2015

A Review of Promising Practices for Enhanced Access to Services for Newcomers in Guelph-Wellington

Report Submitted to the Guelph-Wellington Local Immigration Partnership Access to Services Committee

By the

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1. Executive Summary

The Guelph-Wellington Local Immigration Partnership Access to Services Committee has commissioned the following report in order to explore various practical strategies for enhancing service access for newcomers settling in Guelph-Wellington. The goal of the report is to explore promising practices based on programs and resources that have been successfully offered elsewhere in Canada. As such, the report offers a possible roadmap that may be considered by service providers working in Guelph-Wellington. Though it is likely that not all of the approaches contained in the report will be transferrable or applicable for all service providers, the variety of service delivery models, programs, tools and resources outlined in the report certainly indicates the range of possible options that are available for those who wish to move forward in creating a more accessible and coordinated settlement system for newcomers. The recommendations below are simply ones which members of the Access to Services Committee can debate in terms of merit and feasibility at future meetings moving forward. With regards to the scope of this project, specific attention is given to previously understudied newcomer communities in Guelph-Wellington, including protected persons, migrant workers and rural immigrants. Outreach strategies are also explored as research indicates that outreach is a key step in ensuring service access. A number of specific recommendations for service providers and policy makers in Guelph-Wellington have emerged based on the findings in this report. These recommendations are listed below.

- Develop a long-term strategy that will best meet the needs of the growing newcomer communities in Guelph-Wellington, such as working towards the development of a community hub or person centred model for newcomer service delivery.

- Build support for formal partnerships between agencies that have similar or complementary service goals based on the framework used by the *Promise of Partnership* Program.
- Consider developing additional multiple service programs, such as those offered by the Welcome in Drop-in Centre and Shelldale Centre, specifically for newcomers.
- Reduce competition through seeking core program funding that is not dependent upon the number of clients served on a year-to-year basis.
- Engage in dialogue with the Mennonite Coalition for Refugee Support in order to develop enhanced access to services for protected persons locally in Guelph-Wellington.
- Encourage service providers to test and adopt the training modules and resources developed by the *Building Local Information Support for Ontario Newcomers* project hosted by InformOntario where they are deemed to be useful and applicable.
- Advocate for the adoption and implementation of the Access without Fear policy in Guelph-Wellington.
- Provide support for advocacy networks in order to encourage adoption of the Access without Fear Policy.
- Provide enhanced access to services for agricultural migrant workers in Guelph-Wellington by creating specific multiple service programs, such as the health services programs offered by Grand River Community Health Centre (Brantford) and Quest Community Health Centre (St. Catherines).
- Ensure attention to trauma informed services is on service provider radars and that access to training in this area is a priority.
- Enhance access to services for rural newcomers by supporting additional transportation

and translation services in isolated communities.

- Encourage rural service providers to make use of online tools for service delivery, such as web directories, where applicable.
- Provide space for rural and urban settlement service providers to communicate with each other on a regular basis.
- Include outreach within the local cultural community, offering extended hours for services, and the provision of childcare to support outreach.
- Provide female only spaces for certain types of programming; ensure the availability of female identified practitioners, and the inclusion of material focused on issues predominantly experienced by women, such as gendered violence.
- Provide interventions that support family, faith, and domestic labour activities as well as interventions that allow women to discuss taboo health issues (i.e. sexual health or domestic violence) without endangering their safety or the safety of their families.
- Assist newcomers in building social networks though the use of peer supports, such as the support that may be offered through the *Community Connector's Initiative.*
- Service access must be informed by newcomers. This can include their involvement in the planning and delivery of programming as part of an advisory group outreach strategy.
- Adopt meaningful and authentic hiring strategies in order to ensure diversified human resources within health and social service agencies in the Guelph-Wellington area.
- Encourage ongoing university-community collaboration to ensure that evidence-based approaches are used in efforts in enhance service access for newcomers.

2. Introduction and Background Information

In order to overcome barriers to successful settlement, newcomers must be adequately supported through accessible service provision. This report has been prepared on behalf of the Guelph-Wellington Local Immigration Partnership Access to Services Committee in order to provide an overview of promising practices, including service delivery models, resources and outreach strategies that have been developed or successfully implemented elsewhere in Canada in order to enhance access to services for newcomers. The report also explores the differences in service access for women, as research indicates that there are very prevalent gendered differences in relation to service accessibility. This is a timely report given the fact that the number of immigrants in Guelph-Wellington has been increasing since the 1970's, with immigrants now representing approximately 20% of the Guelph population and 10% of Wellington's population (GWLIP, 2011). Of this population, 20% have been in Canada for approximately five years which is indicative of the large growth of immigrants in this area (GWLIP Progress Report, 2013).

Prior to discussing the findings that emerged from this research, it is necessary to operationalize the terms that are included in order to ensure a high level of clarity. The term "newcomer" is used in this report in order to capture the experiences of people with various statuses in Canada, including those with full immigration status, permanent residents, protected persons, and migrant workers. "Immigrants" are defined in this paper as persons residing in Canada who were born outside of Canada, and who have been granted permission by authorities, excluding temporary foreign workers, Canadian citizens born outside Canada and

those with student or working visas. While this definition is very broad, it has been adopted for this report as it is consistent with Statistics Canada data (Statistics Canada, 2011). The definitions should be used with caution as the settlement outcomes for immigrants are not uniform as immigrants represent diverse and heterogeneous groups. Certain immigrant groups experience much more positive outcomes than others as a whole. Thus, the needs of certain populations will be dramatically different than others, and statistics will be unable to sufficiently capture the specific needs of certain groups. As such, a specific and contextual analysis of the target group should be considered by government or social service agencies who wish to design programs or initiatives to assist with the settlement process. A "permanent resident" is defined in this report as a person who has been granted the right to live in Canada permanently by immigration authorities (Statistics Canada, 2011). The term "protected person" is used in this report to reflect the experiences of both convention refugees and refugee claimants (Citizenship and Immigration Canada, 2012) although it is important to note that once someone is deemed to be a "protected person" by the IRB or CIC, they are immediately eligible for settlement services as opposed to their refugee claimant counterparts. "Temporary migrant workers" are persons who have been hired by employers to fill labour and skills shortages (Canadian Council for Refugees, 2015). In Guelph-Wellington many of the migrant workers fill seasonal agricultural positions. This will be discussed at greater length in the report below.

2.1 Methodology

The following report has been prepared based on information collected by a research team at the Social Innovation Research Group at the Lyle S. Hallman Faculty of Social Work from December, 2014 to March, 2015. The research team consisted of six researchers who each contributed to collecting and synthesizing data, which was then compiled for the final report by

Dr. Jenny Flagler-George and Dr. Ginette Lafreniere. The report provides a small but meaningful contribution to the larger ongoing work of the Access to Services Committee of the LIP relative to enhancing access to services for newcomers in Guelph-Wellington.

Due to the complex nature of this task, the report does not cover all aspects, but serves as a first step for addressing the service access needs of newcomers in Guelph-Wellington in a more purposeful and discerning way. In order to determine the scope of the data contained in the report, members of the research team from the Social Innovation Research Group met with representatives from the Access to Services committee twice over the course of the project to determine specific areas of interest that would reflect pertinent areas where additional information could help to direct future focus for the committee. One follow-up progress meeting was also attended by the Access to Services Committee representatives and the research team in order to ensure that the report output was progressing in a way that was consistent with the goals of the committee. Based on these meetings, it was determined that **promising practices for enhancing service access that have been successfully used elsewhere in Canada would be the most useful for the committee in moving forward with their work**. Prior to beginning this work, research team members reviewed all relevant reports previously prepared by the Guelph-Wellington Access to Service Committee in order to familiarize themselves with the local context.

The report consists largely of a review of promising practices based on findings from both scholarly literature and grey literature. Nearly 80 academic and grey sources were consulted although over 200 sources were consulted to inform the final report. The review of relevant literature contained in the report is supported through in-depth qualitative interviews conducted with six key informants who are service providers in Guelph-Wellington and the

surrounding area who work with newcomers on a regular basis. The key informants were chosen because they are well-attuned to the service access needs of newcomers through their work directly with settlement related services, or due to the fact that their roles require routine participation in helping newcomers to access settlement related services. In addition, specific efforts were made to ensure that the key informants reflected the rural and urban context, as the report indicates that service access in rural areas may be especially challenging. The key informant interviews offer insight into the lived realities of service providers and the need to enhance access to services for newcomers.

3. Enhancing Access to Services

There are a number of models and resources that can be drawn upon in order to provide services that are experienced as more accessible to newcomers. The models and resources discussed below offer the possible foundation for the Guelph-Wellington Local Immigration Partnership and their stakeholders to move forward in mapping out a future strategy. Rather than being competing options, a number of these models and resources can be used collaboratively to create a system that specifically meets the needs of Guelph-Wellington newcomers. In addition, while some of the models would require significant changes to the existing system, a number of the resources discussed can be used to enhance existing service access or referral processes among service providers more immediately. It is possible to view changes made to the existing system as a process rather than a short term endeavor in order to ensure that the results will be sustainable and manageable.

3.1 Community Hub Model

The community hub model of social service delivery has been described as a bridging mechanism for interrelated or complementary services and programs (Community Development Council Durham, 2010). A community hub offers a single point of access which hosts a collaboration of cross-sector, cross-agency partnerships for the purpose of multi-service delivery and community development under a single roof (Community Development Council Durham, 2010). For example, a community hub for newcomers may house settlement related services under a single roof, including employment support, language training, information about immigration and settlement resources, legal and health supports, among others. A community hub model offers a great number of benefits. For example, research indicates that it serves as a cost efficient option as multiple service providers utilize a single location that provides a range of services within it. Service providers are given the opportunity to share knowledge and practices within the shared space (Community Development Council Durham, 2010).

The hub model also provides significant benefits to service users with a single point of access to the information they require and the kinds of services available. Thus, it helps to overcome barriers associated with a complex referral process and transportation to numerous service locations. However, implementing a hub model can be a very large challenge in terms of the logistical planning presented by many partners working collaboratively under a single roof. The hub model requires integration within a broader system rather than working around a particular program. Issues, such as trust building, lack of autonomy and divisions related to funding may be very evident (Community Development Council Durham, 2010). Depending upon the source and structure of funding for various agencies, it may be impossible to implement a hub model.

A number of areas have developed hub models for service delivery successfully. For

example, the Greater Sudbury Best Start Network (BSN) implemented 13 Best Start Community Hubs which provide integrated service systems that are designed to be dispersed throughout Greater Sudbury. The community hubs consist of a diverse ensemble of partners and stakeholders, including school boards, schools, municipalities, health organizations, daycares, social planning agencies and other non-profit organizations (Community Development Council Durham, 2010). The Best Start Community Hubs initiative requires the collaboration and strong relationships between the partners working within this model. This example requires the involvement of frontline staff and management in the planning and implementation of the various hubs. The inclusion of a broader and more diverse group of service providers in the service delivery strategy is critical, as well as the inclusion of those more directly affected by the hub.

The Library Settlement Partnership offered in 11 communities throughout Ontario (see list of links at the end of the report) also utilizes a community hub model that is based on a partnership between settlement agencies and public institutions for service delivery. This hub makes use of the partner institution's resources (Community Development Council Durham, 2010). Existing research indicates that libraries are ideal partners as they are host to diverse groups of people, they hold a plethora of information and can act as a social centre. This hub facilitates the settlement of new immigrants and provides integrated services through co-operation between public libraries, Citizenship and Immigration Canada (CIC) and settlement agencies (Community Development Council Durham, 2010). A service provider working in North Wellington argued that the hub model would be most effective for serving rural newcomers from the Low German-Speaking Mennonite community:

A hub model that serves rural newcomers in the Low German-Speaking

Mennonite community in North Wellington would be fantastic. I would like to see a hub where newcomers could go to access job listings, employment workers, a food bank, recreational programs, a community garden, health and dental programs and newcomers programs all in one place. That would really help to overcome the transportation barriers.

According to the service provider, transportation barriers are a significant concern for those accessing services in rural areas. For this reason, the City of Brantford, which also hosts a community hub, argues that a hub must be located where it is easily accessible to the population that it seeks to serve. Additional considerations include the necessity to engage service users in a way that is experienced as enjoyable and non-stigmatizing. This is because residents will mostly likely be drawn to using the hub through participation in recreational programming, which will also help to build informal networks of support between community members. The active engagement of community members should be fostered as the City of Brantford argues that the success of community hubs relies upon a sense of ownership among residents in the local community (City of Brantford, 2015).

In addition to community hubs, a number of service providers have sought to collaborate through resource hubs online. Online hubs provide a platform for a variety of documents, publications, presentations, activities, a forum for dialogue and so forth about different services (Community First: PR Hub Projects). Online hubs may be directed towards both specific and multi service users. The "Community First: PR Hub Projects" initiative is co-managed by Carlton University and the Canadian Alliance for Community-Service University. It is operated under the direction of the Project Steering Committee and the Program Committee with the assistance of a Secretariat housed at the Carleton Centre for Community Innovation (Community First: PR Hub Projects). This action research project works to engage and

strengthen communities throughout Canada. There are five self-managing research hubs: Poverty Reduction, Community Food Security, Community Environment, Violence against Women and Knowledge Mobilization (Community First: PR Hub Projects). The research hubs are co-led with different community-based research organizations and community members. Their knowledge and findings are shared online through documents, publications, presentations, activities and so forth (Community First: PR Hub Projects). This model of development may have interesting applications to interested stakeholders working on behalf of New Canadians in Guelph-Wellington. What is important here, for this particular example is how online projects may be useful for working professionals working on behalf of vulnerable populations.

3.2 Person-centred Model

The person-centred approach of service planning emphasizes the need to see service users as leaders in both the planning and implementation of their own services. This approach is both user focused and initiated, and thus requires collaboration and coordination among service providers similar to what is found in the community hub model. As it is user focused, the goal is to promote the independence and autonomy of users when organizing services, rather being controlled by service providers (Community Development Council Durham, 2010). The senior's wraparound initiative in London, Ontario serves as an example of an initiative that has taken on a person-centred approach. It is comprised of a team of partnered professionals across many sectors, including health care workers, community service providers and supporting staff. The person-centred approach is cost efficient, inclusive and presents an opportunity for tailor-made services specific to the service users' needs. The individuals who use the services hold a large role in the development and implementation of the services provided, which makes them more transparent and accessible to the service users.

While the person-centred model is very effective when used properly, there are a number of barriers that exist to full implementation. First, the facilitation of person-centred services requires full participation from the individuals using the services. This is because the effectiveness and efficiency of this approach fully depends on the service users. They are required to maintain the services in an independent fashion. Second, navigating the bureaucratic regulations around settlement related services within a user-led service model may present an enormous challenge (Community Development Council Durham, 2010). According to Graeber (2006), the experience of managing confusing bureaucratic regulations is equivalent to a form of structural violence. The result of a complex bureaucracy is an uneven power relationship where the service user is unaware of how best to move forward. The impact of this is compounded in the case where bureaucratic regulations are changed, which is often the case around settlement related services and regulations as evidenced by the newly established citizenship requirements in Canada. To remedy this, bureaucratic regulations must be simplified and there must be safe guards put in place that allow service users to negotiate or debate regulations around service provision. In the case of citizenship and settlement services this will clearly not be an easy fix or a quick process.

3.3 Formal Partnerships

Implementing an entirely new model of service delivery for newcomers requires a great deal of commitment and shared resources. Community hubs may be seen as overly demanding for service agencies, particularly those who wish to maintain independence from other organizations. Hubs require an extensive degree of integration among service agencies. In lieu of implementing an entirely new model, a promising practice indicated in the research is the development of formal partnerships between service agencies to meet the needs of a specific

group, or to enhance access to meet a particular set of needs. An initiative that provides an example of agency partnership is the *Promise of Partnership* project. The Promise for Partnership was launched in April, 2011 as a joint project between Carizon and Reception House Waterloo Region with funding provided by Citizenship and Immigration Canada. It builds upon a working relationship between the two organizations that existed for several years. POP attempts to formalize previously informal arrangements. According to an evaluation of the POP project, the project was developed from a need to build and sustain organizational and community capacity in responding to the mental health needs of protected persons in the Region of Waterloo (POP, 2015).

Protected persons, including convention refugees and refugee claimants, represent a disproportionally higher number of the newcomers in the region compared to the national average (Region of Waterloo: Public Health, 2009), while their mental health concerns often represent needs that are disparate from the general population. Thus, appropriate mental health resources and services, and access to them, are critical to the well-being of the protected persons community in the Region of Waterloo. This project represents a unique and unprecedented initiative in the region to both mobilize existing knowledge of refugee mental health and foster inter-sectorial collaboration among service providers on issues related to refugee mental health. The core objectives of the project are to 1) implement group mental health supports for refugees, 2) enhance partnerships with community agencies and government services, and 3) improve access to mental health services for refugees. The ultimate goal is to improve the mental well-being of protected persons settling in the Region of Waterloo. Through the unfolding of the project, several other service providers have become involved both as stakeholders in the program's outcome, and also as direct participants in the

project's initiatives. These community-level partnerships aim to build the community's capacity to respond to newcomer mental health needs, particularly among refugees resettling in the Kitchener-Waterloo community. They also aim to raise community awareness about the needs of refugees while developing collaborative approaches to effective and inclusive mental health service delivery. According to one of the key project partners in the POP project, it has been largely successful in meeting its goals:

> *The Promise of Partnership project is an excellent way to build capacity between the different stakeholders in our community. Stakeholders who have power – that's important if you want to enhance service delivery to refugees. In my work with refugees, there should be no boundaries to what we can do and should do. To this end, I have a good working relationship with a few agencies in Guelph. If people want me to come and talk about this model of service coordination, I would be more than happy to meet with them. Anytime.*

The service provider working with POP expressed a direct openness and willingness to collaborate with service providers in Guelph in order to help those who are interested develop the model of service collaboration that has been achieved through the POP program. Such an invitation shows promise for enhancing access to services for protected persons in particular. The experiences of protected persons will be discussed at greater length further in the report below.

Alongside the development of formal partnerships is a complementary approach focusing on co-creating system change. This approach seeks to augment existing services offered by multiple organizations or agencies in order to respond to complex needs in a cohesive way without pressure to find additional resources (Minkoff and Clein, 2006). In fact, according to Minkoff and Clein (2004), such an approach can be integrated into the resource

structure of any system. This approach has been used in practice through the *dual diagnosis capability* strategy in order to address the multiple needs of individuals with concurrent addictions and mental health issues. This model has been adopted based on an acknowledgement of the fact that those with complex needs have the poorest health outcomes. Dual diagnosis capability is a community-based approach that encourages the integration of multiple programs and resources in order to address substance use as it relates to mental health (Curie, Minkoff, Hutchings, & Cline, 2005). While dual diagnosis *capability* is not directly applicable to newcomer's settlement supports, there are transferrable characteristics that make co-creating system change an important approach to consider. For example, such a model could be used to provide more comprehensive support to newcomers as their needs would be addressed as a whole, rather than in part. For example, accessing services that support employment would not be seen as separate from language services. When designing settlement programs using this approach, service providers would be asked to meet the minimum requirement of considering how delivering their service or program would impact the overall process of integration.

At its core, the approach requires the practice of welcoming ongoing service integration, which in turn creates a system that is experienced as welcoming and accessible to service users. There are four key characteristics of a model that seeks to address change in an integrated way, including the desire for system level change that moves beyond individual programs; the efficient use of existing resources; incorporation of best practices that is rooted in evidence collected through research studies; and the adoption of an integrated treatment philosophy (Minkoff and Clein, 2006). Effective integrated service delivery requires a leadership team that is dedicated to the planning and implementation of such an approach. However, this is not to

say that leadership of co-creating system change can be unilaterally adopted by a single organization as there must be agreement and buy in from all agencies involved. Agreement can be formally secured through the adoption of a specific charter, or formal partnership agreements among those agency representatives involved. The co-creating system change model has emerged based on findings that nonintegrated service delivery for those with complex needs leads to poorer overall outcomes (Minkoff & Clein, 2004). Though co-creating system change may require a shift in mindset for service providers and funders alike, it is indicated as a promising practice approach as it not only improves outcomes but does so at a lower cost to the system.

3.4 Multiple Service Programs

Another approach that has been successfully adopted in the Guelph-Wellington area is the provision of multiple services through a single program. While these programs have not been developed specifically for newcomers, they may have some transferrable characteristics that could be adopted by newcomer service providers. For example, the Welcome in Drop-in Centre functions as a community centre and as a safe haven for homeless persons, those suffering from mental illness, isolation and economic marginalization. The Welcome in Drop-in Centre is comprised of over 80 volunteers who hold various roles and provide a vast range of services (Loretto Sister, 2007). They provide meals, support and guidance, friendship and arrange for housing, transportation and other needed resources. The Drop- in Centre works with several community services and assists those in need with referrals to the Community Mental Health Centre, Homewood, Canadian Mental Health Association, St. Vincent de Paul Store and the Community Alcohol and Drug Agency (Loretto Sister, 2007). The Drop in Centre

offers a single point of access to information and referrals. The extensive number of community services offered at or referred through the Welcome in Drop- in Centre promotes capacity building and the community involvement enhances social networking. Though not a community hub, it operates based upon similar principles. One of the main drawbacks of this centre is that it is heavily dependent on the services and commitment of community volunteers as well as donations.

The Shelldale Centre hosts a variety of programs and services developed and implemented by community members. It focuses on programs for young children, parent support networks and community development. A primary program held at the Shelldale Centre is the Neighbourhood Program. It focuses on the enrichment of quality of life for those in disadvantaged or economically marginalized areas, employment support, computer access and a Peer Parent Program that connects parents within the community (Onward Willow Better Beginnings, Better Futures). This approach is cost effective, is directed toward specific communities and neighbourhoods and the services are tailored to specific needs. These programs are community run and service user-led, providing the service users with information regarding the kinds of services available to them and the knowledge regarding the services that need further development. As with the Welcome in Drop-in Centre, this program is largely dependent on volunteers and donations, and does not offer a means of evaluation.

3.5 Tools and Resources

As discussed above, there are a number of models that have been used in order to enhance access to services for newcomers. Although these models have created positive results elsewhere, it is not necessarily feasible for all areas to implement an entire service delivery

model without a significant amount of resources and time regardless of approach. As such, a number of tools and resources for enhancing service access are provided below. These tools and resources offer examples of what has been done to assist those working within a current framework to enhance service access for newcomers. The uptake of tools/resources may be seen as a first step towards the development or partnerships, or other tangible service delivery augmentations. Building Local Information Support for Ontario Newcomers (BLISON) will serve as the key example for this section as it is a recent project that provides a variety of resources to assist service providers working with newcomers.

The BLISON project seeks to develop comprehensive tools to encourage partnership and collaboration between service providers in order to enhance access to services for newcomers. The project is led by InformOntario and funded by Citizenship and Immigration Canada (InformOntario, 2015). There are three pilot communities involved in the study, including Waterloo Region through the Community Information Centre of Waterloo Region; York Region through the York Region Community Information and Volunteer Centre; and Toronto through FindHelp. The objectives of the project are to strengthen local collaboration to improve information to support newcomers, to make better use of what local community information centres can provide, and to build knowledge of sound information management practices. A representative from one of the project pilot sites argued that the project has provided a very important opportunity for intentional collaboration and reflection on partnerships. This has been accomplished through asking difficult but necessary questions:

> *There were some very pointed questions. If we need to build these partnerships, how do we do it? How do we deal with the competition? How do we figure out what the contacts are doing? Answering these questions takes persistence. You need to dedicate staff and you need to be intentional*

about it. We need to be building intentional referral networks with groups of agencies through the development of specific referral protocols. I think that it doesn't really matter where you are on the continuum. Anything you are doing collaboratively needs to be done intentionally. It has to have mutual benefit. If it doesn't it will impact your capacity. Being a field setting for BLISON has certainly given us the time and resources to focus on making the connections with players we already know. Being more reflective was a tremendous opportunity for us. There is tacit knowledge that already exists. We need the opportunity to say how are we doing? Now we have tools of practice.

In order to create innovative knowledge products to enhance service access for newcomers, advisory groups made up of local settlement service providers were invited to shape the direction of the products. Some of the key outputs of this project have been the creation of a series of three online training modules for service providers, a web directory and an online Ever Fresh Links package designed to be used by service providers who assist newcomers in the settlement process. The training modules are designed to encourage service providers to engage in intentional collaboration by reflecting on the skills and programs that they and others bring. The modules include having partnering service providers reflect on *Knowing the Community; Creating and Maintaining Sustainable Information Resources;* and exploring *Cross Sector Collaboration in Local Information and Referral Systems.* As the modules are available online, they offer a tangible and easily accessible training support for service providers who wish to engage in future collaborations.

The web directory produced by the project is also designed to meet the needs of service providers by offering up-to-date information on services related to settlement through a quick and accessible web search system. According to the service provider involved in the project, it is important for information of this type to be managed by a centralized information centre

because it helps to avoid duplication.

> *We have sectors that have specialization in terms of information access and I think that really needs to be built on. The information sector should not be duplicating service provision. We need to focus on access to information, otherwise we would not be using our resources to the best of our advantage because everyone would be reinventing the wheel. There have been other information portals created at the provincial level, but there is a need to create mediated support. If someone is interacting with a provincial level portal and they run into an error in an information listing by the time they have given feedback about the issue it may or may not make it back to the service provider. That doesn't quite work. If you're working together to create good working relationships that is going to improve the source data for your portals. That is one of the most important pieces of this. If the funding dries up for the information portal we will still have created a really strong collaborative environment. Without that you run the risk of being left with nothing. If you have to start from scratch again, what a waste.*

The service provider noted that developing online resources that are more localized allows for more immediate feedback where out-dated or inaccurate information is discovered. In addition, opening dialogue between local community information service providers and direct service providers helps to ensure that these partnerships are formed so that relationships are maintained even if resources are no longer funded.

Online resources like those created by BLISON are in line with a promising practice approach as the need to create a comprehensive service guide for service providers was noted as one of the main recommendations by immigrants and service providers who participated in a qualitative research study conducted in rural Manitoba by Zehtab-Martin and Beesley (2007). Additional resources created through the project include a newcomer information needs assessment, a service provider information needs assessment, a tool to map the local

community landscape, collaboration readiness assessment and examples of collaborative agreements for agencies who wish to take the next step in working together to integrate service delivery for newcomers (InformOntario, 2015). Taken in its entirety, the project is designed to act as a bridge between local settlement service providers and local community information service providers. The project emerged from the realization of the collaborating organizations that it is increasingly difficult to respond to the needs of a growing diverse local community and that having the right information when needed is essential to addressing the needs of diverse newcomers in an effective way.

3.6 No Wrong Door Approach

In order to facilitate service access for newcomers, a number of government and social service agencies in Ontario have adopted what is referred to as the *No Wrong Door Approach*. This approach is based on the assertion that, given the interconnected nature of many settlement needs, service providers should jointly undertake a client-centred focus in order to coordinate service access and delivery for immigrants through a common referral system (Citizenship and Immigration Canada, nd). This means that no matter what service or agency is initially accessed by an immigrant, he or she will receive the support that is needed. The approach is meant to avoid sending immigrants to multiple agencies before the needed resource can be accessed. The overall goal of this approach is to avoid both program overlap and service gaps (Ontario Ministry of Citizenship, Immigration and International Trade, 2014). The Government of Ontario has already implemented the *No Wrong Door* approach to facilitate access to employment for job seekers. The one-stop method advocated through the approach means that individuals can access the same information about the labour market, training programs and other employment related services from any government office or community-

based labour market and training service (Work*ink*, 2006).

The adoption of a *No Wrong Door* approach was one of the recommendations included in the final report prepared by the Ontario's Expert Roundtable on Immigration (Ontario Ministry of Citizenship, Immigration and International Trade, 2014). Developing a common referral system (*No Wrong Door Approach)* has formerly been identified as a priority for Local Immigration Partnerships for coordinating the access of settlement services (Citizenship and Immigration Canada, n.d.). While there are clear benefits to implementing this approach, there is also a serious weakness. Those who do not have full immigration status are often left out of accessing necessary services or resources that are designed or allocated exclusively to immigrants with full status or full status refugees. One of the major implications of this is that for those without full status there is often no right door. Without full status, the common referral system is not adequate as the services that immigrants without full status are being referred to will not serve them. In practice, a service provider in Guelph-Wellington argued that many service providers do their best to provide services anyway. This results in service providers experiencing strain and being redirected based on their agencies mandate.

> *I think that there are a lot of service providers who are very committed to providing service to newcomers who do not fall within their agencies mandate, like migrant workers. They experience a lot of strain because they don't have the resources necessary to serve this population in addition to their full caseloads. You will hear of service providers going to pick up migrant workers and take them home to help them overcome transportation barriers, or providing outreach after hours because migrant workers don't have time to go to agencies during work hours. However, the higher ups often place restrictions on that because serving migrant workers isn't within the mandate. They can't have already limited resources being spread too thin.*

4. Service Access for Precarious and Non-Status Immigrants

As indicated above, many of the services currently offered in the Guelph-Wellington area are funded specifically to serve immigrants with full status. The limited service mandate of many organizations increases the vulnerability of newcomers who fall into other categories, such as migrant workers and protected persons. A number of steps have been taken elsewhere in Canada in order to overcome the barriers to providing services to a limited segment of the population. This section outlines some of the work being done to address the needs of immigrants without full status, and also those living in rural areas who experience unique barriers to accessing services. These strategies may offer useful ideas that Guelph-Wellington could adopt in order to meet the needs of the most vulnerable segment of the population.

4.1 Access without Fear Policies

On February 21, 2013, Toronto formally implemented an Access without Fear Policy. This policy effectively provides formal sanctuary for non-status and undocumented immigrants (Inner City Health Association (ICHA), 2013). According to Cities of Migration (2013), Toronto city staff have operated under an informal Don't Ask, Don't Tell policy for more than a decade, which enabled them to offer services to non-status and undocumented immigrants without fear of identifying or refusing them. The formalized policy increases service provider freedom to provide all residents with core services. Specifically, this ensures all residents have access to municipally funded programing for education, income support, affordable housing, social assistance, legal services, settlement services and healthcare (Cities of Migration, 2013). This is supported by forbidding municipal staff from inquiring about immigration status, prohibiting staff from sharing citizenship information with Citizenship and Immigration Canada where it is

known, and limiting municipal funds for the use of enforcing federal immigration laws as the Greater Toronto Enforcement Centre has mechanisms for addressing federal immigration matters (No One is Illegal Toronto, 2014). The official Access without Fear policy was implemented in Toronto in the wake of an anticipated rise in the number of temporary foreign workers who will lose their permits under new federal law coming into effect in 2015.

Currently the Access without Fear policy is limited to municipal staff in Toronto, as other service agencies that receive funding from provincial or federal sources do not have the capacity to take such an approach without formal support. In light of this fact, the Toronto City Council has submitted formal requests to the Canadian Federal Government to establish a similar program for undocumented residents. Calls have also been made for the Ontario Provincial Government to provide open access to funded programs (Inner City Health Associates, 2013). According to a letter submitted to the Toronto City Council by ICHA (2013), which is a collection of 60 physicians, psychiatrists and internists who provide healthcare to people experiencing housing instability issues in Toronto, access to healthcare for immigrants without full status in Canada represents a pressing concern. While the mandate of the ICHA allows it to provide care to those in need regardless of documentation, the ICHA claims that its' members frequently treat non-status immigrant patients who have failed to access urgent medical testing and treatment due to an inability to provide proof of provincial or financial medical insurance. Examples such as these confirm the need to provide comprehensive service access regardless of immigration status at all levels, including municipal, provincial and federal.

The literature indicates that Access without Fear policies represent a very promising avenue for enhancing access to services for immigrants without full status. In the wake of the policy's implementation in Toronto, a number of nearby municipalities have also begun

considering its implementation (Cities of Migration, 2013). In February, 2014 the City of Hamilton passed a motion making Hamilton a Sanctuary City for immigrants without full status. This move is in-line with similar changes made in Toronto exactly one year prior. Though this approach represents relatively new grounds for municipalities in Canada, according to Cities of Migration (2014), Toronto and Hamilton join dozens of other cities in the United States and Europe who have already successfully adopted this stance to service access. There are service providers in Guelph-Wellington who actively support the implementation of the Access without Fear policies. A research participant who was interviewed stated that it is a very necessary step:

> *One thing that we really need in Guelph-Wellington is the implementation of an Access without Fear policy, similar to what has been done in Hamilton and Toronto. That would really reduce the problems that are created for those who do not have full status that are not eligible for many settlement services funding by Citizenship and Immigration Canada. It is especially problematic for those who need financial support because there is very little ways to get around that with the current regulations. It would have a huge impact on so many lives if that kind of policy was implemented here.*

4.2 Advocacy Networks

There is clearly much work to be done in order to see that policies like Access without Fear are adopted by other municipalities, and at the provincial and federal levels. A large part of encouraging this action in Toronto has been achieved by the groundswell of support and advocacy provided through networks like Solidarity City Network (Toronto). The Solidarity City Network was established in Toronto in 2012 in order to build on the work of Access without Fear campaigns, No One is Illegal Toronto and the local Don't Ask, Don't Tell coalition. Its main objective is to demand full and immediate status for all in order to create an equal playing field

in terms of access to rights, services and benefits. As the City of Toronto has now adopted an Access without Fear policy the Solidarity City Network now works on an ongoing basis to monitor progress made in order to ensure that the policies become a reality in practice.

The Solidarity City, also referred to as Sanctuary City, is a movement which has developed in reaction to what the Solidarity City Network-Toronto (2015) refers to as unprecedented numbers of people being denied citizenship, resulting in the denial of essential services on a broad scale. The core vision of Solidarity City Networks is to create cohesive and supportive communities where a sense of solidarity is both fostered and defended (Solidarity City Network-Toronto, 2015). Rather than being an isolated network in the City of Toronto, Solidarity City is a movement that has worked in various locations on a global scale seeking to bring migrants, immigrants without full status, service providers and allies together to demand all members of a community have equal access to services, rights and benefits regardless of immigration status (Solidarity City Network-Toronto, 2015). In Hamilton the move to become a Sanctuary City was prompted by ongoing action led by the Hamilton Sanctuary City Coalition. For example in November, 2013 Hamilton Sanctuary City Coalition members held a public forum calling for stakeholders to make Hamilton the second Sanctuary City in Canada (Cities of Migration, 2014).

There have been efforts made to coordinate the Solidarity City movement through endeavors such as Solidarity City conferences. In 2013 a Solidarity City conference was hosted by the organization Solidarity Across Borders in Montreal, Canada. The intent of the conference was to provide a space to share and discuss practical strategies for building and reinforcing the need for accessible services open to all residents, including immigrants without full status (Solidarity Across Borders, 2013). Activities such as this represent an important step in sharing

what is learned in one area in order to inform crucial changes that may be applicable elsewhere. As indicated above, the Solidarity/Sanctuary City movement has made great strides in creating real change in terms of enhancing access to services through pushing for policies that negate the disclosure or necessity of full immigration or refugee status. Where Access without Fear policies have not yet been adopted it appears to be advisable to support or establish a Solidarity/Sanctuary City Coalition in order to bring interested stakeholders together to coordinate meaningful changes.

4.3 Migrant Workers

While many Solidarity Networks work to enhance service access for all immigrants without full status, others have a more specific mandate. This current section highlights approaches specifically taken by various organizations or agencies to enhance service access for agricultural migrant workers. There is a need to adopt a context specific approach for enhancing access to services that considers the unique needs of each target population. The Migrant Worker Solidarity Network (MWSN) (2014) acts in solidarity with migrant workers in Manitoba. This allows for a more localized focus in order to respond to the needs of the most acutely marginalized populations. The current concentration of the MWSN is on the needs of agricultural workers coming to Manitoba from Mexico through the Seasonal Agricultural Worker Program. For example, in 2014 the MWSN ran a campaign targeted at pressuring the Government of Manitoba to extend provincial health care benefits to Mexican migrant workers, including facilitating access to Manitoba Health cards. In addition to enhancing service access, the MWSN seeks to find ways to encourage the social integration of migrant workers, provide social support, lobby decision-makers to improve the living and working conditions of migrant workers and educate the general public about the service needs of migrant workers (MWSN,

2014).

Although most full status immigrants do not choose to settle in rural areas, many temporary migrant workers live in rural areas because they come to provide farm labour support. In Guelph-Wellington, as in elsewhere in Ontario, the agricultural industry has relied heavily upon the work of predominantly Caribbean and Mexican migrant (agricultural) workers for over the past four decades (Preibisch, 2004). According to the New Canadians Centre in Peterborough (2008), each year approximately 17,000 Caribbean and Mexican migrant workers come to Ontario through the Seasonal Agricultural Workers Program. Thus, the needs of newcomers living in rural areas are distinct due to the fact that the bulk of newcomers are migrant workers who have disproportionately less access to services.

Providing more substantive support to migrant workers is essential as research on migrant workers reveals that many reside in Canada for up to eight months of the year (Preibisch, 2004). Migrant workers spend most of their working lives in Canada with careers that often last for several decades. However, this is set to change given new legislation to come into effect in 2015 that prohibits migrant workers from working more than four years in Canada at a time. After this limit is reached, most workers will have to work outside of Canada for at least four years to qualify again (Citizenship and Immigration Canada, 2015). As mentioned briefly, this legislative change is part of the reason why a number of cities in Canada have experienced a growing interest in Access without Fear policies as it is anticipated that many migrant workers will be forced to go underground.

The experiences of migrant workers in adapting to life in Canada is a necessary consideration because the agricultural industry relies on the work of migrant workers in

production, food processing, floricultural, agriculture and other related operations (Preibisch, 2004). However, examining the lives of migrant workers is also important because they are valuable contributors to the social fabric of Canadian society (Walton-Roberts, 2007). Often migrant workers are viewed as a means to improve Canada on a strictly political level. For example, migrant workers are seen in much of the literature as labour force inputs and not as active members of their communities. (Walton-Roberts, 2007).

Existing research indicates that migrant workers experience acute vulnerability due to the fact that they are relatively powerless to collectively fight for greater access to services due to their precarious status in Canada. Further, migrant agricultural work is typically low-paid, which limits the availability of resources (Basok, 2002). Thus, research indicates that migrant workers in particular often accept less than ideal living conditions and a lack of resources or services because they have limited social or economic resources to support any alternative course of action (Bolaria, 1992). Without external support, existing literature finds that many migrant workers are isolated from the host community. This leads to a number of negative consequences including the fact that many interactions with local residents are met with suspicion and distrust due to the fact that migrant workers are not seen as part of the community (Preibisch, 2004). Thus, it is in the best interest of both migrant workers and the cohesion of the community as a whole to enhance access to needed services for migrant workers.

In response to the above issues, a number of organizations have developed approaches to serving migrant workers. For example, in Guelph-Wellington, since 2006, the Occupational Health Clinics for Ontario Workers (OHCOW) has run mobile occupational health clinics for migrant farm workers in various areas, seeing over 500 migrant farm workers clinically, receiving

funding through the prevention stream of the MOL. As part of this work OHCOW has developed occupational health workshops for various communities with over 1000 migrant farm workers having participated. OHCOW also engages in community based collaborations that have pushed forward new initiatives to better serve migrant farm workers in rural communities. The New Canadian Centre in Peterborough, Ontario has developed the *Migrant Farm Workers Project,* which aims to work collaboratively with farmers and migrant workers in the Northumberland County to increase access to health and social services. The project comes as a response to the fact that many of the existing newcomer services are not open to migrant workers. In addition, the structure of programming is often inaccessible because it does not account for the fact that agricultural migrant workers work long hours that do not allow for travel from rural areas to services provided in urban centres. The program seeks to address these issues by facilitating access to services through addressing isolation, transportation barriers, providing needed language translation and building awareness about existing community resources that migrant workers can access (New Canadians Centre, Peterborough, 2008).

Similar efforts have been made to enhance access to services by promoting available services and information for migrant workers. For example, the national union UFCW Canada participated in a health and outreach fair held in Toronto in order to increase access to health services specifically for Asian agricultural migrant workers in Toronto. The fair was held as part of the Asian Migrant Farm Workers' Health Promotion Project. Beyond health services information, UFCW Canada (2015) provided workplace safety and labour rights information to migrant workers who attended the fair. According to UFCW Canada (2015), the fair successfully attracted over 80 Asian agricultural migrants (UFCW Canada, 2015). Outreach is seen as an essential component for enhancing access to services as UFCW Canada (2015) representatives

argue that the Government of Canada and the employers of agricultural migrant workers frequently fail to provide agricultural migrant workers with necessary information. Beyond providing information, the health fair offered health screening services, including tests for cholesterol, blood pressure, and blood sugar levels free of charge.

The Niagara Migrant Workers Interest Group (2010) offers an example of a collective of service providers and stakeholders who have joined together as a result of a shared interest in ensuring the social inclusion of migrant workers in Niagara, including enhancing access to services for migrant workers in order to strengthen the health of the Niagara Region overall. The group is comprised of social, health, educational and legal service providers who have all committed to seeking out ways to create an integrated system of supports for migrant workers who come from mainly Jamaica and Mexico to work in the region. Through its coordinated efforts, the MWIG has successfully implemented a number of tangible changes. For example, member organization, Positive Living Niagara, has helped to provide needed outreach regarding the availability of HIV/AIDS resources and supports through providing meeting space, office supplies and staff time dedicated to projects and outreach initiatives targeted to agricultural migrant workers.

The Agricultural Worker Alliance is also part of the Migrant Workers Interest Group. The AWA opened the first of its migrant workers centres in 1992 in association with UFCW Canada (UFCW Canada, 2015). Ten centres now exist across Canada, including in British Columbia, Manitoba, Ontario and Quebec. Through the centres, AWA have helped tens of thousands of agricultural migrant workers to report unsafe workplaces, and access safe medical treatment and housing. It provides consultation services for legal advice on matters related to repatriation. Their efforts have led to health and safety coverage for agricultural migrant

workers in Ontario, the right for agricultural migrant workers to unionize in Ontario and compensation to some migrant workers who have been unjustly repatriated (UFCW Canada, 2015). According to the Migrant Workers Interest Group (2010), the AWA serves as a hub for disseminating information regarding events hosted for agricultural migrant workers. The centres strive to provide a focal point for enhancing service access. While migrant workers centres provide an example of a hub designed to serve migrant workers, there have also been efforts made to establish a centralized source of information using an online format. The Migrant Workers Health Project (2012), which is funded by the Workplace Safety and Insurance Board of Ontario, has produced a website that contains a collection of information, contacts and resources. The information is intended to be a resource for health practitioners in order to provide more accessible care to agricultural migrant workers. The website offers an alternative to a more costly and intensive centre or hub model (Migrant Workers Health Project, 2012).

With respect to more local initiatives, in Waterloo Region various community groups, including the Working Centre and International Migration Research Centre, have created the Waterloo Region Migrant Workers Interest Group. While relatively new, the mandate of this interest group is to identify the needs of migrant workers and to provide them with support in accessing resources in order to create a more inclusive community (Justice for Migrant Workers, 2012). Existing literature indicates the growing success of collective stakeholder action of this type in enhancing access to services for migrant workers. Additonally, there is also a body of existing research that focuses on the social exclusion experienced by migrant workers in Canada (Basok 2002; Cecil & Ebanks, 1991), Preibisch (2004) providing an alternative analysis based on findings stemming from qualitative research data collected from migrant workers living in Ontario in 2002. This research indicates that there have been small but meaningful changes in

the integration of migrant workers into the larger community in rural areas due to the emergence of community service providers who help to ensure that migrant workers' rights are respected, and who also push for meaningful inclusion of migrant workers through increased access to needed resources.

According to a service provider, there have been a number of initiatives that have resulted in tangible changes for migrant workers. Most notably and as described above the OHCOW, a local organization, started a mobile clinic to go into several communities. Based on emerging patterns in work-related health issues, several workshops were created. Stemming from this initiative, two health centres including Quest Community Health Centre and the Grand River Community Health Centre in Haldimand Norfolk Region were able to implement migrant workers health services (HNHB LHIN, 2014):

In 2006 we started with a mobile clinic to go into the community. We were able to connect with migrant workers by contacting local agencies and churches who had already established relationships with migrant workers. The mobile clinic offers free, confidential medical treatment for work-related health concerns. No health care is needed to access it. The things we were seeing were muscle strain, eye strain and skin irritation. Based on this we began to offer preventative workshops that focused on these concerns. The workshops included things like proper lifting techniques or how to protect your eyes from frequently used chemicals. After that we were connected with two health centres who received special funding from the Ministry of Health and Long-term Care to offer special migrant worker health clinics. The first was Quest Community Health Centre and the second was Grand River Community Health Centre. The funding came as a result of reports prepared collectively by the health centres and community partners like us showing the need. Through this I think that we have been able to create better services for migrant workers in the community

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Migrant worker health services at the community health centres make use of interdisciplinary teams of community-based health care and social service providers. They use a model of care which focuses on providing person-centred care, as discussed above. Through this approach they aim to continuously adapt and improve their ability to use best practices in their services (Quest Community Health Centre, 2015). The Grand River CHC migrant workers health services offer a medical office, pharmacy and grocery store in one centralized location. It also aims to provide culturally appropriate services. The programs at both CHCs are delivered in the languages of the migrant workers and in locations that have been found to be accessible to area migrant agricultural workers. For example, the Grand River Migrant Worker Clinic has a physician who speaks Spanish, as well as three professional translators. The success of initiatives like the ones discussed above provide a framework that may be used in Guelph-Wellington to provide migrant workers with accessible services, including necessary health care.

4.4 Rural Immigrants

As the previous section addresses the experiences of migrant workers who predominantly live in rural areas in the agricultural industry, this section focuses on the experiences of immigrants or refugees with full status. Although there are clearly those who do not fall within any of these categories, it is not feasible given the scope of this report to consider all perspectives within each individual section. However, it should be reiterated that the research indicates that enhancing access to services in rural areas for immigrants without full status will also be tied largely to the adoption of Access without Fear policies, as has been done in both Toronto and Hamilton. Following this move, many of the same strategies for enhancing access to services for immigrants with full status will be useful. Rural areas are defined based upon distance from an urban centre and low population density (Bollman, Beshiri, & Clemenson,

2007). Specifically, rural areas have a population of fewer than 1,000 residents and a density below 400 people per square kilometer. Though there are a number of varieties of rural areas, a majority of the rural areas in Guelph-Wellington are farming communities. Immigrant communities in rural areas are newer compared to those in urban centres. According to Bollman, Beshiri and Clemenson (2007), the majority of landed immigrants living in rural regions in Canada arrived after 1981.

Rural immigrants face unique challenges in accessing services due to a host of factors, including the fact that most services and service providers are located in urban centres. A study conducted by Sanmartin and Ross (2006) found that rural newcomers were significantly more likely than their urban counterparts to report difficulties accessing resources to meet their immediate needs, such as health care. The results demonstrate a need to focus on enhancing access to health care, including primary health care, in rural areas. In a 2007 study, Reimer (2007) outlined key differences that make accessing services especially difficult for rural newcomers; the lack of institutional completeness was among the most prevalent issues. Many rural areas have not developed the infrastructure necessary to support long-term immigrant integration. For example, there is limited access to addictions treatment, employment, dental treatment, language training, health care and other necessary services. A service provider in North Wellington argued that there are significant numbers of Low German-Speaking immigrants who have a particularly difficult time in accessing services.

I facilitate a newcomer program for Low German-Speaking Mennonites. They currently face a lot of barriers in accessing services because of being so isolated in North Wellington. There is no public transportation and no language translation. Although there are interpreters available none speak Low German and that is a huge barrier. There are also stressors that are

unique to the rural context.

Currently less than 5% of new immigrants choose to live in rural areas (Di Biase & Bauder 2004). This has led to increased political interest in the regionalization of immigrants as increased immigration rates to rural areas is now seen as a method to reduce population decline and increase economic development (Walton-Roberts, 2007). Due to this growing concern, the majority of the scholarly literature on newcomers in rural areas focuses on attracting immigrants, rather than providing suitable services (Rose and Desmarais, 2007). This highlights a gap in both research and the practical approaches used to address the needs of immigrants living in rural areas. Moreover, this further underscores the importance of the work being done by the Guelph-Wellington Local Immigration Partnership in enhancing access to services for newcomers.

Prior to discussing approaches to enhancing service access for immigrants living in rural areas, it is important to note that research indicates that there are a significant number of immigrants living in urban centres in Ontario who travel great distances in order to work in rural areas (Leach, Preibisch, Sousa, Leadbetter, & Yates, 2007). This suggests that although there may be certain jobs available in rural areas, particularly for those in professional occupations like physicians, there may be resource needs that make living in rural areas inhospitable for newcomers. For example, immigrants are more likely to settle in locations where programs are available to facilitate integration. To this end, in 2001 the Multicultural Association of Carleton County, New Brunswick established programs designed to attract and retain immigrants in the small community of fewer than 800 residents by providing ESL training within the community (Leach, Preibisch, Sousa, Leadbetter, & Yates, 2007). The above findings indicate that in order to

equalize the population in rural areas, enhancing service access should be a top priority as increased economic growth will not necessarily result in desired population growth.

There are a number of tangible recommendations that can be made with regards to enhancing access to services for immigrants living in rural areas. Wulff, Carter, Vineberg, & Ward (2008) suggest the need to provide coordinated services through both formal and informal partnerships made between rural and urban service providers. This may range from open dialogue to the hub service delivery model discussed above. Partnerships are likely to enhance access to services as rural service providers will be able to provide meaningful recommendations that reduce the barriers associated with navigating complex service systems from outside of an urban environment. For example, where transportation is a concern, partnerships between rural and urban service providers is essential as this may mean a reduced number of visits to urban centres are required where rural service providers can act as a gateway.

Within the past decade more research has been done in rural areas to further explore the complex issue of service access for newcomers in rural areas. In 2007, Zehtab-Martin and Beesley (2007) conducted a qualitative research study in Brandon Manitoba and the surrounding area to produce recommendations for enhancing service access for immigrants based on barriers experienced by the newcomers who were interviewed for the research. Several recommendations emerged from the research, including practical suggestions for coordinating service provision in rural areas with limited funding. For example, it was suggested that service organizations that offer similar programming could coordinate their hours of operation. One organization could open its doors from 9:00 am to 5:00 pm while another could open its doors from 6:00 pm to 10:00 pm to reduce the barriers related to managing

transportation, child care expectations and employment (Rural Development Institute, 2005). Bruce (2007) argues that alongside the provision of services through formal service providers, community leaders should also be educated about the importance of cultural diversity in order to foster a community atmosphere where enhancing access to services for immigrants is seen as a worthwhile and necessary endeavour.

Funding is a large barrier that limits the ability of service providers to work collaboratively. Rural areas are often drastically underfunded with urban areas receiving a disproportionate amount of funding for immigrant-related services. For example, Toronto receives a higher proportion of funding than most other areas of Ontario. While this may seem to make sense due to the fact that it is the most popular destination for new immigrants, research indicates that Toronto continues to attract a declining share of newcomers (Wang & Truelove, 2003). Moreover, nearby areas including Guelph-Wellington are very popular destination regions for secondary migration from Toronto (GWLIP, 2013). Service provision for the influx of secondary migration remains comparatively unacknowledged by service funders.

According to Bruce (2007), the meaningful coordination of services between rural and urban service providers requires core funding for partnership development provided to develop rural social service infrastructure. According to a settlement service provider working in Guelph-Wellington, access to core funding would greatly increase the agencies capacity to plan long-term initiatives:

> *The government needs to reform the way that funding is provided. Core funding needs to be implemented. Right now we receive funding based on the number of clients we serve. If we serve less people we get less funding. That approach really limits our ability to plan programs that go beyond more*

than a few years

Coordination of services is often limited by the internal competition that exists between and among service agencies who frequently apply for the same pockets of program-based funding where core funding is not available. Zehtab-Martin and Beesley (2007) maintain that despite this reality, it is essential for service providers in rural areas to cooperate to provide appropriate services. The lack of cooperation among service providers was noted as a factor that seriously compromised service access by the immigrants and service providers who participated in the research.

In addition to increased cooperation, a number of resources can be used to enhance access to services for rural newcomers. A report commissioned jointly by Citizenship and Immigration Canada and Ontario Administration of Settlement and Immigration services identified alternative service delivery models for remote communities in Northern Ontario. One of the key recommendations outlined in the report was the need to develop an internet-based resource (Citizenship and Immigration Canada, 2003). As indicated above, online resources have the benefit of being accessible to anyone with internet access. This makes this type of resource particularly useful for rural newcomers and service providers working in rural communities who require access to resource information. The Halifax Immigrant Learning Centre and the Metropolitan Immigrant Settlement Association suggested the use of technology to enhance access to services for immigrants living in rural Nova Scotia (Mills & Legault, 2007). The program focused on enhancing access to employment services for rural immigrants. Services formerly delivered in person were reformatted to an online system. For those with limited English literacy skills who are able to understand verbal English, the material was

presented in a video conference format as well. There were a number of drawbacks noted with the online program format, such as the fact that it is difficult for users to receive support where the information is unclear or additional follow-up is needed. Technical difficulties associated with audio delay were also seen as problematic. However, current online technologies do not require sophisticated equipment beyond a computer and internet connection. Where other face-to-face communication methods are limited due to rural location, online systems represent a valuable tool for enhanced service access (Lucas and Riddy 2002).

In March 2005, the Policy Roundtable Mobilizing Professions and Trades released a discussion paper that encouraged a grassroots approach to enhancing service access to immigrants in rural areas. The authors argue that a top-down approach has been unsuccessful due to the fact that it fosters a paternalistic view of newcomers, wherein newcomers are viewed as in need rather than as a necessary part of a tangible solution. In response, the authors argue that newcomers should be seen as partners in the process of enhancing service access through the adoption of a sustainable model of community engagement (Walton-Roberts, 2007). This entails empowering community members to continually access local social, political and economic institutions. A number of other initiatives have led to calls for a sustainable model approach. In 2005 local service agencies in the Region of Waterloo led by Centre for Research and Education in Human Services organized a Skills Summit. The summit brought together multiple stakeholders from the public and private sectors to discuss methods for attracting and retaining immigrants in Waterloo Region. Among the recommendations was the need to recognize immigrants as central actors in the community with important contributions to be made.

The above information draws attention to the role of private businesses in enhancing

access to services for immigrants in rural areas. According to Silvius and Annis (2007), because rural communities have different levels of resources available for new immigrants, service providers should consider collaborating with local businesses in order to enlist their support and cooperation in facilitating access to service provision. This indicates the need to use businesses in outreach strategies as they may have greater access to rural immigrants than service providers who do not have daily contact with immigrants in rural or remote communities. The use of businesses, particularly those owned by members of the immigrant community, will be discussed at greater length in the outreach strategies section below.

4.5 Refugee Claimants

A review of existing services and resources offered in Guelph-Wellington indicates that there may be, at times, certain challenges in accessing discerning legal support for refugee claimants requiring such service. As a result, refugee claimants in the area are often required to go outside of the city to receive support in accessing legal services. Specifically, they may seek support through the Mennonite Coalition for Refugee Support (MCRS) in nearby Kitchener. The Mennonite Coalition for Refugee Support (MCRS) is an organization dedicated to supporting refugee claimants in the Waterloo Region by providing assistance with the refugee claim process, accessing a network of settlement support, building communities of mutual support and advocating for a fair and just environment for refugees in Canada (MCRS, 2014). In addition, MCRS provides an initial welcome package to assist newly arrived individuals and families, if needed.

According to a representative from MCRS, this particular organization has been in existence for 27 years and is primarily financed by church donations, grants and other

fundraising efforts. Given that the MCRS is solely dedicated to working with refugee claimants, no government funding is allotted to the work carried out by the MCRS. According to the representative from MCRS, *"Every year it is a struggle financially"*. Interestingly, last year, the MCRS serviced 100 refugee claimants, 15 of whom were from Guelph. MCRS is open to developing a more collaborative working relationship with service providers in Guelph-Wellington in order to increase legal service access for refugees.

Many people from Guelph come to us (MCRS) for refugee claimant support. Given that Guelph does not have a large refugee claimant community, we would be open to working in partnership with an organization which would want to take this dossier on. We would be willing to come to Guelph to offer training on the specificity of providing support to refugee claimant families. If there are complex legalities which need to be dealt with, we can take that on, as we have done so in the past.

Given the number of refugee claimants supported through the MCRS on a relatively limited budget, MCRS would likely benefit from increased partnership. As indicated above, there are a number of ways that this support could be facilitated. One method would be to hire a peer outreach worker to partner with the MCRS. Having a dedicated outreach worker serving refugee claimants in Guelph-Wellington would decrease the load currently placed on MCRS staff in Kitchener. To this end, a local service provider in Guelph-Wellington noted that there have been some steps taken by MCRS to train a peer outreach worker to assist refugee claimants in Guelph-Wellington.

Although it is not fully outlined yet, the intention is to hire someone who has experience as a refugee to support refugees in Guelph-Wellington. This would be a paid position. That person would then recruit volunteers to support their work. I think that would be a really necessary position and it

would alleviate some of the pressure from MCRS.

One of the main caveats with implementing an ongoing partnering peer outreach worker, or outreach team, is a lack of available core funding for this type of initiative. However, given the need to manage the service access of refugees in order to facilitate a successful settlement process, allocating funding in this regard is likely a necessary and timely measure. Beyond increasing outreach efforts, research indicates the need for trauma-informed service delivery methods in order to enhance access to services for those who have experienced trauma in their country of origin. While this is by no means exclusively necessary for those working with refugees, this group as a whole is particularly likely to have been impacted by traumatic experiences. According to Elliot, Bjeljac, Fallot, Markoff and Reed (2005), trauma-informed services are those that are influenced by an understanding of the impact that experiencing various forms of violence can have on an individual's life. In order to provide adequate trauma-informed services Elliot et al. (2005) emphasize the fact that all service providers must reflect upon how violence impacts the lives of those that they serve. For example, service providers should be able to identify the fact that those experiencing trauma may be mistrustful and fearful of divulging personal information. Additionally, the authors suggest the need to screen and assess potential clients in order to ensure that trauma is identified early in the process of service provision.

The understanding and recognition of trauma on the part of service providers has a definite impact upon the degree to which services are experienced as accessible and applicable. For example, those who experience trauma related symptoms from past victimization face additional barriers to services because they often engage in avoidance behaviours to protect

themselves. Untreated trauma can lead to an inability to seek help for health related issues, in addition to accessing other necessary resources (Brown, 2000). It is imperative that services are consistent with helping to heal trauma, rather than denying or ignoring trauma thereby leading to the possibility of retraumatization. For example, according to Harris and Fallot (2001) many service settings are fraught with everyday practices that may retrigger trauma in certain individuals, such as highly bureaucratic settings where the client may feel disempowered or emotionally vulnerable. A practical approach indicated in research to counteract experiences of disempowerment is integrating service clients into the design, implementation and evaluation of services, which is consistent with the person-centred model of service delivery. This approach facilitates access to services through the creation of services that are felt to be empowering and respectful (Elliot et al., 2005). While this approach has been taken in a number of sectors, such as in the creation of rape crisis centers, it has been largely absent from services geared towards protected persons.

5. Methods for Outreach

Research indicates that one of the best practices for increasing access to services is through community outreach. Baobaid (2010) defines community outreach as the practice of conducting multifaceted and localized public awareness campaigns through directed interaction. The overarching goal of community outreach is to increase awareness and uptake of existing services in order to build a stronger network of support (Baobaid, 2010). The objective of community outreach is to educate a specified segment of the community using appropriate engagement strategies. This statement indicates that there are some strategies that work well for one population that may not be suited to others due to a host of factors. For this reason, it

is important to ensure that the strategies used are tailored to the target audience.

Community outreach is a necessary component to effectively engage underserved populations, such as immigrant and refugee communities (DeChiara, Unruh, Wolff, & Rosen, 2001; Grigg-Saito, Och, Liang, Toof & Silka, 2008). As newcomer communities are not a homogeneous group, targeting these populations requires service providers and connectors to adopt nuanced outreach strategies for the promotion of health and wellness and social services. More specifically these strategies need to be culturally competent in order to ensure that they take into account the cultural norms, beliefs, and traditions of that particular population, and avoid cultural misinformation, such as stereotyping and generalization (Baobaid, 2010). The following outreach strategies discussed seek to offer suggestions that can be used by Guelph-Wellington service providers working with various groups of newcomers. It is evident that many of the outreach strategies discussed in this section have been successfully implemented by the programs and resources discussed above. As such, they offer tangible examples of the strategies in action.

Prior to discussing specific strategies, it is important to emphasize that all outreach strategies must be appropriately tailored, meaning they must address the unique challenges and barriers, and include diverse and informal means of communicating information (Vega, 1992; Ahmad, Shik, Vanza, Cheung, George, & Steward, 2004; Hyman & Guruge, 2002). For example tailored outreach may mean adopting culturally specific ways of learning, such as narrative and song as a conduit for messages (Hyman & Guruge, 2002; Meleis, Lipson, Muecke & Smith, 1998). In addition to being appropriately tailored, outreach strategies must take into account the social determinants of health such as age, gender roles, familial and social networks, family roles, access to resources, employment, language barriers, and experiences of separation and isolation

that affect immigrant and refugee communities.(DeSantis, 1990; Dayler, 1990; Brooks & Tulloch 1992; Fowler, 1998). While there are few systematic reviews of successful outreach strategies in the literature, the following review documents strategies that are currently being used by service providers to reach immigrant and refugee communities (hyman, 2002). The research suggests that utilizing a combination of the following strategies is most effective when promoting the availability of various programs and services on a broad scale (Cousineau, Stevens & Farias, 2011; Gorman, Smith, Cimini, Halloran & Lubiner, 2013).

5.1 Media Outreach

Media outreach includes the use of diverse technologies such as Broadcast, Print, Internet, and Outdoor Media. Its primary application is to disseminate information to large audiences in both a timely and cost effective manner (Gorman et al., 2013). As suggested by Seth Noar (2006), appropriately executed media outreach has proven to be effective in shifting individual and collective "attitudes and behaviours" (Gorman et al., 2013). Therefore targeted media messaging has been a popular and successful means to create awareness of health and wellbeing services (Grigg-Saito et al., 2008; Gorman et al., 2013; Lam, McPhee, Mock, Wong, Doan, Nguyen, & Luong, 2003; Vallejos, Strack & Aronson, 2006). Its successes with engaging immigrant and refugee communities come as a result of its ability to be accessible to individuals who may be isolated due to barriers, such as language or illiteracy. For example, a community health survey (2002) completed by an organization working with Cambodian immigrants, found that 80% of elderly Cambodian participants, many of whom had low literacy skills, consistently watched a local television program; they then leveraged that television station for media-based health promotion on cardio-vascular disease and diabetes (Grigg-Saito et al., 2008).

In order to foster a meaningful connection with immigrant and refugee populations, media messages need to be crafted specifically to address the challenges and barriers they experience, and be able to adapt to changes in the political and social landscapes (Gorman et al., 2013). Additionally, research suggests that the use of field experts and community leaders in the message delivery helps to create credibility for the programming (Gorman et. al., 2013). Limitations of using media outreach include the limited length of messages, and the difficultly associated with creating messaging that reflects the experiences of a heterogeneous population (Gorman et al, 2013).

5.2 Direct Outreach

Direct outreach entails face-to-face or over the phone consultations between outreach workers/service providers and immigrant and refugee communities. This often involves the service provider physically working in the community that he or she wishes to serve, therefore mitigating some of the barriers caused by physical accessibility (Gorman et al., 2013). Alternate forms of direct outreach include, door-to-door outreach, in which the service provider goes door to-door in a selected area to disseminate information, and establishing a hotline (Grigg-Saito et al., 2008; Lam et al., 2003). The Care Van, which began in 2001 through funding from the Canadian Labour Congress, UFCW Canada, the Canadian Office of the United Steel Workers of America, and the Canadian Auto Workers, uses a van to facilitate direct outreach in order to enhance the rights of migrant agricultural workers by offering informational and practical resources (Preibisch, 2004). It is often difficult for service providers to conduct sustained intensive direct outreach strategies as it is very time consuming. The Care Van may be an option to consider for future programming in Guelph-Wellington.

5.3 Peer Outreach/ Peer Advisory Groups

Peer support groups are beneficial as they allow individuals with similar lived-experience to share information regarding practical methods for overcoming challenges and barriers. In addition, they are conducive to the creation of trusting relationships and social networks (Grigg-Saito et al., 2008; Fowler, 1998). Peer outreach has been utilized in more formalized positions such as the hiring of peer outreach workers by various service agencies. Outreach workers are often transient, and as outsiders to the community they may lack necessary language skills and cultural competencies. Peer outreach workers, both trained peers and lay workers, are members of the community which allows them to overcome these barriers without undue time constraints (Lynham, 1985; Thompson, 1987; Planned Parenthood Society of Hamilton, 1992; Lam et al., 2003; White, Garces, Bandura, McGuire & Scarinci, 2012). It is common for service providers to formalize peer outreach worker programs, and host "train the trainer" workshops that teach community members to facilitate educational workshops and engage in information dissemination (Nakyonyi, 1993).

This is noted as a successful strategy in existing literature, as peer outreach volunteers have been able to disseminate information and resources to individuals who had previously refused such information (Gorman et al., 2013; Nakyonyi, 1993). Providers have used peer outreach workers and lay health workers who are members of the targeted community, with great success (Gorman, et al., 2013; Nakyonyi, 1993). This is a very important consideration for those who are planning direct outreach as part of an overall outreach strategy. The *Strengthening Mental Health in Cultural- Linguistic Communities* is a program that provides a tangible example of peer outreach strategies. The two-year project operated in Waterloo Region based on funding provided by the Ontario Trillium Foundation (September 30, 2010 -

September 30, 2012). The overall aim was to build bridges within the community and various mental health organizations and services. Seven Intercultural Mental Health Navigators were hired from seven cultural-linguistic communities at the beginning of the project and were hosted by different agencies, including the Kitchener Downtown Community Health Centre, MOSAIC Counselling Services (now called Carizon), KW Counselling Services and CMHA. The peer navigators provided one-to-one peer help, including referrals to mental health and other services to culturally diverse communities to help them access mental health services and programs. The project evaluation indicates that the project was highly successful in positively impacting the lives of the clients in terms of simplifying the process of accessing mental health services and supports (Ginette Lafreniere, August 31, 2012).

The *Community Connector Initiative* (CCI) that is currently being developed by the Guelph Neighbourhood Support Coalition (GHNSC) and supported by the GWLIP (GWLIP, 2014) also takes on the peer outreach approach. The CCI is designed to offer training to those in the community who wish to graciously offer necessary flexible and informal support, information, and friendship. Though the program is still in the development phase, it appears to hold great promise. Community connectors may be able to complement existing services provided through Immigration Partnership. For example, following a service referral, community connectors may be able to accompany newcomers to access needed forms or resources in a new or unknown location, thereby reducing barriers caused by language differences and other frequently experienced concerns.

Research indicates that engaging community leaders in outreach is a vital part of

planning and executing any strategy (Education Development Center, Inc., 2011). This strategy is considered distinct from peer outreach as there are different methods indicated for the inclusion of community elders. For example, the creation of an elders' council or peer advisory group may be considered. Elders' councils or community advisory groups are heralded as a bridge to the local community. As advisors, they can leverage their familial and social connections to recruit for programing or provide referrals to services. In addition, advisory groups can act as a cultural translator between service providers and immigrant and refugee communities therefore ensuring the targeted messaging is culturally competent and relevant (Grigg-Saito et al., 2008; Education Development Center, Inc., 2011). This strategy may be useful where service providers wish to increase the perception of responsiveness to immigrant and refugee service users through their outreach activities. Advisory groups are a useful approach where leaders in the community wish to participate in increasing access to services, but do not have the time available for ongoing peer outreach.

5.4 Business Outreach

Business outreach involves service providers approaching local businesses that are owned or frequented by individuals from immigrant and refugee communities in order to establish working relationships. Service providers informally educate the business owner, and provide him or her with print media and other resources to share with their clientele. As the business owner is a permanent part of the community, he or she will be able to disseminate information over a sustained period of time, and in a manner that is cogent with community values (Grigg-Saito et al., 2008). Research suggests that this type of informal relationship building with local enterprises allows for added flexibility and influence, as the service provider can engage with the community outside of traditional working hours (Grigg-Saito et al., 2008).

Some providers also use businesses as a site of non-traditional recruitment; for example leveraging a single occupancy hotel to provided HIV testing. (Gaiter, Johnson, Taylor, Thadiparthi, Duncan- Alexander, Lemon, & Prather, 2013).

5.5 Educational Groups/Workshops

Educational group/workshops are information sessions structured in a classroom format. A service provider facilitates group learning through an established lesson plan, and other educational activities such as discussions and guest speakers (Grigg- Saito et al., 2008). This type of outreach is most commonly housed at local agencies such as ESL programs, churches, schools and private residences that are non-threatening, commonly attended and easily accessible to the community (Grigg- Saito et al., 2008; Nakyonyi, 1993). Educational Groups should be tailored to the specific population that the service provider wishes to address; participants can be grouped by shared aspects of their identity such as gender, age, employment, or tribe (Nakyonyi, 1993). The research suggests that small groups of 20-40 people, held for a short period of time, are most effective as it is easier to encourage participation and keep the group interested in the information being presented (Nakyonyi, 1993). Additionally hosting small group sessions allows for recruitment to be accomplished through word of mouth. This fosters a safer non-intimidating environment because participants are then familiar with one another (Nakyonyi, 1993). For larger groups, it is recommended that the workshop is used as a component of a larger community event or as a form of entertainment (Nakyonyi, 1993). Additional recommendations include serving refreshments, hosting sessions at convenient times, and adapting sessions to current issues that participants may wish to address (Nakyonyi, 1993).

The *Celebrating Diversity Parental Involvement Workshops* offer an example of educational workshops. The workshops were part of a project run by the University of Waterloo in collaboration with two non-profit community agencies in the Region of Waterloo, World Wide Opportunities for Women and the African Women's Alliance from 2011-2014. The workshops stemmed from a focus group with African immigrants and refugees who stated a need for additional information on how to manage parenting concerns. In order to reach the often isolated population, the workshops were held in adult ESL classrooms in Kitchener during lunch hour in order to avoid the need for additional child care for those with young children. The eight week workshop series offered parents a chance to learn information about managing various parenting concerns, and about the availability of resources that parents can access. The workshops were able to provide a supportive environment in which to discuss parenting issues. The duration of the program allowed participants to develop trusting relationships with other participants and the facilitators (Celebrating Diversity, 2012). Each workshop contained between 8-25 participants in order to allow for in-depth discussion of the issues that were presented.

5.6 Learning Tours

Dorcas Grigg-Saito and colleagues (2008) state that "learning tours are the initial bridge to the unknown places stigmatized by word of mouth in the community". This form of outreach involves service providers hosting a tour to local services such as clinics, and police services in order to familiarize participants with services that they are reluctant to use or entirely unaware of. Services providers can then provide information, including dispelling myths and mitigating stigma or fear about accessing care (Grigg-Saito et al., 2008). Silvius and Annis (2005) confirm

that encouraging exploratory visits facilitated through learning tours can help to build upon positive personal experiences. Sites for learning tours can include educational or social venues that can contribute to overall improvement of health and wellbeing. For example, one program took Cambodian immigrants who were farmers in their country of origin to local farms. This component of the program was well liked by the participants as they were given a chance to engage in farming activities in coordination with learning information about dietary choices and their connection to illness (Grigg-Saito et al., 2008). This type of outreach strategy can be used with other outreach strategies as discussed above, including promoting the availability of learning tours through direct outreach or media outreach.

5.7 Faith-based Outreach

The research notes that religious practice is commonly conceptualized as a component of preventive health practices and general wellbeing among newcomers (Grigg-Saito et al., 2008). Religion is an integral part of many individuals' world-view. As such, collaboration with faith-based groups, local churches and temples can be an effective outreach strategy for increasing usage of existing support services and resources (Grigg-Saito et al., 2008). Additionally, religious leaders are often seen (but not always) as trusted and credible figures in the community. Through this role they can often assist in fostering positive relationships between service providers, and hard-to-reach populations (Grigg-Saito et al., 2008). Outreach facilitated through faith-based organizations can include brief announcements made prior to a service about the availability of a new program or service. It may also include providing a space for printed advertisements where faith/religious services take place. In practice this approach has been taken on by the Free Reformed Church of Vineland in Niagara Region and Project El Sembrador in Simcoe County (Preibisch, 2004). Among other initiatives Project El Sembrador

hires transportation to allow Spanish-speaking agricultural migrant workers to attend mass and other planned religious events. However, in addition to religiously geared events the project facilitates access to services and resources by providing translation and personal assistance with navigating systems such as counselling services. It also provides bicycles to enhance the independence of migrant workers alongside bicycle safety training.

5.8 Collaborative Provider Outreach

Collaboration between service providers is a key outreach strategy as immigrant and refugees may access one service or resource prior to another (Gorman et al., 2013). Moreover leveraging outlets like government and educational services that currently provide services to targeted population(s) can allow for the dissemination of information to a larger population base than one organization can accomplish in isolation (Gorman et al., 2013). The literature provides a successful example of this type of collaboration, as the *Supplemental Nutrition Assistance Program* (SNAP) was able to disseminate information about their programing to 20,000 recipients through a one-time mailing initiative through the Department of Labour & Training (Gorman et al., 2013). In addition to facilitating access to hard-to-reach populations, collaboration can be reciprocal in that organizations can provide recommendations to others on how to address gaps and barriers in services, and provide referrals to resources that are outside of their mandate (Grigg-Saito et al., 2008). Provider outreach can also look like cross-organization training. Service providers may be hesitant to collaborate or provide referrals to another organization if there is an absence of accurate and accessible information. Training can mitigate this barrier, by giving providers the tools to confidently access or refer a resource (Gorman et al., 2013). Training should be targeted to agencies based on their engagement with immigrants and refugees, and include relevant information on cultural competency and

sensitivity (Gorman et al., 2013).

5.9 Special Events/Fairs

Special events hosted in the community such as cultural festivals, fairs, or symposiums are venues in which service providers can disseminate information, and create awareness around resources they provide. As people frequently attend these events with familial and social networks it can be an effective means to communicate to a large and diverse group of individuals (Grigg-Saito et al., 2008; Vallejos et al., 2006). However, the literature suggests that some providers find that addressing serious health and social issues in a public forum may be inappropriate for certain communities. For example, following a poorly attended forum organized for the African community on HIV/AIDS, the evaluation of the event revealed that many individuals in the targeted community did not find HIV/AIDS a priority. The service providers discovered that daily survival, and recovery from trauma related to immigration were the main priorities for the African community. Moreover cultural barriers such as homophobia, strict gender roles, inter-generational miscommunication and general discomfort around talking about this type of health issue prevented people from participating (Nakyonyi, 2013). As such, informational fairs and events should be used with caution as they are likely to draw in low attendance where the issues addressed are felt to be private.

5.10 School/Youth Led Outreach

The research indicates that children of immigrant and refugee families can influence the attitudes and behaviours of their parents thus leading to an increase in school-based outreach strategies (Cousineau et al., 2011). It has been found that immigrant families use their children as a resource for information, and as cultural and linguistic translators. While this is not

necessarily positive, it nevertheless remains a reality for many families. Children are formally educated on various health and social issues through the education system, and then informally relay this information to their parents at home (Ahmad et al., 2004). Beyond informal reliance on youth, it is noted in research that service providers have leveraged students as direct outreach workers. Due to their flexible schedules, hiring undergraduate students allows for outreach to be conducted at a range of community sites outside of traditional work hours. The limitations of using students are their transient nature, and the need for their schedules to be frequently modified based on school commitments (Gorman et al., 2013).

A number of service providers have also begun to make information available in a school setting. A service provider who works in Guelph-Wellington argued that schools are a key site for outreach because they are one of the first places newcomers with children access.

> *Schools are a key place for outreach. That's because putting your kids in school is one of the first things that gets up and running. By making services or information available through schools, parents are able to access a range of resources of information in a place that they already know about.*

According to the research participant, schools may offer untapped resources for some service providers, and formal partnerships may also be a possibility.

6. Gendered Differences in Access to Programs/Services

As women in general are a traditionally vulnerable group, the impact of issues that negatively affect access to services can be exacerbated for women who are immigrants, refugees or have precarious status. Changes in family roles, social supports, access to resources,

gender role socialization, and work environments, including the burden of unpaid labour, need to be addressed by health and well-being service providers outreaching to women (Fowler, 1998). The research confirms that immigrant women in particular, find it more difficult to establish an income source and social networks, and experience increased isolation due to a lack of language proficiency and other barriers (Hattar-Pollara & Meleis, 1995; mi, 1998; Meadows et. al., 2001; Meleis et al, 1998). Service providers must then adapt their outreach strategies to adjust to the specific needs of this sub-group. Specific barriers impacting access to services and the success of outreach strategies are discussed below.

6.1 Collectivist Frameworks

The literature indicates that immigrant and refugee women may experience barriers to accessing health and social services as a result of the differences in health frameworks in Western nations compared to other countries. Immigrant and refugee women coming from non-Western nations often define health and wellbeing in relationship to their ability to function; therefore physical and mental health is viewed in a holistic manner (Meadows et al, 2001). This functionality is centred on their ability to be a resource and maintain the wellbeing of their familial networks. This family-centered approach to health and wellbeing means that the wellbeing of the family unit is often the primary focus of immigrant and refugee women, and mediates their attitudes and behaviours towards accessing resources that are personally needed (Meadows et al., 2001). For example in a study conducted with immigrant women from China and India, the researchers found that participant's health beliefs and motivations were informed by their children. Women from both ethnic groups amalgamated their health

concerns with their children's, and in turn concerns about their children's health motivated them to access resources, for both themselves and their families (Ahmad et al. 2004).

Herein lies the difficulty in creating resource/service accessibility for immigrant women as the primary framework of western service provision relies on an individualistic framework (Baobaid, 2010). Immigrant women often exist within a collectivist framework that is not cogent with individualist resource/service promotion messages (Ahmad et al., 2004). Ambiguity between individual and family health, and cultural gender hierarchies may lead to immigrant women ignoring their own health issues, and conceptualize obtaining outside support as culturally inappropriate (Ahmad et al., 2004; Baobaid, 2010). In addition to a collectivist world view, many immigrant women are unlikely to define non-physical aspects of health outside of context of their everyday activities (Walters, 1993). Therefore engaging immigrant and refugee women in health maintenance practices may need to take the form of domestic labour, faith-based, or family oriented activities that incorporate a collectivist worldview, and a holistic health framework (Meadows et al., 2001). These strategies will increase the likelihood of program/resource uptake.

6.2 Re-Attainment of Social Status

Immigration can result in loss of social and familial networks. While immigrant and refugee women often maintain some familial ties in the country of emigration, it is often necessary for them to find new social supports. The re-creation of these networks is important in the facilitation of both understanding and expressing specific health concerns; in particular sensitive health concerns, which may isolate immigrant women due to shame or fear (Meadows et al., 2001). Connections with individuals who act as friends, colleagues or health providers

allows for both the facilitation of understanding, but also allows immigrant women a platform to express needs that they may feel uncomfortable sharing with their immediate family members (Meadows et al., 2001).

While one of the primary concerns for immigrant and refugee women is the loss of extended family, they can experience a series of barriers while trying to establish new support networks, and social status. Language and literacy are commonly noted as barriers for non-English speakers, and can prevent immigrant women from regaining their social status (Meadows et al., 2001). In additiona many women immigrate to Canada due to employment or residency of their spouse. Therefore they are often financially reliant on male counterparts, and socially isolated as they do not maintain the developed social networks and employment as their spouses do upon arrival (Meadows et al., 2001). While many immigrant women have held a position of status in their native country due to educational attainment and employment, they now experience isolation and financial insecurity as they are unable to find work in Canada. This may be due in part to language barriers, but also to the fact that their education is not recognized (Meadows et al., 2001). A number of women need additional language proficiency support and assistance in attaining education to find employment (Meadows et al., 2001). It is important to recognize immigrant and refugee women's unpaid labour. These women are often the sole provider of child care, and other family responsibilities (Fowler, 1998; Meleis et al., 1998). Obliging them to mitigate the challenges of settlement for a collective of individuals, and take on multiple roles is rendered difficult. This in turn leaves little temporal or physical means to access resources such as English as a Second Language (ESL) classes or practice preventative health measures such as self-care (Fowler, 1998; Ahmad et al., 2004). As a result, in order to facilitate outreach and service accessibility childcare should be a primary focus for service

providers and outreach workers.

6.3 Stigma

Other gendered aspects limiting the success of service outreach are culturally based, in that gender-related conflict can be created around changing roles and behaviours through the accumulation of western values. For some women who chose to adopt western gender roles these conflicts are with their male partner who may be unsupportive of western values. However, for those who prefer to not adopt western values, conflict can arise with children who may increasingly hold conflicting views (Meadows et al., 2001). In addition to conflict over gender roles, when immigrant and refugee women experience gendered violence they may lack the ability to access intervention services that support women in crisis (Fowler, 1998). According to a service provider in North Wellington, the lack of available translators makes accessing services very difficult for newcomers in the Low-German speaking Mennonite community to report gendered violence.

> *When women in the Low-German speaking Mennonite community go to see the doctor they cannot report domestic violence very easily because there are no physicians that speak Low-German in the area and we have no translators either. That means that a woman has to bring someone with her and often that is a member of her husband's family like a sister-in-law. How is a woman supposed to report domestic violence in front of her sister-in-law? Many women are afraid that what they say will get back to their husband or someone else in the community.*

Language barriers and taboos around reporting domestic violence can make immigrant women particularly vulnerable as they may choose not to speak up about concerns for fear of stigma, dishonoring their family, shame, fear, or the threat or perceived threat of violence. For

immigrant and refugee women living in high risk situations, such as being undocumented, being the victim of domestic violence, and isolated from social networks, obtaining information about health or accessing services may result in consequences that endanger themselves and their families (Fowler, 1998). Others may have distrust of health service providers. For example, according to Chablani & Spinney (2011), research indicates that young immigrant and refugee mothers may be unwilling to have service providers' work with their children because of a fear that their children will be taken away (Chablani & Spinney, 2011). This is where learning tours may be particularly helpful for dispelling myths and alleviating fears.

6.4 Cultural Competency

Many immigrants and refugees have contact with at least one organization upon arrival to Canada, many of which are related to the acquisition of English as a second language (Meadows et al., 2001). This does not necessarily remove barriers to accessing other services, as immigrant and refugee women have often had limited exposure to institutional services. Many are more familiar with obtaining culturally applicable service information from informal networks such as friends and family (Ahmad et al., 2004). This indicates that need to make use of peer outreach, as members of the community may be more trusted by immigrant and refugee women in particular.

7. Summary and Recommendations

The above discussion makes clear that newcomers experience a unique set of barriers to accessing services. Services and resources may be inaccessible for those who do not have full immigration status and for those in rural areas; outreach strategies may be culturally irrelevant

or inappropriate; and service providers may fail to understand the framework or worldview in which newcomers are rooted (Ahmad et al., 2004; Meleis et al., 1998). In combination with the burden of multiple roles, financial insecurity, lack of transportation and understanding or trust of the system, access in a timely manner which is necessary for intervention can be unmanageable (Ahmad et.al, 2004). Therefore the following recommendations are offered to the Access to Services Committee in a spirit of reflection; that is, the recommendations are designed simply to inform and stimulate conversation and debate amongst committee members in order to make discerning decisions moving forward relative to where energies should be invested. The recommendations offer both broad and specific suggestions that range from requiring short to long-term planning. Rather than being seen as conflicting, the recommendations provided below offer options that may be complementary in many respects.

Service Delivery Models and Resources:

- Develop a long-term strategy that will best meet the needs of the growing newcomer communities in Guelph-Wellington, such as working towards the development of a community hub or person centred model for newcomer service delivery.
- Build support for formal partnerships between agencies that have similar or complementary service goals based on the framework used by the *Promise of Partnership* Program.
- Consider developing additional multiple service programs, such as those offered by the Welcome in Drop-in Centre and Shelldale Centre, specifically for newcomers.
- Reduce competition through seeking core program funding that is not dependent upon the number of clients served on a year-to-year basis.

- Engage in dialogue with the Mennonite Coalition for Refugee Support in order to develop enhanced access to legal services for refugee claimants locally in Guelph-Wellington.
- Encourage service providers to test and adopt the training modules and resources developed by the *Building Local Information Support for Ontario Newcomers* project hosted by InformOntario where they are deemed to be useful and applicable.

Enhancing Access to Services for Immigrants without Full Status and Rural Newcomers:

- Advocate for the adoption and implementation of the Access without Fear policy in Guelph-Wellington.
- Provide support for advocacy networks in order to encourage adoption of the Access without Fear Policy.
- Provide enhanced access to services for agricultural migrant workers in Guelph-Wellington by creating specific multiple service programs, such as the health services programs offered by Grand River Community Health Centre (Brantford) and Quest Community Health Centre (St. Catherines).
- Ensure attention to trauma informed services is on service provider radars and that access to training in this area is a priority.
- Enhance access to services for rural newcomers by supporting additional transportation and translation services in isolated communities.
- Encourage rural service providers to make use of online tools for service delivery, such as web directories, where applicable.
- Provide space for rural and urban settlement service providers to communicate with

each other on a regular basis.

Increasing Service Access through Outreach:

- Include outreach within the local cultural community, offering extended hours for services, and the provision of childcare to support outreach.
- Provide female only spaces for certain types of programming; ensure the availability of female identified practitioners, and the inclusion of material focused on issues predominantly experienced by women, such as gendered violence.
- Provide interventions that support family, faith, and domestic labour activities as well as interventions that allow women to discuss taboo health issues (i.e. sexual health or domestic violence) without endangering their safety or the safety of their families.
- Assist newcomers in building social networks though the use of peer supports, such as the support that may be offered through the *Community Connector's Initiative.*
- Service access must be informed by newcomers. This can include their involvement in the planning and delivery of programming as part of an advisory group outreach strategy.
- Adopt meaningful and authentic hiring strategies in order to ensure diversified human resources within health and social service agencies in the Guelph-Wellington area.
- Encourage ongoing university-community collaboration to ensure that evidence-based approaches are used in efforts in enhance service access for newcomers.

8. Appendices

8.1 Appendix A: Resources and Program Links

Access without Fear, Toronto
http://toronto.nooneisillegal.org/dadt
http://citiesofmigration.ca/good_idea/access-without-fear-building-a-city-of-sanctuary/

Agriculture Workers Alliance, UFCW Canada
http://www.ufcw.ca/?option=com_content&view=article&id=2009&Itemid=198&lang=en

Asian Migrant Farm Workers' Health Promotion Project
http://amfw.acas.org/

Building Local Information Support for Ontario Newcomers (InformOntario)
http://learning.informontario.on.ca/

Celebrating Diversity in Waterloo Region: African Community Members Inter-Act with Public Institutions
http://celebratingdiversitywr.uwaterloo.ca/

Community Connector Initiative
http://guelphwellingtonlip.ca/community-connector-initiative-has-a-new-home/

Community First: PR Hub Project
http://www.carleton.ca/communityfirst/poverty-reduction-projects/

Hamilton Sanctuary City Coalition, Hamilton
http://www.hamiltonjustice.ca/blog/?post=The+Hamilton+Sanctuary+City+Coalition&id=249

Immigrant Skills Summit, Waterloo Region
http://www.communitybasedresearch.ca/Project/view/id/1468.html

Library Settlement Partnerships
http://www.cic.gc.ca/english/department/partner/bpss/lsp.asp

Migrant Worker Solidary Network, Manitoba
http://www.mwsn.ca/

Neighbourhood Hub, Brantford
http://www.brantford.ca/RESIDENTS/SUPPORT_SERVICES/BUILDINGCOMMUNITY/PROJECTSINITIATIVES/NEIGHBOURHOODS/Pages/NeighbourhoodHubs.aspx

Mennonite Coalition for Refugee Services, Waterloo Region

https://www.mcrs.ca/

Metropolitan Immigrant Settlement Association, Nova Scotia
http://www.isans.ca/

Migrant Agricultural Worker Health Services (St. Catherines and Brantford)
http://yourlegalrights.on.ca/news/new-funding-migrant-agricultural-worker-health-services-st-catharines-and-brantford

Migrant Farm Workers Project-New Canadians Centre, Peterborough
http://www.nccpeterborough.ca/?page_id=1969

Migrant Workers Support Centre, UFWC Canada
http://www.ufcw.ca/index.php?option=com_content&view=article&id=387&Itemid=6&lang=en

No Wrong Door Approach
http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&sqi=2&ved=0CB0QFjAA&url=http%3A%2F%2Fcommunitydoor.org.au%2Fsites%2Fdefault%2Ffiles%2FNo%2520wrong%2520door%2520FAQs.pdf&ei=bu4GVbX9LNe7ogTAuYC4AQ&usg=AFQjCNHfVD3-etggWTR8AsUDK_YwAtKp5w&bvm=bv.88198703,d.cGU&cad=rja

Onward Willow Better Beginnings Better Futures (Shelldale Centre), Guelph
http://www.onwardwillowbetterbeginnings.ca/

Project El Sembrador
http://www.stjohnchrysostom.on.ca/el_sembrador.htm

Promise of Partnership, Kitchener
http://www.carizon.ca/counselling/refugees-newcomers/

Solidarity across Borders, Montreal
http://www.solidarityacrossborders.org/

Solidarity City, Toronto
http://solidaritycity.net/

Strengthening Mental Health in Cultural- Linguistic Communities
http://www.communitybasedresearch.ca/takingcultureseriouslyCURA/node/169

Sudbury Best Start Hubs
http://sudburybeststart.ca/hubs/

Supplemental Nutrition Assistance Program (SNAP)
http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

Trauma Informed Care
http://www.traumainformedcareproject.org/

Waterloo Region Migrant Workers Interest Group
http://j4mw.tumblr.com/post/17700928869/waterloo-region-migrant-workers-interest-group

Welcome In Drop-In Centre, Guelph
http://www.ibvm.ca/works/justice/welcome-drop-in

Wraparound Initiatives in Ontario
http://www.wrapcanada.org/html/provinces/ont.html

References

Ahmad, F., Shik, A., Vanza, R., Cheung, A., George, U., & Stewart, D.E. (2004). Popular health promotion strategies among Chinese and East Indian immigrant women. *Women & Health, 40*(1), 21-40.

Baobaid, M. (2010). Guidelines for Service Providers: Outreach Strategies for Family Violence Intervention with Immigrant and Minority Communities Lessons Learned from the Muslim Family Safety Project (MFSP). Changing Ways. London, ON.

Basok, T. (2002). *Tortillas and tomatoes.* Montreal: McGill-Queens University Press.

Bolaria, B. (1992). Farm labour, work conditions, and health risks. In *Rural sociology in Canada.* Toronto: Oxford University Press.

Bollman, R.D., Beshiri, R. & Clemenson, H. (2007). Immigrants to rural Canada. *Our Diverse Cities*, 3.

Brooks D, Tulloch A. A community-based needs assessment of settlement and integration services in Hamilton–Wentworth. A discussion paper and recommendations. Hamilton: The Social Planning and Research Council of Hamilton and District; 1992.

Brown, P.J. (2000). Outcome in female patients with both substance use and posttraumatic-stress disorders. *Alcoholism Treatment Quarterly*, 18(3), 127–139.

Canadian Council for Refugees. (2015). Refugees. Retrieved from http://ccrweb.ca/en/migrant-workers.

Cecil, R., & Ebanks, G.E. (1991). The human condition of West Indian migrant farm labour in southwestem Ontario. *International Migration*, 29(3), 389-404.

Celebrating Diversity. (2011). Celebrating Diversity in Waterloo Region. Retrieved from http://celebratingdiversitywr.uwaterloo.ca/.

Centre for Research and Education in Human Services. (2005). Employer Initiatives: A Discussion Paper of the Employer Initiatives Pre-Summit Task Group. Retrieved fromhttp://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CB0QFjAA&url=http%3A%2F%2Fwww.communitybasedresearch.ca%2Fresources%2Fcrehs.on.ca%2Fdownloads%2FEmployer%2520Initiatives%2520Discussion%2520Paper.pdf&ei=ufT1VMP0K8WxyQT754KoDQ&usg=AFQjCNFWynoram7dqZ5uiE3Op5QdxGq9Ug&bvm=bv.87269000,d.aWw.

Chablani, A., Spinney, E.R. (2011). Engaging high-risk young mothers into effective programming: The importance of relationships and relentlessness. *Journal of Family Social Work, 14,* 369-383.

Cities of Migration. (2014). Hamilton-The Latest Sanctuary City. Retrieved from http://citiesofmigration.ca/ezine_stories/hamilton-the-latest-sanctuary-city/.

Cities of Migration. (2013). Access Without Fear: Building a City of Sanctuary. Retrieved from http://citiesofmigration.ca/good_idea/access-without-fear-building-a-city-of-sanctuary/.

Citizenship and Immigration Canada. (2014). Four Year Maximum-Work in Canada. Retrieved from http://www.cic.gc.ca/english/work/apply-who-eligible/four-year-maximum.asp.

Citizenship and Immigration Canada. (2012). Refugee Status from Inside Canada. Retrieved from http://www.cic.gc.ca/english/refugees/inside/apply-who.asp.

Citizenship and Immigration Canada. (2003). Metropolis Conversation Series 9, Regionalization of Immigration. Retrieved from www.canada.metropolis.net.

Citizenship and Immigration Canada. (n.d.). Local Immigration Partnerships Handbook. Retrieved from http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0CCwQFjAC&url=http%3A%2F%2Ftamarackcommunity.ca%2Fdownloads%2Findex%2FLocal-Immigration-Partnerships-Handbook.pdf&ei=GBL2VPG8FpKPyAS-woDYDQ&usg=AFQjCNEubcPQSRSJfd8lIrtLIMGuCrhnvw&cad=rja.

City of Brantford. (2015). Neighbourhood Hubs. Retrieved from http://www.brantford.ca/ RESIDENTS/SUPPORT_ SERVICES/ BUILDING COMMUNITY /PROJECTSINITIATIVES /NEIGHBOURHOODS /Pages/NeighbourhoodHubs.aspx.

Community Development Council Durham. (2010). Towards an Integrated Service Delivery System in Durham Region. Retrieved from http://www.cdcd.org/cms_lib/Towards%20an%20Integrated %20Im migrant%20Service%20Delivery%20System%20-%20CDCD%20Aug%202010.pdf.

Cousineau, M.R., Stevens, G.D., Farias, G. (2011). Measuring the impact of outreach and enrollment strategies for public health insurance in California. *Health Services Research, 46(1)*, 319-335.

Curie, C., Minkoff, K., Hutchings, G., & Cline, C. (2005). Strategic Implementation of Systems Change for Individuals with Mental Health and Substance Use Disorders. *Journal of Dual Diagnosis,* 1(4), 75-96.

Dayler L. Multicultural health care needs study. Hamilton: Hamilton–Went- worth District Health Council; 1990.

DeChiara, M., Unruh, E., Wolff, T., & Rosen, A. (2001). Outreach works: Strategies for expanding health access in communities. Amherst, MA: Merrimack Valley Area Health Education Center/Community Partners.

De Santis G. Diverse racial and cultural groups' access to the social service system. Hamil- ton: The Social Planning and Research Council of Hamilton and District; 1990

Di Biase, T., and H. Bauder, (2004). "Immigrants in Ontario: Linking Spatial Settlement Patterns and Labour Force Characteristics." Working Paper, University of Guelph.

Education Development Center, Inc. (2011) Strategies for Engaging Immigrant and Refugee Families.

Elliot, D., Bjelajac, P., Fallot, R., Markoff, L., & Reed, B.G. (2005). Trauma-Informed or Trauma-Denied: Principles and Implementation of Trauma-Informed Services for Women. *Journal of Community Psychology,* 33(4), 461-477.

Fowler, N. (1998). Providing primary healthcare to immigrants and refugees: The North Hamilton experience. *Canadian Medical Association Journal, 159*(4), 388-381.

Gaiter, J.L., Johnson, W.D., Taylor, E., Thadiparthi, S., Duncan-Alexander, T., Lemon, C.,… Prather, C. (2013). Sisters empower, sisters aware: Three strategies to recruit African American women for HIV testing. *AIDS Education and Prevention, 25*(3), 190-202.

Guelph-Wellington Local Immigration Partnership. (2014). The Community Connector Initiative Has a New Home. Retrieved from http://guelphwellingtonlip.ca/community-connector-initiative-has-a-new-home/.

Guelph-Wellington Local Immigration Partnership. (2013). Progress Report 2013. Retrieved from http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB8QFjAA&url=http%3A%2F%2Fcommunitydata.ca%2Fsites%2Fdefault%2Ffiles%2FLIP-Progress-Report-2013-21.pdf&ei=8RrtVKijMI73yQSK7IKQCw&usg=AFQjCNGqBbrifv6qq6r MC6Wpkt5c_AqKnA&sig2=V2WRDKAFQkHMalblzFr_Q&bvm=bv.86475890,d.aWw.

Gorman, K.S., Smith, A.M., Cimini, M.E., Halloran, K.M., & Lubiner, A.G. (2013). Reaching the hard to reach: Lessons learned from a statewide outreach initiative. *Journal of Community Practice, 21,* 105-123.

Government of Canada. (2014). For New Immigrants. Retrieved from http://www.cic.gc.ca/english/residents/new_immigrants.asp.

Graeber, D. (2006). Dead zones of the imagination On violence, bureaucracy, and interpretive labor. The Malinowski Memorial Lecture, 2006.

Grigg-Saito, D., Och, S., Liang, S., Toof, R., & Silka, L. (2008). Building on the strengths of a Cambodian refugee community through community-based outreach. *Health Promotion Practice, 9*(4), 415-425.

Harris, M., & Fallot, R.D. (2001). *Using trauma theory to design service systems*. San Francisco: Jossey-Bass.

Hattar-Pollara, M., & Meleis, A. I. (1995). The stress of immigration and the daily lived experiences of Jordanian immigrant women in the United States. Western Journal of Nursing Research, 17(5), 521–539.

HNHB LHIN. (2014). HNHB LHIN Funds Migrant Worker Health Services. Retrieved from http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB0QFjAA&url=http%3A%2F%2Fwww.hnhblhin.on.ca%2FPage.aspx%3Fid%3DCEE3ADD1A017499E9D6B90643B520F8E&ei=cfD4VJGOLteyyATmkoC4DA&usg=AFQjCNEpNQn0tWFjnP8m9F1eeujW4msfNA&bvm=bv.87611401,d.aWw.

Hyman, I., Guruge, S. (2002). A review of theory and health promotion strategies for new immigrant women. *Canadian Journal of Public Health, 93*(3), 183-187.

InformOntario. (2015). Building Local Information Support for Ontario Newcomers. Retrieved from http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0CCMQFjAB&url=http%3A%2F%2Flearning.informontario.on.ca%2Fmod%2Fresource%2Fview.php%3Fid%3D57&ei=oSf2VI7DE86NyAS_lIKICw&usg=AFQjCNEplhLX4jgE6cjy7Gg5JTAlIHzZLw&bvm=bv.87519884,d.aWw&cad=rja

Inner City Health Associates. (2013). City Council Access Without Fear Policy. Retrieved from http://www.icha-toronto.ca/about-us/advocacy/city-council-access-without-fear-policy.

Justice For Migrant Workers. (2012). Waterloo Region Migrant Workers Interest Group (WRMWIG). Retrieved from http://j4mw.tumblr.com/post/17700928869/waterloo-region-migrant-workers-interest-group.

Lafreniere, G. (August 31, 2012). Report on the Evaluation of the Strengthening Mental Health in Cultural-linguistic Communities Project. Prepared for the Strengthening Mental Health in Cultural-linguistic Communities Working Group.

Lam, T., McPhee, S., Mock, J., Wong, C., Doan, H., Nguyen, T.,…Luong, T. (2003). *Journal of General Internal Medicine, 18*, 516-524.

Loretto Sister. (2007). Welcome In Drop-in Centre. *Institute of the Blessed Virgin Mary*. Retrieved from http://www.ibvm.ca/works/justice/welcome-drop-in

Lucas, B., and P. Riddy. (2002). 'Being There, While Being Here' – *Small Group Videoconferencing in ELT – Can We Achieve our Intended Learning Outcomes?* University of Southampton, Centre for Learning and Teaching Conference on Educational Conferencing – Banff Canada May/June 2002.

Lynham MJ. Support networks developed by immigrant women. Soc Sci Med 1985;21(3):327-33.

Meadows, L.M., Thurston, W.E., & Melton, C. (2001). Immigrant women's health. *Social Science & Medicine, 52*, 1451-1458.

Meleis, A.I., Lipson, J.G., Muecke, M., & Smith, G. (1998). Immigrant Women and Their Health: An Olive Paper. *Sigma Thêta Tau International Center Nursing Press Peer-reviewed Publications*, 1-59.

Mennonite Coalition for Refugee Support. (2014). Building Community. Retrieved from https://www.mcrs.ca.

Migrant Workers Health Project. (2012). What is the Migrant Worker Health Project? Retrieved from http://www.migrantworkerhealth.ca/AboutUs.html.

Migrant Worker Solidarity Network. (2014). Organizing for Justice for Migrant Workers in Manitoba. Retrieved from http://www.mwsn.ca/.

Mills, G. & Legault, C. (2007). Where does the sun set? Can technology help meet settlement needs in rural Nova Scotia? Our Diverse Cities, 3(Summer 2007).

Minkoff, K., & Cline, C. (2004). Developing Welcoming Systems for Individuals with Co-Occurring Disorders: The Role of the Comprehensive Continuous Integrated System of Care Model. *Journal of Dual Diagnosis,* 1(1), 65-89.

Minkoff, K., & Cline, C. (2006). Dual Diagnosis Capability: Moving from Concept to Implementation. *Journal of Dual Diagnosis,* 2(2), 121-134.

Murty, M. (1998). Healthy living for immigrant women: a health education community outreach. Journal of the Canadian Medical Association, 159(4), 385–387.

Nadeau, L., Measham, T. (2005). Immigrants and mental health services: Increasing collaboration with other service providers. *The Canadian Child and Adolescent Psychiatry Review, 14* (3), 73-76.

Nakyonyi, M.M. (1993). HIV/AIDS education participation by the African community. *Canadian Journal of Public Health, 84,* 19-23.

New Canadians Centre, Peterborough. (2008). Migrant Farm Workers Project. Retrieved from http://www.nccpeterborough.ca/?page_id=1969.

Niagara Migrant Workers Interest Group. (2008). NMWIG. Retrieved from http://nmwig.blogspot.ca/p/nmwig-members-list.html.

No One is Illegal Toronto. (2014). Access Without Fear: Don't Ask, Don't Tell. Retrieved from http://toronto.nooneisillegal.org/dadt.

Ontario Ministry of Citizenship, Immigration and International Trade. (2014). Expanding Our Routes To Success: The Final Report by Ontario's Expert Roundtable on Immigration. Retrieved from http://www.citizenship.gov.on.ca/english/keyinitiatives/imm_str/roundtable/recommendations-settlement-and-integration.shtml.

Onward Willow Better Beginnings, Better Futures. Retrieved from http://www.onwardwillowbetterbeginnings.ca.

Planned Parenthood Society of Hamilton. The needs and strategies of the racially and culturally diverse and family planning services [unpublished report]. Hamil- ton: The Society; 1992.

Preibisch, K. (2004). Migrant Agricultural Workers and Processes of Social Inclusion in Rural Canada: Encuentros and Desenuentros. *Canadian Journal of Latin American and Caribbean Studies*, 29, 58, 203-239.

Promise of Partnership. (2015). Evaluation of Promise of Partnership Carizon Family and Community Partnership.

Reimer, B. (2007). Immigration in the new rural economy. Our Diverse Cities, 3(Summer 2007).

Rose, M.M. & Desmarais, J. (2007). Directions to consider in favour of the regionalization of immigration. Our Diverse Cities, 3(Summer 2007).

Rural Development Institute (2005). Immigration and rural Canada: Research and practice. Brandon: Rural Development Institute, Brandon University.

Sethi, B. (2013). Newcomers health in brantford and the counties of brant, haldimand and Norfolk: perspectives of newcomers and service providers.Journal of Immigrant and Minority Health, 15(5), 925-931.

Silvius, R. & Annis, R. (2007). Reflections on the rural immigration experience in Manitoba's diverse rural communities. Our Diverse Cities, 3(Summer 2007).

Solidarity Across Borders. (2013). Solidarity City Conferences. Retrieved from http://www.solidarityacrossborders.org/category/solidarity-city-conference.

Solidarity City Network-Toronto. (2015). Make Toronto a Solidarity City. Retrieved from http://solidaritycity.net/.

Statistics Canada. (2011). Immigrant Status. Retrieved from http://www12.statcan.gc.ca/nhs-enm/2011/ref/dict/pop148-eng.cfm.

Thompson P. Health promotion with immigrant women: a model for success. Can Nurse 1987;December:20-3.

UFCW Canada. (2015). UFCW Canada & AWA at Health Fair for Asian migrant workers. Retrieved from http://ufcw.ca/index.php?option=com_content&view=article&id=2536:-ufcw-canada-a-awa-at-health-fair-for-asian-migrant-workers-&Itemid=6&lang=en.

Vallejos, Q., Strack, R., & Aronson, R. (2006). Identifying Culturally Appropriate Strategies for Educating a Mexican Immigrant Community About Lead Poisoning Prevention. *FAMILY & COMMUNITY HEALTH, 29*(2), 143-152.

Vega, W. (1992). Theoretical and pragmatic implications of cultural diversity for com- munity research, American Journal of Community Psychology, 20, 375-391.

Walters, V. (1993). Stress, anxiety and depression: Women's accounts of their health problems. Social Science and Medicine, 36(4), 393–402.

Walton-Roberts, M. (2007). Immigration regionalization in Ontario: Policies, practices and realities. *Our Diverse Cities*, 4.

White, K., Garces, I.C., Bandura, L., McGuire, A.A., & Scarinci, I. (2012). Design and evaluation of a theory-based, culturally relevant outreach model for breast and cervical cancer screening for Latina immigrants. *Ethnicity & Disease, 22*(3), 274-280.

Work*ink.* (2006). No Wrong Door Approach For Training Services. Retrieved from http://www.workink.com/news.php?prID=11151&pgID=11176&art=103.

Wulff, M., Carter, T., Vineberg, R., & Ward, S. (2008). Special issue: attracting new arrivals to smaller cities and rural communities: findings from Australia, Canada and New Zealand. Journal of International Migration and Integration/Revue de l'integration et de la migration internationale, 9(2), 119-124.

Zehtab-Martin, A. & Beesley, K.B. (2007). Immigrant service gaps in a small city: Brandon, Manitoba. Our Diverse Cities, 3(Summer 2007).