Exploring Best Practices and Tensions in Immigrant-Led Community-Based Social Service Planning Models for Immigrant and Refugee Communities

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Abstract

Canada's immigrant resettlement model places non-governmental community-based agencies at the front of service delivery, with program funding often provided federally through Immigration, Refugees and Citizenship Canada (IRCC). Historically, "top-down" approaches supporting immigrants have been planned and employed by governments and corporations to institute exclusionary policies and regulations. In contrast, "bottom-up" approaches, including grassroots community-based initiatives, have addressed localized issues in newcomer and refugee experiences. While current resettlement models rely on grassroots and community-based programs to deliver needed services, there are nonetheless few community-based planning models for social services that are led or informed by immigrant community members, including newcomers and refugees. This article explores immigrant-led, community-based social service planning models to inform and strengthen integration support for newcomers and refugees in British Columbia, Canada. Drawing from community-engaged principles, this article presents findings from a secondary analysis conducted by a team of researchers from Simon Fraser University with the collaboration of community partners. Based on the guidance of community partners in the immigrant and refugee settlement sector who are leading the direction of the project, the information presented in this paper focuses on community-based initiatives related to four social determinants of health: housing, employment, gender identity, and immigration status. Findings are based on immigrant integration models from case studies and published research across the globe and elucidate critical themes in terms of promising practices, tensions and challenges, and recommendations for effective service delivery models in immigrant integration organizations.

Canada has a long and complex immigration history dating from the eighteenth century and rooted in colonization, which has contributed to the dispossession of Indigenous people of their ancestral lands. Despite this, immigration has been principally viewed as a strategy for economic growth, with immigrants accounting for 23% of the total Canadian population (IRCC, 2022 ; Statistics Canada, 2021). In fact, in 2016, immigrants contributed over $32.2 billion to the Canadian economy (Statistics Canada, 2016). The percentage of immigrants living in Canada is expected to substantially increase by 2031, comprising 31% of the total Canadian population (Statistics Canada, 2016). This figure only includes permanent residents, despite many other immigrants arriving and living with temporary or no immigration status (e.g., people with work permits, asylum claimants, and undocumented persons). People with precarious immigration status do not have the same rights and entitlements associated with permanent residency and citizenship, yet through the temporary foreign worker program, for example, they often hold precarious occupational roles unoccupied by Canadian citizens. With a growing and diverse immigrant population, all immigrants must be supported upon arrival.

Research on the experiences of immigrants in Canada highlights many barriers related to socioeconomic integration (George & Selimos, 2018; O'Brien et al., 2020; Turin et al., 2021). For example, a lack of accommodation and support has primarily been attributed to limited government funding and inefficacies shaped by bureaucracy. Currently, Canada's resettlement model places non-governmental community-based agencies at the front of service delivery, with program funding often provided federally through Immigration, Refugees and Citizenship Canada (IRCC). Yet, given the different pathways through which people immigrate, as well as priority given to people with permanent residency, many are excluded from federally funded community-based programs and services due to their immigration status, language preferences, and challenges with access to information about available services.

Historically, "top-down" approaches supporting immigrants have been planned and employed by governments and corporations to institute exclusionary policies and regulations. These models are primarily developed using a Eurocentric philosophy and in ways that have not included the experiences and voices of immigrants. On the other hand, "bottom-up" approaches, including grassroots community-based initiatives, have addressed localized issues in newcomer and refugee experiences (Ghonaim, 2021; Ji & Robinson, 2012). Immigrants have been able to share trust, build strong relationships, and self-advocate through community-based initiatives. While current resettlement models rely on grassroots and community-based programs to deliver needed services, there are nonetheless few community-based planning models for social services that are led or informed by immigrant community members, including newcomers and refugees.[1]

The purpose of this research is to explore existing *immigrant-led,* community-based social service planning models. We consider an immigrant-led model to be one that is conceptualized, organized, designed, and run by immigrants at all stages of the process, even when non-immigrants are involved in collaboration. This paper presents findings from a secondary analysis conducted by a team of researchers from Simon Fraser University (SFU), a research university in western Canada. The research team is based in a special office called the Community-Engaged Research Initiative (CERi) with the mission to promote "principles of participation, cooperation, social transformation and knowledge translation to lift up and strengthen the capacity of SFU's researchers and students, to engage respectfully and ethically with community members" (CERi, n.d.). This paper draws primarily on the input and needs of community partners from within the immigrant and refugee settlement sector who are research collaborators in the project. The information presented focuses on community-based initiatives related to four social determinants of health: housing, employment, gender identity, and immigration status. These four determinants were set up based on explicit directions from the community partner, the Burnaby Intercultural Planning Table (BIPT), which works most closely with the community and best understands their needs. Our work explores immigrant integration models from case studies and published research across the globe, and elucidates key themes in terms of promising practices, tensions and challenges, and recommendations for effective service delivery models anchored fundamentally within the expressed needs of immigrant communities and migrant integration organizations.

Findings from this research are being used to develop a community-centered service delivery model for immigrant integration services in Canada. In the next phase of this work, we are engaging in primary qualitative research by conducting one-on-one interviews with service providers and creating focus groups with immigrant communities. For example, we will ask service providers and community members about their understanding of community-based principles and practices identified in our review of literature. It is our hope that the development of a community-centered service delivery model, informed by the findings of this research, will inform and strengthen integration support for newcomers and refugees in British Columbia, Canada.

This research has been conducted primarily in British Columbia (BC), the western-most province in Canada. BC is a top destination for immigrant populations due to its relatively temperate climate, its flourishing economy, and its diverse metropolitan cities in the lower mainland. Many service organizations involved in this study are in the most densely populated areas of BC, including immigrant-rich communities such as Vancouver, Burnaby, Surrey, and Richmond. The most populous first-generation immigrant communities in BC originate from China, India, and the Philippines (New to BC, 2023).

It is important to note that this paper is representative of the first phase of a larger project to develop an immigrant-led model of service delivery. Given that the next phase of this work involves primary research and model development, we use this secondary analysis as a foundation for the next steps in this project.

Methodology

This project was designed and carried out using a community engaged research (CER) methodological framework, which is founded on a set of ethical principles for conducting research *in* and *with* the communities most affected by the issues being explored (Grain, 2020; Assembly

[1] We recognize important distinctions between terms such as "newcomer," "refugee," and "immigrant." In this paper, we use all three terms based on the precedents of our community partner, the Burnaby Intercultural Planning Table (BIPT), and the government funding body, the IRCC.

of First Nations, 2009; National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). In contrast to many traditional dominant methodologies that have historically been exploitative or extractive in nature, CER is designed so that collaborating communities—often those experiencing a form of marginalization or systemic oppression—are leaders and collaborators in the research process (Grain, 2020). Broadly speaking, community engaged research is a complex and nuanced research paradigm that, to varying degrees, "creates space for communities, community members and community-based organizations to work in collaborative partnerships with academic researchers" (Kantamneni et al., 2019, p. 65). More than that, however, there is an implicit emphasis on the *process* of research, which is as valuable as the *product* of the research itself. CER is foundationally situated on an ethos of ethical care, particularly in relation to the impacts that research may have on the involved communities. As most researchers recognize, however, conceptions of ethical care are anything but universal, especially in research that spans diverse cultural, geographic, socioeconomic, religious, or political contexts. This project has been guided by a set of ethical principles for conducting community engaged research, including harm and risk reduction; action orientation; the active redistribution of power; a focus on relationships; and collaborative analysis and dissemination (Grain, 2020). These principles were developed within our CERi office and based on an in-depth literature review of ethics in community engaged research.

Community Engaged Research Process

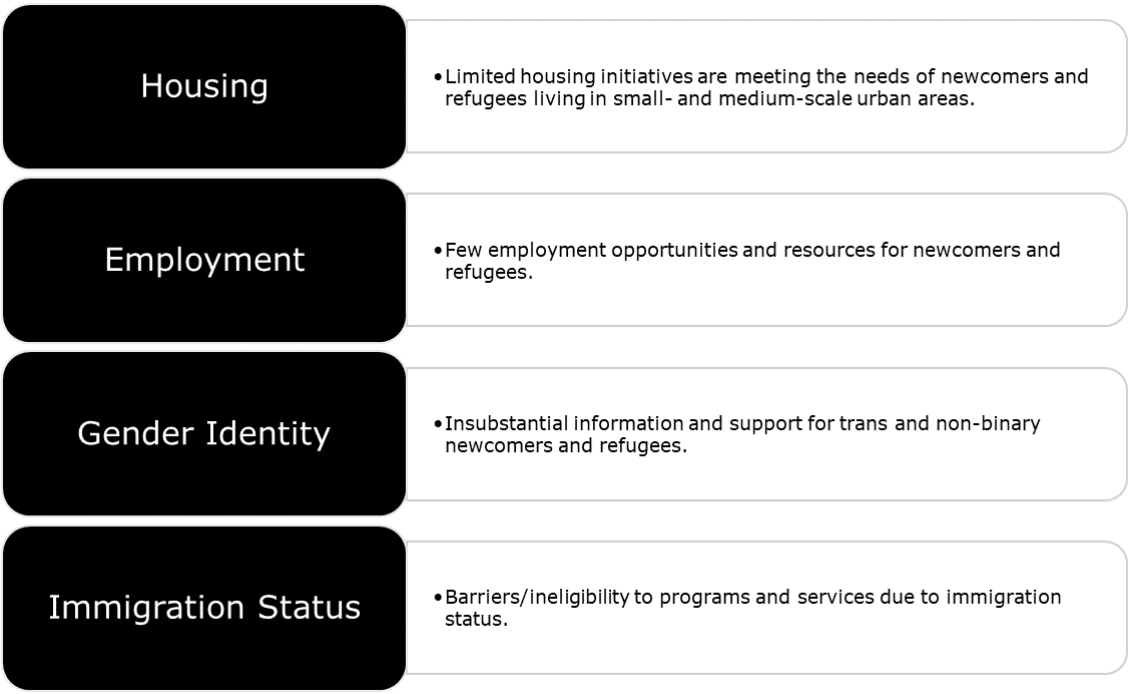
One of the core goals of community engaged research is the early and ongoing involvement of community partners in the design, process, and dissemination of the research (Grain, 2020; Mahoney et al., 2021). Following this methodological goal, our research team was created through the leadership and vision of our community partner, the Burnaby Intercultural Planning Table, in March 2022. BIPT's mission is to collaborate with immigrant and refugee service providers to identify the needs of newcomers and share resources that will enhance their integration and settlement in the community (BIPT, n.d.). The comfort, health, and living standards of newcomers have improved due to BIPT's involvement in senior-level representation from a wide range of institutions and community organizations.

BIPT approached SFU's CERi because of CERi's aim to "strengthen the capacity of SFU researchers and students to engage respectfully, ethically, meaningfully and purposefully with community members in CER-related work" through the principles of participation, cooperation, empowerment, and knowledge translation (CERi, n.d.). The staff researchers at SFU's CERi office had several conversations with BIPT and established a collaborative research team to work on a project that would aid newcomers in their settlement needs. BIPT asked that the research team conduct a secondary analysis of existing community-based models for social service planning with the intention of building a specifically community-based model that is driven by the context and needs of the Burnaby community.

With this goal in mind, we conducted an initial review of community-based models for social service planning and discussed initial findings. Given the wide range of studies and research in this area, we ultimately narrowed the research focus to explore the specific factors or social determinants that shape or impact the experiences of immigrants in relation to social service delivery. In particular, social determinants of health refer to the specific factors that influence health disparities and outcomes, and including individuals' access to resources, opportunities, and living conditions that are critical for maintaining good health (Raphael, 2016). These determinants encompass a wide range of factors—including socioeconomic status, education, employment, social support networks, and access to healthcare—that significantly shape and impact well-being and access to social services for immigrants (Raphael, 2016). In this context, community members from BIPT and the CER researchers named housing, employment, gender identity, and immigration status as four key determinants that contribute to the development of effective community-based models for social service planning that address the specific needs of immigrant populations. Figure 1 shows the rationale for these determinants.

Focusing on these four determinants, we conducted a secondary analysis of international literature on community-based models for social service planning for newcomers and refugees. The secondary analysis entailed a review of 10–12 articles per determinant, and the identification of promising practices, tensions, and challenges. We complemented this thematic data with real-life examples for each determinant, outlined in this article.

Figure 1. Rationale for Selecting the Four Social Determinants of Health in This Project



Findings: Promising Practices

Our findings reflect the project's criteria for promising practices, including: (a) effectiveness, (b) sustainability, and (c) integrative and collaborative approaches. Aligned with these criteria, the promising practices were defined as suggestions of initiatives that were achievable, yet context specific. As we analyzed the initiatives across the four determinants (housing, immigration status, employment, and gender identity), the four key questions that guided us were: (1) What are the newcomer/refugee issues and needs in the initiative addressing? (2) How do initiatives support immigrants in relation to each determinant? (3) What is the impact of the initiative? (4) Is the initiative sustainable in supporting newcomers and refugees? With these questions, we analyzed, discussed, and named initiatives for each determinant, as well as real-life examples for each.

Housing

Housing struggles are not solely an immigrant issue, as locals feel the pressure of unaffordable and inaccessible housing in North America. People in Canada have been experiencing a housing crisis for over a decade, with housing costs, precarity, and houselessness consistently rising (Phipps et al., 2021). Our review found that the most successful immigrant housing experiences have resulted from having direct support from close personal networks (i.e., family and friends). However, this is not an option for many immigrants. Most immigrants' housing needs cannot be met without financial support or safe temporary housing from local authorities and government institutions.

As addressing Canada's housing crisis is beyond the scope of this project, two promising practices were shown to ensure that services better support immigrants' housing needs and provide the necessary support to access proper housing in Canada. This includes collaboration between local authorities and grassroots actors (e.g., community members and settlement workers/organizations) to develop temporary and permanent housing for immigrants with, for example, precarious status. This initiative could have other benefits, including the expansion of social networks to further support housing opportunities (Ballet, 2022; Barranger et al., 2020; BC Housing, 2021; Esses et al., 2010). Another initiative is to incorporate Indigenous knowledge for community engagement and housing design principles across different stages of the initiative to engage immigrant communities on housing needs (Butler et al., 2017).

For instance, in Brussels, Belgium, which has been a place of transit for migrants on their way to the U.K, immigrants without status during the COVID-19 pandemic were vulnerable to repression from "police violence, detention, and deportation, as well as 'violent inaction'" (Ballet, 2022). Violent inaction is the denial of basic services (i.e., accessing migrant shelters, medical and/or material support, etc.) as a strategy to discourage migrants from settling, which forces them to continue transiting. Two promising practices that supported immigrants in Brussels included: (a) developing the Citizen Platform BELRefugees, an initiative that recognized the danger that people without immigration status were facing and supported collaboration with local municipalities and hotel owners to transform hotels into temporary shelters, and (b) recognizing that housing struggles are not solely a migrant issue, as locals also felt the pressure of unaffordable and inaccessible housing. Local advocates in Brussels highlighted the challenges of housing migrants without status by joining them in occupying spaces. Their efforts led to the formation of a civil initiative called the Citizen Platform, which coordinated these joint efforts of citizens (Ballet, 2022). The intervention was premised on local communities advocating for migrants to have housing, and as a result, this advocacy work pushed hotels to provide temporary shelters.

Employment

Labor is central to migration history in the Global North, including Canada. The Canadian immigration system heavily relies on the labor of immigrants with temporary status and those with limited rights. While the Canadian government actively accepts immigrants in certain fields to contribute to the country's economy (IRCC, 2022), others arrive with medical and educational credentials that go unrecognized, or are unemployed due to language barriers and racism (Drolet & Teixeira, 2022). Thus, in many ways, Canada's immigration system sets newly arrived immigrants up for unemployment or low-paid exploitative work. There is a need to adequately support the labor needs of newcomers and refugees, including finding proper employment, supporting labor rights, and accessing safe workplace environments.

Our review highlighted some promising practices for how this can be done. This includes developing immigrant-led cooperatives, working groups, or centers to: (a) share skillsets and services (Davies, 2017; Ji & Robinson, 2012; Ngai, 2005); (b) share labor-rights education, protections, and training (Ngai, 2005); (c) run economic activities cooperatively and collaboratively to promote democracy; (d) support empowerment and economic autonomy (Ngai, 2005); and (e) hold language-specific workshops on labor rights and justice. There is also a need to support immigrant representation in different fields of employment.

As an example of this work, Ji and Robinson (2012) published a user manual that was co-created by community organizations, cooperatives, and workers. It helps immigrant workers and their advocates organize worker-owned cooperatives as an empowerment strategy. This guide was developed for immigrant workers with precarious status in El Centro, a city in California close to the U.S.-Mexico border. Its goal is to use a strengths-based approach which focuses on using individual strengths to help workers with both formal and informal education and skills create their own jobs with improved working conditions, particularly for immigrants without status. The guide also outlines different models of worker co-ops, case studies, and practical information on funding and compensation, roles, ownership, and member structures. Ji and Robinson include the following promising practices (2012):

- Voluntary and open membership: Co-ops are open to all persons willing to accept the responsibilities of membership without gender, social, racial, political, or religious discrimination
- Democratic member control: Co-ops are organizations democratically controlled by members
- Members' economic participation: Members contribute to the capital of their co-op and decide how to use that capital to support the co-op
- Autonomy and independence : Co-ops are controlled by their members and maintain their independence.
- Education, training, and information: Co-ops provide education and training for members so they can contribute to their co-ops' development
- Cooperation among cooperatives: Co-ops strengthen their movement by collaborating locally, nationally, and globally
- Concern for the community: Co-ops work towards the sustainable development of their communities and support the health of other community members

Gender Identity

Canada has developed policies and services that affect the integration experiences of newcomers and refugees, yet many LGBTQ+ immigrants are overlooked and have trouble navigating social programs and services (Giwa & Chaze, 2018). The lives and experiences of LGBTQ+ immigrants involve complex intersections of their sexual, racial/ethnic, linguistic, gender, migration status, culture, and socioeconomic status (Logie et al., 2016).

To address the needs of LGBTQ+ immigrants, community-based social service planning is needed to build social networks and provide support. Some promising practices we noted include: (a) providing educational workshops and initiatives for LGBTQ+ newcomers using peer-support groups (i.e., to overcome internalized stigma and isolation, and promote self-acceptance); (b) connecting LGBTQ+ newcomers and refugees with people of common heritage and experiences through social networking spaces (Magpantay, 2020); and (c) building initiatives with partnerships that offer free legal representation, know-your-rights training, and public understanding of the LGBTQ+ experience (Rahman, 2022).

Local grassroots LGBTQ+ community organizations that serve Asian-American, South Asian, Southeast Asian, and Pacific Islander (AAPI) immigrants have successfully provided safe and supportive spaces for LGBTQ+ AAPI individuals across the United States for over twenty years. The mission of LGBTQ+ AAPI organizations are to help support and advocate for lesbian, gay, bisexual, transgender, and queer Asian Americans (Magpantay, 2020). This includes the development of a sustainable community-based model to balance and provide social, political, peer-support, and educational programming. Some promising practices included providing essential social networking spaces where AAPIs can connect with people who may share common heritage and experiences.

For example, to cater to the multiple intersecting identities of AAPIs, the organization hosts a wide range of social activities, such as potluck dinners, dim sum brunches, Bollywood nights, and cultural performances (Magpantay, 2020). The organization also engages in political advocacy and activism by providing social spaces that focus on social justice work. This includes writing letters to mainstream and LGBTQ+ community media, as well as Asian ethnic/language press (Magpantay, 2020). Moreover, the organization offers peer support for those coming out with their gender or sexual orientation who need identity-based support and want to connect with others with shared cultural identity, heritage, and experience. For instance, monthly peer-support meetings are facilitated in multiple languages to accommodate the diversity of AAPIs (Magpantay, 2020). Lastly, the organization implements educational activities based on the needs of LGBTQ+ AAPIs. For example, creating multilingual educational workshops, hosting guest speakers, and facilitating discussions are among the organization's many activities.

While LGBTQ+ AAPI organizations across the United States vary due to their infrastructure, funding, and leadership structure, incorporating some of the promising practices from these organizations into the development of a sustainable community-based model will be beneficial (Magpantay, 2020). In fact, it has provided a safe and supportive space for many LGBTQ+ AAPIs, encouraged self-acceptance, challenged internal stigmas, and helped build friendships. Using this community-based model (Magpantay, 2020) can help overcome the stigma, racism, and homophobia newcomers and refugees may experience globally.

Immigration Status

People with temporary immigration status make up the largest number of immigrants accepted into Canada annually (IRCC, 2022). This is intentionally designed by the immigration system to boost the country's economy while limiting people's rights to health and social services. Many people in Canada also live without official immigration status. For example, people with temporary work permits may be unjustly terminated from employment, thus making their immigration documents invalid (Goldring et al., 2009; Magalhaes et al., 2010). Immigration documents may also expire and become invalid due to long status processing times within the immigration system. Regardless of the circumstances, many people in Canada live with temporary or without immigration status, leaving them without access to needed health and social services (Goldring et al., 2009; Magalhaes et al., 2010). There is a need to support people with precarious immigration status appropriately.

Our review highlighted some promising practices for how this can be done, including (a) collaborating with retired older adults in the community to support the experiences of people with different immigration statuses, which may offer integration and social support (Ghonaim,

2021); (b) building trust on an interpersonal and community level by acknowledging temporary worker rights and system accountability, including sharing information regarding worker entitlements, reviewing contracts, and brainstorming solutions when rights are threatened (Caxaj & Cohen, 2021); and (c) developing, designing, and implementing a community-based healthcare model serving immigrants regardless of status through training, partnerships, participation, and advocacy (Riza et al., 2020).

Riza et al. (2022) conducted a review of international studies examining effective community-based healthcare models and interventions for migrants and refugees, aiming to identify the most promising practices based on scientific soundness and reproducibility potential. Migrants and refugees included those who were newly arrived, children, youth, families, elders, low-income, racialized, asylum seekers, and women. They identified 15 guiding principles and tools in the areas of mental health, general health services, noncommunicable diseases, primary healthcare, and women's maternal and child health.

Some of the promising practices within healthcare interventions and models included: (a) providing training in cross-cultural understanding and competency for healthcare providers and facilitating cultural brokering by identifying community peers, bilingual gatekeepers (i.e., people with the linguistic and cultural skills necessary to converse and build relationships with people who speak the same language or practice the same culture), and ethnic matching of healthcare providers and patients; (b) establishing close collaborations and partnerships between community healthcare providers, public health and primary care institutions, and migrant communities; (c) social networking to improve communication during the intervention; (d) providing linguistically and culturally sensitive service provisions and prevention activities, including using trained interpreters and storytelling approaches; (e) incorporating participatory approaches, including engaging migrant communities in community-based health research; and (f) having advocacy and community collaboration.

Findings: Tensions and Challenges

There are several noteworthy tensions and challenges associated with promising practices to support the integration of newcomers and refugees around the world. Our secondary analysis of international community-based initiatives highlighted three overarching areas of tension in community-based approaches to supporting newcomers and refugees: limited funding, outreach, and resources; power imbalances; and oppressive policies and regulations.

It is important to note that, as per the directives of our community partner organization, the secondary analysis was not solely focused on Canadian contexts. Rather, our community partner organization was interested in understanding a broad range of community-based approaches in global contexts, which could then provide insight into our local development of a community-based model for social support.

Limited Funding, Outreach, and Resources

It was apparent throughout our review of the four determinants of health that a lack of funding for community-based initiatives affected the ability to sustain integration support and resources (Mukhtar et al., 2016). As noted in Fong et al. (in press), funding and monetary transactions are an under-discussed yet highly impactful component of community engaged research. They note that, "as a field, CER is shaped by a set of ethical commitments that regardless of disciplinary tradition tend to emphasize relationships of equity, transparency and just recognition within research collaborations" (in press). And yet, concerns related to funding—especially funding procedures for marginalized communities and organizations—are often relegated to side conversations or administration offices.

We therefore highlight as a vital tension that in this study, funding struggles for community organizations had a profound impact on their ability to sustain support and count on future support for the communities they serve. Relatedly, limited capacity for the outreach of programs and services was an ongoing challenge, as many community-based organizations lacked the staff or funds to raise awareness and spread information related to their services. The lack of such infrastructure and funding affects the ability for community-based organizations to meet the needs of immigrants (Mukhtar et al., 2016). In the community organizations examined through this project, most staff are volunteers who work full-time jobs and typically face fatigue and burnout, affecting their ability to create, facilitate, and manage various activities. Our hope is that

in the longer term, this study and the resulting community-led social service model will help to ameliorate such challenges in the local context.

Power Imbalances

Several authors discussed the tensions that exist within community-based organizations and settings regarding interpersonal relationships with unequal power dynamics (Esses et al., 2010; Magpantay, 2020; Staples, 2012). Without creating a community-based planning model, organizations serving newcomers and refugees may face detrimental impacts of power imbalances among staff, volunteers, and community members. Given that our research and collaborations are conducted through a community engaged research framework, power analyses are an ever-present aspect of our work together. We draw upon locally developed resources by and for our own community in the Vancouver area to inform our understanding of structural relations that are affected by power, privilege, and positionality. For example, the *Community Resource Handbook* (Mahoney et al., 2021) recognizes the acknowledgement and redistribution of power as a core ethical principle of community engaged research (Grain, 2020). In the context of community-based organizations involved in this research, the tensions between managers and workers in community settings may affect decision-making, wage decisions, and management, but the user manual on building worker-owned cooperatives (Ji & Robinson, 2012) provides strategies to help combat these challenges—including consistent education and a commitment to participatory management (Esses et al., 2010; Magpantay, 2020; Staples, 2012).

Oppressive Policies and Regulations

Finally, scholars indicated that oppressive policies and regulations (e.g., those related to labor, immigration, and healthcare) prevented the integration of newcomers and refugees (Caxaj & Cohen, 2021; Ji & Robinson, 2012; Riza et al., 2020). In our understanding of oppression, we draw on Marilyn Frye's *Oppression*, which shows oppression's root element as "press," or to be squeezed between structures, to have one's mobility reduced, to be deprived of options (1983). Furthermore, drawing on Paulo Freire's *Pedagogy of the Oppressed* (2000), we recognize that oppression is the result of attempts at domination over, and exploitation of, specific groups of people who tend to be marginalized or disempowered through structural and material forces. Despite the theoretical, deeply rooted, and systemic nature of this challenge, employing anti-oppressive practices and advocating for full immigration status for all, for example, can help emancipate and empower newcomers and refugees. Many community-based interventions not included in this paper may exist but have yet to be published due to a lack of resources and lower prioritization. There is also limited systemically recorded data on migrant and refugee health, particularly the health of people with temporary or no immigration status, due to their systemic exclusion.

Discussion and Recommendations

In this paper, we report findings related to our secondary analysis to facilitate the development of a community-based social service planning model to support the integration of newcomers and refugees. Our findings point to four overarching recommendations that are necessary when developing a community-based social service planning model:

- Connect: Connect newcomers with local community members who share similar backgrounds (i.e., gender identity, age, ethnicity, immigrant experiences).
- Collaborate: Collaborate with local communities, existing services, and newcomer and refugee communities (i.e., including the perspectives and experiences of immigrants in the planning process).
- Dedicate: Dedicate spaces for newcomer and refugee communities to connect and facilitate workshops on topics that may be useful for them (i.e., housing, employment, building social networks).
- Share: Share opportunities for newcomer, refugee, and Indigenous communities to discuss their shared or different histories (i.e., exchange knowledge and intelligence to foster inclusion, strengthen relationships, and acknowledge that we are all on Indigenous land).

Despite these recommendations, we acknowledge that there are several limitations to this project. The aim of this paper was to explore community-based models for social service planning to support immigrants; yet the short timeline of this project only allowed our research team to focus on models and initiatives that consider housing, employment, gender identity, and immigration status. Still, while many other factors require further attention, exploring

these four determinants was critical as our community partners expressed these as pressing issues in the community. Although this project is merely scratching the surface of understanding community-based models for social service planning, it was designed with intentionality and in the best interests of the local immigrant community and our community partners.

Another limitation of this project is the small number of community-based models and initiatives documented at the grassroots level. In considering the "knower" of each piece of work, we acknowledge that more support is needed for community work to be gathered and shared across sectors and groups to advance learning. We attribute this to the limited capacity of often-overworked community advocates, organizers, members, and organizations to document the work that is being done daily. This includes the capacity to take part in media interviews, write detailed reports, and publish research articles. It is important to note that many community-based efforts serve immigrants in ways that profoundly shape their lives and well-being.

Conclusion: Moving Forward

The number of newcomers and refugees in Global North countries like Canada and the United States is increasing daily (Teixeira et al., 2012). Social services provide immigrants with an important bridge in supporting their experiences upon arrival and providing them with the necessary information and support to thrive. In reflecting on this project, we recognize that: (a) communities can take care of themselves and one another but need adequate and sustainable support to do so; (b) we cannot wait for governmental enactments to address barriers to or inequities in social services; and (c) literature on newcomer and refugee support provides fruitful principles that are critical to consider for community-based social service planning.

While this project focuses on four specific determinants—housing, employment, gender identity, and immigration status—analysis of other factors may provide valuable insights to further support newcomers and refugees. For instance, a study conducted in BC found that most newcomers spent approximately 60% of their income on housing, resulting in many living in poverty or relocating to rural and small-scale communities (Teixeira & Drolet, 2018). However, few services are offered in these communities, affecting the ability for newcomers and refugees to find employment, culturally competent healthcare, access to grocery stores, and more. Ultimately, we suggest that future research on community-based planning models supporting newcomers and refugees could consider the following determinants: food insecurity, disability, income and income distribution, and health services.

Moving forward, we are working in collaboration with BIPT to develop a novel model for community-based social planning. It is our hope that this model may provide vital information needed to support immigrant communities in leading the planning of the social services that best serve them, as opposed to top-down approaches. We believe that immigrants know their needs best, and as a result, are best equipped to lead and plan the services that they need the most.

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