**PLACING IMMIGRATION, SETTLEMENT AND INTEGRATION IN A CANADIAN CITY**

**PLACING IMMIGRATION, SETTLEMENT AND INTEGRATION IN A CANADIAN CITY**

By

**Huyen Dam, B.A., M.A.**

A thesis

submitted to the School of Graduate Studies

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| **Author**: Huyen Dam, B.A., M.A. (McMaster University) | |
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# LAY ABSTRACT

As Canada continues to effectively manage its immigration system and uphold its commitment to international refugee protection and resettlement, it is critical for Canada to do so with an understanding of the changing context of immigration in our contemporary society. In this thesis, I examine the migration trajectory of three groups of newcomers to Canada; international students, Syrian refugees, and refugee youth, by asking two overarching research questions that explores policies and conditions that can create group risks and vulnerabilities in immigration, settlement, and integration. This thesis seeks to understand how policies could be addressed to improve successful outcome for newcomers. This thesis employs a geographical lens of place to deepen understanding of processes and outcomes in our contemporary society, while responding to these evolving contexts in one mid-size, post-industrial Canadian city.

# ABSTRACT

International migration flows and patterns shaped by the determinants, processes and outcomes of social, political, and economic conditions have led to important transformation of society and human geographies. As Canada continues to effectively manage its immigration system and uphold its commitment to international refugee protection and resettlement, it is critical for Canada to do so with an understanding of the changing context of immigration, which are reinforced by shifting policies and their impact, in our contemporary society. In this thesis, the migration trajectory of three groups of newcomers to Canada; international students, Syrian refugees, and refugee youth, are explored by examining policies and conditions that can create group risks and vulnerabilities in immigration, settlement, and integration as groups transition to life in Canada after arrival. As suggested by Castle (2010) migration researchers can advance the field by embedding their work in broader theories of social change to facilitate understanding of the complexity, interconnectedness, variability, contextuality, and multi-mediation of migratory process in the context of rapid change. This thesis employs a geographical lens of place to deepen understanding of processes and outcomes in our contemporary society, while responding to these evolving contexts in one mid-size, post-industrial Canadian city. In three separate research, this thesis examines: 1) economic immigration flow under Express Entry in 2015 and 2016; 2) the role of the voluntary sector during the Syrian Refugee Resettlement Initiative in Hamilton, Ontario in 2016; and 3) the place of school-based settlement in bridging and brokering school-based mental health for newcomer youth.

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# LIST OF ABBREVIATIONS

|  |  |
| --- | --- |
| CBIE | Canadian Bureau for International Education |
| CEC | Canadian Experience Class |
| COAST | Crisis Outreach and Support Team |
| CRS | Comprehensive Ranking System |
| FST | Federal Skilled Trades |
| FSW | Federal Skilled Workers |
| EE | Express Entry |
| HIPC | Hamilton Immigration Partnership Council |
| IRCC | Immigration, Refugees and Citizenship Canada |
| ITA | Invitation to Apply |
| LIP | Local Immigration Partnership |
| LMIA | Labour Market Impact Assessment |
| PR | Permanent Residence |
| PGWP | Post-Graduation Work Permit |
| PNP | Provincial Nominee Programs |
| SWIS | Settlement Worker in Schools |

# PREFACE

The headline of the *Hamilton Spectator* on Saturday, January 15, 2011 announced, “The SISO empire falls”, and reads:

“Hamilton's Settlement and Integration Services Organization [SISO] has secured the services of financial firm KPMG, which has filed a notice of intention, the first step toward dissolving the agency […] The embattled settlement agency, once the largest in the city, began to unravel last September when the federal government chopped its funding because of financial irregularities. More cuts followed and SISO was forced to close even more programs. Citizenship and Immigrant Canada (CIC) confirmed Friday that close to $20 million will be allocated to 22 settlement services in Hamilton this spring but none of it will go to SISO […] It's the fall of an empire that once provided support to about 400 government-assisted refugees a year and helped 8,000 immigrants get access to services. SISO saw its funding quadruple from 2005/2006 when it was receiving $3 million to last year when it received more than $12 million. Ottawa accounted for 80 per cent of its revenue. SISO's provincial funds have also been frozen and last week the agency laid off its entire staff of 150 […] Mayor Bob Bratina said he is "worried" about settlement services in the city and has asked for a staff report to make sure immigrants are still being helped.” (Davey 2011)

With much uncertainty and concerns in the months to come following the dissolvement of SISO in early 2011, settlement was rapidly changing in Hamilton, Ontario. Once considered a model of successful strategy and programming for immigrants and refugees, the saga of SISO’s ‘one-stop-shop’ model in immigrant settlement service delivery had come to an end. Fortunately, the relatively young Hamilton Immigration Partnership Council (HIPC) had been working to bring together partners from institutions, settlement provider organizations, and other key stakeholders groups (including local government) to form a more cohesive network of providers. HIPC is Hamilton’s Local Immigration Partnership (LIP), which is a federally funded initiative that began in 2009. During this time, HIPC’s Program Director, Tim Rees, and secretariats had been hard at work conducting research and gathering various sector partners to this community table. However, it was the closure of SISO that propelled HIPC’s collective vision and mandate—of a new form of collaboration, connection, co-ordination, mobilization, and accountability through trusted partnerships and local governance—to the fore.

As a former refugee to Canada and newcomer to Hamilton, I was drawn to these concerns as a result of SISO’s dissolvement, and felt that I could best gain access with boots on the ground via a doctoral research project. By the summer of 2011, I had successfully applied to the PhD program at McMaster University, and the Hamilton Immigration Partnership Council, which gave me a front row seat to current issues in immigration, settlement, and integration in Hamilton. Tim Rees, an early supporter of my research to explore and understand Hamilton’s shifting settlement landscape, invited me to volunteer in the HIPC office in fall 2011. I would spend many hours reviewing LIP policies to understand how the LIP had come into existence across Canada in addition to my research assistant work at with Dr. Bruce Newbold—who was the Health Domain Lead for ‘Welcoming Communities Initiatives’ (now renamed as ‘Pathways to Prosperity’)—examining promising practices in health and health care[[1]](#footnote-1). My academic goal from the beginning was to design and conduct research that was not only relevant to the community, but driven by needs on the ground. Over the course of my academic journey, much of my own lived experience, field observations, changing life circumstances, identity as a young, racialized women, and evolving skills and confidence as a researcher combined with the emerging and shifting community context began to inspire the topics of focus that has come together to form this dissertation. These reflections are captured in my biography in Appendix A and Appendix B to demonstrate the transparent and reflexive process of a researcher’s journey in shaping and materializing this construction of meanings.

In this thesis, I examine the changing context of immigration, settlement and integration that emerged from 2011 to 2020, and explore the social transformation of place in Hamilton, Ontario in three separate studies. The following describes the research projects captured in this dissertation in the order of data collection:

*1) Integration: Youth Mental Health (2013-2014)*

During my first two years at HIPC, I became interested in exploring issues of newcomer mental health in Hamilton given the number of programs led by HIPC partners, all of which focused on bridging the mental health service gap for newcomers. Programs led by the Hamilton Civic Centre for Inclusion, YMCA Hamilton, and Thrive were providing health education and improving service access for newcomer families via different approaches, including training ethno-cultural brokers, partnering with settlement workers in schools, and improving culturally safe practices in healthcare delivery. The research completed in chapter four explores the Settlement Workers in Schools (SWIS) program with newcomer students and families. Data was collected with nine settlement workers in Hamilton from September 2013 to March 2014.

*2) Immigration: International Students in Canada (2016-2017)*

In the spring of 2016, the executive board of Global Hamilton Connect (GHC) (a group I co-founded and co-chaired in 2014 and 2015) met to discuss the challenges experienced by international students in Hamilton. Much discussion had arisen anecdotally regarding the impact of the new Express Entry processing system which had left many in precarious employment and life circumstances. Data in chapter three was gathered from September 2016 to February 2017, which examined policy documents, newspaper articles, and year-end data from Immigration, Refugees and Citizenship Canada (IRCC) to investigate the barriers to permanent residence facing international student following post-secondary graduation. This research was motivated by GHC’s emergent operating principle of creating dialogue, support, and advocacy at the local-level. An editorial was published in the *Hamilton Spectator* on December 8, 2017 outlining these barriers and its implication for Hamilton’s future. Following this, meetings—with the local Member of Parliament (Ms. Filomena Tassi), the Mayor of Hamilton (Mr. Fred Eisenberger), the president of McMaster University (Dr. Patrick Deane), and Mohawk College Dean of International and Partnerships (Mr. Keith Monrose)—were held in 2018 to discuss ways support can be leveraged locally.

*3) Settlement: HIPC during Syrian Refugee Resettlement (2016-2017)*

Although the Syrian refugee crisis had been ongoing for many months prior to the fall of 2015, the image of a three‐year‐old Syrian refugee boy, Alan Kurdi, whose family had been trying to reach Canada prompted public outcry across Canada urging a more robust Canadian response to the crisis. Within five days of the photo’s publication, two local public rallies were held in Hamilton (Fragomeni 2015). Alan’s death immediately caused an upsurge in public concern over the refugee crisis globally and Hamiltonians wanted to be part of the solution. Immigration Minister John McCallum was on the phone with Hamilton’s Mayor Fred Eisenberger in November 2015 to thank him in advance for welcoming Syrians to the city. A critical moment was yet unfolding in Hamilton and many (including private sponsors) were looking for an inclusive mechanism and a community-wide, coordinated response. In early 2016, a rapid evaluation initiative by Social Sciences and Humanities Research Council of Canada in partnership with IRCC was instigated to collate community experiences across Canada to capture the impact of this influx. A research team from Waterloo and Ottawa (under the direction of Dr. Margaret Walton-Roberts and Dr. Luisa Veronis, respectively) had coalesced to conduct a comparative case study of three mid-size Canadian city during the Syrian Refugee Resettlement Initiative (SRRI) that would include the Hamilton Local Immigration Partnership (LIP). I was invited to co-lead the Hamilton case study to examine the role of HIPC during this time with Dr. Sarah Wayland, Project Lead for Global Hamilton in the Economic Development Division at the City of Hamilton at the time. Data in chapter three was collected from November 2016 to December 2016.

Much of the work presented in this thesis reflects the immediate research needs in Hamilton from 2013 to 2017, and I was in a position to help do this work. This thesis merges my academic interests with the local needs I saw through my participation at HIPC, and my engagement in the community more broadly. This dissertation is formatted as a sandwich thesis and is presented as a collection of research papers on immigration, settlement, and integration. Chapter Two is formatted as a policy brief and was published in the *Journal of International Migration and Integration* in 2018. Chapter Three is formatted as a manuscript and was published in *The Canadian Geographer* in 2019. Chapter Four, formatted as a manuscript, was submitted to *International Migration Review* in 2020 for publication. Each chapter is written in the preferred format specified by each journal.

**Chapter Two**

Dam, H., Chan, J., & Wayland, S. (2018). Missed opportunity: International students in Canada face barriers to permanent residence. *Journal of International Migration and Integration, 19*(4), 891-903.

**Chapter Three**

Dam, H., & Wayland, S. V. (2019). Syrian refugee resettlement: A case study of local response in Hamilton, Ontario. *The Canadian Geographer/Le Géographe Canadien, 63*(3), 360-373.

**Chapter Four**

Dam, H., & Newbold, B. (2020). Mental Health Access and Accessibility: Bridging Spaces of School-Based Settlement Services and School-Based Mental Health for Immigrant and Refugee Youth. Manuscript submitted for publication to *International Migration Review*.

Huyen Dam, author of this PhD dissertation, undertook proposal development, recruitment, data collection, transcription, analysis of data, and writing of the policy brief and research papers.

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# CHAPTER ONE: INTRODUCTION

## 1.1 Research Scope

International migration flows and patterns shaped by the determinants, processes and outcomes of social, political, and economic conditions have led to important transformation of society and human geographies, including that of Canada’s post-colonial development and expansion. The major waves of immigration during the 20th century in Canada—linked to its membership in the Commonwealth, the cycle of economic boom and bust, the displacement of people by conflict and war, and the development and modification of Canada’s policies on immigration and multiculturalism (Boyd and Vickers 2000)—have resulted in significant social and economic progress. While many countries look to immigration policies to control and curb the significant rise of immigration, particularly to North American, Europe, and other wealthy countries in recent decades (Czarina and de Haas 2013), Canada critically relies on immigration for growth and stability. Given this position, it is imperative for Canada to look to research to effectively manage its immigration system and uphold its responsibilities.

According to the latest census, between 2011 and 2016 Canada received a total of 1,212,075 immigrants and ‘recent immigrants’[[2]](#footnote-2) (also referred to as ‘newcomers’) accounted for 16.1% of Canada’s total immigrant population in 2016 (Statistics Canada 2017). These figures are aligned to Canada’s expanding multi-year immigration plan to increase permanent resident admissions. In the next three years, Canada aims to admit 401,000 new permanent residents in 2021, 411,000 in 2022, and 421,000 in 2023, which totals over 1.2 million (IRCC 2020). Immigration, Refugees and Citizenship Canada, better known as ‘IRCC’ for short, is the federal department that authorizes the arrival of immigrants to Canada, fund programming to help newcomers settle in Canada, and provides protection to refugees. Currently, IRCC’s operating priorities are focused on four key areas: (1) implementing increases in permanent resident admissions; (2) keeping up with demand for visitors, international students and other temporary resident admissions; (3) settlement services; and (4) asylum (IRCC 2019). Overall, these priorities reflect an extensive system that encompasses various pathways, processes, and outcomes in immigration, settlement, and integration. With immigrants arriving from various categories (i.e., economic-, family-, refugee-, and humanitarian-class), newcomers to Canada are highly diverse in skills, talents, experiences, and needs, particularly those coming from more vulnerable contexts.

According to United Nations High Commissioner for Refugees (UNHCR), at the end of 2019 the number of refugees worldwide totalled 26 million, 73% of whom were being hosted in countries neighbouring to their countries of origin (UNHCR 2020). Unlike the international migratory trajectories of the 19th and 20th century which resembled fixed and long-term movement for labour and settlement, the *Journal of Immigrant and Refugee Studies* notes that international migration in the 21st century has seen multiplied flows of origins/destinations of migrants and it has become increasingly difficult to distinguish between those moving for economic reasons from those fleeing persecution and violence. Similarly, geographers examining the importance of migration and its role in health studies acknowledges that “No longer can we imagine societies as stable, fixed entities; instead, we should acknowledge the flux and diversity of a world that may be better represented as a series of overlapping and interdependent mobilities” (Boyle and Norman 2009: 346).

It is not a surprise given the complexity and politics of movement and migration that analysts have called into question the effectiveness of immigration policies. Czarina and de Haas (2013) suggest that immigration “‘effectiveness’” establishes a relation to policy objectives by adding an evaluative and subjective dimension to the analysis of the ‘effects’ of immigration policies”, which in some cases result in the opposite direction to the intended effect (Czarina and de Haas 2013). Castles (2010) notes that while some have suggested that 21st century international migration reflects an era of fluidity and openness, he argues that this image of geography without borders has been overdrawn and the right to international mobility has become more class-specific and selective, citing that only three percent of the world’s population are international migrants. Similarly, Czarina and de Haas (2013) explain that migration policies can be limited given the following constraints. First, international migration is mainly driven by structural factors such as labor market imbalances, inequalities in wealth, and political conflicts in origin countries, factors on which migration policies have little or no influence. Second, employers, networks and the migration industry (e.g., recruiters, lawyers, smugglers, and other intermediaries) facilitate the movement of people and this internal dynamic enable migration to become self-perpetuating. Third, borders are beyond the control of nation states given their obligation and legal binding to human rights and international law. Overall, effective management of immigration is proving more difficult under the context of rapid global change and the burgeoning challenges of contemporary society.

As Canada continues to manage its immigration system and uphold its commitment to international refugee protection and resettlement, it is critical for Canada to do so with an understanding of the changing global and local context vis-à-vis immigration. This includes the purview of shifted paradigms of neoliberal state restructuring and its impact (i.e., direct and indirect) on the lives of newcomers themselves. For example, critical approaches to the geographies of the non‐profit and voluntary sector have shown uneven responses to austerity policies in the settlement sector in Canada (Veronis 2019). Given that many non-migration policies (i.e., labor market, macro-economic, welfare, foreign, military, etc.) have direct influences on migration outcome, Czarina and de Haas (2013: 489) suggests that this makes “the role of the state much greater than a narrow focus on migration policies alone would suggest”. It is thus important to pay attention to these external forces and their influences over the economic, social, and health outcome of immigrants along the migration trajectory, which calls for greater accountability to immigration policy and management.

## 1.2 Research Objectives & Questions

In this thesis, I investigate the migration trajectory of three groups of newcomers to Canada: international students, Syrian refugees, and refugee youth. The impetus to focus on these groups is to highlight the commonality of varying external forces (i.e. policies and conditions) that can create group risks and vulnerabilities in immigration, settlement and integration as groups transition to life in Canada after arrival. Additionally, two studies in this thesis explore these conditions, patterns, and relationships at the local level to investigate their interaction and impact across place in one mid-size Canadian city of Hamilton, Ontario. Two overarching research questions were used to guide this thesis:

1. Which policies create conditions of vulnerability and roadblocks to immigration, settlement, and integration for newcomers after arrival in Canada?
2. How can these policies be addressed to improve successful outcome for newcomers?

To this end, three unique studies were undertaken from 2014 to 2017. These studies were conducted in response to the urgency of shifting contexts (i.e. temporal and spatial dimensions) in Canadian immigration in 2015 (and following) as a result of critical changes. The first is the immediate impact of Express Entry implementation in January 2015 on international students in Canada. The second is the impact on communities across Canada following the Prime Minister’s announcement in October 2015 to rapidly resettle 25,000 Syrian refugees by the end of the year.

International students represent an ideal immigration source for Canada. Despite recognition by the federal government of the attractiveness of international students, federal policies enacted in 2015 have inadvertently created barriers for international students wishing to become permanent residents. In the first study, I examine the changes in economic immigrant selection (including system recalibration) and its impact on international student graduates in Canada seeking permanent immigration. The outcome on international students (i.e. lower rates of admission in comparison to years past) suggest the ineffectiveness of the current vetting process to qualify those with Canadian education and work experience to be selected, despite Canada’s objective to retain these postgraduates in the labour market. It is important to recognize (and scrutinize) these trends, which can create barriers to permanent immigration for international students and lead to conditions of inequities. Additionally, it is vital to identify where system recalibration may rectify future migratory flows and patterns of economic immigration.

Following the federal government’s announcement to admit 25,000 Syrian refugees by the end of 2015, this propelled many communities to take up the call to coordinate and support the settlement of the new Syrian arrivals. Given the Hamilton Local Implication Partnership’s (LIP) role and function to execute place‐based approach that bypasses top‐down policy ineffectiveness, the influx of Syrian newcomers to Hamilton presented an opportunity for Hamilton LIP to live out its potential. In the second study, I examine the impact of expedited refugee processing and community influx in an in-depth case study of the LIP in Hamilton, Ontario. This research examines the response of the Hamilton LIP to the Syrian Refugee Resettlement Initiative (SRRI). This research contextualizes various constraints (i.e. neoliberal policies and place history) encountered by the Hamilton LIP to enact local and multilevel collaborative governance that would encourage cooperation between the federal, provincial, and municipal governments in resettlement. The impact of these constraints highlight the long-standing (and continued) challenge, and lack of jurisdiction, of local government and communities in refugee settlement in Canada.

In the third study, I explore the context of pre-migratory exposure and post-migratory impact in a case study on refugee youth mental health in secondary schools (i.e., grade 9 to 12) in Hamilton, Ontario. In this research, I explore the role of settlement workers bridging support and brokering places of mental health access and accessibility in schools. Given their position, role, and lived experience of immigration, settlement workers’ human and social capital enabled refugee youth and their families to enact agency to overcome cultural and structural barrier, which often inhibit their access to services. This research identifies strategies to increase equitable access to mental health support in schools for refugee youth and identifies practices that promote population-focused and ethical support that are specific to students and their families that face language and cultural barriers when accessing health care.

## 1.3 Placing Immigration Research in Hamilton, Ontario

Castles (2007: 358) states, “global forces are experienced at the local, national and regional levels, where they are mediated by varying historical and cultural constellations. Global transformations must therefore be analysed on multiple spatial levels.” While much Canadian research has focused on large immigrant receiving cities such as Toronto, Montreal, and Vancouver, smaller mid-size cities are also deserving of attention. Hamilton, Ontario is an important Canadian city to ground current immigration debates for several reasons. The ebb and flow of its changing economy and demographics is typical of a 21st century a post-industrial city. Hamilton’s industries have shifted from a predominantly manufacturing steel-based economy towards diversification in healthcare and research (City of Hamilton 2020). The interplay of economic revitalization and roll-back of neo-liberal policies are also reflected in Hamilton’s contemporary urban landscape. The previous often cited analogy of Hamilton’s “donut effect”, which spoke of its former hollowing effect in the downturn business district, has entered into a new era of economic and social transformation. Named as Canada’s number one city to invest in 2011 and 2012 (Author unknown 2012), the current rhetoric of Hamilton’s economic and cultural renaissance is juxtaposed by issues of gentrification and growing income inequality (Harris 2018), which are often exposed in the realities that fall along divides of race, class, gender, and immigration status in the city.

Hamilton, Ontario remains a vital place for immigration research. Hamilton is home to many foreign born; including refugees and international students. Overall, 25% of Hamilton’s residents were born outside of Canada, and Hamilton has welcomed a higher proportion of refugees in its immigrant population than Ontario (Social Planning and Research Council 2016). Hamilton’s history of helping newcomers, via the informal settlement network (i.e., faith-based and ethnocultural groups) and formal service provider agencies, also adds richness to this complex and interconnected locale (Dam 2019). Hamilton is also home to the largest private international boarding school (i.e., Columbia International College) in Canada, many of whom transition into post-secondary education and permanent residence thereafter. According to Buist (2016) there are approximately 5,000 international students in Hamilton and there is a strong desire to keep them here. Overall, these dynamics, historical, and contemporary contexts make Hamilton an important place worthy of ongoing academic investigation.

## 1.4 Migration as Social & Geographical Transformation

According to Castles (2010), the search for a ‘single’ grand theory of migration at the end of 20th century to explain why some people become mobile and its impact is neither possible nor desirable. While the interest of researchers to understand migration across various academic disciplines have multiplied, Castles (2010) has noted that the lack of conceptual framework to serve as a starting point for intellectual debates or aid in the formation of hypotheses have resulted in what Czarina and de Haas (2013) described as the “conceptual confusion” in immigration research. With some focusing on the impact of specific measures on certain immigration categories over limited time periods and others offering more generic assessments of the effects of migration policies on long-term trends, these have led to differing conclusions in the debate about what constitutes effective migration policy (Czarina and de Haas (2013).

To resolve this, Castles (2010) suggest that 21st migration researchers ought to embed their work in broader theories of social change to facilitate understanding of the complexity, interconnectedness, variability, contextuality and multi-mediation of migratory process in the context of rapid change. Castles (2010) emphasizes the importance of examining the dynamics of migration as part of the complex and varied process of societal change, which is in fact a reflection of the transformation of structures and institutions arising through major changes in global, political, economic, and social relationships. Such an embedding could bring this body of work out of isolation and into conformity with the empirical conditions suggested by Massey (1998) over two decades ago.

The thesis addresses this dearth in migration research by employing a geographical lens and linking these processes and complexities to structuration theory. This thesis builds upon the three social scientific domains of place, culture, and health, which have been studied independently, in paired combinations, and together by geographers (Gesler and Kearns 2005). Researchers applying these domains to the study of immigration, settlement, integration can advance studies of migration within those broader theories of social change as suggested by Castles (2010).

***Geography Lens***

This research is situated in the sub-discipline of social and health geography in its investigation of ‘place’ in immigration, settlement and integration in one mid-size post-industrial Canadian city in Ontario. The significance of understanding and representing ‘place’ in social and health geography research came with the adoption of a relational approach in which space was implicated in human activity and vice versa (Jones and Moon 1993). This thesis is connected to, and by, place. It demonstrates the role of locality and human activity in Hamilton in structuring the social and health impact in place, and these have in turn transformed Hamilton itself. Geographers’ view of ‘place’ as context embodies more than simply a passive surface where the interaction between structure and agency is played out, rather, place is itself an outcome. As stated by Kearns and Joseph (1993: 175), “Places record the constant ebb and flow of social policy and its local outcomes. It is this palimpsest of places that provides the mottle canvas upon which the record of new initiatives and fresh injustices is written”. Thus, ‘place’ in this research is understood and operationalized as immigration, settlement, and integration processes and outcomes, which are the embodiment of evolving social transformation of place.

It is worthy to highlight the ‘cultural turn’ of medical to health geography in the field, which makes visible research examining the difference in the sites (i.e. place) of health care and care provision, and has placed geographers substantively in the field of migration and health research (Brown, McLafferty and Moon 2009). As noted in Gesler and Kearns (2005: 3) “culture is expressed ‘through the power-laden character and emplaced nature of social relations’.” Dissecting such power-laden character in social relations and geo-sociopolitical environments can thus enable geographers to explore how place and culture affects health and vice versa. Bringing culture to the fore has also helped geographers to examine those disparities, disproportionalities, and inequalities in the health experiences of groups defined by markers of class, age, abilities, race, gender, religion, etc., or the combinations of these identities (Kulkarni and Subramanian 2009). As noted by Boyle and Norman (2009: 346), thinking geographically about health and place is to think seriously about the role of mobility and “the movement of people between different places and some of the consequences of this on individual and population health”. Additionally, geographers examining health have argued that:

“social factors influence health inequalities in relation to other factors that exist in the environment and not independently of them, and that social inequalities in health are not always those inequalities that are unfair and unjust. They are also those health inequalities that are *systemic* and simply a product of cultural ideologies.” (Kulkarni and Subramanian 2009: 375)

***Structuration Theory***

According to Dyck and Kearns (2006: 86), geographers’ engagement with structuration theory initially in the 1980s reflected the shift towards exploration of the ‘sociospatial dialectic’ as “historical materialism vied with humanism in theorizing the recursiveness of social relations and spatial structures”. Gidden’s theorizing, which urged the conceptualization of the contextuality of social life, conflated with contemporary geographical concerns particularly in the subfields of social and cultural geography. In fact, the theoretical importance of Gidden’s ideas were critical to the reformulation of medical geography into ‘health geography’ in its embrace of a sociocultural framework (Dyck and Kearns 2006). Application of structuration theory in empirical work explicitly, or implicitly “through a more generalized recognition of the complex links between the individual and society that operate at different, layered scales” both highlight its relevance in informing geographical analysis (Dyck and Kearns 2006: 89). Likewise, this research looks to Giddens’ (1984) structuration theory to frame the social context of immigration, settlement and integration in place, to explore the social systems are that produced and reproduced, and interpret these implications and meanings. In their work on space-time continuum, the complex ideas that Giddens put forward are summarized by Baer et al. (2000: 321) as follows: (1) the system, which is a set of regular social practices which are performed in specific times and places; (2) the structure, which consists of rules and resources which guide the system; (3) agency, which includes human actions and decisions; and (4) structuration, the ways in which human agency supports, transforms, and is transformed by situations, thereby reproducing systems. Finally Giddens’ concept of duality of structure suggests that social structures are produced and modified by human agents at the same time; both the medium and outcome of the interactions and institutions they recursively organize (Spasser 1998), pointing to the potential of human decisions and actions to change structures. The application of structuration theory can thus provide the theoretical explanations to help social, cultural, and health geographers better represent place and open up new ways of thinking about the way movement impinges on our daily lives and locale (Boyle and Norman 2009).

## 1.5 Overview of Chapters

This thesis consists of five chapters, including this introductory chapter, three research papers, and a conclusion. Each paper is presented as an individual chapter (i.e., chapter two, three and four). The chapter overview to follow explains in each paper in further detail. The final chapter, chapter five, provides a summary of the major findings and conclusions from each paper. A section on limitations and areas for further study is also included.

***Chapter Two***

In recent years, Canada has seen unprecedented growth of international students whose presence in Canada benefits the economy (IRCC 2019). International students have contributed to more than $15.5 billion to the Canadian economy in 2016 and there is keen interest in IRCC to improve its understanding of “study to immigration” pathways for international students given the benefits of this subgroup to Canada’s economic growth and stability (IRCC 2019). Academica Forum (2020) named international student outcomes among the top ten institutional challenges in Canada moving forward. Risk to poor international student outcome in labour market integration and permanent residence have highlighted the need to address policy effectiveness (i.e., intended outcome) in Canadian immigration and research. From an immigration standpoint, international students are seen as a favourable source of temporary workers and a potential pool of permanent resident yet, the roll out of Express Entry in 2015 caused a great number of international graduates to come up short in qualifying for immigration.

In a policy brief, chapter two summaries the key challenges facing international students aiming to obtain permanent residence in Canada after graduation. It describes the challenges that Express Entry poses for international students and makes policy-level recommendations to address these barriers, and answers two research questions:

1. What impact did Express Entry have on international student applicants in 2015 and 2016?
2. What policy changes can be made to address barriers to permanent immigration for international students seeking permanent residence?

Chapter two was published in *Journal of* *International Migration and Integration* in 2018. As lead author, I was responsible for collating immigration data, analysis, outreach to immigration expert, and drafting and submitting the chapter for publication, and research dissemination. This research was presented at the Ontario Association of International Education 2017 Conference in Hamilton, Ontario, Canada on June 20, 2017. The co-authors, Joyce Chan, a Master of Public Health student at McMaster University, and Sarah Wayland, PhD, lent editorial support. Further details on the research context and methods for chapter two can be found in Appendix B.

***Chapter Three***

From September 2015 to September 2016, Hamilton received and resettled a total of 1,460 Syrian refugees, 87% of whom arrived between December 2015 and February 2016 (IRCC Canada 2016). The influx of Syrian newcomers in Hamilton was similar to that observed in Ottawa and Waterloo. Eighty-six percent of Syrian newcomers to Hamilton were government assisted refugees (GARs), the highest proportion of any community in Ontario (Hamilton Immigration Partnership Council 2017). In the fall of 2015, various organizations and offices in Hamilton began to assemble working groups in anticipation of the Syrian arrival. Some of these initiatives—under the leadership of the Resettlement Assistance Program (RAP) and the City’s Community and Emergency Services Department—were happening simultaneously with key stakeholder sitting at multiple tables, including a number of the Hamilton Immigration Partnership Council (HIPC) members.

In an in-depth exploratory case study, and using a place-based lens, chapter three examines the role of one Local Immigration Partnership in Hamilton Ontario during the Syrian Refugee Resettlement Initiative (SRRI) of 2015 and 2016, addressing two research questions:

1. How did the Local Immigration Partnership in Hamilton respond to the Syrian Refugee Resettlement Initiative in 2015 and 2016, and why?
2. What impact did this have in the community, and what lessons were learned?

Various constraints were encountered in Hamilton and by the Hamilton LIP, which resulted in delayed mobilization of a collaborative community-wide action plan via an inclusive mechanism following the federal government’s announcement to resettle Syrian refugees in Canada. The findings in chapter three highlight the de facto role of municipalities in immigration (Walton-Roberts et al. 2019) reinforcing its lack of ‘local’ power and jurisdiction in immigration. In Hamilton, ‘closed’ communication across the broader settlement network suggest that lateral partnerships remain constrained by political character, social structures, local culture, and poignant settlement history despite HIPC’s embodiment of new form of locally based collaboration. Additionally, competing interpretations of the role and autonomy of a LIP further constrained HIPC’s ability to exercise agency at this needed time. This place-based examination of the LIP as a product of interactions can reveal why some LIP have lacked the power to exercise leadership and autonomy within the context of nuanced relationships and strategic positions of sector actors in the unfolding spaces of governance within the shadow state.[[3]](#footnote-3)

Chapter three was published in *The* *Canadian Geographer* in 2019. For details on the interview guide developed by Dr. Margaret Walton-Roberts and Dr. Luisa Veronis, see Appendix C. These questions were later adapted for Hamilton by Dr Sarah Wayland and I. As lead author, I was responsible for collecting key informant interviews, transcription, data analysis, and drafting and submitting the chapter for publication, and research dissemination. This research was presented at the 19th National Metropolis Conference in Montreal, Quebec, Canada on March 16th, 2017. My co-author, Dr. Sarah Wayland, PhD, supported investigator triangulation and lent editorial support throughout.

***Chapter Four***

The Mental Health Strategy for Canada released in May 2012 by the Mental Health Commission of Canada (MHCC 2012) aims to help improve the mental health and well-being of all people living in Canada, and create a mental health system that can meet the needs of people living with mental health problems and illnesses, and support families (MHCC, 2019). One of its strategic is to “promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible”. Another is to “reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities” (MHCC, 2019). For immigrant and refugee youth new to Canada, programing targeting school-based mental health is a vital opportunity to deliver services and supports that can address system gaps and reduce health disparities.

Chapter four employs a grounded theory approach to explore strategies used by settlement workers in Hamilton, Ontario to bridge support and places between school-based mental health and school-based settlement to improve access and accessibility for new immigrant and refugee students and their families. Chapter four addresses two research questions:

1. What can school-based settlement tell us about mental health roadblocks in secondary schools for immigrant and refugee students and their families?
2. How can cultural brokering be used to advance equitable and ethical access of mental health for newcomer students in schools?

The findings in chapter four utilizes Bronfenbrenner's (1979) ecological framework in explaining the bidirectional relationship between individuals and their physical and social environments that create layers of inaccess. This research highlight those systemic influences and cultural ideologies that can lead to health inequalities for groups already challenged by multiple social factors that exist in the environment. However, settlement workers developing and enacting strategies promoting youth autonomy in mental health education, and privacy in service access, helped students gain agency and improved accessibility at various points of intersecting roadblocks.

Chapter four, co-authored by Dr. Bruce Newbold, was prepared and submitted for publication to *International Migration Review* in 2020.

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# CHAPTER TWO: MISSED OPPORTUNITIES

**Missed Opportunity: International Students in Canada Face Barriers to Permanent Residence**

**Abstract**

With their youth, Canadian post-secondary credentials, fluency in an official language, and time already spent in Canada, international students represent an ideal immigration source for this country. In many cases, they have lived in communities where they would be happy to continue living and working if provided the opportunity. Yet, despite recognition by the federal government of the attractiveness of international students, federal policies enacted in 2015 have inadvertently created barriers for international students wishing to become permanent residents of Canada. The Express Entry processing system has left international students in Canada in precarious situations at risk of losing their ability to work and to immigrate. This policy brief describes the challenges that Express Entry poses for international students and makes recommendations to the federal government to address these barriers.

**Keywords:** international students; Express Entry; barriers to immigration; permanent residence; immigration policy

\*Permission to be reprinted granted.

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**Introduction**

**“Why wouldn’t we want to hang on to [international students]? These are already people who are proficient in English and French or both and who have a post-secondary education in one of our fine institutions”**

**–Ahmed Hussen, Canada’s Minister of Immigration, Refugees and Citizenship (IRCC, 2017a)**

International students represent an ideal immigration source for Canada. Generally speaking, they have a high propensity to successfully integrate as they are young, have Canadian post-secondary credentials, can speak English or French, and already have ties to this country. Moreover, their ties to the communities in which they study could be leveraged as a vehicle for attracting new immigrants to areas in need of skilled workers. Despite recognition by the federal government of the attractiveness of international students, federal policies have inadvertently created barriers for international students wishing to become permanent residents of Canada. Specifically, the Express Entry (EE) processing system effective January 1, 2015 has left international students in Canada in precarious situations at risk of losing their ability to work and to permanently immigrate. The creation of unfair conditions for international students undermines Canada’s immigration and eco- nomic success. The goals of this policy brief are to highlight the challenges that EE poses for international students, and to propose recommendations to the federal government to address these barriers.

**Why International Students**

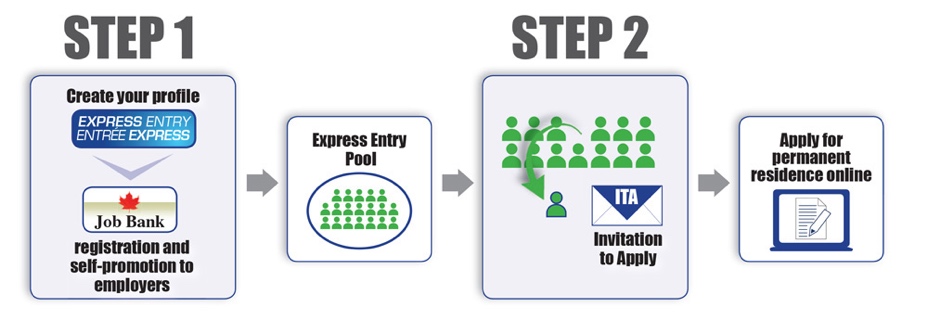
The enrollment of international students at Canadian educational institutions is rising steadily. There were 353,570 international students in Canada in 2015, a 92% increase from 2008 (Canadian Bureau for International Education [CBIE] 2016). Their top fields of study are engineering, business, and the natural and social sciences (CBIE 2016). Furthermore, many international students wish to stay in Canada after graduation, and see their studies as the first step to immigration. In 2015, approximately 51% of international students stated their intention to apply for permanent residence (PR) in Canada (CBIE 2016).

From the perspective of any developed nation, an “ideal immigrant” is one who is already acculturated and ready for integration into the labour force. These characteristics fit perfectly with the description of international students. The time that international students spend in Canadian universities prepares them academically, culturally, linguistically, and socially. During their time at school, international students gain relevant work experience required for the labour force, become proficient in at least one official language, and undergo extensive Canadian education and training, making them desirable for PR.

Economic leaders worldwide are making changes to their international education policies to encourage foreign students to take residence in their country while completing their studies. International students acquire countless valuable skills and traits that contribute to the flourishing of any economy. International students contribute substantially to the Canadian economy, generating approximately 81,000 jobs and $445 million per annum in government revenue (Global Affairs Canada 2016). After graduation, they continue to contribute to the communities where they live and work. If Canada fails to acknowledge international students’ rich set of skills and capabilities we will miss out on the opportunity to retain these ideal immigrants.

**The Express Entry System**

Express Entry is not an immigration program but rather is a way for the government to manage immigration applications for all federal programs. Instead of processing applications on a first come first serve basis, applicants who show an ability to succeed in Canada are selected through a two-phase process introduced by EE (see Fig. 1). Applicants must first meet the requirements for one of Canada’s federal immigration programs—i.e., the Federal Skilled Workers Program (FSW), Federal Skilled Trades Program (FST), or Canadian Experience Class (CEC)—to get into the EE pool (Immigration, Refugees and Citizenship Canada [IRCC] 2016a). Once in the pool, applicants receive a score using the Comprehensive Ranking System (CRS), a points-based system used to rank applicants against each other by assessing each applicant’s profile according to their skills, work experience, language ability, education, and other factors (IRCC 2016a). Applicants with a job offer, Canadian education credentials, or a provincial or territorial nomination can receive additional points. The CRS is calculated based on a four-part formula and applicants are given a score out of 1200 points (see Table 5 in Appendix 1 for more details). CRS cutoff refers to the CRS score of the lowest-ranked candidate invited to apply for PR (IRCC 2017c).

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*Figure 1.* How Express Entry works. Reprinted from Express Entry: What prospective candidates need to know, by Immigration, Refugees and Citizenship Canada (IRCC), January 27, 2015, retrieved from http://www.cic. gc.ca/english/resources/ publications/employers/ express-entry-spo-sheet.asp. Copyright by IRCC

Regular draws select the highest-ranking applicants from the EE pool, and selected candidates are given an Invitation to Apply (ITA) for PR and 90 days to complete an online application. Immigration, Refugees and Citizenship Canada (formerly Citizen- ship and Immigration Canada) processes the PR application within six months or less in most cases (IRCC 2016a).

*Figure 2.* International students’ CRS score on November 23, 2015. Data for international students are obtained from IRCC (2016c)

*Figure 3.* International students’ CRS score on January 19, 2017. Data for international students are obtained from IRCC (2017b)

A total of 31,063 ITAs were issued in 2015 and 33,782 in 2016 (IRCC 2017d). Once in the pool, it can be difficult to improve one’s CRS score so applicants often hope for a drop in the CRS cutoff or a policy change that can give them additional points for a chance at PR. In 2015 and 2016, the CRS cutoffs did not drop below 450 points (2017d). As seen in Fig. 2, snapshot data on November 23, 2015 indicate that 91% of international students in EE had scores below 450 points and the median score was 408. As seen in Fig. 3, on January 19, 2017, the median score for international students increased to 423 (IRCC 2017b). To date, the lowest CRS cutoff for all EE candidates on May 31, 2017 was 413 points (IRCC 2016b). As indicated in the 2016 Express Entry Year-End Report, 68% of international students in EE have CRS scores between 400 and 499 points (IRCC 2017b), which is a larger data range than reported in 2015 (IRCC 2016c). Greater clarity and reporting consistency around data is needed to understand how policy changes are impacting those applicants with points closest to the CRS cutoff.

**Barriers to Permanent Residence**

The number of international students studying in Canada has doubled from 2007 to 2016, yet proportionally as well as in actual numbers, international students have been declining as an immigration source. As seen in Table 2, international students represented 2.8% of the total permanent residents admitted to Canada in 2016, which is a 170% drop from 2007. Under Express Entry, fewer international students are successful in obtaining PR after they graduate. In addition to these prospects, rather than competing within their peer group (i.e. against other international students), the transition from the old processing system to EE has added an element of competition that places international students against all other foreign applicants aiming to immigrate to Canada, with policy changes being slow to improve international students’ fair chance for PR.



*Table 1.* Recent proportion of international students obtaining PR in Canada. Data for total PR admissions and total economic class are obtained from IRCC (2016d), total PRs with prior study permit holder status from IRCC (2017e), and total international students from IRCC (2017f)

On November 19, 2016, IRCC announced changes to EE that included the addition of 15–30 points for candidates with Canadian education credentials, and reduced the points for those with a Labour Market Impact Assessment (LMIA) from 600 to 50–200 points (IRCC 2016b). Recent changes on June 6, 2017 also increased PR odds for applicants with strong French language skills and for those with a sibling in Canada. Subsequent data reflecting these bonus eligibilities indicate that 4% (or 2414) of EE candidates with Canadian education credentials received 30 additional points (IRCC 2017g), increasing the median CRS score of international students by 15 points as seen in Fig. 3.

Many international students remain in the pool for months while hoping to receive an ITA. Unsuccessful profiles in EE expire after 12 months, but if applicants continue to meet the criteria for any of the federal programs (e.g., FSW, FST, or CEC), they can renew their profile and wait for future draws (IRCC 2016a). In contrast to overseas applicants who carry on with their lives and may be applying to immigrate to several countries at the same time, international students in EE can find themselves trapped in limbo and running out of time. They can be living in Canada and can remain in the EE pool with no PR in sight and with few immigration options outside of EE. They also face the prospect of losing five points each year after their 29th birthday, a scoring that in particular affects the most skilled students who hold graduate degrees.

International students have also been impacted by external conditions. First, the processing of backlog PR applications (i.e., those submitted before EE was launched in January 2015) resulted in the high CRS cutoff in 2015 and 2016. Second, in response to the international political crisis of 2015, the quota for economic class immigrants was reduced in part to accommodate the increase in refugee sponsorship in 2016 (Zilio 2016). As seen in Table 3, compared to the projected targets for 2015, the total number of permanent residents admitted under EE has been inconsistent. In 2014, the government promised to offer PR to 122,000 skilled workers in 2015, with up to 75,000 coming through the federal programs, and up to 48,000 through the Provincial Nominee Programs (PNP) (Mas 2014). As seen in Table 4, by the end of 2015 only 9515 permanent residents were admitted under EE. Moreover, the target levels for 2016, when compared to 2015, dropped by more than 20,000 nominations for the economic stream. Thus, many international students relying on an ITA in 2015 and 2016 felt shortchanged by various external factors that have resulted in the modest draws each month.

After graduation, international students can apply for a post-graduation work permit (PGWP) which gives them up to three years to gain at least one year of skilled work experience and to obtain PR after graduation. If the PGWP expires before the applicant receives an ITA, they are deemed by IRCC as an “out of status temporary foreign worker.” Out of status applicants cannot continue to work in Canada and must restore their temporary status within 90 days (IRCC 2014). If failing to do so, applicants will be required to leave Canada and await their PR nomination outside of Canada. Out of status applicants can restore their status via a visitor visa or they can return to school on a subsequent study permit (IRCC 2014). PGWP can only be issued one time to each eligible international student.

The following section specifies the key features of the immigration process that disadvantage international students from obtaining PR in Canada and suggests recommendations to Immigration Refugees and Citizenship Canada for policy changes to rectify these barriers.

|  |  |  |  |
| --- | --- | --- | --- |
| Immigration Class[[4]](#footnote-4) | **2015 Levels Plan** | **2016 Levels Plan** | **2017 Levels Plan** |
| Economic | 181,300 | 160,600 | 172,500 |
| Family | 68,000 | 80,000 | 84,000 |
| Refugee | 24,800 | 55,800 | 40,000 |
| Others | 5,100 | 3,600 | 3,500 |
| Total | 279,200 | 300,000 | 300,000 |

*Table 2.* Canada’s 2015–2017 levels plan. Data for 2015 and 2016 levels plan from IRCC (2016e) and 2017 levels plan from IRCC (2016f)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2015 | Targets | Total ITA | Total PR under EE | Total PR[[5]](#footnote-5) |
| FSW | 51,000 (incl. FST) | 13,214 | 1640 | 30,432 |
| FST | --- | 2,516 | 1785 | 971 |
| CEC | 23,000 | 11,228 | 5925 | 11,251 |
| PNP | 48,000 | 4,105 | 140 | 20,929 |
| Total | 122,000 | 31,062 | 9,515[[6]](#footnote-6) | 63,583 |

*Table 3.* Canada’s 2015 immigration outcome. Data for 2015 targets from IRCC (2016i), total ITA from IRCC (2016c), total PR under EE from IRCC (2016g), and total PR from IRCC (2016d)

**Barrier 1: Low Skill Employment Restrictions**

The immigration streams open to international students have inconsistent, unrealistic, and confusing work experience requirements. For example, to be considered for admission under the CEC federal program, international students must have one year of “high skill” employment experience in Canada, as determined by the National Occupational Classification (NOC) codes (IRCC 2016h). Differentiating between “high skill” and “low skill” occupations within NOC codes can be confusing. Furthermore, the high skill versus low skill designation contributes to a problematic situation where some international students who may help fill the labour gap in Canada, cannot immigrate without securing high skill employment. Amidst the current economic climate, even Canadian post-secondary graduates are challenged to find work under the high skill classification. The restrictive NOC codes and the disadvantage they pose to international students who cannot obtain high skill work experiences must be recognized at the policy level.

**Recommendation 1:** Points should be given to candidates for all work experience, with candidates receiving a greater number of points for high skill work.

**Barrier 2: In-Study Restriction and Ineligible Work Experience**

Under the FSW and FST federal programs, applicants are required to show sufficient funds in order to meet immigration criteria (IRCC 2017h). Given that proof of funds is not required for CEC applicants, this makes it more feasible for international students to apply to this CEC economic stream. At present, current international students under CEC are not eligible to apply for PR until they have graduated. In addition, international students can only use work experience gained after graduation towards valid Canadian work experience in their application under CEC and for CRS points. For example, relevant work experience as a researcher or teaching assistant gained by doctoral and master’s level students while studying cannot be counted for immigration. This situation presents a double setback for international students: they graduate with work experience accumulated during their studies, yet in EE their work experience is reset to zero and they must start from scratch. The ability to use all work experience towards PR is critical in leveraging international student achievements, including part-time work, co-op, and volunteer positions.

**Recommendation 2:** Remove in study-restrictions for CEC applicants, and allow all work experience that international students gain while studying to count towards their Canadian work experience.

**Barrier 3: Expired Post-Graduation Work Permits**

Persons with Post-Graduation Work Permits (PGWP) in Canada sometimes require a bridging work permit to cover the gap between the expiry of their current work permit and the final decision on their application for PR (e.g. when the applicant is waiting as IRCC processes the completed PR application). Bridging work permits can only be issued to individuals who have submitted an application for PR and are currently holding a valid work permit that has not expired (IRCC 2016j). If the PGWP expires before receiving an ITA, the candidate will be ineligible for a bridging work permit, and thus will not be allowed to work until he or she becomes a permanent resident; this could entail months of unemployment.

In addition, while former international students can apply for PR through the PNPs, these programs can temporarily close for long periods and delay PR applications for months. For example, in 2016, the Ontario Immigrant Nominee Program (OINP) closed on May 9 as the cap had been met for that year (Sullivan 2016). With the acceptance of new applications halted, many applicants would have needed to seek alternatives to the OINP program (Mangalji and Long 2017).

While awaiting PR in Canada, bridging work permits should be extended to those with expired PGWPs but who have already qualified for one of Canada’s immigration programs. Taking away the means from PR candidates to support themselves in Canada while awaiting PR compounds their uncertain prospects with economic marginalization.

**Recommendation 3:** Allow bridging work permits of up to one year to be issued to PR candidates with an expired PGWP after they have received an ITA.

**Barrier 4: Restricted Participation from Municipal Government**

Smaller urban centers and rural communities rely on immigration for population and economic growth but are rarely top of mind for international students coming to Canada. For some college and university cities in Canada (e.g., Timmins, Sarnia, North Bay, Sudbury, Thunder Bay, Sault Ste. Marie, St. Catharines-Niagara, etc.; see Table 6 in Appendix 1 for more details), international study programs are an effective way to attract potential immigrants and their families. International study programs can also be an effective way to redistribute potential immigrants and their families outside of Canada’s metropolis areas. Retaining international students after graduation is encumbered by low skill employment restrictions (outlined under Barrier 1) and by the lower availability of high skill work in smaller urban centers. Given the vested interest in retaining international students held by some municipalities, measures should be taken to help them attract and retain international students wishing to immigrate to Canada. Awarding more points for job offers outside of Canada’s largest urban centers is a simple, tangible tweak that could have immediate impact on the geographic dispersion of immigrants.

**Recommendation 4:** Under Express Entry, extra points should be awarded to job offers originating in smaller urban or rural areas.

**Closing**

The Canadian government has identified immigration as a strategy to enhance population and employment growth, and it has also recognized that international students are a valuable pool of potential immigrants. Yet, under current immigration policies, international students comprised less than 20% of economic class immigrants and only 11% of all immigration to Canada in 2015; it is time to scale up these proportions. The federal government has taken steps that may increase the number of international students immigrating to Canada, but greater action is needed. Without larger policy change in the EE system, post-secondary institutions, employers, and other key stakeholders can lack the ability and incentive to attract and retain international students in Canada, preventing potential economic and labor benefits to Canadian post-secondary institutions, employers, and regional economies.

**Appendix 1**

|  |  |  |  |
| --- | --- | --- | --- |
| CRS Components | | CRS Points | Maximum Points |
| 1. Core / Human Capital Factors: | | | 500 |
|  | Age | 110 |  |
|  | Level of education | 150 |  |
|  | Official languages proficiency | 160 |  |
|  | Canadian work experience | 80 |  |
| 1. Spouse or Common-law Partner Factors: | | | N/A |
| 1. Skill Transferability Factors: | | | 100 |
|  | Education | 50 |  |
|  | Foreign work experience | 50 |
|  | Certificate of qualification (for trades applicants only) | 50 |
| 1. Additional Points: | | | 600 |
|  | Post-secondary education credentials obtained in Canada | 30 |  |
|  | Arranged employment | 200 |
|  | Province or territory nomination | 600 |
| Total Maximum CRS Score | | | **1,200** |

*Table 4.* CRS score breakdown for candidates with no spouse or common-law partner. Calculations for CRS components from IRCC (2016i)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2014 Total | Proportion (%) | 2015 Total | Proportion (%) |
| Toronto | 75,654 | 79 | 82,097 | 79 |
| Ottawa-Gatineau | 5,257 | 5 | 6,246 | 6 |
| Hamilton | 3,103 | 3 | 3,021 | 3 |
| Kitchener-Cambridge-Waterloo | 2,372 | 2 | 2,454 | 2 |
| London | 2,001 | 2 | 1,986 | 2 |
| Windsor | 1,457 | 2 | 1,809 | 2 |
| St. Catharines - Niagara | 915 | 1 | 921 | 1 |
| Oshawa | 796 | 1 | 641 | 1 |
| Guelph | 609 | 1 | 685 | 1 |
| Peterborough | 143 | <1 | 149 | <1 |
| Kingston | 333 | <1 | 389 | <1 |
| Barrie | 350 | <1 | 412 | <1 |
| Leamington | 132 | <1 | 135 | <1 |
| Belleville | 243 | <1 | 230 | <1 |
| Sault Ste. Marie | 57 | <1 | 68 | <1 |
| Thunder Bay | 130 | <1 | 149 | <1 |
| Brantford | 195 | <1 | 148 | <1 |
| Chatham-Kent | 90 | <1 | 116 | <1 |
| Greater Sudbury | 291 | <1 | 186 | <1 |
| Norfolk | 58 | <1 | 54 | <1 |
| North Bay | 53 | <1 | 50 | <1 |
| Sarnia | 103 | <1 | 101 | <1 |
| Timmins | 46 | <1 | 47 | <1 |
| Collingwood | 31 | <1 | 42 | <1 |
| Timmins | 46 | <1 | 47 | <1 |
| Collingwood | 31 | <1 | 42 | <1 |
| Other - Ontario | 1,359 | 1 | 1,462 | 1 |
| Total Ontario | **95,778** | **100** | **103,598** | **100** |

*Table 5.* All permanent resident admissions by urban areas in Ontario. Data for 2014 and 2015 total from IRCC (2016k)

**Appendix 2**

|  |  |
| --- | --- |
| **Term** | **Definition** |
| Applicant | A person who has filled out and submitted a complete application for permanent residence. |
| Canadian Educational Credential | "Canadian educational credential" means any diploma, certificate or credential, issued on the completion of a Canadian program of study or training at an educational or training institution that is recognized by the provincial authorities responsible for registering, accrediting, supervising and regulating such institutions. |
| Candidate | This term should be used in relation to Express Entry / profile / submission. It refers to a person in the Express Entry pool. Candidates in the pool are ranked against others in the pool. |
| Canadian Experience Class (CEC) | The Canadian Experience Class is a permanent resident category for individuals with skilled work experience in Canada. It was developed for temporary foreign workers and foreign graduates with qualifying Canadian work experience. |
| Comprehensive Ranking System (CRS) | The Comprehensive Ranking System, or CRS, determines a candidate’s position in the Express Entry pool. It ranks prospective skilled immigrants by looking at their skills, work experience, language ability, education and other factors that we know lead to success in Canada. |
| Express Entry Pool (the pool) | Potential candidates who have submitted an Express Entry profile may be placed in the Express Entry pool if they meet the minimum entry criteria. Initially referred to as the Express Entry pool and thereafter as the pool. |
| Express Entry Profile | A potential candidate fills out an Express Entry profile to express their interest in coming to Canada. The Express Entry profile is filled out after the potential candidate has completed the Come to Canada wizard and created a MyCIC account. Potential candidates can access their profile by logging into their MyCIC account. |
| Express Entry (EE) | This Express Entry is a system that is used to manage the intake of economic immigration applications under the Federal Skilled Worker Program, Federal Skilled Trades Program, Canadian Experience Class and a portion of the Provincial Nominee Program. |
| Federal Skill Trades (FST) | The Federal Skilled Trades is prescribed as a class of persons who may become permanent residents on the basis of their ability to become economically established in Canada as workers in a [skilled trade occupation](http://www.cic.gc.ca/english/resources/tools/perm/definitions.asp?letterNum=19) in addition to meeting other requirements. |
| Federal Skill Workers (FSW) | The Federal Skill Workers is prescribed as a class of persons who are skilled workers, who may become permanent residents on the basis of their ability to become economically established in Canada, and who intend to reside in a province other than Quebec. |
| Invitation to Apply (ITA) | An Invitation to Apply, or ITA, is given to Express Entry candidates who have the highest Comprehensive Ranking System (CRS) scores at the time of an Express Entry round of invitations.  Candidates who are issued an ITA have three options: they can respond to the ITA; they can ignore it (in which case they are removed from the Express Entry pool); they can decline it, in which case they return to the pool for consideration in future rounds of invitations. |
| Labour Market Impact Assessment (LMIA) | An [LMIA](http://www.cic.gc.ca/english/work/employers/lmo-basics.asp) (formerly known as a Labour Market Opinion) is an assessment an employer in Canada must apply for before hiring a foreign worker. A positive LMIA will show that there is a need for a foreign worker to fill the job and that no Canadian or permanent resident is available to do the job. A positive LMIA is sometimes called a confirmation letter. Employers must contact [Employment and Social Development Canada](http://www.esdc.gc.ca/) to apply for an LMIA. |
| Permanent Residence (PR) | Permanent residence of Canada is a status of a person who is not a [Canadian](https://en.wikipedia.org/wiki/Canadians) [citizen](https://en.wikipedia.org/wiki/Canadian_nationality_law) but who has been granted permission to live and work in [Canada](https://en.wikipedia.org/wiki/Canada) without any time limit on their stay. |
| Round of Invitations | A round of invitations occurs on a specific time and day when IRCC issues Invitations to Apply to the top-ranking candidates in the Express Entry pool. A round of invitations can be performed for the pool as a whole (Comprehensive Ranking System (CRS) rank only) or specific to a program (CRS rank for federal skilled worker only). Every round of invitations has a set of instructions that the electronic system uses to invite candidates from the pool. |

*Table 6.* Terms and definitions related to permanent residence. From IRCC (2016l)

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# CHAPTER THREE: SYRIAN REFUGEE RESETTELMENT

**Syrian Refugee Resettlement: A Case Study of Local Response in Hamilton, Ontario**

**Abstract**

This paper examines the response by local government and stakeholders to the arrival and resettlement of Syrian newcomers in Hamilton, Ontario in 2015 and 2016—the first major wave of refugee arrivals since two significant changes in Hamilton’s settlement organizational landscape. The creation of a local immigration partnership called the Hamilton Immigration Partnership Council (HIPC) is an example of place‐based policymaking within local immigration and settlement in Canada. Place‐based approaches emerged to bypass top‐down policy ineffectiveness, and the shift to empower civic participation in the local decision‐making process is seen as one solution to public policy innovations. Examination of HIPC’s role in this context is thus critical to understand the challenges and learnings encountered in one place‐based setting. Our findings suggest that the lack of power (in terms of information, communication, resources, and funding) led to a missed opportunity for HIPC to lead a significant resettlement initiative. HIPC’s inability to bring together key partners across the sector prior to and during the event is symptomatic of systemic barriers the Council had faced, including competing interpretations of HIPC and its role by its members. This study suggests the effectiveness of place‐based policy is not without its nuances, and iterative challenges and learnings.

**Keywords**:Syrian refugees, local immigration partnership,voluntary sector, federal government**,** place-based policy

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**Introduction**

In late 2015 and early 2016, the newly elected federal government resettled more than 25,000 Syrian refugees across Canada (Government of Canada 2017) where they were welcomed by immigrant‐serving agencies, sponsoring groups, and individuals. Despite Canada’s immigration intake of between 245,000 and 300,000 persons each year over the past decade (IRCC Immigration, Refugees and Citizenship Canada 2016b), the arrival of so many refugees within a few short months challenged local settlement services and supports.

This Syrian Refugee Resettlement Initiative (SRRI) provides an opportunity to examine the local experience of the “community turn” in settlement and integration within a place‐based context. This paper investigates the role of the local immigration partnership (LIP) in Hamilton, Ontario, called the Hamilton Immigration Partnership Council (HIPC), as part of a larger comparative case analysis between three mid‐sized Canadian cities (Cullen and Walton‐Roberts 2019; Veronis 2019; Walton‐Roberts et al. 2019). The focus of this case study is on key events that started in September 2015, when anticipation of Syrian arrival began to mount, until September 2016.

**The “Community Turn” in Immigration and Settlement**

Similar to other social service sectors, Canada’s settlement sector has experienced the “roll‐back” effect of neoliberal policy reform in which market‐based approaches are applied to complex social needs. Early reform was manifest in the 1995 Settlement Renewal initiatives that entailed reduced federal services and funding, including the devolution of government responsibilities to non‐govern- mental organizations and an increase in project-based funding as opposed to core funding (Mukhtar et al. 2016). The addition of new competitive contract‐funding mechanisms designed to reduce federal spending and eliminate service duplication also led to shifts in governance, civil society, and local relations which have altered the sector into the present day (Evans and Shields 2000; Richmond and Shields 2005; Mukhtar et al. 2016).

Scholars suggest that the neoliberal paradigm shifts towards the mixed economy and the Keynesian welfare national state, and the new forms of governance, are better suited for a market‐driven globalizing economy (Jessop 2002). As a result, these paradigm shifts propelled the voluntary and community sector into the fore as central players in welfare state governance (Wolch 1990; Peck and Tickell 2002; Veronis 2006). Described as the way of tackling different forms of exclusion in society, particularly in the United Kingdom, the “community turn” embraced the vision of the voluntary and community sector in public policy and within local level governance (Macmillan and Townsend 2006).

The creation of the LIPs can be seen as the adoption of the “community turn” in immigration and settlement in Canada. Introduced by Citizenship and Immigration Canada (CIC) in 2008 as part of the Canada‐Ontario Immigration Agreement, LIPs were designed as a new form of local governance to address a number of long‐standing issues with local settlement policy, including the de facto role of municipalities (Walton‐Roberts et al. 2019). Beyond municipalities, LIPs were created to engage a wider range of local players around settlement planning, including school boards, healthcare providers, and the private sector. According to Bradford et al. (2011, 2) LIPs have been described as a “living experiment in the new public governance model of embracing collaboration, responding to community rhythms, and forging relationships across levels of government and public, private, and voluntary sectors.” Engaging citizens in the development of responsible communities is not only part of a moral obligation to society, it is also more effective given their ability to bridge the gap between the state and market due to their proximity and connection to the local (Milligan and Conradson 2006). This model of governance demonstrated by LIPs recognizes that the local is the vital space and place in which political, economic, and social changes transpire.

**Place‐Based Policies and their Limits**

In Canada, municipalities have no jurisdiction with regard to immigration, yet more than 90% of recent immigrants live in metropolitan areas (Edmonton 2016) where there is access to settlement services, transit, co‐ethnic communities, and other re- sources essential to resettlement. Immigration is one example of a larger panoply of public policy issues, such as population health, that is predominantly managed by higher orders of government but largely manifests on a local level. It is within this context that interest in place‐based policy- making has grown, recognizing key elements of effective policy such as tapping into local knowledge and recognizing local governments (Bradford 2005). In this model, collaboration among civil society actors is essential, with policy “informed by the experience and knowledge of a variety of actors” (Evans and Wellstead 2013, 64).

Canada has lagged behind comparator countries in terms of creating intergovernmental agreements and adopting an urban policy lens (Bradford 2005), but recent innovations such as the creation of LIPs have been heralded as promising. LIPs were described by Bradford and Andrew (2010, 3) as “the foundation for a new round of policy innovation that will provide better outcomes for newcomers and receiving communities while also positioning Canadian governments for continued international leadership in approaches to diversity.” Created to encourage a community‐driven strategic planning process, LIPs have been viewed as offering a flexible response to settlement needs (Bradford and Andrew 2010; Burr 2011). This shared decision making is manifested in the LIPs’ contribution agreement funding model where the funder sets general objectives and performance expectations, and the local settlement stakeholders prioritize and allocate funding within parameters (Bradford 2017).

Within the literature on meta‐governance of urban government networks, LIPs are viewed as an example of priority setting and funding allocation at the local level, under the supervision of a meta‐governor (in this case, the funder) that sets limits on and may even veto some local policy choices (Doberstein 2011). In this model, active vibrant local networks form and act within identified constraints.

Research on place‐based policymaking paints a positive picture of bottom‐up planning and calls for more implementation (Bradford and Andrew 2010; Burr 2011). Almost a decade into LIPs’ creation, the Canadian government has found value in this model, evidenced by a very positive recent evaluation (IRCC Immigration, Refugees and Citizenship Canada 2017) and the expansion of the network to 76 funded partnerships across the country. In addition, the move towards a five‐year contribution agreement in 2019 and discussions around the creation of a National LIP Secretariat suggest a reinvigorated investment towards local and partnership‐based governance.

In this research, we explore the complexity and nuanced force of place‐based policy, including factors that affect relations between the meta‐governor and the local governance networks. We investigate how unique local histories can create preconditions for senior government oversight, including distrust and exacerbated tensions within the coopetition model.

**Methods**

This paper is part of a larger comparative case study of the role of the LIPs in three mid‐sized Canadian cities as they undertook the SRRI in their respective communities in 2015–2016 (Cullen and Walton‐ Roberts 2019; Veronis 2019; Walton‐Roberts et al. 2019). This research was collaboratively developed by the researchers in Kitchener‐Waterloo, Ottawa, and Hamilton. Purposive sampling was applied in all communities to maintain consistency of sample for

comparative analysis. Both investigators in Hamilton have a personal connection to, and knowledge of, the HIPC: we are both HIPC members and have been involved with the council and working groups. We did not, however, participate in the Resettlement Assistance Program (RAP) agency working groups, nor were we participants in the initial consultation led by the City of Hamilton. We each participated in one of the working groups that supported the Mayor’s Advisory Committee on Syrian Newcomers.

Given our proximity to the research and research participants, it was important for us to work closely with our Kitchener‐Waterloo and Ottawa colleagues and apply a social constructivist frame- work to our method. Stake’s (1995) constructivist case study approach enabled us to participate in the production and co‐creation of meaning. As noted by Harrison et al. (2017), the role of the researcher in producing knowledge in a case study is critical, whereby the use of a constructivist lens emphasizes the researcher’s interpretive role as essential. The researcher is thus interactive and participates in the study, and the knowledge generated from the research process is relative to the time and context of the study.

In total, 12 interviews were conducted between December 2016 and January 2017. Interviews were semi‐structured, audio‐recorded, and transcribed verbatim. The key informant recruitment list for Hamilton was developed by the larger research team and included representatives from four service provider organizations (SPOs), one representative from the Mayor’s Office, two HIPC staff, two City of Hamilton staff, and two HIPC members. Additional sources of evidence—including news- paper articles, HIPC reports, HIPC meeting minutes, and federal immigration department communications—were reviewed to triangulate multiple sources of evidence and corroborate the findings to enhance reliability (Baxter and Eyles 1997).

Investigator triangulation via multiple researchers for Hamilton and peer examination with the larger research team was imperative in support of rigour and accountability. A crucial exercise was peer‐debriefing, which involved sharing data and analysis with the research team to identify possible misinterpretations or suppression of outlying themes or voices (Baxter and Eyles 1997). Member checking with our research participants was also integrated to ensure the adequacy and trustworthiness of our analytic categories and constructs. In September 2017, a community feed- back session was held with our research participants as well as other members of the Hamilton community closest to the SRRI, allowing us to confirm our findings and interpretations.

**Case Study Background**

The City of Hamilton is governed by a single‐tier municipal structure and is home to just under 537,000 persons, according to the 2016 Census (Statistics Canada 2016). Hamilton has a long history of welcoming immigrants and refugees. From the 1990s to the present, almost one in four residents was born in another country. However, this aging immigrant population owes more to earlier waves of European immigration than to newer arrivals from Asia and Africa.

According to CIC data, since the 1990s Hamilton has received 2,000 to 4,000 newcomers each year from all immigration classes—economic, family, and refugee (IRCC Immigration, Refugees and Citizenship Canada 2016b). Compared to the class proportions coming to Canada as a whole, the family and refugee classes are proportionately greater in Hamilton. Immigration has continued to diversify in terms of countries of origin and refugee arrivals in particular reflect various crises around the world.

With the advent of the federal RAP, Hamilton became one of five second‐tier cities in Ontario— along with London, Windsor, Kitchener, and Ottawa—designated to receive government‐assisted refugees (GARs), most of whom have resettled into Hamilton directly from refugee camps around the world. The RAP provides designated refugees with supports during their first year in Canada, including welcome upon arriving, orientation, and temporary accommodation during their initial stay in Canada. The RAP agency is the agreement holder for the RAP. Under this program, Hamilton receives 200 to 400 refugees each year (RAP‐R1).

**Hamilton’s Shifting Settlement Structure**

The 1980s: The informal and emerging settlement sector. In Hamilton, a number of specialized settlement services and organizations formed in the wake of various refugee inflows. From the early 1980s, for example, in response to the Vietnamese Boat People crisis, The Mountain Fund to Save the Boat People assisted more than 3,000 refugees, many of whom have stayed in Hamilton (Dam 2009). Other examples include The Circle of Friends for Newcomers (Hamilton), founded in 1980 as a response to the settlement needs of government‐sponsored refugees, especially from Southeast Asia—as well as the Inter‐Church Committee for Refugees formed in the 1980s to assist those arriving from Central America. The Inter‐Church Committee began as an informal network of volunteers, eventually forming the St. Joseph Immigrant Women’s Centre (IWC) in 1988 with financial support from the Sisters of St. Joseph.

***The 1990s: The One‐Stop Shop Model***

In 1993, the Settlement and Integration Service Organization (SISO) opened its doors in Hamilton, serving nearly 2,000 clients that year (Eby 2008). Created to be a one‐stop shop serving immigrants and refugees, SISO would become the largest settlement agency in Hamilton for nearly two decades, with more than 150 staff and an annual budget of $15 million. SISO housed the RAP, language assessments, settlement counseling, employment services, and more.

SISO also became a powerful voice for immigrant concerns, securing the ear of provincial and federal ministers. It became so well known that sometimes immigrants arriving at Pearson Airport in Toronto would simply instruct their cab drivers to take them to SISO.

***The 2000s: The Creation of the LIP in Hamilton***

Partly due to its designation as a centre for receiving GARs, Hamilton received a higher proportion of refugees and a lower proportion of skilled workers than most cities in southern Ontario. Thus, it is not surprising that the attraction and retention of newcomers within a transitioning economy became a major concern for Hamilton in the 1990s and early 2000s. Many who worked with newcomers felt that the city was not working to attract skilled immigrants and was inadequately supporting its existing newcomer populations, particular higher‐needs newcomers such as GARs (e.g., Elliott 2017).

In 2009, the City of Hamilton received funding from CIC to create a LIP in Hamilton to address settlement and inclusion beyond the usual settlement service providers. Members initially perceived HIPC as a community‐based roundtable but the evolution of the LIP and its lifespan was unknown. The resulting HIPC was located within the City’s Community and Emergency Services Department and was tasked with developing and implementing an Immigration Strategy and Action Plan (Immigration Strategy). Members of the council came from various sectors—including settlement, healthcare, education, business, and government— and were selected for their shared commitment to the future of Hamilton that included a vital role for immigration. After extensive community consultation and research, the Immigration Strategy was adopted by HIPC and unanimously approved by City Council within eight months. As is the case with many LIPs, the vision was not limited to service coordination but rather articulated a vision for the broader community (HIPC Hamilton Immigration Partnership Council 2010).

At the time of its creation, many HIPC members shared common interests and even common clients but did not know each other. The exercise of creating a local Immigration Strategy helped to build relationships and even consensus among its members, which included representatives from service provider organizations, major institutions, and local government. HIPC’s creation was timely as the need for communication and coordination around immigration issues was suddenly more pressing: serious financial irregularities within SISO came to light in 2010 and the organization abruptly closed in January 2011. Settlement pro- grams were quickly redistributed to other community organizations, including IWC, YMCA, and Wesley Urban Ministries.

The sudden closure of SISO tested the abilities of the young HIPC. On the one hand, the mere existence of HIPC reinforced the perspective that settlement was the jurisdiction of the community as a whole and not a single agency. According to a former HIPC staff person, facilitating the realignment of settlement services in the city proved beyond HIPC’s reach, with CIC preferring to deal directly with settlement agencies without involving the Hamilton LIP. While improving coordination of settlement supports is one objective of LIPs, events in Hamilton raised questions about the ability of HIPC in its embryonic stage of development to work alongside CIC during critical times.

***The 2010s: The Living Experiment in Hamilton***

As noted above, HIPC is a federally‐ funded initiative housed within Hamilton’s municipal government. The City of Hamilton originally pledged to contribute extensive in‐kind and other resources to the partnership. HIPC partners, including the City of Hamilton, reported a contribution of over $4 million in in‐kind support from July 2009 to March 2017. Given HIPC’s contract with the federal government and its responsibility for certain deliverables, the federal government defines the scope of HIPC’s mandate and HIPC must work within those boundaries (HIPC‐S1). In the absence of supplementary funding from the municipality or elsewhere that could expand those boundaries, HIPC’s role remains fairly constricted.

Since its inception, HIPC has worked with more than 85 community partners with representatives from housing, health, employment, education, language, training, research, settlement services, business, community organizations, media, and other levels of government. From 2011 to 2015, HIPC worked to implement its broad‐based Immigration Strategy and hosted five sector‐based working group tables: Settlement, Language, Housing, Health, and Employment.

By 2015, it was felt by some that these groups had run their course and that HIPC needed to improve its connections with the larger public as well as with Hamilton City Council. In response to these concerns, HIPC initiated a new strategic planning and evaluation process, with a focus on reconnecting with HIPC partners and newcomers and under- standing the partnership’s strengths, challenges, and opportunities in carrying out its mandate. This process was intended to pare down and focus HIPC’s goals and activities to realistically reflect its small staffing complement and the limited re- sources of its various community partners. The resulting Strategic Plan 2017–2020 identified three broad strategic priorities for HIPC: coordination of services, communications and community engagement, and research and evaluation. This organizational strategic plan replaced HIPC’s earlier community‐based Immigration Strategy.

HIPC’s engagement with key stakeholders had been challenged in the years leading up to the SRRI. As with any long‐term community project added to already‐busy schedules, engagement ebbed and flowed at the council and within the working groups, which saw the dwindling of senior directors and more participation from frontline workers over the years. The human resources needed to sustain these relationships and activities placed a strain on certain members, which resulted in the absence of key players over the years. Most critically, since 2011, the RAP agency had not participated in HIPC.

It was in this context—a long history of receiving refugees; the sudden closure of SISO due to financial mismanagement; the resulting increased vigilance by local CIC representatives of the settlement sector; the creation, evolution, and pivot of HIPC; and the absence of the RAP agency at HIPC— that the Syrian newcomer influx unfolded in Hamilton.

***Case Context: September 2015 to September 2016 Hamilton Timeline***

Alan Kurdi and the federal promise. Although the Syrian refugee crisis had been ongoing for many months prior to the fall of 2015, the heart‐ wrenching image of deceased three‐year‐old refugee Alan Kurdi prompted an outcry from residents in many communities across Canada, including Hamilton. Within five days of the photo’s publication, two local public rallies were held, urging a more robust Canadian response to the crisis (Fragomeni 2015).

Canada’s reception of Syrian newcomers became one of several issues related to immigration and identity in the ongoing federal election campaign. The Liberal Party under Justin Trudeau was promising to facilitate a large‐scale SRRI before the end of 2015—a view that was contrary to the Conservative government under the Harper Administration. With a Liberal victory on October 19, 2015, this campaign promise became a major focus of the young government and was symbolized by the injection of “Refugees” into the very name of the department which was renamed “Immigration Refugees and Citizenship Canada.” In spite of immigration falling outside of municipal jurisdictional purview, the federal government directly contacted various municipalities to inform them of the Syrians’ arrival. In November 2015, Immigration Minister John McCallum was on the phone with the Mayor of Hamilton to thank him in advance for welcoming Syrians to Hamilton.

A close up of a map

Description automatically generated

*Figure 4.* The Syrian influx in Hamilton, Ontario. SOURCE: IRCC data (October 31, 2016a)

As seen in Figure 4, the image of Alan Kurdi and the federal promise sparked a series of planning initiatives and activities in Hamilton. Although the timeline does not reflect all that had taken place in Hamilton, it reveals key events and stakeholders, new and old, in the local settlement landscape during the SRRI.

According to Immigration, Refugees and Citizen- ship Canada data, from September 2015 to September 2016, Hamilton received and resettled a total of 1,460 Syrian refugees, 87% of whom arrived between December 2015 and February 2016 (IRCC Immigration, Refugees and Citizenship Canada 2016a). The pattern of influx in Hamilton was similar to that observed in Ottawa, Waterloo, and across Canada; 86% of Syrian newcomers to Hamilton were GARs, the highest proportion of any community in Ontario (HIPC Hamilton Immigration Partnership Council 2017).

In the fall of 2015, various organizations and offices began to assemble working groups in anticipation of the Syrian arrival. Some of these initiatives were happening simultaneously with some key individuals, including HIPC members, sitting at multiple tables. These activities were led by the Mayor’s Office, the RAP agency, and the City’s Community and Emergency Services Department.

***Leadership by the City of Hamilton***

On September 30, 2015, the Mayor’s Office hosted a public information session on refugee sponsorship. Hamilton’s Council Chambers quickly became “standing room only” as many individuals and groups, including Syrian families, turned out to learn about sponsorship and how the City of Hamilton intended to address the refugee crisis. This initiative reflected the public’s demand for a local government response to a global crisis:

We found that in many municipalities the public was turning to the local rather than the federal government because at that time the Harper government was not responding in a positive fashion to the growing refugee crisis. So as the public began to engage itself in the issue it turned to what was closest to it, which was the local government and so we realized that in early fall of 2015 there was an expectation on the part of the citizens of Hamilton that the local government get involved in the Syrian refugee issue in some meaningful way. (MO-R1)

In late November 2015, Minister McCallum called Hamilton Mayor Eisenberger. The purpose of the call was to help ensure that relations with the mayor were on good footing. This would be the only time that the federal department directly contacted the municipal government on this topic:

Minister McCallum was thanking the City of Hamilton for taking in over a thousand newcomers or agreeing to take in over a thousand newcomers, but I should point out it wasn’t an invitation nor was there choice involved with it. The federal government was sending roughly twelve hundred newcomers, Syrian newcomers, to Hamilton regardless of what we thought. Now the Mayor expressed his agreement with a welcome mat, if you will, to the Syrian newcomers. There was no question in our minds right from the outside if we would accept them. We’ve done this before in Hamilton. This is not unusual and we weren’t going to shirk our responsibility to the newcomers in this particular instance. (MO-R1)

By mid-December, the City of Hamilton began to mobilize its resources and reach out to those across the sector. Specifically, City staff from the Department of Community and Emergency Services undertook consultation with service providers in the areas of health, employment, education, language, and settlement between December 2015 and February 2016. The goal was to engage a wider range of stakeholders, including the informal sector which had previously been less involved in a coordinated community effort.

What began as a departmental initiative was soon transferred to the Mayor’s Office where it received a higher profile and evolved into the Mayor’s Advisory Committee on Syrian Newcomers, which received official approval from City Council in March 2016. The first meeting was held in May 2016, by which time almost all Syrian families had been screened, housed, and enrolled in schools. Sector-based working groups were also created and began to meet over the summer of 2016. These working groups effectively mirrored HIPC’s longstanding working groups and contained many of the same participants.

***Leadership by the RAP Agency***

As seen in Figure 4, soon after the federal election, the RAP agency began to mobilize those partners that could assist in the immediate needs of the refugees. Aside from the addition of a Mental Health working group, new expert working groups were re-created (including Health, Housing, Education, and Language) were formed by the RAP agency, which contained some HIPC working groups members and some new sector partners. These new groups were formed to discuss issues of assessment, integration, and transition specific to the Syrian influx:

Significant Syrian arrival started in December but in October we knew that was coming so we formed tables … and that wasn’t just an open invite to anyone who worked in the health sector; those were the agencies that are going to help with the resettlement portion … the conversation was: we are going to get a certain influx, how are we going to do initial health screening for every client that arrives? What was the rotation going to look like? What screening tools are we using? What database are we using, those very specific to Syrians. (RAP-R1)

Although some RAP agency staff had been participating in HIPC’s working groups, the lack of connection between RAP senior staff and HIPC added to the duplication of tables and paralleled efforts in Hamilton during SRRI.

***Leadership by HIPC***

With no direction from its funder to participate in SRRI, HIPC staff continued with their normal duties while supporting the unfolding resettlement process. By the fall of 2015, HIPC was in the middle of its strategic planning process—a plan that had been set into motion in April 2015, prior to the SRRI federal promise. As a result, HIPC staff maintained momentum to carry out and complete an evaluation by March 2016. By June 2016, a decision was made to disband the sector-based working groups.

Although HIPC was not focused on refugee resettlement per se, HIPC members were participating and contributing under other initiatives and leadership, and HIPC staff were busy behind the scenes supporting the larger City of Hamilton strategy to welcome Syrians. HIPC staff worked closely with the Mayor’s Office and were an integral part of the process in identifying partners to participate in the Mayor’s Advisory Committee. HIPC staff lent expertise and sometimes did double duty between HIPC and the Advisory Committee. Despite the lack of communication from IRCC, HIPC staff used funds to translate a Housing Help Guide (HIPC 2016a) and a Newcomer Services Quick Guide (HIPC 2016b), earlier outputs of HIPC’s working group**,** and organized a large welcome fair for the Syrians on March 1, 2016 (HIPC-S1).

**Hamilton Case Findings**

This research identifies several key factors that influenced the scope of HIPC’s involvement in the SRRI. Despite Hamilton’s success in meeting the needs of the new arrivals and SPOs, these critiques from our participants were self-interrogating and reflected a perceived missed opportunity. For brevity, only select quotes are provided to support these findings. Attributions for these quotes use the following format: SPO-R1 to SPO-R4 for four service provider organization and their respective representatives; RAP-R1 for RAP agency representative; MO-R1 for Mayor’s Office representative; HIPC-S1 and HIPC-S2 for HIPC staff; HIPC-M1 and HIPC-M2 for HIPC members; and CoH-S1 and CoH-S2 for City of Hamilton staff.

***The Absence of Top-Down Communication***

Following the federal election, many receiving communities were tasked with the resettling of thousands of Syrian newcomers within a few short months. With this underway, there were many uncertainties and questions on the ground. In Hamilton, speculation was rampant as to how many refugees (especially GARs) would be arriving, how soon, and how their immediate housing needs would be met.

The climate at the time could be characterized as one of confusion and of concern that local leadership was in the dark when in it came to planning and preparedness:

The numbers were never given in a very formal way by anybody … Before Christmas we heard 200, around Christmas time it was 300 so we did have a quiet Christmas because we didn’t think that 300 was going to be a big number ... I think by March we began to hear that nearly 1,000 had already arrived. (SPO-R1)

We had a little bit of panic … They really didn’t prepare the municipalities or service providers … We were asked to look for big facilities that could hold people. And all that was chaos. The City had to trigger an emergency management kind of approach to it. We were meeting and a bunch of stuff was going on until it became clear afterward that [the RAP] has been funded by the federal government to actually lead. (CoH-S1)

As stated by a Mayor’s Office representative, “Other than that phone call [to the Mayor], there was a total blackout from the feds.”

The lack of understanding on the part of some key leaders regarding the process of resettlement and the vital role of the RAP agency added to the confusion of what role should be played and by whom. Also, until the Syrian arrival, the new RAP agency had little experience handling such a rapid and large-scale arrival of refugees, particularly one that garnered such public attention and a surge in volunteer interest, which itself was a major challenge to facilitate (RAP-R1). Everyone was on a learning curve.

***Bound by IRCC Directives***

Not only was communication from IRCC to the municipality and SPOs about the incoming refugee stream largely absent, but according to multiple key informants, the IRCC section responsible for LIPs was completely silent in directives regarding the SRRI. In this vacuum of information and direction, HIPC staff were hesitant to take action. Despite members of HIPC expressing concerns and urging HIPC to take a leadership role, in the absence of direction from IRCC, HIPC staff felt bound by their funding contract that outlined specific deliverables and expectations—particularly as these emphasized the traditional supporting role of the LIPs and avoidance of any direct service provision. As such, and awaiting further direction, HIPC staff moved to support other initiatives taken within the City of Hamilton, namely by the Community and Emergency Services Department and the Mayor’s Office.

Incredibly, it was not until March 2016, after the flurry of resettlement activity had peaked, that IRCC issued any directive to the LIPs regarding their role in the SRRI:

To be frank we didn’t receive anything from IRCC until March … we got a copy of a document saying that we were to help the municipality and our partners who specifically had to do with Syrian refugees. Up until that point, there were no instructions on what LIPs should do … and we didn’t do any specific action until we got that direction in March to do so. (HIPC-S1)

The hesitation of HIPC staff to act more visibly or to show more leadership around Syrian resettlement must be understood in the context of the relatively recent history of Hamilton’s settlement sector, namely SISO’s extraordinary mismanagement and sudden collapse in 2011. SISO had been funded primarily by IRCC, and its demise put a chill on all local relations with IRCC, including those of the newly formed HIPC. IRCC was viewed as acting more like a watchdog than a partner, and as such, local organizations that relied on IRCC funding were cautious when it came to initiating activities:

We’re all sitting around the table and I remember thinking ‘why aren’t we [HIPC] doing something?’ And it was almost like the committee didn’t take the initiative … I describe the previous ten years as the ten “dark years.” There was so much that we had to be worried about—the kind of the funding that we were receiving—and I don’t know if whether the leadership just didn’t think that they were going to take action. There just seemed to be confusion and I can’t explain it. (SPO-R4)

Additionally, HIPC staff were relatively new to their roles and lacked a longstanding history within the settlement sector and experience dealing with IRCC. This may have contributed to their lack of confidence in straying from IRCC directives. In sum, in the particular local context in which the SRRI unfolded, the lack of direction from IRCC to engage left HIPC unwilling to assume a leadership role during this time.

***Missing Stakeholders and Parallel Work***

The absence of key players made it difficult for HIPC to be *the* table to which partners would look for information and planning. Given that IRCC funding went to the RAP agency and other resources were delivered to sponsorship agreement holders to assist with Privately Sponsored Refugees (PSRs), it was not intuitive that HIPC had become the lead.

Initially, the City of Hamilton and the RAP agency each went about creating their own working tables to address the SRRI. Their efforts were propelled by the need for experts to identify and respond to resettlement needs of the Syrians. For the RAP agency, this was urgent and unprecedented as the organization had to assume responsibility for more than 1,000 new arrivals in just a few months, in addition to their annual intake.

In the case of the City of Hamilton, there was an expectation from the broader community that the municipal government, and in particular the Mayor, be at the forefront of a local response. Given the high profile of the global Syrian crisis, there was a surge in public interest and commitment that had not been seen in recent years. In turn, there were high expectations of municipal leadership and pressure from the community for the Mayor to lead in the coordination of services and top-down intervention to mediate the working relationships between SPOs: “we saw an increase in the demand … there was a perceived need on the part of the public that the Mayor’s Office be front and centre on this issue … we felt the pressure from the public.” (MO-R1).

The Mayor needed to respond in a collaborative way to a broad spectrum of stakeholders. Indeed, he was able to leverage support from high profile members of the community and organizations previously absent from settlement, including the Executive Director of the local RAP agency, the Associate Medical Officer of Health, the Muslim Association of Hamilton, and several McMaster University professors. In addition, due to the large number of PSRs and the creation of the Blended Visa Office-Referred program, it was also important to include the sponsorship agreement holders who managed those sponsorships and others who supported newcomers in the community.

The Mayor’s Advisory Committee had its final meeting on May 17, 2017, and the working groups were disbanded by mid-2017, with a final report being issued to Hamilton City Council in August 2017. As stated in the report to Council (HIPC 2017), the duties of the Advisory Committee would be rolled into HIPC, including implementation and tracking of the recommendations.

***HIPC Did Not Respond Versus HIPC Could Not Respond***

There were two dominant discourses regarding the effectiveness of HIPC in Hamilton during the SRRI. On the one hand, there was a perception that HIPC failed to respond: “I don’t recall HIPC to be a respondent to the crisis. As a matter of fact, I don’t think they responded.” (SPO-R1). Another interviewee put it this way, “We [HIPC] weren’t asked to participate, and you could say well, did we have a voice? Could we not have gone to the City Council or to City Mayor and say: you have this organization.” (SPO-R3). Additionally, one participant suggested:

HIPC didn’t have enough profile with the community or the community didn’t understand that HIPC was there … And I think there was a couple of things that led, or contributed, to [their lack of response]. One was that, we had very little participation from City Council, we had none basically … we spent, I think months not knowing who the sponsor was [from senior City staff]. (HIPC-M1)

These reflections speak to frustration around HIPC’s limited profile among City leaders, including the Mayor, his staff, City Council, and senior City staff. It was felt that many were not even aware of HIPC, much less its potential role in refugee resettlement. This was seen as a failure of HIPC’s own leadership.

At a deeper level, particularly among those working closely with and within HIPC, there was an understanding that HIPC was unable to respond, even if staff and leadership had wanted to. In this view, HIPC was constrained in responding because refugee resettlement was outside its purview and because its capacity was limited: “Some LIPs were not sure. Should we be doing that? Will that be funded? ... because when you look at the policy of the government, it doesn’t say anything explicitly about refugee resettlement” (HIPC-S2). Additionally, a Mayor’s Office representative explained, “There is a contractual relationship between IRCC and HIPC that wasn’t as flexible as it needed it to be in the instance of this influx … I mean ultimately HIPC wasn’t designed for refugees. It was designed for immigrants. So in fairness to HIPC or any LIP, technically they weren’t set up for refugee work.”

In sum, the inability of the council to respond resulted in the disappointment of many HIPC members who felt that it should have taken more of a leading role during the SRRI. Those who were deeply enmeshed in the day-to-day activities of HIPC and those at the forefront of resettlement work point to a series of linked factors that explain why HIPC could not take the lead—including perceived aspects of HIPC’s contract, mandate, and limited capacity. The critical absence of key stakeholders all contributed to the course undertaken by HIPC.

***Conflicting Interpretations of the LIP***

The debate on the role and capacity of HIPC reflects the complexity and nuanced meaning of LIP’s fundamental identity—does the existence of the partnerships embody an enacted federal initiative or does it embody the co-created community vision framed within the values of a collective impact? These tensions have been debated and illuminated and have been part of HIPC’s discourse throughout its existence:

It’s still very much a community vision … CIC had a particular goal in mind—they had set some parameters around what HIPC would be or what they would be looking for. What was interesting was how adamant the participants were … this had to be something more than what CIC wanted—it had to be a community vision and community-driven direction. Even though CIC would say … we’re only concerned about this piece, the community said, “no, we want to look at the bigger picture.” … I think it helped gel the group a little bit … and we all see [HIPC] playing a much bigger role than just what CIC wanted. And CIC … didn’t really participate in the process significantly, other than to make sure that we were doing the things that they were looking for. (HIPC-M1)

Significant disagreement and uncertainty remain about the role and purpose of the LIP. For those who saw the LIP as a quasi-government body, the LIP was not given direction to lead, coordinate, develop strategy, or function in an advisory capacity to share in the local responsibility. For those who saw the LIP as a community-driven table, Hamilton fell short on the opportunity to bring partners together to meet a challenge; “If we missed the boat on anything in Hamilton, we missed the boat on the community building aspect of this.”

***HIPC’s Added Value: Collaboration Amidst Competition***

Although HIPC did not take the lead in the SRRI, it undoubtedly brought value to the process. Service agencies, institutions, and individuals were able to leverage the relationship that HIPC had built by establishing the culture of collective and collaborative work in the settlement sector. Following the demise of SISO, HIPC’s larger “community vision” and “community-driven direction,” coupled with the work done by its members, created a level of trust that was needed to sustain the relationships between competing partners. These sentiments were echoed by many who alluded to the ease of connection between service agencies, institutions, and individuals over the years and during the SRRI:

… because we had an ongoing relationship for years and years … we did develop an important trusting relationship, that when we were tackled with the volume then … I think that we were able to respond in the best way that we could because we already had those relationships. So I can call up [the RAP agency] and say, “we can do that.” … it helped us strengthen over the years … SISO was pretty nasty to a lot of organizations in the community and so we worked hard to rebuild that, and that was through HIPC. (SPO-R4)

Despite these strides, the nature of IRCC’s funding to the settlement sector reinforces competition:

There is a lot of good things in meeting each other on conversations. There is value, tons of value. I think I have more friends in this sector now that I’ve ever had that I can call on. Acknowledging that is always competition, right? Because there is always competition because I can’t let my business to be out of money. (SPO-R1)

HIPC has really facilitated that dialogue between agencies … they have had some successes … there is still a level of competition at the tables … We haven’t really gotten to a point of a true collaborative nature … For years the contracts go on the open market and everybody can reapply for them … so it forces people to stay competitive. (RAP-R1)

Working within the system-bred competition among service providers, HIPC leadership was effective in its supporting role. The longer-term value of this work was evidenced when the RAP agency reconvened its membership at HIPC and, at the conclusion of SRRI, assumed a leadership role at the council.

**Discussion and Conclusion**

The demand for local leadership during SRRI points to the context of immigration as restricted by the de facto role of municipalities. This case study suggests there is a need to clarify and strengthen the arrangements between all three levels of government and to consider intergovernmental roles and arrangements that entail more respectful, permanent, and bi-directional working partnerships with municipal governments. These arrangements should be sensitive to the local context, including recognition of the competitive funding relationships among IRCC SPOs, and should be flexible enough to allow for dynamic responses to emerging needs. Given that immigration to Canada is a vastly urban phenomenon, there is increasing pressure to recognize and resource municipal governments as key policy players in settlement and integration.

Scholars have debated the complexities of the relationships between the voluntary sector, the private sector, and the local government in the downloading of responsibilities from the central government to local communities—in particular, interrogating the evolving role of the state and non-profit sector within the restructured welfare governance process (Wolch 1990; Peck and Tickell 2002; Veronis 2006). According to Macmillan and Townsend (2006, 15), “the voluntary and community sector ... offers governments the prospect of addressing, and being seen to address, intractable problems through welfare services provided beyond the state, which are thought to involve lower cost while being effective and innovative.” As pressure mounts on the voluntary and community sector to steward and sustain partnerships and other coalitions, the paradoxes of vertical devolution without power and sustainability without capital suggest that this sector remains under the constraint of the federal government which enforces its contractual relationship and compromised autonomy (Evans and Shields 2000).

Fueled by the notion of shared responsibilities and raised expectations, partnership-based governance has seen some successes over the years in terms of bringing together local stakeholders, identifying community priorities and raising awareness, and securing new services under the LIP model—yet it is evident that the LIPs were bypassed during the SRRI across Canada (Cullen and Walton-Roberts 2019; Veronis 2019). HIPC’s inability to lead during SRRI is symptomatic of the systemic barriers it faced. Our research points to the nuanced dimensions of place-based policy and highlights the evolving roles and relations between the federal government and non-profit sector within the restructured welfare governance process. The case findings in Hamilton suggest three factors worked to reinforce forms of exclusion for local-level and partnership-based governance structures: the critical conditions of unique local history, current participation and leadership from key actors, and the constraints of devolution. The limitation of local-level and partnership-based governance structures to lead during SRRI resulted in various points of tension internally and externally.

Despite its lack of capacity during SRRI, the living experiment of the LIPs continues to develop and progress, particularly from recent lessons learned. The sustained federal investment in local partnership-based governance holds promise for any future policy planning for local refugee resettlement initiatives. Any such policy planning should be characterized by clear communication, space for innovation, and flexibility to accommodate local context.

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# CHAPTER FOUR: MENTAL HEALTH ACCESS & ACCESSIBILITY

**Mental Health Access and Accessibility: Bridging Spaces of School-Based Settlement Services and School-Based Mental Health for Immigrant and Refugee Youth in Secondary Schools**

**Abstract**

Translating school-based mental health interventions remains an ongoing challenge for immigrant receiving communities. Drawing on interviews with nine school-based settlement workers in one mid-size Canadian city, this study explores strategies used to improve school-based pathways to equity in mental health for young immigrants and refugees new to Canada. Findings from this research suggest a focus on promoting autonomy, increasing privacy, and ensuring anonymity in mental health education, service access, and utilization. This exploratory paper contributes to a better understanding of mental health barriers and facilitators, and identifies population-focused equitable and ethical practice for immigrant and refugee youth and their families.

**Keywords**:immigration and settlement, school-based mental health, refugee studies, school-based settlement program, mental health

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**Introduction**

In Canada, mental illness or disorder is the single largest health problem affecting 10 to 20% of all youth (Canadian Mental Health Association 2013), and 70% of mental health problems have their onset during childhood or adolescence (Centre for Addictions and Mental Health 2019). Addressing mental health for young people has thus become a national priority. The World Health Organization (WHO) note that half of all mental health disorders begin by the age of 14, and three-quarters by the mid-20s, which can severely impact development, educational attainment, and the potential for a productive and fulfilling life (WHO 2019). Implementing strategies that promote psychosocial well-being, such as mental health promotion (MHP) in adolescence, is important to mitigate risky behaviours that can lead to mental health difficulties and poor health outcome later in adulthood (Kieling et al. 2011).

Addressing mental health disorders in youth populations can be difficult when examining characteristics and challenges of specific subgroups, and in particular those of immigrant youth. Combining mental health strategies with a settlement lens can help new immigrants access health opportunities and improve well-being and health outcome after arrival, especially within the first year of resettlement. Evidence of mental health disparities, immigrant access to appropriate care, and the call for greater culturally responsive services have been noted in research (Durbin et al. 2015; Hansson et al. 2012; Kirmayer et al. 2007; McKenzie and Bhui 2007; McKenzie 2016; Thomson et al. 2015). Although many studies have used the proxy measure of geographical inaccess (e.g. location and physical availability of health services), economic inaccess (e.g. affordability of services), and cultural inaccess (e.g. ethically matched health care providers and appropriateness of services) (Bambra et al. 2010) inaccess and inaccessibility in mental health may only reveal some aspect of health inequity. Kirmayer and Jarvis (2019) point to good evidence of culture in shaping experience and expression of mental health problems, modes of coping and pathways to care, and the effectiveness and effect of treatment and prevention. Taken from Jezewski and Sotnik (2001), culture is defined in this research as “a system of learned and shared standards for perceiving, interpreting, and behaving in interactions with others and with the environment”. Culture brokering continues to emerge as a significant approach to addressing systemic and cultural barriers service access and provision in health and education (Brar-Josana and Yohani 2019). Culture brokering is defined in Jezewski and Sotnik (2001) as “the act of bridging, linking or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change” and the culture broker “acts as a go–between, one who advocates or intervenes on behalf of another individual or group”. In a health service setting, cultural brokers have been used to alleviate challenges stemming from systemic and cultural barriers to reduce the gap between providers and clients (Jezewski and Sotnik 2001). Based on their skill-level, cultural brokers can take on many different roles with varying impact that can range from bridging linguistic competency, to mediating cultural variations between perceptions of illness and their causes, to translation contextual and community dimensions of meaning and identify important stressors and sources of support and resilience, to advocating for culturally safe and responsive services, and/or serving as a catalyst for change (Heifetz and Laurie 1997; Miklavcic and LeBlanc 2014). Examples of settlement workers bridging support for newcomer youth and families in a clinical and community health setting has been shown to enhance equity, service provision and client well-being (Kirmayer et al. 2011; Beehler et al. 2012; Brar-Josan and Yohani 2019; Khanlou et al. 2018; Kirmayer and Jarvis 2019).

Using a grounded theory approach, this paper explores strategies used by school-based settlement workers brokering cultural and linguistic gaps between new immigrant and refugee youth and service providers operating in the area of school-based mental health in one mid-size Canadian city. Interviews with nine school-based settlement workers illustrates the dynamic and interacting layer of mental health inaccess and inaccessibility encountered by these youth in school spaces. This research draws upon the insight of Bronfrenrenner’s (1979) ecological systems theory of five interconnecting systems (i.e., individual, microsystem, mesosystem, exosystem, and macrosystem). As shown in Figure 5, this adapted version of Bronfrenrenner’s model recognizes the geo-sociopolitical environments that account for multiple (and layered) influences in the complex and fluid process of youth development and integration in Canada (Khanlou et al. 2018) beyond a psychosocial only perspective.

The ecological framework for human development help to contextualizes points of independent and intersecting systems that can restrict youth access and accessibility in a post-migration. This research builds upon the previous research utilizing Bronfrenrenner’s model to expand and strengthen culturally responsive service as a path to equity in mental health care for immigrant and refugee populations by demonstrating strategies used in one community setting to mediate power relations and cultural norms, alleviate system barriers, and facilitate mental health literacy and service use for immigrant and refugee youth across various microsystems in schools (i.e. student: peers; student: family; student: school staff).

For the purpose of this research, the focus on youth in secondary schools in Canada (i.e., grade 9 to 12) highlights the subset of youth between the ages of 14 to 17.

Diagram

Description automatically generated

*Figure 5*. Ecological systems model (Khanlou et al. 2018; 59)

**Immigrant and Refugee Youth Pre- and Post-Migration Context**

Immigrant and refugee populations are comprised of those with diverse histories, lived experiences, and migration trajectories that can result in different mental health outcomes. Known as the ‘healthy immigrant effect’ at the time of immigration, immigrants are physically and mentally healthier than their Canadian-born counterparts due to the vetting process of immigrant selection, although a rapid decline in self-assessed health (physical and mental) is observed amongst new arrivals in as little as two years after coming to Canada have been reported (Newbold 2006; Newbold 2009). In comparison, refugees arrive in Canada in poorer health, likely reflecting their more precarious journey to Canada. The literature on determinants of mental health among refugee notes several pre-migratory risk factors including exposure to war, persecution and torture, forced migration, family separation, and prolonged refugee encampment, which can lead to poor mental health outcome (Guruge and Butt 2015). Durbin et al. (2011) suggest that immigrants are at risk of increased hospitalization for some psychiatric illnesses. In areas with greater proportions of immigrants, admission rates were higher for psychotic disorders (e.g., schizophrenia or delusional disorder) but lower for affective disorders (e.g. anxiety or postpartum disorder). Higher rates of mental health disorders have been reported in various studies with refugees (Kirmayer et al. 2011; Hilario et al. 2015), and the prevalence rates of PTSD and depression in refugees is approximately 15% or less worldwide (Hynie 2018). Among those conflict-affected persons, torture and cumulative exposure to potentially traumatic events (PETs) was the strongest factor associated with PTSD, and for depression factors impacting prevalence included number of PTEs, time since conflict, reported torture, and residency status (Steel et al. 2009). As noted by Steel et al. (2009) methodological factor (e.g., including response rate, sample size and design, diagnostic method) and substantive factors (e.g., socio demographics, place of survey, residency status, time since conflict) play a key role in the variation of reported prevalence rates of mental health disorders among refugees. Higher prevalence is often reported in small-scale community setting with smaller sample size and weaker research methodology (Steel et al. 2009; Kirmayer et al. 2011; Hynie 2018).

Overall, the literature on rates of mental illness in immigrant and refugees groups in Canada is diverse and not comprehensive, varying by national origin groups, age, and status in Canada, and have often focused on three major immigrant receiving cities (Hasson et al. 2012). This lack of data can undermine efforts to develop equitable mental health services for all Canadians, particularly for those in communities already challenged by lack of mental health resources and access to care. To date, there has been no study that has explicitly compared the rates of mental illness among immigrant and refugee youth (Guruge and Butt 2015). Challenges for researchers engaged in the field cite low participation, attrition, vulnerability of group, and sensitivity of topic, making it difficult to draw comparison between groups or assert conclusion (Kataoka et al. 2003; Guruge and Butt 2015). The gap in data reiterates the difficulty for practitioners to consider the regional variations in demography and resources, while emphasizing the need to adopt a place-based approach when translating policy into practice.

Post-migration determinants of mental health among immigrants and refugees include age, gender, language fluency, ethnicity, knowledge of the health care system, family instability, and family socio-economic status (Guruge and Butt 2015). Lack of access to appropriate mental health care and services have been linked to experiences of discrimination and institutional racism reinforcing systemic and societal barriers (McKenzie and Bhui 2007; George et al 2015, Guruge and Butt 2015). The link between mental health and poverty have also been long realized (Beiser 2005; George et al 2015; Guruge and Butt 2015) As noted by Hynie (2018, 299), “The risks for developing mental disorders and poorer mental health are greater for members of groups with less access to power, material resources and policy making as a result of broader social, political, and economic factors that sustain inequalities.” Social stratification and chronic conditions of economic and health disparities among immigrants and refugees reflect concerns of social and health injustice (Hansson et al. 2009). Hilario et al. (2015) note that the mental health of young people is strongly connected to the settlement experiences of their parent’s, with parental depression consistently associated with poorer mental health of their children.

Poor mental health youth is influenced by the interconnectedness of determinants and their social relations. McNeely et al. (2010) found that immigrant and refugee youth in the U.S. were challenged by four sets of emotional distress in resettlement: trauma; parenting and children’s behaviour; acculturative stress; and economic, language and academic challenges. When youth faced a multiplicity of challenges, it was more difficult for them to cope with each set of challenges individually, and challenges exacerbated each other to compound their difficulties. By and large, research on immigrant and youth mental health cite acculturative stress—the difficulties faced in relation to the process of adapting to the host society—as critical among youth in post-migration (George et al. 2015). Factors inducing acculturative stress include learning a new language, negotiating one’s cultural identity, family conflict, social isolation, racism, and discrimination (Kirmayer et al. 2011). The evidence for cultural identity and its connection to mental health and well-being among immigrants is well documented (Khanlou et al 2018). As noted in Khanlou et al 2018, cultural identity in acculturation research is conceptualized as an immigrant’s sense of self, which is a complex and changing concept particularly for youth carrying out their lives in culturally plural societies. Referencing Berry et al 2006, Khanlou et al. 2018 point out that immigrant youth are challenged by the need to negotiate and “work out how to live together by, adopting various strategies that will allow them to achieve a reasonably successful adaptation to living interculturally”. Similarly, strategies encouraging adaptive acculturation such as helping youth to negotiate cultural identity, supporting family relationships, and increasing social support have been shown to mediate negative impact for youth in post migration (Jorden et al. 2009; Khawaja et al. 2014; Guruge and Butt 2015; Khawaja et al. 2017; Hynie 2018).

**Providing Mental Health Access**

Research has shown that immigrant and refugee children and youth face systemic barriers in accessing both formal and informal mental health support (Rickwood et al. 2007; Ellis et al. 2011). Archie et al. (2010) found that ethnic minority groups disproportionately overutilized emergency response (ER) services as their first point of contact for a first episode of psychosis. ER exposure was also linked to increased future hospitalization and deterred outpatient engagement (Archie et al. 2010). Low utilization rates of existing mental health services have been linked to lack of awareness of services, language incompatibility, transportation, cost, and differences in sociocultural beliefs that can limit and/or restrict access and service use, and stigma (Sanchez and Gaw 2007; Yang et al. 2007; Hansson et al. 2010; Azuero 2012; Wood and Newbold, 2012; Han and Pong 2015). The underuse of mental health services by racially and ethnically diverse populations may not necessarily reflect a lack of need but rather point to sociocultural factors that constrain group engagement and/or reinforce restrictive access, which remains poorly understood (Edge et al. 2014). Similarly, other scholars have suggested that the underutilization of health care services overall but may point to the institutional influences that inhabit the degree of care received (Asanin and Wilson, 2010). According to Ricketts (2009, 529) “Access is the ability of a person to utilize health care given a need and/or desire to obtain it while accessibility is really the degree to which a person needing and seeking care actually receives care.” These complexities call for deeper exploration into experiences of immigrant and refugee youth mental health inaccess before accessibility and health equity can be adequately addressed.

**Promoting Mental Health in Schools**

The ongoing expansion of mental health care in the community to strengthen the response to the needs of diverse populations reflect the efforts to bring health promotion and prevention strategies into everyday spaces. Schools in particular have been identified as a critical site for health access and service integration (Rones and Hoagwood 2000). According to Kutcher et al. (2015), schools can connect mental health education and strategies to other aspects of learning and decrease the stigma associated with mental disorders in addition to being cost-effective environments to reach youth. In light of this, a significant body of work has emerged around school-based mental health promotion and intervention in the last three decades. The literature on school-based mental health promotion and intervention can be found under ‘social and emotional learning’, ‘emotional literacy’, ‘emotional intelligence’, ‘resilience’, ‘life skills’ and ‘character education’ (Weare and Nind 2011). Features of successful interventions have focused on mental health education and skills development while balancing universal (e.g., developing positive school mental health culture and embedding mental health teaching within curricula) and targeted approaches (Weare and Nind 2011).

Although schools have helped youth to increase health literacy, identify risks, and become sites for mental health care delivery, it remains nuanced and unstable for immigrant and refugee youth given the challenge in translating interventions for this group of youth. According to Khanlou (2010) mental health promotion models and approaches can be limited when they fail to consider multiple cultural, linguistic, and systemic barriers to maintaining and promoting mental health in a post-migration and resettlement context. The lack of policy direction specifically for immigrant youth can make it difficult for those in the field to apply them (Mental Health Commission of Canada 2016). Albeit few in number, limited research examining school-based interventions for immigrant and refugee youth has been noted in Canada with the research revealing promising practices to reduce emotional and behavioural symptoms, particularly within the first year of arrival in Canada (Guruge and Butt 2015). In a recent review, Reynolds and Bacon (2018) found that school-based programs looking to deliver interventions serving refugee youth are forced to choose between evidence-based programs designed for the mainstream youth and developing new programs from the cultural framework of their youth. For example, one group of researchers using group cognitive-behavioral therapy (CBT) approach, found a modest decline in trauma-related mental health problems amongst traumatized Latino immigrant students in the U.S. at 3-month follow-up (Kataoka et al. 2003). Similarly, Ehntholt et al. (2005) found clinically modest improvements following the intervention in overall behavioural difficulties and emotional symptoms in the U.K., but these gains were not maintained at 2-month follow-up. In the absence of a socio and cultural framework on barriers to care access that contextualizes various forms and expression of interpersonal or transactional stigma, it can be difficult for researchers to improve program intervention or health outcomes.

**Study Background**

In this study, we examine schools as spaces of care and spaces of mental health access for immigrant and refugee students and their families. We explore these experiences at depth drawing from the narratives of nine school-based settlement workers brokering these spaces and relationships.

***The Community of Study***

Located in Hamilton, Ontario, Canada this mid-size Canadian city is home to over 500,000 persons (Statistics Canada 2016). Between 2,000 to 4,000 immigrants arrive each year from all immigration classes—e.g. economic, family, and refugee—and between 200 to 400 are settling annually as government-assisted refugees. In Hamilton, refugee and family class remain proportionately higher compared to the class proportions coming to Canada as a whole.

***The Settlement Workers in Schools Program***

In Canada, the Settlement Workers in Schools (SWIS) program is a school-based settlement service for youth and families who have recently immigrated to Canada. The SWIS program is located across all 10 provinces in Canada, and settlement workers from this program are referred to as “SWIS workers”. The role of a SWIS worker is to help facilitate the integration of newly arrived immigrant and refugee youth into the local education system and boarder the community. SWIS workers help to connect students to services by providing referrals, filling out forms for services, and linking students and families to community resources. SWIS workers often provide support in multiple languages.

At the time of data collection, SWIS workers in Hamilton reported an increase in mental health needs amongst their students citing an increase in emotional and behavioural problems, depression, suicide attempts, and episodes of panic attacks occurring at schools. As a result, SWIS workers began to refer students to counselling services in the community but concerns around service access began to emerge. SWIS workers reached out to a local child and youth trauma service provider (referred to in this study as OASIS. See description below) to bring mental health counseling services into schools.

***Child and Youth Trauma Service***

The Outreach, Assessment, and Specialized Intervention Services (known as ‘OASIS’ for short) is a specialized program for immigrant and refugee children, youth, and their families who have experienced trauma in another country, while on their journey to Canada, or while in Canada. OASIS was designed specifically to meet the unique needs of children and youth who have experienced trauma, abuse, and/or have been impacted by resettlement and acculturation-related stressors. Screening, assessment, and counseling supports are provided by a registered psychotherapist at no cost to clients. The psychotherapist works with the child/youth, and their families, and other professionals, to identify specific recommendations for treatment with possible intervention strategies while operating from a culturally sensitive and competent lens. Psychoeducational sessions for parents are provided and parental involvement and support are critical to the success of program and child/youth outcome. Trained interpreters are available when needed (Thrive Child and Youth Trauma Service 2016).

**Methods**

***Data Collection, Recruitment and Sample***

Upon clearance from the author’s institution ethics board, permission to access the school district’s SWIS workers was granted by the settlement organization overseeing the SWIS program in the region. The contact information of all nine SWIS workers employed in 2014/2015 was obtained and recruitment emails were distributed. In total, eight female and one male SWIS worker participated. A semi-structured, in-depth interview guide was used to explore themes of mental health education in schools, cultural perception of mental health, mental health disorder, stigma, safe spaces, health needs, and student access to services. Data collection spanned between 2014 and 2015. The interviews were audio-recorded and transcribed verbatim. One interview was conducted without audio recording at the request of the individual being interviewed.

At the time of the data collection, SWIS workers were integrated across the public and Catholic boards to support newcomer youth and families via the public education system. In total, SWIS workers operated in 11 elementary (i.e. junior kindergarten to grade 8) and nine secondary schools across the district. In the secondary schools, SWIS workers worked closely with youth but exclusively with parents/guardians in the primary setting. SWIS workers worked in teams in each school but each case load consisted of approximately 100 students and/or families. In addition to English, thirteen languages were spoken between the nine settlement workers: with four workers speaking two languages, three speaking three, one speaking four, and one speaking five languages. Language spoken amongst SWIS workers included Arabic, Cantonese, Tagalog, Hindi, Korean, Portuguese, and Punjabi, reflecting the need and diversity of the major immigrating groups to this region. SWIS workers ranged in age and all identified as first-generation immigrants. Many SWIS workers stated that had been employed in the settlement sector for more than four years.

***Data Analysis***

Data analysis occurred concurrently with data collection and informed subsequent interviews. Qualitative techniques were employed using a constructivist grounded theory approach (Charmaz 2006) to develop a conceptual analysis of barriers and facilitators to care. This allowed analytical codes and categories to inductively emerge from knowledge grounded in the SWIS workers’ experience of bridging and mediating between students and various school staff, administrators, and professionals. Each transcript was examined using initial, axial, and theoretical coding as prescribed by the methodological literature. Line-by-line coding was completed with the aid of Dedoose, a qualitative software to help organize data. Written and integrated memos allowed categories to be developed and frame theoretical ideas. Initial codes were compared between the researchers with themes identified and discussed through an inter-rater group coding process to increase rigour. Consensus was achieved and overarching themes were finalized. Constant comparison between transcripts helped to link categorizes between participants into the following salient themes: 1) barriers to MHP; 2) strategies initiated to tailor MHP for immigrant students; 3) mental health inaccessibility; and 4) boarder implications of stigma on mental health accessibility.The exploration of convergence, complementarity, and dissonance in the emerging themes contributed to the triangulation of the data (Farmer et al. 2006) to gain a deepened understanding of mental health inaccess and inaccessibility.

**Findings**

The analysis is divided into the following three sections. First, individual-level barriers to mental health education are identified alongside strategies tailored by some individual SWIS workers to promote student engagement. Next, interpersonal-level barriers (e.g., family constraints) and strategies initiated by some SWIS workers to reduce social stigma in mental health access are examined. In the final section, institutional-level barriers during service use are examined. Additionally, some SWIS worker’s own stigmatization of mental health highlighting societal-level factors that limited mental health promotion and service connections are discussed.

***Individual-level Barriers in Mental Health Promotion***

Some SWIS workers identified MHP as a need to help students develop an understanding of mental health challenges and the resources available to them. Working in partnership with public health nurses, SWIS workers initially delivered mental health education to immigrant students using training modules from public health. According to multiple SWIS workers, mental health education was often met with resistance and distancing from students. Students held stigmatizing views of mental health and often described mental health as ‘crazy’ reflecting cultural ideas of mental health as ‘not normal’, highly shamed, and something to avoid. Additionally, students perceived mental health problems amongst Canadians as differences in group behaviour:

…so, the first question that we ask is, ‘what is mental health?’ and we get responses anywhere from ‘crazy’ to ‘mental’. They think ‘mental’ and associate ‘mental’ with being ‘crazy’, ‘unstable’ or say ‘we don’t talk about that’…P1

…‘that is b.s.’, ‘there is no depression’…‘people are just lonely here’, ‘[Canadians] don’t like to make friends’. Back home we are always happy. We like to make friends and say hello to the neighbours so we don’t have depression…You will find all kinds of people that believe that it doesn’t exist, or they don’t want to talk about it, or a lot of people think it’s ‘crazy’… -P8

Many SWIS workers noted that students were hesitant engage in MHP was connected to the lack of rapport students had with the public health nurse, whom often probed students in taboo discussions (e.g., sex education, depression, self-harm, etc.). Resistance to engage by students was cited by some SWIS workers as a perceived lack of sensitivity by MHP facilitators for students’ religious beliefs, values, and social norms. SWIS workers saw this as a limitation that was perpetuated by the prescriptive design of modules used to facilitate training, which resulted in students’ difficulty to openly talk about mental health-related problems:

…because of their culture and their religion, they couldn’t engage…I understood it but the public health nurse said, ‘this is something that we need to know’…‘we need them to know but we have to go a different way about it’…I would put in my own way of thinking in terms of making them feel comfortable. And I would say, ‘well in our culture that’s not allowed but we are in a country where it is possible for things like that to happen. You know life changes, the person change’ so I put in it into a different perspective so they can be like, ‘oh yeah, you’re right. We don’t talk about it but it doesn’t mean that we’re not thinking about it… -P3

Most SWIS workers understood the fear students had in MHP as connecting to mental health-related stigma and students’ fear of engaging in activities that were contrary to their social norms. Openly exposing oneself or disclosing in a classroom setting in front of their peers was seen as risky. SWIS workers needed to adapt strategies to mediate and broker both sides to achieve MHP objectives with student safety in engagement, which was important to do when encouraging students to adhere to behaviours that were socially unaccepted and countercultural. SWIS workers focused on emphasizing students’ need based on an immigration trajectory to link students’ social context to health impact, and some also used creative ways to provoke health discussion that included photovoice and other art-based projects which was seen as beneficial in minimizing students’ language barriers:

Some of the modules that we talked about is feeling sad. What do you do when you feel sad? How has coming to Canada affected you? How has that affected your relationship with you parents?...Last year we had them draw a picture of a girl and then we said, ‘so what are some of the physical things that you can see that happens to somebody that has stress?’…a lot of them say, ‘my hair falls out’…we put post-it notes on the girl’s body…‘you clench your fist’, or ‘your heart starts pumping’, or ‘you get acne’…‘oh I can’t sleep at night’ or ‘I start having different thoughts’, or ‘I start thinning [losing weight]’ or ‘I start thinking this is my fault that this is all happening to me’, ‘I can’t learn English’, ‘I’m stupid’…so we categorize how this affects your mental health. So that is how we really break it down. We don’t necessarily say ‘this is mental health’. -P1

Helping students to contextualize mental health-related issues within migration and settlement helped students to connect psychosomatic symptoms of ill-health within a post-migration context. Avoiding the use of the word “mental” in mental health discussion was cited by many SWIS workers as a strategy employed to reduce stigma to deter students from early disengagement while focusing the conversation on aspects achieving well-being. Shifting to a student-centred approach that integrated cultural sensitivity was effective. Strategies adapted by SWIS workers overall aimed to give students greater autonomy, enabling them to initiate and direct the discussion:

…they weren’t so expressive I found so I said, ‘okay guys, we are not using the binder anymore, so you guys tell me what you want to talk about’ and surprisingly, relationships, healthy relationships, what’s not a healthy relationship, those kinds of topics…They wanted to talk about it but they didn’t feel comfortable with the manual…so I kind of tweaked and I kind of put it into their hands and said, ‘okay you tell me what the issue is and what you want to talk about and tell me how I can help you.’ -P3

SWIS workers established safe dialogue practices to facilitate MHP engagement, which helped to normalize discussion around sensitive topics. For example, the use of ground rules and written contracts were implemented by some SWIS workers to create a safe space for students to talk amongst their peers. Establishing safeguards helped students to build group cohesion and relationships. Adherence to ethical conduct helped to reduce interpersonal-stigma and fostered an environment that allowed students to safely disclose:

One of the first things that we do is lay down ground rules…We all sign a contract. We all come with this code of conduct of what is expected…what happens in this groups stays in this group so we all kind of shared our experiences. And it takes a long time, like a couple of sessions before we start talking about mental health because what we do is we try to build a cohesion between all the of them first…what are some of your similarities?...differences? We kind of try to bring those out first and then we start talking about other stuff…a lot of them say we’ve learned that we have a lot of the same problems. We’ve learned that we all share the same challenges and barriers. -P1

With improved MHP strategies, SWIS workers were able to tackle highly sensitive topics such as suicide and self-harm. As a result, SWIS workers cited increases in students disclosing their own mental health challenges, as well as needs within their family:

…because we also talk about suicide and hurting yourself…we did have one student who came to us after and told us, ‘ I’ve been feeling really lonely and I have been feeling very isolated from my family. I feel like I can’t connect with them and I can’t talk to them about stuff’ and she even told us that one time she tried to end her life, so we’ve had a lot of instances where girls would come up to us and say we need help… -P1

They will tell you if they need help if they want the further step to be taken so they will tell you if they want it. We have informed them about COAST and the crisis help line in general… because it is important for newcomers to know about those services…if the student is aware of the service that is in the community, and if they feel that they are very close to get to a situation where they need support, they will come. But if they don’t want any further steps to be taken, they won’t come. For example, I had a student that said, ‘my mom in planning to commit suicide’. She knew that I would call COAST. She knew. It’s by law. I needed to…she wanted me to call. She wasn’t able to make that phone call herself…So they will come if they know something and they want something to be done... -P6

By connecting barriers to engagement in MHP to individual-level constraints (e.g., religious beliefs, sociocultural norms, personal-stigma) many SWIS workers employed strategies to promote safety in MHP participation that included framing mental health from a settlement trajectory, avoiding the word “mental”, focusing on well-being and integration, building trust between students by using written contracts, etc. These strategies enabled students to successfully participate in MHP and gain health literacy as a result. Additionally, encouraging student autonomy in MHP was vital in helping immigrant students to challenge socially unaccepted and countercultural behaviours in MHP.

***Interpersonal-level Barriers in Mental Health Promotion***

The need to help students locate and access resources in the community was a vital next step, which was an important role of any SWIS. Many SWIS workers explained that students were hesitant to access support citing geographical distance from school to service location as a barrier in students accessing support, “if it’s too far the students won’t go; if they have to take a bus, it’s too far” (P7). Other factors centred on students’ fear of family and friends finding out about their access to, or use of, mental health services. The aim to bridge students to services led SWIS workers to bring services into schools to mitigate the risk of students being seen in accessing help. A plan was initiated by SWIS workers to bring a registered psychotherapist from OASIS into schools weekly to help students access counselling on campus. By bringing the services to schools, this allowed OASIS to bring free screening, assessment, and counseling supports to students; however, concerns were later raised about students being seen on onsite accessing support:

…she didn’t want her parents to know…her parents where very controlling and they wouldn’t let her do anything or take part in any sports because I guess they didn’t want her to get involved with the wrong crowd. They were very protective. And the working hours of OASIS just didn’t suit her so I called and I asked if it was just possible for her to just come to the school and [the therapist] had never done that before… P1

…especially because a lot of them don’t want other people knowing that they are taking therapy…they don’t want any of their peers to know and they definitely don’t want any of their family members to know. And this girl actually had a sister that was also at the school so she was very adamant about her sister not knowing because if her sister found out about it, then her parents would find out about it, and her parents would say that she is telling everybody their business at home. Because what you do at home is private and even though that may be affecting your mental health, it might be creating an issue. She was very scared that somebody would find out about that. -P1

Students feared the possibility of friends or siblings finding out about their use of mental health services at schools. Reducing stigma for students accessing care was linked to issues of safety and privacy. Further steps to increase safety and privacy for students included SWIS workers arranging meetings between students and therapists in the guidance counsellor’s office, arranging therapy sessions to take place in the vice-principal’s office, and scheduling appointments during a student’s spare class. These strategies helped students avoid run-ins with their peers and/or sibling(s):

We need to create the positive environment. It’s always that stigma. I find that even in the high [secondary] school, if the students say, ‘I want to see the nurse, and I want to talk about something’ their friends would say, ‘why do you need to see the nurse? What’s wrong with you?’ I’ve heard students say that in their group, ‘what’s wrong with you?’ Again, in the group I would always say, ‘okay, it’s private, maybe she needs to talk to the nurse about something that she doesn’t want to share’. -P4

Most SWIS workers also stated that obtaining parental/guardian consent was a major obstacle in getting students to services, particularly for those 16 and under with parents who were opposed to students accessing mental health services. Given these challenges, SWIS workers helped to advocate for the school administration to adopted OASIS’s age of consent (i.e., 12 and older) to allow students to make the decision to access services on their own. In spite of the strategy to increase health agency for students, family structure remained critical in some cases and not having family approval deterred some students from accessing support:

…We had a girl from Burma and she lives with stepparents…she is 21 though…there were issues so we booked an appointment but these parents wouldn’t go and she never signed the form because she was so scared of them. We couldn’t do anything... And she just disappeared…It’s not all a success story. It’s hard convincing people that we are their friends and we can help. -P2

Promoting health literacy for families was an important strategy for SWIS workers to gain family support in students’ access. This required SWIS workers to also engage and educate families about mental health-related issues. Helping families to gain health literacy also coincided with creating a network of supporting students in both the home and school environment:

…her dad couldn’t figure out what was bringing these reactions on…he says, ‘she is happy at home. I see a totally different girl. When you guys call home from school and say, your child has been taken to the hospital in an ambulance, I don’t understand it…when I pick her up, she is happy…if I had seen it, I would have asked for help but I don’t see it!’ It’s kind of hard for him to understand and grasp the idea that something is there and even if she is not showing it at home…she has been bottling it up and there was some bullying issues there too so it triggered it and he couldn’t understand…she experienced a nervous breakdown…It was challenging but we were able to work through it and were able to get some help and they were able to do some counselling together and learn about what it is and learn about some of the things that bring it on. -P3

Helping students to feel safe and not isolated in treatment by encouraging families to participate in student care was critical to both the SWIS program and OASIS. As part of OASIS holistic approach to student therapy, psychosocial education was also offered to families with youth in care:

They work with the family and the kids. They’ll meet with kids but when they do counselling, that is always done with the parents and sibling to help the kids not feel isolated. It’s never just the one kid. By involving the other [siblings], its helping them too. There is hidden mental health there and they’re getting help too…it’s a treatment for the whole family so they benefit. -P3

The need to improve privacy in spaces of care was also echoed for families. For many immigrant families, it goes against the social norm to talk to an outsider about their personal challenges. As a result, encouraging families to seek counselling can be difficult when families feel that their personal issues are on display in a public setting:

…I’ve tried to say that these office needs to be off to the side because if somebody needs to go then they need to go anonymously…They are things that are very private…Families need more privacy. When a family is coming in for any behavioral issues and stuff, newcomer families feel embarrassed waiting for their turn, because now everyone can see that something is wrong in their upbringing or in their child. I think it should be a little off to the side. I think schools need to invest in that for sure. -P2

Despite the resources available, helping families to accept mental health support can be challenging. SWIS workers note that in some circumstances families were very opposed, which sometimes resulted in the refusal to access help:

There was one family that refused. With the others, I have seen huge improvements. I see the kids and they are totally different people…With that family, the mom just refused to see that there was an issue…and she didn’t want to accept the fact that there was something there and that her and her kids getting the proper help could have helped them. She said, ‘there is nothing wrong with me’…and there was an appointment set up and she just never showed up. So, I just left it…that mom that refused and didn’t want help, her son was taken away and was place in a group home because of what he was going through. -P3

Framing mental health as positive health can help to reduce the stigma for families and offer support for youth and their families. Similar to students, connecting settlement stresses in MHP was effective (e.g., trauma, settlement, acculturation, etc.):

…‘mom was really happy about it because she felt that she didn’t know how to speak to him anymore…in a couple of other instances I called and asked the parent if it was okay that I refer their kids and they said yes. If the students show a lot of withdrawal syndrome, where they don’t want to do anything, they don’t want to do their homework, they don’t want to go anywhere, and they miss a lot of school, or if there is a lot of regression, or if they don’t want to do anything at home…I would normally call mom and dad and say do you think it will be good for them to take part in this counselling? And for the most part the parents say yes because the parents are also alarmed. -P1

Overall, SWIS workers cited low participation when it came to efforts in engaging families in MHP due to stigma and fear of associating with mental health-related issues. Normalizing mental health access was important to get families involved and challenge their ideas when to access and accept mental health support. This required some SWIS workers to be “sneaky” and “half honest” in order to remove some of the stigma associated with mental health:

…we had a student attempt to commit suicide because she sent her picture and it got abused so we got a police officer…Because in our community the perception is that the police officer has the perfect life…so when he got up and said…‘oh I went to COAST for help’, or ‘I went to the priest for help and counselling’ and ‘I went to McMaster mental health office for help’…if a police officer can knock on these doors, we can as well so it’s about building that connection that we can understand that it’s normal and that it’s okay…we have to be sneaky about it. You just can’t be too up front because the nobody will show up. You just have to be half honest before you outreach and then fully honest at the event itself. Once they come, they do like it and they do come back. -P2

Helping students navigate the local service system was vital and speaks to the critical role of SWIS workers in bridging newcomers to resources in the community. The outcome of bringing mental health services into schools resulted in the removal of geographical barriers to services for these students. Yet issues of privacy in schools and inter-personal stigma came to the fore with SWIS workers citing students’ fear in being seen accessing and using mental health services on campus. A multi-prong approach to reduce the impact of interpersonal-stigma resulted in efforts to promote mental health in the boarder community with newcomer families. Strategies to reduce inter-personal stigma for students focused on helping families recognize mental health-related issues, encouraging families to accept and participate in student care, and helping newcomer communities to gain health literacy in mental health.

***Barriers to Mental Health Service Utilization***

Despite the strides to improve students’ access to mental health service in schools, this did not result in the use of services for some students. While individual-, interpersonal- and some institutional-level barriers (e.g., geographical distance to mental health services, school’s policy on age of consent, and lack the of privacy in spaces of care) have been discussed above, Figure 6 summarizes these into Bronfenbrenner’s (1979) ecological framework to contextualize students’ barriers to service utilization as described by the settlement workers in this research. Linguistic barriers in service use and SWIS worker’s own discrimination and stigmatization of mental health are discussed, contextualizing interacting societal- and institutional-level constraints that can restrict students’ access in mental health for immigrant youth.

* Fear of being seen using mental health services
* Fear of openly discussing taboo topics
* Lack of mental health literacy
* Family’s refusal to accept mental health support
* Family’s fear of being seen using mental health services
* Family’s lack of mental health literacy
* Family-based mental health stigma
* Geographical distance to mental health services
* Linguistic barrier/fear of interpreter’s confidential misconduct/lack of anonymity in service
* Schools’ restrictive policy on age of consent
* Lack of privacy in spaces of care in schools
* Public-stigma of mental health in cultural groups
* Shame associated with being “crazy”
* Fear of accepting “crazy” as normal
* Fear of being ‘other’

*Figure 6.* Barriers to mental health service use for immigrant youth in schools

Students’ fear of being exposed were further heightened when a third-party interpreter from their own cultural community was used to bridge the linguistic gap between student and psychotherapist in sessions. According to some SWIS workers, the use of a third-party interpreter impeded students’ service accessibility because privacy and confidentiality was perceived as jeopardized, which resulted in induced non-disclosure and early termination of service by some students:

Some of the students that I sent last year to OASIS, after a couple of sessions, they decided that it was not for them. I think too that OASIS is difficult because they don’t speak the language that the kids need. They have an interpreter and a lot of the time, the students are very afraid that because that interpreter is from their community, that they’ll tell. I’ve known various students that have dropped out because of that. Or they say, ‘no Miss, I don’t think I need an interpreter’, or ‘I know that interpreter’ and they just won’t say anything. I think that creates a *huge* challenge for them because they don’t have that language…even though the interpreter has signed the confidentiality agreement where they can’t say anything, there is still that fear because a lot of the stuff that they talk about is very sensitive. They don’t want other people to know and the reason that they are doing this therapy in secret and confidence is because they don’t want their parents to know. But if you are having someone coming that speaks that language and they are from *that* community, it kind of defies the purpose. -P1

Students’ preference to not use an interpreter over linguistic barriers spoke to students’ fear of confidentiality breaches in interpretive services with members of their cultural community. The possibility of their family finding out was perceived as a high risk. This suggests that anonymity should be critically considered when using face-to-face interpreters, and alternative methods to be offered when working with immigrant youth. When students terminate support, it can be difficult to know if the support provided was truly accessible or whether the supports provided was received in a way (service accessibility) that could improve their mental health outcome:

We had a student that later on disclosed to the ESL teacher that she tried to commit suicide, so we connected her with OASIS. You know, it’s volunteer participation once a week. Then she decided that I am fine now. And sometimes you know that nothing has changed in her surroundings, so you’re worried sometimes, ‘how are things?’ ‘things are okay’. We just follow up, follow up a lot. You know, I was hoping that this would continue but it lasted for a month and that was it. She didn’t mention anything about how it was helping. She said, ‘I feel better’. Whether she got the strategies to cope with her depression or not, I don’t know. But she said that she is fine and that she was handling the situation at home. -P6

Although much of the findings have focused on the value and benefits of using SWIS workers to bridge students to support, ;the knowledge, capacity, and personal views about mental health of some SWIS workers were not indicative of perspectives discussed above. On the contrary, some SWIS workers held stereotypical ideas about mental health, citing that mental health “stupid” and “crazy” (P7). According to P7, mental health was not observed as a need amongst students. In this case, students’ emotional and behavioural issues were often flagged by teachers and so were referrals to OASIS:

The teacher called me for help… I told the teacher that in the school we have OASIS…I just told the teacher and sometime the teacher will give this information to the student…Sometime the students don’t want us to know...I didn’t make that referral. -P7

Overall, the relationship between P7 and students could be lacking rapport, and admittedly, P7 cited little disclosure from students about their personal challenges, which could have resulted in dismissal of possible mental health-related issues and missed opportunities to bridge students to support:

I don’t really deal with mental health. It depends on the school. If the students don’t ask me for help, I don’t know…-P7

Like some kids you can see that they are not happy so I will ask them, and they say, ‘no, no, it’s just a family issue’ and they don’t share with me anything about that. ‘I’m not happy about parents’, this and that but they don’t share it and I don’t know the reason. ‘Do you need a job?’ ‘Yeah, I need a job’. Something like that. Job-related. -P7

The last interview with one SWIS worker, who agreed to participate in the research and for notes to be taken during the interview, revealed important insight into the sensitivity and difficulty of some SWIS workers to openly discuss mental health-related issues and/or mental illness as a socially accepted norm. This interview was not audio-recorded to further ensure anonymity. Personal excerpts from this interview have been left out in the reporting of research findings but interview notes were used in triangulating evidence of stigma and shame across SWIS workers. Many SWIS workers referenced personal experience of mental health-related challenges (e.g., depression) and family-based mental health-related stigma and shame, which helped to shed light on the power of cultural systems influencing individual and group normative codes (i.e., ways of behaving) towards mental health and illness. These examples reflect SWIS worker’s personal difficulty in challenging their own cultural system and behaviour. Variance in SWIS workers’ willingness to integrate and promote mental health equity suggests that the role of SWIS workers in bridging students to mental health services is not uniform. These variations affirm to the need for roles, training, ethical standards, and funding for culture brokers as suggested by Kirmayer and Jarvis (2019), which can help bring leverage school-based mental health with school-based settlement. Mental health training (e.g., The Immigrant and Refugee Mental Health Project from the Centre for Addictions and Mental Health) for SWIS workers and educators is one opportunity to build staff capacity in learning and building mental health literacy while supporting MHP, innovation and scale-up.

**Discussion and Conclusion**

Despite the growing research and evidence for school-based mental health intervention for youth, very little has been translated into practice for immigrant students in Canada. In this research, we explored the use of settlement workers in schools to bridge mental health education for immigrant students. A limitation of this research is that it did not include the voices of newcomer students or families: their experiences would be valuable to corroborate the emergent themes found in this study. Implications for practice using settlement workers as cultural brokers in schools in MHP are discussed below. Additionally, rich findings embedded in the data on cultural barriers and individual and family-level converge and challenge some key assumptions in the current literature on immigrant health equity, expanding the discussion of mental health inaccessibility amongst youth.

***Implications for Practice***

Cultural brokering remains a relatively new concept in mental health service delivery for immigrants and refugees despite its recognition in the field (Singh et al. 1999; Kirmayer et al 2003; Brar-Josan and Yohani 2014). Kirmayer et al. (2011) notes that the use of professional interpreters in the medical field can substantially improve communication and reduce disparities in medical services, including psychosocial interventions. Kanagaratnam et al. (2017) notes that little is known about the actual process of using brokers in immigrant mental health and call for further research to develop best practices. The findings from this study suggest several strengths and challenges in the use of cultural brokers in mental health practice.

Overall, the current findings echoed the findings Brar-Josan and Yohani (2019) of cultural brokers successfully engaging youth in mental health education and mediating youth service connection, fostered by brokers strong connection to the service landscape and skills in cultural competency. Integrating practices such as taking a countercultural direction with students (Lo and Fung 2003) and modifying prescriptive training modules to fit within students’ social, cultural and post-migration context also helped students to increase engagement and achieve learning outcomes. SWIS workers also helped youth to navigate local systems and locate resources within the formal host networks. Activated host support networks are important resources for immigrant communities in mental health given that groups access, navigate, negotiate, and utilize their informal network (e.g., family, friends, one’s ethnic community, and religious institution) in strategic ways based on the kind and level of support each informal network offer (Shakya, Khanlou and Gonslaves 2010). For example, in one study with African immigrant youth in the US, Moses (2009) found safety when turning to family for support but not with their peers. Donnelly et al. (2011) also found that immigrant women with mental illness censured information from family and friends due to fear of discrimination and stigmatization. Thus, when immigrants perceived discrimination, they may avoid interaction with their ethnic community to protect themselves and look for support elsewhere (Jorden et al. 2009, Jasinskaja-Lahti et al. 2006). This was also found amongst immigrant youth in this study. Similar to findings in Jasinskaja-Lahti et al. (2006), SWIS workers activating formal supportive networks for youth was critical, especially seen when youth accessed and utilized these networks in crisis situations, lending credence to research on spaces of supportive environments and relationships in promoting health agency and youth empowerment (Edge et al. 2014).

Immigrant health research often cite sociocultural differences between practitioner and clients as factors to weigh when providing care to ethnocultural communities, particularly to avoid a utilitarian intervention that imposes culturally dissonant values (e.g., favouring shared decision-making) on patients at a time when they are most vulnerable (Whitley et al. 2011). Yet the over-cautionary perspectives of valuing group norms within a mental health context can undermine ethical and equitable access for individuals in need of mental health support. Individuals utilizing mental health services may be viewed as exercising socially unaccepted behaviour that falls outside of group value of collectivism, hierarchical, and harmonious relationship (Yeh and Inose 2002; Sanchez and Gaw 2007). For individuals looking to access mental health services on their own, and in particular for youth, agency can be overshadowed by group choice, particularly in settings of families opposing treatment (Sanchez and Gaw 2007).

The findings from this study builds evidence for cultural brokering as responsive practice and path to equity in mental health, particularly as demonstrated by the significance of layered constraints within geo-sociopolitical environments, existing systems and policies reinforcing points of inaccess and inaccessibility, and the influence of cultural systems in generating health disadvantages. The role that culture brokers have played in this research demonstrate population-specific targeted strategies for immigrant and refugee youth that may have potential implications for other groups facing substantial inequities in mental health. Strategies used by these cultural brokers addresses social disadvantages due to various structural determinants of health (i.e., gender, culture, social supports) shaped by and embedded in microsystems (i.e., family, cultural groups, peers, school) within in a macrosystem of post-migration context. Cultural brokering for these youth in school mental health advanced equitable pathways via increasing mental health literacy, advocating for policies and programming that is guided by youth autonomy, and highlighting ethical, privacy, and anonymity concerns when power imbalance and fear intersects with language barrier in mental health consultation and care.

The limitations of using language interpreters in mental health consultation and care remains problematic and challenging at best. For example, the lack of professionally trained interpreters or professional misconduct can impede trust and open communication between patient and clinician, resulting in poor communication and compromised cultural safety in care (Khanlou 2009; Kirmayer, Guzder, and Rousseau 2013; Leanza, Miklavcic, Boivin and Rosenberg 2014; Thomson et al. 2015; Kirmayer and Jarvis 2019). Confidentiality concerns have also been raised amongst some groups, particularly in cases where race and gender intersects, exacerbating fear of emotional and physical repercussion from family as a consequence of seeking help (Donnelly et al. 2011). The use of an interpreter from one’s own linguistic community can raise confidentiality concerns and be perceived as threatening (Kirmayer et al. 2011). Issues of safety and confidentiality in therapeutic relationships calls for greater attention of client anonymity within the health service environment. In situations where linguistic barriers exist in addition to clients with intersecting of social identities, greater attentions should be paid to power relations, risk exposure, and stigma as a key deterrent in health seeking spaces. Telephone interpretive service, as opposed to face-to-face contact, may be one way to increase privacy and anonymity for clients in care.

***Implications for Future Research***

Although underutilization of health services amongst immigrant populations have been widely researched, the body of work may have fallen short due to conflation of inaccess with inaccessibility. Ricketts (2009) suggests that the concept of access in health is highly related to issues of justice and equity; however, an increase in equity may not result in an increase in service accessibility or utilization or improved health outcome(s). Some argue that even if language services were fully available, or if treatment was delivered in the same language as the patient’s, this will only address one aspect of equity in service delivery (Centre for Addictions and Mental Health 2009). The extent to which an immigrant can fully utilize a health service remains less known and under investigated overall, particularly in the area of mental health. Underuse of service may be intricately linked to intersecting influences of individual- interpersonal-, and macro-level of culture, stigma, and power that culminate at the system-level to perpetuate immigrant inaccessibility and unmet mental health needs. Despite alleviating points of inaccess for immigrant youth in this research (e.g. engaging students in mental health promotion, bringing free counselling services into schools for students and families, providing family psychoeducation and using interpreters, etc.) early termination of services was still found amongst youth. Future research on immigrant youth mental health could significantly benefit from deeper examination and evaluation of service inaccessibility to explore the experiences of interpersonal-stigma on youth during service use, or the power relations between youth and linguistic interpreter in care, or youth’s experience of family-based shame in care. Factors leading to early termination of services/support would also be critical to explore that is attuned to cultural systems in immigrant and refugee health research remains vital. As noted by Kirmayer and Jarvis (2019) the social categories that position individuals and communities in ways that may cause disadvantage or adversity, and given the central role of cultural knowledge, values and practices in creating and maintaining health inequities, calls for systematic attention to culture in health policy, research, training. Kirmayer and Jarvis (2019) also notes the potential limitation of introducing a “cultural expert” that can undermine and displace the patient as expert and lead to cultural objectification of the patient. This research echo’s Edge et al. (2014) call for greater attention in health promotion strategies that facilitate health agency and self-determination amongst immigrant youth, and further enquiry into structural barriers that can undermine youth self-determination and agency in mental health access.

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# CHAPTER FIVE: CONCLUSION

In this doctoral research, I set out to understand the changing context of immigration, settlement and integration in our contemporary society by investigating the migration trajectory of three groups of newcomers to Canada with varying group risks and vulnerabilities. This thesis employed a geographical lens of ‘place’ to deepen understanding of these processes and outcomes in one community setting. Three unique studies undertaken from 2014 to 2017 were designed to explore patterns of constraints and the interdependencies between people and place across spaces of interaction. As I responded to the needs of my community in Hamilton, Ontario, the studies undertaken reflect real-time response to generate and support knowledge growth and local action (see Appendix B for more details on research method and reflexivity). By positioning and leveraging research to be responsive to the evolving context of structures that impact newcomers, the resulting implicit strength of this work is its success in illustrating three nuanced implications of immigration and settlement policies and programs. Additionally, this thesis recorded critical moments in Canada’s immigration history, connecting structural factors influencing immigration policies and outcomes to the tension and complexity that unfolded in the day-to-day experiences at the local sale as newcomers settled into place.

Chapter Two, which examined the recent implementation of Express Entry in 2015, found negative impact to international students in Canada. Despite the efforts to make it easier for international students to study, work, and become permanent residence of Canada (Gopal 2014) permanent residence admission totals in 2016 were among the lowest for international students since 2007. These findings suggest that the value of international students are not clearly determined or appropriated in the current selection process for economic immigrants. Hiebert (2019) suggests that one critical shortfall in immigrant selection is the lack of recognition and validation of soft skills (e.g., competence, communication, time management). This type of knowledge, skills, and experiences are the cultural capital of new immigrants—that is, the cultural knowledge (and not vocational knowledge) that allows individuals to comfortably operate within their social environment (Carmichael, Drori and Honig 2010). As suggested in this research, even the time spent in low-skill employment can allow international students to gain knowledge and experiences in a Canadian setting to develop understanding of cultural norms and workplace expectations that can lead to long term labour market success and integration. This research is important for policy makers to consider and critique within the larger debate of economic immigration selection, spatial distribution, and regional retention. To date, research exploring international student outcomes in Canada have largely focused on topics such as employability outcome (Reichert 2020), structural inequities in obtaining employment (Ellis 2019), wage gaps (Smith Fernandez 2015, Statistic Canada 2019), and student mobility (She and Witherspoon 2013). However, research combining international student outcomes to economic immigrant selection and settlement over time using reliable longitudinal data is vital to uncover these complexities (Hiebert 2019, Belkhodja and Esses 2013). As stated in Belkhodja and Esses (2013: 23) “The true contribution of students to Canadian prosperity will depend on an analysis that can take plurality into account and not one based on a profile of the ideal international student”. Finally, a fundamental issue that this research highlights is the possible shortcomings of flawed immigration policies rather than the potential ineffectiveness of the system as previously hypothesized. As noted in Hiebert (2019: 2), Canadian policy officials continue to grapple with one key question: do applicant’s long-term prospects depend more on their human capital or on their ability to find work quickly? The answer is not clear but it is evident that the system continues to vacillate. This research points to the built-in sophistication of Express Entry to pivot when needed, but as Hiebert (2019) cautions, the benefits of an easily modified selection system comes with significant political, social and economic implications. It is therefore important for future research to monitor successive cohorts moving through Express Entry, and to evaluate the implications of system vacillation, whiling investigating the potential structural inequities that can result.

Chapter Three, which explored the role of the Local Immigration Partnership (LIP) in Hamilton, Ontario during the Syrian Refugee Resettlement Initiative (SRRI) in 2015 and 2016, found major neoliberalizing constraints restricting its leadership to take action in joint planning and local power sharing. The absence of intergovernmental communication and meaningful engagement led to local tension and delayed action that reinforced forms of exclusion limiting community-wide engagement, intersectoral planning, and timely localized responses. The Mayor’s replication of HIPC’s sector-based working groups in July 2016 also calls into question why HIPC could not have led this work from the beginning. By interpreting HIPC’s inability to act from the lens of Gidden’s structuration theory, we can better understand how the regularities of social reproduction were reinforced during the SRRI. In Hamilton, the modalities of structuration, which are the rule that guide actions and empowers them at the same time, were enabled through the activities of key agents (i.e., senior level managers across the city) to affirm the structural components of IRCC’s top-down management of settlement policies and program. The sentiments echoed in Hamilton regarding the federal government’s narrow focus in exclusively supporting certain sector actors (i.e., Resettlement Agency Program) over other groups (i.e., non IRCC funded and municipal government) suggest partisanship towards contractual agreements over broader support for locally based collaboration. Those normative and interpretive rules tied to IRCC’s contractual agreements contributed to the disempowerment of bottom-up, placed-based approach, which overshadowed the potential for joint local planning and power sharing. The findings in this research reflects the broader trend in social policy towards contractualism under New Public Management of neoliberal restructuring. Others examining government-funded resettlement services organizations have also cited pressure from the impact of structural deficits caused by policy shifts, which led to day-to-day challenges such as budgetary constraints, inadequate employee training, and difficulty with volunteer management during this time (Kenny and Mamuji 2019). By illuminating these tensions, this research provides a window into the negotiated positions of sector actors in the unfolding spaces of governance of the restructured welfare governance process. Similar findings were also identified in local actors co-managing the political-economic contradictions of the welfare state and ‘neoliberalizing’ city in homeless research in Hamilton more than a decade ago (Evans 2009). Heightened by the scale and pace of the Syrian influx, vertical devolution from the central government to local communities without adequate support or accountability for collaboration was felt by many in the settlement sector and throughout the community. While many participants interviewed have pointed to the influence of previous federal scrutiny in Hamilton to explain HIPC’s cautionary response to the SRRI, other LIPs experienced greater success comparatively at demonstrating successful placed-based approach by leveraging place identity rooted in heritage of social solidarity of the whole community (Cullen and Walton‐Roberts 2019) and by community proactively adapting to neoliberal state restructuring and austerity agendas (Veronis 2019). This points to the efficacy of individuals and groups exercising reflexivity and free will (Gibs 2013) to enact those activities that would challenge the role of the voluntary sector within the social construction of the shadow state (Wolch 1990) outside of human reproduction. These discrepancies suggests that strategies adopted by some jurisdiction to offset such neoliberalizing constraints is possible, but remains inconsistent. This research points to the nuanced dimensions of place-based approaches and demonstrate how neoliberal policies can undercut place-based intervention without purposeful stewardship and leadership to leverage intersectoral and intergovernmental challenges in the ebb and flow of resettlement governance (Rose 2019, Walton‐Roberts et al. 2019). This research affirms the importance structures, scale, and the concept of place in mobilizing transformative place-based policies locally in the future:

Notions of structuration also retain their currency in understanding how the spaces/ locales of everyday life are both constitutive of and constituted by meanings that are reproduced or reworked in small-scale ways. Grappling with the structure–agency debate also endures in work concerned with the way that individual and collective action is invariably constrained, yet holds the capacity to be transformative at the level of community politics and the experience of place. Recent work drawing specifically on structuration theory suggests there is considerable opportunity to employ its constituent notions in new ways as a world predicated on the interlocking scales of global and local processes continues to unfold (Dyck and Kearns 2006: 95).

Chapter Four, which examined school-based settlement bridging and brokering school-based mental health found benefits in using SWIS workers to address cultural, linguistic, and systemic barriers in promoting mental health in a post-migration and resettlement contexts, which has been identified as a current limitation of models and approaches in mental health promotion in Canada (Khanlou 2010). This research demonstrates the efficacy of individuals employed in the settlement sector to astutely navigate around and through individual-, interpersonal-, institutional- and societal-level barriers limiting (and deterring) newcomers’ access to mental health care. This research fits into the long history of geographers exploring the typology and geography of ‘access’ from an elusive concept to decades of attention focused on measuring the spatial distance and time to service, and its impact in population health (Ricketts 2009). Additionally, this research fits into the ‘third wave’ of mental health geography research that “harness a variety of theories and methods to understand nuanced ‘place-specific’ happenings *as well* as more structurally-determined ‘space-compressing’ processes” (Philo and Wolch 2001: 238). In this research, structuration theory helps to explain the interplay between SWIS worker’s agency (i.e. decisions, practice, and perceived role as a cultural broker, etc.), systems (i.e., cultural ideologies, group and individual stigma, formal role of settlement worker, etc.) and structures (i.e., prescriptive mental health education, school system’s pathway to care, age of consent, location of mental health service in the community, the use of interpretive services for language learners, etc.). As indicated, there are numerous structures in these systems that constrained students’ access, however, SWIS workers’ individual and group action in mediating students’ and families’ access care—at times acting within the constraints of structures (i.e., engaging families or reframing mental health education from a culturally sensitive lens) and against them (i.e., taking a countercultural direction with students)—led to change in practice in school spaces. This highlight’s the role of SWIS workers as agents in the process of brokering the domain of access, availability, and accessibility as suggested by Frenk (1992) to reduce the effects of distance to service for students and improving students’ negotiation of sociospatial elements of a health care system (Ricketts 2009: 530). The latter speaks of the importance of patient learning as active consumers of health care (Ricketts 2009, Dyck and Kearns 2006, Gesler and Kearns 2005) to lessen the effects of cultural stigma as students gained mental health literacy and competency. The active participation of SWIS workers in leveraging student access can be interpreted as human action that challenged cultural norms and institutional practice that had previously deterred students from engaging in mental health education and service use. Additionally, the actions of SWIS workers also highlight the importance of SWIS’s ability to disrupt structures to alter patterns of access (in both geographic and temporal movement) within schools and health services towards the continuity and coordination of care, which is the operationalization of the 1978 Declaration of Alma-Ata the by “bringing health care as close as possible to where people live and work” (WHO 2018: 8). In marrying health access research to the exploration of newcomer youth mental health in one institutional setting, this research substantiates the cultural and institutional dimensions (and meanings) of more complex set of accessibility measurements by the “ecological determinants and as a matrix of structures and processes that can manipulated to allow for use (or non use) of health care and health promoting activities” as stated by Ricketts (2009: 521). This research makes important contribution to the inquiry of non use for immigrants and refugees in care by unpacking some of the complexities leading a person to deny pain, ignores symptoms, deny care, or terminate service utilization (Ricketts 2009, Johnston et al. 2000, Khan and Bhardwaj 1994) when considering the outcome and interaction between people, structures, and their environment.

Given IRCC’s robust immigration targets, which aims to add 1.2 million permanent residents to Canada over the next three years (IRCC 2020), this will no doubt have an impact on place as immigrants arrive and settle into their communities. Successful long term integration depends on immigration and settlement policies and program to effectively function. As a result, there is an ongoing need to assess Canada’s immigrant selection system, evaluate settlement programs, and maintain good research to guide this work effectively moving forward.

## 5.1 Limitations & Future Research

As with any project, several limitations are identified. Given the timing of the research into the exploration of Express Entry in 2017, only 2015 and 2016 year-end data were published limiting temporal results for comparison. Findings presented are also indicative of a lag effect of system change, and successive lag effects are likely to be ongoing. Competing priorities in early 2015 such as Syrian refugees and the need to process the more than 600,000 applications at the end of 2014 (Hiebert 2019) would have limited the number of candidates selected in Express Entry. Additionally, regular system recalibrations (e.g., including addition of 15–30 points for candidates with a Canadian education credentials on November 19, 2016) will surely produce consequences that will only be fully understood in two to three years. Finally, the ability of immigration officials to quickly and administratively alter selection criteria has made the selection process opaque and detached from public debate (Hiebert 2019). This detachment is problematic and researchers and policymakers must therefore find new ways to educate and engage with the public on these issues.

A second limitation of this work is the caveat of place, yielding context specific findings to one particular locale. While the in-depth case findings illuminate the nuances of place-based intervention particularly in contrast to other LIP experiences across Ontario, it is largely indicative of Hamilton’s context and place history and therefore these findings cannot be generalized. It should be noted that the Syrian Resettlement Initiative had other measure for success and it is important to recognize the efforts in the settlement-, voluntary-, and private-sector in housing, which were imperative in assisting Syrian arrivals post arrival (Rose 2019, Fratzke and Dorst 2019). The LIPs will continue to represent promising practice and embodied elements of place‐based policy in settlement (Walton‐Roberts et al. 2019). In part, the LIPs’ growth and innovation for future success will be weighed by its ability to take these lessons learned to reinforce mechanisms of true multisectoral and intergovernmental partnership and collaboration, and/or pivot. These will be critical areas of study for future scenarios of flux and crisis.

Lastly, despite the value of immigrant and newcomer voices (e.g., international students, resettled Syrian newcomers, and newcomer students in schools), this research is void of newcomer voices In particular, the voice of newcomer students and families working with SWIS workers would have provided another layer of analysis to strengthen and corroborate themes of inaccess and inaccessibility in school-based mental health. Despite the effort to include youth voices in schools in the school-based mental health project, this research encountered several systemic barriers restricting access to secondary student participants following ethic clearance from the researcher’s institution. As noted in Salehi (2009), Flicker and Gupta point to these as barriers restricting adolescent participation (e.g., obtaining parental consent) as forms of injustice and exclusion that reinforces the silencing of youth voice in research. Future research examining school-based mental health can look to policies such as the Municipal Freedom of Information and Protection of Privacy Act that authorizes the collection of student-level data without parental consent under the legal authority of the Education Act (R.S.O. 1990, c. E. 2, as amended) for educational and research purposes (Government of Ontario 2019). As suggested by Salehi (2009) the need to apply strategies that encourage researchers and ethics board to use context-specific strategies that are responsive to the unique vulnerabilities of their participating youth will be crucial in advancing this work.

Upon reflection, the thesis would have benefited from a stronger integration of social theory from the onset into each research paper, particularly following the road map for graduate audiences set out by Gesler and Kearns (2005) containing a comprehensive background and literature on culture, place, and health. Gesler and Kearns (2005) points out the importance of philosophical approaches in carrying out research in health geography, and directs readers to the contribution of social theories, discussing the three ‘isms’ to guide researchers in the field; structuralism, humanism, and postmodernism. These social theories can help geographers to consider the underlying forces that create division of inequities in society; incorporate subjectivity of experiences and its attached meaning into their research; and pay attention to pluralism and it differences and multiplicity of voices, all of which are threaded throughout is thesis.

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# APPENDIX A: RESEARCHER’S BIOGRAPHY

“This willingness to be candid in reporting research reflects a renewed frankness about the way things are, and the experience of being researchers”[[7]](#footnote-7)

I was born in Hong Kong in 1984 at Queen Elizabeth Hospital. Life from what I can remember, and family photos, was not out of the ordinary. On Sundays, we went to church and McDonalds—a family tradition that my paternal grandfather, Dam Van Mac, had enforced after his conversion to Christianity. Life in Hong Kong was carefree and fun. I grew up with my older sister, younger brother, and many first cousins, most of whom were born in Hong Kong. Although we did move multiple times between the city and the refugee camp, we all lived together under the same roof for the first four years of my life. My eldest cousin, Tung, was our only first cousin who was born in Vietnam. At the age of six, Tung’s parent made the decision to remain in Vietnam and left him to the care of my grandparents in 1982.

In the summer of 1982, my parents, extended family, their close family friends, and neighbours—who totalled more than 60 passengers—fled Vietnam on my grandfather’s fishing boat. In the 60s my grandfather was forced to work as a cook for the French government and so the family was blacklisted by the community and the Vietnamese government. The oppressive circumstances led my grandfather to uproot his family from their home and homeland in hope of a better future abroad during the mass exodus of the ‘Boat People Crisis’. On their ten-day journey to Hong Kong, my grandfather had picked up a group of people whose boat fell shipwrecked. Those arriving with my grandfather in Hong Kong were fortunate because they were admitted before a major cut-off date for incoming asylums at the end of summer. My family was placed in an open camp, which meant that they could obtain temporary residence status in Hong Kong; permitting them to work and live outside of the refugee camp. Given the sheer volume of Boat People arriving and claiming asylum in those days, many thereafter were ordered to detention centres and not granted these privileges.

When I was four years old my parents, siblings, and I were sponsored by a church in Canada and we arrived on a cold day in Regina, Saskatchewan in March 1988. Life in Regina was isolating without family or friends. Many aspects of our new life in Canada was foreign to us including the idea of sleeping in separate rooms and on separate beds. On our first night’s stay, my dad took the mattresses from our rooms and placed them together on the living room floor so we could all sleep together as we did in Hong Kong. Our time in Regina was short. My father somehow connected with a young man—one of the passengers on my grandfather’s boat—who was currently living in Hamilton, Ontario with the help of the Mountain Fund to Help the Boat People (known as the ‘Mountain Fund’ for short). After three months of initial resettlement in Regina, our family took a bus to Hamilton where the Mountain Fund had arranged an apartment for us upon arrival. More on the Mountain Fund can be found in my Master’s thesis (Dam 2009).

In 1989, my grandfather passed away in Hong Kong of stomach cancer. At the time of his death, my grandfather was a stateless man. In faith, my dad booked a flight to Hong Kong to see his father before he passed. The morning of his flight, he followed the mailman the around neighbourhood before receiving his travel documents and rushing off to the airport. On his trip back to Canada, my dad brought back his father’s ashes. To my knowledge, my grandfather was the second Vietnamese Boat People refugee to be buried in Hamilton, Ontario. For my Dad, Canada was now home, and so his father should lay to rest where his children and grandchildren would reside.

By 1990, many of my extended family had immigrated to Canada and were living in Hamilton with the exception of my grandmother, my cousin Tung, and my mother’s younger brother—a mismatch family unit consisting of an elderly widow, a 14-year old teenager, and a young adult in his late twenties—who were still awaiting approval to come to Canada. In 1990, John Smith, chair of the Mountain Fund reached out to the CBC for help. Our family’s story was among others experiencing long delays in family sponsorship and reunification. Foreign correspondent, Hilary Brown, was sent on assignment to conduct a story on those “forgotten” in the refugee camps of Kong Hong. I was six years old the night the story aired. We were told that our family had been featured in the mini docu-series and so in anticipation we gathered together to watch. I can still recall the images of my grandmother and my cousin, our excitement, and the tears as we huddled around the television. Almost six-months to the day after the story aired, my grandmother, cousin, and uncle arrived at Toronto Pearson International Airport along with Hilary and a CBC cameraman, who was there to capture the moment.

In 2006, during my fourth year of undergraduate studies at McMaster University, our family received a call from Tung’s mother in Vietnam to tell us that Tung had died by suicide. It was a call that shook our family, but it did not come as a surprise. Although he was never diagnosed or treated, we believed Tung was living was schizophrenia for many years. Tung’s death was never openly discussed in our family and without a funeral, we mourned his passing individually and privately. For me, it was something to be tucked away. During this time, I became interested in graduate studies, and particularly in the idea of ‘sense of place’ and identity so I reached out to Dr. John Eyles in the School of Geography and Earth Science, whose critical work on ‘sense of place’ had been recognized in the field. Ultimately, my goal was to search for meaning in ‘home’ and identity, and I complete my Master’s thesis in 2009 on the experience of other former Vietnamese Boat People in Hamilton.

My academic and community interest in immigration, settlement, and integration continued to grow over the years. Ultimately, the shift in Hamilton’s local settlement context in January 2011—when the federal government officially dissolved Settlement and Integration Services Organization (SISO)—led me to reach out to Dr. Bruce Newbold who was the health domain lead for the Welcoming Community Initiate (now called Pathways to Prosperity). Discussions about the impact of SISO’s collapse and the void it would leave in the settlement sector led me to begin my doctoral program in the fall of 2011 with an interest in the role of the Local Immigration Partnership in Hamilton (which I was then a newly member of). Given my proximity to frontline service providers, and much observations in the community, issues of immigrant mental health began to emerge as a key issue on the ground, and its dearth in research were some of the reasons that led me to shift my academic focus. On a personal level, the draw to explore issues of immigrant mental health, and the stigma attached to it from a cultural perspective, solidified when I received a call in the spring of 2012 from a close family friend who had reached out to me for support and translation assistance at the hospital. He was admitted as a result of an over-dose in an attempt to die by suicide. In 2013, another incident closer to home led me to encounter and navigate mental illness and care in a new way, negotiating family-based and cultural stigma with those closest to me.

In 2014, I co-founded and co-chaired a local young professional group called Global Hamilton Connect (GHC). Under the leadership of my friend Dr. Sarah Wayland, who was working in Economic Development at the City of Hamilton, Sarah sought to bring together a group of young adults to address the gap in the community and help foster a network of support for those living and studying in Hamilton as international students. Many of our board members were then newly undergraduate alumni who were about to embark upon the process (and hardship) of immigration via the Express Entry. Although GHC’s group vision and mandates were centered around creating a welcoming community for international students, it was apparent that support, information, and resources on immigration were most urgent and needed. In hindsight, the group came together at a strategic time, which enabled me to stay current on topical areas of the changing rules of Express Entry and the fluctuating admission cut-off limiting and/or delaying many from obtaining permanent residence. In 2017, GHC aimed to move into a greater role of advocacy via research and given my academic training and position on the executive board, it was fitting for me to take on the voluntary role of project lead in conducting the research on barriers to immigration amongst international students in Canada.

With some critical missing and misinformation, for almost 18 years, my family was unsuccessful at locating Hilary Brown and the 1990 CBC documentary, in which our family had been featured. On June 14, 2018, Hilary Brown, John Smith, John’s wife Judy, and I gathered at a local Vietnamese restaurant in Hamilton, Ontario for lunch. We spent a long time recounting the past, sharing stories, and reflecting on the experiences that had brought us together. The image below would capture this moment and my sentiments that day:



**Left to right**: John Smith (former City of Hamilton Councillor), Hilary Brown, myself and Judy Smith. The Smith founded the ‘Mountain Fund to Help the Boat People’ in 1979 and sponsored hundreds and possibility up to 3,000 (but no one was counting) Vietnamese refugees for more than a decade. Hilary Brown, former CBC foreign correspondent did a documentary in 1990 that featured some of my family who were stuck in the refugee camp for almost a decade. The documentary is entitled, “Searching the Past.” Yesterday the Smith and I met Hilary for lunch in Hamilton. The last time we were together I was 6. These good folks embody kindness and courage. My heart is full and I am blessed.

*Figure 7.* Social media post on June 14, 2018

The gift from Hilary, a copy of “Searching the Past”, would later help to deepen my understanding of the political, economic, and social circumstances of the ‘Boat People Crisis’ and its connection to my life journey, my academic research, and its social transformation in Hamilton, Ontario. This glimpse into the past has allowed me to re-enter this space, connect to it, and interpret it. As Massey (1994: 3) would say,

“The social relations of spaces are experienced differently, and variously interpreted, by those holding different positions of it […] For there too the observer is inevitably within the world (or space) being observed […] and the fact of the observer’s constitution of it means that there is necessarily a multiplicity of different spaces, or takes on space.”

Now holding a different position, with the hat and lens of an observer and researcher, I add new meaning to personal past experiences and see history reflected in the continuum of immigration, settlement, and integration in Hamilton, Ontario.

# APPENDIX B: METHODS & REFLEXIVITY

“Reflecting on, fleshing out, interrogating, and conveying your positionality relative to a research orientation is critical to ensuring the validity of your research stance. After all, no one can be 100% objective. The researcher’s beliefs, values systems, and moral stances are as fundamentally present and inseparable from the research process…it is our ethical duty to intentionally and mindfully attend to our role(s) in the contextual power interplay of the research process.”[[8]](#footnote-8)

The purpose of this section is to reflect and interrogate my positionality in the research. As suggested by the Weingarten Learning Resources Centre (2017) this allows the researcher to address how one’s personal, professional and/or intellectual positionalities (i.e., identities, contexts, experiences, and perspectives) that corresponded with, or diverged from, the research inquiries. Additionally, it traces how one’s positionality is recognized and honored, and/or how they problematized intersectional notions of difference (i.e., politics, economics class, race, ethnicity, nationality, citizenship, legality, age, ability, education, sexuality, gender, and/or religion) as a conceptual praxis of analysis in the research context. Positionality thus provides the critical space to inspect the ways (or not) in which the researcher is conscientiously reifying, resisting, disrupting, and/or changing the constructs of his/her positionality through this research process (Weingarten Learning Resources Centre 2017).

***Looking Back & Looking Within***

As stated in the preface of this thesis, my doctoral pursuit was motivated by the desire to gain access into the community in order to make meaningful contributions, one of which is centered on adding evidence and knowledge via the field of social and health geography. Other forms of engagement and meaningful contribution entailed my volunteer work, leadership roles, and professional experience, all of which expanded my skills and confidence as a researcher along this journey. Since the start of my doctoral program, I have served on several governance boards from 2011 to 2021—i.e., the Hamilton Immigration Partnership Council (HIPC), HIPC’s Health Working Group, Global Hamilton Connect (GHC), Mohawk College’s Welcoming Community Taskforce, the Health Working Group under the Mayor’s Advisory Committee on Syrian Newcomers, and HIPC’s Research and Evaluation Committee. In addition, I have worked on a number of research projects as an independent consultant, some of which focused on the subjects of economic immigration, the informal settlement network, and school-based mental health research and evaluation. All of these experiences have impacted this research in significant ways.

*International Students’ Voices*

As co-founder of GHC in 2014, and serving as co-chair from 2014 to 2015, my work on the executive board of GHC was driven by a goal of professional development and community building, and not motivated by the potential to engage in academic research on international student issues. Nevertheless, my involvement at GHC enabled me to talk with international students on a number of issues for some time before the implementation of Express Entry in 2015. When the co-founders first met as a group, we discussed the challenges of international students in the community and identified a vision and mandate aimed “to enable international students and young newcomers to be fully aware of and have access to opportunities in order to live, work, and play in Hamilton”. Following this, the executive board planned several events in our first year to foster students’ transition into the community from college and university campuses. One of these events focused on preparing international students for permanent immigration following graduation. By far, this event led by Immigration Lawyer Elizabeth Long from Toronto, Ontario in January 2015 drew the most interest with over 140 attendees. Insights from Elizbeth Long, a certified Specialist in Citizenship and Immigration Law by the [Law Society of Ontario](http://www1.lso.ca/specialist/jsp/detailinfo1.jsp?number=50808P), was timely and critical for GHC and our group members in breaking down the complexity (and vagueness) of the new system for a lay audience. Outside of GHC activities, other community engagement happenings such as my involvement on the Welcoming Communities Taskforce from 2015 to 2016—under the leadership of Ron McKerlie (Mohawk President)—helped me to gain different perspectives (including institutional and community) on issues regarding student education, labour market, and community integration. Additionally, I was invited to work with Dr. Sarah Wayland, who was commissioned by the Regional Municipality of Niagara Region in 2016 to develop a business plan focused on supporting the global attractiveness of the region that centered on identifying strategies that could attract and retain immigrants for the purpose of economic growth. Some of my work on the global attractiveness project included designing focus group interviews, collecting and analyzing data, and report writing. The findings from the focus group with international students highlighted various push and pull factors that propelled the flow of out-migration of international students following the completion of studies. All of these experiences contributed to my broad perspective and understanding of international students issues via anecdotal evidence and collected data within and outside of Hamilton. In addition to the data collated and examined for the policy brief—i.e., documents, newspaper articles, and year-end data from IRCC—the knowledge I gained from various active engagement in the community was used to formulate the policy issues and recommendations put forth in chapter two. Given the format chosen (and rationale, indicated in the preface) to engage the Hamilton public in issues facing international students locally, these insights were not explicitly reflected in the publication of the policy brief.

*Growing with HIPC*

While the community-based research approach can add depth and richness to any research project, it has not been without its encountered challenges. To me, maintaining membership on HIPC has meant ‘showing up even when it is difficult’. My relationship with HIPC (the entity) has tested me as a researcher, and this testing has been part of my learning, growth, and confidence building. In years past, there have been times when I was excluded (i.e., uninvited to participate in the Health Working group because I was not a service provider) and challenged as a researcher (i.e., relabelled from ‘McMaster University’ to ‘Community Leader’ under HIPC’s revised terms of reference), and in these moments, it was difficult to stay connected. Community-based research and active participation can be hard, particularly under the structures that influence one’s action when people gather to meet and collaborate. Prior to the research on Syrian newcomers, I was living out the realities, complexities, and challenges of a place-based approach with HIPC on the ground. I believe that the efforts and years spent in the community and at the HIPC table helped to build my credibility as a researcher. However, it was the invitation to the SRRI research by geographers from outside of Hamilton that gave me the opportunity to function and be regarded as a credible researcher to the community. I cannot say with certainty that the interviews resulted from cultivated relationships between myself and members of HIPC (because I rarely had one-on-one conversations with many of them) but I am more confident that HIPC members and non-HIPC members alike recognized me as someone who continued to show up. The LIP research project was the first opportunity for me to engage key stakeholders in the formal discussion of the LIP’s identity and role, a conversation that had been difficult to openly discuss given the history of settlement and its connection to SISO a decade ago. Towards the end of the project, Dr. Walton-Roberts came to Hamilton for a community feedback session with those who participated in the research, and one of the participants commented on the value of the research and how it felt good to openly discuss these challenges under the SRRI. For me, this was a personal victory because it illustrated the value of research to voice the impact of neoliberalizing pressures experienced by the LIPs in years leading to and during the SRRI. HIPC since SRRI have shifted, and so too have IRCC polices, which now allows the LIPs to formally respond to local needs. Following the completion of the LIP research, I have continued to maintain membership on HIPC and have worked on several research projects, including my most recent contract to support HIPC in the development and implementation of a collective impact on newcomer resettlement and belonging. This demonstrates the living embodiment of place-based approaches and its potential to grow and evolve, including agents and structures alike.

*Inaccess to School Mental Health Research*

The research on newcomer youth mental health has taken many twists and turns. Originally framed as a project on cultural brokers with ethnocultural communities across Hamilton, the project needed to pivot due to its own issues of inaccess. The Executive Director of the leading organization conducting the work had hired a consultant to execute a similar project on a shorter timeline. As a result, I was no longer allowed to conduct this project. From there, I reached out to the YMCA through my connection at HIPC, and the project was reframed to explore the role of SWIS workers in schools. Ethics addendums were submitted in 2014 (see Appendix F) and the revised project took a slightly different angle. The cultural broker piece was undoubtedly infused into the design as a result of the original research proposal, and by default, it influenced my outlook and analytical perspectives at the onset of SWIS data collection. Nonetheless, I believe that the integration of a grounded theory approach helped to support the emergent theme of cultural brokering through the systematic steps of moving initial codes through the process of making connections, and finally to integrating with a storyline. The shift to examine SWIS had also included a subsequent data collection plan to conduct one-on-one interviews with newcomer students in high schools in Hamilton. Ethics clearance from McMaster University and the Hamilton Wentworth District School Board (HWDSB) was also obtained in 2015. The project submission to the Hamilton Wentworth Catholic District School Board had been declined due to the lack of capacity of staff to support this type of engagement. I believe that the approval and support from HWDSB had recognized the project’s alignment to policies guiding school mental health programing and research at a provincial and district level in Ontario. Unfortunately, the project encountered many perplexing delays in 2015, and could not ‘get off the ground’ due to reasons attributed to job action that year. My confidence to write the SWIS research paper waned without the perspectives of newcomer students who had engaged in mental health care. Long gaps between data collection data and analysis resulted in multiple re-entries into the data. Ultimately, the application of grounded theory taken to this research (as opposed to more generic qualitative coding) in the spring of 2018 helped me to interpret these meanings in a fresh way. Support from Dr. Bruce Newbold and Dr. Charmaine Williams helped me to focus on the theme of barriers and its associated ecological dimensions in the phase of selected coding, which is reflected in the final draft of the SWIS paper. In the summer of 2018, I had successfully applied to a job at the Brant Haldimand Norfolk Catholic District School Board (BHNCDSB) to the position of Research Associate. Funding from the Ministry of Education enabled the district to carve out a role to support mental health research and evaluation. In the last two years of employment at BHNCDSB, I have gained insight into the function of schools in ways that I could not have acquired outside of working from within it. During my first year of work, I had the opportunity to conduct student focus groups across the district with a number of equity-seeking groups (i.e., newcomers, Indigenous, 2SLGBTQ+, disengaged, and racialized), which was informed by the student interview guide previously designed for my doctoral research. Although the student-level data was not integrated into the SWIS manuscript given its scope, my knowledge of school systems, school mental health polices and programming, and equity in education policies helped to shape the formation of chapter five. The findings from the SWIS research adds evidence, models engagement, and operationalizes equity, which are the pillars in the integrated model to mental health intervention as identified by School Mental Health Ontario[[9]](#footnote-9).

*Identities that Resist & Disrupt Power Structures*

By choosing a community-based research approach to my doctoral work, this placed me in the community where I could establish relationships and connections over time, which opened up formal and informal entry points into various sites for the purpose of data collection. In some settings, I believe that my identity as a young, racialized women helped me to gain access, particularly when I needed to access newcomer groups. On the other hand, I believe that it was the amount of time spent in the community that gave newcomers and their gate keepers that sense of trust or confidence when I approached their space. My lived experience as a refugee and former newcomer to Hamilton also helped newcomers to feel that ‘she is one of us’ in settings where conversations were driven by a research objective. It is always good for me to hear a participant say, ‘it was so easy talking to you’ or ‘I feel like you understand me’. The ‘othering’ that comes with this type of research along lines of differences (i.e., income, class, ethnicity, citizenship, age, gender, legality, etc.) are less apparent because these are the labels and categories that I could identify with. As a result, the gap between myself and my participants are often smaller. Overall, I believe that my position and power as a researcher in these settings were resisted and disrupted by other aspects of my identities, which afforded me better access and gave me a different vantage point to this research.

*Philosophical Assumptions with Implications for Practice*

Time spent in the community has also helped to shape my ontological and epistemological assumptions. In the summer of 2014, I worked at the Social Planning and Research Council as a Community Development Assistant in Rolston, one of 11 priority neighbourhoods in Hamilton. As part of our training, I participated in a community development conference in Waterloo, Ontario, hosted by the Tamarack Institute for Community Engagement. As a proud geographer, I mentioned in one of our discussions the ‘Code Red’ series (data showing the connection between neighbourhood socioeconomic status, health, and mortality rates in Hamilton). The facilitator commented by saying, “that’s the institution’s way on quantifying peoples’ misery”, and challenged me by asking, “what are you going to do to tell the stories of people’s resilience?”. This incident helped to bring my philosophical assumptions into focus and highlighted for me the implications for practice. This has made me more contentious of the power of qualitative research and has helped me to live into my identity and contribution as a social and health geographer to the field, and to my participants.

*Authentic Engagement & its Challenges in Graduate Studies*

Authentic engagement is not always self-serving. In these moments, time spent in the community is purposed for supporting others in their endeavours. To me, community engagement as a researcher is ‘showing up when you are invited’ and this is not conducive to an ivory tower mindset or a PhD timeline. I can recall the time in 2016 when I had taken a research contract to train a group of youth on community-based research methods on a project dealing with race and racism in Hamilton that explored issues of socioeconomic exclusion and gentrification. While I weighed the cost of taking on this job at the time (i.e., time and cost away from my PhD that outweighed the earned income), what I could not factor in was the experience, skills, knowledge that I would acquire in working with this group of youth, and in partnering with the only youth-led organization in settlement in Hamilton. I was pulled towards them, that project, without any agenda for self-gain, and yet, the lessons I learned in that context was invaluable and cannot be replicated elsewhere.

The strength and insights of this research speaks to the value of the approach taken to all three projects. As a result, not only were the outcomes indicative of responsive research to the changing context of structures that impacted newcomers in immigration, settlement and integration, the insights gathered along the way helped to deepen understanding, its nuances, and complexities. Stated early on, a thread that underpinned the three research projects highlight the potential for policies and conditions to create group risks and vulnerabilities in immigration, settlement and integration. However, this observation (rather than *a priori*) emerged as a dominant theme as each project unfolded. The community-based approach of this research did not prioritize academic inquiry or design for publication when issues emerged on the ground, and this resulted in the arduous and challenging task of threading the papers together to form a comprehensive body. With that said, this has been a rewarding journey and one that I am proud of.

# 

# APPENDIX C: INTERVIEW GUIDE (LIP)

**A Comparative Evaluation of Local Immigration Partnerships Role in the Syrian Refugee Resettlement Process: A Case Study of Three Official Reception Centres in Ontario**

**Semi-Structured Interview Guide**

Developed by Dr. Margaret Walton-Roberts & Dr. Luisa Veronis

Adapted by Dr. Sarah Wayland and Huyen Dam for Hamilton, ON in October 2016

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Participant’s Name | Date/Time/Location | Initials |

**Complete consent form**

**Section A: Syrian Refugee Resettlement and Local Immigration Partnerships**

To start, I would like to ask a few basic questions about your organization’s role in the Syrian refugee resettlement process and its relationship with the LIP.

A1. Please describe how your organization participated in the Syrian refugee resettlement process, if at all.

A2. When did your (organization’s) relationship with the LIP begin (before or after the Syrian resettlement)?

A3. If before: what was the nature of your (organization’s) relationship with LIP?

**Section B: Relations with the LIP**

Next, I would like to ask a series of questions about your organization’s relations with the LIP in the context of the Syrian refugee resettlement.

B1. Please describe your (organization’s) relationship with the LIP or LIP affiliated activities as it corresponds to the Syrian refugee resettlement process.

B2. Does your organization (Do you) sit on any of the following committees?

Hamilton:

A. HIPC Council/Steering Committee

B. HIPC Working Group/Subcommittee

C. Mayor’s Taskforce on Newcomers/Working Groups

B2a. If YES, what was your experience like on said committee?

B3. How do you receive communications from HIPC (i.e., list serve, briefings, newsletter)?

To LIP Delegate/Chair: How does HIPC deliver information to their partners?

B4. Does your organization (Do you) have an increased awareness of organizations involved in the Syrian refugee resettlement process and their activities in part because of the LIP?

To LIP Delegate/Chair: What efforts has HIPC made to increase the awareness of its member organizations in the Syrian refugee resettlement process?

B5. Have you noticed an increase in demand for your services or increased awareness of your services since planning began for Syrian refugees?

To LIP Delegate/Chair: Have you noticed an increase in demand for information or coordination of services since planning began for Syrian refugees?

B6. Has your organization adjusted its strategic plan, strategy, internal policy or programming to fit with the LIP’s Community Action Plan or\* coordinated Syrian Refugee Response Plan?

\*assuming that HIPC has internal strategies for Syrian Refugee Response

To LIP Delegate/Chair: Has HIPC adjusted its strategic plan, strategy, internal policy or programming since the Syrian Refugee Response? If so, how? If not, why?

B6a. If YES, is an attempt made to align your organizational priorities with LIP (replace with: IRCC?\*\*) identified needs or priorities?

\*\*what policies direction would HIPC be following?

B7. Has HIPC provided you/your organization the opportunity in any form (committees, consultations, focus groups), to forge relationships with organizations outside your sector throughout the Syrian refugee resettlement process *in a timely manner? How/why not?*

To LIP Delegate/Chair: Has HIPC provided its members/organizations the opportunity in any form (committees, consultations, focus groups), to forge relationships with organizations outside your sector throughout the Syrian refugee resettlement process *in a timely manner*? *How/why not?*

B8. What benefits has your organization derived either from working with HIPC or participating in HIPC led\* initiatives related to the Syrian refugee resettlement?

B9. What drawbacks has your organization encountered working with the LIP or participating in LIP led initiatives\* related to the Syrian refugee resettlement?

**Section C: Perceptions of the LIP’s Role in the Syrian Refugee Resettlement Process**

In this section, I would like to ask about your general perceptions of the LIP based on your observations and experience as a member of an organization involved in the Syrian refugee resettlement.

C1. How does the LIP model operate in regard to Syrian refugee resettlement?

C1a. What are the LIP’s model’s strengths as it relates to addressing Syrian refugee resettlement?

C1b. What are the LIP’s model’s weaknesses as it relates to addressing Syrian refugee resettlement?

C2. What difference, if any, did having a pre-existing framework (the LIP) make in your Region’s ability to resettle the number of Syrian refugees it has?

C3. What challenges has the Syrian refugee resettlement process posed for the LIP?

C4. What limitations has the Syrian refugee resettlement process revealed about the LIP?

C5. What innovative solutions has the LIP developed, that may not have been otherwise possible in your Region’s handling of the Syrian refugee resettlement?

C6. In regard to the LIP’s activity in the Syrian refugee resettlement, what role has the municipal government played?

C7. What impact has having the LIP (at a regional level\*) had in its efforts to resettle Syrian refugees? For example, has the LIPs been used as a platform to address cultural or interpersonal conflicts or concerns linked to Syrian refugee resettlement processes.

\*HIPC not a regional level

C8. Have you noticed any change in communication, collaboration, coordination, or cooperation during the Syrian refugee resettlement process in your sector and/or in your city\* at large?

C9. Is the LIP collecting data on local Syrian refugees?

C10. Will the LIP’s Syrian refugee resettlement activities have an uneven impact on different classes of refugees (i.e., government versus privately sponsored)?

**Section D: Intergovernmental Relations**

For this section, I would like to understand the nature of the LIP’s relationships with upper-level governments, in particular, Immigration Refugees and Citizenship Canada (IRCC) and the Ministry of Citizenship and Immigration.

D1. Please describe the LIP’s relationship with IRCC throughout the Syrian refugee resettlement process.

D1a. What role did the IRCC play in the Syrian refugee resettlement process in your organizations activities?

D2. Were you aware of any coordination between the LIP and MCI throughout the Syrian refugee resettlement process?

D2a. What role did the MCI play in the Syrian refugee resettlement process in your region?

D3. To your knowledge did IRCC contract or direct the LIP to participate in the Syrian refugee resettlement process?

To LIP Delegate/Chair: To your knowledge did IRCC contract or direct the LIP to participate in the Syrian refugee resettlement process? *How and when was this communicated to you? How was this communicated to the HIPC council?*

D4. Are you aware if the LIP received additional funding from IRCC or MCI to assist in the Syrian refugee resettlement process?

D4a. If NO, has the LIP re-allocated funds from its annual IRCC contract to address the Syrian refugee resettlement process?

D5. How have the terms of the LIP’s IRCC contract affected long-term planning for Syrian refugee resettlement?

**Section E: Moving Forward: The LIP’s Future**

To conclude, I want to touch on some of the big picture issues surrounding the LIP as it will continue to play a role in Syrian refugee resettlement process at least for the foreseeable future.

E1. In the context of Syrian refugee resettlement, what could the LIP be doing that it’s currently not?

E2. What impact will the Syrian refugee resettlement have on the LIP model moving forward?

E2a. Is the LIP in a better position to address settlement needs because of the Syrian refugee resettlement process?

E3. Is there anything you would like to add that we have not already touched on?

E4. Could you please suggest other organizations, agencies, or individuals whom I should interview?

**THANKS FOR YOUR PARTICIPATION.**

**YOUR FEEDBACK IS GREATLY APPRECIATED**

**AND YOUR INPUT IS EXTREMELY VALUED!**

# APPENDIX D: LETTER OF INFOMORMATION & CONSENT FORM (SWIS)

July 14, 2014

**Principle Investigator: Huyen Dam**

School of Geography and Earth Sciences, McMaster University

Hamilton, Ontario, Canada

Phone: (905) 525-9140 ext. 20440

Cell: (XXX) XXX-XXXX

E-mail: damhd@mcmaster.ca

**Supervising Faculty: Bruce Newbold**

School of Geography and Earth Sciences, McMaster University

Hamilton, Ontario, Canada

Phone: (905) 525-9140 ext. 27948

E-mail: [newbold@mcmaster.ca](mailto:newbold@mcmaster.ca)

**Purpose:**

The goal of this research is to explore mental health amongst newcomer youth. In order to achieve this goal, one of the objectives of this research is talk to individuals who work with newcomer youth in the community to understand the experience of individual who work with youth or provide services to youth.

**Procedures:**

If you choose to take part in this interview, you will be asked to answer a set of semi-structured questions. These questions will cover five main themes which include: (1) Background, (2) Demographics (3) Mental Health Education, (4) Space and Safety, and (4) Cultural and Linguistic Brokers. For example, questions include, “Are there strategies that you employ to overcome cultural differences in mental health education”, and, “Are schools appropriate places for newcomer youth to discuss mental health issues?” You will also be asked a set of demographic questions about the youths that you work with as well as a set of background questions at the start of the interview for context. The interview will be approximately 1 hour in length. It will take place at a location where you are most comfortable. For example, you can choose to have the interview at the public library or at a coffee shop. With your permission, the interview will be audio-taped and later transcribed. I would also like to take notes.

**Potential Harms, Risks or Discomforts:**

It is not likely that there will be any harm or discomforts associated with participating in this research. The questions may raise issues that you feel strongly about. You may also have concerns about how others will react to what you say. You do not need to answer questions you would prefer to skip. You can withdraw (stop taking part) at any time. The steps to protect your privacy will be discussed below.

**Potential Benefits:**

The research will not benefit you directly. I believe that with your help, this project will potentially benefit our newcomer community, our service providers, and the scientific community overall. I do hope that the result of this study will help us to learn more about mental health amongst newcomer youth in Canada.

**Confidentiality:**

Every effort will be made to protect your confidentiality and privacy to the best of my ability. I will not use your name or any information that would allow you to be identified. Excerpts from the discussion may be part of the final research report, but under no circumstances will your name be used. Nevertheless, the group of potential participants is small, so there is the possibility that references you make, views you express or examples you give will identify you. Please keep this in mind through the interview. The audio-tapes, handwritten notes and transcripts will be locked in the researcher’s cabinet at McMaster University. The digital audio files will also be stored on the researcher’s personal, password-protected computer at McMaster University. Once the study has been completed, the data will be destroyed.

**Participation and Withdrawal:**

Your participation in this study is voluntary at all times and it is your choice to be part of this research. Your decision whether or not to participate will not affect you in any way. If you decide to participate, you have the ability to stop the interview at any time, even after signing this consent form or part-way through the interview. You are also free to withdraw from the study without consequences at any point up until January 1, 2015 at which point the analysis will have started. If you decide to withdraw from the study, any data you have provided will then be destroyed unless you indicate otherwise. As noted above, you can skip any of the questions you like and still remain in the study.

**Information about the Study Results:**

Following the project completion, the results will be written up in a summary report, and in a manuscript format for publication in a peer reviewed journal. I expect to have the final draft of the study results (in both formats) completed by May 2015. If you would like to obtain a copy of the summary report or the manuscript, please request a copy below and provide the necessary information.

**Questions about the Study:**

This study has been reviewed and approved by the McMaster Research Ethics Board. If you have any concerns or questions about your involvement and rights as a participant or about the way the study is conducted, you may contact:

**McMaster Research Ethics Board Secretariat**

Telephone: (905) 525-9140 ext. 23142

c/o Office of Research Services

E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

Interview #: \_\_\_\_\_\_\_\_\_\_

**WRITTEN CONSENT**

I have read the information presented in the information letter about a study being conducted by Huyen Dam of McMaster University. I have had the opportunity to ask questions about my involvement in this study, and to receive any additional details I wanted to know about the study. I understand that I may withdraw from the study at any time, if I choose to do so, and I agree to participate in this study. I have been given a copy of this form.

I agree that the interview can be audio recorded:

□ Yes

□ No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

If you would like to receive the result of the study’s results, please provide us with your e-mail or mailing address.

1. □ Yes, I would to obtain a copy of the **Summary Report**
2. □ Yes, I would to obtain a draft copy of the **Peer Reviewed Manuscript**
3. Email:
4. Mailing address:

# APPENDIX E: CONFIDENTITALITY SCRIPT & INERVIEW GUIDE (SWIS)

**CONFIDENTIALITY & WITHDRAWAL SCRIPT**

Any information you share with during the interview will not be attributed to you personally. All of your personal information will be protected during as well as after the completion of the study. This includes any reports or presentations of the study findings. You have the right to be treated with respect and your privacy protected during every stage of the research study.

Please remember that your participation in this study is voluntary. There will be no penalty to yourself should you decide to end the interview. You may refuse to answer any question in the interview script. I will accept both complete and partial interview data. You may request to have your information removed from the study at any time. If you changed your mind about your participation after leaving the interview today and would like to withdrawal the information you have provided, please do not hesitate to contact me at any time. My contact information is located at the top of the Letter of Information and Consent in which you have a copy of.

Your interview and transcription will be given a numerical code and will be kept in a locked filing cabinet separate from your consent form. This information will be available only to me and Dr. Bruce Newbold (Supervising Faculty). At the completion of the study, your interview, audiotape and transcription of your interview will be destroyed.

And finally, I would like to remind you that excerpts from this discussion may be part of the final research report, but under no circumstances will your name be used. Nevertheless, the group of potential participants is small, so there is the possibility that references you make, the views you express or examples you give, will identify you. Please keep this in mind during the interview.

Do you have any questions or concerns regarding the purpose or the process involved in the research study, “Exploring Mental Health Amongst Newcomer Youth”?

**SWIS INTERVIEW GUIDE**

**Background – Who, What, Where?**

1. How long have you been working as a Settlement Worker in Schools (SWIS)?
2. How many times (days and hours) a week are you working in the schools?
3. Where do the meetings take place in the school?
4. Do you speak any other languages other than English? What other languages do you speak?
5. How would you define your role as a SWIS worker?

**Demographics – Who are the Youths?**

1. Approximately how many students do you work with?
2. Do you work with male and female students?
3. Are the youth from various countries of origins?
4. Do you work with immigrant and refugee youth?
5. Of your total case load, what proportion would immigrant and refugee youth represent?

**Mental Health Education – Is Mental Health a Need Amongst Newcomer Youth?**

1. Is mental health discussed in the SWIS program?
2. In your experience, does ethnicity and culture impact student’s perception of mental health issues?
3. How do students respond to mental health education?
4. Have you encountered any challenges while discussing mental health issues with students?
5. Are there strategies that you employ to overcome cultural differences in mental health education?
6. Do you encounter stigma in mental health education? How do you deal with stigma in mental health education?

**Space and Safety – Non-stigmatizing and Safe Spaces**

1. Do newcomer students benefit from exposure to mental health awareness and education?
2. Are schools appropriate places for newcomer youth to discuss mental health issues? Why? If not, where?
3. Are schools appropriate places for newcomer youth to access mental health care? Why? If not, where?

**Cultural and Linguistic Brokers in Mental Health**

1. Have you encountered mental health issues amongst the students you work with?
2. If yes, can you estimate the number times you had to link students to counseling or other types of mental health services?
3. What types of mental health issues have you experienced amongst students?
4. Are there differences in need between refugee and non-refugee students?
5. Do students come to you for help? Why/Why not?
6. Are students afraid to seek help when dealing with mental health issues? Why/why not?
7. Do you feel equipped to help students that experience mental needs?
8. What are the steps in getting students the help they need?
9. Do parents or guardians get involved if a student demonstrates mental health need?
10. How do you deal with issues of confidentially and parental (guardian) consent?
11. Is there a difference in rapport between students that speak the same language as you and those that do not?
12. Is it advantageous for SWIS worker to bridge the gap between newcomer youth and mental health?

**Final Comments**

1. Is there anything else you would like to add to our discussion that we haven’t covered during the interview?

# APPENDIX F: CERTIFICATE OF ETHICS CLEARANCE (SWIS)

A screenshot of a cell phone

Description automatically generated

1. Newbold, B., Pottie, K., Dam, H., Ratnayake, A., & Brisson, N. (2012). Health and Healthcare: Promising Practices. *Analysis of LIP Strategic Plans: Promising Practices*, 92. [↑](#footnote-ref-1)
2. ‘Recent immigrant’ refers to a person who obtained a landed immigrant or permanent resident status up to five years prior to a given census year. In the 2016 Census, this period is January 1, 2011, to May 10, 2016 (STATS CAN 2019). [↑](#footnote-ref-2)
3. The shadow state is “a para-state apparatus comprised of multiple voluntary sector organizations, administered outside of traditional democratic politics and charged with major collective service responsibilities previously shouldered by the public sector, yet remaining within the purview of state control” (Wolch 1990: xvi) [↑](#footnote-ref-3)
4. Economic class immigrants include those outside of FSW, FST, and CEC. They include start-up business, self-employed, investor entrepreneurs, and caregivers [↑](#footnote-ref-4)
5. Data reflects total admission by principal applicant and does not include the admission of spouses or dependents. [↑](#footnote-ref-5)
6. Due to privacy considerations, the figures in this column have been subjected to rounding. Because of this, data may not add up to the totals indicated. [↑](#footnote-ref-6)
7. Gesler, W. M., & Kearns, R. A. (2005). *Culture, Place and Health* (Vol. 16, pg. 8). Routledge. [↑](#footnote-ref-7)
8. Weingarten Learning Resources Centre. (2017). Writing Strategies: What’s Your Positionality? https://weingartenlrc.wordpress.com/2017/01/09/research-writing-whats-your-positionality/ [↑](#footnote-ref-8)
9. School Mental Health Ontario. (2020). Think In Tiers and Focus on the Positive. https://smho-smso.ca/school-and-system-leaders/learn-more/mental-health-leadership-strategies/think-in-tiers-and-focus-on-the-positive/ [↑](#footnote-ref-9)