused solely on healthcare services (such as clinics and family physicians) and

       not on social services

  iii.   Published prior to 1995

  iv.   Not published in English

   v.   No information on the Canadian context of the topic

3.3.1 Screening Protocol

A screening protocol was created for the articles found in the databases, and its process is

outlined in the PRISMA Flow Diagram (*Figure 1*). Search results of each database were

exported to RefWorks, an online software program that is used to manage references. The

majority of screening occurred within RefWorks, beginning with de-duplication of results

across all databases, after which, titles were screened to determine compatibility with the

study criteria. Any titles that appeared to address the research topic, or that were vague

were retained for the next screening stage while others deemed not relevant were removed. Initial search results provided a total of 2560 articles. After de-duplication 1673 articles were screened by title, resulting in 575 articles. The next stage of the screening process was a review of each article abstract, which resulted in 66 articles. This was followed by a final, full-text review and quality assessment for each article, which left 19 articles to include in the study. The references of these final 19 articles were searched to identify additional studies to add to the systematic review. A title screening led to 5 articles, of which 1 was selected after full-text reviews.

3.3.2 PRISMA Flow Diagram

The Preferred Reporting Items of Systematic reviews and Meta-Analyses (PRISMA) is a practical guideline for authors to ensure the transparent and complete reporting of systematic reviews. *Figure 1* features the PRISMA Flow Diagram, which outlines the protocol followed for the selection of literature for this systematic review. The diagram provides an overview of the literature found in each of the four stages of the selection process (identification of articles, screening of the articles found, determining eligibility, selecting articles to be included). At each stage, the number of articles found is listed. A checklist of the PRISMA guideline for the reporting of systematic reviews and meta-analyses can be found in *Appendix D*.

Identification	CINAHL English, 1995-Current (n = 221)	Global Health English, 1995-Current (n = 65)	Medline English, 1995-Current (n = 547)	Ovid Healthstar English, 1995-Current (n = 546)
	PAIS English, 1995-Current (n = 175)	PsycINFO English, 1995-Current (n = 184)	Sociological Abstracts English, 1995-Current (n = 822)	

Records after duplicates removed (n = 1673)

Screening

Article titles screened (n = 1673) → Records excluded (n = 1098)

Article abstracts screened (n = 575) → Records excluded (n = 509)

Eligibility

Full-text articles assessed for eligibility (n = 66) → Full-text articles excluded (n = 47) for the following reasons:

- Study did not focus on social services for newcomers (n = 46)
- Study did not meet quality assessment criteria (n = 1)

Included

Studies included in the systematic-review (n = 19)

Articles identified through references (n = 1)

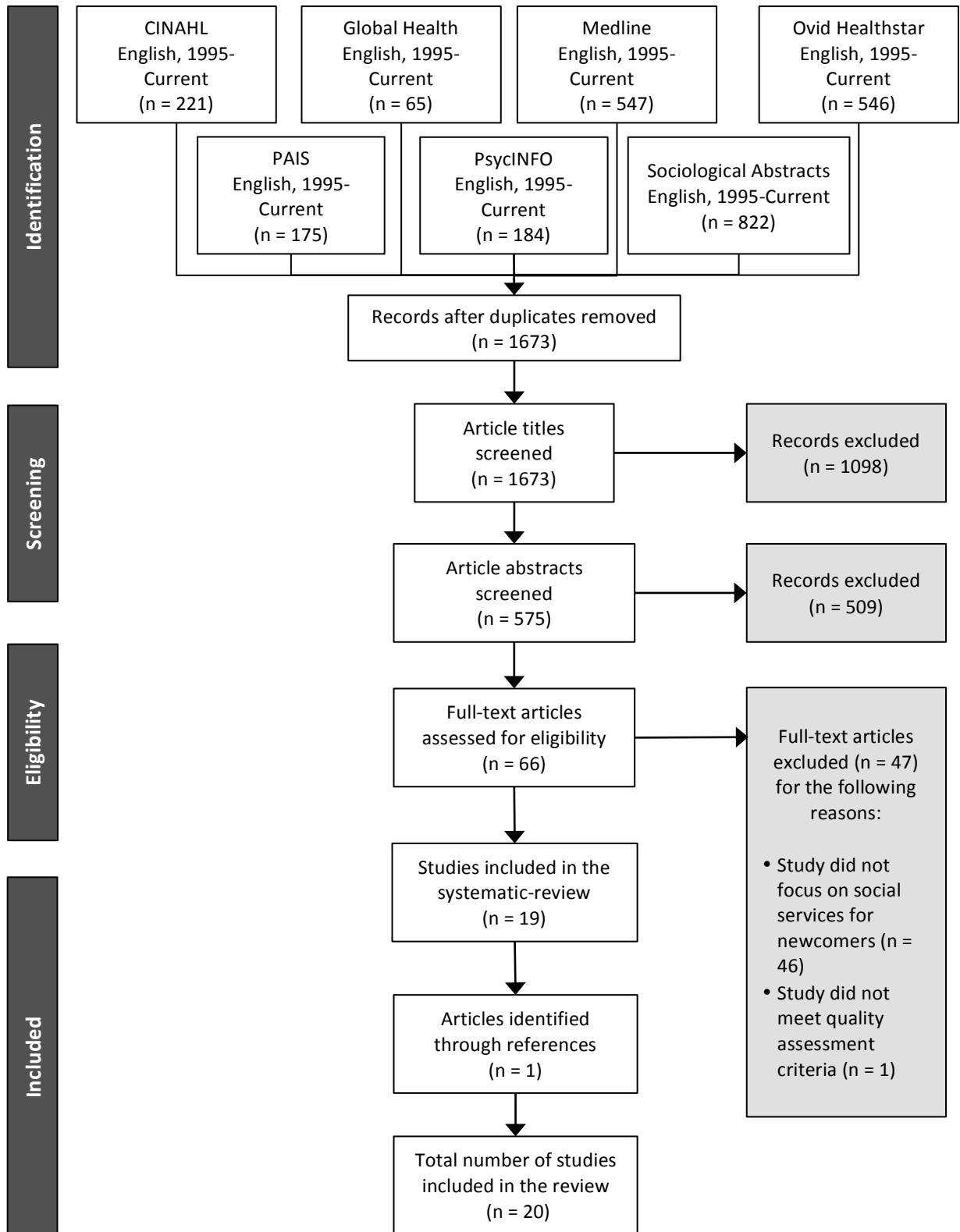Total number of studies included in the review (n = 20)

Figure 1. PRISMA Flow Diagram

3.4 Data Extraction

Articles selected for this systematic review use a range of qualitative and quantitative methodologies. However, with the exception of demographic data, quantitative and mixed-method studies included in the systematic review did not share any like variables. For this reason, meta-analysis of the quantitative data was not conducted. Textual data was extracted from various parts of the articles, including, but not limited to: study purpose, methodology, findings/results, discussion, and conclusions/recommendations. All data was gathered from articles systematically and coded under themes using the NVivo software program.

3.5 Data Analysis

The concept of conducting systematic reviews of qualitative literature is a fairly new one, with new methodologies emerging and improving on previous ones. Barnett-Page and Thomas (2009) identified nine distinct procedures for qualitative synthesis: Critical Interpretive Synthesis, Ecological Triangulation, Framework Synthesis, Grounded Formal Theory, Meta-Ethnography, Meta-Narrative Synthesis, Meta-Study, Thematic Synthesis, and Textual Narrative Synthesis. Thematic Synthesis, developed by Thomas and Harden (2008), provides a unique methodological approach to qualitative synthesis, as it uses software to code study results. Thematic Synthesis integrates and adapts procedures from both meta-ethnography and grounded theory, providing a rigorous methodological framework that yields strong results (Barnett-Page & Thomas, 2009). Using this approach, study findings were coded in two stages. First, line-by-line coding of all studies was done in NVivo and organized into descriptive themes. The descriptive themes were then further interpreted to yield analytical themes in phase two.

Chapter IV: Findings

4.1 Search Results

The PRISMA Flow Diagram (Figure 1) in *Chapter III* provides a thorough overview of the study selection process for this systematic review. Of the initial 2560 studies found, a large majority focused solely on healthcare provision and not on social programs, while others focused on broad social programs that provided services to populations beyond newcomers. Examples of the types of social services that were the subject of these studies included services for the homeless community, harm reduction sites for intravenous drug users, services for women fleeing abuse, interventions for sex workers, and so forth. Interactions between these services and newcomers were sometimes reported; however, as newcomers were not the target population for these services, they did not meet the eligibility criteria. While analysis of these services and their engagement with the newcomer population is certainly of great importance, they simply did not fall within the scope of this study.

It should be noted that much of the available research focuses on newcomer and service provider perspectives, such as perceptions of availability services and efficacy. The importance of understanding these subjective perspectives, particularly if they are the prevailing view, cannot be understated. These perspectives provide a deep understanding of the issues faced by organizations and services users, and provide an opportunity to hear from populations that are often underrepresented in the literature. However, the focus on qualitative research has resulted in limited objective analysis of programs. Evaluation of the programs, their efficacy from financial or program objective perspectives and so forth is in short supply, making it difficult to fully address the research question. This

represents a critical gap in the literature and highlights a significant problem with the system: it is difficult to provide efficient and appropriate services to meet the needs of our most vulnerable populations if those services are not evaluated. A search of grey literature revealed government documents with a limited number of case studies used to illustrate 'best practices' in the delivery of social services for newcomers. Unfortunately, the reports on best practices are not comprehensive, and do not provide information that is actionable as structural and organizational information is unavailable.

Despite the limited availability of literature on the topic, the studies found were generally of high quality. *Table 3* gives an overview of the studies included in this systematic review and presents information on study purpose, population, methodology and quality based on the Standard Quality Assessment Criteria developed by Kmet, Lee, and Cook (2004). Of the 20 studies, 12 were qualitative, 2 were quantitative, 4 were mixed-methods, 1 was a literature review, and 1 was a case study evaluating best practices of a social service for newcomers. The latter two were not assessed based on the Standard Quality Assessment Criteria, as they did not fit into the two study categories. These were reviewed independently to assess suitability for inclusion in the systematic review, and both were deemed acceptable. When searching for additional literature through references, it was noted and many of the studies referenced other sources already included in the systematic review, resulting in only 1 study being selected.

Table 3. Overview of studies used in the systematic review

Article (Score)	Study Purpose	Study Population	Study Methodology
Chadwick & Collins, 2015 (Quant: 0.954; Qual: 0.85)	Examine the relationship between self-perceived mental health, social support, and urban center size, for recent immigrants to Canada	Immigrants and social service providers in small and large urban centers	Mixed methods: Analysis of CCHS data; In-depth interviews with managers of settlement service organizations
George, 2002 (Qual: 0.95)	Determine a model for appropriate settlement services for newcomers to Canada	Recent immigrants from African countries; Social service providers	Interviews with prospective participants; 2 rounds of focus groups with African newcomers and service providers
Guo & Guo, 2011 (Qual: 0.70)	Examine the role of Chinese ethnic organizations in responding to community needs in Calgary and Edmonton	Service providers to Chinese immigrants in Calgary and Edmonton	Document analysis and interviews with organization founders, chairs, board members, executive directors and program coordinators
Huot, 2013 (Qual: 0.75)	Understand the link between community organizations and social policy, and community organizations and occupational possibilities for immigrants	Service providers to Francophone immigrants in Canada	Critical review of government documents; Interviews with representatives from local government and community organizations
Jurkova, 2014 (Qual: 0.75)	Explore the nature, goals, and functions of ethno-cultural organizations and how, or if, they benefit immigrant members	Bulgarian immigrants to Canada	Interviews with immigrants, both members and non-members of the Bulgarian Society. Complementary document analysis
Lacroix et al., 2014 (Qual: 0.90)	Understand the context in which Refugee Community Organizations (RCOs) have developed, the populations they serve, and the role they play in ethnic communities	Refugee Community Organizations in Winnipeg and Montreal	Document and literature review; Interviews with leaders of RCOs; interviews with RCO members/clients; direct observation
Ma & Chi, 2015 (Quant: 0.86)	Examine help seeking behaviour of Chinese Canadians and the barrier to available formal services	Chinese Canadians aged 18+ in the Greater Toronto Area	Telephone survey conducted 1996-97
Makwarimba et al., 2013 (Qual: 0.90)	Identify the unique support needs and preferences of African refugees in Canada	Sudanese and Somali refugees in Canada between ages 18-54	In-depth interviews with 68 refugees (29 Sudanese; 39 Somali)
Merry et al., 2011 (Qual: 0.92)	Understand barriers faced by vulnerable migrant women	Pregnant refugee & refugee-claimant	Participants surveyed at 2 weeks and at 4 months

	needing health and social services postpartum	women in Montreal and Toronto	post-delivery. Women identifying multiple unmet needs were interviewed.
Ramaliu & Thurston, 2003 (N/A)	Examining best practices for service delivery in a community organization.	N/A	Case study of the Survivors of Torture program in Calgary
Reitmanova & Gustafson, 2008 (Qual: 0.80)	Determine facilitators and barriers for availability and access to support services and programs	Minority immigrants in St. John's, Newfoundland	Semi-structured, open-ended interviews with visible minority immigrants
Sadiq, 2004 (N/A)	Examine existing literature on ISAs to understand the spatial mismatch between location of services and the residential locations of newcomers	Immigrant serving agencies (ISAs)	Literature review using library, database and internet searches.
Sakamoto, 2007 (Qual: 0.772)	Critical interrogation of the impact of social science theories on social work practice with immigrants in Canada	Mainland Chinese skilled immigrants to Canada; Service providers working with these immigrants	In-depth interviews with clients and service providers; 4 focus groups; 9 key informant interviews
Sethi, 2015 (Quant: 0.73; Qual: 0.80)	Examining newcomer access to education and/or training	Newcomers and service providers in the Grand Erie region of Ontario	Two survey questionnaires, one for newcomers and one for service providers. "Other" section provided qualitative data.
Sethi, 2013 (Quant: 0.82; Qual: 0.95)	Examining newcomer access to mental and/or physical health services and social supports	Newcomers and service providers in the Grand Erie region of Ontario	Survey questionnaires (see above, Sethi, 2015); Community meetings and discussions with key informants; Researcher reflexive journal
Simich et al., 2005 (Qual: 0.90)	Determining challenges to accessing social support for newcomers in Canada	New Chinese immigrants and Somali refugees in Toronto, Vancouver, and Edmonton	Interviews with service providers and policymakers; interviews with Chinese immigrants and Somali refugees; 6 focus groups
Stewart et al., 2012 (Qual: 0.95)	Design and pilot test a culturally congruent intervention that meets support needs of two ethno-culturally distinct refugee groups	New Chinese immigrants and Somali refugees in Toronto, Vancouver, and Edmonton	Quantitative data from census and settlement service reports triangulated using: interviews with immigrants, refugees, service providers, and policy makers

Stewart et al., 2008 (Qual: 0.95)	Understand the meanings of social support for newcomers in Canada; Explore the types and adequacy of formal supports	Somali and Sudanese refugees in two major urban centers	Participatory action approach. In-depth interviews with participants
Wang & Truelove, 2003 (Quant: 0.864)	Evaluate the two largest settlement programs (LINC & ISAP) in Ontario in terms of geographical distribution and funding allocation, in relation to settlement patterns of new immigrants	Newcomers in Ontario	GIS mapping technology using data from the 1996 Census, 1999 Landing Records, and 2001 Service Providers Lists
Yan & Lauer, 2008 (Quant: 0.90; Qual: 1.00)	Examining the role of settlement houses (neighbourhood houses) in the social integration of newcomers in Vancouver	Newcomers using neighbourhood house (NH) services; Service providers and those involved in program development	Questionnaire for newcomers; key informant interviews; focus groups with workers and members of the Board of Directors at their respective NHs

4.2 Descriptive Themes

During the initial analysis phase, descriptive themes were selected and sorted into two major categories – those pertaining directly to social services and those relating to newcomer integration. Under these two categories, seven descriptive themes were identified: (1) Economic Integration, (2) Socio-cultural Integration, (3) Service Delivery and Best Practices, (4) Accessibility, (5) Organization Type, (6) Funding, and (7) Governance. The first two themes fall under the category of newcomer integration while the remaining five themes belong to the social services category. *Table 4* lists the descriptive themes reported in each of the systematic review studies. Each theme discussed has an important role to play in the delivery of social services to newcomers; therefore, the themes are not listed in any particular order. This section discusses the findings of the analysis of each study to identify descriptive themes.

Table 4. Descriptive themes reported in the systematic review studies

	Chadwick & Collins, 2015	George, 2002	Guo & Guo, 2011	Huot, 2013	Jurkova, 2014	Lacroix, Baffoe & Liguori, 2015	Ma & Chi, 2015	Makwarimba et al., 2013	Merry et al., 2011	Ramaliu & Thurston, 2003	Reitmanova & Gustafson, 2009	Sadiq, 2004	Sakamoto, 2007	Sethi, 2015	Sethi, 2013	Simich et al., 2005	Stewart et al., 2012	Stewart et al., 2008	Wang & Truelove, 2003	Yan & Lauer, 2008
Economic Integration	✓	✓	✓	✓	✓	✓		✓			✓		✓	✓		✓	✓	✓		✓
Socio-cultural Integration	✓				✓	✓		✓	✓		✓		✓	✓	✓	✓	✓	✓		
Service Delivery & Best Practices	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓
Accessibility	✓	✓		✓			✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Organization Type		✓			✓	✓	✓				✓						✓	✓		
Funding	✓	✓	✓	✓		✓	✓				✓	✓		✓					✓	✓
Governance		✓	✓									✓		✓					✓	

4.2.1 Economic Integration

Commonly framed as an issue for newcomers seeking employment matching their qualifications and experience, economic integration was one of the most explored themes in the literature, with 14 of the 20 (70%) studies reporting on it. In all the studies reporting on this theme, economic integration was listed as one of the most important

aspects of the integration process for several reasons. The literature describes economic integration as the key to newcomers becoming productive members of society, with employment being of primary concern (Huot, 2013; Lacroix, Baffoe & Ligouri, 2015; Sakamoto, 2007). Makwarimba et al. (2013) explained that, "Unemployment and precarious jobs were closely linked with low incomes and financial problems," (p. 109) and such financial insecurity presented challenges in securing safe and sufficient housing. Simich et al. (2003) report that, "poverty among new Canadians has reached unprecedented levels," (p. 266) due to difficulties in economic integration.

Refugees are a further disadvantaged group of newcomers due to the additional stigma surrounding their refugee status. In one study, refugee participants reported feeling humiliation when they were treated as foreigners seeking social services, while other studies had participants describe discrimination in the workplace and in securing employment in the first place (Makwarimba et al., 2013; Reitmanova & Gustafson, 2009; Simich et al., 2005, Stewart et al., 2008). Refugees are often depicted as persons lacking agency and human capital, when in fact many refugees are highly educated (Sakamoto, 2007; Lacroix, Baffoe & Ligouri, 2015). All of the studies that reported on the theme of economic integration listed the non-recognition of foreign credentials, such as education and work-experience, as the primary barrier to economic integration. In addition to this, several studies also cited language as another major barrier. Language was a theme consistently reported on in the majority of studies of the systematic review, and it is a concept that is present across several of the descriptive themes identified. The theme of language will be further discussed in *Section 4.3*.

4.2.2 Socio-cultural Integration

While discussion of socio-cultural integration was less common than that of economic integration, it was still an important theme explored in 60% of the studies. In her examination of immigrant acculturation, Sakamoto (2007) found that service providers and newcomers identify two main factors that signal integration in Canadian society: the first is the ability to speak an official language, while the second is to learn about Canadian culture. The second factor is a contentious one, as there is no commonly agreed upon definition of "Canadian culture" (Sakamoto, 2007). Moreover, there is no standard way to learn Canadian culture, as demonstrated by two of Sakamoto's (2007) study participants with opposing views on what it means to learn about Canadian culture. Culture is a difficult concept to unpack because of the complex relationships that create it. Paradoxically, Canadian culture is seen by many as a culture of difference, illustrated by the concept of Canada's multicultural mosaic (Mackey, 2002). In opposition to this view, many scholars argue that the pluralist cultural mosaic was a response to the Quebec separatist movement that allowed the government to legitimize cultural differences as a part of the fabric of the nation (Mackey, 2002; Weinfeld, 1981; Gagnon & Iacovino, 2005). These scholars suggest that the concept of multiculturalism is therefore politically motivated, yet politically motivated or not, multiculturalism has become a key ingredient in Canadian culture and identity.

The studies in this systematic review describe various facilitators and barriers to socio-cultural integration, many of which are linked to the types of services delivered and the types of organizations delivering the services. The literature establishes that newcomers experience depleted social networks upon arrival in Canada, which impedes

integration (Chadwick & Collins, 2015; Reitmanova & Gustafson, 2009; Stewart et al., 2012). Thus, the interlinking of economic integration and social integration is important here, as robust social networks can facilitate economic integration (e.g. more pathways to job opportunities), and economic integration can facilitate social integration (e.g. increased self-worth and social capital, larger social network built through employment). Chadwick and Collins' (2015) study with immigrants living in large and small urban centers revealed that services such as group sessions, organized by demographic groups or interests, offered opportunities for clients to participate in positive social interactions. Other sources of positive social interactions included mentorship programs, community-based activities and social support interventions targeted at specific ethnic groups (Chadwick & Collins, 2015; Reitmanova & Gustafson, 2009; Stewart et al., 2012; Jurkova, 2014). The importance of ethnic organizations becomes apparent when it is understood that newcomers achieve greater socio-cultural integration when they are able to build social networks with others who share their cultural identity, as will be explored in *Section 4.2.5*.

4.2.3 Service Delivery & Best Practices

Of the seven descriptive themes identified, Service Delivery and Best Practices was the most widely discussed, appearing in 17 of the 20 (85%) studies. Service Delivery and Best Practices can be divided into three main areas: (1) Models of service provision, (2) Organizational best practices, and (3) Personnel training and education. Studies identified a myriad of service delivery models, from one-on-one to group sessions, generic to ethno-specific, reception to follow-up services and so forth (to see a full list of

the types of services reported in the literature, see *Appendix B*). The issue with having so many varied service models is two-fold: numerous services are often unnecessarily duplicated across various service providers resulting in systemic inefficiencies, and this results in negative outcomes for newcomers who are unable to navigate the complicated service landscape. Due to funding limitations, many organizations only provide a few services, or are unable to fully meet the needs of the newcomers they serve, so referrals to other organizations are a common occurrence (Chadwick & Collins, 2015; George, 2002; Sethi, 2015). This tends to result in a lack of 'continuity of care' for newcomers, who often get stuck in a cycle of referrals, using numerous services to address their complex needs (Ramaliu & Thurston, 2003; Sethi, 2015; Stewart et al., 2008). The majority of studies that explored this theme advocated for inter-organizational collaboration to improve service provision for newcomers. In fact, Ramaliu & Thurston's 2003 study suggested collaboration to be a best practice among organizations providing social services to newcomers. However, as Sadiq (2004) points out, the issue is that while many organizations do try to collaborate to increase service capacity, it is a difficult process that is not always successful, often due to competing interests over funding or uneven power dynamics (See *Section 4.2.5* for further discussion).

When successfully executed, collaboration between different organizations is a best practice that organizations should strive for. Other best practices include the provision of culturally sensitive and linguistically accessible services for newcomers (Guo & Guo, 2011; George, 2002; Reitmanova & Gustafson, 2009; Sadiq, 2004; Sethi, 2015). Such best practices are inherently linked with appropriate training and education

of personnel providing services. Guo & Guo (2011) note that social services for newcomers tend to adopt a 'difference blind' approach that can be attributed to Canadian attitudes of 'liberal universalism', which operates on the assumption that all human beings are essentially the same. Under this framework, services are generic and do not account for differences both between and within ethnic groups. A number of studies suggest that appropriate training of workers on cultural sensitivity is essential, and suggest best practices such as providing training workshops that are open to the community to foster community cohesion (Chadwick & Collins, 2015; Lacroix, Baffoe & Liguori, 2015; Ramaliu & Thurston, 2003; Reitmanova & Gustafson, 2009; Sadiq, 2004). George (2002) points out that the system of delivering social services to newcomers needs to account for the fact that one settlement worker cannot deal with the varied needs of all newcomers. She advocates that settlement workers receive specific training regarding different types of needs newcomers may have (George, 2002). As Yan and Lauer (2008), and Sadiq (2004) point out, some of the best ways to address the needs of newcomers in a culturally sensitive manner is by hiring workers belonging to the ethnic communities they serve.

4.2.4 Accessibility

Regardless of how efficient or well-designed a program or service may be, it cannot achieve success if its target population is unable to access it. Accessibility was another popular theme studied in the literature, appearing in 16 of the 20 (80%) studies in the systematic review. Accessibility issues appear to come in four different forms: (1)

Physical Accessibility, (2) Linguistic Accessibility, (3) Informational Accessibility, and (4) Accessibility based on Eligibility.

Physical accessibility is the most straightforward, and has been heavily analyzed in the studies by Wang and Truelove (2003), Sethi (2015) and Makwarimba and colleagues (2013). These studies highlight that, due to affordability issues, many newcomers are moving straight into suburban areas instead of traditional newcomer reception areas such as the City of Toronto. Wang and Truelove (2003) used geographical technology to map the location of settlement services and newcomer residences in the Greater Toronto Area (GTA) to determine distances between them. They found that most newcomers were within 20 km of a service location (Wang & Truelove, 2003). The limitations of their study included the fact that they measured straight-line distance, which did not account for the actual travel routes; as such travel times could be substantially longer, especially considering that the areas where most newcomers resided were not well-served by public transportation. Sadiq (2004) found that, "Over 40 per cent of recent newcomers live in northern areas of Toronto… but only 25 per cent of all settlement agencies are located there… Northern areas remain mostly ill-served by the subway, resulting in longer travel times."(p. 20). Sethi (2015) also found that issues with transportation posed a significant barrier to the integration of newcomers, especially for women who were further disadvantaged due to gender-related issues. Women tend to be the primary caregivers, and difficulty in finding affordable childcare was often cited as a barrier to accessing services (Sethi, 2013, 2015; Merry et al., 2011).

Language was commonly explored throughout the literature as a significant barrier to accessing services and newcomer integration. Linguistic accessibility can be seen as a two-part issue. The primary issue is that newcomers not fluent in an official language have difficulty accessing services, although, some scholars argue that knowledge of English is necessary, as many Francophone newcomers find services to be inaccessible as well (Huot, 2013). The secondary issue is that due to other accessibility issues, be they physical, informational, or eligibility related, language training itself is difficult to access. As a result, many newcomers find themselves in a dilemma where they can neither access services in their native tongue, nor access language training services so that they may then access other services. Studies suggest that language barriers make newcomers hesitate in approaching service providers, and in cases where newcomers were Francophone, many services were still unable to serve them due to a lack of French-speaking staff (Huot, 2013; Stewart et al., 2008; Chadwick & Collins, 2015). Smaller organizations tend to lack the resources to hire translators while larger organizations serve a wide variety of ethnic communities where the use of translators is not necessarily feasible (Makwarimba et al., 2013; Simich et al., 2005; Stewart et al., 2012). As was touched upon earlier, researchers suggest that the best way to address this issue is by hiring staff that is culturally and linguistically associated with the newcomers such organizations serve.

Informational accessibility relates to the fact that information is inaccessible or inadequate, and hence leads to newcomers who cannot access services due to a lack of awareness. The concept of informational accessibility is closely tied to linguistic

accessibility in that the inability to communicate effectively in an official language can prevent newcomers from being able to seek out information in the first place (Ma & Chi, 2015; Makwarimba et al., 2013; Reitmanova & Gustafson, 2009). Furthermore, information is not always provided in a language that newcomers are able to understand (Sakamoto, 2007; Simich et al., 2005). Awareness of services through the provision of appropriate, relevant, and timely information is a major facilitator for newcomers trying to access services (Ma & Chi, 2015). Makwarimba and colleagues (2013) describe how many newcomers in their study felt, "overwhelmed by the amount of information received after arrival in Canada. The one-time orientation programmes bombarded newcomers with information at a time when they felt disoriented."(p. 111). Additionally, it was noted that the placement of information about services for newcomers should be in public venues, such as churches and community centers, where they are easily accessed (Makwarimba et al., 2013). The study also found that newcomers required information relevant to acclimating to the country and understanding basic survival skills, such as where to buy groceries, or how to use public transportation. It was suggested that gradual orientation and provision of information was necessary to allow newcomers to access services and find more information based on their own needs (Makwarimba et al, 2013).

The final aspect of accessibility is related to eligibility issues. Several studies outlined that eligibility requirements, often seemingly arbitrary, presented significant barriers for newcomers trying to access social services. Sakamoto (2007) and Sadiq (2004) both discuss the time-based eligibility requirement in which most social services for newcomers were limited to those who had resided in Canada for three years or less.

The researchers critique this requirement as failing to acknowledge that many newcomers face on-going settlement challenges and require access to these services beyond the three-year mark. Sadiq (2004) suggests that this may be due to the fact that after the three-year point, newcomers become eligible for citizenship, opening the door to other potential services and greater integration in Canadian society. The issue with this is that eligibility for citizenship has changed quite drastically since 2004, while the eligibility requirements for services for newcomers do not reflect this change. Simich et al. (2005) point out that eligibility can also be restricted based on immigration status; for example, some services are only available to immigrants, while others are only for refugees. This adds to an already complex service delivery system, creating further difficulties for newcomers requiring access to social services. Moreover, Wang and Truelove's 2003 study suggests that services designed for newcomers do not extend services to those who have resided in Canada for more than five years – a contradiction to other studies, indicating a lack of clarity on the criteria across services. Funders can place additional eligibility criteria in their contracts with service organizations, thereby creating further barriers to accessibility. In their study on newcomers to St. John's, Newfoundland, the researchers stated that newcomers arriving through other Canadian cities were ineligible to receive services (Reitmanova & Gustafson, 2009). Ma and Chi (2015) found that many of their study participants experienced structural barriers in accessing social services, and issues such as complicated application procedures made it difficult for many participants to apply to, and become eligible for certain services. Structural barriers included: difficulty accessing services, lack of knowledge regarding available services, unavailability of

services needed, long waiting lists, and so forth (Ma & Chi, 2015). The lack of consistent eligibility criteria across services and throughout the country makes it difficult for newcomers to know which services they can access, when and for how long.

Accessibility issues are complex and highly interlinked, with each aspect effecting individuals differently based on numerous different factors, as such, these different types of accessibility are not listed in any particular order. Physical accessibility can impact the ability to access information, while a lack of information on supports related to transportation could, for example, impact physical accessibility. Likewise, physical issues, such as the residence location of an individual, can impact their eligibility. The issues here are connected in a web of complicated relationships that are difficult to tease apart. This same issue of complexity runs across different aspects of service provision, from the types of services delivered, to the way in which policies shape those very services.

4.2.5 Organization Type

Although this theme was not frequently explored in the literature it was found in 35% of studies in the systematic review, studies that focused on organization types often delved deep into the subject, providing a wealth of information. The literature describes two major types of organizations: large Multi-Service Agencies (MSAs), and small Ethno-Specific Agencies (ESAs). MSAs provide a greater amount of services to all newcomers who seek them while ESAs tend to focus on single groups of ethnic newcomers. There are distinct advantages and disadvantages inherent to both types of organizations. MSAs are better funded and provide a wider array of services from one

location. However, as MSAs provide services to a large group of people, there is a tendency to treat all newcomers in the same manner, assuming they all have the same needs (Lacroix, Baffoe & Liguori, 2015, Guo & Guo, 2011; Makwarimba et al., 2013; Sadiq, 2004). As such, the provision of culturally sensitive services in multiple languages becomes rather difficult (Guo & Guo, 2011; Reitmanova & Gustafson, 2009). Sadiq (2004) points out that ESAs have three main benefits over MSAs, which include: culturally and linguistically sensitive services for ethno-racial newcomers, opportunities for newcomers to build their social networks and find links to potential jobs, and better accessibility due to location in relation to the communities they serve. However, the main disadvantage of ESAs is that they tend to be under-funded and staffed by volunteers who do not necessarily have training in social service provision, which ultimately compromises service quality (Sadiq, 2004). As a result of these issues, many MSAs and ESAs collaborate.

Overall, when multiple ESAs collaborate, it appears to be successful, although some tension over competing for the same funds does exist (Ramaliu & Thurston, 2003). Lacroix, Baffoe and Liguori (2015) describe how collaboration between ESAs in their study allowed for better pooling of resources and enhanced provision of effective services. In addition, collaboration with community partners, as was the case for one ESA that worked with the Winnipeg Police to decrease the number of youth joining gangs, can be helpful in dealing with resource constraints (Lacroix, Baffoe & Liguori, 2015). However, ESAs also deal with intra-group issues, as was the case with the Liberian ESAs in Manitoba who dealt with mistrust and suspicion as a result of the civil wars many of

the community members had escaped (Lacroix, Baffoe & Liguori, 2015). Additionally, Simich and colleagues (2005) found that reduced funding has led to decreased cooperation and increased competition among service organizations. Despite these issues, collaboration between ESAs tends to be more positive than collaborations between ESAs and MSAs. In the latter type of collaboration, MSAs often provide ESAs with a portion of their funding, a space from which they can work, and other such resources. While funding itself is not necessarily an issue, Sadiq (2004) describes how this creates, "Unequal power relations between organizations [which] compromise the independence of smaller organizations and demonstrate a lack of mutual respect." (p. 18). Often, funding is under the complete control of the MSA staff and there is a degree of mistrust between the two types of organizations (Sadiq, 2004). As such, the link between organization type and funding is an important theme to explore

4.2.6 Funding

Funding was a theme examined by just over half (55%) of the studies in the systematic review. While the topic was covered fairly well with regards to the types and adequacy of funding available to social service organizations for newcomers, the studies did not provide any quantitative data as to the amount of funding organizations received. A search of the grey literature (mainly government documents) also did not reveal any specifics regarding organization funding. Some information on funding allocation can be found by region, such as federal funding allocation to the provinces, and provincial allocation to districts. Of the twenty studies in the systematic review, Wang and Truelove (2003) provided the only quantitative data on funding, organized by regional districts. As

such, analysis of this theme is based solely on qualitative data, with some exploration of the quantitative findings of Wang and Truelove's 2003 study.

In his exploration of the settlement service system, Sadiq (2004) describes a two-tier funding system in which government contracts (both federal and provincial) are awarded to large MSAs, who in turn collaborate and fund small ESAs. While it is important to note that Sadiq's study was conducted approximately 12 years ago, and the funding model has changed to what is described in *Chapter II, Section 2.2*, many of the issues related to funding remain. Sadiq (2004) suggests that smaller service organizations are rarely awarded government contracts, and instead, rely on the contracts and purchase-of-service agreements offered by large MSAs. Huot (2013) explores how the awarding of funding to MSAs has created an unequal funding design, in which MSAs monopolize funds at the expense of ESAs. Additionally, changes to funding models have resulted in contracts that are highly competitive and short-term (usually 1-year periods), disrupting continuity of services and making the implementation of new programs very difficult (Yan & Lauer, 2008; Huot, 2013; Simich et al., 2005; Sadiq, 2004). In terms of quantitative analysis for funding, Wang and Truelove (2003) had some interesting findings. The City of Toronto was found to be substantially overfunded by more than 10% and all other regions, with the exception of Ottawa-Carleton and Thunderbay, were underfunded. The authors state that, "Toronto received $174 per newcomer, 29% more than the provincial average… but the four regions of Peel, York, Durham, and Halton received much lower than average per capita funding, with $61, $33, $66, and $62 respectively" (p. 597). Overall the majority of programs for newcomers are not well

funded, and the current model of funding allocation disproportionately affects ESAs in a negative manner.

4.2.7 Governance

The descriptive theme of governance was the least explored theme, found in only 25% of the studies in the systematic review. Governance tends to be seen as a rather vague term, broadly relating to governing or decision-making. In the context of this systematic review, governance refers specifically to government structures, decisions, and policies as they impact social services for newcomers. Sadiq (2004) reports that CIC claims that the federal and provincial governments, and the non-profit sector, all share responsibility for the settlement of newcomers. Huot (2013) and Simich et al. (2005) describe the service sector for newcomers as highly decentralized. They posit that decentralization of service provision has created a fragmented and complex service sector that is difficult to navigate (Huot, 2013; Simich et al., 2005). Additionally, Simich et al. (2005) suggest that social services for newcomers remain controlled by the government, which greatly limits organizations' abilities to provide services as needed, especially due to issues such as a, "lack of integration policies and programs, and narrow service mandates" (p. 259). Wang and Truelove (2003) propose changes to the federal and provincial governments' funding allocation models to ensure more equitable distribution of funds to different regions, which would require significant policy changes.

Another aspect of governance is organizational structure, which refers to how organizations categorize and arrange their staff as well as distribute responsibility. Unfortunately, only one study reported on any sort of organizational structure. Guo &

Guo (2011) examined two ethnocultural associations in Alberta and gave account of the organizations' membership, including voting members, and number of volunteers. However the information did not go beyond reporting these numbers to mention the hierarchical structure, number of paid staff and so forth. Due to the lack of literature, organizational structure could not be explored more deeply.

4.3 Analytical themes

The second phase of the thematic synthesis methodology is analysis of the descriptive themes. This analytical process revealed two major analytical themes: (1) Knowledge of an official language, particularly English, is the keystone upon which all other aspects of newcomer integration rest, and (2) There are multiple levels of social service provision, and the interactions of these levels must be teased apart to understand their impact on newcomer integration.

4.3.1 Language: The Essential Building Block for Integration

Every study in the systematic review discussed language as an important facilitator in newcomer integration. Even Wang and Truelove (2003), who did not explicitly look at the relationship between language and social services for newcomers, appeared to acknowledge its importance through a focus on the location of LINC and ISAP services. While this would suggest that the topic is a key descriptive theme, language was not deeply explored as a concept in and of itself; rather it was usually discussed in relation to other concepts, such as economic and socio-cultural integration, organization type, and service delivery and accessibility. What can be determined through deeper analysis of the descriptive themes, is that language is the central element in social

service provision for newcomers and ultimately, for their integration. In particular, knowledge of the English language is seen as the most important aspect to achieve integration for two major reasons. The first reason is that while Canada has two official languages, emphasis is placed on learning English due to greater employment opportunities available to English-only speakers as opposed to French-only speakers (Huot, 2013). The second reason is that the majority of social services for newcomers are available in English, and Francophone newcomers often have difficulty seeking out services where French is used as widely as English (Huot, 2013).

English asserts its dominance as an official language through sheer numbers. According to the 2011 census, data on Canadians' knowledge of the official languages revealed that 68.13% of the population can only speak English, and in the province of Ontario, where most newcomers settle, that number rises to 86.34% (Statistics Canada, 2012). George (2002) found that the Ontario Administration of Settlement and Integration Services (OASIS) contracted out the provision of settlement services for newcomers in Ontario to non-profit organizations. Funding was based on the number of newcomers using the services and was increased if they were unable to speak an official language (George, 2002). It is unclear if the increased funding was to provide extra resources (such as the hiring of interpreters) or to support language-training programs. It is also not certain if the same funding model presently exists in Ontario, and difficulty in locating current information on the OASIS program suggests it no longer exists. Despite the uncertainty due to potential changes over time, George's (2002) study makes it clear that at multiple levels, from governance to funding, language is viewed as an important factor

in newcomer integration. The importance of this concept of language can be understood through three major components.

First, being able to communicate in an official language greatly improves accessibility to social services. Social service organizations for newcomers do not always have the resources or capacity to provide services in multiple languages or to hire interpreters. Makwarimba et al. (2013) noted that language difficulties, when encountered with service providers, negatively impacted newcomers' access to services. Many newcomers seek out language training as a means to improve accessibility and opportunities for employment. However, as Stewart and colleagues (2008) point out, when newcomers are unable to, "…overcome key settlement challenges, they are 'stuck in survival mode': unemployed, financially insecure, and struggling to improve their living situation," (p. 152). Language is an underlying feature in many of these struggles, and the inability to communicate in an official language can present significant challenges in attaining necessities such as housing and employment (Chadwick & Collins, 2015).

Second, knowledge of an official language helps build strong social networks and facilitates social and cultural integration. As was previously highlighted by a number of researchers (Sakamoto, 2007; Stewart et al., 2008), the ability to speak an official language is seen as a major step towards integration into Canadian society. In being able to speak English or French, newcomers are better able to interact with the people around them, with services, and with other aspects of everyday life. Being able to communicate in an official language can increase confidence, social capital and result in a better quality of life (Stewart et al., 2008). In Merry and colleagues' 2011 study on newcomer women

accessing health and social services post-partum, language was listed as a primary barrier to accessing services. Some participants even reported hesitancy in calling emergency services when needed because they feared being unable to communicate (Merry et al., 2011). When newcomers are unable to communicate in an official language, issues such as isolation are commonly reported, and have detrimental effects on their integration (Sethi, 2015; Simich et al., 2005; Stewart et al., 2008; Merry et al., 2011).

Third, the ability to speak an official language has a direct impact on newcomers' employability among other things that facilitate their economic integration. Stewart et al. (2008) discuss how language appeared to be a significant challenge for newcomers, and how it actually moderated the effects of other challenges. In Jurkova's (2014) study of Bulgarian newcomers, many participants noted that despite their qualifications, language still posed a significant barrier to economic integration. She found that eighty percent of her participants had attended English-as-a-Second Language (ESL) courses prior to being employed (Jurkova, 2014). The literature highlights that it is not enough to have a basic knowledge of an official language in order to find employment, as factors such as fluency and accents can impact job opportunities. Stewart et al. (2008) found that language difficulties, "…equally affected those who received education in English in their home countries … and those who had no English language skills," (p. 132). Several studies suggest that newcomers find language training to be inadequate as it is very basic and not related to their employment needs (Stewart et al., 2008; Lacroix, Baffoe & Liguori, 2015; Sethi, 2015, George, 2002).

The relationship between service accessibility, socio-cultural integration, and economic integration is illustrated in *Figure 2*. Mediated by language, these three components interact to either facilitate or impede integration. Newcomers begin by accessing services, at which point their skills with an official language, or ability to learn one affect their integration.
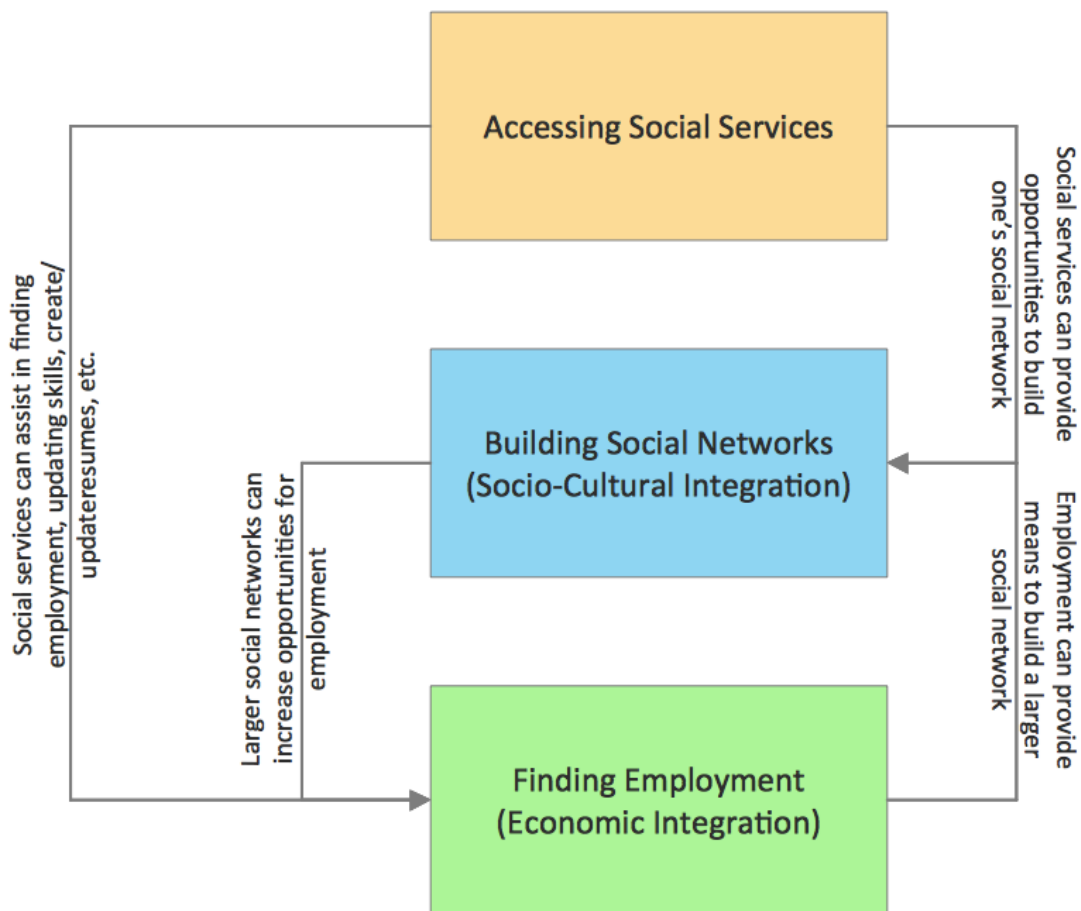

Figure 2. Relationship between social services, socio-cultural integration and economic integration.

Language facilitates newcomers' ability to access services, which in turn facilitates newcomer integration. Socio-cultural integration and economic integration feed into one another.

4.3.2 Social Services for Newcomers: A Multi-level analysis

The second analytical theme distilled from the descriptive themes is that there are three levels of social service provision (macro-level, meso-level, and micro-level), which impact newcomer integration at a fourth, individual level. This model is based on the concept of social ecological systems, originally developed by Urie Bronfenbrenner to describe human development, and later adapted by various disciplines to conceptualize individual-environmental relationships. While the different levels of social service provision and integration are simple to understand, their interactions form complex relationships that are difficult to tease apart. Newcomer integration does not occur in a vacuum and therefore is not entirely dependent on the social service provision; individual and social determinants such as age, sex, and socioeconomic status, among others, influence integration at the individual level. *Figure 3* is limited to the broad social service system and how it may impact integration but does not account for individual factors.
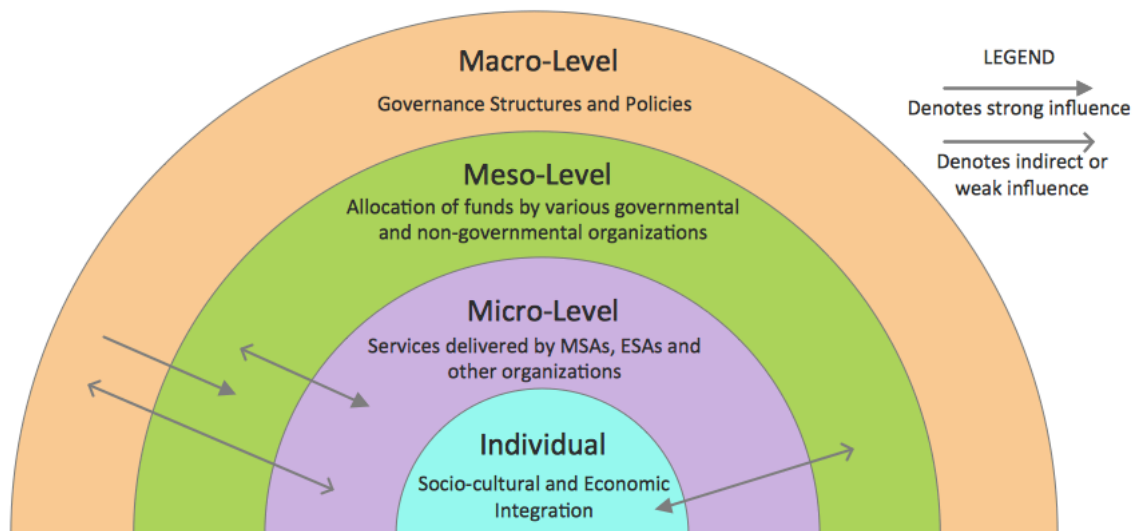
Figure 3: Model of multi-level service provision for newcomers

The arrows used in *Figure 3* represent the strength and direction of influences between different levels of service provision and are further explored in *Figure 4.* The macro level of service provision refers to broad governance structures and policies in place that determine what kinds of services are offered, how they are funded, what services should be funded, and so forth. Through analysis of decisions made at this level, broader patterns of political thinking and institutional ideologies may be understood. For example, if policies focus on providing social services to vulnerable newcomers such as refugees and asylum seekers, it can be inferred that the political emphasis is on humanitarian goals. A stronger focus on policies facilitating economic integration may then reflect a political emphasis on the economy. While these are in no way absolute indicators of dominant political thought, they can provide some insight.

The meso-level of social service provision is related to the actual allocation of funds and considerations include: which organizations receive them, under what conditions, amounts, how allocation formulas are determined and according to which variables, and so on. While the majority of funding is provided through CIC, there are numerous other non-profit and non-governmental organizations that provide funding to social services for newcomers. These funders can place additional stipulations in their funding contracts and purchase-of-service agreements, which directly impact the services receiving their funds (Merry et al., 2011; Huot, 2013; Reitmanova & Gustafson, 2009). Funders can also have an indirect impact on services they do not fund due to collaborations between organizations (Sadiq, 2004). Much like the macro-level, decisions made at this level are not an absolute reflection of what is valued by society, but they can

provide some understanding. For example, funding of large MSAs reflects the surface-level ideology of multiculturalism espoused by Canadian society. However, many funders choose to not fund ESAs because they do not see their value, or view them as organizations that threaten national unity and the Canadian identity (Guo & Guo, 2008).

The micro-level of social services for newcomers is the direct provision of services by various organizations. This is the level at which individual newcomers personally interact with the social service system and which has the most immediate impact on their integration. At the micro-level, it is important to understand how accessible services are, how they are offered, if they are linguistically and culturally appropriate, if they are fulfilling actual needs, if there is inter-organizational collaboration and so forth (Sadiq, 2004; Ramaliu & Thurston, 2003; Sethi, 2015; Simich et al., 2005). Finally, at the individual level, newcomers interact directly with the micro-system around them to facilitate their socio-cultural and economic integration (Lacriox, Baffoe & Liguori, 2015; Sakamoto, 2007; Huot, 2013; George, 2002). Analysis of the descriptive themes identified in the literature revealed these different relationships and provided a foundation upon which to build the multi-level systems model. At each level, there are various motivations driving different actors, creating complex interactions and relationships. *Figure 4* captures some of the direct and indirect, or theoretical, relationships that were identified in the literature.
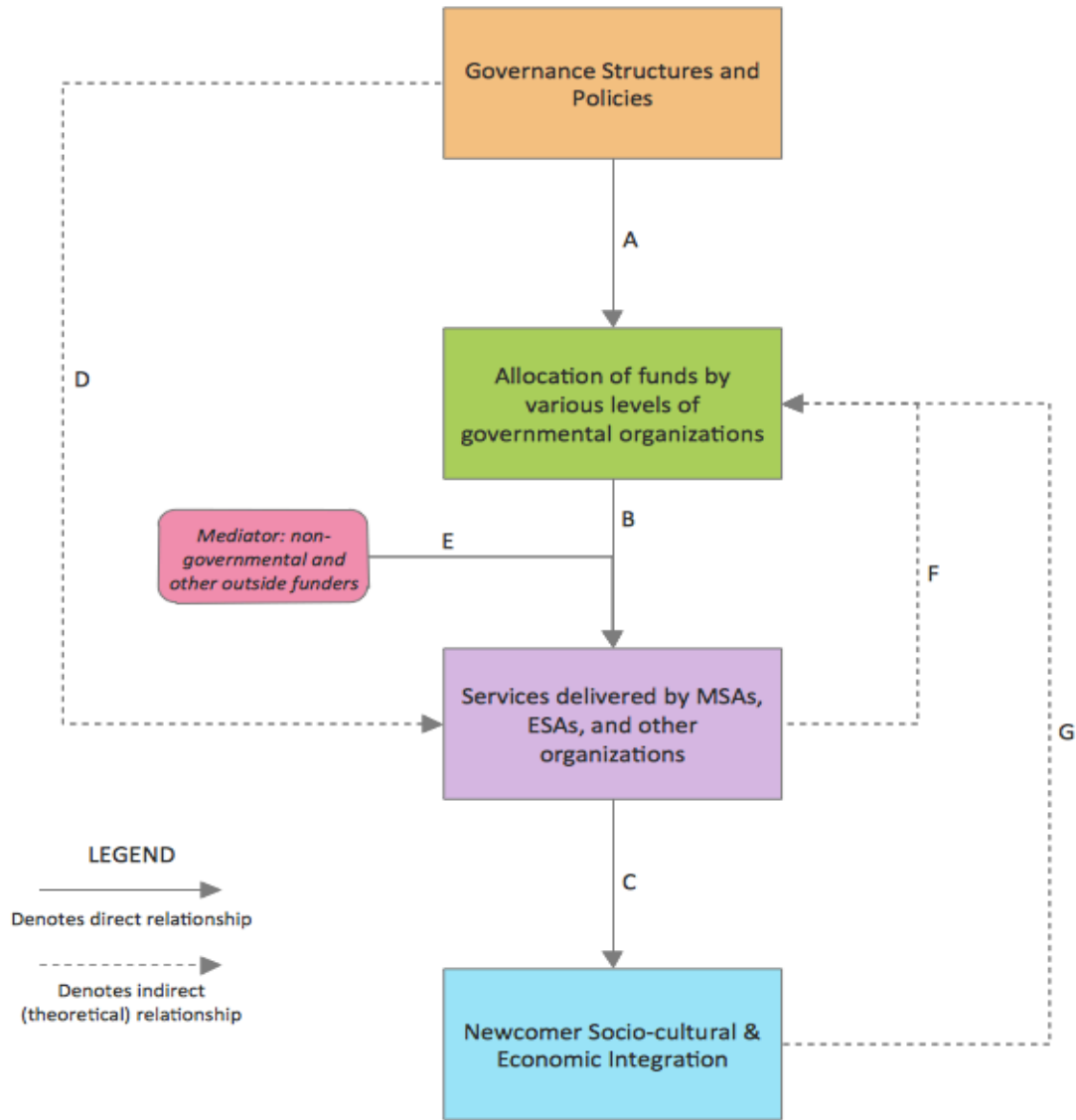
Figure 4. Relationships between different levels of service provision and newcomer integration

A: Governance structures and policies directly control funding allocation.
B: Funds are allocated directly to organizations and impact the type and quality of services delivered.
C: Services directly impact the economic and socio-cultural integration of newcomers.
D: Governance structures and policies may limit the types of services that can be offered to newcomers.
E: Non-governmental organizations may be sources of funding for organizations and have a direct impact on services offered.
F: The way in which services handle funds and deliver programs may impact future funding allocation.
G: Newcomer integration outcomes may impact how services are funded in the future.

Chapter V: Discussion

Over time, the provision of social services for newcomers has been characterized by negative changes due to decreased funding, and increasingly complex service delivery and accessibility. The complexity can be attributed to confusion over eligibility criteria, duplication of services, inter-organizational collaboration issues, narrow service mandates, and fragmentation due to a decentralized system. This study sought to better understand this service terrain by examining the following: the types of services available, the process of selecting, funding, organizing, and supervising the services, and the procedure for evaluation and assessment of the services offered. This study has yielded a substantial amount on information on social services for newcomers to Canada in the form of descriptive and analytical themes, however not all of the questions asked have been answered.

5.1 Summary of Key Findings

This section provides a summary of the key findings in relation to the three components of the following research question: What social services are available to newcomers to Canada and how are they provided, managed, evaluated and funded?

5.1.1 Specific Social Services Available to Newcomers to Canada

The literature describes several different types of social services for newcomers, a full list of which can be found in *Appendix B*. The literature does not, by any means, provide an exhaustive account of the types of services available to newcomers; however, most types of services, such as career counselling and language training were discussed in the literature. Yan and Lauer's 2008 study focused on settlement or 'neighbourhood houses' (NHs), while Lacroix, Baffoe and Liguori (2015) focused on Refugee

Community Organizations (RCOs). These two types of services were not examined by any other studies in the systematic review, which indicates a paucity of literature on the variety of services available to newcomers. Based on the available literature, it seems the majority of social services for newcomers are provided through two main types of organizations – Multi-Service Agencies and Ethno-Specific Agencies.

5.1.2 Selection, Funding, Organization and Governance of Services

The selection of which different types of services to offer to newcomers is not clearly understood. George (2002) suggested a needs-based model as being the best way to determine what services newcomers require, and other studies made service recommendations based on the needs current participants identified. The actual determination of what services to offer, however, is impacted by a number of other factors, such as government and external funder mandates and contractual agreements. As with service selection, service funding also appears to be ambiguous. What is known in the literature is that the majority of funding for social services for newcomers comes from CIC's Settlement Program and Resettlement Assistance Program These two programs then provide funds to organizations, and some type of district-based allocation formula determines the specific amount of funding to provide. Unfortunately, the last study to analyze funding allocation in detail was conducted by Wang and Truelove in 2003, and due to changes within the CIC, the discontinuation of certain programs, and general budget cuts in the last 13 years, updated and accurate funding allocation information is not available. A search of the grey literature does not offer more clarity, as the formula for funding allocation is not available, individual program funding and budgets cannot be

found, and CIC's budget does not report on funding to social services for newcomers through the IRCC, the Settlement Program or the RAP. Organizational structures for programs were not reported in the literature, and governance was only mentioned in passing through general discussion of who is responsible for the provision of social services for immigrants and the impact of government policies and mandates on services. It becomes apparent that this component of the research question is more difficult to answer than the first, as there is limited evidence and clarity on these aspects for social services.

5.1.3 Outcome Evaluation & Assessment

The final and most difficult to address component of the research question is the least addressed in the literature. Evaluation of services was partially addressed by one case study in the following areas: determining physical and linguistic/cultural accessibility of services for newcomers, and determining best practices (Ramaliu & Thurston, 2003). Another study pilot tested a social support intervention for effectiveness (Stewart et al., 2012). While almost all studies evaluated services in terms of accessibility, the majority of studies did so in qualitative terms, and as a result, no standard form of evaluating accessibility was established. Additionally, studies examined different aspects of accessibility (informational, physical, linguistic, and eligibility-based). Other aspects of service provision were rarely evaluated, and when they were, the majority of data was qualitative and difficult to analyze, as there were no like variables across multiple studies. Evaluations of services were mostly descriptive needs assessments, based on qualitative research conducted with service providers and

newcomers. As such, there is no evidence of direct evaluation of program outcomes to determine efficiency or successful implementation. The government does conduct periodic evaluations of some programs; however, the evaluations are only done on services provided by the government, not on the services that receive government funding. As most social service organizations for newcomers are actually delivered by the non-profit sector and not the federal or provincial governments, there does not appear to be any standard form or system of evaluation. Internal organizational evaluations may have been conducted but do not fall within the scope of this systematic review, which is why data on the general assessment of organizations is also lacking. Such assessments would include information on the number of newcomers using services, if services are at capacity or under capacity, which services are used the most, and so forth. Unfortunately, the third component of the research question simply cannot be addressed by the literature that currently exists on social services for newcomers.

5.2 Integration Revisited

Numerous barriers exist for newcomers hoping to achieve integration into Canadian society. This section returns to the concepts of economic and socio-cultural integration to situate the findings of the systematic review in a broader context.

Results of the systematic review indicated that barriers to economic integration have led to extraordinarily high levels of poverty among newcomers, despite the fact that newcomers today are more educated than in years past (Simich et al., 2003). Due to Canada's point system for economic immigrants, a greater proportion of new immigrants arrive with advanced education and professional degrees (Strum & Biette, 2005; Li & Li,

2008; Somerville & Walsworth, 2009; Dean & Wilson, 2009). The point system provides an objective scale, based on factors such as knowledge of official languages, level of education, age and so forth, by which applicants for immigration can be assessed (Green & Green, 2004; Somerville & Walsworth, 2009). Foreign degrees, particularly those received from countries belonging to the Global South, are often devalued in comparison to those degrees obtained from the Global North (Li & Li, 2008; Banerjee, 2009; Dean & Wilson, 2009; Bauder, 2003). Brouwer (1999) contends that there has been a failure among, "…institutions to develop fair means of assessing credentials that are not from major institutions in the US or Western Europe," (p.12). This is an important point that arose several times during analysis of the systematic review data (Sethi, 2015; Sakamoto, 2007; George, 2002; Stewart et al., 2008; Simich et al., 2005). The time and costs of re-training, especially in the form of lost wages often result in immigrant workers taking jobs for which they are overqualified in order to survive (Girard & Bauder, 2007). This reflects the findings of the Stewart et al. (2008) study in which participants described being trapped and unable to move past survival. Most newcomers find themselves in a 'Catch-22', as many occupations require Canadian experience in order to be considered for employment, but Canadian experience cannot be gained when employers are unwilling to hire workers without such experience (Bauder, 2003; Strum & Biette, 2005).

In their case study on professional engineering regulation, Girard and Bauder (2007) suggest that professional associations use negative rhetoric to drive the closing off of the profession from foreign professionals through legislation, even if their claims are not based in evidence. The authors propose that the primary reason for implementing such

legislation is the perception that the immigration of foreign-trained professionals will lead to excessive labour market competition (2007). Girard and Bauder (2007) draw on the work of Pierre Bourdieu, who describes the concept of institutional cultural capital in his study of the professionalization of high skill occupations (Bourdieu 1984). In this study Bourdieu suggested that, "those aspiring to or holding a position may have an interest in defining it in such a way that it cannot be occupied by anyone other than the possessor of properties identical to their own," (p. 151). In later work, Bourdieu (1986) defines institutionalized cultural capital as a measure of cultural competence, recognized by an institution, usually in the form of credentials/qualifications within a field. Such cultural capital, when embodied in legislation, serves the function of protecting its members from competition by rendering those outside of it as illegitimate. Professional organizations in Canada do this by placing stringent restrictions on the education and experience of their members, usually requiring Canadian academic qualifications.

Some scholars have proposed that immigrants with visible minority status are further disadvantaged due to unfair assumptions that education and training in LMICs is less rigorous and is therefore devalued (Basran & Zong, 1998; Banerjee, 2009). Other ethnic markers, such as an accent, can also limit job market participation, although it has been noted that some foreign accents, are viewed as more desirable, and race plays an important role in assigning whether an accent is deemed acceptable or not (Banerjee, 2009). Studies on how accents are perceived reveal that while it may be so subtle that the employers themselves are unaware of it, racial discrimination may play a role in the evaluation of an immigrant's suitability for a job. For example, it was found that job

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applicants who phoned potential employers, and had noticeable racial markers in their speech, were often eliminated from the applicant pool (Henry & Ginsberg, 1985). A 1994 study by Teresa Scassa found that race often determined whether a Canadian employer appraised an accent as being desirable or not.

Beyond accents, a study by Booth, Leigh and Varganova (2012) examined the extent to which discrimination played a role in the Australian labour market. In their large-scale field experiment, they sent fictional resumes, in which all applicants were said to have attended high school in Australia and had distinctive Anglo-Saxon, Indigenous, Italian, Chinese, and Middle Eastern names (Booth, Leigh & Varganova, 2012). The applications were for entry-level job openings and the researchers looked at the call-back rates, which differed greatly as resumes using an ethnic minority name received far fewer call-backs (Booth, Leigh & Varganova, 2012). Literature on the barriers to economic integration of newcomers is vast, and the findings of this systematic review are in keeping with existing knowledge.

The negative perceptions that newcomers encounter as barriers to economic integration also impact their socio-cultural integration. For example, Huot's (2013) interviews with various service providers revealed that racism was an issue newcomers had to overcome, a view corroborated by participants in other studies (Makwarimba et al., 2013; Simich et al., 2005; Stewart et al., 2008). Racism impacts economic integration by preventing entry to the job market or producing hostile environments for newcomers to work in. The effects of prejudice and racism on sociocultural integration are much more straightforward. Negative social interactions can have a direct impact on how newcomers

perceive their host culture. A rejection of the host culture could cause newcomers to feel separated from, or marginalized by Canadian society.

As explored in *Chapter 2* socio-cultural integration is often explored through theories of acculturation. Sakamoto's (2007) research with Mainland Chinese immigrants to Canada was especially revealing. As discussed in the findings, some participants had opposing views on how to 'integrate' into Canadian society due to differing views on what Canadian culture is, and how one can learn about it (Sakamoto, 2007). One participant displayed an assimilative acculturation attitude through the following statement: "I believe that I should adapt to their culture, because this is their society, not Chinese society," (Sakamoto, 2007, p. 526). In contrast to this view, another participant discussed the concept of multiculturalism, and that to learn about Canadian culture did not mean to forget Chinese culture, displaying integration as their primary acculturation attitude (Sakamoto, 2007). Literature on socio-cultural integration is not as extensive as literature on economic integration, a fact that is mirrored in the discussion of these concepts in the studies of this systematic review. The findings of this study do appear to be compatible with existing literature on the topic.

5.3 Limitations

As touched upon in a few other sections, there are a number of key limitations in this study. Perhaps one of the most glaring limitations is that the majority of studies focused on services in Ontario, and more specifically, the GTA. Some of the studies were based in other regions or were multi-site studies that covered the following areas: Calgary, Edmonton, Winnipeg, Montreal, Vancouver and St. John's. Geographically, the

studies only cover a small number of places, thereby limiting generalizability across Canada. Generalizability is also limited as the majority of studies included in this systematic review are qualitative studies, which by their inherent nature are not generalizable. However, the fact that many of the studies reported similar findings provides significant strength to the results. Interestingly, Sethi (2013) highlighted that there was a mismatch in the findings of the qualitative and quantitative data of her research. She found that, while the quantitative portion of the survey suggested most participants had "good" mental health, the qualitative portion reflected a different story in which participants often experienced isolation and depression (Sethi, 2013). As a result, Sethi (2013) highlighted a potential issue with the quantitative methodology: Concepts such as mental health do not have a single definition across cultures and therefore, do not always translate well. For example, in one culture, mental health could mean depression, while in another it could refer to severe mental illness such as schizophrenia. So while qualitative methodologies may be less generalizable, they provide researchers with opportunities to dive deeper into certain concepts and gain a more nuanced understanding of the subject of their study.

The literature is also limited to certain types of geography, as they all focus on urban settings. While one study did look at the differences in types of social support available in large versus small urban centres, and another study focused on the relatively small metropolitan area of St. John's, the rest of the studies did not account for such differences, as they were located in urban or sub-urban areas. None of the studies examined rural areas, which may be able to provide additional types of social support,

even if they do tend to be less diverse. Another limitation of this study is that it employs a broad view and uses various umbrella terms such as 'newcomer' and 'social service' as opposed to more specific terms such as 'immigrant', 'refugee', 'asylum seeker', and 'settlement service'. While such a broad view is needed in order to capture the greatest amount of literature available, it may take away from the nuance of interactions between newcomers and the services they access. Ultimately, the biggest limitation of this study is that literature on the topic of social services for newcomers is in short supply and as a result, it cannot fully address the research question

Chapter VI: Conclusion & Future Directions

The findings of this study indicate that social services for newcomers can be an integral part of the integration process, as mediated by various facilitators and barriers. The findings also reveal that due to a lack of clarity regarding the funding, provision, management, and evaluation of these social services, it is difficult to concretely address the barriers newcomers encounter, and identify and improve the facilitators. This systematic review has also identified the key role of language in newcomer integration. Knowledge of an official language, particularly English, is a significant factor that impacts newcomer integration (See *Section 4.3.1* and *Figure 2*). Previous literature exploring language has not focused on it as a fundamental factor that directly impacts newcomer integration, but future research must do so in order to better address newcomers' language needs.

Finally, the findings of this study place the provision of social services for newcomers in a larger, multi-level system. In this system, complex interactions occur at and between levels (i.e. macro, meso, micro) to impact newcomer integration in both economic, and socio-cultural spheres (See *Section 4.3.2* and *Figures 3& 4*). The multi-level model of social service provision for newcomers is a new contribution to the literature, and was developed based on the relationships identified by various studies in this systematic review. This paper represents a key contribution to the literature, as it is the first comprehensive systematic review of literature on social services for newcomers to Canada. One previous literature review, conducted by Sadiq in 2004, focused only on the spatial mismatch between organizations and newcomers, while also reviewing the funding allocation model that existed at the time. This study adds depth to existing

knowledge on social services for newcomers through its examination of a number of key themes explored in the literature, as well as through the development of the theoretical multi-level service provision model.

6.1 Gaps in the Literature

Literature on the provision of social services for newcomers is limited, and there are many gaps in the available literature that should be addressed to improve both services, and outcomes. Additionally, when information is available, there is an immense lack of clarity surrounding it. Much of the current research focuses on issues with service provision, and further research is always required in this area. However, more research on highly successful social services for newcomers should be done to identify better models of service provision. Moreover, the determination of an organization or service as 'successful' or 'unsuccessful' must be better understood, so that standards for evaluation and assessment may be created. Hence, future research must address program evaluation methods, and develop frameworks and standards for such evaluation.

Additional research on funding allocation models for services is needed to update the existing literature. A search of the grey literature also did not provide any insight as to how funding is allocated and on what basis. Wang and Truelove's 2003 study on spatial and funding mismatch of services for newcomers provides an excellent template for research on funding allocation models and the accessibility of services for newcomers. Governance structures and policies for service mandates regarding social services for newcomers also need to be studied. Policy evaluation may play a key role in making recommendations and improving services for newcomers. Since the 1995 shift of service

provision from the federal government to the provincial governments, there has been an immense lack of clarity over responsibilities for delivering services to newcomers. Literature has revealed that while service provision is mainly the responsibility of provincial governments, the federal government still controls most services, although how they do so is unclear. Provinces receive vastly different numbers and types of newcomers, and just as economy and industry vary from one province to the next, so do the needs of the newcomer social service sector. Provincial control over services is greatly limited by federal control, making it difficult to address actual needs. Future research on this topic will require a clear understanding of who is responsible for various aspects of service provision, as the current system appears to be highly fragmented and is difficult to navigate.

The relationship between service provision and integration also requires further investigation. Interestingly, the relationship between the two is not one-way. Barriers to integration can be seen as negative outcomes or be seen as a result of inadequate settlement services and this loop back to funders who choose to reduce funding as a consequence of poor outcomes. Current literature focuses on a limited number of geographical areas and does not account for differences in service provision that may exist between urban and rural settings. Research on these differences will become increasingly pertinent in the next few years as a result of the recent intake of a high volume of refugees from Syria, many of whom are being resettled in rural areas. Finally, the model of multi-level service provision for newcomers developed in this study provides new avenues for research. This study found numerous complicated relationships

as identified in the model, from governance to individual integration, which should be further teased apart in future research. Further development of the model itself is also required.

6.2 Recommendations

Based on the findings of this systematic review, three key recommendations are being made. First and foremost, that delivery of social services for newcomers should be contracted out only at the provincial levels, and that these levels must be required to provide regular reporting of program structures, evaluations, and funding. This would reduce competitiveness over large federal contracts and increase transparency. The social service sector for newcomers could be improved by operating in a manner similar to the Canadian healthcare system. In such a system, the federal government would create basic legislation outlining the principles provinces must adhere to, and allocate funding, while the provinces would have full control over service provision, so long as they comply with federal legislation. Such changes would greatly reduce fragmentation and confusion within the system.

Second, funding contracts and purchase-of-service agreements must be provided for a minimum of two years, and there should be separate pools of funding for large and small organizations. This would improve continuity of services, and prevent smaller organizations with fewer resources from having to compete with large organizations for the same funds. This would also allow smaller organizations to retain paid, professional staff and improve quality of services. Additionally, a longer funding period would allow organizations to fully implement new programs and encourage funders who see a greater

return on their investment. Finally, the funding allocation model must be adjusted so that it is not based solely on population numbers, but also on need. Small urban centers and suburban areas, where an increasing number of newcomers settle, are generally underfunded and have less existing infrastructure to provide services. Adjustment of the funding allocation model to account for additional infrastructure and resource needs may result in improved service quality and accessibility. Moreover, clear reporting of funding for social services for newcomers must be done through inclusion of a line item in CIC budget reports, and the formula for allocation of funds, and actual amounts provided to organizations must also be easily accessible through government resources.

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Appendix A. Acculturation Framework

Dimension 1: Is it considered to be of value to
maintain cultural identity and characteristics?

	Yes	No
Yes	Integration	Assimilation
No	Separation	Marginalization

(Left axis label: Dimension 2: Is it considered to be of value to maintain relationships with other groups?)

Figure 5. Reproduction of Berry's model of acculturation (1980)

While there have been many iterations of this model, produced by Berry himself and numerous other scholars, Google Scholar metrics revealed that the original 1980 model has been cited more than 2500 times (Retrieved from: goo.gl/ALg099). Berry uses the concept of 'cultural maintenance' as the basis for his two dimensions. Dimension 1 refers to whether or not a newcomer believes cultural maintenance of their origin culture is of value, while Dimension 2 is concerned with whether or not a newcomer values cultural maintenance of the host culture.

When individuals value both their origin and host culture, the outcome is integration. However, when neither origin nor host culture are valued, an individual experiences marginalization. When the origin culture is not valued but the host culture is, the result is assimilation, while cultural maintenance is solely of the origin culture and not the host culture, individuals experience separation.

Appendix B. Search Strategy Applied in Electronic Databases

Table 6. Search Strategy 2: Global Health Database

#	Search Term
1	immigra*.mp.
2	imigra*.mp.
3	Refugee*.mp.
4	newcomer*.ti,ab.
5	refugee*ti,ab.
6	migrant*.ti,ab.
7	immigrant*.ti,ab.
8	emigrant*.ti,ab.
9	Combine 1-8 with OR
10	social work*.mp.
11	social welfare.mp.
12	community integration.mp.
13	community service*.ti,ab.
14	social service*.ti,ab.
15	health service*.ti,ab.
16	Combine 10-15 with OR
17	Combine 9 AND 16
18	Canad*.mp.
19	british columbia*.mp.
20	alberta*.mp.
21	saskatchewan*.mp.
22	manitoba*.mp.
23	ontario*.mp.
24	quebec*.mp.
25	newfoundland*.mp.
26	new brunswick*.mp.
27	nova scotia*.mp.
28	prince edward island*.mp.
29	northwest territories*.mp.
30	nunavut*.mp.
31	yukon*.mp.
32	Combine 18-31 with OR
33	Combine 17 AND 32
34	Limit 33 to (English language and Publication year 1995 – Present)

Table 7. Search Strategy 3: MEDLINE

#	Search Term
1	"Emigrants and Immigrants"
2	"Emigration and Immigration"
3	Refugees
4	immigrant*.ti,ab.
5	emigrant*.ti,ab.
6	refugee*.ti,ab.
7	newcomer*.ti,ab.
8	migrant*.ti,ab.
9	Combine 1-8 with OR
10	explode Social Work
11	social welfare OR community integration
12	explode Health Services
13	social service*.ti,ab.
14	health service*.ti,ab.
15	community service*.ti,ab.
16	Combine 10-15 with OR
17	Combine 9 AND 16
18	Limit 17 to (English language and Publication year 1995 – Current)
19	Limit 18 to journal article
20	explode Canada
21	Canad*.mp.
22	British Columbia*.mp.
23	Alberta*.mp.
24	Saskatchewan*.mp.
25	Manitoba*.mp.
26	Ontario*.mp.
27	Quebec*.mp.
28	Newfoundland*.mp.
29	Nova Scotia*.mp.
30	New Brunswick*.mp.
31	Prince Edward Island*.mp.
32	Yukon Territory*.mp.
33	Northwest Territories*.mp.
34	Nunavut*.mp.
35	Combine 20-34 with OR
36	Combine 19 AND 35

Table 8. Search Strategy 4: Ovid Healthstar

#	Search Term
1	"Emigrants and Immigrants"
2	"Emigration and Immigration"
3	Refugees
4	immigrant*.ti,ab.
5	emigrant*.ti,ab.
6	refugee*.ti,ab.
7	newcomer*.ti,ab.
8	migrant*.ti,ab.
9	Combine 1-8 with OR
10	explode Social Work
11	social welfare OR community integration
12	explode Health Services
13	social service*.ti,ab.
14	health service*.ti,ab.
15	community service*.ti,ab.
16	Combine 10-15 with OR
17	Combine 9 AND 16
18	Limit 17 to (English language and Publication year 1995 – Current)
19	Limit 18 to journal article
20	explode Canada
21	Canad*.mp.
22	British Columbia*.mp.
23	Alberta*.mp.
24	Saskatchewan*.mp.
25	Manitoba*.mp.
26	Ontario*.mp.
27	Quebec*.mp.
28	Newfoundland*.mp.
29	Nova Scotia*.mp.
30	New Brunswick*.mp.
31	Prince Edward Island*.mp.
32	Northwest Territories*.mp.
33	Nunavut*.mp.
34	Yukon*.mp.
35	Combine 20-34 with OR
36	Combine 19 AND 35

Table 9. Search Strategy 5: PsycINFO

#	Search Term
1	Explode (human migration) OR (refugees) OR (immigration)
2	immigrant*.ti,ab.
3	emigrant*.ti,ab.
4	refugee*.ti,ab.
5	newcomer*.ti,ab.
6	migrant*.ti,ab.
7	Combine 1-6 with OR
8	Explode social services
9	Explode (Health Care Services) OR (Community Mental Health Services) OR (Mental Health Services) OR (Health Care Policy) OR (Health Care Utilization) OR (Health Care Delivery)
10	Explode Community Services
11	Combine 8-10 with OR
12	Combine 7 AND 11
13	Limit 12 to (English and Publication Year 1995 – Current)
14	Canad*.mp.
15	Combine 13 AND 14
16	british columbia*.mp.
17	alberta*.mp.
18	saskatchewan*.mp.
19	manitoba*.mp.
20	ontario*.mp.
21	quebec*.mp.
22	newfoundland*.mp.
23	prince edward island*.mp.
24	nova scotia*.mp.
25	new brunswick*.mp.
26	nunavut*.mp.
27	northwest territories*.mp.
28	yukon*.mp.
29	Combine 16-28 with OR
30	Combine 14 OR 29
31	Combine 13 AND 30

Search Strategy 6. PAIS

(ab(immigra*) OR ab(refugee*) OR ab(newcomer*) OR ab(emigra*)) AND (ab(social) OR ab(service*) OR ab(health*)) AND (ab(Canad*) OR ab(British Columbia) OR ab(Alberta) OR ab(Saskatchewan) OR ab(Manitoba) OR ab(Ontario) OR ab(Quebec) OR ab(Newfoundland) OR ab(Nova Scotia) OR ab(New Brunswick) OR ab(Prince Edward Island) OR ab(Nunavut) OR ab(Northwest Territories) OR ab(Yukon))

Number of Results: 175

Search Strategy 7. Sociological Abstracts

(((((ab(immigra*) OR ab(refugee*) OR ab(newcomer*) OR ab(emigra*)) AND (ab(social) OR ab(service*) OR ab(health*))) AND (ab(Canad*) OR ab(British Columbia) OR (all(Saskatchewan)) OR (all(Manitoba)) OR (all(Alberta)) OR (all(Ontario)) OR (all(Newfoundland)) OR (all(Quebec)) OR (all(Nova Scotia)) OR (all(New Brunswick)) OR (all(Prince Edward Island)) OR (all(Northwest Territories)) OR (all(Yukon)) OR (all(Nunavut)))) NOT (rtype.exact("Dissertation" OR "Conference Paper") AND la.exact("ENG" NOT ("FRE" OR "SPA" OR "GER" OR "CHI" OR "HRV" OR "POR" OR "CZE" OR "DAN" OR "ITA" OR "SLV")))) AND schol(yes) AND peer(yes) AND pd(>19941231)

Number of Results: 822

Appendix C. PRISMA Checklist[1]

#	Section	Checklist item	Page #
TITLE			
1	Title	Identify the report as a systematic review, meta-analysis, or both	i
ABSTRACT			
2	Structured Summary	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	iii
INTRODUCTION			
3	Rationale	Describe the rationale for the review in the context of what is already known.	1
4	Objectives	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	4
METHODS			
5	Protocol and Registration	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	N/A
6	Eligibility Criteria	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	16
7	Information sources	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	11
8	Search	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	15
9	Study selection	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	16
10	Data collection process	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	19
11	Data items	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	N/A
12	Risk of bias in individual studies	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	N/A
13	Summary measures	State the principal summary measures (e.g., risk ratio, difference in means).	19

14	Synthesis of Results	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	19
15	Risk of bias across studies	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	N/A
16	Additional analyses	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which ones were pre-specified.	17
RESULTS			
17	Study Selection	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	20
18	Study characteristics	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	22
19	Risk of bias within studies	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	N/A
20	Results of individual studies	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	24
21	Synthesis of results	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	40
22	Risk of bias across studies	Present results of any assessment of risk of bias across studies (see Item 15).	N/A
23	Additional analysis	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression (see Item 16).	N/A
DISCUSSION			
24	Summary of evidence	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	49
25	Limitations	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	56
26	Conclusions	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	59
FUNDING			
27	Funding	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	N/A

1   This checklist was developed for use in quantitative systematic reviews, generally focusing on healthcare interventions. As such, many of the items listed in the checklist cannot be addressed in this systematic review, or are addressed in a manner that differs from quantitative systematic review designs.

Appendix D. List of Types of Social Services for Newcomers*

- Ethno-specific agencies
- Multi-service agencies
- Refugee Community Organizations (RCOs)
- Career counselling services (Resume writing, job seeking, and job training)
- ESL programs (language training)
- Housing services

- Legal services

- Translation services
- Information and referral services
- Post-birth health and social services

- Mental health services

- Immigrant Serving Agencies (ISAs)
- Settlement House / Neighbourhood House

- Orientation/reception services

* *As reported in the literature*