

# Newcomer families' experiences with programs and services to support early childhood development in Canada: A scoping review

Alison Brown<sup>1</sup>, Jessie-Lee D McIsaac<sup>2</sup>, Sarah Reddington<sup>3</sup>, Taylor Hill<sup>4</sup>, Susan Brigham<sup>5</sup>, Rebecca Spencer<sup>6</sup>, April Mandrona<sup>7</sup>

**Abstract:** It can be difficult for families with young children to navigate early childhood development supports. In particular, newcomer families often encounter additional barriers and require resources, programs, and services that are tailored to their unique assets, experiences, and needs. We conducted a scoping review of the literature published between 2000 and 2019 to explore what is known about newcomer families' experiences with programs and services to support early childhood development in Canada. We searched 12 databases, screened 2390 articles, and included 34 articles for synthesis and analysis. Three common and connected themes were identified: 1) effective intercultural understanding, responsiveness, and communication are critical to ensuring full access to meaningful programs and services; 2) some newcomer families face systemic barriers exacerbated by their immigration status, and; 3) feelings and perceptions of families and service providers, as well as social supports, networks, and relationships influence how programs and services are accessed and experienced. Our review identifies the requirement for additional, participatory research that centres the voices and perspectives of newcomer children and their families and the need to expand that research to less populated and rural areas of the country to inform meaningful and culturally relevant policies, programs, and services for newcomer families to support their children's well-being.

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## Introduction

The early years are recognized as a critical period for establishing the conditions for lifelong learning and wellbeing (Marmot, Friel, Bell, Houweling & Taylor, 2008). Early childhood development is a key social determinant of health; early education, family support and services can improve long-term health and educational outcomes and reduce inequities in health, income, and education at a population level (Black et al., 2017; Marmot et al., 2008; McCain, Mustard & Shanker, 2007; Mustard, 2006; World Health Organization, 2020). It can be difficult for families with young children to navigate systems to find the supports they need (McCain, 2020); this can be even more difficult for *newcomer families* as they may encounter barriers in relation to language and literacy, employment, transportation, health, food security, housing, and documentation (Cho & Shin, 2008; Gelatt, Adams & Huerta, 2014). Newcomer families are defined broadly here as those who fall within any of Canada's immigration categories (i.e., economic immigrant, immigrant sponsored by family, refugee, temporary worker, undocumented) who left their country for varied reasons, voluntarily or involuntarily (Statistics Canada, 2019).

<sup>1</sup> Mount Saint Vincent University and School of Information Management, Early Childhood Collaborative Research Centre, Dalhousie University, Halifax, Nova Scotia, Canada, e-mail: alisonbrown@dal.ca, ORCID: <https://orcid.org/0000-0002-4372-8574>

<sup>2</sup> Mount Saint Vincent University, Early Childhood Collaborative Research Centre, Faculty of Education, Department of Child and Youth Study, Halifax, Nova Scotia, Canada, e-mail: jessie-lee.mcisaac@msvu.ca, ORCID: <https://orcid.org/0000-0002-9294-5313>

<sup>3</sup> Mount Saint Vincent University, Department of Child and Youth Study, Halifax, Nova Scotia, Canada, e-mail: sarah.reddington@msvu.ca, ORCID: <https://orcid.org/0000-0002-1870-0342>

<sup>4</sup> Mount Saint Vincent University, Early Childhood Collaborative Research Centre, Halifax, Nova Scotia, Canada, e-mail: taylor.hill1@msvu.ca, ORCID: <https://orcid.org/0000-0003-0048-7712>

<sup>5</sup> Mount Saint Vincent University, Faculty of Education, Halifax, Nova Scotia, Canada, e-mail: susan.brigham@msvu.ca, ORCID: <https://orcid.org/0000-0003-0273-3366>

<sup>6</sup> Dalhousie University, School of Health and Human Performance, Halifax, Nova Scotia, Canada, e-mail: becky.spencer@dal.ca, ORCID: <https://orcid.org/0000-0002-5567-8041>

<sup>7</sup> NSCAD University, Division of Art History & Contemporary Culture, Halifax, Nova Scotia, Canada, e-mail: amandrona@nscad.ca, ORCID: <https://orcid.org/0000-0003-1625-514X>

In recent decades, the number of migrants and refugees has risen dramatically. In 2000, there were 173 million migrants; that number now stands at 272 million (United Nations, 2019). Canada's newcomer population has likewise flourished. According to the 2016 Census, 21.9% of Canada's population are immigrants and 3.5% of Canada's population have arrived in the past five years (Statistics Canada, 2017). In 2018, Canada admitted the highest number of newcomers (313, 580) in its history (Government of Canada, 2019). There is limited understanding about the extent to which existing programs, services, and policies are succeeding in supporting newcomer families with young children, especially from the perspective of those families. This scoping review reports what is known about newcomer families' experiences with programs and services to support early childhood development in Canada (e.g., childcare centres, parenting programs, health care providers, family resource centres, and nutritional supplementation).

The newcomer family experience is often marked by change and challenge as they learn to understand, manage, and navigate Canadian physical, social, economic, political and cultural settings and systems, and this unfamiliarity can impact their access to supports and services. Their migration stories and current living conditions similarly influence their complex settlement and integration processes (Best Start Resource Centre, 2010; Colbert, 2013; Mayhew, 2018). As newcomer families become woven into the social fabric of communities across Canada they demonstrate tremendous resilience and resourcefulness (Mayhew, 2018). However, many experience feelings of loss, anxiety, isolation, and stress; many similarly encounter systemic obstacles that impede their integration and inclusive access to programs, services, and community opportunities (Gelatt et al., 2014; Hernandez, Takanishi & Marotz, 2009).

This review paper contributes to the study of early childhood by focusing on the perspectives of a specific population—newcomer children and their parents—in a specific context—Canada—highlighting the findings of recent studies (2000-2019) about newcomer families' experiences with supports and services for early childhood development. Given that countries around the world are increasingly receiving newcomer families with young children, the paper is of interest and value to early childhood studies researchers, policy makers, and practitioners in other geographical locations who want to understand the unique needs and barriers to supports and services experienced by newcomer families and how to enhance community assets to strengthen early childhood development.

## **Background**

Newcomer families *with young children* face specific challenges and often require additional resources, programs, and services that are tailored to their assets, experiences, and needs to support the healthy development and wellbeing of their children. It has been well documented that access to these supports enhances family settlement, reduces socio-economic inequities, addresses newcomers' diverse needs and promotes agency within their communities (Karoly & Gonzalez, 2011; Magnuson & Shager, 2010). Moreover, newcomer families require information on how to locate, activate, and engage with these supports to enhance their access to all facets of community life and wellbeing.

Research reveals that newcomer families experience significant barriers as they try to navigate the complex systems to meet their needs. Further, how newcomer families experience social determinants of health such as employment and working conditions, food and housing insecurity, social exclusion, and discrimination may increase vulnerability and limit access to supports (Browne et al., 2017; Browne, Wade, Prime & Jenkins, 2018). Many existing systems and services are unresponsive or not built to address newcomer families' particular realities. For instance, many families face challenges with application documentation requirements, work-schedule conflicts, fear of child protective service involvement, transportation, and limited program capacity, and may lack affordable childcare, or awareness of the availability of early education programs and services (Browne et al., 2017, 2018; Mazer, Dion & Moryoussef, 2008; McCain et al., 2007; McKeary & Newbold, 2010). There is a requirement to prioritize culturally responsive programs and services (i.e., those which are asset-based and acknowledge, respond to, celebrate, and nurture families' unique cultures) as a means to enhance newcomer families' experiences within their communities as well as their access to services (Ladson-Billings, 2014). AbiHanna (2020), who

conducted a study with newcomer families in Halifax, Nova Scotia, asserts that culturally responsive pedagogy and programming are vital from the early years for ensuring that newcomer children are provided learning environments in which they can develop a sense of "belonging, being, and becoming" (p. 198). However, research indicates that many programs and services are not staffed by multilingual and/or culturally competent providers and therefore are ill-equipped to provide inclusive and accessible programs to newcomer families (Corter & Pelletier, 2010; Health & Education Research Group, 2013; Human Early Learning Partnership, 2015; McCain et al., 2007).

### **Purpose of the Study**

One tool designed to mitigate barriers and promote culturally competent policy and practice when working with newcomer families with young children is the RAISED Between Cultures model. The RAISED model was developed by researchers, service providers, educators, policy-makers, and immigrant community members to inform culturally competent practice with immigrant families and young children (Brosinsky, Georgis, Gokiert, Mejia & Kirova, 2018). The factors comprising the RAISED acronym are: Reveal culture, Acknowledge premigration experiences, Identify post-migration systemic barriers, Support family and community strengths, Establish connections between environments, and Determine child outcomes together with families. The model highlights the importance of having a deep understanding of families' cultural backgrounds, their migration experiences and challenges, as well as their strengths to support early childhood wellbeing (Brosinsky et al., 2018). The current study uses a scoping review methodology and draws on the RAISED Between Cultures conceptual model to examine the strengths and challenges that newcomer families with young children encounter when seeking supports. The aim of this scoping review is to describe what is known about newcomer families' experiences with programs and services to support early childhood development in Canada and identify how to enhance family and community assets to better support newcomer children and families to thrive.

### **Method**

Scoping reviews address an exploratory research question by systematically searching, selecting, and synthesizing a wide range of literature to determine the breadth of evidence on a particular topic (Levac, Colquhoun, & O'Brien, 2010; Peterson, Pearce, Ferguson & Langford, 2017). They are a type of knowledge synthesis that clarifies key concepts and related characteristics, allows assessment of emerging evidence, examines how research is conducted, identifies gaps in the literature, and scopes or maps a body of literature with relevance to time, location, source, method, and origin (Levac et al., 2010). The scoping review method can serve as a richly informed starting point for further investigations to contribute to research, practice, and policy. This scoping review was conducted using the five-stage framework described by Arksey and O'Malley (2005): identifying the research question, identifying relevant studies, selecting studies, charting the data, and collating, summarizing, and reporting the results.

#### **Identifying the Research Question**

The research question guiding this scoping review was: What is known about newcomer families' experiences with programs and services to support early childhood development in Canada? For the purpose of this review, "newcomer families" is an umbrella term encompassing those who have moved from their countries of origin for varied reasons, voluntarily or involuntarily, and those who fall within any of Canada's immigration categories: economic immigrant, immigrant sponsored by family, refugee, temporary worker, undocumented, and other (Statistics Canada, 2019). When we refer to early childhood development in relation to newcomer families' experiences, we are referring to language and culture, structural barriers and opportunities, divergent practices and systems, psychosocial factors, and social supports and relationships that determine young children's access and overall development in the early years context. Programs and services are those which support families' efforts to secure their children's healthy development and well-being (e.g., childcare centres, parenting programs, health care providers, family resource centres, and recreational activities.).

## Identifying Relevant Studies

We created a sensitive search strategy, in consultation with a subject specialist librarian, to identify relevant articles for inclusion in the study's analysis and synthesis. To identify English, peer-reviewed documents published between 2000 and 2019, without methodological restrictions, we searched 12 electronic bibliographic databases: Child Development and Adolescent Studies, Academic Search Premier, CINAHL Plus, Education Research Complete, Education Resources Information Center (ERIC), PsychArticles, PsychINFO, SocINDEX, Medline, Gender Studies Database, LGBT Life, and SpringerLink. Database searching was followed by a search of the first twenty pages in Google Scholar. For grey literature, we conferred with Canadian immigration experts to create a list of relevant government and nongovernment organizations (n=18) from which to search for relevant reports. Finally, we hand-searched the reference lists of identified review articles, and key journals (e.g., *Journal of Immigrant and Minority Health*, *Journal of Comparative Family Studies*, *Health and Social Care in the Community*) and authors (e.g., Higginbottom, Khanlou, and Stewart) identified by our research team and Canadian immigration experts. The review of literature was completed over four months, ending in July 2019.

Using the research question as a guide, we developed a list of search terms to capture the salient concepts of the study population (e.g. immigrant, newcomer, refugee, permanent resident) combined with the study focus (e.g., early childhood, program, service, support, help-seeking). The terms were searched as key words, topics, and subject headings, particular to each database. As familiarity with the literature evolved, an iterative process was used to establish inclusion and exclusion criteria, outlined in Table 1. Articles were included for consideration if they were focused on the Canadian context, focused on the experiences of newcomer families with young children, included a discussion of access to and experiences of supports for early childhood development, published in English or French, and published between January 2000 and July 2019.

**Table 1.** *Inclusion and exclusion criteria*

Criteria	Inclusion	Exclusion
Country	Canada	Any country other than Canada
Focus	Experiences of newcomer families' access and experience of early childhood development supports	Not newcomer families with young children; No discussion of experiences with early childhood supports
Language	English, French	Any other than English or French
Publication Type	Peer-reviewed; Grey literature	Review articles
Publication Date	January 2000 – January 2019	Before January 2000; After January 2019
Publication Date	January 2000 – January 2019	Before January 2000; After January 2019

## Selecting the Studies

Applying the developed search strategy and removing duplicates identified 2390 potential articles. Scoping reviews use an iterative process for study selection, reviewing potential items in progressively more depth, and updating selection criteria as familiarity with the literature develops (Arksey & O'Malley, 2005). An initial reading of the title and abstract of all articles identified from the databases was undertaken independently by two reviewers; screening against inclusion and exclusion criteria, they identified 168 articles for full-text review. Two members of the research team independently read the full text of those articles and screened against the same inclusion and exclusion criteria. Where there was need for further discussion additional members of the research team were consulted. Of those excluded, 95 articles did not focus on or have substantial discussion about families' access to or experience with supports for early childhood. Sixteen articles did not explore the experiences of newcomer families and nineteen articles did not focus on newcomer families with young children. Finally, four articles were excluded as they did not report on experiences of families within Canada. This screening process, illustrated in Fig. 1 below, resulted in the inclusion of 34 articles in the scoping review.

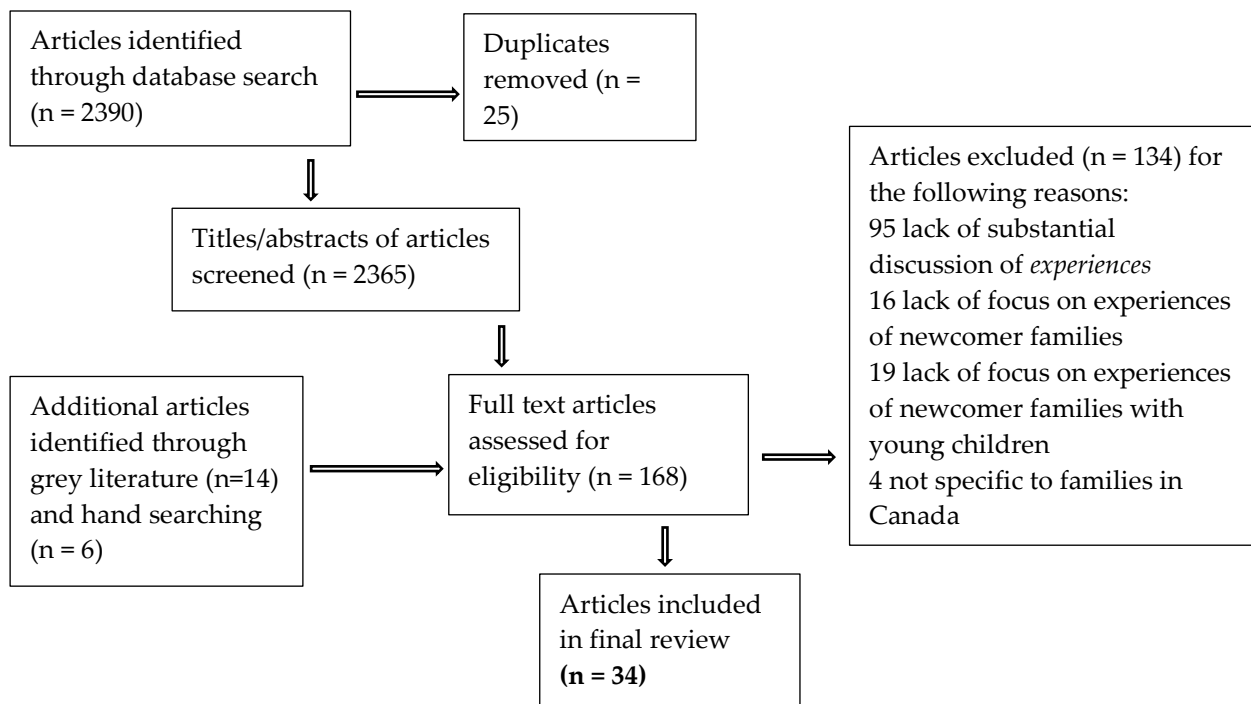


Figure 1. Flowchart depicting search results and exclusions.

### Charting the Studies

Using a descriptive and analytical method recommended by Arksey and O'Malley (2005), we systematically extracted, charted, and tabulated data from the studies that met the inclusion criteria. We used an extraction form, collectively and iteratively developed and refined by the authors with categories related to key study characteristics and those that best responded to the research question and objectives (Levac et al., 2010). The information charted included: author(s), publication year, and location; study purpose; methods, design and sample; study key findings; experiences with programs and services to support early childhood development; barriers to programs and services, and; opportunities for improvements. Our data extraction and charting are presented in Appendix A.

### Collating, Summarizing, and Reporting the Findings

The fifth and final stage of Arksey and O'Malley's (2005) scoping review framework summarizes and reports findings. The analysis of this scoping review occurred in three phases and involved careful reflection and examination among the authors independently and in meetings. First, we tabulated and reported a descriptive numerical summary for data pertaining to study characteristics (e.g., frequency counts for where and when the studies were conducted, types of studies). Extracted data reporting experiences with early childhood supports, barriers to supports, and opportunities for improvements were then thematically analyzed using the six-step process described by (Braun & Clarke, 2006): Familiarization of data (e.g. reading the data multiple times), initial coding, generating themes, validity and reliability of themes, defining and naming of themes, and interpretation and reporting. We identified common themes and sub-themes in the literature and have categorized them across three broad categories that describe newcomer families' experiences with programs and services to support early childhood development in Canada: 1) language and culture, 2) structural barriers and opportunities, and 3) psychosocial factors, social supports and relationships.

A final analytical step involved reviewing the themes in relation to the RAISED Between Cultures conceptual model. This process was guided by our research objective to identify the families' experiences and perspectives that could be helpful to policymakers and practitioners in developing, delivering, and

sustaining meaningful, effective, culturally relevant supports for early childhood well-being. The mapping of our research findings to the RAISED Between Cultures model is presented in the Discussion section.

## Results

### Descriptive Numerical Summary

Of the 34 articles that met the final inclusion criteria, the earliest was published in 2003 and twelve were published in the past five years. The greatest number of articles reported research from Ontario (n = 17), followed by Alberta (n = 8) and Quebec (n = 7). The peer-reviewed articles were from a range of disciplines including education, maternal health, health sciences, and social work. The reviewed research included populations identified as economic immigrants, refugees, immigrant families with children with disabilities or illnesses, and those with a variety of immigration statuses such as undocumented. We sought to describe the experiences of newcomer families as they navigate health care and education systems in Canada. Studies mostly (n = 27) applied solely qualitative methods; likely due to our focus on the experiences of families, although there were also solely quantitative (n = 1), mixed-methods (n = 5), and program evaluation (n = 1) studies included. Some studies focused on specific populations, such as children with disabilities (n = 6) or cancer (n = 2), or newcomer women accessing maternity care (n = 5). Some studies (n = 7) were based on service or care providers' (SCPs) experiences supporting newcomer families and their perspectives of families' experiences.

### Major Themes

The overall aim with this scoping review was to present what is known about newcomer families' experiences with programs and services to support early childhood development in Canada. We analyzed the reported family experiences with early childhood programs and services, barriers to programs and services, and opportunities for improved programs and services. We identified three common and connected themes: 1) language and culture, 2) structural barriers and opportunities, and 3) psychosocial factors, social supports, and relationships. The evidence for each theme and subtheme is described with key concepts and illustrative examples below (and outlined in Table 2).

**Table 2.** Summary of themes

Theme	Description	Subthemes
<b>Language and culture</b>	Culture and language are intertwined; they evolve together and influence one another. The need for effective intercultural understanding, responsiveness, and communication to ensure full access to meaningful programs and services.	Cultural responsiveness; language constraints; interpretation and translation services; communication between home and service
<b>Structural barriers and opportunities</b>	Newcomer families face disproportionate challenges stemming from systems or sets of procedures beyond their control and exacerbated by their immigration status.	Affordability; employment and education; administrative logistics
<b>Psychosocial factors, social supports, and relationships</b>	Feelings and perceptions of both families and SCPs, as well as social supports/networks/ relationships influence how programs and services are accessed and experienced.	

### Language and Culture

**Cultural responsiveness to a unique set of experiences.** It was evident in the included studies that a responsive understanding and appreciation of cultural diversity is essential for appropriate, inclusive, and meaningful care from SCPs to support early childhood development. Generally, cultural

responsiveness was described as offering culturally appropriate screening, services, programs, and practices (n = 19). For instance, SCPs should be aware of the social determinants of newcomer's health (e.g., social isolation, poverty, education and trained in how to effectively support this population (Ahmed, Bowen & Feng, 2017; Alaggia, Maiter & Jenney, 2017). In addition to tailoring supports to newcomer families' migratory context, the intersection of other circumstances may require attention, such as parents of a child with an intellectual or cognitive disability (Khanlou, Mustafa, Vazquez, Davidson & Yoshida, 2017). Divergent beliefs and practices exist between SCPs and parents (Brassart, Prévost, Bétrisey, Lemieux & Desmarais, 2017; Cobb, 2014; Fontil & Petrakos, 2015; Gagnon et al., 2010; Higginbottom et al., 2013; Jessri, Farmer & Olson, 2013). As awareness stems from pre-migration systems which tend to differ greatly from post-migration systems (Cobb, 2014; Khanlou et al., 2017), unique cultural norms (e.g., importance of dental care) may determine newcomer parents' engagement with certain services (Amin & ElSalhy, 2017). Newcomer parents and SCPs may hold divergent beliefs about children's medical care (Brassart et al., 2017; Klassen et al., 2012), stemming from a misunderstanding between health care system professionals and the newcomers (Gagnon et al., 2010; Higginbottom et al., 2013; Klassen et al., 2012; Woodgate et al., 2017), and accompanied by incongruent expectations regarding parents' involvement in medical health services (Brassart et al., 2017). For example, newcomer mothers may be uncomfortable discussing the use of inclusive education programs and services because they are not familiar with them to comfortably advocate for their use (Cobb, 2014). Acknowledging and trying to understand newcomers' challenges in resettlement at the first meeting between newcomers and SCPs can help build rapport and validate their feelings and experiences (Ansion & Merali, 2017). SCPs' commitment to enhancing awareness of the interaction between migratory context and subsequent challenges can improve feelings of social support in newcomer parents (Ben-Cheikh & Rousseau, 2013) and enhance communication (Dumbrill, 2009).

When designing programs and services to support newcomer families, the multiple layers of influence should be considered (e.g., community, cultural) to ensure cultural acceptability (Jessri et al., 2013). Newcomer mothers whose culture and religion hold certain beliefs and practices can be supported, for example, by SCPs' respectful acknowledgement of these differences (Jessri et al., 2013). Higginbottom et al. (2013) report Sudanese women's concern when nurses gave newborn babies a bottle when the mothers wanted to breastfeed. The need for acknowledging and understanding different cultural beliefs and practices is further discussed below. Professional development to increase cultural competency and responsiveness across the SCP workforce can develop new ways of informing and educating newcomer parents about the resources available to them (Klassen et al., 2012). For example, educating SCPs on newcomer families' coverage and eligibility for health care services can minimize the fragmentation of care (Rink et al., 2017), especially if SCPs can convey health information in accessible language formats (Merry, Gagnon, Kalim, & Bouris, 2011).

**Language constraints.** Language barriers impact newcomer parents' awareness of their rights (Khanlou Haque, Sheehan & Jones, 2015) and available services and supports (Cobb, 2014; Dumbrill, 2009; Jessri et al., 2013; Joyette, 2014; Kilbride & Ali, 2010; King, Lindsay, Klassen, Esses & Mesterman 2011; Merry et al., 2011; Wahoush, 2009). Moreover, parents' level of awareness is shaped by their command of the English language (Cobb, 2014; Dumbrill, 2009) and their capacity to seek useful, relevant information. For example, parents may be unaware of educational (Joyette, 2014; Kilbride & Ali, 2010) or supportive (Jessri et al., 2013; Wahoush, 2009) opportunities for their child and not have the literacy skills to access information in the English language (Dumbrill, 2009). Even if newcomer parents have the tools to information- and help- seek, SCPs tend to hold varying levels of knowledge about newcomer-specific resources (King et al., 2011; Merry et al., 2011) or have resources available in limited languages (Woodgate et al., 2017).

The ability of families to communicate effectively with SCPs and community institutions (e.g., their children's school) is also dependent on their command of the English language as mentioned previously. Limited English language proficiency was reported as a barrier in most studies reviewed (n = 22) and can compound their access to a modality of supports. For example, a parental language barrier influences mothers' knowledge of available supports (Cobb, 2014; Dumbrill, 2009) and may impede accessing specific

formal services that would benefit their child (Fontil & Petrakos, 2015). Mothers who experience language barriers may have difficulty navigating education systems, have challenges advocating for their child and, as a result, impede their child's access to inclusive learning environments (Kilbride & Ali, 2010).

In addition to verbal communication, SCPs' interpretation of nonverbal behavior (e.g., maternal distress during labour) may be inaccurate due to their lack of understanding of cultural differences in expression (Higginbottom et al., 2013). Particularly sensitive contexts, such as childbirth, present an enhanced requirement for culture and language relevant care (Reitmanova & Gustafson, 2008). For example, Higginbottom and colleagues (2013) reported that newcomer women may hold cultural beliefs about stoicism, which prevents SCPS from identifying signals of distress and ultimately, referrals for maternity care. When health-related information is typically shared with newcomer parents in English or French (the official languages of Canada) discrepancies in understanding can occur (Klassen et al., 2012) and contribute to lower health literacy in newcomer parents. In particular, newcomer mothers may have difficulty expressing health concerns or accessing supports due to their language barrier (Reitmanova & Gustafson, 2008). An opportunity to improve the experience of newcomer families accessing supports is to coordinate intense supports for English and/or French language learning (Roer-Strier, Strier, Este, Shimoni & Clark, 2005). As newcomer parents develop their English and/or French language skills, employment and educational opportunities arise which they may have been excluded from previously.

Hoen (2003) evaluated a program designed to support newcomer families and enhance their relationship with the Canadian education and social service systems. The evaluation report concluded that newcomer parents learned how to promote healthy child development, specifically using teaching approaches commonly used in Canadian school systems to enhance children's transition into school. Newcomer parents also gained knowledge on methods of communication and interaction with school personnel and recognize their right to request an interpreter and information about their children's progress. The program taught parents about the structures and services embedded in the Canadian systems that relate to families, and to feel empowered in this process by advocating for their rights, both parents and children (Hoen, 2003). Another article spoke to the importance of SCPs' understanding parents' apprehension regarding therapeutic goals due to cultural differences (e.g., stigma of mental health issues) and consider how they can appropriately involve parents in treatment (e.g., help parents understand treatment process and the importance of therapy by defining achievable goals) (Brassart et al., 2017).

Cultural interpreters can positively engage newcomer families by enabling them to communicate in their own language, although SCPs may lack the resources necessary to employ cultural interpreters or to train support workers (Alaggia et al., 2017). Some newcomer families prefer to speak in English to learn about the new systems and structures in Canada (Alaggia et al., 2017), or when engaging in community support groups (Stewart, Simich, Shizha, Makumbe & Makwarimba, 2012). Further, some parents depend on their child to translate while navigating new systems, especially if their child is in an English-taught school (Kilbride & Ali, 2010). One study demonstrated how SCPs, using culturally competent practice or with the help of cultural interpreters, can use alternative methods to communicate with newcomer families. By employing pictures, photos, or translation software tools, SCPS and parents can develop a shared understanding of needs, resources, and experiences (Brassart et al., 2017). If interpreters and translators are hired, SCPs should be trained on how to engage with their services in a way that best supports newcomer families (Dumbrill, 2009; King et al., 2011). At the very least, SCPs should have a working knowledge of the language services and supports available to newcomer families (Woodgate et al., 2017) and not assume that newcomer parents know what supports exist (King et al., 2011).

**Communication between home and services.** Evident from our review is the need for SCPs to implement measures for consistent, effective communication between families and the services they access. One included study suggests that by "establishing a network of champions" (Joyette, 2014, p. 6) that represent different domains of support for newcomer families (e.g., early childhood education, faith and ethnic groups, local support groups), efforts can be consolidated to optimally support newcomer families (Joyette, 2014). Offering in-home, culturally responsive services that respond to the needs of the whole family (Maiter & Stalker, 2011) is another strengths-based, community-embedded way to enhance



communication with newcomer families. For newcomer children with disabilities, such as autism spectrum disorders, the transition from preschool to elementary school requires a strengthening of educational and community support. Schools must intentionally take steps to develop trusting collaborative partnerships with families (Fontil & Petrakos, 2015). Community-embedded programming can enhance newcomer families' resettlement experiences (e.g., mental health support) (Simich, Wu & Nerad, 2007; Stewart, Simich, Shizha, Makumbe & Makwarimba, 2012). Moreover, intersectoral collaboration among supportive services (e.g., agencies) can reduce barriers to accessing supports while being culturally relevant (Stewart et al., 2008; Woodgate et al., 2017). Structuring supports into culturally sensitive, holistic, comprehensive and collaborative programs can ultimately promote the multifaceted well-being of newcomer families, especially in the early childhood period (Roer-Strier et al., 2005).

### **Structural Barriers and Opportunities**

**Affordability.** Personal financial ability to access supports and the financial constraints of many service organizations were mentioned in many of the studies reviewed (n = 9). For example, Alaggia and colleagues (2017) identified a need for increased funding for service provision for newcomer families with language challenges who are seeking community-based supports. Families' ability to access health services such as dental care for their children was influenced by their ability to pay for these services (Badri, Wolfe, Farmer & Amin, 2018), especially for 'irregular' immigrants who have limited access to insurance (Simich et al., 2007). Newcomer families may experience medication and non-basic health care services as high-cost expenses (Woodgate et al., 2017), and hospitalization is a particularly dire financial burden (Stewart et al., 2012). Refugee claimants may be denied access to care because of a lack of continuous health insurance which is not well understood by some health care providers (Rink et al., 2017). In Canada, an estimated 500 000 live without health insurance due to their immigration status; many provinces and territories require a 3-month waiting period, temporary foreign workers, undocumented, and refugee claimants may qualify for the Interim Federal Health program but the program is not used consistently across jurisdictions (Barnes, 2016). Medical personnel are sometimes reluctant to serve refugee families or those with tenuous immigration status, due to the confusing bureaucracy and delayed reimbursements (Barnes, 2016; Tastsoglou, Abidi, Brigham & Lange, 2014).

Suggestions for mitigating this barrier are presented in several of our scoping review included articles. Enforcing a no-denial, no-fee policy would ensure all children can access medical care (Rink et al., 2017), especially considering how financial barriers may impede newcomer parents from following through with referrals from SCPs (Gagnon et al., 2010). The three-month waiting period for provincial insurance coverage (e.g., Ontario Health Insurance Plan) for newcomers re-enforces this barrier (Goel, Bloch & Caulford, 2013). Taking the time to explain and convey health-related information is essential for effective communication between the health workforce and newcomer families. For example, newcomer mothers may not be able to access postpartum and social services due to financial difficulties (Merry et al., 2011). One way to overcome this barrier is the provision of access to government-sponsored benefits for new parents who are new to Canada; SCPs could implement screening procedures to identify and refer mothers who may be at-risk for experiencing financial difficulties (Merry et al., 2011) and do not know their rights (Rink et al., 2017). Focusing interventions designed to promote the healthy development of newcomer children should consider tailoring support to families with low income (Hoen, 2003), especially considering the negative health consequences associated with financial stress in newcomer families (Khanlou et al., 2017).

**Employment and education.** Finding meaningful and suitable employment can be difficult for newcomer parents (Khanlou et al., 2017; Woodgate et al., 2017), resulting in unemployment or under-employment (Stewart et al., 2012). Barriers to employment include discrimination against newcomers and not having access to community supports such as certain employment services that are limited to Canadian citizens and permanent residents with the appropriate paperwork (Stewart et al., 2008). In one study it was found that the amount of time that newcomer fathers spend with their children was linked to their employment status, wherein fathers who are not meaningfully employed in a way that utilizes their skills and education (i.e., they are over-qualified for their new employment) feel they cannot adequately

financially provide for their children (Roer-Strier et al., 2005). Newcomer parents trying to navigate the education system on behalf of their children valued interactions with educators who showed compassion, avoided judgement and who worked with the parents in genuine partnerships; however, some educators lacked knowledge of families' pre-migration conditions and were not culturally sensitive in their work with parents (Fontil & Petrakos, 2015). Kilbride and Ali (2010) highlighted how communication between home and school is especially important to avoid streaming newcomer children (i.e., grouped with children who have academic challenges). SCPs can also benefit from continuing education, especially front-line workers and community service providers (Falihi, 2019). SCPs should be strongly encouraged to avail themselves of the professional development opportunities that exist for navigating supportive relationships with newcomers, such as cross-sectoral learning exchanges and field placements (Falihi, 2019).

**Administration and logistics.** Newcomer families faced many administrative-related barriers to accessing supports, for example: supports being inaccessible to newcomer families due to long wait times (Ben-Cheikh & Rousseau, 2013), inflexible scheduling (Gagnon et al., 2010) with inconvenient locations and times (Khanlou et al., 2017), and services that are too short or lacking in resources (Dumbrill, 2009). Form-filling was identified as a challenge for newcomer parents; the burden of extensive paperwork can be exacerbated by language gaps and paucity of help from SCPs (Khanlou et al., 2015; King et al., 2011; Klassen et al., 2012). The rigid complexity of the Canadian health care system (Brassart et al., 2017) makes navigating a new system increasingly difficult; a caseworker, peer-navigator, or cultural broker model is recommended (e.g., Klassen et al., 2012). Minimal access to childcare can also impede newcomer mothers from attending English language learning classes (Merry et al., 2011) or pre-natal classes (Reitmanova & Gustafson, 2008). Some newcomer parents struggle to find childcare when attending appointments and commitments for one child (Ahmed, Bowen, & Feng, 2017; Amin & ElSalhy, 2017; Gagnon et al., 2010), and perceive SCPs as annoyed when other children are present (Gagnon et al., 2010).

Studies recommend that SCPs be empathetic when dealing with other children being present at appointments (Gagnon et al., 2010) or even offer in-home consultations and care provision in keeping with family-centred care (Maiter & Stalker, 2011). Joyette (2014) advocates for newcomer families to receive public transit subsidies when registered in city programs, to overcome logistical issues. As many services are geographically dispersed (Khanlou et al., 2015), it would be ideal to secure resources to support the development of multi-service centres (Joyette, 2014) to overcome consistently report transportation obstacles (Ahmed et al., 2017; Amin & ElSalhy, 2017; Gagnon et al., 2010; Klassen et al., 2012; Merry et al., 2011; Stewart et al., 2008; Woodgate et al., 2017). Interprofessional collaboration (Brassart et al., 2017) that helps coordinate and integrate knowledge exchange between organizations and individuals can bridge the provision of services (Falihi, 2019). For instance, establishing an equity committee within schools that mandates professional development opportunities for culturally responsive practices (Cobb, 2014) can build the capacity to expand community awareness and responsiveness. By being aware of the need for change, which exists on many levels, existing relevant resources can be used, adapted, built on, and expanded (Falihi, 2019). Identifying newcomer families' needs and being aware of existing resources can propel systematic and strategic planning on multiple levels (Falihi, 2019). The studies also suggest that policies and procedures be developed and implemented in a holistic approach, with strategic planning on multiple levels (Falihi, 2019) that is focused on the needs and issues experienced by newcomer families and young children (Joyette, 2014).

### **Psychosocial Factors, Social Support, and Relationships**

The experiences of newcomer families are shaped in part by their mental health, which is further influenced by the pre- and post-migration experiences and their cultural norms and beliefs. For example, families describe feelings of depression and loneliness (Ansion & Merali, 2017; Klassen et al., 2012; Stewart et al., 2012), especially parents worried about their family being separated due to irregular immigration status (Simich et al., 2007). Lack of legal status takes a psychological toll, yet some parents may distrust those outside of their family which impedes their willingness to seek support (Dumbrill, 2009; Klassen et al., 2012; Simich et al., 2007). Woven through several included studies were feelings of mistrust, disrupted

support systems, and challenges with establishing supportive formal and informal relationships. Newcomer parents may feel isolated (Ansion & Merali, 2017; Khanlou et al., 2017) and in need of more guidance from SCPs (Fontil & Petrakos, 2015; Khanlou et al., 2015). Newcomer parents with children with developmental disabilities may struggle with guilt and feel judgement by the community when with their children in public places resulting in social isolation (Fontil & Petrakos, 2015). Roer-Strier et al. (2005) describe how fathers felt that support could be more tailored to fatherhood, such as programming designed specifically for newcomer fathers. Cultural stigma and privacy concerns are reported barriers to accessing mental health services (Ahmed et al., 2017; Khanlou et al., 2017). For example, Ahmed et al. (2017) report that refugee women have difficulty expressing feelings of depression due to the stigma of mental health in their cultural beliefs, leading to poor maternal mental health. Pre-existing barriers to accessing services can be exacerbated by inadequate informal support (Stewart et al., 2008), wherein parents are not connected to relevant sources of support which would help them manage their child's well-being.

Families' interactions with SCPs, especially the first meeting, shapes their perceptions and feelings about their experiences. In nearly one-third of the studies reviewed ( $n = 11$ ), families reveal facing varying levels of discrimination (Dumbrill, 2009; Khanlou et al., 2017; Maiter & Stalker, 2011; Simich et al., 2007). Poor interactions can produce negative feelings toward the health care system and workers (Ben-Cheikh & Rousseau, 2013) and subsequent avoidance of care (Goel et al., 2013; Rink et al., 2017; Wahoush, 2009). To overcome this barrier, studies recommend that SCPs be knowledgeable and friendly (Badri et al., 2018), culturally sensitive (Higginbottom et al., 2013), solicit and address any concerns with parents (Dumbrill, 2009), utilize a strength-based approach to practice (Maiter & Stalker, 2011), and increase community-embedded supportive services (Simich et al., 2007). Normalizing families' experiences and feelings with empathetic professionals (Gagnon et al., 2010) in community-embedded mental health services (Simich et al., 2007) can enhance emotional support (Ansion & Merali, 2017), and ultimately newcomers' mental health. Although newcomer families experience a diminished extended family support system in their resettlement in Canada, new support networks can be created in unexpected ways (Ansion & Merali, 2017). For example, some families report establishing friendships within the health care and school systems (Ansion & Merali, 2017) and among other newcomer parents (Klassen et al., 2012), especially when seeking information about their child's health (Wahoush, 2009). Indeed, an opportunity for SCPs to improve the supports available to newcomer families is to provide the means necessary to build a new social network (Ansion & Merali, 2017; Ben-Cheikh & Rousseau, 2013; Reitmanova & Gustafson, 2008), through informal or formal community supports (Hoen, 2003; Stewart et al., 2012) that can help develop trusted relationships (Fontil & Petrakos, 2015). For instance, Fontil and Petrakos (2015) report the buffering-capacity of support systems (e.g., teachers, family, and community supportive services) to help overcome challenges associated with resettlement.

Community networks are especially important for newcomer families as they navigate supports for early childhood development (Maiter & Stalker, 2011). Stewart et al. (2012) suggest that programming for newcomer children should encourage age-based, gender-based, and language-based groupings (Stewart et al., 2012) to effectively nurture positive relationships and develop social networks. Intersectoral collaboration among organizations is especially helpful when addressing the supportive needs of newcomers, by coordinating different types of support (i.e., instrumental, practical, social) and should be made known to newcomers (Stewart et al., 2008). Ideally, parenting programs should be designed and implemented that are meaningful and relevant to newcomer families. Developing a peer-to-peer support system for newcomer parents to be supported by someone from their culture (Klassen et al., 2012) would be a way of informing and educating parents about resources while also providing the means to build a new social network.

## Discussion

Our scoping review reveals a range of factors that affect newcomer families' access and experiences of supports for early childhood development in their new Canadian communities. In turn, these factors are

influenced by the beliefs, socio-cultural practices, and actions of both the families and the systems, institutions, and organizations designed to support them. While major themes were outlined above it is important to recognize that the obstacles and opportunities within one domain influence the other and all interact to shape the experiences of newcomer families with young children.

To critically examine and better understand our results, we looked at them in relation to the RAISED Between Cultures (RAISED) model. The RAISED model builds on Bronfenbrenner's ecological systems theory (1979) and was designed collectively by researchers, service providers, educators, policy-makers, and immigrant community members to inform culturally competent practice with immigrant families and young children (Brosinsky et al., 2018). The model outlines six key factors that when considered by educators and practitioners working with newcomer families can contribute to children's well-being, as outlined in Figures 2 and 3. The factors comprising the RAISED acronym are: Reveal culture, Acknowledge premigration experiences, Identify post-migration systemic barriers, Support family and community strengths, Establish connections between environments, and Determine child outcomes together with families. The findings from our review connect well to the interdependent factors within the RAISED model and suggest the model would be a useful tool for developing, delivering, and sustaining successful, meaningful, culturally relevant supports for early childhood development.



**Figure 2.** RAISED model, reprinted from “RAISED Between Cultures: New resources for working with children of immigrant or refugee background” by L. Brosinsky, R. Georgis, R. Gokiert, T. Mejia and A. Kirova, 2018, *Childhood Education*, 94, p. 20.

### Reveal Culture

This factor of the RAISED model highlights the importance of understanding how culture, including the social practices, beliefs, and norms of different communities, shapes every aspect of family life, including access and experiences of early childhood services and programs. The RAISED model stresses that while some cultural traditions are visible and apparent (e.g., food, clothing, language), others are less visible (e.g., beliefs about childhood development, value placed on dental care, post-partum practices). The results of our review suggest that it is important to identify, understand, and respect the deeper meaning behind these culturally-influenced practices and norms (Brosinsky et al., 2018). For example, what is revered in some cultures (e.g., stoicism during childbirth) can be viewed as confusing or worrying to others (Higginbottom et al., 2013). Without recognition and acceptance of cultural differences, the risk of stigmatization, assumptions, and misinterpretation is high. Moreover, if families feel their customs or beliefs are not respected, they may avoid seeking necessary supports (Rink et al., 2017; Stewart et al., 2006). Nearly every study in our scoping review emphasize that culturally sensitive and responsive support is vital, providing support for the RAISED model's advocacy for the provision of professional development

to SCPs for culturally responsive service delivery.

Further, language is intertwined with culture. Most of the reviewed articles discuss how not sharing a common language creates numerous challenges for families as they attempt to access and experience early childhood services and programs. Language barriers lead to families being unaware of programs and services, unable to navigate the unfamiliar systems, or experience discomfort, discrimination, or misunderstandings in the provision of those programs and services. Limited dominant language proficiency also creates challenges in securing education or employment opportunities, directly and indirectly compounding constraints in accessing programs and services for early childhood development. Cultural brokers, translators, and interpreters can strengthen the provision of supports, facilitating shared understanding (Dumbrill, 2009; King et al., 2011; Woodgate et al., 2017). Intensive language supports can strengthen families' abilities to navigate the additional services they need.

### **Acknowledge Pre-Migration Experiences**

This factor emphasizes the need for SCPs to understand that every newcomer family had experiences prior to their migration to Canada that shape their current socio-cultural practices and actions. Learning about and acknowledging these experiences can uncover the information necessary to develop and deliver effective, responsive supports for early childhood development. Our review included studies reporting the experiences of families who voluntarily chose to come to Canada for economic or family reasons, families who did not choose Canada but were forced to flee their countries of origin and provided refuge in Canada, and families who were looking for better health care and educational opportunities. Regardless of their motivations for moving to Canada, all families left behind social networks, and familiar systems and processes and as a result, many experienced feelings of isolation and fear. A sense of belonging is a vital component of the inclusion of vulnerable groups, such as newcomer families, into local Canadian community contexts. Canadian early childhood programs and services should be developed to take into consideration global mobility and migration.

Additionally, families initially relied on their pre-migration knowledge and experiences of navigating early childhood development supports and services, despite that Canadian systems (e.g., government, healthcare, educational, social development) may be quite different (Amin & ElSalhy, 2017; Anson & Merali, 2018; Brassart et al., 2017; Cobb, 2014; Fontil & Petrakos, 2015; Higginbottom et al., 2013; Jessri et al., 2013; Khanlou et al., 2017; Roer-Strier et al., 2005; Woodgate et al., 2017). This highlights the importance of knowing the political, cultural, and social contexts from which newcomer families have arrived and understanding how these contexts influence their current understandings and experiences. For example, families who come from a culture where stigma surrounding mental health or inclusive education remains, may be reluctant to access the required supports or be unfamiliar with how to navigate them (Ahmed, Bowen, & Feng, 2017; Ben-Cheikh & Rousseau, 2013; Joyette, 2014; Khanlou et al., 2015). Findings from our review support the RAISED model's recommendation to proactively learn about and acknowledge each family's pre-migration experience as their stories can inform how to best support them.

### **Identify Post-Migration Systemic Barriers**

Evident from our review is that several post-migration systemic barriers prevent or hamper newcomer families from accessing the supports they need to ensure their children's well-being. Systemic barriers are "practices, processes/procedures, and beliefs that do not take into account the social, cultural, and language realities of all families and may prevent meaningful participation and equitable access to programs and services" (Georgis et al., 2017, p. 16). Corroborating findings from past studies in other jurisdictions, families in our review of studies identified several issues that directly or indirectly created challenges to successfully securing supports for early childhood development: financial constraints, limited educational or employment opportunities, lack of proficiency in the dominant language (English or French), feeling unwelcomed and discriminated against, long waiting times, inconvenient locations or scheduling, lack of affordable childcare or transportation, complicated forms, lack of insurance, and stringent eligibility requirements for certain services. Identifying newcomer families' needs and being aware of the obstacles in meeting those needs can propel coordinated and strategic efforts to adapt or

expand existing resources, as well as develop and implement new ones (Falihi, 2019; Roer-Strier et al., 2005).

### **Support Family and Community Strengths**

The RAISED model highlights that alongside the multiple challenges experienced by families are their demonstrated assets and strengths. Findings from our review confirm that family and community strengths such as multilingualism, interdependence, perseverance, and family bonds can be leveraged to improve access and experiences of supports for early childhood development (Ben-Cheikh & Rousseau, 2013, p.?.; Khanlou et al., 2017; Maiter & Stalker, 2011; Reitmanova & Gustafson, 2008; Stewart et al., 2008). Several of the studies included in our review highlight the importance of family and community networks to combat feelings of isolation and to improve awareness of and access to meaningful information and services (Ansion & Merali, 2017; Klassen et al., 2012; Wahoush, 2009) For example, Cologon (2016) investigated the experiences of families with children with disabilities and explains the requirement to better understand what views families hold and to not make assumptions about the views of parents. Cologon's (2016) research resonates with experiences of newcomers who often are stigmatized and misunderstood. Hence, the necessity to work closely with newcomer families and community organizations that support their transition to Canada.

### **Establish Connections between Environments**

This factor of the RAISED model underscores the importance of creating trusted connections between newcomer families' homes and broader community supports. Supports for early childhood development are often the first point of contact with their new communities; a trusted relationship between families and the varying care environments can be instrumental to ensuring children's well-being. SCPs must explore creative and meaningful ways to enhance newcomer children's and families' connections to these spaces. Establishing an intersectoral "network of champions" through better coordination, collaboration, and knowledge exchange among services and providers, appointing systems navigators, and delivering culturally responsive, in-home or community-embedded programming can secure those trusted connections (Joyette, 2014; Maiter & Stalker, 2011; Roer-Strier et al., 2005; Simich et al., 2007; Stewart et al., 2008, 2012; Woodgate et al., 2017).

### **Determine Child Outcomes Together with Family**

The final factor of the RAISED model highlights the importance of working with, rather than for, families to identify needs and potential solutions in developing and delivering early childhood supports (Georgis et al., 2017). This follows the United Nations Convention on the Rights of the Child that identifies in Article 29, "The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own" (United Nations, 1991). Our findings highlight the importance of family-centered care and the need for SCPs and families to use creative communication methods in working together in develop shared understandings and expectations (e.g., of medical conditions and treatments, program and funding opportunities) (Brassart et al., 2017; King et al., 2011; Maiter & Stalker, 2011).

Migration can co-occur with a loss of linguistic and cultural heritage, as well as a severing of connection to important traditions and histories (Strekalova-Hughes & Wang, 2019). However, our findings illuminate the problematic nature of the prevailing integration rhetoric insofar as it places the onus on newcomers to adapt, rather than on the development of truly inclusive systems and structures. This perspective risks exacerbating existing inequalities and barriers to services for newcomer families. To assume that because newcomers may have had traumatic experiences and therefore may lack the understanding necessary to identify and navigate available supports, implies that their socio-cultural knowledge are devoid of holistic and responsive relational practices.

## Strengths, Limitations and Gaps

This article reports a comprehensive, systematic review of the most recent available evidence exploring the experiences of newcomer families supports and services for early child development in Canada. Our use of the Arksey and O'Malley (2005) scoping review framework is a strength, as is our discussion of the results using the RAISED Between Cultures model. As well, this work is being conducted by a team with diverse expertise in a variety of fields relevant to this work, and experience in conducting evidence synthesis, including scoping reviews (Brown, Spencer, McIsaac & Howard, 2020; McIsaac, Spencer, Chiasson, Kontak & Kirk, 2019; Spencer, Rehman & Kirk 2015). A typical restriction of scoping reviews is that they do not include quality assessment; we can therefore not speak to the quality of articles included in this study. Further, each newcomer family has its own story and migration path which can influence its access to and experience of supports and resources. A comparison of experiences between those in different immigrant categories was beyond the scope of this study.

One of the strengths of scoping reviews is their ability to identify gaps in the literature that inform where future research should or might take place. A critical gap identified in this review is that no included studies were conducted from the perspective of newcomer children. Future research would benefit from positioning newcomer children's voices as the focus (Ajodhia-Andrews, 2016; den Besten, 2010; Roxas, Gabriel & Becker, 2017). Child-centred perspectives would allow us to better understand of newcomer children's experiences of programs and services that are designed for them and to more fully understand children's capacity to influence and transform their social and cultural surroundings (James, Jenks & Prout, 1998). Even in a review focused on the experiences of newcomer families, some of the included studies considered only the perspectives of SCPs. Additional research should centre the voices and ideas of newcomer children and families as they describe and interpret their experiences related to early childhood programs and services in the Canadian context. As Pence and Nsamenang (2008) state:

[Westernized universal] assumptions and understandings have become the normal and natural way to see and understand children, regardless of culture and context. Local perspectives, activities, and practices are all too often considered to be deviant or deficient by comparison and, like local languages, submerged in their wake (p. 1).

Relatedly, many of the included articles subscribed to the prevailing rhetoric around integration, continuing to position newcomers as those who must adapt. Research with newcomer families should include an explicit discussion of how the barriers they experience do not reveal their lack of understanding or navigational skills, but point to the ways in which education, healthcare, and service structures continue to best serve privileged groups.

As well, while included studies were primarily qualitative and therefore able to illuminate the experiences of newcomer families, only one study used a participatory approach. Future research in this area should consider the strengths that could be added by using participatory and community-based methodologies. Much of the research reviewed was conducted in fields of education, social work, and health sciences. Conducting research on newcomer families' access to services to supports in fields such as psychology and sociology would enable other orientations and perspectives to emerge that can contribute to richer insights. A final gap identified by this review is that it is reflective primarily of experiences in only three large Canadian provinces, where supports and infrastructure are likely to be most accessible; future research should aim to explore the experiences of newcomer families in provinces and territories with smaller populations and those in rural or remote areas.

## Conclusions and Implications

This paper used a scoping review method to examine the findings of recent studies (2000-2019) about newcomer families' experiences with supports and services in Canada. It utilized the RAISED Between Cultures (Brosinsky et al., 2018) model to critically examine and better understand our results. In describing and interpreting what is known about newcomer families' experiences with programs and services to support early childhood development in Canada, our scoping review identifies ways family and

community assets can be enhanced to better ensure families thrive. Our findings reveal three prevalent and connected themes (language and culture, structural barriers and opportunities, and psychosocial factors, social supports, and relationships) that reinforce the RAISED model's factors SCPs must consider to better ensure newcomer children's well-being.

A responsive understanding and appreciation of cultural diversity to provide appropriate, inclusive, and meaningful care from SCPs is critical. This involves providing translation and interpretation and increased communication between newcomer families and service providers. Given the myriad structural barriers experienced by newcomer families (including lack of affordability for services and programs, un/underemployment, challenges in navigating education systems, and administrative-related barriers), in-home consultations should be offered where possible, multi-service centres should be developed, a holistic approach for delivering services and programs should be taken, and there should be increased interprofessional collaboration to bridge the provision of services. Finally, SCPs must acknowledge that the experiences of newcomer families are shaped by their mental health, which is further shaped by the pre- and post-migration experiences and their cultural norms and beliefs. This means that establishing supportive and trusting formal and informal relationships is essential, which requires SCPs be knowledgeable and friendly, culturally sensitive, capable of soliciting and addressing the concerns of parents and using a strength-based approach to practice.

Further, this scoping review shows that newcomer families' actions and relationships are influenced by social, political, and historical discourses that contribute to their daily experiences with Canadian early childhood programming and services. In this way, agency plays a central role in deciphering newcomer families' needs and desires. There is a requirement to explore more fully research that examines newcomer families' experiences when living and partaking in Canadian early childhood programs. This type of research will help to inform if their needs are being met, but more importantly, if they feel like they are contributing members of our communities. In addition, this scoping review highlights the merit in exploring the development of policies, practice, and research in early childhood contexts that advocate for newcomers to increasingly participate in decision-making processes that impact their families' lives and well-being.

## Declarations

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**Appendix A: Summary of Charted Data**

Author, year, location	Study purpose	Method, design, sample	Study's key findings	Experiences with early childhood supports	Barriers to supports	Opportunities for improved supports
Ahmed, Bowen, & Feng, 2017, Saskatoon, SK	To understand how refugee women understand and experience maternal depression and social support	Mixed-methods utilizing questionnaires and focus groups; 12 perinatal Syrian refugee women	Maternal depression is prominent in Syrian refugee women recently resettled in Canada; migration jeopardizes mental health; women reluctant to disclose depressive symptoms	Experience of migration and resettlement affects maternal mental health: difficulty expressing feelings of depression	Stigma of mental health; privacy concerns; language; transportation; lack of childcare	Raise awareness among refugee women of causes, symptoms, treatment of maternal depression; raise clinician awareness of social determinants of refugee women's health; provide trained interpreters, increased opportunities for social connection and culturally appropriate screening and services; family (especially mother) reunification
Alaggia, Maiter, & Jenney, 2017, Toronto, ON	Explore how support workers in shelter and community-based services respond to the language needs of clients with limited language abilities due to nationality	Qualitative utilizing focus groups; 26 support workers between four focus groups	Language barriers are prominent issues for newcomers seeking protection services. Five themes associated with language barriers included: enhancing client engagement and self-agency; advantages and drawbacks in use of interpreters; creative and intensive translation strategies; structural challenges; gender and cultural considerations	Interpreters were client-valued; positive client engagement when clients could tell stories in their preferred language; some preferred to speak in English to learn about systems; extra steps were taken with IPV clients as the nature of the conversations were uncomfortable; structural constraints existed which influenced how the service providers were able to are for newcomers; providers need to be understanding of environmental and cultural contexts	Language; inadequate resources for support services to employ cultural interpreters or to train support workers	Provide training for workers in multiple contexts with specific protocols; organizational commitment to support the worker-client relationship when language challenges exist; increased funding for service provision for clients with language challenges
Amin & ElSalhy, 2017, Edmonton, AB	To explore factors affecting children's dental attendance among new immigrants	Cross-sectional quantitative utilizing a questionnaire; 314 newcomer child-parent pairs at the pre-school level	Main determinants of children's dental attendance: perceived efficiency of parental checking, perceived dental check-up as a painful experience, lack of insurance and time; less than half of immigrant children had a dental visit in last year	Majority of parents believed that going to the dentist was somewhat effective or very effective for detecting caries; parents were unaware of dental status until they visited a dentist; after a visit, parents were more aware of the need to seek treatment	Children's resistance; lack of time and lack of knowledge; lack of insurance; weather, transportation; lack of childcare; difficulty finding a dentist	Increased awareness of the importance of dental visits; education that visits do not necessarily cause discomfort; increased supports for insurance

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Author, year, location	Study purpose	Method, design, sample	Study's key findings	Experiences with early childhood supports	Barriers to supports	Opportunities for improved supports
Anson & Merali, 2018, Edmonton, AB	Investigate the experiences and adjustment processes of an ethnically mixed group of Latino immigrant mothers and fathers raising young children in Canada without extended family support networks	Qualitative; interpretative inquiry of interview data; 5 Latino couples with at least one child under the age of 10	Felt increased family responsibility following migration leading to poor emotional well-being, leading to adoption of Canadian family norms (e.g., new parenting partnerships) which increased nuclear family cohesion and paternal engagement; rebuild social network through friends ('surrogate family members'); anxiety, fear dissipates through increased system contact	Initially, lack of support led to depression, loneliness, fear or worry, fatigue and symptoms of burnout; successful adaptations once they access services; new support networks were established in surprising ways, such as through interfaces with friends and the health care and school systems; new relationships compensated for the loss of extended family support systems	Initial lack of social support; fear and skepticism regarding the Canadian health care system	Care providers should acknowledge newcomers' difficulties in resettlement at first meeting; appoint a systems navigator to help families remain culturally empowered and to help access services; provide opportunities for building social network; normalize families' experiences, feelings
Badri, Wolfe, Farmer, & Amin, 2018, Edmonton, AB	To better understand how Filipino parents perceive and experience adhering to preventative dental attendance for their preschool children, and the psychosocial factors influencing adherence	Inductive focused ethnography; 18 Filipino parents with children of 2-6 years of age	Psychosocial factors (stressors, resources) shaped parents' beliefs and perceptions of pediatric dental care; pre-migration, parents took preventative strategies as dental care was expensive; post-migration, parents open to dental care, despite socio-economic hardships	Stressors negatively affected, while resources positively affected, the participants' perceptions, experiences, beliefs and behaviors around adherence to dental care for their children	Financial struggles, lack of access to pediatric dentist, not provided information about oral health, poor communication from dental providers	Acculturation; high quality dental services; knowledgeable, friendly, culturally competent providers and staff, referrals/reminders
Ben-Cheikh & Rousseau, 2013, Quebec	To understand the impact of an autism diagnosis disorder or a pervasive developmental disorder on the social support networks of newly immigrated North African parents	Qualitative, utilizing semi-structured interviews; 10 individual parents	Autism diagnosis reorganizes a families' internal and external social networks; group support with other mothers was beneficial; therapeutic alliance must hold through intercultural communication difficulties and administrative obstacles	Long wait times for services; negative feelings towards health care system and workers; perception of health care workers lacking empathy being discriminating; experienced stigma; negative psychological outcomes post-diagnosis	Wait times; poor interaction with health care system leading to subsequent avoidance	Greater awareness by health and social professionals of the interaction between the migratory context and the social network challenges associated with autism diagnosis; opportunities for increased social network

Author, year, location	Study purpose	Method, design, sample	Study's key findings	Experiences with early childhood supports	Barriers to supports	Opportunities for improved supports
Brassart, Prévost, Bétrisey, Lemieu, Desmarais, 2017, Montreal, Gatineau, and Quebec City, QC	Filling gap in knowledge of how service providers address barriers and strategies to enhance engagement in treatment by immigrant parents raising a child with a disability	Qualitative, interviews; 21 service providers (20 women, 1 man, all Caucasian)	Service providers' knowledge of barriers and strategies for immigrant parents raising a child with a disability centred around three main strategies for overcoming barriers: overcoming language barrier; developing shared understanding of the child's disability; helping parents understand the treatment process	NA (from SPs point of view)	Language; divergent beliefs about child's diagnosis; misunderstanding of the health care system, divergent beliefs about the role of parents in treatment; rigidity and complexity of health care system; lack of SP training for cultural sensitivity	Develop a shared understanding of the child's disability between parents and service providers; help parents understand treatment process; training for SPs to develop cultural competency; encourage SPs to use other communication methods when language barriers exist (such as using translation software, pictures, photos); SPs can engage parents by helping them better understand the importance of the therapy and define achievable expectations; SPs should thoroughly understand parents' non-acceptance of therapeutic goals because of cultural reasons and divergent beliefs about the role of the family in treatment; interprofessional collaboration (e.g., social workers) can help parents navigate the systems
Cobb, 2014, urban centre in Ontario	Identify barriers, and strategies to address those barriers, faced by culturally and linguistically diverse (CLD) parents to interacting with school professionals in the context of special education	Critical qualitative inquiry; case study of a Korean-Canadian mother	Being culturally and linguistically diverse influences knowledge awareness, gathering, and use of special education milieu, which in turn influences inclusion in school procedures	Maternal language barrier influenced knowledge of supports that were available; awareness stemmed from pre-migration system which differed greatly; maternal discomfort with school when discussing use of special education (based on different systems, lack of awareness and opportunity to comfortably advocate)	Language; lack of awareness of procedures or supports (special education registration expectations, documentation requirements, application timelines, child and parent rights, translation), lack of cultural competence among staff	Establish strong connections between feeder daycare centres and schools to ease transition; Co-ordinate and integrate knowledge exchange between organisations and individuals; provide translation/interpretation; establish equity committees within schools and professional development for culturally responsive practices

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Author, year, location	Study purpose	Method, design, sample	Study's key findings	Experiences with early childhood supports	Barriers to supports	Opportunities for improved supports
Dumbrill (2009); Ontario	To enable refugee parents to share their experiences and provide information that might help child protection workers and agencies to better engage refugee communities for	Participatory action; photovoice and focus groups; 11 participants (9 women, 2 men; 8 from West Africa, 3 from Southwest and Central Asia)	Despite this lack of confidence and mistrust in child protection and the government, refugee parents want to work with child welfare services to develop systems that act in the interests of their children; social workers should be aware of newcomers' fears, settlement challenges, and hopes	Culture shock which went unaddressed by support workers; services were too short and lacking in support; unaware of after school programs stemming from language barriers; lack of culturally-appropriate services; experiences with social workers shaped by lack of cultural understanding, respect, and translators; feelings of judgement and misunderstanding from child protection workers	Language; post-traumatic stress; perceived racism; mistrust in government agencies and social work systems; lack of awareness of supports; lack of culturally-appropriate services	Social workers could build a deeper understanding and communicate with participants; address child welfare concerns and responses of the parents; service providers could build a greater awareness of the issues faced by refugee families; create initiatives where child protection agencies and welfare policymakers build relationships with refugee communities
Falihi, 2019, Saskatoon, SK	How do mid-level leaders of Saskatoon's community service provider organizations perceive the importance of cross-cultural responsiveness in supporting the cultural integration of newcomer families?	Qualitative; interview; social constructivist framework; 2 participants (SCPs)	Four types of capacity building for culturally responsive service delivery for newcomer families: expanding community awareness and responsiveness; leadership development; educational preparedness; culturally responsive resource development; consistent policies and procedures			Build capacity to expand community awareness and responsiveness by being aware of: need for change; existing need on multiple levels; existing relevant resources to use, adapt, build, and expand on; need for systematic strategic planning to address identified needs; need for ongoing, educational opportunities; cultural planning, brokering, and bridging when providing services. Educational preparedness: upgrade education for front-line professionals and community service providers (e.g., professional development and cross-sectorial learning exchanges and field placements; policies and procedures should be delivered in a holistic approach with strategic planning on multiple levels



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Fontil & Petrakos, 2015, urban centre, Quebec	To explore the varying experiences, support systems, and obstacles of Canadian and immigrant families of children with Autism Spectrum Disorders (ASDs) during their transition to school	Qualitative utilizing semi-structured interviews; 10 children (9 male, 1 female) with ASDs and their parents, half were immigrant (Jamaica, China, Peru, Haiti, and the Philippines)	Importance of home-school relationships; parents perceived the quality of care during preschool as more supportive than in elementary school; immigrant families reported language barriers with educators; resources such as educational and community support are beneficial	Parents felt that: working with educators who genuinely cared for and supported the needs of their children was an essential component of relationship; support systems, such as teacher knowledge or family and community support can help buffer challenges; used a variety of resources to gain support during settlement; sometimes support was lacking	Teachers lack pre-migration information; parents struggle with guilt and judgment, leading to isolation in home; divergent belief systems between home and school; communication between service or programs and school; language barriers impede communication	Transition practices (e.g., meeting elementary school teachers prior to transition) supports for teachers to involve parents; increased formal/informal community supports; develop trusted relationships; better utilize school psychologists
Gagnon, Carnevale, Saucier, Clausen, Jeannotte, & Oxman-Martinez, 2010, Montreal, QC	To explore inhibitors and facilitators of migrant women for following through with referrals, to ultimately develop an intervention to address this reduced access issue	Qualitative, interviews and focus groups; 25 women with migration experience	Barriers included language differences, transportation and scheduling, low paternal engagement, child care, weather, potentially inappropriate referrals, and culture differences; facilitators included appropriate service referrals, caring professionals, and timely providing of information; both barriers and facilitators can be due to cultural discordance in health care expectations	Empathetic care encouraged women to follow-up; difficulties with accessing "hotline" care as it was in French; unsure how to make an appointment; outdated professional lists; complicated phone systems and inflexible scheduling; staff annoyed with extra children; incongruent understanding of appropriate medical care	Language; financial; limited knowledge of the transportation network; physical access and distance between home and appointment; weather; difficulty making appointments; husband's availability; disengagement; lack of childcare; perceived culturally-inappropriate referrals	Develop culturally competent, organized referral pathways to cultural- or faith-based health and social programs, considering culture, language, beliefs, family structure, family support systems, and knowledge of the health care system; ensure early receipt of information and empathetic professionals
Goel, Bloch, & Caulford, 2013, Toronto, ON	Describe the experiences of a group of new immigrants or their caregivers who were subject to the 3-month waiting period for the provincial health plan while in need of health care	Qualitative, semi-structured interviews; 7 participants, either immigrants or their caregivers, waiting for access to health care	Newcomers cited a lack of clear information and little assistance available leading to delayed care-seeking; unmet health care needs produced risk for emotional hardship and poor health outcomes; aspects of hardship included lack of support, economic instability, difficulty accessing alternative care options; lead to negative feelings toward Canada	Three month waiting period to access health care following migration; lack of clear information and help from professionals when accessing health care services; negative social interactions influenced subsequent service access; fear of financial insecurity due to accessing health services; may have to choose between paying for care or cease care due to cost	Lack of information and lack of help from officials; three month waiting period once arriving to Canada; financial; alternative care options	Eliminate the three month waiting period

Newcomer families' experiences with programs and services to support early childhood...

Author, year, location	Study purpose	Method, design, sample	Study's key findings	Experiences with early childhood supports	Barriers to supports	Opportunities for improved supports
Higginbottom, Safipour, Mumtaz, Chiu, Paton, & Pillay, 2013, urban centre, Alberta	Explore the perinatal experiences of women of Sudanese origin to better understand how maternity services can better enable immigrant/minority women to have positive maternity experiences	Ethnographic focus groups; 12 Sudanese women within one year postpartum	Divergent cultural beliefs (e.g., stoicism) and practices (e.g. hot foods) between patients and providers can lead to misunderstandings and are a barrier to meeting health care needs maternal settings; birth-related behaviors are highly cultural revealing need for cultural sensitivity	During labour, care providers misinterpret women's signals (outward display of pain is considered weakness; childbirth perceived as natural and empowering) and misunderstand practices (desire for hot food)	Misinterpretation due to divergent cultural beliefs and practices	Facilitate cultural awareness and competency of care to prevent misunderstandings and even harm
Hoen, 2003, Toronto, ON, Montreal, QC, Vancouver, BC	External evaluation of a program developed to help newcomer families promote their children's development and success in school and improve their relationships with Canadian education and social service systems	Program delivery directed at Latin American parents of children ages 4-8 (fall) and parents of children from birth to kindergarten (spring); evaluation of the program	High attendance at program sessions; mothers satisfied with program as they learned about topics of importance to them, their child's development, and how to improve child's school success; appreciated opportunity to speak in their own language; suitable logistics (location, time); desire for more in-depth coverage of some topics.	In the program designed to support newcomer families, mothers: increased use of informal and formal supports; learned about children's healthy development and how to promote it; learned and used "Canadian ways" to promote children's school readiness; learned about structures and services of Canadian systems related to children and families; learned about their own and their children's rights, and how to use them		Translate program delivery into necessary language(s); further development and acquisition of culturally appropriate resources using more current technology such as visual aids; focus implementation of supportive programs on newcomer families who are most at risk due to stressors (e.g., low education and income)
Jessri, Farmer, & Olson, 2012, Edmonton, AB	Explore the beliefs, values and experiences that shape breastfeeding practices of Middle-Eastern mothers (from their own perspective) residing in a city in Western Canada	Qualitative ethnographic; 22 newcomer mothers from the Middle East	Five layers of influence on maternal decision-making process: culture/society, community, health care system, family/friends and mother-infant dyad; religious beliefs were threaded throughout as determinant of breastfeeding decision	Positive experiences with wet-nursing in home country; negative experience with pumping milk in work bathroom; decision to breastfeed influenced by family members' religious beliefs; cultural tension between home and host country; believed their culture is not respected in Canadian society even by health care professionals	Divergent cultural beliefs and practices; lack of awareness of community supports (e.g., clinics, hotlines); perceived lack of societal support; lack of nursing rooms at work or in public; mixed messages from healthcare information	Interventions must occur at different levels of influence and should consider religious beliefs to ensure cultural acceptability; practitioners may support breastfeeding through cultural competency, and respectfully acknowledging Islamic beliefs and practices; bilingual clinicians

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Joyette, 2014 Ontario	Summarizes findings and recommendations from a consultation process conducted; investigate factors contributing to the reduction in use of ECE services by newcomer parents as the time since arriving to Canada increases; understand and address the. Specific challenges and barriers that newcomer families experience in accessing or seeking out ECE services	Newcomer parents of children aged 0-6; compared parents usage of supports to parents similar in socio-demographic characteristics; 223 newcomer parents, SCPs, and cultural/faith leaders participated in focus groups, surveys, and large community consultation	Four broad themes: reality of life in Canada (high motivation in first six months of arrival in Canada which wanes with the demands and stressors of re-settling); access and availability of services (travel and logistics; cost of childcare for other children; language difficulties; limited space, long waiting lists, being denied); relevance and quality of services and supports (felt isolated, overwhelmed, and lacking in traditional family supports; concerned over losing culture, language, values; stigma), and promotion and engagement (unaware of ECD programs and supports; mostly use word of mouth for gathering information; opportunities for connecting parents to ECD services are missed; limited chances of being referred to ECD services after first year post-settlement)			Advocate for public transit subsidies for families and children registered in city programs to overcome logistical issues; secure resources to support the development of multi-service centres; leverage opportunities for sharing tools, resources, knowledge, and skills that build capacity to create welcome, relevant, and inclusive ECD services and supports; establish a network of champions representing ECD, faith/ethnic groups, settlement and local government, and explore possibilities for the consolidation of efforts; develop strategy to encourage political attention and action on the needs and issues experienced by newcomer families and young children
Khanlou, Mustafa, Vazquez, Davidson, & Yoshida, 2017, Toronto, ON	Explore health promotion needs and strategies of newcomer mothers of children with developmental delays	Qualitative, interviews; 28 newcomer mothers with at least one child under two	Factors impacting mother's well-being are macro-level (financial, linguistic, and racial barriers, lack of programs and services) meso-level (social networks, mother blaming), and individual-level (lack of trust in health care system, limited leisure time, lack of self-esteem); identified health promotion strategies include self-care and expanded maternal-specific programs and services	Financial stress caused negative health consequences for mother and family; language barriers obstacle to accessing and navigating health care system; mothers felt isolated without their social support networks and without guidance from professionals; mistrust of health professionals; stigma is barrier to information seeking	Financial barriers; finding employment; language; lack of trust; lack of programs and services tailored to immigrant mothers of children with a developmental delay; inconvenient locations and times	Meaningful, relevant parenting programs; information sessions; social support groups

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Khanlou, Haque, Sheehan, & Jones (2015); Ontario	Present perspectives of service providers on immigrant mothers' challenges raising children with disabilities	Qualitative utilizing interviews; 27 service providers	Gender and immigration status interact for mothers of children with disabilities; challenges identified included structural, instrumental, emotional, and perceptual support; language barriers are significant for accessing these types of social support	Difficulty with navigating a new system and its complexities; extensive paperwork and lack of help form-filling by service providers; some mothers thought that SPs had inadequate information of the needs of immigrant mothers of children with disabilities (disability awareness)	Language and communication; geographically-dispersed services; complex system to navigate meaning families were unsure where to go or who to ask for help and information; form-filling was complicated for mothers due to lack of professional help, time constraints, limited language skills; mothers may be unaware that access to health/education is their basic right and do not forcefully seek this out for their children	Utilize a case worker model to help mothers understand the systems of service, complete paperwork for them; inform about available resources; in big cities where lots of immigrants settles there could be a navigation system implemented;
Kilbride & Ali, 2010, Toronto, ON	To identify the key obstacles to learning English experienced by immigrant women, and their views on how to overcome obstacles	Qualitative utilizing focus groups and interviews; 30 immigrant mothers (8 each in the Cantonese, Mandarin, and Urdu groups, 6 in the Punjabi group)	Reasons for learning English were occupational pursuits, effective communication with health care providers, educators, and government, and for family well-being; barriers were financial and logistical	Mothers who face language barriers when navigating education system have children who are streamed into non-academic programmes, limiting their opportunities in higher education; children are unlikely to be aware of or receive special services; difficulty in accessing emergency services; some mothers rely on their children as translators when navigating the health system	Barriers to learning English: logistics of taking English language classes, especially for mothers who do shift work; financial barriers; eligibility requirements; racism; challenges with teaching methods	Needs-based subsidies for English classes – or free classes; holding local classes during weekends; provide childcare; provide interpreters in beginner levels; provide anti-bias professional development for all instructors

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King, Lindsay, Klassen, Esses, & Mesterman, 2011, Ontario	Assess attitudinal, policy, and practice barriers to health service utilization by immigrant parents who are raising a disabled child or youth in Ontario	Two-part mixed methods; assessed perceptions of three groups (community SCPs geared toward newcomer parents; 15 newcomer parents; SCPs in health care centres) regarding barriers in service delivery for newcomer families, extent of unmet needs, and extend to which services are culturally sensitive and family-centred; phase 1: qualitative assessment of perceptions of barriers and supports; phase 2: survey assessing families' needs and experiences		SCPs had no training in cultural competency	Newcomer parents had unmet needs regarding help finding available services; advocacy; day to day support for their child; lack of cultural competency in SCPs	SCPs who have greater community connections are able to refer families to services available in the community; SCPs could be trained on how to work with translators, to be aware of what language services are available to newcomer families and not assume they know what supports exist; hire SCPs from diverse backgrounds to break down barriers; take extra time to talk to newcomer parents about their knowledge of the services, supports, equipment, funding, and possibilities for their children; SCPS could link parents with a social worker or settlement worker to help navigate the system (finding services, form filling); newcomer parents with extended family in Canada may fare better, due to the informational, emotional, and practical support they receive from family members
Klassen, Gulati, Watt, Banerjee, Sung, Klaassen, Dix, Poureslami, & Shaw, 2012, cancer centres across Canada	Explore any special challenges faced by immigrant parents seeking care for their child with cancer; identify supportive factors	Qualitative, interviews; 50 first-generation Asian parents	Context of being an immigrant made certain experiences particularly challenging; challenges include managing caregiving demand and financial strain, accessing support from others, and interfacing with the healthcare system; practical, emotional, social and informational support from extended family, their workplace, other cancer families, community organizations and health care providers	Parents had to take initiative when information-seeking about their child's illness and options; complex medical terminology was challenging to understand due to language barriers; some sought out information from other immigrant parents at the hospital; some parents did not know how to or what to ask for in terms of help; form filling to obtain financial assistance was difficult	Socio-economic status, resettlement issues; loneliness and social isolation; divergent cultural norms regarding health and illness; health information provided in English-language only; obstacles to transportation; low health literacy; lack of culture-relevant resources and supports; discomfort with help-seeking; unfamiliar with Canadian health care system; form-filling	Develop initiatives to increase cultural competency across the healthcare work force; increase number of readily available interpreter services; develop new ways of informing and educating parents about resources; develop a peer-to-peer support system for immigrant parents to be supported by someone from their culture

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Author, year, location	Study purpose	Method, design, sample	Study's key findings	Experiences with early childhood supports	Barriers to supports	Opportunities for improved supports
Maiter & Stalker, 2011, large metropolitan centre, ON	Better understand the stressors in the lives of South Asian families perceived as contributing to involvement in the child protection system, and the services found helpful or unhelpful	Qualitative, long interview method; 20 South Asian parents (12 women, 8 men)	Despite the many struggles , findings revealed the resilience, strength, resourcefulness, and personal agency of these parents	Participants reluctant to express dissatisfaction with services; some grateful for positive changes in family while others confused about investigative nature (vs support service); disappointed in lack of services; reporting to system caused mistrust in healthcare and social service providers; turnover in workers caused confusion/ interruption; sense of fear; both positive and negative experiences of worker-client relationship; parenting groups helpful and normalizing	Poor understanding about the reasons for child protection involvement; lack of cultural sensitivity and family-centred care; lack of social supports; men expressed feelings of inadequacy	Provide in-home, culturally responsive services that respond to needs of whole family; utilize strength-based approaches to practice; establish community networks
Merry, Gagnon, Kalim, & Bouris (2011); Montreal, Vancouver, Toronto	To gain a greater understanding of barriers vulnerable migrant women face in accessing health and social services postpartum	Barriers to accessing care: refusal of care for infants of mothers covered under IFHP; maternal isolation and difficulty for public health nurses to reach women postpartum; lack of assessment, support and referrals for psychosocial concerns	Newcomer mothers were concerned about: refusal of care; maternal isolation and difficulty for public health nurses to reach women postpartum; language barriers; low health literacy; inadequate psychosocial screening; support and referrals; and lack of awareness of insurance coverage	Mothers were unsure how to access health care services leading to belief there were none available; felt unsupported by service providers; some stopped seeking services due to their refugee status; many were flat-out refused/denied care and service for their children or self	Some mothers do not own a cell phone leading to isolation; language; transportation; financial; low health literacy led to a reluctance to seek help or ask for the appropriate care; lack of awareness which services are covered by provincial health insurance; because of lack of childcare or transportation mothers couldn't attend ESL classes	Provide access to: subsidized language courses; social housing; government-sponsored benefits for parents; SPs should implement screening to identify and refer high-risk mothers; SPs should request additional or back up phone numbers and contact information, or do 'drop-In' visits; educate clinicians on claimants' coverage/eligibility for services; use pictograms/ plain language to convey information

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Reitmanova & Gustafson, 2008, St. John's, NL	To document and explore the maternity health care needs and the barriers to accessing maternity health services from the perspective of immigrant Muslim women living in St. John's, NL.	Qualitative, interviews; 6 Muslim women	Immigrant women had concern their cultural or religious beliefs impacted their experience of health care; limited access to culturally-relevant resources and support; lack of knowledge about religion or culture among health care providers; poor social or community support; feeling embarrassed, insulted, or misunderstood, many women stopped seeking support	Women experienced discrimination, insensitivity and lack of knowledge about their religious and cultural practices; health information was limited or lacked the cultural and religious specificity to meet their needs during pregnancy, labor, delivery, and postpartum phases; emotionally unsupported by existing maternity health services which should be sensitive to cultural and linguistic contexts	Difficulty expressing health concerns or accessing supports due to language barrier; health care providers unformed about maternity needs of Muslim women; weak social supports; routine check-ups perceived as burden; no childcare for other children while attending pre-natal classes; cultural/religious challenges participating in programs attended by men	Design services that consider impact of religious diversity and migration status and ensure that immigrant Muslim women receive relevant, useful information; offer women-only pre-natal classes to accommodate religious beliefs regarding mixed-sex events; provide healthcare providers cultural competency training; provide worship areas and translation/ interpretation services; establish and refer to social support networks; partner with immigrant services
Rink, Muttalib, Morantz, Chase, Cleveland, Rousseau, & Li, 2017, Montreal, QC	Describe experiences of refugee claimant families who were denied health services; identify barriers to health care access and understand the impact; provide recommendations for child health care providers to improve access to care for refugee claimant children	Qualitative, interviews; 11 individual refugee parents (9 mothers, 2 fathers from Caribbean, Africa, Middle East, Southeast Asia, South America)	Barriers to health care led to increased risk of negative health outcomes, psychological distress, financial burden, and social stigma	All mothers reported being refused service or being asked to pay for services despite financial barriers; information was sought from word-of-mouth or social worker assistance; distress related to delayed care for their children; some actively avoided seeking care due to past experiences	Lack of continuous health insurance which was not well understood by health care provider; refusal of services or fees charged; lack of information regarding health care rights and services; language; financial	Enforce a no denial, no-fee policy so all children can access medical care; encourage medical professionals to sign up to be an Interim Federal Health Program provider; educate administrators, medical trainees, and all allied health professionals about refugee claimant health care rights
Roer-Strier, Strier, Este, Shimoni, & Clark, 2005, across Canada	Explore fathers values, expectations, role definitions, and beliefs related to being an immigrant father, opportunities for and barriers to fathering in related to their immigration, involvement in daily childcare responsibilities, their participation in intervention programmes for parents and families, and their recommendations for designing successful programmes that promote the involvement of fathers in the lives of their children	Qualitative, interviews; 24 immigrant fathers of preschool children (6 Chinese, 1 from El Salvador, 4 from Colombia, 1 from Chile, 2 from Yugoslavia, 2 Bosnian; 3 from India, 1 from Nepal, and 3 from Pakistan)	Fathers highly committed to playing central role; Migration adjustment themes included role; involvement; meaning attached to paternal role; opportunities and barriers to fatherhood in host culture; cultural variation in themes as the meaning of fatherhood is a social and cultural construction; all fathers identified as main provider for family	Enthusiasm for resources (parks, playgrounds) that facilitate interaction between fathers and children, sense of safety and security, educational opportunities, and opportunities to learn about child development and parenting; lack of support networks and programs just for fathers	Language barriers and lack of meaningful employment impacts self-esteem and shapes parenting; lack of support networks; challenges with shift to new cultural norms (gender equality, shared parenting responsibilities, different notions of 'authority')	Culturally sensitive, holistic, comprehensive, collaborative programs to promote the health, social, emotional, physical, and cognitive development immigrant and refugee families through early childhood phases; intense supports for language training and employment; stronger social policies; combat institutional racism

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Simich, Wu, & Nerad, 2007, Toronto, ON	Explore the experiences of living without regular immigrant status and implications for health security among irregular migrant families	Qualitative, interviews; 11 individual parents (8 women, 3 men) with diverse countries of origin	Although participants demonstrate resilience in maintaining a work ethic, moral self-image, and strong parenting, emotional distress related to their insecure situation is significant. All report unmet health needs that impact children	Perceived discrimination due to lack of legal status; worried about family separation; chronic stress and trauma impact ability to seek and access supports; inconsistent treatment from service providers	Psychological and practical toll due to lack of legal status; distrust/limited support outside family; financial burden of hospitalization; language barriers	Raise awareness of the challenges that irregular immigrants face; increase availability of community-embedded mental health services
Stewart, Simich, Shizha, Makumbe, & Makwarimba, 2012, urban centres in Ontario and Alberta	Design and pilot test a culturally congruent intervention that meets the support needs and preferences of ethno-culturally distinct refugee groups	Qualitative, interviews and face-to-face support groups facilitated by peers and professionals; 68 Somali and Sudanese refugees	Intervention gave African refugees informational and social support, decreased loneliness, expanded coping capacity; support groups filled information gaps on how to navigate service systems and practical support (resumes, workers' rights, parenting info)	Refugees had difficulty accessing and navigating education, health-care, childcare, social assistance and employment; frustrated by the lack of information regarding available services	Adjusting to culture shock; language difficulties; loneliness and isolation; seeking safe and affordable housing, unemployment and under-employment	After-school groups to support children's engagement with school; support groups to build community, converse in mother tongue; encourage age-based, gender-based, and language-based groupings
Stewart, Anderson, Beiser, Mwakarimba, Neufeld, Simich, & Spitzer, 2008, Toronto, ON, Edmonton, AB, Vancouver, BC	Examine immigrant women family caregivers' access and barriers to services and supports, and to describe implications for services, programmes and policies	Qualitative, interviews; 29 immigrant women family caregivers, 15 service providers	Barriers comparable to Canadian-born caregivers with low income, low flexibility, heavy demands; may avoid formal services because of lack of cultural sensitivity; challenges compounded by language, immigration and separation from home country and family	When accessing services, women encountered waiting lists and inconvenient hours of service; felt that services should be reaching out to the women as well as women reaching out	Immigration policies; language	Peer mentors to help women through challenges which are culture and language specific; recruit volunteer translators to attend doctor appointments; modifying and expanding policies and programmes which influence maternal ability to care for family members with illnesses or disabilities within the context of Canadian society (e.g., information, transportation, language, attitudinal and network barriers); intersectoral collaboration among agencies is essential to reduce barriers; establish services which are linguistically and culturally appropriate



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Stewart, Anderson, Beiser, Mwakarimba, Neufeld, Simich, & Spitzer, 2008, Toronto, ON, Edmonton, AB, Vancouver, BC	Understand the meanings of social support for immigrants and refugees; to explore the types and adequacy of formal supports	Mixed-methods, interviews and linking to census data; 120 newcomers and 60 service providers	Challenges that required support included language difficulties, finding employment, system navigation, family dynamics, childcare, immigration status, expectations versus reality, discrimination. Challenges tended to co-occur; coping hindered by limited personal resources and depleted social networks	Difficulty accessing services, such as childcare, can disrupt family dynamics (e.g., role changes, children's welfare); difficulty finding adequate childcare based on insufficient subsidies to cover high costs of child care; obstacle for accessing services is discrimination;	Language mediated other challenges; (e.g., finding work, navigating systems); barriers exacerbated by inadequate informal support from dwindling social support network; discrimination led to problems finding employment and housing; dwindling social networks; extensive unmet support needs due to service providers' bureaucratic and resource constraints; immigration status prevented refugees from accessing social services and programs, delayed family reunification	Policies and programs should foster culturally relevant support; both formal and informal social supports were helpful; intersectoral collaboration among organizations could address the support needs of immigrants and refugees; understand different types of support (i.e., instrumental: practical help integrating into new environment); make supports very well-known and advertised to newcomers;
Walhoush (2009); Ontario	Generate evidence about equity and access to health services for preschool children in refugee families	Mixed-method including interviews; 55 refugee claimant mothers	Barriers to care include financial, inadequate health insurance, lack of knowledge about available services, fear of judgement; perceived discrimination; health insurance was not sufficient to predict service uptake; even Canadian-born OHIP-covered children had little access to information about services; parents tended to self-problem solve to compensate	Child's health insurance was not sufficient to ensure access to health care; lacking information on health services available leading to extensive problem-solving to manage child's illness; prior to accessing health services, mothers contacted other mothers before deciding if a hospital visit was necessary for child; negative prior experiences with providers hindered willingness to help-look in the future	Financial; negative prior experiences influencing subsequent help-seeking behaviors; lack of continuous health care insurance; lack of awareness of available services; refugee claimants excluded from settlement supports means parents are not connected to relevant sources of support and information that could help them manage child's well-being	Health care staff should be trained in working with refugee and other immigrant groups; use sensitive explanations of expected delays and wait times to prevent being interpreted as discriminatory; care providers should be able to address the informational needs of refugee mothers
Watt, Dix, Gulati, Sung, Klaassen, Shaw, & Klassen, 2011, Canada	Describe Asian immigrant parents' experiences of family-centred care in paediatric oncology settings	Qualitative, constructive grounded theory, interviews; 50 first-generation Asian immigrant parents	Parents generally satisfied with care; concerns included low perceived status as member of medical team, inconsistency in quality and coordination of care, insensitivity of care providers, providers providing inappropriately explicit	Frustration and not understanding why the same questions were being asked repetitively; felt they were left in the dark concerning their child's care; those with English proficiency found the doctors and information	Language; fragmented care led to confusion of which service provider to seek help from	Enhanced communication of the elements of family centred-care between healthcare staff and families is needed to negotiate a clear role for the parents as partners of the healthcare team (e.g., explain family-centred care and the potential role of parents in the care team)

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			information with children without parental consent	provided was sufficient and comprehensive; some felt they did not have enough time to think through all the information due to the urgency to start treatment; some parents felt their decisions about what was best for their child was not respected or considered		
Woodgate, Busolo, Crockett, Dean, Amaladas, & Plourde, 2017, urban centre, MB	Examine experiences of access to primary health care by African immigrant and refugee families	Qualitative, interviews; 83 African refugee immigrant families	African newcomer families experienced three major barriers to accessing primary health care: expectations different than reality; facing a new life; utilizing a networking approach to increase access	Families felt that expectations of the Canadian health system were not met; waiting times were too long; challenges in cultural differences concerning care	Perceived high cost of medication and non-basic health care services; care lacked cultural sensitivity; unfamiliarity with health system; dependent on sponsor to get oriented to new health care system; transportation; finding employment; language; lack of interpretation services or dissatisfaction with translation services	Culturally relevant programs and health care where care providers can reflect on values, beliefs, and practices of others; collaborative networking approaches; policies that focus on addressing social determinants of health; increase efforts to raise awareness about potential supports and services for refugee families with language-appropriate materials; increase provincially funded programs that do not exclude based on neighbourhood/area; subsidizing indirect and non-basic health care costs for low income newcomer families; culture-specific community organizations could act as a knowledge broker to link service providers with immigrant communities