

The Effectiveness of Early Resettlement Strategies for Women in
Regina, Saskatchewan: A Study Examining Current Programs and
Pathways to Successful Resettlement

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ABSTRACT

This thesis aims to understand the perceptions of a narrow sample of program recipients and deliverers regarding the efficacy of programs and services in Saskatchewan designed to serve forcibly displaced women. Specifically, the purpose of the study was to determine how the current state of programs and services impact the wellbeing of the women. Wellbeing is defined in this research as a critical component to the broader definitions of mental health provided by the World Health Organization (WHO) and the Public Health Agency of Canada (PHAC). Wellbeing was identified as feelings of inclusion, engagement, and overall life satisfaction.

Program analysis and impact on wellbeing was established by employing three analytical tools: a logic model, the intersectionality framework, and narrative approach. The logic model provided a graphic representation of how the programs and services are meant to improve the wellbeing of the study population. The thesis employed the intersectionality framework to understand the unique experiences of discrimination and inequality that shape the realities of the women as a result of their interacting social identities. The intersectionality framework was also used to examine the degree to which the programs and services appropriately (or ineffectively) respond to gender-based considerations. Data collection for this thesis was conducted by employing a qualitative method (a narrative approach) to assess the lived-experiences and wellbeing of refugee women resettling in Regina.

The findings presented in this thesis illustrate the impact (both negative and positive) of programs and services in relation to the resettlement and wellbeing of the women. The findings also highlight existing gaps in specific programs and services, as

well as common areas for improvement. The gaps identified prevent the participation and involvement of the women in skill development programs and services, and negatively impact wellbeing. The research emphasizes the importance of an “intersectionality approach to settlement” in Regina to support the inclusion of the women. The research also suggests that research examining the wellbeing of refugee women and the challenges illustrated in this article be explored further. Prioritization of research in this field is essential for continuous improvement of resettlement programs and services, and guides decision-making.

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I want to thank my mother for where I am today. You have always encouraged me to overcome adversity and accomplish my goals. You are the source of my inspiration and I am so grateful for you. To my loving husband, thank you for showering me with love and support. You were an unofficial member of my thesis advisory committee and were always there to listen and offer your advice. You encouraged me to stay focused and on track. This thesis has been a difficult journey, but you made it so much easier.

DEDICATION

This thesis is dedicated to *my loving mother*
for
being my motivation and encouraging me to pursue my dreams

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LIST OF ABBREVIATIONS

ALT	Advanced Language Training
CAMH	The Centre for Addiction and Mental Health
CCR	Canadian Council for Refugees
CIHI	The Canadian Institute for Health Information
CIWA	Calgary Immigrant Women's Association
CRIAW	The Canadian Research Institute for the Advancement of Women
ER	Emergency Room
ESL	English as a Second Language
IFHB	The Interim Federal Health Program
IRCC	Immigration, Refugees and Citizenship Canada
LINC	Language Instruction for Newcomers
PHAC	The Public Health Agency of Canada
RHA	Regina Housing Authority
RODS	The Regina Open Door Society
WHO	The World Health Organization

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CHAPTER 1: INTRODUCTION & PROBLEM STATEMENT

Wellbeing refers to the healthy state of mind of an individual. It concerns feelings of inclusion, engagement, and overall life satisfaction (Denier and Ryan 2009, 391). The notion of wellbeing is largely determined by the extent to which an individual is capable of promoting and achieving their personal goals. These goals may range from elementary goals (i.e. meeting immediate basic needs) to more complex goals (i.e. the ability to participate in the community, educational attainment, etc.). The term “refugee” typically encompasses any individual that is forced to flee their country of origin due to the occurrence of political strife, war, famine, natural disasters, and/or human rights abuses. On the basis of this definition, roughly 80 per cent of refugee claimants are women and children (Mackin 1995, 217).

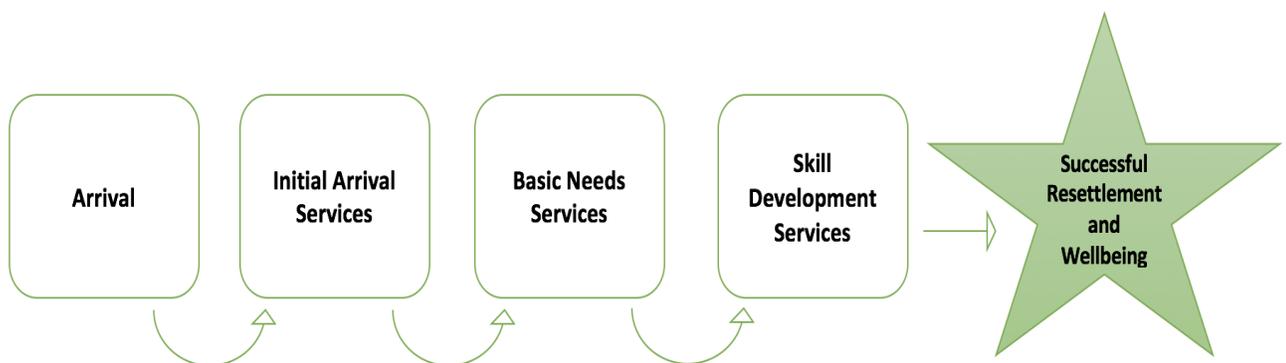
During the migration process, the wellbeing of refugee women is impacted by the social contexts of both the sending and receiving countries. The pre-migration exposure to war, famine, torture, and violence, makes the risk of experiencing negative wellbeing amongst this specific marginalized group significantly high. The post-migration social, economic, and cultural resettlement challenges present in the receiving country make refugee women more vulnerable to struggle with achieving optimal wellbeing (Simish 2006, 12). Women, who are typically the first cohort to resettle in Canada, have no established community or social networks available to support them in navigating the foreign and unfamiliar Canadian system. They face various challenges coping with “how things work” in Canada, as a result of culture shock, limited language skills, and institutional barriers. Racism and discrimination are additional factors that hinder the

integration process and overall wellbeing (Delara 2016, 79).

Resettlement programs and services are provided across Canada to support refugee women through the post-migration and relocation process. The provision of resettlement programs and services aim to address the post migration challenges refugee women face and ultimately provide the conditions necessary to achieve optimal wellbeing. These conditions include successful social inclusion and adjustment, civic participation, educational achievement, and economic stability (The Council of Accreditation 2018). Examples of resettlement services offered across Canada include, but are not limited to, initial arrival services (cultural orientation, information and referral services), basic needs services (housing, financial assistance, medical), and skill development services (English language assessment and training, employment training, childcare services) (The Council of Accreditation 2018). Figure A below was created for this thesis to display a map of programs and services that support successful resettlement and the overall wellbeing of refugee women.

Figure A

A Map of Resettlement Programs and Services



The large influx of refugee women arriving and resettling in Canada in recent years draws attention to the provision and culturally appropriateness of programs and

services that support their wellbeing needs. According to Dwayne Benjamin, the economic contribution of refugees reporting positive wellbeing will be \$500 million in each province over the next 20 years (Wangkhang 2016; TVO Ontario). However, failing to provide programs and services that are reflective of the needs of refugee women has a strong negative effect on wellbeing. The cost of negative wellbeing includes the reduction in economic contributions, higher unemployment rates, higher levels of poverty, and the dependency on government offered social assistance programs (Wangkhang 2016; TVO Ontario). Socioeconomic inequality (as mentioned above) also poses greater health risks for both individuals and their families (Phipps 2003, 2). Lower household income is associated with decreased living standards. Women and their families may experience poor nutrition, hazards (i.e. poor housing and sanitation) due to poor environmental quality, limited access to healthcare services, as well as psychological distress due to the lack of generated income (Phipps 2003, 16).

Research on wellbeing in Canada largely focuses on the collective wellbeing of Canadians and does not distinguish the unique challenges refugee women face. Little attention is paid to the wellbeing issues of refugee women and how the delivery and access to existing programs and services may prevent or worsen the risk of experiencing poor wellbeing. This makes understanding the wellbeing of refugee women in Canada particularly complex and poorly understood. The issue is difficult to define and there is no significant agreement amongst stakeholders regarding the root cause of the issues experienced by refugee women (National Collaboration Centre for Healthy Public Policy 2013). As a result of this, decision-making and program development is not guided by the knowledge needed to pinpoint critical issues and areas of need of this socially

disadvantaged and vulnerable group. Research examining the unique challenges refugee women face and the gaps in services provided is essential for policy makers, community leaders, and resettlement service providers. Prioritization of research that examines how the provision and appropriateness of current programs and services support the wellbeing of refugee women leads to capacity building, informed decision-making and program development to combat the growing rate of wellbeing challenges in this community.

1.1 Setting the Context: Refugees Resettling in Regina, Saskatchewan

For the past several years, Saskatchewan has been a safe haven for refugees fleeing civil war. Saskatchewan has welcomed refugees from a number of countries including Rwanda, Iraq, Somalia, Nepal, Burma, Afghanistan, Bhutan, Congo and Syria (The Regina Open Door 2017). According to the 2016 Statistics Canada census profile, the total number of refugees residing in Saskatchewan in 2016 was 12,625. In the provincial capital, Regina, the total reported number of refugees was 5,020 (Statistics Canada 2016).

In the past year alone, Saskatchewan has welcomed a total of 1,094 both government and privately sponsored Syrian refugees (CBC News 2016). Roughly 650 Syrian refugees have resettled (most of them women and children) in Regina (Grant 2016). In recent years, the large influx of refugees arriving to Canada is a result of a pledge made by the Canadian Government to rescue Syrians from the bloody civil war currently taking place in Syria. To ensure a smooth integration into Canadian society, a host of resettlement services are currently being offered through the Resettlement Assistance Program and through various organizations such as the Regina Open Door Society and Regina Catholic Family Services. Programs and services provided under

these organizations include education, integration, health, empowerment, and employment assistance programs (Grant 2016).

1.2 Research Purpose

This thesis aims to understand the perceptions of a narrow sample of program recipients and deliverers regarding the efficacy of programs and services in Saskatchewan designed to serve forcibly displaced women. By examining the perceptions of participants, this thesis considers how the current state of programs and services impact the wellbeing of refugee women. The purpose of this thesis is to increase the understanding of the wellbeing of refugee women and inform the development of services for them. The specific programs and services investigated in this thesis include: language training, employment training, and childcare services. These programs and services are offered to newcomers to support skill development and were chosen because they directly influence wellbeing. Wellbeing is defined throughout this thesis as feelings of inclusion, engagement, and overall life satisfaction. Wellbeing is determined by the extent to which an individual is capable of promoting and achieving their personal goals (World Health Organization 2014). These goals may range from elementary goals (i.e. meeting immediate basic needs) to more complex goals (i.e. the ability to participate in the community, educational attainment, etc.).

1.3 Research Approach

Program analysis and impact on wellbeing was established by employing three analytical tools: a logic model, the intersectionality framework, and narrative approach. The logic model was chosen because it provided a visual illustration of how the programs and services are meant to improve the wellbeing of the study population. As a logical

framework, this tool is a reflection of the desired outcomes of a program or service and the various tasks undertaken to get there. The logic model is used to examine whether the inputs, activities, and outputs of the programs targeting refugee women are achieving effective, equitable and efficient short-term outcomes. Medium and long-term outcomes could be examined in further research, however, due to the duration of this study, short-term outcomes was the primary focus. When programs and services produce the desired short-term outcomes, the wellbeing of refugee women is enhanced. This means, the women experience feelings of inclusion, engagement, and overall life satisfaction. On the contrary, when programs and services fail to produce the desired short-term outcomes, potential risks are posed to the women's wellbeing.

Figure B below presents the logic model developed for the purpose of this study. The three programs and services outlined in the logic model support the skill development of refugee women. These programs and services are the focus of this thesis because the provision of these programs directly influence wellbeing. These programs include: language training, employment training, and childcare services. For all programs and services, the inputs are consistent (see Figure B). For the language training program, the activities highlighted include the initial assessment performed on refugee women (as well as all newcomers) to determine the baseline language skills. This assessment is conducted on an ongoing basis to determine progress. Also included in activities for the language training is the planning of the English as a second language (ESL) curriculum, community outreach to ensure that refugees are aware and utilizing the program, as well as stakeholder engagement to enhance continuous learning and program improvement. Examined outputs include staff training to ensure culturally appropriate program delivery

and the delivered orientation and ESL classes. In the outputs section, information and classroom material is also included, as well as any promotional material or advertisements that could be used to provide notice to newcomers about the language program.

The short-term outcomes highlighted are immediate outcomes that result from the provision of the language training program. Some short-term outcomes include the enhanced awareness and utilization of the program by refugee women. Refugee women will be able to speak conversational English, as well as the ability to access and navigate program(s) and service(s) independently, without the support of a language interpreter. The ability to speak conversational English also enables refugee women to conduct day-to-day activities, such as grocery shopping, etc. Medium-term outcomes include the regular use of the English language (whether reading, writing, or verbal communication) amongst students of the language program, as well as increased participation in the community and larger Canadian society.

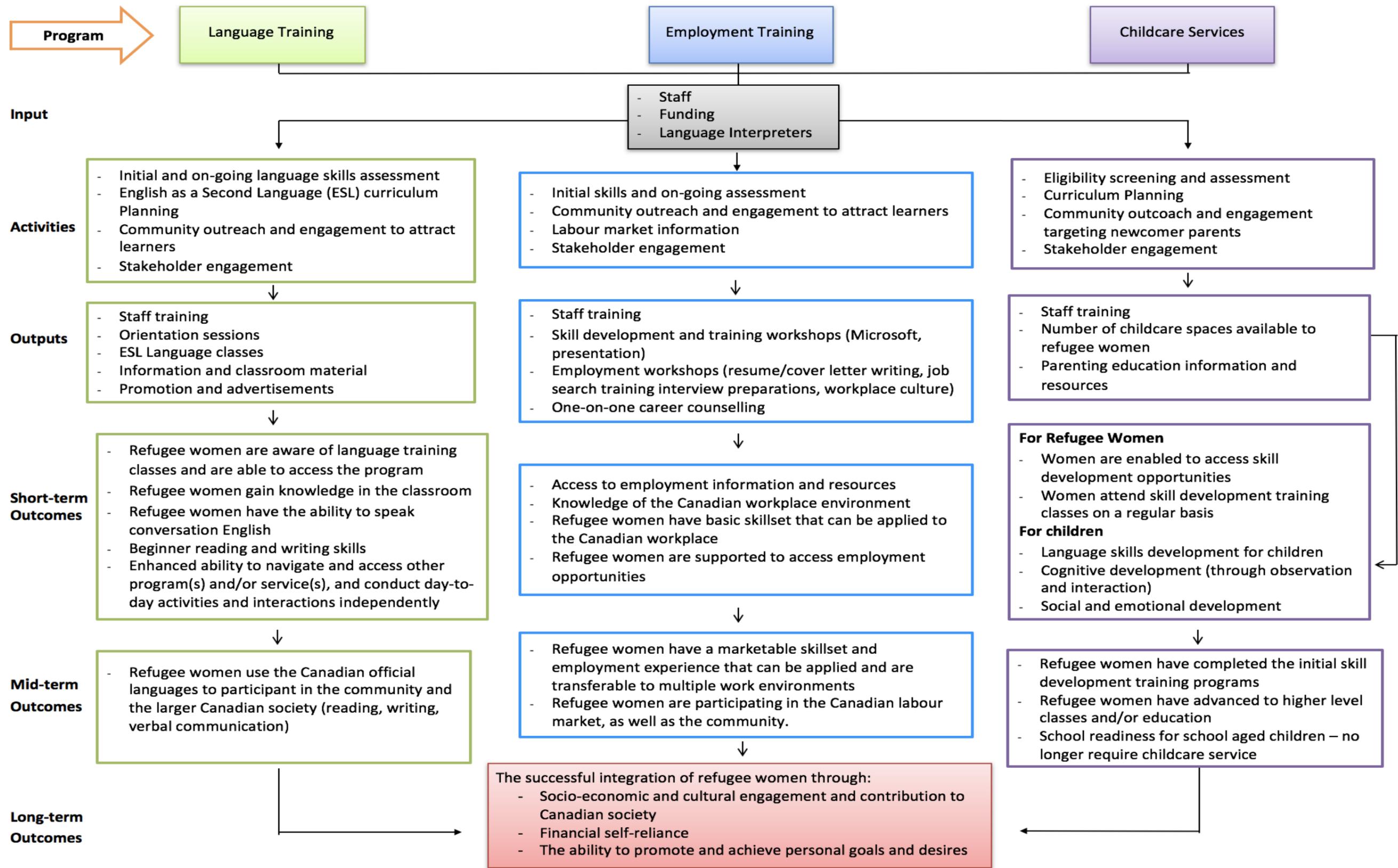
The second program outlined in the logic model is the employment training program. In this program, the activities in the logic model include baseline employment skills and readiness assessment, community outreach and engagement to attract refugee newcomers towards the program, and stakeholder engagement (Figure B). Some outputs of the program include staff training to ensure culturally appropriate program delivery, skill development workshops (i.e. Microsoft Training), and employment workshops to support refugee women towards employment. The short-term outcomes achieved as a result of the program include the increased awareness and access by refugee women, the development of basic skills to participate in the Canadian labour market, etc. The

medium-term outcomes consist of marketable skills and employment experience that can be applied and transferred to diverse employment opportunities, and the participation of refugee women in the Canadian labour market.

The childcare program (Figure B) is an enabling service that encourages the participation of refugee women in core language and employment training programs through the provision of childcare. Some activities highlighted in the logic model include eligibility screening and assessment, curriculum planning for the childcare program, and stakeholder engagement. The outputs consist of staff training to enhanced knowledge of how to work with refugee parents and children, the number of childcare spaces available, etc. The short-term outcomes include the ability for refugee women to participate in essential skill training classes as a result of access to affordable childcare. The short-term outcomes for the children are the development of language skills, cognitive development, etc. The medium-term outcomes include the completion of initial training programs and the transition in to advanced levels of training and/or education.

The long-term outcome of the resettlement programs is the successful integration for refugee women. This is achieved as refugee women are able to engage, participate and contribute to the socio-economic and cultural fabric of Canadian society. The women are financially self-reliant and are able to promote and achieve their goals (Figure B). For the purpose of this thesis, the achievement of the desired short-term outcomes of programs and services will be the primary focus. Through the feedback gathered from the small sample of program recipients and deliverers, the thesis will examine how the outlined programs and services support the wellbeing of refugee women.

Figure A: Resettlement Program Logic Model



The intersectionality framework is a theoretical perspective that reveals the ways in which interacting social identities (such as race, gender, and class) may lead to privilege and/or multiple forms of discrimination and inequality (Status of Women Canada 2017). This thesis uses the analytical method of the intersectionality framework to understand how these multiple identity axes as well as social dynamics inhibit the overall wellbeing of the sample population. It was chosen as the appropriate analytical approach because it draws attention to the unique experiences of discrimination and inequality that shape the realities of the women. Considering these dynamics provided the opportunity to understand the perceptions of participants more holistically. Through this analytical lens, the thesis broke down the areas of need of the women and examined the degree to which the programs and services met their unique needs.

A narrative approach is a qualitative research method that examines lived-experiences through the stories told by individuals (Creswell 2012, 54). These stories provide valuable insight into what an individual goes through, i.e. accomplishments, barriers, pain points, etc. This thesis employed a narrative approach to examine the perceptions of program recipients and deliverers regarding the extent to which the examined resettlement services produce the desired short-term outcomes. These perceptions provided insight into how the provision of these programs and services impact the wellbeing of the women. Employing a narrative approach added value to the results found in the logic model and the intersectionality framework.

1.4 Research Questions

Data collection for this thesis uses a qualitative method with refugee women interviewed and questioned about their experiences utilizing the examined skill

development resettlement programs and services. Resettlement service providers were also interviewed and questioned to determine the quality of inputs, activities, and outputs to enhance the resettlement experience to support the overall wellbeing of refugee women. Resettlement service providers were also asked questions about their perceptions of the women's resettlement experience. To further understand the resettlement experience and wellbeing outcomes of refugee women, key stakeholders that provide additional, complementary supports were also interviewed. To examine if programs improve the wellbeing of refugee women, this study explored the following central research questions:

1. What are the experiences of refugee women accessing resettlement programs and services in Regina?
2. How do resettlement service providers working with refugee women ensure successful service delivery and what are their perceptions of the women's resettlement experience?
3. How do current programs and services in Saskatchewan designed to serve refugee women impact the wellbeing of forcibly displaced women?

1.5 Overview of Thesis

This thesis is laid out in six sections. The first chapter provides an introduction and background to the topic to be investigated. In this section, definitions are provided for two important terms discussed frequently throughout the thesis: wellbeing and refugee. The section highlights the pre and post migration circumstances that impact the wellbeing of refugee women, as well as a brief description of programs and services that aim to support the successful resettlement and integration of refugee women. Analysis is also provided to examine the implications of refugee women reporting positive

wellbeing, and the importance of emerging research focused on wellbeing promotion for this particularly vulnerable population. The section continues by setting the context of the research by providing population statistics and recent migration trends of refugee newcomers in Regina, Saskatchewan. The chapter concludes by outlining the research purpose and presenting the three analytical approaches to be used to analyze how the examined programs and services impact wellbeing: a logic model, the intersectionality framework, and a narrative approach.

In the second chapter, more in-depth analysis is conducted to define the concepts of both wellbeing and mental health, as well as the ways in which wellbeing contributes to the broader notion of mental health. Also offered is the analysis of existing literature to examine the risk factors experienced by refugee women that enhance the vulnerability of experiencing poor wellbeing. In the literature review, four social determinants of mental health that are vital to the overall emotional and psychological wellbeing of refugee women are highlighted and examined more thoroughly. Chapter three outlines the theoretical framework employed in this study that offered the examination of the interconnected nature of social characteristics like race, gender, age, and class, as well as the multiple dimensions of exploitation experienced by marginalized women. The intersectionality framework is introduced as an analytical tool which enabled gender-focused analysis of the resettlement programs and services.

The qualitative methods employed for data collection is outlined in chapter four. The methodology consisted of the narrative approach. Semi-structured interviews were used to interview refugee women and the resettlement service providers that work with them. The insights and findings of the research are outlined in chapter 5. This section

outlines the impact of resettlement programs and services and the barriers that prevent the participation of refugee women. The chapter also examines three domains where programs and services impact the wellbeing of the women and their resettlement experience. The concluding chapter examines the contribution of this research to the literature on wellbeing and the broader understanding of refugee women in Regina. Specific program implications of the findings are identified to support enhanced accessibility and responsiveness of resettlement programs and services for refugee women.

CHAPTER 2: LITERATURE REVIEW

2.1 Understanding Wellbeing

In order to analyze how programs and services impact the overall wellbeing of refugee women, it is important to offer a careful definition of wellbeing and how the concept relates to the notion of mental health in Canada. The concept of wellbeing can best be defined through Amartya Sen's (1997) capability approach (Garnham 1997, 27). According to Sen's theory, wellbeing refers to the extent to which an individual is capable of promoting and achieving what they desire. There are different categories of things or goals one may aspire to do or be. For instance, one may aspire to achieve elementary goals, such as, "being adequately nourished and being free from avoidable disease" (World Health Organization 2014, 13) to more complex personal goals or activities, such as, inclusion, the ability to participate in the community, freedom from discrimination, encompass a level of self-respect, etc. This notion of being capable creates feelings of inclusion, empowerment, and overall life satisfaction. This conceptualization of wellbeing is crucial to the understanding of mental health and how it is defined. This is primarily because being capable and at liberty to do and be what you aspire and value, as well as the subsequent feelings of satisfaction, etc., contributes to overall mental health (World Health Organization 2014, 13).

According to a 2009 report published by the Canadian Institute for Health Information (CIHI), *Exploring Positive Mental Health*, there are many ways of thinking

about mental health. Two common understandings are presented in the figures below. In figure C, the model illustrates a continuum that separates two differences. At the top of the continuum is one difference, seen as optimal mental health. The bottom of the continuum is another difference, seen as less than optimal mental health. Finally, the midsection of the continuum is represented by mental health problems. By proximity, mental health is associated with optimal mental health, and mental illness is associated with less than optimal mental health (Canadian Institute for Health Information 2009, 8). The key limitation of this understanding of mental health is that it assumes that individuals with lived experiences of mental illness cannot experience positive mental health (Canadian Institute for Health Information 2009, 8).

Figure C

Mental Health Continuum Model



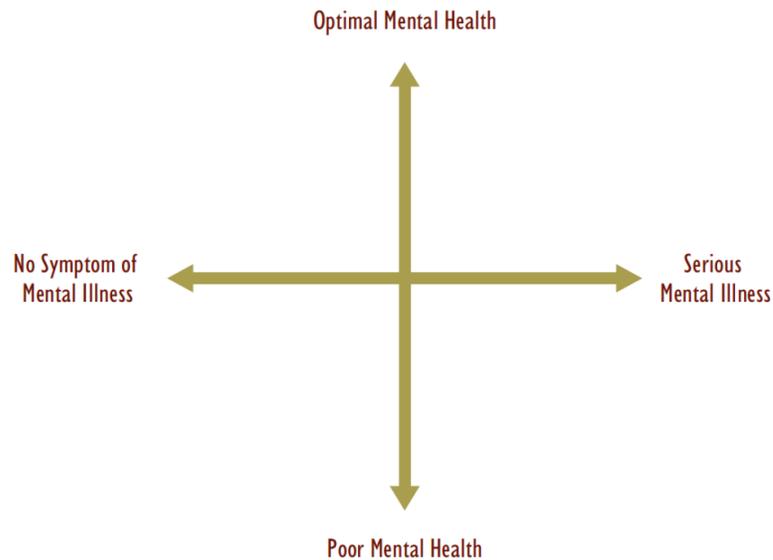
(Canadian Institute for Health Information 2009, 67)

In figure D, this limitation is addressed by presenting the two intersection continua. In this model, optimal mental health is on the opposite end of less than optimal mental health, while no symptoms of mental illness is on the opposite end of serious

symptoms of mental illness (Canadian Institute for Health Information 2009, 8). However, according to CIHI this understanding is also limited since it projects the notion that, “one is set within a quadrant” (Canadian Institute for Health Information 2009, 8).

Figure D

Mental Health Quadrant Model



(Canadian Institute for Health Information 2009, 67)

To address the limitations illustrated in figures A and B, mental health is defined by the World Health Organization (WHO) as:

A state of well-being in which the individual realizes her own abilities, can cope with the stresses of life, can work productively and fruitfully, and is able to make a contribution to her community and family (World Health Organization 2014, 12).

Mental health is also defined by the Public Health Agency of Canada (PHAC) as:

Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity (Canadian Institute for Health Information 2009, 3).

The two definitions provided by the World Health Organization and the Public Health Agency of Canada offers a broad and more holistic way of thinking about mental health. These definitions acknowledge two important concepts. First, that mental health is distinct from mental illness, because optimal mental health can be experienced in conjunction with mental illness. Achieving optimal mental health is instead an indication of positive mental health (Canadian Institute for Health Information 2009). According to The Centre for Addictions and Mental Health (CAMH), it is a common misconception (both in society and amongst individuals) that mental health is the absence of mental health conditions or illness. CAMH explains that similar to physical health, mental health impacts all individuals, regardless of their mental health history (CAMH 2009).

The second concept highlighted in these broad definitions is that mental health is a broad category that refers to wellbeing. Mental health is a positive sense of well-being and reflects the ability for an individual to enjoy their life. It is the capacity to cope with the challenges of everyday life. This may include day-to-day activities, such as, making choices and/or decisions, stress management, and handling challenges as they rise (CAMH 2009). An individual who experiences positive mental health is generally happy about their life and is able to speak about their desires and needs. Because mental health impacts the way we function on a daily basis and our capabilities (wellbeing), it is also

influenced and shaped by numerous factors (CAMH 2009). These factors include socio-economic conditions, life experiences, and physical environments, such as, school, workplace, etc. Consider this example provided by the World Bank Organization of how wellbeing contributes to overall mental health:

A woman's capabilities (wellbeing) are severely restricted if she is unable to complete secondary education, is subjected to domestic violence, works for low pay in the informal labour market, and faces difficulties in being able to feed and clothe her children. Such a woman is at higher risk for low mood, and feelings of hopelessness and helplessness associated with depression, than a woman who is not exposed to these social determinants (World Health Organization 2014, 13)

Wellbeing is an important topic to explore, however, there is very limited information available on this topic in Canada. Much of the available literature focuses on notions of mental health, however, mental health has a broad definition that refers to wellbeing. This thesis focuses on the broad definitions of mental health provided by the WHO and the PHAC as being a state of wellbeing. It examines how resettlement programs and services advance the social inclusion, as well as individual and economic potential to support the wellbeing of refugee women. By merging together three important approaches of analysis: logic model, intersectionality framework, and narrative interviews, a holistic examination is conducted on program design and impact to determine if the desired outcome of improving wellbeing is achieved.

2.2 The Wellbeing of Refugee Women

Despite refugee resettlement efforts, researcher Sepali Guruge (2010) argues, that refugee women are highly vulnerable to poor mental health (114) and the “[c]hallenges of

the post-migration context in Canada persist for refugee women specifically, even after the initial resettlement period. By extension, the stress of these circumstances may affect psychological and emotional wellbeing” (115). According to Guruge (2010), refugee women are at a higher risk of experiencing posttraumatic stress, depression, and anxiety in comparison to refugee men, as well as Canadian-born and other immigrant women (115). This is predominantly a result of greater experiences of material, systematic, and social challenges. Such include the lack of career mobility, social isolation, unsafe working environments, the lack of educational attainment, and enduring abuse from employers and/or spouse. In many ways, these experiences negatively impact wellbeing by causing feelings of isolation, exclusion, etc.

Based on the existing literature, this research found four crucial social determinants of mental health that are vital to the overall emotional and psychological well-being of refugee women, and for all individuals: socioeconomic status; freedom from gender discrimination; freedom from racial discrimination; and access to community and healthcare services. These social determinants may have a positive or negative effect on wellbeing (see Figure E). For instance, the positive experience of these social determinants act as protective factors and have implications at the individual, community, and societal levels (McAdam et al. 2018, 14). At the individual level, it creates a sense of belonging, achievement, higher self-esteem, and positive emotions such as content and satisfaction. At the community level, it involves greater participation and development of social relationships. Participation and enhanced socio-economic status can be seen at the societal level.

On the contrary, the negative experience of these social determinants (see Figure E) act as risk factors to wellbeing. These risk factors are often experienced disproportionately and operate at the individual, community, and societal-level (McAdam et al. 2018, 14). At the individual level, an individual might experience isolation, exclusion, higher levels of stress in their day-to-day life, and discriminatory treatment. Community implications include disengagement in the community and the lack of social relationships. Finally, systemic issues emerge at the societal level. These include poverty, societal and cultural oppression, stigma, inequality, and discrimination.

Figure E

Protective Factors and Risk Factors to Wellbeing

	Protective Factors	Risk Factors
Individual	<ul style="list-style-type: none"> - Sense of belonging - Sense of achievement - Higher self-esteem - Positive emotions 	<ul style="list-style-type: none"> - Isolation - Exclusion - Stressful life situations - Discriminatory treatment
Community	<ul style="list-style-type: none"> - Participation - Greater social connections and relationships 	<ul style="list-style-type: none"> - Lack of participation and engagement - Limited social connections and relationships
Society	<ul style="list-style-type: none"> - Participation - Greater socio-economic status 	<ul style="list-style-type: none"> - Poverty - Social and cultural Oppression - Stigma, inequality, and discrimination

(McAdam et al. 2018, 14)

The degree to which disparities of these social determinants are experienced is commonly associated with social inequality and discrimination (World Health Organization 2014). For instance, an individual is more likely to be negatively impacted by the factor(s) if they experience inequality (Allen et al., 2014). The intersectionality

2.3 Socioeconomic status

Socioeconomic status is a significant indicator for determining the wellbeing of all refugees, especially women. Participation in the labour market is considered to be a central tool to promote the integration of refugee women in the host society (Sansone 2016, 34). Despite this, economic insecurity is commonly experienced by female refugees because they suffer from multidimensional discrimination and exclusion in the labour market (35). They may experience discrimination and exclusion on the basis of their religion, gender, race, and/or xenophobia (34). As a result of a discriminatory labour market and limited expertise, many women become unemployed and dependent on government offered social assistance and benefit programs (Simich et al. 2006, 13). Compared to their Canadian-born counterparts, refugee women are more likely to be unemployed and live in poverty. The most recent data available on employment suggests that the unemployment rate amongst refugee women is twice as high as the national average. According to author Laura Simich (2006), refugees that are unemployed are more likely to feel unhappiness, isolated, and worry (1). Economic disadvantages and poverty cause refugees to struggle with shame, powerlessness, and alienation, which in most cases outweigh the trauma experienced during the pre-migration period (Simich et al. 2006, 20).

2.4 Gender Discrimination

Freedom from gender discrimination is also a crucial determinant of good mental health and also supports wellbeing (Delara 2016, 76). The term “gender” refers to “the

roles and responsibilities of women and men that are created in our families, our societies and our cultures” (Canadian Council for Refugees 2006, 9). These predetermined expectations are learned and shape the attitudes, behaviour, and social roles of men and women. Refugee women experience gender discrimination as a result of these predetermined expectations. Gender discrimination leads to the experiences of unequal access to power and resources. Women working in the informal sector are more likely to work in lower status jobs and receive significantly lower wages compared to men. The employment opportunities for the women are restricted due to existing language barriers and limited skillset. Gender hierarchy also leads to the perception amongst refugee women that they are subordinate to men and that household duties are women’s responsibilities (Delara 2016, 76). They are typically the primary caregiver of their children, while the husband is the head of the household and manages financial responsibilities (Canadian Council for Refugees (CCR) 2006, 9).

2.5 Racial Discrimination

Refugee women may also face three forms of racism that also threaten their overall wellbeing (Delara 2016, 77). The first is institutional racism, which is defined as racism that is systematized and perpetuated in and between institutions (government entities, schools, mass media, industries, etc.). For instance, government practices, laws, and action that fail to address unequal access to health care and resources, which disadvantage certain racial and ethnic groups (79). The second form of racism refers to the personal prejudice and xenophobia towards refugees such as “lack of respect, suspicion, devaluation, and dehumanization” (79). Society and healthcare professionals may perpetuate this form of racism by directing negative attitudes and/or behaviour

towards refugees. The third form is internalized racism and occurs when refugee women internalize and accept societal racism and stigmatization that belittle their abilities and worth (Delara 2016, 79). Nevertheless, although these forms of racism may manifest in different ways, they often occur in tandem and cause women to experience all three in various degrees.

2.6 Access to Community and Healthcare Services

Access to community and health care services as an important determinate of mental health has been overlooked for refugee women (Delara 2016, 79). Evidence shows that refugee women experience significant barriers accessing “government services, social assistance, shelters, and police and support services” (Delara 2016, 79). Women may not access these important services due to barriers in availability, accessibility, and acceptability (Saberpor 2016, 8). For instance, the accessibility of health care services in Canada is strongly determined by the immigration status of refugees. Many women experience care disparities if they are undocumented refugees and do not receive healthcare coverage through the Interim Federal Health Program (IFHB)—a program that provides limited and temporary healthcare coverage for refugee claimants and protected persons. Additionally, women who do qualify for health care coverage through IFHB usually receive care that is poor in quality (Delara 2016, 79). Subsequent to immigration status, barriers to healthcare and mental health services may also include language and interpretation issues, culturally incompetent care, lack of information, isolation, and shortage in health care services i.e. long waitlists (Saberpor 2016, 9). As a result of these factors, refugee women are at greater risk of underutilizing available health services, in addition to other important services.

2.7 Policy Implication

The policy implications of poor wellbeing outcomes amongst refugee women are severe. It is not an issue that is central to one Ministry, i.e. Health or Social Services, it is an issue that cuts across many different levels and areas of government, agencies, and community-based organizations. Since the issue is broader than the responsibility of one Ministry, it requires the collective intervention of impacted agencies, with the perspective that it is an issue for government as a whole (Barrand et al., 2004). This is primarily because poor wellbeing outcomes amongst refugee women is ultimately costly for government, it leads to and reinforces social inequality, immigration failures, and often raises questions regarding the quality and effectiveness of services and programs available for refugee women.

One way of examining how government might incur cost is to imagine the experience of an individual with unaddressed wellbeing concerns. Consider the health implications of an individual suffering from persisting social isolation and exclusion. Neuroscientists reveal that social isolation (which may be caused by rejection or discrimination from others) create psychological wounds and may lead to physical pain (McAndrew 2016). Studies also confirm that loneliness may also cause sleep deprivation, stress, and depression (Bhatti et al. 2016, 2). In this situation, additional cost might be incurred by the healthcare system due to the likelihood of more instances of emergency

situations. The use of ambulance services and visits to the Emergency Room (ER) amongst refugee women may increase. The risk of becoming hospitalized for periods of time may also increase. This may contribute to the excessively long wait-times already experienced in the Canadian healthcare system. In Saskatchewan, the ER wait time is reported to have doubled since 2010 (Salloum 2017). The average time for an individual to see a doctor was estimated to be 3.5 hours (Salloum 2017). In 2017, the Government of Saskatchewan invested \$12 million to improve the long ER wait-time and prevent hospital crowding (Xie and Webb 2017). Addressing poor wellbeing outcomes at an early stage and focusing on prevention and promotion potentially leads to avoidable emergency situations and reduced ER wait-time.

The economic loss of poor wellbeing outcomes amongst refugee women is also severe. Women who are unable to work due to discrimination and exclusion in the labour market, gender discrimination, etc., cannot contribute to the family, local and national economy. The long-term unemployment rate amongst refugee women may increase, which ultimately contributes to more severe issues, such as poverty and social isolation. Refugee women with lived experiences of poor wellbeing may become reliant on social assistance programs to accommodate employment loss.

Resettlement language training and childcare programs and services are cofounded by both the Federal and provincial government. In Saskatchewan, the advanced language training (ALT) program is a provincially funded pilot project that aims to find new methods to improve English as a second language (ESL) training in the province. Employment training is both funded and developed by the provincial government (The Regina Open Door Society 2017). Understanding the efficacy of

current resettlement programs and services and improving policy decisions and programs where necessary may lead to future costs savings for government. For instance, the prioritization of language training for newcomers significantly increases the capabilities of this client segment and reduces the risk factors to wellbeing, such as social isolation and poverty. Public policy should be mindful that promoting program effectiveness to enhance the wellbeing of refugee women reduces these negative consequences imposed on all levels of government.

CHAPTER 3: THEORETICAL FRAMEWORK

The theoretical framework used to inform and guide this study is the intersectionality framework (The Canadian Research Institute for the Advancement of Women (CRIAOW) 2006, 5). As an analytical tool, the intersectionality framework goes beyond the simple analysis of biological (sex) and socio-cultural (gender) differences (Status of Women Canada 2017). It draws attention to the ways in which multiple identity axes (such as race, age, gender, and class) interact and lead to discrimination and inequality. The intersectionality framework emerged as a process to acknowledge multiple dimensions of exploitation and experiences of marginalized populations. The framework questions the mainstream ways in which social justice and equality are examined (CRIAOW 2006, 5). In the review of the literature, key risk factors were discovered when examining the experiences of refugee women. These risk factors include: socioeconomic disadvantage, immigration status, class, oppression, racism, and gender discrimination. This framework enabled deep analysis of the multiple issues that are present in the lives of refugee women and how these issues work together to “reinforce conditions of inequality and social exclusion” (CRIAOW 2006, 5).

The intersectionality framework also acknowledges the unique struggles refugee women face as newcomers to Canada, which are distinct from those experienced by refugee men and other immigrant groups (Brown-Bowers et al. 2015, 40). These challenges include, experiencing a language barrier and the inability to access language training due to preexisting gender roles. A persisting language barrier in addition to belonging to oppressed groups such as visible racial minority, forcibly displaced refugee, low income, and low educational attainment reinforce inequality and prejudice in the lives of the women. Understanding these complexities is imperative to gain a holistic understanding of the experiences of the women. Nevertheless, the framework allowed this thesis to move away from and challenge binary thinking as it is grounded in hierarchy and often eliminates any validation of oppression (The Canadian Research Institute for the Advancement of Women 2006, 5).

Taking an “intersectionality approach to resettlement” was important to employ in this study because it offered deep analysis of the degree to which the feminist lens is applied to the examined programs and services in Regina (The Canadian Research Institute for the Advancement of Women 2006, 5). The thesis draws attention to gender-specific issues and applies gender-centered analysis to highlight systematic inequality in the programs and services (Canada 2016). It determines how resettlement programs and services appropriately (or ineffectively) respond to gender-based considerations. It also examines the capacity of the resettlement sector in Regina to apply address gender-centered inclusion, diversity, and accessibility issues. Turning our attention to intersectionality also enabled more a holistic understanding of participant responses and their experiences in the resettlement arena. The intersectionality framework is a

promising approach to understand how these complexities impact the wellbeing of refugee women.

CHAPTER 4: METHODOLOGY

The research method used in this study was the narrative approach. The narrative approach was both valid and appropriate for data collection because it gave me the ability to hear and understand the lived experiences of refugee women and the perceptions of resettlement service providers (Creswell 2012, 139). Talking directly to participants was insightful to examine the experiences of the women and how they access and participate in resettlement and support programs and services. The interviewed women were able to share their first-hand lived resettlement experiences and challenges, which offered insight into their wellbeing outcomes. Resettlement service providers were interviewed to provide more detail of the programs and services. In addition, resettlement service providers work directly with refugee women and as a result their stories added great value to how the wellbeing and experiences of the women were understood in this study. Using the narrative approach, the collection of stories from refugee women and resettlement workers in Regina may influence person or social change amongst this marginalized group. Hearing stories from impacted populations allowed for new

dimensions of programs and services to become more salient and offered great opportunity to redefine and reframe wellbeing issues (Harrington 2014).

Understanding what refugee women are actually experiencing when utilizing programs and services provided better evidence of their experiences and may improve policy and programming responsiveness and direct how implementation should occur. Through the collection of these stories, I was able to hear the silenced and marginalized voices of the women (Creswell 2012, 141). These stories are outlined more thoroughly in the findings section of this thesis.

4.1 Population/Sampling

The population to be examined if this research were a larger study would be several refugee women and resettlement service providers working with refugee women. However, due to the duration of this study, I drew a narrow sample from this desired population using purposive sampling (Creswell 2012, 160). I used this sampling technique to select five refugee women and six resettlement service providers. The participants were chosen using purposive sampling because their experiences and perceptions provided rich insight about how program and service impacts the realities and overall wellbeing of refugee women in Regina, Saskatchewan. Because the data was drawn from a small sample within a specific context, the reported findings of this research cannot be generalized to a larger population. However, the reported findings may inform the overall knowledge about how programs and services impact the wellbeing experiences of forcibly displaced women in Regina.

4.2 Data Collection Method

A semi-structured narrative interview is one of the most common and valuable methods used to collect data in qualitative research (Creswell 2012, 101). Semi-structured interviews were employed in this study because it allowed me to explore and understand what refugee women experience with supports and programs more thoroughly. The participants were asked a set of pre-defined open-ended and free flowing questions (Appendix A). The pre-defined topics for refugee women included were: (a) how they are adjusting in Regina; (b) challenges and successes they may be experiencing when accessing programs and services; (c) feedback on program and service availability and effectiveness. For resettlement service providers, the pre-defined topics included were: (a) staff perceptions on how refugee women are adjusting in Regina; (b) staff perceptions on the mental wellbeing of the refugee women; (c) The challenges and successes experienced by refugee women; (d) and their perception on if refugee women in Regina are utilizing the resettlement services available for them. Because the semi-structured interviews were intended to be exploratory, I asked the participants probing and follow-up questions that were driven by participant responses to encourage participants to elaborate more on the relevant topics that were raise throughout the interview.

The approach to recruit participants (especially for refugee participants) was important for this thesis. Refugee women were recruited by myself (the interviewer) in the waiting area of participating resettlement organizations. I approached every woman (roughly 10 women) present in the waiting area and notified them about the research. I also handed out research brochures (Appendix B). I gave the women the opportunity to review the research brochure on their own time and let them know that they may contact

me if they were interested in participating. An interpreter was available at the time of recruitment and assisted in overcoming the language barrier for women who spoke limited or no English. Interpretation was requested in the following languages: Arabic, Swahili, and Somali. Five women expressed their interest in the study and contacted me within one week of handing out the brochures. When asked for their reasoning behind their willingness to participate, all the women expressed that they were delighted for the opportunity to share their story. Each participant was interviewed separately in a vacant conference room at the resettlement organization they attended. The interviews lasted approximately 1 hour. Consent was garnered prior to the start of the interview. The women were presented the consent form (Appendix C), which clearly outlined their rights. The interpreter provided translation to ensure the women understood the information presented in the consent form, i.e. guidelines of participation and their rights to withdraw.

I used this casual approach to recruit refugee women to reduce the risk of undue influence and/or manipulation, which may have occurred if participants were recruited by individuals in positions of authority (i.e. the resettlement service providers they work with) (Canada 2016). If refugee women were recruited by service providers, the influence of power relationships could have become present. The women would have likely felt obligated and constrained to participate in the study because of the perception that they need to follow the wishes of their service providers (Canada 2016). It was also important that I examined elements of trust and dependency between participants and service providers. Undue influence may have occurred because participants would have likely felt that participation in the research was linked to continued access to service, etc.

Considering the voluntariness of consent from the perspective of prospective participants respects human dignity and meant participants chose to participate in this study according to their own values, wishes, willingness, etc (Canada 2016). Because I have no relationship with the women, there was a safe guard to prevent possible undue influence.

Four major organizations that provide refugee resettlement services were included in this study: The Regina Open Doors Society, Catholic Family Services – Newcomer Services Regina, Regina Housing Authority, and the Regina Income Assistance Office. These organizations were chosen because they offer the three programs examined in this study (language, employment, and childcare). One or two staff members from each organization that deliver programs to refugee women were interviewed. To notify each organization of this research study, I provided a research poster (Appendix D) to the director of each organization. The directors of the organizations forwarded an email notice of the research and the provided research brochure to all staff. Staff willing to participate in the research contacted me and were scheduled for an interview. All recruited staff expressed interest within 1 – 2 weeks of the email notification. All staff participants were interviewed separately in their office space and the sessions lasted approximately 1 – 2 hours.

The specific interview locations were chosen to capture research participants in a familiar environment where they are most comfortable. The chosen setting made the participants less hesitant to speak and share their ideas and experiences (Creswell 2012, 164). Additionally, due to the sensitivity of the information the women and staff shared, participants preferred to be interviewed in a closed and quiet space. I recorded the data on

a secure audio-recording device following the written and signed consent of the participants.

4.3 Data Analysis

I transcribed the data collected on the audio-recording device verbatim for analysis. To protect the confidentiality of the participants, their identities are not disclosed in this final thesis report. Participants will only be referred or identified in this thesis using an assigned interviewee code and number. Staff participants are identified as IV (1 – 5). The women are identified as IVR (1 – 6). In addition to this, transcripts were stored on secure password protected USB sticks. The data was kept in a locked file, and all electronic information was coded and secured using a password protected file. All the data was stored in a locked and secured location in the Johnson Shoyama office.

I conducted thematic analysis by using Nvivo to “identify, analyze, and report patterns within the data” (Braun and Clarke 2006, 79). Nvivo is a popular qualitative analysis software device that is used to organize data and identify emerging themes. Once I was able to identify overarching themes that are both interesting and meaningful, I used Nvivo to analyze the data further to determine subthemes that can be placed under each major theme. For this thesis, it was important to organize the dataset into themes to reveal and capture important patterns in participant responses and develop an in-depth understanding of their experiences (Braun and Clarke 2006, 79).

4.4 Ethical Considerations

This thesis interviewed vulnerable refugee women directly and the resettlement service providers that work with them. There were significant risks that needed to be considered to interview vulnerable persons. For instance, many refugee women have

experienced horror, shock, and have survived traumatic violence. As a result, there was a potential risk of emotional distress due to the possibility of remembering negative migration experiences, as well as the risk of psychological distress. Because of the traumatic experiences many of the resettled refugee women have gone through, this research did not question the women on their past experience regarding their mental health, war, terror, etc. This research solely aimed to examine the perceptions of program recipients and deliverers regarding current programs in Regina, Saskatchewan designed to serve refugee women and determine how the service offered support the wellbeing of refugee women. Focusing only on program effectiveness reduced the risk for memories of past traumatic experiences to resurface during the interview.

Although risk did not occur during the data collection phase of this study, there were preventative measures that were put in place. To ensure that risk was dealt with appropriately (in the event that it did occur) there was a social worker present at all times in case a participant experienced an emotional reaction and/or distress during the interview. The supervision of a social worker was important because they would have been able to recognize signs of distress and traumatization, and therefore could have responded appropriately. To reduce risk, I also made sure to emphasize and ensure all participants were aware that participation in the study was completely voluntary. Participants were notified that at any given time during the interview they may choose to withdraw. I made this very clear at the beginning of the interview and notified participants that they were in control and did not have to answer questions they were not comfortable answering.

Interviewing participants who spoke limited or no English also posed some challenges in this study. To overcome language barriers, professional interpreters were present during the interviews. The interpreters were present during the recruitment process, as well as to communicate the interview questions and participant responses. Interpretation services were only used in the study when a participant experienced a language barrier. In the event that a participant did not experience a language barrier, the interpreter was not present during the interview. The interpreters that participated in this research were identified by each resettlement organization. As part of employment with the resettlement organization, the interpreters are required to follow a professional code of ethics and sign a confidentiality agreement to keep client information strictly confidential. To protect participant identity and the content of the interviews, I also ensured that the interpreters were aware that all information during the interview is confidential and cannot be shared with anyone after the interview.

CHAPTER 5: FINDINGS

The findings of the study are divided into five sections. The first section provides a brief description of the women that were interviewed. The second section outlines the positive impact of resettlement programs based on all participant responses (both refugee women and service providers). It provides insight into the ways in which the programs and services contribute to the lives of refugee women and enhance the integration experience. The third section highlights gaps that are specific to each program and service. The fourth section illustrates common areas for improvement among core programs and services that were found during the duration of the study. Gaps and deficiencies outlined in sections two and three act as barriers that prevent the women towards achieving successful integration and inhibit wellbeing. The final section

examines three domains where the highlighted gaps impact the short-term outcomes of resettling women.

Sections two, three, and four draw attention to the themes identified as a result of the data coded from the narrative interviews. These themes were found in relation to the programs and services and either positively or negatively impact the wellbeing of the women. In total, thirteen themes that significantly impact the resettlement of refugee women were found.

5.1 Refugee Participants

A total of five women were interviewed in this study. Most of the women came from different countries: two participants were from Syria, one from Eritrea, one from Somalia, and one participant was from Sudan. All participants have resettled in Canada within the last two to three years. Three of the five women required an interpreter to be present during the interview. Two of the five participants were actively accessing the language training and childcare programs. However, three were on the waitlist for both services. All the women had children and spoke about their children during the interview. One participant was actively employed, while another was utilizing employment resources available through the resettlement organization. These two women did not require the presence of the interpreter during the interview.

5.2 Program Impact

The purpose of resettlement programs and services is to support the integration process and successful resettlement of refugee newcomers. The resettlement organizations examined in this study all have a committed mandate to offer core integration services to adequately meet the unique needs of newcomers. Programs and

services offered aim to advance the social inclusion, individual potential, and economic wellbeing of individuals. Newcomers are supported to achieve their personal goals and to become active members in the community. Through the narratives of participants, this study found that resettlement organizations and the programs offered are beneficial to refugee women and generally have a profound impact on the resettlement experience.

The first theme identified that positively impacted wellbeing was program appreciation. The majority of refugee women participating in this study have resettled in Regina within the last two to three years. All the women showed much appreciation for the support and commitment of resettlement organizations. Many of the women expressed that prior to arriving to Canada, they came from difficult circumstances and witnessed hardship. Some have spent several years in a refugee camp and others in countries they did not feel they belonged. The mere existence of resettlement organizations and integration programs made the women feel as though they were welcome in their new city and in Canada. Some women expressed that the integration programs and services offered supported them in overcoming initial barriers.

5.2.1 English as a Second Language (ESL) Training

Language skills development was the second theme identified that positively impacted wellbeing. The English as a Second Language (ESL) training program supported the women towards overcoming the initial language barrier. In the research, limited language skills was highlighted by all participants (both the women and staff) as the most significant initial resettlement challenge experienced.

“The hardest one is the language. Oh my god. It is very hard (IVR1).”

Prior to arriving to Canada, the women did not speak English. The inability to speak English made adjustment and integration incredibly difficult. Experiencing a language barrier became an additional stressor for the women, who were already coping with stress from migration, separation from family members, etc. For instance, one participant expressed that arriving to Canada was challenging for her because she had left a family member back in Lebanon. Many of her initial days in Regina were spent worrying about her family. In addition to this, the woman expressed that she was not able to integrate in the community, develop friendships, and socialize because she did not speak English.

I think the biggest one is that I left my sister back in Lebanon and I came to here. So, when I came I was worrying and crying for one month. I didn't speak the language and I couldn't talk to anyone that wasn't my family or make friends. When I first came here I didn't want to come. Even though the life here is better than where I came from. But it was hard because a lot of family were still back home and I didn't speak English (IVR1).

The language training program offered by resettlement organizations alleviated the stress of resettlement and supported some women to overcome the initial language barrier. Gratitude for the program was a common theme amongst the women. In fact, the program was often referred to as being a source which allowed some women to develop friendships and to socialize. Most of the interviewed women are eager to attend English classes and aspire to begin a career in Canada.

But yeah...you know the language classes it is really helping me. To talk to people, I feel like I can make friends. I think it help me to move on (IV3).

The English classes and my teachers they really help me to be at this point. Even now they tell me when you came here you didn't speak English. The English class it really makes me feel like I can go to school and after that university. I want to go to the University of Regina because I want to study to be a doctor. I could not do that before I come to Canada. I hope I can get a scholarship (IVR3).

Efforts to Improve Program Accessibility

Program accessibility was an important theme identified that supported the wellbeing of the women. The resettlement organizations are committed to improving access to core language training that are vital to the successful resettlement of refugee women. Although the language program encouraged the enrolment of women, many were unable to attend due to high demand. Initially, training sessions were offered during the morning throughout the week. In recent years, however, the high volume of refugee newcomers in Regina has caused for increasing demand and shortage in classroom spots. Despite the eagerness and willingness to develop the needed skills to advance their goals, a few participants were amongst the many individuals on the waitlist to attend language skills development classes. For some, the wait process could last 6 months, and for others, years.

To address these barriers, the Regina Open Door Society has expanded the settlement-based Language Instruction for Newcomers (LINC) program. The organization acknowledges the barriers which prevent the participation of women and offers more flexible hours and sessions to improve accessibility. In addition to the full-time day program, the LINC program now offers part-time morning, afternoon and late afternoon classes on Monday through Friday. The program also offers evening classes

Monday through Thursday. According to staff participant IV4, the program was expanded because staff noticed a gender gap in classroom enrolment in the day program. Compared to men, there was a significant shortage in the enrolment of women. When staff asked the women why they did not attend, many referred to their childcare duties while their husbands attended classes.

A lot of the time people come with small children, and the mother is generally the primary care-giver. A lot of women did not have the opportunity to access language training classes because of their childcare duties. And, uh...especially when the men are going to the morning classes. So we noticed this and expanded the LINC program. The program is not just the typical morning 9am – 2:30pm anymore, I mean...we still have the morning program, but we have changed it to offer some afternoon and evening classes. So women and men can alternate. We really had to expand the language classes (IV2).

Three out of the five interviewed women highlighted that the additional classroom hours were beneficial to their schedule. These women either attended the late afternoon class or the evening class. This way, the husband would be available to watch the children. According to staff participant IV2, 96 per cent of newcomers accessing the language program through the Regina Open Door Society indicated they found the material learned in the course to be both useful and beneficial. Also, 96 per cent found the additional class options was convenient and appropriately fit with their schedule (The Regina Open Door Society 2017).

5.2.2 Employment Training

Employment skill development was also an important theme that supported wellbeing. Employment services offered to refugee newcomers through resettlement agencies include:

Regina Open Door Society	Catholic Family Services Regina
<ul style="list-style-type: none"> - Career counselling - Resume and cover letter writing support - Job search support - Interview skill development - Microsoft office (specifically MS Word & MS Excel basics) - Pre-employment workshop (refugee focus) English, safety, workplace culture - First-aid/CPR training - Personal Support Work Certificate 	<ul style="list-style-type: none"> - Job search techniques - Resume and cover letter writing support - Interview skill development - Presentation skill development - Pre-employment workshop (refugee focus) English, safety, workplace culture and expectations - One-on-one career counselling
(Regina Open Door Society 2018)	(Catholic Newcomer Services 2018)

One of the five refugee participants were actively employed. Another individual was actively seeking employment opportunities. For these women, the employability training services offered, which aimed to support skill development and integration, enhanced their ambition towards achieving their initial and long-term goals. The feedback gathered from employment training revealed characteristics such as resilience and ambition. According to one participant, in addition to fleeing the political strife in Syria, the ambition behind migrating to Canada was to be able to gain valuable work experience and begin a career. This participant was previously a hair dresser in Syria and hoped to save money to one day open her own hair salon in Regina.

I really wanted to come to Canada to work. I used to have a hair salon in Syria.

But the fighting it made it hard to keep working. Because you have to move a lot.

Now I want to save money to open hair salon here (IVR1).

For the woman who was searching for employment, she had recently completed the language program. The language program supported her in gaining the language skills necessary to perform day-to-day activities and to actively engage in the labour market. For this woman, the employment services provided by the resettlement organization supported her in developing a resume, cover letter, interview preparation, and provides career consultation. The participant engages with her career counsellor to identify strengths, goals, and opportunities. In addition, the computer training workshops help her develop a marketable skill.

I want to work. The employment service they help me with my resume, how to do the interview, how to answer the questions. It really helps me get ready for the job. When I get a job, I am very excited for this (IVR3).

5.2.3 Childcare Services

Language training is imperative to the wellbeing of refugee women in Canada. It is the prerequisite to the achievement of educational, employment, and/or other personal goals in Canada. The ability to speak the Canadian national language(s) enables newcomers to integrate into Canadian society and move on with their lives. The theme of gender roles emerged when examining the role of childcare in the lives of the women. In many ways, childcare acts as a barrier for the women to access language and skills training programs. This is primarily due to the preexisting culturally and socially determined gender roles that restrict women to household duties and childcare. Based on participant responses, the women were stay at home moms prior to arriving to Regina, and this role continues to be their primary role as they resettle. Staff participant IV1 highlighted refugee males as being the head of the household, responsible for managing

funds, free of domestic activities, independent, and could engage in public activities. Men are able to attend available skills building classes, i.e. language classes and employment training, while the women were “stuck at home” (IV1).

To alleviate the women of childcare and allow them to access essential language training programs, licensed childcare is provided through some resettlement organizations. The Regina Open Door Society employs approximately 20 staff and offers 67 childcare spaces for infants to pre-school children (The Regina Open Door Society 2018).

Access to English as a second language training is a barrier for some of the women because of childcare responsibilities. We try to get as many women as possible into English classes, but taking care of children is a greater priority than learning a new language, understandably. Um...without access to childcare that they are comfortable with or that they know the children are ok, it makes it more difficult for the women to participate in the language classes (IV1).

The childcare option is available to all parents who are students of the language training program. The service is offered free of charge to refugee claimants, regardless of the age of the child(ren). A portion of the childcare cost is paid through a provincial subsidy for low-income families, and the remaining cost is covered by the Immigration, Refugee and Citizenship Canada (IRCC). If the parent is unable to receive the provincial subsidy, the IRCC will cover the entire cost for childcare.

The provision of affordable and safe childcare positively impacted the experience of mothers. Two of the five refugee participants had children that were enrolled in the childcare program. These women expressed that the service created a pathway toward the

achievement of their goals. Participant IVR3 stated that it allowed her to attend English as a Second Language (ESL) classes, which she saw as essential to achieve her goal to learn the English language.

5.3 Gaps in Core Programs and Services

In addition to the successes and benefits of resettlement programs and services, the narratives of participants and review of the programs revealed important gaps and deficiencies worth noting. The gaps highlighted in this section are specific to the programs identified and act as risk factors to wellbeing.

5.3.1 Language classes

Classroom shortage and long waitlists were identified as themes that restricted the participation in skill development programs and services for some participants. As mentioned in earlier sections, the large influx of refugee newcomers arriving and resettling in Regina in recent years has introduced new pressures to resettlement organizations. Although the Regina Open Door Society has expanded the Language Instruction for Newcomers (LINC) program to offer more sessions that are responsive to the demand and realities of the women, a shortage in classes remains a persisting problem for many women.

So many people, especially with the Syrian people, there was a lot of people that came at one time. So, the ESL classes we offer were at its maximum capacity and that was it. Even after we expanded the classes. So, then people are just waiting on the waitlist. It is just problematic. A waste of people's time and resources to wait to get the basic language training, which is the benchmark of being able to move on and really integrate (IV2).

Classroom shortage led to another important theme identified in this research, persisting language barriers. According to participant responses, the inability to attend classes due to long waitlists makes it difficult for the women to overcome language barriers. Staff participant 1V2 highlighted that experiencing a language barrier restricts communication and is the root cause for various other challenges, such as social isolation, exclusion, and difficulty participating. For instance, it makes it difficult to communicate with the larger population and conduct day-to-day activities. It reduces the women's ability to pursue basic activities, such as visiting the grocery store, and access important information.

We do not have enough space or capacity to accommodate growing demand. So, that leaves many refugee women that do not speak English. She cannot access important information. Even doing basic activities like going to the grocery store and explaining to the sales representative what you are looking for is hard (IV2).

5.3.2 Employment Services

The underutilization of existing employment programs and services also emerged as an important theme. Despite the availability of employment services, many women and staff participants expressed that women typically underutilize the service. This is primarily caused by unawareness that the service exists. Underutilization is also due to the lack of specialized gender-focused or gender-targeted employment training

opportunities. There are five crucial principles that restrict the participation of women in the labour market:

- (a) Cultural norms that restrict women to domestic activities and men to employment;
- (b) Limited language skills;
- (c) Low skills and expertise;
- (d) Lack of advertised employment opportunities that are specific to women; and
- (e) The lack of childcare options if she were to seek employment.

Most of the refugee women participating in this study commented on their role prior to arriving to Canada. According to the responses, the primary role of the women was limited to domestic duties. Cultural norms limit or discourage the employment of women, while men are characterized as bread winners and free to participate in the labour market. According to the women, prior to migrating to Canada, they were typically stay at home mothers. Limited language skills restrict employment primarily because the ability to speak conversational English serves as a prerequisite, or stepping stone, towards employment. Because many of the women are unable to access essential language training classes, due to childcare and/or long waitlists, developing language skills remains a challenge. According to a recent study, employment impacts wellbeing because it increases the likelihood of successful integration (Sansone 2016, 40). The employment of refugee women has a positive impact on their overall level of inclusion and engagement. Refugee women that are employed are less likely to feel socially isolated (Sansone 2016, 40).

An additional factor is the limited skills and expertise of the women. According to staff participants, many women came from circumstances where they had limited access

to education. As a result, the interviewed women did not hold a degree or certificate, which would qualify them for skilled labour. If the women were to seek employment, they would typically be matched with blue-collared jobs, i.e. jobs requiring manual labour, such as construction. However the low-skill employment opportunities are predominately targeted towards men. The final identified factor was the lack of childcare options available to the women if they participated in the labour market. The complete cost of childcare is covered for newcomers only if they are students registered in the language program. For these students, they are eligible for a portion of the cost to be covered by a provincial subsidy and the remainder to be covered through the IRCC. If a parent were to graduate from the language program and enter the labour force, they are required to pay the portion previously covered by the IRCC. According to participants, the cost of childcare would be too expensive and difficult to maintain.

5.3.3 Childcare Program

The theme of long waitlists can also be seen when examining the childcare program. Despite the provision of affordable licensed childcare for students accessing language training, there is significant shortage in spots to accommodate many of the women. Some participants noted that they have been on the childcare waitlist for several months. The long waitlist for childcare spots prevents the women from participating in learning opportunities. Childcare barriers also contribute to feelings of social isolation identified in the earlier section. For instance, one participant noted that at times she often feels lonely, isolated, and trapped in her home. As much as she is willing to attend essential language training classes, she is unable to participate due to childcare responsibilities.

Sometimes I feel isolation. Um, you know, I am new to Canada. New to the community, um... to the culture. I want to learn English so bad, but I do not have any one to look after my children. I have a small baby, she is 8 months. I have been waiting on the waitlist for a lot of months. I feel I cannot leave my home. I have no one to talk to. How am I supposed to learn (IVR4)?

Shortage in childcare spots also caused for tension to rise amongst refugee women from diverse cultural backgrounds. One participant noted that she felt prevented from accessing childcare because of the local and federal government initiatives for the resettlement of Syrian refugees. According to this participant, she perceived priority childcare was provided to Syrian mothers. However, in a later interview with staff participant IV2, staff confirmed that prioritization of Syrians did not occur. Childcare is provided on a first come, first serve basis. Participant IV2 also highlighted awareness of this misconception and has received similar feedback from diverse groups of women, especially with the political and media attention for Syrian resettlement.

5.4 Common Areas for Improvement in Core Programs and Services

The previous section highlighted the gaps found in each program and service that negatively impact the wellbeing of refugee women. This section reveals four common areas for improvement found in the programs and services to support successful integration.

5.4.1 Proximity of Available Programs and Services Pose Transportation Barriers

Transportation barriers were identified as a significant theme. Transportation to core resettlement training programs, such as language and employment classes, pose significant challenges to all refugee participants. The location of the program is too far in distance, and the women often do not have reliable and/or accessible transportation methods. Refugee newcomers typically use three transportation methods: their own vehicle, public transportation, or a taxi. According to the women, these methods are typically unreliable, expensive, or extremely inconvenient. For instance, one participant highlighted that although her family owned a vehicle, she did not have a driver's license. She relied on her husband to drive her to training sessions, which often depended on his availability.

For most women, however, public transportation was the primary transportation method used. Using public transportation is challenging for the women during the winter time, especially since many travel with their children. The children (which were often very young) travel with their mother because childcare services are located close to the language training program. Sometimes the women may opt to use taxi services, however, this method is expensive, and since many of the women are unemployed, they simply do not have the financial capacity to use the service.

5.4.2 Lack of Resources to Expand Essential Integration Programs

The theme of lack of resources was also identified. Resettlement organizations are committed to adequately meet the unique needs of newcomers and to provide services that support them towards successful wellbeing outcomes. Staff participants have mentioned the expansion of critical programs, such as language training, to address the growing demand. According to participant IV2, the Regina Open Door Society has added

afternoon and evening options to learners who are unable to attend morning sessions. Despite the effort of resettlement organizations, the limited financial and organizational capacity makes it increasingly difficult to meet the needs of every refugee woman, especially with the growing population of newcomers.

5.4.3 Culturally Competent Program and Service Delivery

The theme of culturally incompatible care also emerged. Staff expressed they had limited awareness of the experiences and background of the refugee population prior to working with them. Staff participant IV5 recalled receiving one educational training session offered by the Regina Open Door Society. The focus of the session was regarding the Syrian population and was delivered in 2015, a period when the emergency arrival of the Syrian population garnered political and media attention at the local and national level. One session was delivered in the morning and lasted a few hours. The session covered background information regarding the Syrian conflict, the various types of problems the arriving refugees might be facing, and the resettlement challenges they are expected to experience. The session also provided crucial information regarding how to work with the Syrian population and specific vulnerabilities to be mindful of.

There was a lot of political and media conversation about the Syrian refugees coming and what Canada would do, how we would receive them, support we would provide. Around that time is the first time ever that staff training happened. They talked a little bit about the Syrian conflict, types of issues and problems people might be coming with that are unique to them based on the experiences they had in their home country. What they might be at risk of experiencing here. Um...they provided information on demographics, how many people were

expected to come. They talked generally about how to work with refugees. Just sort of from a general level about how to interact with people who don't speak the language, being mindful of body language. It was because of the Syrians that they did it (IV5).

Three out of the six interviewed staff participants were able to attend the information workshop. Although one training session was offered, staff members that were able to attend were in agreement that the session was both valuable and beneficial. The three staff members that were unable to attend the session anticipated that it would have been a valuable learning experience for them as well.

When asked if they would appreciate more frequent sessions, all staff participants were in favour. Staff participant IV1 highlighted that much of their knowledge of the refugee population they work with comes from media sources and/or the news. Frequently, large groups are resettling at once and the first priority is to ensure positive integration, which means the proficiency in the English language.

Other than the training that happened with the Syrians, staff training does not take place. Honestly...we learn as we go through experience. My knowledge about other refugee groups is what I learned on TV and what was in the news. I learned different things as time went on. Um...on the job. Because sometimes large groups come fairly quick. And at the time the first priority is to help them learn the language (IV1).

When asked if they would recommend more frequent information and training sessions, all staff participants were highly enthusiastic. Language and skills training instructors noted that knowing more about the different cultural backgrounds of refugee

populations would improve the efficiency of the programs they delivered. It would help instructors choose appropriate classroom tools and resources. It would also enable instructors to provide inclusive learning environments that provided the opportunity for students to share their culture.

5.4.4 Community Engagement and Outreach

Community-based outreach is conducted to ensure the active participation of refugee newcomers. Staff at resettlement organizations perform home visits as part of the resettlement process to review how families and individuals are adjusting. Women are encouraged to participate in resettlement programs and are referred to other local activities. However, most programs are not age-specific. The lack of age-appropriate or age-specific programming also emerged as a theme. Limited age-specific programming had a significant impact in language training and employment workshops. All participants were in agreement that this limitation derailed successful classroom outcomes. For instance, one participant was a young adult and expressed discomfort when sharing the same classroom as family members. According to this participant, being in a classroom with fellow peers inspired more motivation.

The “all is welcome” approach is implemented in all the examined refugee integration programs and services. This approach in core programs and services also causes for the exclusion of seniors. According to staff participant IV2, seniors experience difficulty learning the language, have limited contact with individuals outside their family, and are at high risk of social isolation. This is primarily due to the lack of age appropriate programs for refugee newcomers, such as English as a Second Language

(ESL) training, wellbeing activities, social support groups, etc. It is also common for grandmothers to take on childcare duties to allow mothers to access integration programs.

Some of the elderly women have been here longer than two years and they are still struggling with the language. Um...I have noticed that grandmothers will watch the children to allow mothers to attend classes. Most of the seniors especially are really socially isolated. They really don't have contact with people other than their family. They do not go to the language training classes because the program has an "all is welcome" approach. It is really not focused on seniors (IV1).

5.5 Discussion

In the initial chapters of the thesis, wellbeing was identified as feelings of inclusion, engagement, and overall life satisfaction (Denier and Ryan 2009, 391). It is determined by the extent to which an individual is capable of promoting and achieving what they desire (National Health Services UK 2016). Supporting refugee newcomers towards good wellbeing is essentially the drive of the resettlement sector. This is attained by providing the social and economic conditions necessary for newcomers to achieve successful integration in Canada. This thesis examined key programs and services that enhanced the skill development of refugee newcomers: language training, employment training and childcare. Through the perceptions of program recipients and deliverers, this thesis found thirteen themes related to each program and service that either positively or negatively impact wellbeing.

The themes that positively influence wellbeing include: program impact, program accessibility, language and employment skill development. Participant responses revealed

that the three examined programs were both effective and useful to the women only when they were accessible. Language skill development prepared the women towards achieving their educational or employment goals. It enabled the ability to navigate services and conduct day-to-day activities independently. Overcoming the language barrier was essential to develop friendships. As well, utilizing the employment program enhanced skill development and enabled participants to generate income. The childcare program was referenced as an enabling service that allowed the women to develop these skills. The wellbeing indicators that were highlighted by participants as a result of these experiences included an enhanced sense of belonging, higher self-esteem, and a greater sense of achievement. The participants noted their ability to participate in their community and develop social relationships and build connections. This created feelings such as greater inclusion, engagement, and overall life satisfaction for the women.

On the contrary, when the programs and services were inaccessible to the women, they were ineffective to support wellbeing. The themes that negatively influence wellbeing include: gender roles, classroom shortage, long waitlists, language barrier, underutilized employment programs, transportation barriers, lack of resources, culturally incompatible service delivery, and lack of age-specific or age appropriate programming. These themes inhibit wellbeing by worsening the experiences of social isolation and exclusion. This is because the women are unable to express themselves and communicate their needs to service providers and the general population. Many of the women did not feel confident to participate and engage in their community or develop friendships. This created stressful life circumstances for the women.

Many of the themes identified are interrelated. For instance, it is common for the issues of language barriers, gender roles, and culturally incompatible service delivery to be connected. Although the initial language barrier is a resettlement challenge that is gender neutral (experienced by both men and women), the presumptive role of the women as the primary caregiver to her children restricts participation in language training. This is vastly different from the experiences of men who are not limited to household responsibilities. This presents larger challenges for women with respect to training, health, and employment. Based on participant responses, language limitation is the primary resettlement barrier experienced by refugee women and the root cause for why refugee women underutilize services, i.e. healthcare, social services, employment, etc. This study examined three domains where the effectiveness of these core programs and services (or lack of) impacts the wellbeing of resettling refugee women.

An important area where limited language skills negatively impacts the wellbeing of refugee women is access to healthcare services. In the interviews, the participants expressed that language barriers are probably the biggest challenge experienced by the women. Limited language skills reduce the ability to access health care by restricting communication. Most of the women do not speak English, and although interpreters are available, the women are not able to communicate with service providers when the interpreter is not around.

The refugee women do not speak English. So, uh, if she doesn't have an interpreter to go to her gynecological appointments or different kinds of appointments that she wants to go to, she feels stuck (IV1).

As noted above, there are available language classes to help refugee women enhance their English, however, many are unable to attend because they are the primary care giver of their children. The participants expressed that the shortage in daycare spots made it difficult to access childcare.

Another important domain where the impact of limited language skills can be examined is the women's experiences accessing housing services. The inability to communicate poses multiple challenges for the women adjusting in the home and communicating with service providers. The Regina Housing Authority (RHA) is a publicly funded social housing agency that provides priority housing to individuals and families on the basis of need. The Regina Housing Authority is home to many refugee newcomers, especially recent migrants. According to staff, there are multiple rules and regulations associated with residing in the agencies housing complex. However, the communication barrier makes it difficult for staff to ensure that the women understand the rules and housing requirements.

Supports in language typically would be better to help the women adjust in their homes and in their new community. The housing program has a lot of rules and a lot of...you know... in order to be in the program, it is important to follow the rules. And to follow the rules you have to understand it first. And just in terms of declaring your income by gathering all your income information and sending it to us in a particular time period. Not having any one else live with you. Well if the tenant struggles with English they won't be able to understand the documentation being sent, they don't have anyone there to interpret to them, or bring the

information to us and interpret to us what their bringing. It makes it almost impossible to be successful (IV4).

The agency relies on the Regina Open Door Society heavily to provide interpretation services. Although the Open Door Society is commonly able to provide the service when scheduled ahead of time, there are times when interpretation is not available. To address this, staff from the agency sometimes experiment with google translate as an alternative method of communication. However, google translate is often not a reliable form of communication and also poses translation challenges. According to staff, the tool often provides incorrect translation, which causes confusion for both the staff and the women. The tool is particularly unreliable when completing a housing application and signing a lease agreement.

Another area where the impact of core programs and services can be examined is income assistance. According to a staff participant of the Income Assistance Regional Office, a majority of refugee newcomers roll onto the provincial income assistance caseload following the end of the 12-month income support service provided by the Federal government. To ensure the smooth the transition from the Federal to provincial program, staff coordinate with the Regina Open Door Society to determine which individuals are coming to the end of the Federal program. According to staff, the process of setting up individuals is relatively easy, as interpreters are available throughout the application process.

I work directly with the organization that support the women in Regina. the Regina open door office would be the middle person between us and the families of individuals. They tell us in advance who the people were, who their family

members were, things like that. Make arrangements for the appointments so they were at the office on time...uh...you know. And the interpreters were there. So, they would come onto my income assistance caseload...uh...and receive the same benefits income assistance clients would receive (IV6).

Although the initial process was often successful, problems often arise once the individuals, or in this case women, came on the provincial caseload. It was common for many of the women to speak limited English. This cause for barriers in communication between the income assistance caseworker and the women. According to staff, the language barrier was particularly difficult when trying to explain the policy differences between the Federal and provincial programs.

One of the biggest challenges is trying to explain our policies and how it is different from the Federal program. For example, how we calculate entitlements does not line up with what the federal government does. Trying to explain the differences to people who have a language barrier is really complex. And I mean, the system is complex enough for people who are fluent in English (IV6).

According to participant IV6, there is a lack of services available in the community to support the women towards self-sufficiency. The women experience accessibility barriers for critical integration programs, like language and employment. Participant IV6 also pointed out that language skills are important to access employment. Women are encouraged to attend language training classes, or to at least be on the waiting list. However, once the women, or any refugee newcomer, is on the provincial income assistance file, they become part of the larger caseload. The progress of the women (or any newcomer) is not typically tracked or measured. In addition to

experiences of the pre and post migration challenges, the women are also faced with similar characteristics as women in poverty.

The refugee women have the same problem as the women who are in poverty. Those issues are also there Plus they on top of that deal with unfamiliar environment, limited support systems, many have experienced trauma. Isolation, loneliness, and all the things that can come with poverty. Plus, any other underlying issues that you were dealing with anyway. If you had a not so functional family relationship but you were relocated to a different country. That doesn't change, that's still all there. So, you just really added to the chaos by moving to a different country (IV6).

When asked if women were accessing the services provided through the Regional Office, participant IV6 highlighted that the services were not used to its full capacity.

I don't think the refugee women are utilizing the programs to their full capacity. It is too complicated and too much to explain at the beginning. And it is only if they are the type of person who would ask later on, if they are going to find out. I honestly hope that these folks are connected enough with other people in their communities or with the resettlement organization to have some support. For example, let's say they child is going to high school this year and needs a bus pass, there is a high school bus pass. But how would they know that. There are bus passes available for themselves, but how would they know that, there are medical travel. So, there are all kinds of different special needs available. I can only hope that Open Door knows who these folks are and reach out to them from time to time (IV6).

The findings illustrated in this chapter were identified by employing a logic model, the intersectionality framework, and a narrative approach. By weaving together these approaches, this thesis found existing gaps in the examined programs and services that impact the wellbeing of refugee women. The following insights are offered to improve the programs ability to serve the study population. First, the thesis reemphasizes the importance of applying intersectionality to settlement in Regina. According to a 2006 research report published by the Canadian Council for Refugees, the intersectionality lens is frequently applied to policy, rather at than the service and program level (Canadian Council for Refugees 2006, 16). Applying intersectionality to service delivery enables more holistic understanding of the unique experiences of the women, the different forms of discrimination they are faced with, and the opportunity to examine if existing programs reinforce these forms of discrimination.

To address the gender specific issues identified in the findings, this thesis suggests the development of women-focused or women-specific programming. Customized employment and language services (i.e. one-on-one support) can be provided to women (Calgary Immigrant Women's Association (CIWA) 2018). Currently in Regina there are no gender-focused programs and services offered to address gender considerations. The provision of such programs is promising to address existing gender inequality and exclusion embedded in skill development programs and services. Culturally competent service delivery can be promoted by establishing a resettlement mandate that offers staff training on an ongoing, annual basis. This will provide staff with the information they need to support their goal to be culturally sensitive with the

individuals arriving to Regina from diverse backgrounds. As well, training can focus on gender dimensions and specific risk factors to the wellbeing of women.

Access to the examined programs and services was highlighted as a challenge for many women due to the transportation barriers. Providing the programs closer to the community of the women may be an important option to consider to address transportation obstacles. Another insight gathered is the need to develop a thorough response to wellbeing amongst the study population. This may be achieved through the collective action and collaboration of relevant stakeholders in the resettlement sector, government, etc., to establish a holistic framework or tools to support the wellbeing needs of the women more effectively. Many of these recommendations require the increased funding to Regina's resettlement sector to support the development and implementation of these approaches. Currently, the lack of resources restricts the ability to expand existing services and/or provide additional services to support women.

CHAPTER 6: CONCLUSION

This thesis aimed to understand the perceptions of a small sample of program recipients and deliverers regarding the effectiveness of skill development programs and services designed to serve refugee women in Saskatchewan. The purpose of the study was to determine how the services offered support the wellbeing of the women. Wellbeing was defined as a critical component to the broader definition of mental health because it is the extent to which an individual is capable of promoting and achieving what they desire. This notion of being capable contributes to feelings of content, confidence, engagement and enjoyment (National Health Services UK 2016).

Program analysis and impact on wellbeing was examined through three analytical tools: a logic model, the intersectionality framework, and through the narratives of a narrow sample of refugee women and resettlement service providers. The logic model was employed to provide a visual illustration of how the programs and services are meant to improve the wellbeing of the study population. The thesis employed the intersectionality framework to understand the unique experiences of discrimination and inequality that shape the realities of the women as a result of their interacting social identities. The intersectionality framework was also used to examine the degree to which the programs and services appropriately (or ineffectively) respond to gender-based

considerations. The narratives of both refugee women and staff participants provided insight into the realities of the women and their experiences accessing core integration programs and services.

The findings highlighted in this study reveal that language, employment, and childcare programs and services are crucial to the successful integration of refugee women. The provision of these services significantly impacts the wellbeing of the women by restricting the women's ability to achieve the things or goals the women aspire to do or be. Based on participant responses the "things" the women aim to achieve include the ability to navigate and access programs and services (i.e. health and housing) independently without the support of an interpreter. In addition to this is the ability to conduct day-to-day activities, such as communicate with their child's school teachers, grocery shopping, etc. Throughout the interviews, participants also referred to the provision of these services as being foundational towards achieving their long-term goals. These goals include the attainment of higher education, the start-up of their own businesses (i.e. salons), etc.

6.1 Revisiting the Research Questions

In the introductory chapter, three research questions were posed that aimed to examine if resettlement programs are designed to improve the wellbeing of refugee women: what are the experiences of refugee women accessing resettlement programs and services in Regina; how do resettlement service providers working with refugee women ensure successful service delivery and what are their perceptions of the women's resettlement experience; how do current programs and services in Saskatchewan designed to serve refugee women impact the wellbeing of forcibly displaced women.

The findings of the research revealed that the women often had consistent experiences accessing resettlement programs and services. Many of the women experienced barriers accessing supportive skill development programs and services due to shortage in classroom spaces. Culturally and socially determined gender roles also restricted the participation of women. Domestic responsibilities and childcare was the primary role for the women prior to arriving to Canada. As a result, for the women who did not have childcare options, accessing language training and skill development programs was challenging. Although childcare is offered by the resettlement organizations as an enabling service, access is limited due to the shortage in daycare spaces. Sometimes, shortage in daycare also caused for tensions to rise between refugee women from diverse cultural groups. Tensions was caused by the misconception that priority childcare was provided to Syrian mothers. Transportation barriers (either to childcare or skill development training) was also highlighted as a common factor that reduced program accessibility. Despite the barriers experienced, many of the women expressed appreciation of the resettlement resources available to them. The mere existence of the programs, services, and supports made the women feel welcomed to Saskatchewan.

The second research question examined the efforts of resettlement staff to ensure successful program delivery and the perception of the resettlement experience of the women. The participating staff in this study all expressed passion for their work supporting refugee newcomers in Regina. Many revealed their role felt meaningful and were motivated by the progress of newcomers. Staff ensure the participation of women in important integration training classes by conducting community outreach, i.e. home

visits. In addition to this, resettlement organizations acknowledge the accessibility barriers (i.e. childcare) experienced by women. The Regina Open Door Society aims to address the childcare challenge by offering affordable childcare options to the women.

Despite the effort of the resettlement sector, many participating staff highlighted they often did not know the cultural backgrounds and experiences of the diverse groups of refugee newcomers (especially for women) in the classroom. This reduced the ability for staff to provide culturally appropriate learning material and resources. Staff also emphasized the disproportion amongst women and men in the classroom. Women typically had lower enrolment rates compared to men. As a result, many women still experience difficulty learning the English language, which pose several resettlement challenges. Specific challenges that may be experienced include the difficulty navigating and accessing important services (i.e. healthcare) independently in the absence of an interpreter. The lack of resources experience by resettlement organizations restricts the ability to continue to expand the programs and services to meet growing demand.

The final research question assessed how resettlement programs and services impact the wellbeing of refugee women. The data collected found that the committed mandate of resettlement programs and services is to support the integration process and successful resettlement of refugee newcomers. The achievement of these outcomes represents the positive wellbeing of refugee women. However, the accessibility challenges experienced by the women pose significant challenges to the overall wellbeing of the women. For instance, the persisting language barrier restricts communication and the ability for the women to perform day-to-day activities. The lack of age-specific programs led to unintended consequences, such as the exclusion of seniors. The lack of

customized, gender-based programs also caused for the exclusion of women and reduced participation in skill based language and employment training programs and services. These specific gaps negatively impact wellbeing, which is grounded in the ability to achieve their personal goals and desires.

6.2 Contribution to the Literature

The reported findings illustrated in this paper cannot be generalized to a larger population because the data was drawn from a small sample within a specific context. However, the reported findings may inform overall policy and program knowledge about the wellbeing of forcibly displaced women and their lived experiences in Regina, Saskatchewan. Insights gathered from the qualitative interviews revealed common pain points experienced by women accessing core programs and services. The findings of this thesis are valuable for future program planning and to improve program efficiency by reinforcing or revealing areas of need.

This study also contributes to the wider literature available on wellbeing both as a concept and as a critical component to the broader definition of mental health. There is growing interest amongst researchers and public policy to better understand the concept of wellbeing in Canada (World Bank Organization 2014). Prioritization of research that examines how wellbeing is impacted in vulnerable populations, as a result of multiple competing factors, leads to capacity building in institutions. Enhanced research in this field also leads to the continuous improvement of programs and services that ultimately aim to promote positive wellbeing, so Canadians can continue to dream and achieve all that they desire.

6.3 Program Implications

The goal of this thesis was to determine whether the available skill development programs and services supported the wellbeing of refugee women. By using a logic model, this thesis established a graphic representation of the program inputs, activities, outputs, and the desired outcomes of the programs and services. The logic model enabled more comprehensive understanding of each program, and through participant responses, it revealed common gaps. The findings of this study emphasize the importance of providing a logical framework, like the logic model, to ensure the achievement of effective, equitable and efficient outcomes for refugee women. The lessons learned from this study also reinforce the importance of data collection for the purpose of program improvement.

By employing the intersectionality framework as an analytical tool, this thesis acknowledges the multiple dimensions of exploitation and experiences of refugee women. The results found in this study support the conceptual grounds of the intersectionality framework, which emphasizes that social characteristics (like race, gender, age, and class) are interconnected and cause for multiple – overlapping discrimination and disadvantage. Applying the intersectionality approach to resettlement programs and services allowed for the analysis of key areas of need of refugee women and determined the degree to which these needs were met. The results also provide evidence that employing the intersectionality framework to future program planning is essential to address systematic and social barriers that often prevent the participation of refugee women, and the achievement of successful integration, which is essential to their wellbeing. The application of the intersectionality framework (or lack of) determines how

the complexities of the realities of refugee women are understood, and how they can be better supported towards becoming capable of promoting and achieving what they desire.

The findings presented here also reinforce the importance of incorporating qualitative methods, like the narrative approach, to program effectiveness. Qualitative methods in program effectiveness are particularly important when examining vulnerable populations. The stories shared by the participants in this study added valuable and detailed information regarding the lived experiences of refugee women. These stories also drew attention to the effects of programs and services in relation to the wellbeing outcomes for the women. The interviews with participants also revealed unintended consequences that emerged as a result of programs and services. For instance, the lack of age-specific programming that resulted in the exclusion of many refugee seniors. As well as the feelings of exclusion from refugee women from diverse cultural backgrounds due to shortage in childcare spots.

The research also draws attention to the certainty that effective program planning and delivery cannot be achieved solely by one organization. This is because the wellbeing of refugee women is not an issue that is central to one organization but rather impacts multiple institutions and agencies. The participation of all players, through the enhanced multi-sectoral collaboration, as well as stakeholder consultation and engagement, increases the capacity for lessons learned and continuous improvement.

This study provides evidence that the application of relevant tools and engagement strategies to assess the efficiency of programs reveal important factors which might have otherwise remained unknown. The continuous effort towards program improvement is beneficial to address the growing and unique needs of vulnerable

populations. It is also particularly imperative with the growing global human displacement and migration trend (The Organization for Economic Co-operation and Development 2017). Over the past few years, the intake of refugees fleeing political strife, etc., has increased significantly in Canada. More recently in Saskatchewan, an influx of Syrian refugees have resettled in various parts of the province. For many of the participants interviewed in this study, Canada was depicted as the land of opportunity. Many of the women were on a pursuit to accomplish their dreams, whether through educational achievements or career development. Prior to migrating to Canada, this would have likely been unattainable. Their hope and motivation is for their children. The continuous improvement of the resettlement sector enhances women towards smooth integration into Canadian society and towards the accomplishment of their goals.

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APPENDIX A: Interview Scripts

Interview Questions and Script for Refugee Women

1. How long have you lived in Regina?
2. Can you tell me a little about your experience living in Regina?
3. Have you experienced any challenges when you moved to Regina?
4. What successes have you experienced since you moved to Regina?
5. Do you access language, employment, and/or childcare programs and services?
6. What is your experience accessing these resettlement programs and services?
7. Have you been able to access these services when you needed them?
8. Are these programs and services easy for you to access?

Interview Questions and Script for Service Providers

1. What is the nature of your job working with forcibly displaced women?
2. How long have you been working with forcibly displaced women?
3. Can you tell me about how you think refugee women are adjusting to their new

life in Canada?

4. What kinds of services are available?
5. What are some of the barriers programs and services?
6. What are the program successes of programs and services?
7. Do staff receive training before they work with refugee women? If yes, can you describe the types of training provided to staff?
8. Do you think refugee women in Regina are utilizing resettlement services available for them? Why or Why not?

APPENDIX B: Research Brochure to Women

A Research Study about how Good Resettlement Supports and Services are for Refugee Women in Regina Saskatchewan.

Project Title: The Effectiveness of Early Resettlement Strategies for Women in Regina, Saskatchewan: A Study Examining Current Programs and Pathways to Successful Resettlement.

Research Goal: Masters of Public Policy student, Sophia Jesow, wants to learn more and understand the experiences of refugee women when they come to get supports and services. The research study is for refugee women who live in Regina Saskatchewan and have been living here for at least 1 – 3 years.

Would the study be a good fit for you? This study would be a good fit for you if you are:

- Female
- Refugee women resettled for 1-3 years
- Adults (18 years of age or older)
- Regina resident
- Are currently getting resettlement supports and services

What would happen if you take part on this study? If you decide to take part in this study, you will:

- be interviewed by the researcher for about 1 – 2 hours.
- asked a few of questions about your experiences when you come to get supports and services.
- have an available interpreter if you would like
- be tape recorded
- not be identified in the final research results and Your responses in this interview will be kept strictly private.
- have the right to not answer any questions or to stop participating at any time.

Location where the research will take place: The research The research will take place at the resettlement organization located at: (enter location where brochure is handed out).

Contract information: To take part in this research study or for more information, please contact the researcher, Sophia Jesow, at: SophiaJesow@uregina.ca.

School name, department, address:

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APPENDIX C: Research Poster to Resettlement Staff

A Research Study about how Good Resettlement Supports and Services are for Refugee Women in Regina Saskatchewan.



Project Title: The Effectiveness of Early Resettlement Strategies for Women in Regina, Saskatchewan: A Study Examining Current Programs and Pathways to Successful Resettlement.

Research Goal: Masters of Public Policy student, Sophia Jesow, wants to  learn more and understand the experiences of refugee women when they come to get supports and services. The research study is for refugee women who live in Regina Saskatchewan and resettlement service providers who work with them.

Would the study be a good fit for you? This study would be a good fit for you if you are:

- a resettlement service provider
- have recent experience working with refugee women (recent will be between 1-5 years)

What would happen if you take part on this study? If you decide to take part in this study, you will:

- be interviewed by the researcher for about 1 – 2 hours.
- asked a few of questions about your experiences working with refugee women.
- be tape recorded
- not be identified in the final research results and your responses in this interview will be kept strictly private.
- have the right to not answer any questions or to stop participating at any time.

Location where the research will take place: The research will take place at the resettlement organization where you work: (enter location where brochure is handed out).

Contract information: To take part in this research study or for more information, please contact the researcher, Sophia Jesow, at SophiaJesow@uregina.ca.

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