Journal of Immigrant Health, Vol. 7, No. 4, October 2005 (© 2005)
DOI: 10.1007/s10903-005-5123-1

Providing Social Support for Immigrants and Refugees in Canada: Challenges and Directions

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In this article we report research findings from a qualitative study of social support for immigrants and refugees in Canada. We focus on challenges from the perspectives of 137 service providers and policymakers in health and immigrant settlement who participated in in-depth interviews and focus groups in three Canadian cities. Results show that social support is perceived to play an important role in immigrant settlement and to have a positive impact on immigrant health, although immigrants face many systemic challenges. Systemic issues—limited resources, lack of integration of policies and programs and narrow service mandates—also limit service providers' abilities to meet newcomer's needs. This research suggests that changes in public discourse about immigrants' contributions, improved governance and service coordination, and a holistic, long-term perspective are important to more effectively support immigrant settlement and to promote immigrant health and well being.

KEY WORDS: social support; immigrants; Canada; policy and services; barriers.

INTRODUCTION

Social support is a basic determinant of health, as vital to maintaining well being as food, shelter, income, and access to health care and social opportunities (1). Social support also influences use of health services (2). Life transitions, such as immigration and settlement, are situations that place health at risk. Social support, defined as" ... interactions with family members, friends, peers and ... professionals that communicate information, esteem, practical, or emotional help," (3) plays a particularly important role during major transition periods by enhancing coping, moderating the impact of stressors and promoting health (4). Most desirable for immigrants and refugees may be social support that functions as a "springboard," not just a "safety net" (1), working directly in terms of social relations and indirectly by facilitating access to employment, education and other basic needs. Although a fundamental health determinant, social support may be defined and perceived quite differently by people requiring services, and the people charged with providing or planning them. These difficulties are compounded in immigrant settlement situations, often marked by differing culturally based perceptions and expectations. As population health scholars have noted, the social determinants of health most critical for immigrants and refugees "are the outcome of highly context-sensitive process that cannot be fully understood in the absence of concrete, in-depth research on the meanings associated with typical health determinants like 'social,' 'coping,' or even 'health'

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itself." (5:1591). Moreover, policymakers and service providers also face systemic challenges in providing supportive services to immigrants and refugees.

To help fill knowledge and policy gaps about these challenges, our research team undertook a qualitative study of the meaning of social support from the perspectives of service providers, policy makers, and newcomers in three Canadian cities. The current article focuses on the perspectives of service providers and policy makers. We address such questions as: How do providers and policy makers perceive the needs of a multicultural clientele? To what extent do they see themselves as able to meet immigrant and refugee needs for professionally based social support? Where do the problems and challenges lie—with the immigrants and refugees, with the providers, or at a more systemic level? Which factors facilitate and which factors block the ability of service providers and policy makers in health and health-related sectors to meet the needs of newcomers?

Approximately 5.4 million Canadians, or 18.4% of the total population, were born outside of the country (6). Enriching this demographic picture, a large proportion of recent arrivals (within the last ten years) come from "non-traditional" source countries. Before 1960, over 90% of immigrants to Canada came from Europe, whereas 58% of the 1.8 million of those who arrived between 1990 and 2001 have come from Asia, the Middle East and Africa (7). Most immigrants and refugees to Canada settle in the major urban centres, particularly Toronto, Ontario, which has one of the highest proportions of foreign-born (44%) of all cities in the world. More diverse than Miami, Florida, Toronto's residents speak over 100 languages in total (7). In addition, Canada is a leading refugee-resettlement country (8).

On arrival in Canada, immigrants tend to be healthier than the population at large with respect to chronic disease and disability (9, 10), although this "healthy immigrant effect" does not necessarily hold true for refugees who tend to be more vulnerable (11). During settlement, numerous disadvantages may affect immigrants' and refugees' health—stress, underemployment, downward mobility, discrimination, poor housing, lack of access to services, and inadequate social support. Most newcomers need to rebuild disrupted social networks (12, 13). Many face social isolation, especially in the beginning, and are usually without the social supports they were accustomed to in their homeland. One of the most important challenges for newcomers is simply learning where and how to get help—"navigating the system"—when support is needed.

Social support serves several functions and has many potential sources (14, 15). Several studies have suggested that using all available personal and social resources to obtain social support is critical to reducing stress, maintaining health (16) and achieving eventual self-sufficiency and well being (17, 18). Social support helps individuals cope in an immediate way with stress during crisis situations and reinforces the self-confidence needed to manage ongoing challenges critical to the adaptation process. Many newcomers to Canada today rely on friends and family for support to overcome settlement difficulties, rather than formal health and social service organizations (19). During settlement, familiar sources of support such as friends and family, the existence of a like-ethnic community and a strong sense of belonging may enable newcomers to gradually enlarge their social networks and lead to help-seeking and opportunity within the wider society (18, 20, 21). The importance of informal supports in no way abrogates the necessity of effective formal services, which serve complimentary purposes and ensure access and equity in health care and social services. Furthermore, help-seeking strategies are influenced by perceptions of the appropriateness and accessibility of social supports in the larger society, which may be seen in either a positive or a negative light depending upon how effectively social support is delivered (2).

Our overall research objectives were: 1) To describe the meanings of social support from the perspective of newcomers in Canada and its perceived impact on health; 2) To identify newcomers' methods of support-seeking; 3) To compare immigrants' and refugees' meanings of social support and support-seeking methods; and 4) To determine mechanisms that may strengthen support by identifying unmet support needs and services, programs and policies that might be helpful. This article focuses on the final objective.

STUDY METHODS

A multidisciplinary national research team conducted the study from 2000 to 2003 in three cities selected because of their sizable multicultural populations: Toronto, Ontario; Vancouver, British Columbia; and Edmonton, Alberta. The team carried out the research in three phases: Phase 1—in-depth interviews with 60 service providers and policy

makers (20 in each site); Phase 2—in-depth interviews with 120 Chinese immigrants (from Mainland China and Hong Kong) and Somali refugees (40 total in each site); and Phase 3—six focus groups with service providers and policy makers to solicit policy and program recommendations. In this article, we present findings from Phases 1 and 3. Our findings represent the views of 134 professionals (practitioners, service providers, policy makers, advocates) in total.

The research design followed a collaborative process of questionnaire development and pretesting. Census information and settlement service reports served as a triangulation on the data collected in interviews with different participants (immigrants, refugees, service providers, and policymakers). Methodological triangulation was achieved by collecting data from focus groups as well as individual interviews (22).

Sample Recruitment and Community Participation

Following a review of relevant services in each city, investigators composed representative lists of agencies providing services to newcomers and relevant policy-making bodies at all levels of government, including ethno-specific and advocacy organizations, in order to recruit service providers and policy makers for Phase One interviews. Criteria for choosing the newcomer sample for Phase Two included the size of immigrant and refugee populations in the three cities and experiences of multiple barriers to health and social services during settlement and integration in Canada, resulting in the selection of Chinese immigrants and Somali refugees as study populations across cities. The list of Phase 1 participants was later expanded with the assistance of Community Advisory Committee members to invite participants for Phase 3 focus groups.

Data Collection and Analysis

Investigators, project coordinators, and research assistants in the three project sites coordinated data collection and analysis through regular discussions and exchange of documents. In all phases, we informed study participants of the study's purpose and asked them to sign consent forms translated into their preferred language. All interviews, which averaged 1.5 h in length, were audio taped for later transcription and analysis.

In Phase 1, investigators administered a semi-structured interview guide incorporating open-ended questions for service providers and policy makers across all three sites. Questions inquired about newcomers' challenges and changing needs, the types of support programs provided by the agency, the respondent's appraisal of supportive programs and strategies, and concepts of social support and its relationship to the health of newcomers. For Phase 2, the team developed a similar semi-structured questionnaire, translated into Somali and Chinese, to be administered by bilingual or trilingual (in the case of Cantonese and Mandarin speakers) research assistants. Phase 3 focus group participants included policymakers and service providers from different levels of government and from a range of agencies and sectors. Investigators presented a summary of findings to focus group participants, including recommendations given by immigrant and refugee interviewees, and asked them to discuss the implications of the findings and to generate ideas about strategies to enhance supportive policies and programs.

The research team used NUD*IST (Non-numerical Unstructured Data Indexing, Searching and Theorizing) software for qualitative analysis. Researchers in the three sites coded transcripts according to a common coding framework following procedures of inter-rater reliability, cross-site discussion of emerging themes, and exchange of coding summaries. Rigour was achieved through saturation.

STUDY FINDINGS

The 60 service providers and policy makers interviewed in the first phase of the study were professionals who worked directly with immigrants and refugees or on related policy issues. Often they had first-hand experience as immigrants.

Service Providers' and Policy Makers' Views of Challenges Facing Newcomers

Service providers and policy makers believed that immigrants and refugees faced many common challenges, such as communication and economic integration, although they felt that refugees face greater barriers. Study participants observed that "learning where to go for what" is difficult for most newcomers, who encounter a confusing, fragmented health and social service sector. Financial

insecurity is also a source of stress, especially in the initial period, and particularly for refugees who have been unable to plan ahead or bring personal resources to Canada. Achieving permanent, regular immigration status in Canada in a timely manner also can be a challenge, especially for refugees who lack documentation. Family separation, intergenerational strains and gender role changes create special stresses for many newcomers. For refugees, reuniting with family members is an especially long process.

Service providers and policy makers also perceived systemic discrimination in policy and practice as a major challenge, especially with respect to employment and educational opportunities. Seen from a systemic perspective, settlement challenges are interrelated. For example, one policy maker-advocate said:

> Economic survival is the major issue and it could be specifically due to three reasons. One is the exploitation of immigrants and refugees–I would call it 'slave labour' because their professional qualifications are not accepted by Canadian regulatory bodies. They become a huge labour pool, which can be exploited. Secondly, there is discrimination based on race, ethnic origin, language, colour of skin, and accent, so people are prevented from getting jobs that match their qualifications or being paid for what they are skilled at. Thirdly, I would say there is the language barrier for those who don't speak English fluently [Policy Maker #6a].

Service Providers and Policy Makers' Views of Social Support

Most service providers and policy makers described a holistic concept of social support that enables newcomers to meet challenges effectively. For example, one said,

> [Social support] is contextual, because it can mean different things at different moments. What often comes to my mind is the Alma Ata Declaration of WHO [World Health Organization] and the understanding of primary health care …looking at the total being, not only the physical being, but also the mental, psychological, the economic, the political, the social, the cultural. Understanding social support, it is trying to adopt that kind of model or framework. The terrific challenge is how to make it real. How do you …actually develop potential? [Service Provider #5a].

Others added cultural and social dimensions to their definition of social support, alluding to a learning process which increases a newcomers' sense of efficacy in a new environment:

> Social support is a kind of a concept that encompasses the economic, political, and cultural….People have cultural needs that relate to the values of the place they grow up, values of their friends and values of their families. When those change, the values in the communities around, they need some type of, maybe not 'support,' but maybe brokerage or translation. They need to know what the things mean here. People say, 'I need to be able to understand the value set of where I now live, so I can interact effectively and efficiently in the way I'm used to' [Service Provider #9a].

Policy makers and service providers noted several common forms of social support, including informational, instrumental, and emotional (14). They described particular needs for information *prior* to immigration to prepare people for the reality of resettlement challenges, and *post* migration to present the range of services available to them. They recognized that information is critical for accessing services, and best if culturally and linguistically appropriate. Instrumental or practical support is critical to meet basic needs, but also to break down structural barriers, for example, to employment and education. Emotional support is important for those experiencing isolation, enduring family separation and facing family crises. Affirmation from other immigrants is significant for giving guidance, sharing experiences, and empowering newcomers to meet challenges. Service providers and policy influencers also described newcomers' lack of awareness of the reality of immigrating to Canada and specific challenges associated with resettlement, including a lack of knowledge about health and health-related "systems" (education, employment, and community services).

Service providers and policy makers described a continuum of formal and informal social supports. Formal supports most frequently accessed by newcomers were mainstream agencies, resettlement agencies, gender- and ethno-specific organizations, and language schools. Common informal sources of support for all newcomers included friends, relatives and neighbours from the same ethnic groups. Other sources were independent sponsors, religious organizations, and ethno-cultural associations. Service providers and policy makers realized newcomers' need to build new and stronger support networks. Some respondents also noted the differences in support systems between the newcomers' home country and adopted countries, particularly the

relative lack of support from extended family and community members in Canada.

As for barriers to help-seeking, service providers and policy makers felt that some newcomers lack awareness of services as a result of language and economic limitations, social isolation, inadequate information from government or agencies, and a tendency to stay within their own social/ethnic groups for support. They also described other impediments to newcomers' support-seeking efforts, such as distrust of agencies, cultural barriers, privacy issues, stigma, and family dynamics.

Respondents recognized that many existing supports are inaccessible to many newcomers due to inadequate funding, geographical and other limitations on service provision. For example, some agencies are unable to provide needed services such as translation/interpretation for clients, financial or health-related services. Given the many and diverse backgrounds of clients, few service providers are able to offer a range of supportive services in a culturally competent manner, which may be defined as having three domains: awareness of attitudes, values and biases (affective), knowledge (cognitive) and skills (behavioral) that are actually required to be effective in cross cultural encounters (23). Other barriers for immigrant clients of health and social service agencies include restricted eligibility due to time limits or immigration status, circular or inconsistent bureaucratic processes, perceived racism and lack of understanding by mainstream agency staff.

Service providers and policy makers repeatedly pointed out structural barriers in Canadian society. As one policy maker argued:

> We believe that systemic issues are the major source of oppression, reinforcing the disadvantaged position. We also believe systemic issues need systemic solutions. That is why we are all so much concerned with the policies and the social structure in Canada [Policy Maker #6a].

The Perceived Impact of Social Support on Health and Well Being

Service providers and policy makers observed that having social support helps newcomers by fostering a sense of empowerment, community and social integration, building networks, sharing experiences and problems, reducing stress, and contributing to physical and mental health. Conversely, inadequate social support has negative impacts, such as increasing feelings of loneliness and social isolation, loss of identity, discouragement (e.g. about seeking employment), and lack of knowledge of available options. Service providers and policy makers believed that they directly helped immigrants and refugees meet specific challenges and affected newcomers' overall health and well being. For example, as one service provider stated:

> We attack a critical aspect of people's well being—accommodation. As I say, the way you live is the way you socialize. You begin to build relationships with neighbours. It's simple, right? When you create places where immigrants are dumped by the rental market in poor quality housing, then invariably it will affect their well-being and ability to integrate into larger society. That's not a good start for anyone. [Service Provider #10a]

Despite the challenges and inadequacy of social supports, respondents noted that many immigrants and refugees demonstrate remarkable resilience and willingness to retrain, to share information and support with other newcomers, to work collaboratively to identify common needs and to create programs to fill service gaps.

In keeping with their holistic perspective on the challenges facing newcomers and the social supports needed, most policy makers and service providers defined health comprehensively and with concern for an individual's ability to function effectively. For example, policy makers suggested:

> Health and well being? It is being *able* to be healthy. I guess there is a physical aspect, but also to feel great and to grow. I would say well being is performance. Being able to perform optimally on a daily basis and getting the kind of opportunities that you need to do that. [Policy Maker #2a].

Study participants also commented on the links between social determinants of health, such as social support, and health.

> You asked us to look at what we felt is a priority. It's all connected and it's really tough to single out, but [for] a lot of people, self worth, self esteem, self-confidence … is attached to their work. If we didn't have our work, how would we feel? I think employment is probably one of the key things." [Focus group participant]

> Social support makes you feel emotionally well and I believe that influences your physical health… And it goes the other way around, too. The lack of social support or a threat from your surroundings can hugely impact your health…." [Service Provider #15b]

Challenges Affecting the Provision of Social Support

Service providers and policy makers have faced three major challenges in providing social supports: limited resources, lack of integration of policies and programs, and narrow mandates.

> In the mid '90s when there were program cutbacks, what the politicians and government wanted was quick results. 'We are going to give you little money, but we want high results,' which means you were not going to spend much time with people. Many people lost out—the people that were hardest to serve....[Service Provider #9a].

The greatest challenge described by participants is loss of resources. Limited financial and human resources have had a negative impact on service delivery, collaboration with other sectors, and staff morale.

> [Service organisations] receive less money and their mandate is much narrower than people expect....They don't have resources to deal with systemic issues. So, I think there is a huge crack, lots of people are falling through... It seems we are pushing people away. [Policy Maker #1a]

Limited resources affect service provision in several ways: decreased staff and organizational resources despite an increase in number of newcomers served; inability to provide follow-up for clients; inability to hire new staff to work with emerging language groups; services provided in "piecemeal fashion" rather than the full spectrum of services; "borrowing" hours from one program to respond to needs in another; lack of adequate translation services; inability to provide outreach services; and inability to contribute to community development.

The effects of limited financial and human resources on staff morale include physical fatigue from work demands; fear that short-term project funding may be terminated; feelings of helplessness and powerlessness due to limited ability to help; disillusionment about whether efforts contribute to substantive change; personal dissonance with policies that may contribute to inequities; resentment regarding employers' expectations that additional hours worked are voluntary; and reduced time for service delivery due to staff involvement in fund raising. Service providers also have difficulty demonstrating short term outcomes, particularly when their services center on promotion and prevention, which are long term. Limited resources also negatively affect collaborative working relationships, although these are encouraged by government funders, because funding cutbacks have reduced cooperation and increased competition among service agencies and community organizations.

> Although we are being told to collaborate in partnerships... it is not being done to the same degree or level within government. So [we] continue... to hit our heads against these funding silos and ministries that are looking at their mandates as very narrowly defined. [Policy Maker #18b]

As the foregoing comment suggests, the second major challenge is the multiplicity of players, jurisdictions, and boundaries that impede coordination. One participant noted,

> Policies are added on top of policies and added on top of policies. It just creates all these layers and it is just very confusing for everyone involved. [Policy Maker #11b]

This situation has resulted in a lack of integration of constituent groups and policies; gaps and perceived inequities in services; unfriendly political relationships between governments or government departments; and under–representation of smaller ethnocultural service organizations and personnel within policymaking bodies, contributing to a power imbalance.

The third reported challenge is the negative impact of narrow agency mandates on service delivery. Restrictive mandates prevent service providers from assisting newcomers in a holistic way. When newcomers' needs extend beyond the services available in an ethnospecific agency, newcomers are referred to mainstream agencies. However, many mainstream agencies lack culturally competent service providers and/or translation and interpretation services.

Directions in Enhancing Social Supports for Immigrants and Refugees

The major challenges noted by policymakers and service providers interviewed across study sites in the first phase of the research—limited resources, lack of integration and restrictive mandates—were reiterated in the final phase focus groups. These impede the provision of holistic and sustainable social supports that enable immigrants and refugees to overcome the multiple barriers to healthful social integration. For example, participants noted that outreach, referral and advocacy efforts that promote active support-seeking and provide bridges among

services have been severely curtailed in the last decade. The review of research findings resulted in a discussion of the linkages among social determinants of health and policy implications and brought out overarching themes related to communication and coordination. In particular, participants emphasized the need to alter public discourse, improve governance, and remedy the dissonance between immigrant expectations and reality.

Focus group participants suggested that it is necessary to promote a positive shift in public discourse, from a tendency to categorize newcomers to Canada as needy service recipients to an emphasis on newcomers' contributions, resilience and well being. They observed that newcomers are often presented in public discourse as the source of social problems, when it is government policy that may be failing them. As one participant said:

> The obstacles in the system are very much the same in different cities. They take particular forms depending on the relative concentration of different immigrants in terms of the country of origin, et cetera. I think it is more a question of the discourse… Some of the solutions may be in articulating this as a problem for Canadian society in terms of making use of the capacity and the energies and the contributions of immigrants…. [Focus group participant].

Participants also emphasized the need for greater organizational sustainability due to a decade of deep funding cutbacks and restrictions. Many programs eliminated in Ontario, for example, were those that facilitated social support. Consider the following comment:

> Anti-racism and employment equity programs just were completely eliminated, and yet, I think in terms of broadening the ability to provide support, those types of initiatives have to be combined …It's not something you do once and forget about it, obviously. It is something that has to be part of the way in which your organization lives [Focus group participant].

According to study participants, social support is most meaningful when it is enabling and comprehensive, satisfying needs and aspirations in all areas of a newcomer's life. Immigrants and refugees most value supports in areas that fall outside the current mandates of federal health or immigration and settlement policy *per se*, such as local labour market integration and increased access to education.

Participants also suggested facilitating accountability, coordination, and information-sharing by creating structures, for ongoing consultation between government and organizations working with immigrants and refugees. In practical terms, the public sector needs to be accountable for implementing cultural competency, such as translation and interpretation services, in its service delivery at all levels. Participants further recommended greater coordination of information, referral and services to achieve more seamless support. Given an apparent information and accessibility gap for newcomers, who are often unfamiliar with or experience barriers to existing services, participants recommended more consistent use of mainstream contact points, such as schools, health centres, libraries and community centres to reach immigrants and refugees. More follow-up is needed after information is initially provided to ensure access to health and social services. Focus-group participants also recommended better use of the Internet and ethnic media.

The discrepancy between newcomers' expectations and reality and between efforts to integrate and resulting disappointments in Canada was also a common theme in focus group discussions. Many focus group participants felt that Canada should acknowledge that the dissonance of expectations and reality takes a toll on immigrant health and on the potential for social integration of large newcomer groups within the society. Participants discussed the need to reduce the discrepancy as a responsibility of both sending and receiving societies:

> What expectations people bring with them and how they are met, or not met, impacts on how they feel… people are coming with inflated expectations and may be disappointed. We have to change the circumstances when they arrive, but also information and assessment of their opportunities before they come [Focus group participant].

DISCUSSION

Canadian service providers and policymakers who are concerned with the health of immigrants and refugees agree that there are fundamental challenges to providing supportive services to newcomers. Such challenges are linked to larger problems of marginalization of immigrants, the political discourse that has supported neoliberal policies and funding cuts, and the discrepancy between migrants' expectations and the reality of life in Canada. Just as immigrants face many systemic challenges during settlement and integration, so do service providers and policymakers. Systemic issues–limited resources, lack of integration

of policies and programs and narrow service mandates—limit service providers' abilities to meet newcomer's needs. Understanding and enhancing social supports for immigrants and refugees on a systemic level is therefore important to help close the gap between "the promise of citizenship and the reality of exclusion" that impacts unequally on the health and well being of newcomers. (24, p. 246) Study participants suggest some directions: changing pubic discourse to focus on immigrants' contribution, thereby creating a climate for investing more resources in supportive services, improving governance and coordination of information and services, and adopting a more holistic, long-term perspective on the settlement and integration process.

The challenges facing immigrants and refugees and the equally important challenges facing service providers and policy makers are intertwined. We may highlight two underlying problems: First, immigrants and refugees in Canada currently experience great difficulty in becoming economically integrated (25) and poverty among new Canadians has reached unprecedented levels (26). Second, responsibilities for immigrant settlement, health and social services are under funded and uneasily divided between national, provincial and local jurisdictions, confounding accountability for service gaps related to immigrant health and giving the Canadian cities where most immigrants settle little influence over the integration process (27, 28). The holistic social supports necessary to promote health, economic and social integration are inadequate due, in part, to these systemic barriers and governance issues.

Among study participants, there was clear consensus that most problems are systemic, rather than attributable to immigrants and refugees themselves. Although immigrants to Canada bring in considerable human capital–the majority are skilled workers and on average more highly educated than the Canadian-born–they experience lower levels of economic achievement (29). Lack of access to jobs and lack of recognition of foreign credentials is part of the explanation (26). Recent research has also shown that visible minority immigrants are more likely to be stigmatized due to discrimination (30, 31, 32), which is known to have deleterious effects on health (33).

Lack of knowledge about how to provide better support to immigrants as well as policies that are incongruent with public health and welfare have hindered service provision to immigrants and refugees (34, 35). In Canada, detrimental changes attributable to recent policies have included restructuring of labor markets that marginalize newcomers (36); reductions in health and welfare programs that have been deleterious to immigrant wellbeing (37); restrictive immigration and settlement service mandates (38); health research and policy agendas that treat immigrant and refugee populations as homogeneous (39) and outdated public health approaches to migrant population health, which focus on control and containment rather than health promotion (40, 41). Moreover, the scope of services has been restricted over the years, which means that Canadian government programs are "weakest in dealing with the area of greatest need—the second stage of settlement—involving labour market integration and equitable access to general health, housing and social services." (38:20). Canadian service providers and policy makers also acknowledge that conventional social policies have not met complex, contemporary needs such as immigrant settlement, because economic inequalities are entrenched and social problems and responsibilities for their resolution cut across multiple sectors, as social analysts have observed elsewhere (42).

Short-sighted social support policies are at odds with operational needs of service organizations, the continuum of social support needs in immigrant communities, and the complex, protracted nature of immigrant settlement (18, 38). The immigrant adaptation process warrants a longer-term, holistic perspective to improve supportive policies and programs. The current situation of providing social support to immigrants and refugees in Canada illustrates Hart's "Inverse Care Law," which states "the availability of good medical care tends to vary inversely with the need for it in the population served" (43). According to Hart, "the inverse care law is not a law of nature, but of dehumanised market economics, which could be unmade by a rehumanised society" (44:19). In the same vein, a 'rehumanised' Canadian society would do best to transform the national support structures for the speedier adaptation of newcomers.

ACKNOWLEDGMENTS

The Multicultural Meanings of Social Support project was funded the Social Sciences and Humanities Research Council (SSHRC) of Canada, with Dr. Miriam Stewart as Principal Investigator (PI). Site PIs were Dr. Morton Beiser, University of Toronto and Dr. Joan Anderson, Faculty of Nursing, University of British Columbia. Co-Investigators were Dr. Anne Neufeld, Dr. Denise Spitzer, University

of Alberta; and Dr. Laura Simich, University of Toronto. The project was coordinated by Edward Mwakarimba, with Zhi Jones and Sylva So, in Edmonton; Farah Mawani, with Fei Wu and Ardo Noor in Toronto; and Joanne Reimer with Teresa Gray, in Vancouver. We also wish to thank members of the Community Advisory Groups in all sites for their advice and participation in the project.

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