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Understanding immigrant settlement services literacy in the context of settlement service utilisation, settlement outcomes and wellbeing among new migrants: A mixed methods systematic review

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ABSTRACT

Successful settlement and integration are key objectives of migration policy in most host countries, yet 'immigrant settlement services literacy' (ISSL) and settlement service utilisation are poorly understood. This review investigates ISSL, a conceptual framework where new migrants develop abilities to know, understand, access, critically navigate, and advocate for more effective settlement services. The systematic review adhered to the PRISMA guidelines and was registered with PROSPERO. Eight databases (CINAHL, EMBASE, PubMed, PsycINFO, ProQuest Social Science, Scopus, SocIndex and Web of Science) were searched and 105 studies were included for narrative synthesis. One study used the term 'settlement service literacy', while the other studies referenced proxy terms for ISSL. All studies reported indicators of the basic level of ISSL, as well as reporting barriers and enablers to accessing services and information. The studies were grouped into four service domains of health (n=70), settlement services (n=7), language services and information literacy (n=7), and social support services (n=21), to identify service specific factors. Language proficiency was identified as the main barrier (96%) to accessing information and services, with related factors represented across all service domains. Enabling factors to gaining knowledge about information and services were identified in 32% of studies. Individual factors in combination with systemic, service, and practical barriers were found to impact negatively on new migrants' ability to obtain knowledge about, gain access to, and utilise settlement services. Understanding ISSL in the context of new migrants' resettlement process has important implications for reducing structural inequalities, and for ensuring successful settlement outcomes and wellbeing.

1. Introduction

For centuries, global human migration has been steadily increasing, witnessing an acceleration in the post-colonial period of the 1960s, with continued expansion due to ongoing economic, environmental, social and political related factors in source countries (IOM, 2020). Patterns of migration flows from source countries commonly gravitate towards regions or countries that offer greater economic and educational opportunities and better living conditions. As a consequence, migration flows drive the economies of the host countries, reshaping civic-political and socio-cultural dimensions, as well as having a rejuvenating effect on ageing populations and the transformation of the workforce (IOM, 2020). By 2019, the number of international migrants worldwide was estimated at 272 million, up from 221 million in 2010 (IOM, 2020). However, two thirds of all international migrants resettled in just 20 countries. Oceania (21%), including Australia and New Zealand,

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recorded the highest proportion of international migrants per capita intake, followed by Northern America (16%), and Europe (11%) (IOM, 2020). By the end of 2019, of all international migrants, 26 million were classified as refugees and 4.2 million were asylum seekers (UNHCR, 2020). Refugees and asylum seekers primarily flee their homes and countries to escape persecution, conflict, violence, human rights violations, food insecurity, and natural disasters (UNHCR, 2020).

Successful settlement and integration are key objectives of international migration policy. Integration is generally defined as the ability to participate fully in economic, social, cultural and civic life (Fozdar and Hartley, 2013). Key settlement outcomes are commonly conceptualised across a number of core service domains including employment, housing, education and health (Ager and Strang, 2008). These domains are both the markers of integration and the means of achieving integration, which is a multi-dimensional, long-term, two-way process of mutual adaptation by new migrants and the host society (Fozdar and Hartley, 2013). Host governments provide settlement services for newly arrived migrants to assist them with their successful integration.

Variations in the eligibility for and provision of settlement services differs considerably across host countries. For example, humanitarian entrants in Australia receive intensive settlement assistance including case management for up to 18 months, followed by specialist settlement program services for up to 5 years (Department of Home Affairs 2020b). In the United States, benefits and services available to refugees and those granted asylum include cash assistance for up to 8 months, followed by a range of social services provided for up to 5 years after arrival (U.S. DHHS, 2018). In Sweden, refugees who have received a residence permit are eligible to participate in a two-year integration program which provides language training, skills assessment, and labour market preparation (Konle-Seidl, 2018). In Canada, refugees receive essential services and income support for up to 1 year through government assistance programs or private sponsorship (Government of Canada, 2019). Additionally, all permanent resident 'newcomers' in Canada, including refugees, can access a wide range of services on an ongoing basis (Mendicino, 2020).

UNESCO defines 'literacy' as a multidimensional concept that involves "a continuum of learning in enabling individuals to achieve his or her goals, develop his or her knowledge and potential, and participate fully in community and wider society" (UNESCO, 2005). Literacy is also context specific, a product of the interplay between people, service providers and socio-cultural contexts in which these interactions take place (Nutbeam, 2008). In the context of settlement services, 'immigrant settlement services literacy' (ISSL) has been conceptualised by Masinda (Masinda, 2014) as a framework where new migrants develop abilities to know, understand, access, critically navigate and advocate for more effective settlement services. Settlement services refer to "services provided to immigrants and refugees upon their arrival to facilitate their reception and settlement in a new country" (Masinda, 2014). Due to variations in settlement service program models across host countries, and for the purpose of this review, settlement services include both the provision of specialised settlement services, as well as a broad range of social and human services provided specifically to new migrants. Due to variation across host countries in the terminology used to describe 'immigrants', we will refer to the recipients of settlement services as 'new migrants'.

ISSL acquisition for new migrants occurs on three levels – basic, critical, and political. The basic level is an iterative process that represents the extent to which new migrants have the foundational information, knowledge, and skills to access and effectively utilise settlement services (Masinda, 2014). The critical level involves the possession of competencies to critically navigate settlement services, whereas the political level involves skills to effectively mobilise the mainstream society so that settlement services are part of the political agenda (Masinda, 2014). ISSL involves a wide range of interactive processes involved in everyday information exchange. Such processes are central to new migrants' abilities to make critical judgements and decisions in settlement service settings (Masinda, 2014). The development of competencies that enable new migrants and their communities to interact effectively with available services can contribute to reducing structural inequity, increase sense of belonging and promote wellbeing. ISSL also contributes to new migrants' socio-economic development, enhancing individuals' capacity for social awareness and critical reflection as a basis for personal and social change (Masinda, 2014).

Despite the availability of a diverse range of settlement services provided for new migrants in host countries, Masinda (Masinda, 2014) suggests that in many countries receiving significant numbers of new migrants, there are currently no empirical studies exploring immigrant settlement services literacy, nor is there an understanding of new migrant's experiences across these services (Settlement Council of Australia, 2019). Such a paucity of data is also true for Australia, despite its immigration policies having evolved over the past 80 years into a responsive broad-based migration policy that aims to facilitate new migrants' successful integration. However, new migrants' underutilisation of settlement services in Australia remains a challenge due to various factors including availability of services, financial difficulties, family separation, language proficiency, service awareness, changes in gender roles and status of family members, disrupted education, community attitudes, racism and perceived discrimination (Renzaho et al., 2011).

The lack of ISSL among new migrants creates a barrier to accessing the available information and services provided to support new migrants' successful settlement outcomes and overall wellbeing. Thus, understanding ISSL in the context of new migrants' resettlement processes has important implications for their integration and sense of belonging, as well as for reducing structural inequalities new migrants face in their new country. The main objective of this systematic review is to provide an understanding of immigrant settlement services literacy in the context of settlement service utilisation, settlement outcomes and wellbeing of new migrants.

2. Methods

2.1. *Study design*

This mixed methods systematic review incorporated both quantitative and qualitative evidence. It adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (S1) (Liberati et al., 2009). The study protocol was registered with PROSPERO CRD42020154541 (Woodward et al., 2020) and was published in Social Science Protocols (Woodward et al., 2020).

2.2. *Search strategy*

Eight electronic databases (CINAHL, EMBASE, PubMed, PsycINFO, ProQuest Social Science, Scopus, SocIndex, and Web of Science) were searched from the 1st - 9th April 2020 for peer reviewed studies published in English between 1 January 2000 and 31 March 2020. Given that ISSL is a relatively new concept in the literature, January 2000 was selected as the start date for the search. Key search terms were developed via consultation between the research team and from a cursory review of settlement services literature. The search strategy focused on key words related to ISSL, settlement services and related outcomes. Five search term threads were developed to separate keywords for each of the main focus areas of the review question. Settlement services included in the search strategy covered a broad remit of human and social support services. The keywords were linked using Boolean operators to be as complete as possible and the search terms used are listed in **Table 1**.

2.3. *Inclusion and exclusion criteria*

The review included studies that reported primary data and

Table 1
Search terms.

Search focus areas	Search term threads
1. Target Population	migrant* OR immigrant* OR refuge*
2. Migration Stage	settle* OR resettle* OR "new* migrant*" OR "new* immigrant*" OR newcomer OR "new* arriv*" OR "recent* arriv*" OR "new* emerg*"
3. Settlement Services Literacy	"settlement service literacy" OR "service literacy" OR litera* OR understand* OR knowledge OR ability OR aware* OR engage*
4. Settlement Service Types	health OR "health literacy" OR "health program*" OR medical OR education OR training OR legal OR justice OR language OR employ* OR housing OR accommodation OR "English as a second language" OR advocacy OR counsel* OR therapy OR "food service*" OR "form filling" OR "information service*" OR referral OR childcare OR orientation OR cultural* OR recreation OR leisure OR translation OR interpretation
5. Service Utilisation	uptake OR utilization OR access* OR outcome* OR participat* OR effective* OR experience* OR barrier*

investigated the utilisation, accessibility, or outcomes of settlement services for new migrants in high income countries. We included peer-reviewed qualitative, quantitative, and mixed methods studies, published in English, that were reviewed and assessed for eligibility based on the inclusion and exclusion criteria which are presented in **Table 2**.

Studies were eligible for inclusion if the primary participant group were adult migrants, either forced (refugees) or voluntary (economic) migrants, who were identified as newly arrived or residing in the host country for five years or less. Studies that included migrants who had resided in host country for more than five years were included if the study's sample included at least 50% newly arrived migrants. Studies also needed to report on the perspectives of new migrants, but those that both included service providers and migrants' perspectives were also included. Finally, the study was included if it investigated factors related to how migrants access services and information, even if the study was not explicitly about 'immigrant settlement services literacy'.

2.4. Study selection process

Grey literature was excluded from the search due to the diversity and complexity of policies and varying legal frameworks, and program models that govern settlement service provision across host countries. This was further exacerbated by the broad definition of settlement services applied to the review and the continual reforms routinely made to settlement service program models within host countries in response to complex and evolving national and international political and socio-economic agendas and issues. Adams et al. (Adams et al., 2017) also suggested that the heterogeneity of grey literature in systematic reviews impedes the replicability of results, limiting the value of the review. The data search, screening, reviewing and data extraction processes were all undertaken independently by the first and second authors. Discrepancies in decisions related to the inclusion or exclusion of studies were reviewed and reconciled through mutual agreement between the two authors (Liberati et al., 2009).

Table 2
Inclusion and exclusion criteria.

Inclusion Criteria	Exclusion Criteria
A study was considered eligible, if: (1) the study provided quantitative or qualitative empirical evidence, and; (2) the research sample included adult migrants or refugees (≥ 16 years) settled in high income countries for five years or less, and; (3) the study was published in English language, and; (4) the study included investigation of service provision in the settlement stage of migration; and (5) the study focused on services which promote the integration and well-being of migrants or refugees, and; (6) the study included investigation of 'immigrant settlement services literacy' and/or related outcomes, uptake and/or accessibility of settlement services.	A study was excluded, if: (1) the study was a monograph, book, book chapter, review article, systematic review or commentary; (2) the study sample was restricted to non-adults; or (3) the study was about asylum seekers, temporary migrants or undocumented migrants; or (4) the study exclusively reported the perspectives of service providers; or (5) the study was explicitly about cultural competence or the provision of services to CALD communities generally; or (6) the results generated from adult migrants or refugees in the study were mixed with results from other populations and could not be separated.

2.5. Data extraction

Data extraction was based on a modification of the Cochrane Public Health Group Data Extraction and Assessment Template (Cochrane Public Health Group, 2011). Data variables were independently extracted by the first and second authors and the results were checked for inconsistencies. The variables extracted included study details (author, country, year), study aims, type of settlement service, study characteristics (sample setting, participants), measured outcomes, methods, and results.

2.6. Quality assessment

Quality assessment of studies was performed using the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018). The MMAT is a critical appraisal tool designed specifically to assess the methodological quality of heterogeneous study designs represented in mixed methods systematic reviews (Hong et al., 2018). The first and second authors independently assessed a sample of studies and reviewed results to identify discrepancies. The two authors each assessed half of the remaining studies according to consensus.

2.7. Data synthesis

Narrative synthesis was applied to bring together the diverse findings across the included studies that employed differing methodologies and multiple outcomes. The narrative approach allows for differences of study characteristics, context, quality and findings to be explored and summarised using a standard format, organising data according to similarities and differences as compared across studies (Barnett-Page and James, 2009).

Inductive thematic analysis of ISSL related findings was carried out to identify key themes. The analysis was iterative with thematic coding applied to identify codes and code groupings across studies. Thematic codes were then grouped into common themes to generate a thematic map defining service domain groupings, themes specific to service domains, and common themes or factors that were consistent across service domains.

3. Results

3.1. Selected articles for the review

A total of 7533 sources were identified after the initial search. These were entered into the Covidence database and sorted, with the removal of 4676 duplicates. The remaining 2857 articles were screened by title and abstract to determine whether the article met the five search focus areas, omitting 2632 studies. The remaining 225 articles were assessed for inclusion in the review by reading the full text of the article. Of those, 131 studies were excluded, leaving 94 studies meeting all the inclusion criteria. In addition, reference lists of included studies were manually scanned yielding a further 10 studies. Finally, we undertook a Google Scholar search to ensure that we did not overlook any studies, yielding one additional study. A total of 105 studies were included for data extraction and review synthesis as outlined in **3.1.1** Fig. 1. Table 3

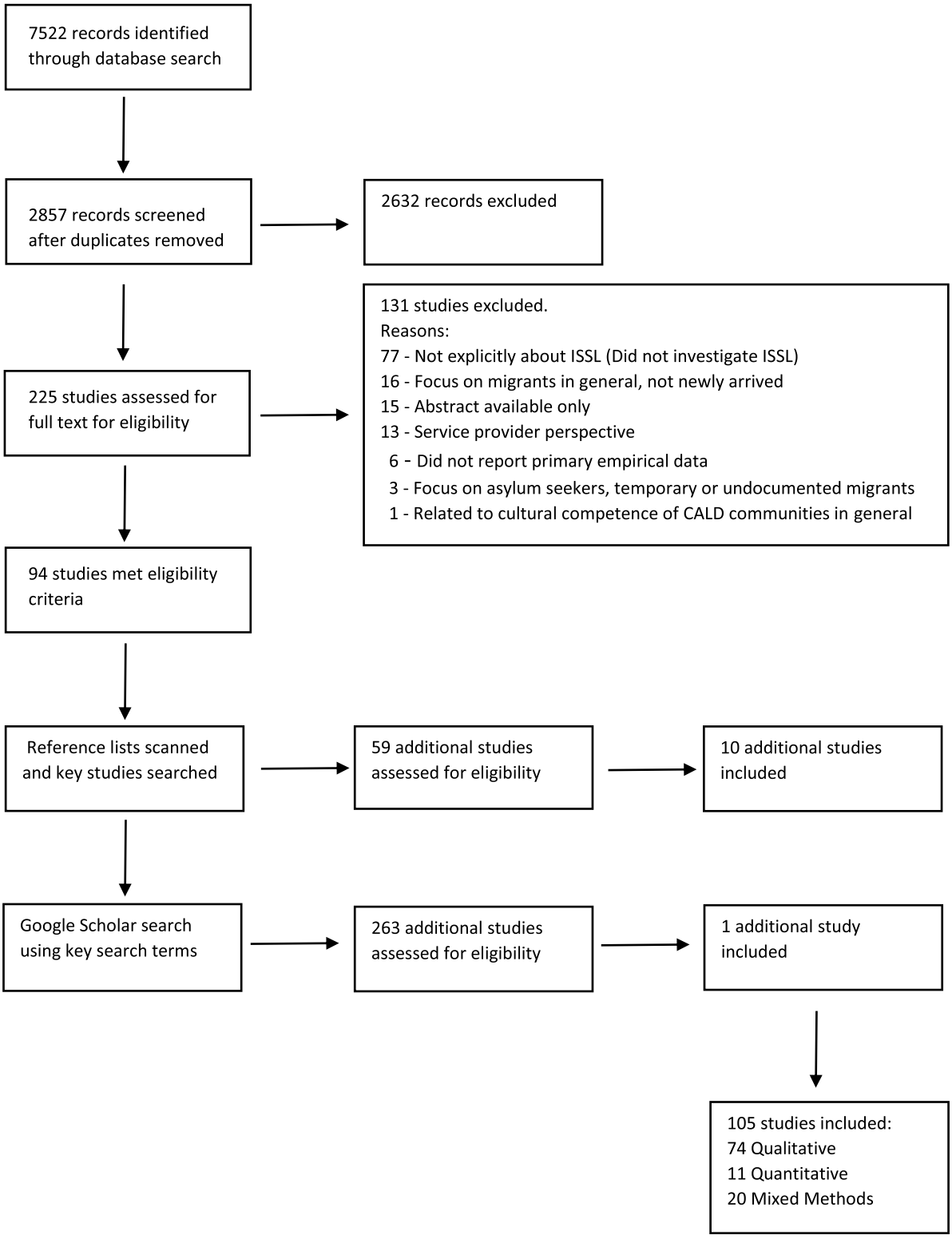

Fig. 1. Flow diagram of the study selection process.

summarises the study characteristics, supplementary materials S2-S4 provide more detailed tables.

Of the 105 included studies, an assessment of the methodologies used identified that 74 studies were qualitative, and 83 studies were published since 2011. The majority of studies were focused on resettlement of refugees (n=67), with the remaining studies examining migrants in general (n=35), or both refugees and migrants (n=3). Geographically, studies were conducted in nine countries - Canada (n=37), USA (n=27), Australia (n=26), UK (n=8) and Sweden (n=3), and one study each from Norway, Netherlands, Germany and South Korea. Studies described programs or interventions that addressed multiple settlement outcomes or assessed the needs and experiences of new migrants. Commonly measured factors related to ISSL were pre-migration and post-migration experiences, information needs, barriers and enablers to information,

Table 3
Summary of study characteristics (complete tables available as supplementary materials - S2-S4).

Study Domain	Author, Year, Country	Study Design, Data Collection	Sample Size, Participant Characteristics	ISSL Related Findings	ISSL Level	Quality Rating
Health Health Literacy	Baird et al. 2015, USA	Qualitative CBPR* Focus groups/seminars	n = 20 100% female	Lacked skills to access healthcare system, barriers to transport. Need help to fill out forms, privacy and confidentiality, perceived discrimination, language proficiency. Seminars provided information.	Basic	High
	Due et al. 2020, Australia	Qualitative Andersen's behavioural model Interviews	n = 20 8 = male; 12 = female	Barriers due to financial constraints, knowledge of health systems, government policies and previous experiences of oral health services.	Basic	High
	Edge et al. 2014, Canada	Qualitative Grounded theory Focus groups/interviews	Data saturation n = 26 14 = male; 12 = female	Enablers as informal, non-biomedical settings and programs that nurture trust, break down access barriers, and promote a sense of community amongst peers and health professionals.	Basic Critical	High
	Esala et al. 2018, USA	Qualitative Healing Hearts IBHC Model Interviews	n = 40 83% female	Unaware of mental health services or how to access them. Time with provider insufficient for people with complex chronic conditions, need for interpreters. Integrated system of care model effective for continuity of care.	Basic	Medium
	Im 2018, USA	Qualitative CBPR * Focus groups/interviews	n = 22 4 = male; 18 = female	Barriers as lack of understanding of Bhutanese culture among healthcare providers, complex healthcare system, difficult health terminologies, illiteracy, lack of transportation, medical insurance.	Basic	High
	Ingram & Potter 2009, UK	Qualitative Rapid appraisal methods Focus groups/interviews/ workshop	n = 10 4 = male; 6 = female	Barriers to accessing health services due to communication and lack of information. Effective use of interpreters would improve communication and access to primary care services.	Basic	Medium
	Jiwrajka et al. 2017, Australia	Qualitative Theory not specified Case Report	n = 1 100% female	Barriers due to interpreter with different dialect, healthcare providers not adequately trained using interpreters or aware of cultural factors impacting treatment and appointment time constraints.	Basic Critical	High
	Kaczkowski & Swartout 2020, USA	Qualitative CBPR * Focus groups/interviews	n = 25 13 = male; 12 = female	Limited knowledge and misconceptions about sexual health, and gender specific concerns identified. Enablers as informal and formal sources of information. Barriers included language difficulties, lack of money, insurance, and transport.	Basic	High
	Kumar 2020, USA	Qualitative Culture-centred approach Interviews	Data saturation n = 15 ~ 50% male; 50% female	Barriers to communication, access to interpreters, medical insurance related to employment status, transportation. Rely on support from community networks.	Basic	Medium
	McMichael & Gifford 2009, Australia	Qualitative Constant comparison method Focus groups/interviews	Focus groups n=142 67 = male; 75 = female Interviews n = 14 4 = male; 8 = female	Young people had little knowledge of sexual health or STIs. Aware of sources of sexual health information but few are utilised. Barriers include concerns about confidentiality, cultural modesty, and shame.	Basic	High
	McMorrow & Saksena 2017, USA	Qualitative CBPR * Interviews	n = 16 100% female	Experiences included confusion with the health system and access to health insurance. Barriers due to poor health literacy, transportation, language barriers, need for interpreters, and lack of culturally appropriate services.	Basic	High
	Ochieng 2013, UK	Mixed methods Descriptive analysis Questionnaire	n = 90 40 = male; 50 = female	Language proficiency as barrier to seeking health information and support. Health information not translated in spoken languages. Support networks were not available to the non-English speakers.	Basic	Medium
	Papadopoulos et al. 2004, UK	Qualitative Multi-method participatory model Interviews	n = 106 48% male; 52% female	Difficulties with the immigration system, housing, and gaining employment. Barriers due to problems with language, lack of interpreters, and navigating the healthcare system. Low use of formal support agencies due to cultural barriers.	Basic	Medium
	Poureslami et al. 2011, Canada	Qualitative Participatory approach Focus groups	n = 29 13 = male; 16 = female	Communication barriers due to language and culture and lack of cultural sensitivity in the health system. Information not meeting needs, and barriers to information different across communities.	Basic	High
	Sethi 2013, Canada				Basic	Medium

(*continued on next page*)

Table 3 (*continued*)

Study Domain	Author, Year, Country	Study Design, Data Collection	Sample Size, Participant Characteristics	ISSL Related Findings	ISSL Level	Quality Rating
		Mixed methods CBPR * Survey/consultations	n = 449 (221 = newcomers; 236 = service providers) 34% male; 66% female (newcomers)	50% respondents were not familiar with mental health services. Barriers of time pressure (80%), personal and family responsibilities (66%), transportation (66%), work situation (64%), language barriers (54%), cultural barriers (51%), discrimination (46%), and MH stigma (39%).		
	Sievert et al. 2018, Australia	Mixed methods Grounded theory Questionnaires/interviews	Interviews n = 19 Questionnaire n = 7 23 = males; 3 = females	Difficulty in understanding health information, limited interpreters, cultural barriers to communication with doctors, limited access to healthcare in home country.	Basic	Medium
	Wodniak 2018, USA	Qualitative Theory not specified Interviews	n = 39 11 = male; 28 = female	Barriers due to language and cultural barriers, 38% dissatisfied or confused about entitlements to health insurance. Frustration with communication with medical staff and lack of information provided after a procedure.	Basic	Medium
	Worabo 2017, USA	Qualitative Life Course Theory Focus groups	n = 15 11 = male; 4 = female	Barriers due to cost, lack of information about the service system, insurance, and entitlements. Healthcare support and access limited by language and cultural barriers. Enablers of health information in primary language and the importance of community connections.	Basic	Medium
Maternal Health	Kim et al. 2017, South Korea	Qualitative Theory not specified Interviews/case studies	n = 6 100% female	Barriers due to poor economic status, difficulty obtaining health insurance, lack of translated health information. Religious and cultural differences impede access and insufficient social support in the early stages of migration.	Basic	Medium
	LaMancuso et al. 2016, USA	Qualitative Sorensen social contextual model Interviews	Data saturation n = 28 Gender: N/S	Language barriers, history of trauma, depression, lack of transportation, and hospital navigation as challenging. Doulas facilitate communication between patients and the care team. Doula training empowered them as patients' advocates.	Basic Political	High
	Lee et al. 2014, Canada	Qualitative Descriptive phenomenology Interviews	n = 15 100% female	Healthcare system different, lack of continuity of care. Barriers as transportation, long wait times, cultural insensitivity of care. Information and resources obtained from clinic, community health centres, prenatal classes, parents, friends, and the internet.	Basic Critical	High
	Mumtaz 2014, Canada	Quantitative Comparative study Survey/telephone interviews	n = 1277 (140 = newcomers; 1137 = Canadian born) 100% female	Reported family doctors (10%) and nurses (13%) as sources of information. Language differences a barrier to accessing information and navigating the healthcare system.	Basic	High
	Phillimore 2015, UK	Qualitative Theory not specified Interviews	n = 100 (82 = migrants; 18 = service providers) 100% female (service providers N/S)	Barriers due to language proficiency, access to interpreting services, and translated information. Immigration status, legal status, and associated restrictions to welfare. Assumption of skills and knowledge to navigate health system. Many reported feeling isolated and lacked social networks.	Basic	High
	Riggs et al. 2012, Australia	Qualitative Socioecological model of health Focus groups	n = 105 (87 = mothers; 18 = service providers) 100% female (mothers)	Barriers to access were transportation, and access to interpreters and translated information. Pre-arranged group appointments and continuity of nurse and interpreter is preferred.	Basic	High
	Stapleton et al. 2013, Australia	Mixed methods Clinic database/survey/ interviews	n = 202 (42 = refugees; 160 = hospital staff) Gender: N/S	Continuity of care valued, providing security and support to navigate health system. Information provision inadequate for all language groups. Barriers included language proficiency and negotiating public transport and appointments.	Basic	Medium
Mental Health	Ahmed et al. 2008, Canada	Qualitative Theory not specified Interviews	n = 10 100% female	Lack of informal and formal support. Facilitators to recovery included good social support, support groups.	Basic	Medium
	Ahmed et al. 2017, Canada	Mixed methods Focus groups and questionnaire	n = 12 100% female	Misconceptions around maternal depression, and stigma around terminology used. Enablers as family support, support programs, exercise, and recreational programs. Barriers to services due to stigma of mental health and privacy concerns.	Basic	Medium
	Behnia 2004, Canada	Qualitative Exploratory study Interviews	n = 36 Gender: majority female	Barriers of faith, stigma, misperceptions, and previous negative experiences. Pathways to services included outreach, informal networks, professionals, and settlement workers.	Basic	High

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Table 3 (*continued*)

Study Domain	Author, Year, Country	Study Design, Data Collection	Sample Size, Participant Characteristics	ISSL Related Findings	ISSL Level	Quality Rating
	Clark 2018, Canada	Qualitative Critical ethnographic approach Focus groups/interviews	n = 12 100% female	Pre-migration experiences, childcare, lack of language resources, and lower literacy were impacted by structural reforms.	Basic	Medium
	Donnelly et al. 2011, Canada	Qualitative Descriptive exploratory study Interviews	n = 10 100% female	Fear and lack of awareness about mental health issues, lack of appropriate services. The women rely on informal support systems.	Basic	High
	Mitschke 2017, USA	Qualitative Grounded theory Interviews	n = 30 41.4% male; 58.6% female	Barriers navigating service systems, language, cost, transportation, health insurance. Participants favoured interventions including social support and working in groups.	Basic	Medium
	M'Zah et al. 2019, USA	Quantitative Survey	n = 25 75% males	Main barriers as language (88%), financial stresses (60%), and lack of help from charity organisations (56%). Barriers to seeking help were lack of information, transportation, and availability of services.	Basic	Medium
	Piwowarczyk et al. 2014, USA	Mixed methods Grounded theory Focus groups/surveys	Focus groups: n = 30 Surveys: n = 296 100% women	Mental health concerns often dealt with the help of family or friends. Role of mental health professionals was not well understood. Hesitancy to use services due to issues of stigma.	Basic	Medium
	Posselt et al. 2017, Australia	Mixed methods CBPR * Interviews/online surveys	Interviews: n = 30 (15 = refugees; 15 = service providers) Surveys: n = 56 (service providers) Gender: N/S	Barriers as fragmented services and unaware of available services. Individual barriers of shame and stigma surrounding mental illness, little knowledge about mental illness, fear, and distrust of services. Perception that services are not culturally appropriate.	Basic	High
	Renner et al. 2020, Germany	Qualitative Content-structuring analysis Focus groups	n = 20 16 = male; 4 = female	Barriers to seeking support were poor information, stigma, language barriers, lack of knowledge about available MH services, and cost. Social networks source of support.	Basic	High
Preventative Health	Amin et al. 2012, Canada	Qualitative Health Belief/Social Ecological Model Focus groups/interviews	n = 48 100% female	Barriers to services as health beliefs, English skills, dental insurance, social support, time, and transportation.	Basic	High
	Amin et al. 2017, Canada	Quantitative Cross-sectional Questionnaire	n = 314 (Child-parent pairs) 100% female (parent)	Barriers as lack of insurance and time, dental insurance, and their perceived dental experience.	Basic	High
	Carroll et al. 2007, USA	Qualitative Grounded theory Interviews	Data saturation n = 34 100% female	Experience depended on access to interpreter, transportation, insurance, verbal and nonverbal communication, feeling valued and understood, availability of female interpreters and clinicians, and sensitivity to privacy for gynaecologic concerns.	Basic	High
	Kue et al. 2017, USA	Quantitative Community-engaged approach Questionnaire	n = 97 100% female	44.4% had received a Pap test recommendation from their healthcare provider, family, or friends. Pap testing higher among those who had received a recommendation or could speak English.	Basic	High
	Parajuli et al. 2019, Australia	Qualitative Phenomenological/feminist approach Interviews	n = 30 100% female	Need for culturally appropriate services, community education and peer networks to encourage participation. GP and settlement service workers helped access to information and screening.	Basic	High
	Nkulu et al. 2010, Sweden	Quantitative Cross-sectional Questionnaire	n = 268 147 = male; 121 = female	67% lacked knowledge about sources of information, 17% got information from schools, 11 % from healthcare services, and 67% did not know where to get information about TB.	Basic	High
	Riggs et al. 2014, Australia	Qualitative Participatory approach Focus groups/interviews	n = 115 100% female	Barriers as limited English, not aware of services, and lack of confidence in navigating services. Frustration with waiting lists, costs, and access to health insurance. Barriers to communication and would take advice from dentists if they understood.	Basic	High
	Saadi et al. 2012, USA	Qualitative Thematic analysis Interviews	Data saturation n = 20 100% female	Barriers of fear of pain and receiving a cancer diagnosis. Modesty issues, preference for female doctors. System barriers of insurance and transportation.	Basic	High
	Saadi et al. 2015, USA	Qualitative Grounded theory Interviews	n = 57 100% female	Barriers as fear of pain and diagnosis, modesty, work and childcare commitments, poor health literacy. Enablers include outreach efforts, interpreters, appointment reminders, and personal contact from health providers.	Basic	High

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Table 3 (*continued*)

Study Domain	Author, Year, Country	Study Design, Data Collection	Sample Size, Participant Characteristics	ISSL Related Findings	ISSL Level	Quality Rating
	Schuster et al. 2019, USA	Qualitative Cross-sectional CBPR* and Health Belief Model Focus groups/interviews	n = 30 87% female	Treatment barriers due to fatalistic view of cancer, religious beliefs, and stigma. Service barriers as transportation, language and communication with health workers, trust, and cultural modesty. Enablers as insurance, interpretation services, female providers, and group formats.	Basic	High
Health Service Utilisation	Baker et al. 2019, Australia	Qualitative Inductive thematic analysis Focus groups	n = 49 parents n = 27 key stakeholders Gender: N/S	Barriers due to health communication in written English, transport, how to access services. Community facilitates health information. GP the main source of health support.	Basic	High
	Chan et al. 2018, Canada	Mixed methods evaluation Feminism and Intersectionality Interviews/survey	n = 107 100% female	40.7% found the clinic through an online search and 35.6% were referred by services. Barriers due to computer literacy, health insurance and privacy and confidentiality.	Basic	High
	Chi & Handcock 2014, USA	Quantitative Cross-sectional Telephone survey	n = 11, 481 (598 recent; 10,883 non-recent) 100% male	Barriers due to limited English proficiency, health insurance, financial constraints, age, length of residency, and inability to navigate the healthcare system as factors for healthcare differences between recent and non-recent immigrants.	Basic	High
	Clark et al. 2014, Australia	Qualitative Participatory methods Focus groups	n = 38 100% female	Barriers included language as a barrier to accessing healthcare, and everyday activities, lack of understanding medical advice, complexities of the health system, and inadequate interpreter services.	Basic	Medium
	Cortinois et al. 2012, Canada	Mixed methods Phone survey/interviews	n = 656 (survey); n = 10 (interview) 27.1% male; 72.1% female (0.8% missing data)	Many described their first experiences with the healthcare system negatively and relied on disjointed, low-quality information sources.	Basic	Medium
	Dastjerdi et al. 2012, Canada	Qualitative Grounded theory Interviews	n = 17 6 = male; 11 = female	Communication and language barriers, perceived discrimination, financial constraints, lack of understanding of healthcare system. Participants who had language barriers relied on informal networks.	Basic	High
	Drummond et al. 2011, Australia	Quantitative Comparative study Fisher's Exact Test Survey	n = 51 (African) 100% female n=100 (Caucasian Australians) 100% female	West African women more likely than Australian women to seek help from hospital clinics, service workers, self-help groups, religious leaders, and community elders. Barriers for West African related to age, years at school, and years in Australia.	Basic Critical	Medium
	Floyd & Sakellariou 2017, Canada	Qualitative Descriptive phenomenology Interviews	n = 8 100% female	Barriers due to language proficiency, lack of education, lack of interpreters, and difficulty navigating the healthcare system.	Basic	High
	Leduc & Proulx 2004, Canada	Qualitative Model of health service selection Interviews	n = 20 families Gender: 4 = males; 12 = females; 4 = couples	Knowledge of health services through informal networks. Primary need was income and housing. After making their initial contacts, participants evaluated and filtered services based on perceived attributes of the services.	Basic Critical	High
	Lum et al. 2016, Canada	Qualitative Phenomenological approach Interviews	Data saturation n = 13 4 = male; 9 = female	Barriers include lack of social contacts, lack of universal healthcare coverage during initial arrival, and language.	Basic	High
	Mangrio et al. 2018, Sweden	Mixed methods Descriptive analysis Interviews/survey	n = 681 461 = male; 204 = female (16 N/S)	More than 70% were in need of healthcare. Access barriers as high costs, long waiting times, language difficulties, emotional issues, no confidence in doctors, and healthcare professionals who display poor behaviour.	Basic	High
	McBride et al. 2017, Australia	Mixed methods MHRHW service model Interviews/survey	Survey n = 159 143 = male; 26 = female Interviews n = 18 16 = male; 2 = female	Participants reported high levels of satisfaction with the service, valued trusting relationships with staff, access to bicultural workers, onsite interpreting services and integrated care. 83% health concerns had been adequately addressed; 83% had increased understanding of their health.	Basic	High
	Morris et al. 2009, USA	Qualitative Theory not specified Interviews	n = 40 (refugees = 16; healthcare providers = 10; service providers = 14) 50% males	Language and communication major barrier affecting all stages of healthcare access. Transportation, unavailability of insurance, financial hardship, and varied quality of interpreting services.	Basic	Medium
	Power & Pratt 2012, USA	Qualitative Grounded theory Focus groups	n = 40 Gender: N/S	Barriers to employment impacted access to housing and healthcare. Barriers to health system due to language, lack of cultural	Basic	High

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Table 3 (*continued*)

Study Domain	Author, Year, Country	Study Design, Data Collection	Sample Size, Participant Characteristics	ISSL Related Findings	ISSL Level	Quality Rating
				awareness, need for interpreters, and stigma around mental health.		
	Schein 2019, Norway	Qualitative Inductive approach Interviews	Data saturation n = 10 Gender: N/S	Barriers to healthcare system due to residency status. Source of information through official sessions and social networks. Factors impacting communication were language proficiency, trust, sociocultural differences, and discrimination.	Basic	High
	Seo et al. 2018, USA	Mixed methods Heideggerian hermeneutic phenomenology Interviews/survey	Data saturation n = 20 100% female	Barriers to communication, difficult medical terminology, lack of health insurance, difficulties using healthcare system. Health information sought through local ethnic networks and the Internet.	Basic	High
	Sheikh & MacIntyre 2009, Australia	Quantitative Descriptive epidemiological study Survey	n = 48 19 = male; 15 = female	Active outreach increases the utilisation of healthcare services. Parents heard about the clinic through education institutions (56%), advertisements, posters or leaflets (21%), friends or family (12%), health professionals (18%), or other service providers (35%).	Basic	High
	Sheikh-Mohammed et al. 2006, Australia	Quantitative Descriptive epidemiological study Structured interview	n = 34 families Gender: N/S	Barriers include language barriers, financial handicap, lack of health information, not knowing where or how to seek help.	Basic	High
	Sime 2014, UK	Qualitative Social capital/ social network theory Focus groups/case studies	n = 57 children (focus groups) n = 23 families (case studies) Gender: N/S	Barriers as language, lack of adequate information, uncertainty of entitlements, how the health system is accessed, and long wait lists. Access to health services was mediated by schools.	Basic	High
	Swe & Ross 2010, USA	Mixed methods Agency records/focus groups	Agency data: n = 203 (67 families) 110 = male; 98 = female Focus groups: n = 36 17 = male; 19 = female	Barriers to accessing health insurance, prescriptions, speciality care services, and navigating healthcare system. Barriers due to language, transportation, lack of health information, cultural barriers, and financial constraints.	Basic	Medium
	Vermette et al. 2015, USA	Qualitative Grounded theory Focus groups/interviews	Data saturation n = 32 (24 = refugees; 8 = service providers) 71% female (refugees)	System barriers due to insurance processes, difficulty navigating the system, and restricted settlement agency assistance. Service barriers include inadequate interpretation services, costs, and access to transport. Cultural barriers, health status, stigma, and discrimination.	Basic	High
	Wahoush 2009, Canada	Mixed methods Retrospective cross-sectional Focus groups/interviews	n = 55 100% female	Unaware of available services. Information sources from health professional, friend or family member, and internet. Enablers as language ability and interpreter support. Barriers as high cost, prior negative experiences, insurance problems, discrimination, lack of interpreters and transport.	Basic	Medium
	Walsh & Krieg 2007, Canada	Qualitative Exploratory study	n = 86 (24 = refugees, 62 = service providers) 56% male; 44% female (refugees)	Lack of understanding of the healthcare system, difficulty in attending ESL classes, and language and cultural barriers, impacted access to welfare and healthcare services. Experienced barriers due to racism, lack of trust, and financial constraints.	Basic	High
	Walsh et al. 2011, Canada	Qualitative Enculturation/acculturation theory Focus groups/interviews	n = 86 (24 = migrants, 62 = service providers) Gender: N/S	Barriers as perceived inadequacy of services to meet cultural needs, racism, lack of cultural awareness, language and cultural barriers, and lack of understanding of the healthcare system.	Basic	Medium
	Zeidan et al. 2019, USA	Qualitative Grounded theory Interviews	Data saturation n = 28 (16 = refugees, 12 = employees) 12 = male; 4 = female (refugees)	Lack of understanding of health system and health insurance. Barriers due to language proficiency and limited interpreting services. Some refugees reliant on settlement agencies for accessing health services.	Basic	High
Language Services and Information Literacy						
Language Services	Blake et al. 2019, Australia	Quantitative Longitudinal Study/Building a New Life in Australia (BNLA) Study Wave 1, 2013 Survey/Database/Home visits/phone interviews	n = 2399 54.5% male; 45.5% female	Oral language proficiency has significant impact on settlement experience and on knowledge of how to access information and services. Caring for children, poor health and disability were barriers to participating in English classes.	Basic	High
	Duguay 2012, Canada/USA	Qualitative Theory not specified Interviews	n = 11 100% female	ESL classes are not easily accessible due to immigration status, location, transportation, and childcare. Experiences may differ based on	Basic	Medium

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Table 3 (*continued*)

Study Domain	Author, Year, Country	Study Design, Data Collection	Sample Size, Participant Characteristics	ISSL Related Findings	ISSL Level	Quality Rating
				refugee status, language background, gender, and state or provincial settlement location.		
Information Literacy	Alencar et al. 2019, Netherlands	Qualitative Integration Framework Social Capital Theory Interviews	n = 58 33 = male; 25 = female	Participants cultural learning and information acquisition obtained through social connections and social media networks. Many participants reported seeking, creating, and sharing information across social, professional and health information online networks.	Basic Critical Political	Medium
	Lloyd et al. 2013, Australia	Qualitative Practice/socio-cultural theories Focus groups/interviews	n = 12 refugees n = 10 service providers Gender: N/S	Barriers due to complex and challenging information landscapes and language proficiency. Social inclusion possible where information is provided.	Basic	Medium
	Martzoukou & Burnett 2018, UK	Qualitative Information World Mapping (IWM) Focus groups/interviews	n = 38 21 = male; 17 = female	Communication linked to everyday information needs, wellbeing, and community engagement. Information provision requires a more structured and personalised process, tailored to the different stages of settlement. Barriers due to socio-cultural differences, emotional and psychological issues, and navigating service systems.	Basic	High
Digital Literacy	Coles-Kemp & Jensen 2019, Sweden	Qualitative Gillian Rose's analytical approach/ Ribot and Peluso's access theory Observation/interviews	n = 132 Gender: N/S	Access to a mobile phone an essential part of resettlement, playing a critical role in participants' ability to gain and maintain access to required services. Enablers as access to translation apps and social networks and interactions with informal networks	Basic Political	Medium
Financial Literacy	Zuhair et al. 2015, Australia	Quantitative Questionnaire	n = 86 Gender: N/S	Sources of information from managing own funds, family and friends, attending secondary school, and mass media. Most wanted to know about the range of financial services available to them.	Basic	Medium
Settlement Services						
	Danso 2002, Canada	Mixed methods Questionnaire/interviews	Questionnaire n = 115 56% male; 44% female Interviews n = 10 (refugees); n = 18 (service providers)	Problems faced due to immigration status (8%), recency of arrival (17%), lack of training, skills, and education (22%), discrimination (53%). Social exclusion and multiple forms of disadvantage including high unemployment, non-recognition of credentials, language proficiency, and racism. Information through informal networks.	Basic Critical	High
	Earnest et al. 2012, Australia	Qualitative Psychosocial conceptual framework Focus groups/interviews	Data saturation n= 15 9 = male; 6 = female	Language proficiency impacts access to health, employment services, study, and work. Negative impact of interrupted schooling, and lack of recognition of prior education. Minimal assistance received from caseworkers. Social activities and support networks revolved around family, friends, and religious groups.	Basic	High
	George 2002, Canada	Qualitative Needs-based model Focus groups/interviews	n = 76 Gender: N/S n = 76 service providers	Settlement needs identified as affordable housing, employment, language training, and information about services. Most participants unaware of existing settlement services or dissatisfied with the service they received.	Basic	Medium
	Obeid 2019, UK	Qualitative Ethnography Participant observation	n = 1 100% female	Requirements to qualify for housing support, limited housing availability, appropriateness of housing. 'Torture of bureaucracy', complexity and fragmentation of bureaucracy, lack of knowledge about rights and entitlements, language barriers, impersonal nature of bureaucracy.	Critical	Medium
	Okeke-Ihejirika et al. 2019, Canada	Qualitative Feminist approach Focus groups	n = 20 100% female	Challenges navigating support systems, socio-legal management of family issues, and lack of community support. Participants felt that service providers lacked cultural awareness and skills, and faced institutional barriers related to language, communication, and cultural sensitivity.	Basic	High
	Qayyum et al. 2014, Australia	Qualitative Constructivist grounded theory Focus groups/interviews	n = 16 (10 = refugee, 6 = service providers) Gender: N/S	Refugees have limited knowledge of secondary services due to complexity of services. Secondary service websites do not have information in languages other than English, with possible information overload during initial settlement.	Basic	Medium
	Smith et al. 2020, Australia	Qualitative Descriptive phenomenological approach	Data saturation n = 25	Language proficiency, employment, education and housing, health status and health service access, and quality of social life crucial to	Basic	High

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Table 3 (*continued*)

Study Domain	Author, Year, Country	Study Design, Data Collection	Sample Size, Participant Characteristics	ISSL Related Findings	ISSL Level	Quality Rating
		Focus groups/interviews	50% male/female n = 7 service providers	settlement. Barriers due to pre-migration experiences of trauma and chronic health conditions, cost of services, and lack of use of interpreters.		
Social Support Services						
Disability	King et al. 2016, Australia	Qualitative Theory not specified Case study Interviews	n = 1 100% male	High levels of stress due to issues navigating the resettlement process and disability service system. Poorly informed of rights, disempowered, lack of understanding of treatment options. Impacted by experiences in country of origin, employment responsibilities, and unfamiliarity with the service system.	Basic Critical	Medium
	Mirza 2011, USA	Qualitative Global ethnography design Interviews/participant observation	n = 25 (15 = migrants; 10 = service providers) 5 = male; 10 = female (N/S for service providers)	Participants engaged in diverse tactics and strategies to overcome barriers to accessing support and community. Barriers due to lack of awareness of disability, settlement agency lack of capacity to support people with disability, precarious living situations and limited English proficiency.	Basic	Medium
	Mirza 2012, USA	Qualitative Grounded theory approach Focus groups/interviews/participant observation	n = 25 (15 = migrants; 10 = service providers) 5 = male; 10 = female (N/S for service providers)	Services providers failed to adequately support refugees with disability to participate in society. Lack of access to English language education due to disability related needs, limited awareness of disability rights and available services. Service providers lacked awareness of disability related resources and information.	Basic	Medium
Education and Training	Baker & Irwin 2019, Australia	Qualitative Longitudinal ethnographic study Focus groups/interviews	n=7 100% male	Barriers identified as assumed knowledge of academic practices and conventions, navigation of educational system, expected level of language literacy, academic vocabulary and linguistic knowledge, and lack of access to technology.	Basic Critical	Medium
	Bonet 2018, USA	Qualitative Multi-site ethnography Participant observation/focus groups/interviews/case study	n-= 4 families (11 youth; 6 parents) Gender: N/S	Barriers include interrupted educational trajectories, difficulties obtaining or translating educational documentation, balancing need to work with attending school, and enrolment restricted by age limits.	Basic Critical	Medium
	Saffu 2010, Australia	Qualitative Interpretive paradigm Interviews	n = 23 100% female	Language proficiency impacts building social networks, employment and education, ability to access services and information. Barriers to adult education and training included language proficiency, discrimination, ethnocentrism, sexism, financial struggles, and caring responsibilities. Participants reported importance of support from informal networks and support services.	Basic	Medium
	Schneider & Arnot 2018, UK	Mixed methods Comparative Case study Survey/interviews	Interviews: n = 50 (10 = mothers; 18 = teachers; 22 = students) Survey: n = 471 (64 = parents/407 = students) Gender: N/S	Limited parent knowledge and understanding of the school system. Employment as main barrier to engagement with the school, and difficulty speaking English. Teachers lacked awareness of barriers parents faced.	Basic	Medium
	Sethi 2015, Canada	Mixed methods CBPR * Survey questionnaire	n = 449 (221 = newcomers; 236 = service providers) 34% male; 66% female (newcomers)	Majority not attended language training (62%) or employment training (72%). Barriers were not knowing where to find courses (87%), financial constraints (85%), time constraints (84%), communication problems (84%), and transport constraints (84%).	Basic	Medium
	Sheikh et al. 2019, Australia	Qualitative Inductive/deductive approaches Interviews	n = 10 6 = male; 4 = female	Lack of knowledge about how the system works, complications of administrative tasks and logistics, difficulties in accessing academic support and counselling. Barriers due to transport, inexperience in technology, and lack of support from the family.	Basic	High
	Myers et al. 2020, Canada	Qualitative Theory not specified Case study Focus groups/interviews	n = 6 100% women	Language is an important factor in the ways parents articulate their agency in schools. Support from school personnel was essential to developing the capacity to participate in their children's education.	Basic Critical	Medium
Employment	Wali et al. 2018, Australia	Qualitative Participatory approach Structuration theory Focus groups	n = 164 71 = male; 93 = female	Language proficiency impacts ability to access employment and settlement services. Language classes insufficient to support proficiency. Non-recognition of prior skills or education, lack of local employment experience, inadequate	Basic	High

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Table 3 (*continued*)

Study Domain	Author, Year, Country	Study Design, Data Collection	Sample Size, Participant Characteristics	ISSL Related Findings	ISSL Level	Quality Rating
				support from settlement services and employment services. Participants were unaware of available services.		
Food	Vahabi & Damba 2013, Canada	Mixed methods Cross-sectional Interviews/questionnaires	n = 70 13 = male; 57 = female	Language barriers limits access to employment and information about community-based food. Barriers due to inadequate income, accessibility of food outlets and transport costs.	Basic	Medium
Housing	Francis & Hiebert 2014, Canada	Mixed methods Focus groups/survey	n = 174 Gender: N/S	The majority received help with finding housing, filling in forms, and moving. Barriers included language ability (74%), financial constraints (49%), and discrimination based on source of income (35%). Gathering information relied on language ability, education, computer skills, and community networks.	Basic	Medium
	Miraftab 2000, Canada	Mixed methods Focus groups/survey	Focus groups n = 75 Surveys n = 48 Gender: N/S	Administrative barriers to housing as lack of information, unfamiliarity with the system and language. Obstacles faced were high rent, lack of affordability (91%), unsuitable options for large household size (82%), language barriers (60%), discrimination (14%).	Basic	Medium
	Murdie 2008, Canada	Qualitative Theory not specified Focus groups/interviews	n = 44 Gender: N/S	Contact with settlement agencies was an indicator of success in finding housing in the first few months. Refugees relied primarily on friends, community agencies and advertisements in local papers. English language skills and having a job increased chance of finding housing.	Basic	Medium
	St Arnault & Merali 2019, Canada	Qualitative Grounded theory Focus groups/interviews	Refugees n = 19 8 = male; 11 = female	Participants reported being placed in inappropriate, unsafe, or unaffordable housing. Some participants felt abandoned by service providers. Barriers to housing included financial barriers, family size, racism, and discrimination. Language and cultural barriers to understanding how the housing system works, and rights and rules.	Basic	High
	Teixeira 2009, Canada	Qualitative Exploratory study Focus groups/interviews	n = 54 (34 = newcomers, 20 = key informants) Gender: N/S	Barriers due to limited English language, limited housing information and support services. Informal networks, local media and websites, and settlement services were used to find housing. Barriers as housing costs, lack of reliable housing information, transportation, ethnic background, and language accent.	Basic	High
	Teixeira 2011, Canada	Qualitative Exploratory study Focus groups/interviews	n = 88 (53 = migrants, 35 = key informants) Gender: N/S	Most did not know about available services and relied on social networks when looking for housing. Education, English skills, and employment were important in finding housing. Barriers were lack of specialised housing services, communication barriers, lack of housing information, discrimination, and financial constraints.	Basic	High
Legal	Campbell & Julian 2007, Australia	Qualitative Theory not specified Focus groups/interviews participatory observation	n = 68 Gender: N/S	Participants had negative experiences with police pre-migration. Lack of consistency in information and confusion about the facts of laws and their ramifications. Lack of continuity in delivery of Australian law information to new arrivals.	Basic	Medium
Social Support	Ashbourne et al. 2019, Canada	Qualitative Culturally Integrative Family Safety Response (CIFSR) Model Case Study	n =1 (family unit) Gender: N/S	Main risk factors highlight traumatic pre-migration experiences. The family members expressed that they felt understood and that their cultural and religious values were respected.	Basic	High
	Stewart et al. 2008, Canada	Qualitative Ethnographic inquiry/ triangulation methods Focus groups/interviews	Data saturation n = 254 (134 = stakeholders; 60 = migrants) Gender: N/S	Barriers as language, lack of knowledge of available services, navigating bureaucratic systems, social isolation, financial constraints, inadequate information, immigration status, bureaucratic processes, perceived racism, and staff attitudes. Participants received information from social networks.	Basic	Medium

*Community-based participatory research (CBPR)

assessment of service-related needs, experience of services, and barriers and/or enablers to service access and utilisation.

3.2. Findings related to ISSL

Only one study (Wali et al., 2017) used the term 'settlement service literacy', while the other included studies referenced proxy terms for ISSL. Masinda's (Masinda, 2014) study, defining the conceptual framework of ISSL, did not meet the requirements for inclusion in the systematic review. The majority of studies had limited content relating to ISSL, with the main focus being on new migrant's settlement needs and experiences when accessing available services, rather than measuring or exploring new migrants' level of ISSL or ISSL acquisition. All studies reported various indicators related to the basic level of ISSL (BISSL), as well as reported barriers and enablers to accessing information and services. Factors relating to critical immigrant settlement services literacy (CISSL) were reported in thirteen studies with seven of these studies (Danso, 2001; Edge et al., 2014; King et al., 2016; Jiwrajka et al., 2017; Myers et al., 2018; Mangrio et al., 2018; Obeid, 2019) reporting participants' critique of the standard of care, lack of information, and the quality of service provision available. Six studies (Alencar and Tsagkroni, 2019; Baker and Irwin, 2019; Bonet, 2017; Drummond et al., 2011, Leduc and Proulx, 2004; Lee et al., 2014) reported on how participants either followed up complaints or 'evaluated and filtered services' that better met their needs (Leduc and Proulx, 2004). At a political immigrant settlement services literacy (PISSL) level, three studies reported how participants either acted as advocates for their communities (LaMancuso et al., 2016) or actively curated information to address community needs (Alencar and Tsagkroni, 2019;Coles-Kemp and Jensen, 2019).

3.3. Common factors related to BISSL

Overall, the findings indicate common factors related to BISSL that impact new migrants' ability to obtain knowledge (information) about, gain access to, and utilise available settlement services. Table 4 summarises and illustrates the multifaceted and inter-related nature of common factors impacting BISSL as thematically categorised under: individual factors (individual characteristics, pre-migration and socio-cultural factors); barriers and enablers to gaining knowledge about available services, accessing and utilising services as represented across service domains; and factors specific to service system levels (systemic, service, practical, and socio-cultural). Factors relating to CISSL and PISSL, as indicated above, were not adequately represented across studies to identify common factors.

3.3.1. Individual factors

Common pre-migration factors impeding access to information and services were reported in 31% of the studies, including level of education, existing physical and mental health issues, extensive time spent in refugee camps, and a history of trauma. Socio-cultural issues were primarily reported in relation to religious and cultural beliefs that impeded utilisation of information and services.

3.3.2. Knowledge about services

Language proficiency was identified as the main barrier (96%) to accessing available information and services, as well as negatively impacting service utilisation and overall settlement experience. In 28% of the studies, the quality of information was inadequate to meet migrant's needs, with the main barriers to information including a lack of information and poor digital literacy and computer skills. Enablers to information were reported in 15% of studies, including effective verbal

Table 4
Summary of BISSL findings.

Basic Immigrant Settlement Services Literacy (BISSL)						
Individual factors		Knowledge about services		Accessing services	Utilising services	
		Barriers	Enablers	Barriers	Barriers	Enablers
Characteristics	Systemic level	Complex information landscape	More accessible information	Navigation of complex and often multiple service systems	Provider appointment time constraints	Culturally, linguistically, and gender diverse workforce
Language proficiency and communication difficulties		Lack of information	Use of websites and internet	Health insurance eligibility and systems	Complex administrative and bureaucratic systems	Advocacy agency
Existing physical health issues		Inconsistent/low quality/unreliable information	Use of social and local media	Immigration status	Lack of connection between organisations	Community - based service model
Mental health issues		Lack of translated information	More information from service providers	Limited assistance provided	Lack of training and capacity to manage complex needs	Services tailored to needs of migrants
Pre-migration experiences			Formal networks	Location of services		Integrated service system
Low service literacy						
Unfamiliar services						
Socio-cultural	Service level	Language proficiency	Classes/information sessions	Lack of knowledge of available services	Lack of culturally appropriate services	Cultural competency
Employment status		Cultural barriers	Tailored and structured information process	Working effectively with interpreters, including consistency of availability	Poor communication with provider	Cultural mentors/ brokers
Family commitments		Lack of tailored resources	Effective verbal and non-verbal communication	Formal networks not available to non-English speakers	Lack/poor quality of interpreters	Effective verbal and non-verbal communication
Cultural barriers		Lack of understanding of terminology/jargon	Effective use of interpreters and translated materials	Lack of cultural sensitivity	Provider lack of knowledge of migrant experience	Group formats
Beliefs and stigma		Information overload			Lack of follow up	Peer networks
Gender norms		Limited relevant information			Poor behaviour of providers	Outreach programs
Low self-efficacy						Access to interpreters and translated forms and resources
Previous experiences						
Discrimination/racism						
Ethnocentrism						
Lack of trust						
Fear of judgement						
Sense of powerlessness	Practical	Access to IT	Language ability	Transportation	Making appointments	Flexible appointments
		Digital literacy	Education	Financial constraints	Follow up	Appointment reminders
		Time	Computer skills	Time constraints	Long wait lists	Assistance to fill forms
				Caring for children		Access to health insurance
	Socio-cultural		Word of mouth	Lack of family, community and social networks	Gender of provider	Feeling valued and understood
			Informal networks	Social isolation	Shame and stigma	Supported by family or friends
					Confidentiality	Social networks

and non-verbal communication, access to interpreters, and sharing information across informal and formal networks.

3.3.3. Accessing services

Two main systemic barriers to accessing services were common across studies, difficulty in navigating service systems (44%) and lack of knowledge of available services (40%), both related to language proficiency. Other key barriers to service access were issues related to availability of interpreters, transportation, financial constraints, and social isolation.

3.3.4. Utilising services

Common factors related to migrants' experience of utilising services were cited in 55% of the studies, with the quality of service experience being negatively impacted by communication and cultural barriers, ethnocentrism, lack of trust, perceived racism and discrimination, lack of cultural competency, and administrative barriers. Enablers to utilising services were identified in 32% of studies and highlighted the importance of informal networks for sharing information and connecting migrants to available services. Numerous studies also made reference to the integral role that family, friends and community networks played in providing emotional and practical support.

3.4. Service specific domains and BISSL

The included studies were thematically grouped into four main service domains to identify factors related to BISSL that were service specific. The service domains represented in the included studies were health (n=70); settlement services (n=7); language services and information literacy (n=7); and social support services (n=21).

3.4.1. Health

Studies under the domain of health focused on healthcare provision for new migrants. Studies were sub-categorised as health literacy (n=18) (Edge et al., 2014, Jiwrajka et al., 2017, Baird, 2015, Due et al., 2020, Esala et al., 2018, Im, 2018, ABS 2013, Ingram and Potter, 2009, Kaczkowski and Swartout, 2020, Kumar, 2020, McMichael and Gifford, 2009, McMorrow and Saksena, 2017, Ochieng, 2013, Papadopoulos et al., 2004, Poureslami et al., 2011, Sethi, 2013, Sievert et al., 2018, Wodniak, 2018, Worabo, 2017), health service utilisation (n=25) (Mangrio et al., 2018, Drummond et al., 2011, Leduc and Proulx, 2004, Baker et al., 2019, Chan et al., 2018, Clark et al., 2014, Chi and Handcock, 2014, Cortinois et al., 2012, Dastjerdi et al., 2012, Floyd and Sakellariou, 2017, Lum et al., 2016, McBride et al., 2017, Morris et al., 2009, Power and Pratt, 2012, Schein et al., 2019, Seo, 2018, Sheikh and MacIntyre, 2009, Sheikh-Mohammed et al., 2006, Sime, 2014, Swe and Ross, 2010, Vermette et al., 2015, Wahoush, 2009, Walsh et al., 2011, Walsh et al., 2007, Zeidan et al., 2019), preventative health interventions (n=10) (Amin and ElSalhy, 2017, Amin and Perez, 2012, Carroll et al., 2007, Kue et al., 2017, Nkulu et al., 2010, Parajuli et al., 2019, Riggs et al., 2014, Saadi et al., 2012, Saadi et al., 2015, Schuster et al., 2019), mental health (n=10) (Ahmed et al., 2017, Ahmed et al., 2008, Behnia, 2015, Clark, 2018, Donnelly et al., 2011, Mitschke et al., 2016, M'Zah et al., 2019, Piwowarczyk et al., 2014, Posselt et al., 2017, Renner et al., 2020), and maternal health (n=7) (Lee et al., 2014, LaMancuso et al., 2016, Kim et al., 2017, Mumtaz et al., 2014, Phillimore, 2014, Riggs et al., 2012, Stapleton et al., 2013). The majority of studies were conducted specifically with refugees, with population samples either of mixed gender or female only groups. The findings highlighted the main barriers to knowledge and information about health services were due to inadequate provision of translated health information (Ochieng, 2013, Renner et al., 2020, Kim et al., 2017, Phillimore, 2014, Riggs et al., 2012), inconsistent or lack of use of interpreters (McMichael and Gifford, 2009, Sievert et al., 2018, Clark et al., 2014, Floyd and Sakellariou, 2017, Morris et al., 2009, Zeidan et al., 2019, Riggs et al., 2014), or use of interpreters of a different dialect to the client (Jiwrajka et al., 2017). Information provided in healthcare settings was reported as not meeting the needs of culturally and linguistically diverse clients (Ingram and Potter, 2009, Poureslami et al., 2011, Sheikh-Mohammed et al., 2006, Sime, 2014, Swe and Ross, 2010, Stapleton et al., 2013), using difficult medical terminology (Im, 2018, Clark et al., 2014, Seo, 2018), or causing confusion in understanding advice and information (Jiwrajka et al., 2017).

New migrants reported obtaining knowledge and information about health services through GPs (Baker et al., 2019, Kue et al., 2017, Donnelly et al., 2011, Mumtaz et al., 2014), health centres and clinics (Lee et al., 2014), settlement service providers (Parajuli et al., 2019), classes (Lee et al., 2014), seminars (Baird, 2015), outreach programs (Sheikh and MacIntyre, 2009, Saadi et al., 2015, Behnia, 2015), and other formal networks (Lee et al., 2014, Kaczkowski and Swartout, 2020, Chan et al., 2018, Schein et al., 2019, Sheikh and MacIntyre, 2009, Wahoush, 2009, Nkulu et al., 2010). Informal networks were also an important source of providing information (Drummond et al., 2011, Leduc and Proulx, 2004, Lee et al., 2014, Due et al., 2020, Im, 2018, Kumar, 2020, Worabo, 2017, Baker et al., 2019, Dastjerdi et al., 2012, Floyd and Sakellariou, 2017, Schein et al., 2019, Seo, 2018, Sheikh-Mohammed et al., 2006, Wahoush, 2009, Kim et al., 2017), with specific barriers regarding health information related to poor health literacy (Drummond et al., 2011, Baird, 2015, Kaczkowski and Swartout, 2020, McMichael and Gifford, 2009, McMorrow and Saksena, 2017, Sievert et al., 2018, Dastjerdi et al., 2012, Vermette et al., 2015, Amin and ElSalhy, 2017, Amin and Perez, 2012, Nkulu et al., 2010, Saadi et al., 2015, M'Zah et al., 2019, Posselt et al., 2017), mental health stigma (Power and Pratt, 2012, Vermette et al., 2015, Ahmed et al., 2017, Piwowarczyk et al., 2014, Posselt et al., 2017), sexual health stigma (Kaczkowski and Swartout, 2020, McMichael and Gifford, 2009), and cultural modesty (Carroll et al., 2007, Saadi et al., 2012, Saadi et al., 2015, Schuster et al., 2019). Barriers specific to service utilisation were reported as issues regarding health insurance (Im, 2018, Kaczkowski and Swartout, 2020, Kumar, 2020, McMorrow and Saksena, 2017, Wodniak, 2018, Worabo, 2017, Chan et al., 2018, Chi and Handcock, 2014, Lum et al., 2016, Morris et al., 2009, Seo, 2018, Wahoush, 2009, Amin and ElSalhy, 2017, Amin and Perez, 2012, Riggs et al., 2014, Saadi et al., 2012, Mitschke et al., 2016, Kim et al., 2017), health services not meeting the specific health issues of cultural groups (Ingram and Potter, 2009, McMichael and Gifford, 2009, Walsh et al., 2011, Donnelly et al., 2011), time with provider insufficient for people with complex chronic conditions (Esala et al., 2018), and cultural barriers (Im, 2018, Poureslami et al., 2011, Sievert et al., 2018, Wodniak, 2018, Worabo, 2017, Walsh et al., 2011), poor behaviour (Mangrio et al., 2018, Ahmed et al., 2008), and mistrust (Mangrio et al., 2018, Baird, 2015, Schein et al., 2019) of healthcare providers.

Enabling factors that effectively addressed barriers to health service utilisation and information, were the use of integrated models of care (Esala et al., 2018, Posselt et al., 2017), cultural mentors or bicultural workers to facilitate communication and advocacy (Edge et al., 2014, LaMancuso et al., 2016, Im, 2018, McBride et al., 2017, Behnia, 2015), and specialist targeted and tailored approaches to health promotion (Sheikh and MacIntyre, 2009) or service provision (McBride et al., 2017, Schuster et al., 2019, Mitschke et al., 2016, Stapleton et al., 2013). The overall findings suggest that by addressing structural barriers to care, demonstrating basic skills in patient-centred communication, and having an ability to mediate culturally specific issues, patient experience, and wellbeing is improved (Carroll et al., 2007).

3.4.2. Settlement services

Studies under the domain of settlement services (Danso, 2001, Obeid, 2019, Earnest et al., 2015, George, 2002, Okeke-Ihejirika et al., 2019, Qayyum et al., 2014, Smith et al., 2020) explored new migrants' experiences of resettlement and how access to information and the utilisation of settlement services has contributed to their integration. The findings reported systemic barriers related to language and

communication (Okeke-Ihejirika et al., 2019), as most settlement service information on websites was mainly in English (Qayyum et al., 2014). Information provided about available services was reliant on informal networks (Danso, 2001, Earnest et al., 2015) and for translation assistance (Earnest et al., 2015). The main barrier to accessing settlement services was due to the 'torture of bureaucracy' (Obeid, 2019), reporting the challenges of navigating a complex, fragmented and impersonal system (Obeid, 2019, Okeke-Ihejirika et al., 2019, Qayyum et al., 2014), lacking knowledge of their rights and entitlements (Obeid, 2019), and being unaware of available settlement services and social supports (Danso, 2001, George, 2002, Qayyum et al., 2014). The findings reported barriers to utilising services due to service providers lacking cultural awareness and skills (Okeke-Ihejirika et al., 2019), feeling dissatisfied with the service (Danso, 2001, George, 2002) and receiving minimal assistance (Earnest et al., 2015). An important enabling factor reported for improved settlement service utilisation was the ability of services to address multiple forms of disadvantage (Danso, 2001, Smith et al., 2020) by providing affordable housing, employment, language training, and information about services (George, 2002).

3.4.3. Language services and information literacy

Studies under the domain of language services and information literacy examined the relationship between language proficiency and settlement outcomes (Blake et al., 2017, Duguay, 2012), information literacy needs (Alencar and Tsagkroni, 2019, Lloyd et al., 2013, Martzoukou and Burnett, 2018), and the role that digital literacy (Coles-Kemp and Jensen, 2019) and financial information literacy (Zuhair et al., 2015) played in accessing available information. These issues were also related to barriers identified across the other service domains. The main finding across studies was the importance of language proficiency and its significant impact on all aspects of new migrants' settlement (Blake et al., 2017). Additionally, new migrants' immigration status impacted their ability to participate in language classes (Duguay, 2012), as did employment and family obligations, disability, and poor health (Blake et al., 2017). Lack of information literacy, computer skills and digital literacy, and lack of familiarity of a new and complex information landscape limited information acquisition (Lloyd et al., 2013). Identified enablers to accessing information recommended more supported (Lloyd et al., 2013), tailored and structured information provision (Martzoukou and Burnett, 2018), with access to mobile phones noted as playing a critical role in gaining, and maintaining, access to services (Coles-Kemp and Jensen, 2019). Alencar et al.'s (Alencar and Tsagkroni, 2019) study specifically explored the relationship between information literacy and integration, reporting the importance of social connections and social media networks for cultural learning and information acquisition.

3.4.4. Social support services

The remaining studies explored migrants' experience of accessing various social support services including education and training (n=7) (Myers et al., 2018, Baker and Irwin, 2019, Bonet, 2017, Saffu, 2010, Schneider and Arnot, 2018, Sethi, 2015, Sheikh et al., 2019), housing (n=6) (Francis and Hiebert, 2014, Miraftab, 2000, Murdie, 2008, Teixeira, 2009, Teixeira, 2011, St. Arnault and Merali, 2019), disability services (n=3) (King et al., 2016, Mirza and Hammel, 2011, Mirza and Heinemann, 2012), social support (n=2) (Ashbourne and Baobaid, 2019, Stewart et al., 2008), employment (n=1) (Wali et al., 2017), law enforcement (n=1) (Campbell and Julian, 2007), and food resources (n=1) (Vahabi and Damba, 2013). Studies reported similar systemic and service level barriers to knowing about and accessing social support services. Barriers related to accessing education opportunities stemmed from the difficulty of translating documentation, enrolment age limit restrictions (Bonet, 2017), assumed knowledge of academic practices and expected level of language proficiency (Baker and Irwin, 2019). Barriers to housing services and information were largely due to the overall lack of reliable housing information (Miraftab, 2000, Teixeira, 2009, Teixeira, 2011), lack of specialised housing services (Teixeira, 2009, Teixeira, 2011), and lack of awareness of rights and rules specific to housing (St. Arnault and Merali, 2019). Similarly, barriers to accessing information about disability services were due to the lack of understanding of their rights and lack of knowledge about available resources (King et al., 2016, Mirza and Heinemann, 2012).

Settlement services and community agencies were a source of support for new migrants to find housing (Francis and Hiebert, 2014, Murdie, 2008, Teixeira, 2009), with some participants reporting inadequate support or feeling abandoned by service providers (St. Arnault and Merali, 2019), and that they lacked awareness of the barriers new migrants faced (Schneider and Arnot, 2018). Settlement service providers were reported as lacking the capacity and skills to support people with disability, and lacked awareness of available disability related information and resources (Mirza and Hammel, 2011, Mirza and Heinemann, 2012). Participants reported feeling disempowered by not understanding the options available (King et al., 2016), with language and cultural barriers (Sethi, 2015, Teixeira, 2011, Stewart et al., 2008, Vahabi and Damba, 2013) and lack of access to (Baker and Irwin, 2019) or inexperience with technology (Sheikh et al., 2019), limiting access to information.

Although there was only one study (Wali et al., 2017) with an explicit focus on employment, this was an important factor across fourteen other studies (Danso, 2001, King et al., 2016, Bonet, 2017, Drummond et al., 2011, Kumar, 2020, Papadopoulos et al., 2004, Floyd and Sakellariou, 2017, Power and Pratt, 2012, Sheikh-Mohammed et al., 2006, Swe and Ross, 2010, Kim et al., 2017, Sethi, 2015, Murdie, 2008, Teixeira, 2011). The interrelatedness of employment with other settlement outcomes, for example, being able to afford medical insurance (Kumar, 2020) or find adequate housing (Papadopoulos et al., 2004, Kim et al., 2017), was found to negatively impact health outcomes (Power and Pratt, 2012) and overall wellbeing. Similarly, individuals' level of education (Drummond et al., 2011, Floyd and Sakellariou, 2017, Murdie, 2008, Teixeira, 2011) and ability to access services (King et al., 2016, Sethi, 2015) or school (Bonet, 2017) was negatively impacted due to work commitments and financial constraints (Sheikh-Mohammed et al., 2006, Swe and Ross, 2010), cumulatively impeding service utilisation. Language proficiency, employment, education and digital literacy were also noted as being interdependent key enablers to gaining adequate housing (Francis and Hiebert, 2014, Murdie, 2008, Teixeira, 2011).

3.5. Quality assessment of studies

Table 3 includes the summary quality assessment score, with detailed criteria scoring included as supplementary materials S5-S7. The quality of the studies was rated according to their summary score of low (0–2), medium (3–5), or high (6–7) quality. Of the 105 studies, 58 studies demonstrated high quality, meeting at least six of the seven MMAT criteria. The remaining 47 studies rated medium (n=36) and low (n=11) primarily due to the lack of explanation of the methodological or theoretical framework used, inadequate explanation of sample size and/or data saturation or lacking assessment of potential risks for sample bias.

4. Discussion

This review clearly highlights the limited amount of research that expressly acknowledges the concept of ISSL, or that investigates ISSL in the context of settlement service utilisation, settlement outcomes and wellbeing for new migrants. A wide variety of services intended to serve new migrants, with a focus on refugees in particular, have been examined among diverse migrant populations, across a range of host countries, and covering different aspects of resettlement. However, as noted above, BISSL requires foundational information, knowledge, and skills to access and effectively utilise settlement services, which were frequently lacking. The majority of studies highlighted the barriers

related to BISSL, with less than half of the studies examining enablers to accessing services and information about services. Thus, there appeared to be limited assessment of how these primary barriers could be addressed with regard to new migrants acquiring the foundational skills that enable BISSL. Regarding CISSL and PISSL, the investigation of new migrants' ability to critically evaluate and navigate settlement services and information or effectively mobilise and advocate on behalf of their needs are both poorly represented across studies and service domains.

The data synthesis demonstrates that despite the diversity of study settings, common factors relating to BISSL that impact access to information and services were identified across studies. Language proficiency and communication, in whichever host country's language, was identified as the most common obstacle, impeding all aspects of resettlement and everyday living. Other commonly reported issues across countries and service domains were systemic in nature, relating to navigation of complex service systems, limited knowledge of available services, lack of relevant information, lack of translated information and access to interpreters, and culturally inappropriate services. Added to these systemic issues were various service, practical, individual, and socio-cultural factors. All these different factors in combination create a very complex and challenging landscape for new migrants, particularly for those with limited language proficiency.

The various barriers reported in this review also reflect the common experiences that are generally cited for migrants from culturally and linguistically diverse (CALD) backgrounds, attempting to utilise 'one size fits all' universal services. Service providers across all service domains were often found to lack the knowledge, awareness and capacity to adequately support new migrants (Jiwrajka et al., 2017, Papadopoulos et al., 2004, Vermette et al., 2015, Okeke-Ihejirika et al., 2019, St. Arnault and Merali, 2019). While developing new migrants' ISSL capabilities is important, it would appear equally important to support and build the capacity of service providers to work more effectively with new migrants. This is especially important as the majority of studies included in this review were delivering services to refugees, who arrive in host countries with a complex range of diverse needs and disadvantages. A comprehensive and multifaceted training program and adequate resourcing of service providers is needed to assist in addressing the barriers identified in this review.

Across the research, more attention has been given to describing challenges and problems rather than finding or testing solutions. It is not surprising that underutilisation of services or poor ISSL occurs if key barriers are not addressed systematically across all service domains. The findings draw a clear relationship between the inability of new migrants to effectively gain information and access services, thus negatively impacting their overall settlement outcomes and wellbeing. For example, patients reporting that they do not understand health professional advice due to language proficiency (Clark et al., 2014, Riggs et al., 2014), or that 70% of participants were in need of healthcare but did not know about available services (Mangrio et al., 2018), are factors directly related to new migrants' wellbeing. Unless more tailored approaches are developed that deliver a responsive culturally informed and integrated care model designed to meet the needs of the target population, like the example offered in McBride's (McBride et al., 2017) study, new migrants' underutilisation of services and poor ISSL will continue. In addition, more emphasis on the acquisition of CISSL and PISSL competencies would help to promote the continuous improvement of settlement services provision by equipping new migrants with the skills necessary to critically evaluate services and effectively voice their concerns for change.

4.1. Significant contributions of the review

This review has made four significant contributions. Firstly, it is the first review of ISSL applied across service domains, host countries and new migrant communities, thus allowing for an assessment of the generalisability of the findings. Secondly, common barriers and enablers have been identified at systemic, service, practical and socio-cultural levels of service provision that either impede or facilitate information provision and service utilisation. Understanding and addressing factors that extenuate inequalities in the utilisation of settlement services would improve and maximise settlement outcomes and wellbeing of new migrants. Thirdly, the assessment of service domain specific barriers and enablers to information and service provision allows for a more targeted approach to addressing factors identified to improve service provision. Fourthly, the review has provided a better understanding of the factors relating to BISSL acquisition, that is, migrants' ability to gain information and their ability to utilise available services. BISSL competency is essential to optimising settlement service utilisation, and to ensuring positive settlement outcomes and integration experience, and overall wellbeing.

4.2. Limitations of the review

This review has several limitations. It is important to note that the review looked for indicators of ISSL across a broad set of service domains and did not seek to quantify the impacts on new migrants. The concept of ISSL was only explicitly discussed in one study; thus, the remaining studies did not specifically use the term 'immigrant settlement services literacy' or refer to the concept of ISSL. While we took rigorous steps to be objective, the robustness of the review is potentially impacted by the authors' interpretation and analysis of ISSL indicators represented in the included studies.

The inclusion of studies published only in English and from high income host countries is a potential limitation from an international viewpoint. The difference in research designs across studies and the consequent complexity in synthesizing and comparing the results of the research also represents an important limitation, although the MMAT is designed to allow for consistency of assessment across methods.

We were unable to take any quantitative assessment to evaluate the impact of specific barriers or impediments, in terms of service utilisation or migrant wellbeing, nor were we able to assess whether these differ across migrant populations or services. This extended assessment is something that could be undertaken in the future.

Finally, the review only includes research examining the perspectives of migrants rather than service providers. The inclusion of service provider perspectives and insights would possibly provide an alternative view on the barriers and enablers to settlement services, as it is the providers who shape the service delivery context. Thus, their perspectives are critical in ensuring policies address impediments from both the supply and demand side of settlement service delivery.

5. Policy implications

Attention is needed at both policy and service provision levels to systematically address the identified barriers. Research is needed to incorporate appropriate indicators and measures across the three ISSL levels in settlement service provision; to investigate differences in ISSL acquisition with consideration of the complex and diverse needs of individuals; and to identify and address factors related to ISSL that are specific to different service domains and settings. Most importantly, information and service literacy hinges upon the ability of new migrants to understand and communicate effectively. It is essential that information and service provision be appropriate and responsive to the needs of the target group, thus requiring new migrants' active participation in service planning and implementation processes. The development of CISSL and PISSL competencies would enable new migrants and their communities to critically evaluate and advocate for more effective and appropriate services that meet individual needs. Improvements in service delivery that address the key barriers identified in this review, and that adopt a more flexible, client focused, needs-based approach are also likely to benefit others from CALD backgrounds.

Research is needed to evaluate the effectiveness of how settlement

services are implemented and to assist in the development of a service model that addresses the interrelatedness and interdependence of different service domains. The findings of this review demonstrate that there is much work to be undertaken to ensure that information and service provision are delivered to new migrants in a more responsive, culturally informed, and integrated manner. As the Settlement Council of Australia recently stated, there is an absence of dedicated funding for data collection and the current reporting requirements do not adequately capture the effectiveness of the work of this sector (Settlement Council of Australia 2019).

6. Conclusion

This review highlights the need for research related to providing a more comprehensive understanding of ISSL to better plan, deliver and evaluate settlement service provision. The development of alternative delivery approaches is needed to incorporate ISSL acquisition across the three levels with indicators to measure the impact of ISSL on settlement outcomes and wellbeing for new migrants. International migration is a global phenomenon and settlement service provision will continue to be a significant policy issue in host countries well into the future. Understanding the significance and inter-relatedness of the three levels of ISSL in the context of new migrants' resettlement processes has important implications for ensuring successful settlement outcomes and wellbeing for new migrants, especially in reducing the structural inequalities they face during resettlement.

The review has provided an overview of the current body of research undertaken internationally regarding settlement services for new migrants, as well as providing insights into common factors impacting the utilisation of information and services at a BISSL level, and the gaps that exist in research related to the acquisition of CISSL and PISSL. Positive improvements in service utilisation and ISSL acquisition for new migrants depends on how effectively service providers, policy makers, and researchers address these challenges to ensure the implementation of a more responsive and integrated service system that meets the diverse, and often complex needs of new migrants settling in a new country.

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AR, MP, and JG conceptualised the study. JA and KW performed the searches, data selection, data extraction, and quality assessment. JA wrote the manuscript. All authors reviewed drafts of the manuscript and approved the final version.

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All authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Supplementary materials

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References

ABS, 2013. Australian Social Trends. Australian Bureau of Statistics, Canberra, Australia.
Adams, R.J., Smart, P., Huff, A.Sigismund, 2017. Shades of grey: guidelines for working with the grey literature in systematic reviews for management and organizational studies. Int. J. Manage. Rev. 19, 432–454.
Ager, A., Strang, A., 2008. Understanding integration: A conceptual framework. J. Refugee Stud. 21 (2), 166–191.
Ahmed, A., et al., 2008. Experiences of immigrant new mothers with symptoms of depression. Arch Womens Mental Health 11 (4), 295–303.
Ahmed, A., Bowen, A., Feng, C.X., 2017. Maternal depression in Syrian refugee women recently moved to Canada: a preliminary study. BMC Pregnancy Childbirth 17 (1), 240.
Alencar, A., Tsagkroni, V., 2019. Prospects of refugee integration in the Netherlands: social capital, information practices and digital media. Media Commun. 7 (2).
Amin, M., ElSalhy, M., 2017. Factors affecting dental attendance of children of new immigrant parents: a cross-sectional study. J. Immigr. Minority Health 19 (6), 1351–1361.
Amin, M., Perez, A., 2012. Is the wait-for-patient-to-come approach suitable for African newcomers to Alberta, Canada? Community Dentistry Oral Epidemiol. 40 (6), 523–531.
Ashbourne, L.M., Baobaid, M., 2019. A collectivist perspective for addressing family violence in minority newcomer communities in North America: culturally integrative family safety responses. J. Fam. Theory Rev. 11 (2), 315–329.
Baird, M.B., et al., 2015. Creating a bridge of understanding between two worlds: community-based collaborative-action research with Sudanese refugee women. Public Health Nurs. 32 (5), 388–396.
Baker, S., Irwin, E., 2019. Disrupting the dominance of 'linear pathways': how institutional assumptions create 'stuck places' for refugee students' transitions into higher education. Res. Pap. Educ. 1–21.
Baker, J.R., et al., 2019. Optimising refugee children's health/wellbeing in preparation for primary and secondary school: a qualitative inquiry. BMC Public Health 19 (1), 812.
Barnett-Page, E.T., James, 2009. Methods for the synthesis of qualitative research: a critical review. BMC Med. Res. Method. 9 (59).
Behnia, B., 2015. Refugees' convoy of social support. Int. J. Mental Health 32 (4), 6–19.
Blake, H.L., Bennetts Kneebone, L., McLeod, S., 2017. The impact of oral English proficiency on humanitarian migrants' experiences of settling in Australia. Int. J. Biling. Educ. Biling. 22 (6), 689–705.
Bonet, S.W., 2017. So where are the promises of this America? Where is the democracy and where are the human rights?": Refugee youth, citizenship education, and exclusion from public schooling. Curric. Inq. 48 (1), 53–69.
Campbell, D.M., Julian, R., 2007. *Community policing and refugee settlement in regional Australia: a refugee voice*. Int. J. Divers. Organ. Communities Nations 7 (5).
Carroll, J., et al., 2007. Caring for Somali women: implications for clinician-patient communication. Patient Educ. Couns. 66 (3), 337–345.
Chan, M., Johnston, C., Bever, A., 2018. Exploring health service underutilization: a process evaluation of the newcomer women's health clinic. J. Immigr. Minority Health 20 (4), 920–925.
Chi, J.T., Handcock, M.S., 2014. Identifying sources of health care underutilization among California's Immigrants. J. Racial Ethnic Health Disparities 1 (3), 207–218.
Clark, A., et al., 2014. Excuse me, do any of you ladies speak English?' Perspectives of refugee women living in South Australia: barriers to accessing primary health care and achieving the Quality Use of Medicines. Aust. J. Primary Health 20 (1), 92–97.
Clark, N., 2018. Exploring community capacity: Karen refugee women's mental health. Int. J. Human Rights Healthcare 11 (4), 244–256.
Cochrane Public Health Group. *Data Extraction and Assessment Template*. 2011; Available from: https://ph.cochrane.org/review-authors.
Coles-Kemp, L., Jensen, R.B., 2019. Accessing a new land. In: Proceedings of the 2019 CHI Conference on Human Factors in Computing Systems - CHI '19, pp. 1–12.
Cortinois, A.A., et al., 2012. Toronto's 2-1-1 healthcare services for immigrant populations. Am. J. Prev. Med. 43 (6), S475–S482. Suppl 5.
Danso, R., 2001. From 'there' to 'here': an investigation of the initial settlement experiences of Ethiopian and Somali refugees in Toronto. Geo J. 55, 3–14.
Dastjerdi, M., Olson, K., Ogilvie, L., 2012. A study of Iranian immigrants' experiences of accessing Canadian health care services: a grounded theory. Int. J. Equity Health 11 (55).
Department of Home Affairs. *Settlement Engagement and Transition Support (SETS) Program*. 2020b [cited 2021 9 March]; Available from: https://immi.homeaffairs.gov.au/settling-in-australia/sets-program.
Donnelly, T.T., et al., 2011. If I was going to kill myself, I wouldn't be calling you. I am asking for help: challenges influencing immigrant and refugee women's mental health. Issues Ment. Health Nurs. 32 (5), 279–290.
Drummond, P.D., et al., 2011. Barriers to accessing health care services for West African refugee women living in Western Australia. Health Care Women Int. 32 (3), 206–224.
Due, C., Aldam, I., Ziersch, A., 2020. Understanding oral health help-seeking among Middle Eastern refugees and asylum seekers in Australia: An exploratory study. Community Dentistry Oral Epidemiol. 48 (3), 188–194.
Duguay, A.L., 2012. The school of life": differences in U.S. and Canadian settlement policies and their effect on individual Haitian Immigrants' language learning. TESOL Q. 46 (2), 306–333.
Earnest, J., et al., 2015. Resettlement experiences and resilience in refugee youth in Perth, Western Australia. BMC Res. Notes 8, 236.
Edge, S., Newbold, K.B., McKeary, M., 2014. Exploring socio-cultural factors that mediate, facilitate, & constrain the health and empowerment of refugee youth. Soc. Sci. Med. 117, 34–41.
Esala, J.J., et al., 2018. Integrated behavioral health care for Karen refugees: a qualitative exploration of active ingredients. Int. J. Migr. Health Social Care 14 (2), 133–145.
Floyd, A., Sakellariou, D., 2017. Healthcare access for refugee women with limited literacy: layers of disadvantage. Int. J. Equity Health 16 (1), 195.
Fozdar, F., Hartley, L., 2013. Refugee resettlement in Australia: what we know and need to know. Refugee Survey Q. 32 (3), 23–51.

Francis, J., Hiebert, D., 2014. *Shaky foundations: refugees in Vancouver's housing market*. Can. Geographer 58 (1), 63–78.
George, U., 2002. A needs-based model for settlement service delivery for newcomers to Canada. Int. Social Work 45 (4), 465–480.
Government of Canada. *How Canada's refugee system works.* . 2019; Available from: https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/canada-role.html.
Hong, Q.N., Gonzalez-Reyes, A., Pluye, P., 2018. Improving the usefulness of a tool for appraising the quality of qualitative, quantitative and mixed methods studies, the mixed methods appraisal tool (MMAT). J. Eval. Clin. Pract. 24, 459–467.
Hong QN, et al. *Mixed Methods Appraisal Tool (MMAT)*. 2018; Available from: http://mixedmethodsappraisaltoolpublic.pbworks.com/w/file/fetch/127916259/MMAT_2018_criteria-manual_2018-08-01_ENG.pdf.
Im, H., 2018. *Constructing health capital in ecological systems: a qualitative evaluation of community-based health workshops in the refugee community*. Health Social Care Community 26 (4), e541–e551.
Ingram, J., Potter, B., 2009. The health needs of the Somali community in Bristol. Community Pract. 82 (12), 26–29.
IOM, 2020. World Migration Report 2020. International Organisation for Migration, Geneva, Switzerland.
Jiwrajka, M., Mahmoud, A., Uppal, M., 2017. A Rohingya refugee's journey in Australia and the barriers to accessing healthcare. BMJ Case Rep. 2017.
Kaczkowski, W., Swartout, K.M., 2020. Exploring gender differences in sexual and reproductive health literacy among young people from refugee backgrounds. Culture Health Sex. 22 (4), 369–384.
Kim, M.S., et al., 2017. Healthcare access challenges facing six African refugee mothers in South Korea: a qualitative multiple-case study. Korean J. Pediatrics 60 (5), 138–144.
King, J., et al., 2016. Restrictive practices on refugees in Australia with intellectual disability and challenging behaviours: a family's story. Adv. Mental Health Intellectual Disabil. 10 (4), 222–232.
Konle-Seidl, R., 2018. Integration of refugees in Austria, Germany and Sweden: Comparative Analysis. European Parliament, Policy Department A: Economic and Scientific Policy. Available from: http://www.europarl.europa.eu/RegData/etudes/STUD/2018/614200/IPOL_STU(2018)614200_EN.pdf.
Kue, J., Hanegan, H., Tan, A., 2017. Perceptions of cervical cancer screening, screening behavior, and post-migration living difficulties among Bhutanese-Nepali refugee women in the United States. J. Community Health 42 (6), 1079–1089.
Kumar, R., 2020. Refugee articulations of health: a culture-centered exploration of Burmese Refugees' resettlement in the United States. Health Commun. 1–11.
LaMancuso, K., Goldman, R.E., Nothnagle, M., 2016. Can I ask that?": Perspectives on perinatal care after resettlement among Karen refugee women, medical providers, and community-based doulas. J. Immigr. Minority Health 18 (2), 428–435.
Leduc, N., Proulx, M., 2004. Patterns of health services utilization by recent immigrants. J. Immigr. Health 6 (1), 15–27.
Lee, T.-Y., et al., 2014. A descriptive phenomenology study of newcomers' experience of maternity care services: Chinese women's perspectives. BMC Health Serv. Res. 14 (114).
Liberati, A., et al., 2009. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. PLoS Med. 6 (7), e1000100.
Lloyd, A., et al., 2013. Connecting with new information landscapes: information literacy practices of refugees. J. Doc. 69 (1), 121–144.
Lum, I.D., Swartz, R.H., Kwan, M.Y., 2016. Accessibility and use of primary healthcare for immigrants living in the Niagara Region. Soc. Sci. Med. 156, 73–79.
M'Zah, S., Cardozo, B.Lopes, Evans, D.P., 2019. Mental health status and service assessment for adult Syrian refugees resettled in metropolitan Atlanta: a cross-sectional survey. J. Immigr. Minority Health 21 (5), 1019–1025.
Mangrio, E., Carlson, E., Zdravkovic, S., 2018. Understanding experiences of the Swedish health care system from the perspective of newly arrived refugees. BMC Res. Notes 11 (1), 616.
Martzoukou, K., Burnett, S., 2018. Exploring the everyday life information needs and the socio-cultural adaptation barriers of Syrian refugees in Scotland. J Doc. 74 (5), 1104–1132.
Masinda, M.T., 2014. Immigrant settlement services literacy. Int. J. Social Work 1 (2).
McBride, J., Block, A., Russo, A., 2017. An integrated healthcare service for asylum seekers and refugees in the South-Eastern Region of Melbourne: Monash Health Refugee Health and Wellbeing. Aust. J. Primary Health 23 (4), 323–328.
McMichael, C., Gifford, S., 2009. It is good to know now…before it's too late": promoting sexual health literacy amongst resettled young people with refugee backgrounds. Sex. Culture 13 (4), 218–236.
McMorrow, S., Saksena, J., 2017. Voices and views of congolese refugee women: a qualitative exploration to inform health promotion and reduce inequities. Health Educ. Behav. 44 (5), 769–780.
Mendicino, M.E.L., 2020. IRCC Minister Transition Binder 2019: Settlement and Integration. Government of Canada. Available from: https://www.canada.ca/en/immigration-refugees-citizenship/corporate/transparency/transition-binders/minister-2019/settlement.html.
Miraftab, F., 2000. Sheltering refugees: the housing experience of refugees in metropolitan Vancouver, Canada. Can. J. Urban Res. 9 (1), 42–63.
Mirza, M., Hammel, J., 2011. Crossing borders, pushing boundaries: disabled refugees' experiences of community and community participation in the USA. Disabil. Community 157–186.
Mirza, M., Heinemann, A.W., 2012. Service needs and service gaps among refugees with disabilities resettled in the United States. Disabil. Rehabil. 34 (7), 542–552.
Mitschke, D.B., et al., 2016. *Listening to refugees: how traditional mental health interventions may miss the mark*. Int. Social Work 60 (3), 588–600.
Morris, M.D., et al., 2009. Healthcare barriers of refugees post-resettlement. J. Community Health 34 (6), 529–538.
Mumtaz, Z., O'Brien, B., Higginbottom, G., 2014. Navigating maternity health care: a survey of the Canadian prairie newcomer experience. BMC Preg. Childbirth 14 (4).
Murdie, R.A., 2008. Pathways to housing: the experiences of sponsored refugees and refugee claimants in accessing permanent housing in Toronto. Int. Migr. Integr. 9, 81–101.
Myers, P., Riveros, G., Duggal, A., 2018. *Identities in transition: investigating the encounters of Colombian mothers with Canadian schools*. J. Latinos Educ. 19 (2), 120–131.
Nkulu, F.K., et al., 2010. *Screening migrants for tuberculosis - a missed opportunity for improving knowledge and attitudes in high-risk groups: a cross-sectional study of Swedish-language students in Umeå, Sweden*. BMC Public Health 10, 349.
Nutbeam, D., 2008. The evolving concept of health literacy. Soc. Sci. Med. 67 (12), 2072–2078.
Obeid, M., 2019. Novices in bureaucratic regimes. Focaal (85), 70–85. **2019**.
Ochieng, B.M., 2013. Black African migrants: the barriers with accessing and utilizing health promotion services in the UK. Eur. J. Public Health 23 (2), 265–269.
Okeke-Ihejirika, P., Salami, B., Karimi, A., 2019. African immigrant women's transition and integration into Canadian society: expectations, stressors, and tensions. Gender Place Culture 26 (4), 581–601.
Papadopoulos, I., et al., 2004. Ethiopian refugees in the UK: migration, adaptation and settlement experiences and their relevance to health. Ethn. Health 9 (1), 55–73.
Parajuli, J., Horey, D., Avgoulas, M.I., 2019. *Best practice models recommended by Bhutanese refugee women for cervical and breast cancer screening in Australia: a qualitative study*. Health Promotion J. Aust.
Phillimore, J., 2014. Delivering maternity services in an era of superdiversity: the challenges of novelty and newness. Ethn. Racial Stud. 38 (4), 568–582.
Piwowarczyk, L., et al., 2014. Congolese and Somali beliefs about mental health services. J. Nervous Mental Dis. 202 (3), 209–216.
Posselt, M., et al., 2017. Improving the provision of services to young people from refugee backgrounds with comorbid mental health and substance use problems: addressing the barriers. BMC Public Health 17 (1), 280.
Poureslami, I., et al., 2011. Health literacy, language, and ethnicity-related factors in newcomer asthma patients to Canada: a qualitative study. J. Immigr. Minority Health 13 (2), 315–322.
Power, D.V., Pratt, R.J., 2012. Karen refugees from Burma: focus group analysis. Int. J. Migr. Health Social Care 8 (4), 156–166.
Qayyum, M.A., et al., 2014. The provision and sharing of information between service providers and settling refugees. Inf. Res. 19, 2.
Renner, A., et al., 2020. *Syrian refugees in Germany: perspectives on mental health and coping strategies*. J. Psychosomatic Res. 129, 109906.
Renzaho, A.M.N., McCabe, M., Sainsbury, W.J., 2011. Parenting, role reversals and the preservation of cultural values among Arabic speaking migrant families in Melbourne, Australia. Int. J. Intercultural Relations 35 (4), 416–424.
Riggs, E., et al., 2012. Accessing maternal and child health services in Melbourne, Australia: Reflections from refugee families and service providers. BMC Health Serv. Res. 12 (117).
Riggs, E., et al., 2014. Hard to reach communities or hard to access services? Migrant mothers' experiences of dental services. Aust. Dental J. 59 (2), 201–207.
Saadi, A., Bond, B., Percac-Lima, S., 2012. Perspectives on preventive health care and barriers to breast cancer screening among Iraqi women refugees. J. Immigr. Minority Health 14 (4), 633–639.
Saadi, A., Bond, B.E., Percac-Lima, S., 2015. Bosnian, Iraqi, and Somali refugee women speak: a comparative qualitative study of refugee health beliefs on preventive health and breast cancer screening. Womens Health Issues 25 (5), 501–508.
Saffu, S.A., 2010. *Adult education and community capacity building: the case of African-Australian women in the Northern Territory*. ARAS 31 (1), 13–36.
Schein, Y.L., et al., 2019. A qualitative study of health experiences of Ethiopian asylum seekers in Norway. BMC Health Serv. Res. 19 (1), 958.
Schneider, C., Arnot, M., 2018. *Transactional school-home-school communication: addressing the mismatches between migrant parents' and teachers' views of parental knowledge, engagement and the barriers to engagement*. Teach. Teach. Educ. 75, 10–20.
Schuster, R.C., et al., 2019. They were just waiting to die": Somali Bantu and Karen experiences with cancer screening pre- and post-resettlement in Buffalo, NY. J. Natl. Med. Assoc. 111 (3), 234–245.
Seo, J.Y., et al., 2018. Lived experience of health seeking and healthcare utilization among Korean immigrant women living in suburban communities. Asian/Pacific Island Nurs. J. 3 (1), 8–20.
Sethi, B., 2013. Newcomers health in Brantford and the counties of Brant, Haldimand and Norfolk: perspectives of newcomers and service providers. . Immigr. Minority Health 15 (5), 925–931.
Sethi, B., 2015. Education and employment training supports for newcomers to Canada's middle-sized urban/rural regions: Implications for social work practice. J Social Work 15 (2), 138–161.
Settlement Council of Australia, 2019. 2019 Federal Election Platform. SCoA, Canberra, Australia.
Sheikh, M., MacIntyre, C.R., 2009. The impact of intensive health promotion to a targeted refugee population on utilisation of a new refugee paediatric clinic at the children's hospital at Westmead. Ethn. Health 14 (4), 393–405.
Sheikh, M., Koc, Y., Anderson, J.R., 2019. A qualitative exploration of the tertiary education experiences of refugee and asylum seekers in Australia. J. Educ. Students Placed Risk (JESPAR) 24 (4), 346–368.
Sheikh-Mohammed, M., et al., 2006. Barriers to access to health care for newly resettled sub-Saharan refugees in Australia. Med. J> Aust. 185, 594–597.

Sievert, K., et al., 2018. Barriers to accessing testing and treatment for chronic Hepatitis B in Afghan, Rohingyan, and South Sudanese populations in Australia. J. Immigr. Minority Health 20 (1), 140–146.
Sime, D., 2014. I think that Polish doctors are better': newly arrived migrant children and their parents experiences and views of health services in Scotland. Health Place 30, 86–93.
Smith, L., et al., 2020. Factors shaping the lived experience of resettlement for former refugees in regional Australia. Int. J. Environ. Res. Public Health 17 (2).
St. Arnault, D., Merali, N., 2019. Pathways for refugees' descent into homelessness in Edmonton, Alberta: the Urgent Need for policy and procedural change. J. Int. Migr. Integr. 20 (4), 1161–1179.
Stapleton, H., et al., 2013. Women from refugee backgrounds and their experiences of attending a specialist antenatal clinic. Narratives from an Australian setting. Women Birth 26 (4), 260–266.
Stewart, M., et al., 2008. Multicultural meanings of social support among immigrants and refugees. Int. Migr. 46 (3).
Swe, H.M., Ross, M.W., 2010. Refugees from Myanmar and their Health Care Needs in the US: a qualitative study at a refugee resettlement agency. Int. J. Migr. Health. Social Care 6 (1), 15–25.
Teixeira, C., 2009. New immigrant settlement in a mid-sized city: a case study of housing barriers and coping strategies in Kelowna, British Columbia. Can. Geogr. 53 (3), 323–339.
Teixeira, C., 2011. Finding a home of their own: immigrant housing experiences in Central Okanagan, British Columbia, and Policy Recommendations for Change. Int. Migr. Integr. 12, 173–197.
U.S. DHHS, 2018. Summary of ORR Benefits and Services to Eligible Populations, Administration for Children and Families Office of Refugee Resettlement. U.S. Department of Health & Human Services, USA. Editor.
UNESCO, 2005. *Aspects of Literacy Assessment: Topics and issues from the UNESCO Expert Meeting* Division of Basic Education. UNESCO, Paris, France, p. 18. Editor.
UNHCR, 2020. Global Trends Forced Displacement in 2019. UNHCR, Geneva, Switzerland. Editor.
Vahabi, M., Damba, C., 2013. Perceived barriers in accessing food among recent Latin American immigrants in Toronto. Int. J. Equity Health 12 (1).
Vermette, D., et al., 2015. Healthcare Access for Iraqi Refugee Children in Texas: Persistent Barriers, Potential Solutions, and Policy Implications. J Immigrant Minority Health 17 (5), 1526–1536.
Wahoush, E.O., 2009. Equitable health-care access: the experiences of refugee and refugee claimant mothers with an ill preschooler. Can. J. Nurs. Res. 41 (3), 186–206.
Wali, N., Georgeou, N., Renzaho, A.M.N., 2017. Life is pulled back by such things': intersections between language acquisition, qualifications, employment and access to settlement services among migrants in western sydney. J. Intercultural Stud. 39 (1), 85–101.
Walsh, C.A., Krieg, B., Refugees, Roma, 2007. J Immigr Refugee Stud. 5 (1), 5–27.
Walsh, C.A., et al., 2011. Needs of refugee children in Canada: what can Roma refugee families tell us? J. Comp. Fam. Stud. 599–613.
Wodniak, N.R., 2018. Experiences of Karen refugees with traditional and western medicine in the USA. Int J Migration, Health and Social Care 14 (4), 387–399.
Woodward, K., et al., 2020. Settlement service literacy and its relationship to the uptake of settlement services among migrants: a mixed methods systematic review protocol. PROSPERO. CRD42020154541:[Available from. https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020154541.
Woodward, K., et al., 2020. Settlement service literacy and the relationship between service utilisation and wellbeing among newly arrived migrants: a mixed methods systematic review protocol. Social Sci. Protocols 1–7.
Worabo, H.J., 2017. A life course theory approach to understanding Eritrean Refugees' perceptions of preventive health care in the United States. Issues Mental Health Nurs. 38 (4), 310–316.
Zeidan, A.J., et al., 2019. Barriers to accessing acute care for newly arrived refugees. West J. Emergency Med. 20 (6), 842–850.
Zuhair, S., Wickremasinghe, G., Natoli, R., 2015. Migrants and self-reported financial literacy. Int. J. Social Econ. 42 (4), 368–386.