BRIDGING NEWCOMERS IN THE NEIGHBOURHOOD SCALE:
A STUDY ON SETTLEMENT/INTEGRATION ROLES AND FUNCTIONS
OF NEIGHBOURHOOD HOUSES IN VANCOUVER

Final Report

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Table of Content

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Preface

This study is a university-community collaboration, which raises some questions concerning how best to report its findings. We believe that the findings can contribute to knowledge growth in both the academic and practice (including policy) arenas; however, we also acknowledge the possibility that it might also meet the diverse interests and needs of audiences located in different arenas. While it is possible to reach all these audiences in a single report, it would be quite difficult to do so. Moreover, since this is primarily a participatory study, we feel obliged to write this report primarily for the consumption of our colleagues in the community and for policy makers who are interested in understanding everyday practice in the field.

To do so, we have selectively excluded some technical statistical analysis, which is reported in a working paper submitted to Research Immigration and Integration in the Metropolis (RIIM), and have similarly truncated our literature review, particularly as regards the current conceptual discussion on social capital. While our colleagues in the community are certainly capable of understanding these issues, we felt it was more important to focus the content of the report on the interests of the stakeholders consulted, in particular the roles and functions of neighbourhood houses in bridging newcomers to the community. We hope this report will provide useful information (both raw data and analysis generated through a rigorous research design and process), and help all stakeholders discover how further to improve services to newcomers.

Unlike many research projects, this study's final stage of data collection and analysis included a community forum, which was attended by almost all stakeholders (except for service recipients). At this forum, participants discussed possible interpretations of some findings and, more important, made recommendations they felt should be included in the final report. While we strove to include most of those, as researchers located in the academic arena, we did selectively exclude some suggestions that we thought beyond the support of our findings. In addition, we include some suggestions that, while not emerging from the forum, did follow logically from our data and analysis.

We would like to thank RIIM for providing funding for this study. We also want to acknowledge the support we received from the stakeholders, all of whom gave freely of their time to participate in this study. The hard work of the nine data collection coordinators, most of

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whom are also frontline practitioners or members of neighbourhood houses, was imperative to the success of the survey; the small stipend we were able to provide them does not adequately reflect the gratitude we feel for their efforts. Last, but not least, we wish to acknowledge the respondents, without whom we would not have been able to complete this study. The ultimate interest of this study is their integration into Canadian society, and we hope they will not be seen in terms of statistics alone, but as 351 diverse individuals whose experiences and feedback form a collective story that should be taken seriously.

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Executive Summary

2.1.   A legacy of the Settlement House Movement, neighbourhood houses (NHs) have been part of the history of immigration in Vancouver, one of Canada's three major immigrant settlement locations, for more than 70 years. This study investigates the roles and functions of NHs in bridging newcomers to the community. Bridging is conceptually understood in this study as a form of social capital with two different natures: bonding (within a given group) and bridging (between different groups).

2.2.   This is a participatory research study, and major stakeholders were consulted at various stage of the research process. A mixed-method research design was followed, which included a survey of NHs service users who have been in Canada for 10 years or fewer (N=351), individual interviews with key informants (N=5) and executive directors of all NHs (N=9), and two focus groups with boards of director (N=4) and frontline settlement workers (N=7).

2.3.   The interviews and focus groups found that:

2.3.1.   stakeholders identified settlement as a continuous process, and settlement, integration and bridging as three separate but always interchangeable concepts. However, existing settlement service policy limits the settlement period to a limited number of years; as a result, it overlooks the contribution of NHs, and their bridging efforts for newcomers trying to settle into a new country.

2.3.2.   all stakeholders recognize the contribution and importance of NHs in bridging newcomers to the community. In addition to their programming efforts, NHs have inherent strengths – including proximity, multiple and flexible services, committed multilingual staff, volunteer opportunities, and an inclusive and open atmosphere – that facilitate the bridging process.

2.3.3.   numerous barriers hamper NHs in their struggle to meet the diverse needs of newcomers and effectively assist them in the bridging process. These barriers include limited funding, a lack of systematic collaboration, and overloaded staff.

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2.4.   The survey found that:

    2.4.1   the respondents in the convenience sample tend to be middle-aged women who have, on average, been in Canada for 4.4 years. Most are not employed and have children at home.

    2.4.2   taken as a whole, the responses reveal there are two dimensions to NH involvement, intensity and generality. As some newcomers visit the NHs more often, and are more often accompanied by other members of their household, their involvement becomes more intense, and tends to target particular types of programming. Other newcomers might participate in a more generalized way, becoming involved in a variety of programming during the course of a long-term commitment to the NHs.

    2.4.3   participants do make bridges across immigrant and ethnic group boundaries. More than 60% of respondents report having close ties to people who have either been in Canada for longer than 10 years and/or with people from other ethnic groups.

    2.4.4   A majority of respondents (82%) agree or strongly agree that NHs have helped them established cross-ethnic ties. Over 50% of respondents report that they exchange some services with people associated with NHs, while 20% say that all or most of their service exchanges are made with people associated with NHs.

2.5.   Discussion and Recommendations:

This study shows that NHs play an important bridging role for newcomers, helping them establish functional ties with people in the community. The qualitative interviews show that NHs face many barriers, not only those caused by language, but also structural problems such as narrowly defined policy vision, funding limitations, lack of systematic coordination and collaboration. Based on the findings, and the results of a Community Forum, seven recommendations are proposed:

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    2.5.1   Governments need to re-vision settlement as a continuous process, taking place in multiple life domains, in which the neighbourhood acts as a primary integration site.

    2.5.2   A comprehensive service plan is needed for this new vision of settlement,.

    2.5.3   Integrating newcomers locally is a community building process, and should be funded as a settlement program.

    2.5.4   Systematic and organized efforts are needed to help frontline staff and NHs to identify innovative and best practices in nurturing inter-group interaction.

    2.5.5   Multilingual services, such as a multilingual hotline and service map, to help overcome the immediate language barriers of many newcomers.

    2.5.6   Voluntary collaboration among the various organizations should be encouraged and nurtured, in order to maximize their capacity to serve newcomers,.

    2.5.7   NHs need discretionary funds to provide advocacy and innovative services, and need to raise these funds through new channels.

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1. Background

According to the Canadian Council of Refugees (2002), "settlement programs exist to facilitate the successful settlement and integration of immigrants and refugees into the social, economic, cultural and political life of Canada". Most settlement programs, however, tend to focus on enhancing newcomers' self-sufficiency and easing their adjustment, both of which are important particularly in their early stage of settlement (George 2002). In Vancouver, self-sufficiency-based settlement services are provided, mainly, by three major settlement services organizations – Multilingual Orientation Services Association for Immigrant Communities (MOSAIC), United Chinese Community Enrichment Services Society (SUCCESS) and Immigrant Service Society of British Columbia (ISS) – all of which tend to emphasize the newcomers' need to integrate into Canadian society as a whole, rather than into local communities.

Despite this, for most immigrants, everyday life takes place in their local community, which is also an entry point for integration. As Li (2003) contends, an enlightened view of integration needs to take account of whether local communities welcome newcomers. As indicated in the Federal/Provincial Agreement with British Columbia (1998), "Integration is a two way process, which involves commitment on the part of newcomers to adapt to life in Canada and on the part of Canadians to adapt to new people and cultures." In other words, successful integration requires bridging between newcomers and other members of the local community. Bridging is critical to local communities, as most communities in urban North American centres experience massive internal and external migration (Putnam, 2000). Vancouver, the second largest settlement centre for immigrants and refugees coming into Canada, is an ideal example of this. According to the 2001 Census, residents who arrived in Canada in the 1990s account for over 10% of the population in most Vancouver neighbourhoods (a designation roughly equivalent to a census tract), and over 25% in some. Most of these neighbourhoods are racially and ethnically mixed, with only a few having less than 30% visible minorities.

As indicated in the literature, communities are decomposed into fragmented and plural entities. Diversity has become the norm in most metropolitan areas in developed countries. Traditional social and moral orders in the community are challenged, and the idea of community appears to be fading out. People constantly question whether community has been "'lost', 'saved'

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or 'liberated'" (Smith 1996, p. 253), or even "collapsed" (Putnam, 2000). Forming bridges between newcomers and other members of the community is not only an issue of social integration but also one of community (re)building.

Some scholars contend that a strong local community provides social capital for individual members and the society at large tackling personal and social problems (Putnam 2000). NHs have been described as the one proven success, out of all neighbourhood-level social institutions, in bridging newcomers to, and nurturing social capital in, the community (Husock 1993; Putnam 2000). There are nine NHs in the City of Vancouver. A legacy of the settlement house movement, some (Alexandra NH, now the Frog Hollow NH) have been serving their community since as early as 1938. Although only a few of them receive settlement program funding, all of them, in one way or another, provide services that directly or indirectly help newcomers settle into, and integrate with, the local community. Since most NHs in Vancouver are not provincial settlement services contractors, their functions have been neglected as part of the national settlement policy.

Thus, little is known about how they create bridges and integrate newcomers into the community, how effective they are, and what kinds of division of labour and coordination exists, if any, between the major settlement service organizations and the NHs. This study may not be able to answer fully all these questions; however, the results of the survey of selected Vancouver NH members, indicate that NHs provide both programmatic and physical opportunities for newcomers to connect with other people, particularly those who are of the same ethnic background and who have been in Canada for a long period of time. Despite the many challenges NHs have faced, opinions expressed about their functions and roles in connecting newcomers to major stake holders, government officials, settlement service organizations representatives, NH personnel (including executive directors), frontline settlement workers and board members, were all positive. In a community forum involving all major stakeholders, participants indicated that voluntary coordination, based on a service need between NHs and the major settlement service organizations, is desirable. A need to systematize and strengthen the existing ad hoc coordination and support of funders (particularly governmental funders) was identified as key to its success.

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2. Theoretical Framework

This study is based on the concepts of integration and social capital. As Li (2003) observes, although the government promotes the idea of integration as a two-way street, in reality, the popular Canadian concept of integration tends toward the unilateral participation of newcomers in existing social institutions. He contends that an enlightened view on integration requires a welcoming attitude towards newcomers on the part of the community, and an equal partnership between newcomers and other members of the community. Integration is based on, and will strengthen, the community's social capital, which includes mutual support, cooperation, trust and institutional effectiveness (Putman 2000).

Social capital can be seen as taking two different forms – bridging capital and bonding capital (Putnam, 2000). Bridging capital refers to linkages to acquaintances external to one's immediate community, and can give one greater access to information and opportunities. Bonding capital is internal to one's community, and tends to reinforce exclusive identities and group homogeneity. It is not unusual for immigrants to have good bonding capital, but limited bridging capital beyond their own ethno-cultural community, leading to what is sometimes called the ethnic enclave phenomenon (Li, 2004).

Many political scientists (e.g., Fukuyama, 2001; Putnam, 2000) have suggested that social capital, particularly in the forms of trust and cooperation, is important for an inclusive civil society. Social inclusion is not a unilateral decision (Sin & Yan, 2003); rather, like social integration, it is a two way process. Successful inclusion and integration requires bridging between the newcomers and other members of Canadian society within every social institution. Social inclusion implies the enhancement of people's life chances, both within and beyond the economic domain (Remennick, 2003).

This study examines the roles and functions of NHs in bridging/integrating newcomers with the community from its settlement house tradition. Literature on neighbourhood (settlement) houses indicates that they provide a community-based institutional platform from which to generate, pool and sustain social capital by bridging gaps between different groups in the community, while at the same time increasing the intra-group bonds. As Whaft and Clague

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(1997) assert, NHs in Canada are "powerful agencies for providing care and developing community capacities"(p. 321) based on the principle of inclusiveness, which has a valuable function in bridging the diverse interests in the community. The bridging and bonding functions of NHs are predicated on the embedded communitarian values that are actualized through local democracy. Local democracy is expressed in many forms, from participating in the operation of the NHs, to exercising citizen's rights and responsibilities in the decision-making process, to policies that affect the community.

Meanwhile, the sharing and reciprocal values of NHs are reflected in the participation of volunteers, from both outside and inside the community, at all levels of operation. The humanistic intentions of NHs are realized through their role as a reliable resource pool that enables all members of the community to contribute something of themselves – time, money, human resources, talent, etc. – for the well being of their neighbours and the community at large. NHs are centres of resource coordination and builders of assets in the community – in short, NHs nurture social capital.

These bridging/bonding functions are also actualised through the NH's generic service model. The list of services provided is extensive, holistic, localized and flexible, and most are available to all community members. Through their unique group work approach, NHs effectively lead people from initial concern with their own personal interests and needs, to active participation in broader social issues (Yan 2002). Members of these groups and clubs can meet, interact and establish network ties with each other. In addition, as centres of their communities, they are frequently linchpins between the public and government, particularly in terms of reconciling local needs with government policies. Advocacy for community members is a critical role for NHs. Town hall meetings and similar programmes make NHs an effective means of organizing public awareness, which is essential to governmental policy processes. The experiences of participating in NHs' services, and the immediate knowledge of the community, empower community members and, in turn, help to (re)build community (Yan, 2004).

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3. Methodology

This study examines the role of community organizations in the development of social capital. In particular, we are interested in NHs as unique community organizations that can help newcomers to Vancouver to form ties outside of their immigrant/ethnic groups. We believe that this ability to establish bridging relationships is a key factor in enhancing the settlement and integration process. To study this issue, we employ a participatory research approach, which emphasizes on-going interactive engagement and dialogue between researchers and stakeholders, including the so-called research participants. In other words, stakeholders are not objects to be studied; rather, they are active participants with a hand in shaping the research agenda, process and procedure, data collection instruments, data analysis, and, eventually, the report itself. Similarly, the researchers are no longer merely impartial knowledge seekers, but are also an integral part of a social process of knowledge generation; by conducting traditional research on the one hand and facilitating community meetings and forums on the other, the researchers help establish a dialogical space for all stakeholders to discuss the validity of knowledge generated and, more important, its utility for policy and service delivery.

To actualize this participatory approach, the researchers met with executive directors (EDs) of all the neighbourhood houses in the City of Vancouver before finalizing the research proposal. Project ideas were shared and discussed with representatives of major settlement service organizations and a municipal official; their ideas and comments were used to improve the proposal, and they later became key informants in this study and participated in the community forum. Letters of support from all NHs were included in the research proposal to indicate that the project is a collaborative effort between university researchers and community organizations. After the funding was secured, a meeting was held with representatives of all NHs to discuss operational and logistical issues. The data collection instruments, including interview guides and survey questionnaires, were reviewed and discussed with all EDs, some of whom conducted test runs of the questionnaires. All stakeholders were interviewed in person and in-group through systemic research processes. A Community Forum was held with participation from representatives of almost all stakeholders. The study's preliminary report was discussed at the Forum to validate the findings and analysis and to generate recommendations to be included in the final report.

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The participatory approach does not in any way weaken the rigor of this study, which was conducted in accordance with systematic research procedures and commonly accepted principles. Instead, data collected from different stakeholders provided a multiple-perspective that allowed both the researchers and the stakeholders to understand and appreciate the complexity of the subject of study. In addition, the multiple-perspective makes possible triangular analysis, a multiple cross-examined approach to validate interpretations of the findings. As a result, both commonalities among, and differences between different stakeholders are identified and discussed in the community forum, which provides a dialogical space for stakeholders to discuss issues that are relevant and important to service improvement.

Data were collected by multiple methods. A cross-sectional survey (for a sample questionnaire please see Appendix 4) research strategy was used to collect feedback from our target research population (N=351), newcomers to Canada who participate in the activities of Vancouver's NHs. A convenience sampling method was employed, and all NHs participated in the survey. In each NH, a data collection coordinator (trained by the research team in both recruitment and data collection procedures) was responsible for identifying and recruiting survey respondents, and for disseminating and collecting the survey. All data collection coordinators reported that they had very often directly conducted group surveys or even individual survey interviews. The major criterion in the selection of respondents was that they be newcomers, i.e. people who had immigrated to Canada within the last ten years. This criterion is debated by some stakeholders and NH members, who argue that being a newcomer is a matter of subjective perception; however, all stakeholders accepted that ten years should be enough time for people to have settled into a community and to have attained some level of integration. The survey instrument design was based on two major tools, network position identifiers (Lin, Fu, & Hsung 2001) and name generator (Burt, 1984). Survey data were analyzed with assistance of the Statistical Package for Social Science.

In addition to this quantitative strategy, we utilized qualitative research techniques, including semi-structured interviews and focus group interviews (for samples of the interview guides, see Appendices 2 and 3). Executive directors of the nine participating NHs were interviewed. In addition, as NHs are in constant connection with other institutions, some of which might be relevant to the research or even influence the newcomers' services provided by the NHs, five key

informants were identified – representatives of the provincial and municipal governments, an umbrella organization coordinating immigrant services among non-government organizations, and two different settlement service organizations. The two researchers and the project coordinator conducted all interviews, which were audiotaped and transcribed. Analysis was done by the Principal Investigator, with the assistance of a research assistant, using NVivo$^{©}$ computer-assist-qualitative-analysis software.

For the EDs' interviews, data were coded and categorized into major themes. The themes generated from the data include: the executive directors' perspective on the meaning of bridging; actual programmes and strengths of NHs helping newcomers to settle and integrate into the community; limitations on NHs attempting to fulfill this role; and, unmet needs of newcomers in the community. Three themes emerged from the information collected from key informants: the context of British Columbia and Vancouver as it impacts on NH services to newcomers; their understanding of NHs; and, their suggestions for possible collaboration among organizations serving newcomers.

This study also invited frontline workers (who work daily with newcomers) and members of boards of directors (who are in the institutional position of overseeing NHs' policy) to share their own experiences and perspectives on the roles and functions of NHs in bridging newcomers. Seven frontline workers and four board members, respectively, attended two focus groups in November 2006. The group meetings were audiotaped and transcribed. Although these two groups of stakeholders may have different perspectives, the questions asked them were similar, and the two sets of data were amalgamated for analysis.

4. Qualitative Findings

In general, the four different groups of research participants – EDs, key informants, members of board of directors and frontline practitioners – have similar positive perspectives on the roles and functions of NHs in bridging newcomers into the community. The neighbourhood-based flexible programming, open and friendly environment and multi-service nature of NHs have been major factors contributing to their success in helping newcomers. However, NHs also face many challenges that might prevent them from functioning as effectively as most research participants would have expected. It is agreed that systematic, but voluntary, coordination among all stakeholders may be needed, particularly with the support of government policies and funding. We recognize that each NH is different; however, it is not the intention of this study to tell the story of individual NH. Therefore, in this section, we report the overall picture painted by the various qualitative data sets as a coherent narrative..

4.1. BRIDGING AND INTEGRATION: CONCEPTUAL AND PROGRAMMATIC IMPLICATIONS

All research participants agree that NHs play a key role in helping newcomers to settle into, integrate with, and be bridged to the community. However, while the terms settlement, integration and bridging are commonly used in both the literature and in the field, different understandings of their meanings may lead NHs to different plans of action and programming. As such, we deliberately asked almost all of them to define these terms, revealing both commonalities and differences.

These terms are used quite interchangeably in the interviews, which, as some research participants suggest, signify an ongoing process. The general sense among all research participants is that the settlement process is seldom clear-cut and linear.

> *Yeah, I think we need to look out a little bit broader that there are particular stages that people may go through at different level, at different times and of their lives, [and] where different supports are needed. And they often, you know there is a re-recognition of support is needed in the English for a few years, and after that there should be some level of adaptation and integration.*

One frontline worker has conceptualized these stages in a very articulated way.

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> *As a new immigrant, they have to go through different stages. At the initial stage, they need the community support to build up their confidence, to help them to go around with the community resources in order to facilitate their settlement process. So after that initial stage, probably maybe a year or so, it really depends, it varies from one person, or one family to the other. So after that initial stage, probably, they have a job and they have some ability, confidence, self-esteem to get around by themselves independently. And then but still, if they have some kinds of problems, they would go back to us to ask for help especially in the language, you know, writing letters to the government and something like that or to advocate for them if they did not get to fair treatment by the employer. And so, but at least, in the second stage they have some ideas how they live their lives in Canada, like the school system, the social surrounding and what's going on in their community. And then, later on, they may think, okay, I got a good job now and I've got like a better salary, so maybe it's time for me to think that I can contribute to the society or to the neighbourhood house who initially helped them to settle them… as a kind of like contributing back to the society.*

While there may be general patterns and needs, this process will be different for every newcomer, and can be affected by such factors as gender, financial situation, language skills, age at immigration, etc. As such, from a programming standpoint, most research participants are critical of existing government settlement service policies, which tend to focus on the first few years of newcomers' settling in Canada.

However, the existing funding policies financially hamper NHs and other community organizations, by limiting their ability to help those newcomers who may need more time to settlement and integrate into the community. As observed by another ED, the existing funding is fragmented and short-sighted.

> *You know, we are driven by immediate need and you know, settlement is a bigger picture. I don't think our levels of government understand this. The reason I think that we are not adequately funded is because it is really comfortable [for the government] to keep it [funding] in separate streams. And the idea being after ten years someone is settled because we have given them employment training and language training, and I don't know, that is all they give. And, I don't know if we have a broad enough description of what it means to be settled.*

Most NHs note that, other than Federal settlement service funding (administered by the Provincial government, and which only a few NHs have received), there are very few financial resources available to support newcomers' settlement services, particularly for those immigrants who have been in Canada for more than three years and have naturalized as citizens.

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Among almost all participants of this study, there is a consensus on the notion, "settlement as a continuous process", which as expressed by most NHs' EDs, have been an implicit guiding principle for them in serving newcomers. EDs indicated that, in the early phase of settlement, newcomers need information, housing, childcare, language skills and employment opportunities. In terms of programmes, services targeted to these needs are available in almost all NHs in varying degrees, depending on funding. However, once people have gained a certain sense of stability, they need to establish social connections, which have always been a major function of NHs, i.e., bridging people into the community. To many study participants, bridging is not a program or service; rather, is almost a philosophy embedded in all services, and implies a process of establishing relationships (networking), community building, and nurturing a sense of belonging.

> *The strength of NHs is to make people feel comfortable, accepted, and a place to belong. I think that's the most import thing we can do for people in general sense. Sure we provide good services, learn things, they can get skills, they can meet other people and network. But that's the thing; that is to build community. That our motto on the card: We build community.*

Bridging is actualized in many ways, including: information referral service that connect newcomers to other community resources; settlement counselling service that helps newcomers navigate and access the Canadian education, health and other social systems; language and other skills training programs that enhance newcomers' social and economic capacity; cultural and social events that help newcomers to understand Canadian culture and to share their own culture with others; and, more important, volunteering opportunities that enable newcomers to contribute to the community and improve its quality of life. Programmatic efforts have been tried by NHs to bridge newcomers. One of the examples is the LEAD program organized by the Cedar Cottage.

> *We had about 15 parents who were trained in there. Uh, we had Chinese, Vietnamese, Aboriginal, Indo, South Asian, Filipinos, and many different backgrounds and they went on to become, ... we paid them an honorarium to do some outreach work in the community. The program is called LEAD. I really like the LEAD program because it provides a leadership requirement training for women of immigrant background. But what it does is really as a bridging because it says to people very informally. What are you going to do next? You know, we are gonna almost celebrate the coming out of being an immigrant) and what we are going to say is that you are now part of the rest of us.*

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The ultimate goal of bridging is to enhance integration, a concept that was discussed enthusiastically in the two focus group meetings. To summarize the ideas discussed by the frontline practitioners and board members in attendance, integration means that the newcomers have settled down and are ready to re-contribute to the community; it implies that they have adapted to the Canadian life and felt comfortable in joining both the community and mainstream society. They have established a social network, mastered certain language skills and have had a stable job and income. As summarized by one ED,

> *Bridging, you know, is the next step to me, is the next step you have housing, you have employment and you have some basic level of English. The bridging to me is that step of integration. And when you take a look at the multi-cultural Canada, and the cultural mosaic, it's bridging into that. So it's not losing your family, your culture, or your language of origin. It's about finding a place for yourself in Canada. That is comfortable. So that connecting into, it could be the volunteering, into spiritual activities, into social and recreational activities, possibly in educational activities. So it's the next step up after settlement.*

4.2 STRENGTHS AND MECHANISMS OF BRIDGING OF NEIGHBOURHOOD HOUSES

There is unanimous agreement among all research participants that NHs in Vancouver have played a key role in helping newcomers to settle and integrate. Eight of the nine NHs surveyed are located in Vancouver's Eastside, where most newcomers tend to settle, indicating strongly that they are pioneers in the City working with newcomers. NHs' unique geographic nature allows easy access for newcomers, who often rely on public transportation for mobility. Key informants note that NHs are almost always within walking distance of most neighbourhood residents and due to their long operating hours, have become a natural choice for people seeking help. As a board member told us,

> *The one is they can just drop in there and get by help. You know, to find out we have the extend sort of the housing, they can speak the people there. Then the second important one like is the ESL. It is there. So, so it's open up straight away. ... I mean NH is the first point. So maybe the first point of contact, sort of we're but locally you know, didn't walk in distance.*

NHs as the first-point contact in the neighbourhood is inclusive and non-bureaucratic. People walk in are not judged but welcome. As one ED describes the NH:

> *That's our connection in the community we can link people up. Um, that way, I think our language capacity and they [service recipients] think as that sense of feeling not being judged and being included, non-bureaucratic makes a big difference in a lot of immigrants. They don't have to feel to tell their whole life story every time [when] they walk it through our office. Their kids just come in and they need some help, that sort of thing. They are invited to come back next time.*

Some key informants suggest NHs are the neighbourhood reception centres for newcomers. Although most NHs receive no funding for newcomer settlement services, their programs and their staff provide the first line of resource for newcomers wanting to access and navigate the complex formal social service system. As one key informant suggests:

> *So I would say the role of the neighbourhood house is more to, to help a mix of the newcomers. So if I'm new to, to the neighbourhood, so I guess like there should be programs that can help you, help those people, they live in the neighbourhood. Also I think their [NHs] role is more to let them [newcomers] know about the resources. Also there are more opportunities [in NHs] for them, should be more opportunities to participate and also kind of to contribute to the society.*

The proximity of NHs to the residents also allows them to be more sensitive to the neighbourhood's changing needs and to be the connection between formal services and newcomers. NHs is always active member of local service network, as one ED suggests.

> *We're, we are part of a strong inter-agency network so you know we work with the school, so they [newcomers] can have smooth transition into school and then you know, we can let the school know that they are [newcomer] family and so support that way, and we are much more than a community centre. So, I think, we help those in need connect to major services.*

This is echoed by many front workers who are dealing with different social service agency in their everyday practice.

> *Neighbourhood house [has] partnership with different, very diverse organization in the community. So, they keep their partnership which becomes their asset. They can really provide people service or you know refer different service to people.*

To respond to changing needs, NHs have also adopted a flexible approach to service design and delivery, which is a historically unique feature of NHs. As one frontline worker observes,

> *The way they are community-based organizations, in our neighbourhood, we will have volunteers from high school, we have senior programs, we have pre-school, after-school*

> *care in different school size. So, you know, we almost reach to different age and we have different kinds of programs just because we have the sense you want to help all the community, the people they are in need. So it is really very, from my perspective, I would think, it's very responsive.*

Although each NH is different, most provide multiple services, according to the local needs, to cover a wide range of target groups: e.g., preschool childcare, after-school programs for children and teenagers, seniors' social clubs, social and educational groups for parents, community kitchens, employment counselling programs, etc. NHs also provide a variety of inter-generational programs, particularly festival and cultural celebration events, Very often, these programs provide opportunities for family fun as well as a means for participants from various cultural and racial backgrounds to connect. As some key informants pointed out, festivals and cultural events draw families together, and help people mingle with others in the neighbourhood and learn about Canadian culture. As a frontline worker shared with us how a Halloween event brought people together:

> *I think in our sense that like in October, we organized a community event which is one of the biggest community events that were held at our centre, which is called the Pumpkin Torch. In that event, we invite school children from the neighbourhood, from the community to join our huge Halloween celebration. And people from different cultural groups, different languages, when they see the pumpkin edge, they all smile, they just have a lot of funs of Halloween, and then they all enjoy the activities.*

The flexible and multi-service nature of NHs is a reflection of their mission. As reported by all EDs and verified by the Boards of Directors' focus group, the mission of most NHs is to build and strengthen community by addressing community needs through a highly-accessible and inclusive service approach. This is reflected in one of the ED's interview. He said,

> *We are volunteer-driven community service agency. Our mission is to make neighbourhood a better place to live. Our goal is to enable people to enhance their lives and strengthen their communities. Our challenge is to work with communities to develop integrative programs and services that are changing the diverse population.*

Most key informants and almost all EDs felt that community building is a unique feature that distinguishes NHs from settlement service organizations. They further suggested that, as newcomers are a substantial, and relatively more vulnerable, part of the community, immigrant issues are also community issues, requiring the attention and support of the whole community.

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There are many ways to build community. For instance, one key informant shared his observation of one particularly NH:

> *So many projects they do, you know, and, and each one of that actually leads to some capacity building of residence basically. Because when people see that, they actually can make things happen, you know, even in their own, their own area or whatever they maybe. It's their priority. You know, so I think they really truly demonstrate, you know, how each and every single person can make a difference, community [building] by engaging them, so engaging practice is very high.*

Community organizing including advocacy is another common approach. However, without funding and resources, the amount of organizing work NHs do varies, depending on the nature of the issue. However, the key informant also pinpoints that NHs' advocacy work can be tricky: "*it may potentially put them in a conflict of interest position with funders*".

Volunteering has been a major vehicle for NHs in building community, and is part of a philosophy of creating opportunity for people to contribute to the community.

> *I really am proud of our organization in the ways that we are able to kind of keeping a post in the community, to try find ways that help increased civility and contribution by everybody, and also respectful kinds of attitude and treatment to people. So we really proud of, proud of the approach that not just the programs and services, but just how all of the staff and all of the volunteers are incredible in sort of what they contribute everyday, they give more than a hundred percent of their time and effort and in a way I'm proud of that too. I think a lot of it is because of the diversity and there's a level of flexibilities in the work they are doing. And I also think the kind of relationships that people, people have more friendships here and then I think makes their work not just doing work, but also feel they can call on one another.*

NHs are directed by voluntary boards of directors, who are recruited, mainly but not exclusively, from community residents; many are former users of the NHs' services. Boards are responsible for determining the NH's service direction, and for the setting of NH policy. Volunteers are the service backbone of NHs, supporting the small troop of paid staff in organizing events, service reception, instructing courses, and working on committees. They also enrich the cultural and language capacities of NHs in serving different groups of people. As one NH which does not have reception, the ED acknowledges the contribution of her multilingual volunteer:

> *I think one of the most important jobs that our volunteers perform in our House is reception. We don't have a receptionist. So, that's the first point of contact. And that*

> *happens to be where we have quite a rich multi-culture mix. Excuse me, we have people from… one person who maybe Asian, and another one speaks Spanish, the rest are English. So, we do have people that speak another language at the front desk in our organization.*

Volunteering is also important to newcomers, helping them overcome many of the major barriers they face when entering the local job market;, through their involvement in various positions, newcomers learn local ways of living, practice English, establish friendships, and more important, gain Canadian work experience. As one ED sees it, volunteering in NH is a form of economic bridging process:

> *Probably ninety percent that fits your definition of new comers. This is a place to come and get some labour market experience or experience that relates to the labour market and is transferable. Yeah. (Interviewer: So in other word, neighbourhood houses, by providing volunteer services, also perform an economic bridging function?) Almost definitely.*

Working with people from diverse backgrounds, volunteers also establish social networks, which may accelerate their integration process. Volunteering in NHs is an important vehicle to enhance integration, as contended by one ED.

> *And yeah, it's a great opportunity for people to get that kind [volunteering] of experience and it builds their confidence as well, and it also gives a sense of belonging to something which helps people feel more integrated. I think that's the single biggest thing: it's a sense of belonging that can happen [through] participating in a place, like us. And before that, or under that, they feel that we are accepting, not judgmental and warm and inviting accessible. It makes them feel that ok to be here, and they feel part of something, and that something happens to be here in Canada. And so it all comes together. That's very important.*

As the first labour market entry point, NHs have also become a major source of reference on which newcomers can rely.

> *We have a high rate of turnover and it's mainly volunteers getting jobs. Yeah, so it really does have an important function, For one thing, people can phone us and say you know, I met so and so. Can you get us a reference and we say: yes she volunteered here for six months or a year. And you know, and what was her punctuality, oh, she was here everyday, she was scheduled to be here, how did she work, her attendance, and her work was excellent. And suddenly she has a Canadian reference. Her reference from her aunt or from China just doesn't count it.*

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It is not uncommon for successful newcomer service users to willingly contribute back to the
NHs – some even became NH employees. More than half of the NHs have some staff who are
volunteers-turned employees.

As many newcomers hail from different cultural and linguistic backgrounds, most NHs have
information packages available in a range of languages. However, actual services must be
provided through human contact, and NHs therefore need to have staff who are sensitive to
cultural differences and, if possible, come from diverse backgrounds themselves. Fortunately,
almost half of the population of the City of Vancouver is drawn from cultural and racial minority
groups; as a result, all NHs have staff members who can speak the language of the major cultural
minority groups they serve. Often, staffs with multilingual skills are recruited from former
service users. As an Ed describe the day care program of her NH,

> *[We] don't have all the Caucasians. There's one Chinese, one is a Punjabi teacher,*
> *actually one of the teachers speak Cantonese and Mandarin, others speak Vietnamese,*
> *Punjabi and English, and I think there is Arabic, so you know, people from all over the*
> *community.*

NHs attempt to serve newcomers well by being creative and flexible in meeting their needs,
but must be aware of just what needs they can and cannot meet. Neighbourhood linguistic
diversity is a good example of an external factor that challenges NHs' service delivery and
bridging functions. For instance,

> *But we have had struggles in the family programs, where some groups don't intermingle*
> *with other groups. Not necessarily conflict, just sort of off on their own. And maybe some*
> *racism between groups. But mostly it's just hard to get people to feel comfortable with*
> *intermingling. Language is a big part of it. We've had things where we've tried to get*
> *our family programs doing joint things and stuff and they do. But the next thing they off*
> *talking with their group and the other group comes and they're talking all of a sudden*
> *with their group. And it gets a little difficult. It's just as difficult, and it's just a parallel*
> *exactly to getting people to being comfortable being here and intermingling with*
> *everybody.*

It is particularly not uncommon for people, particularly seniors, to tend to associate with people
of the same cultural and linguistic background. To break down cultural separation, having
multilingual staff is important. While all NHs have and seek to maintain multilingual staffs,

funding issues make it difficult to recruit staff or volunteers from different language groups in a timely manner, or to pay multilingual employees enough to retain them for extended periods. In addition, NHs often organize multicultural events to encourage inter-cultural group interaction. As an ED explains,

> *Because they [newcomers] are still shy, still shy and relationship requires them to speak the language. So, we have multi-cultural programming all the time. We have a family program which is multi-cultural. But we ask the family to come to the program so the families come, they won't come often. ... Yeah, either one, you know, they, if they come, their families will come. If they don't come, their families won't come. So, a lot of the programming are like that.*

A frontline worker gave a very good example of how community kitchen helps people of different culture come together to share their living experience:

> *Community kitchen is a very, is a joyful activity for everybody who could enjoy the outcome of food and also like afterwards, they can sit a while and talk about what's on their mind, or maybe some daily issues, things. It's kind of like a sharing, like sharing of their feelings and also information sharing. Every event, we always include or recruit a Chinese student from the ESL program, or maybe the seniors, from the senior program, and everybody works, they multi-culturally work together to put in effort to make the event successful.*

Some NHs have also tried to work with specific cultural/language communities to provide language and cultural specific services to their members. For instance, Frog Hollow NH has worked with the Vietnamese community and South Vancouver NH with the South Asian and Somali communities.

4.3 LIMITATIONS AND CHALLENGES

Government funding policy and changing needs caused by the shifting demographic profile of newcomers are but two of the challenges with which NHs have been struggling. British Columbia's lower mainland, in particular the City of Vancouver, has been one of the major settlement locations of choice for new immigrants to Canada. This population influx has contributed to a sharp increase in housing costs, which has, in turn, lead those newcomers wishing to remain in Vancouver to settle in the city's east end, where property tends to be more affordable. Historically, this is also the area where NHs have been located. Very often,

immigrants will arrive as a family, all members of which may have different needs, and may lack the resources, skills or linguistic ability needed to settle in a new environment. It is not surprised, therefore, to find that almost all NHs in the city are hard pressed to maintain their services in the face of rising needs from newcomers. As expressed by one ED,

> *We know how to help out with that. Volume is probably one of the difficulties, you know, because we are a fairly small agency. I mean we've got about a 2 million budget of and about 50 staff altogether. But nonetheless, we're in a community of 35,000. So, I mean there's only so much we can do.*

The needs of newcomers are numerous and, as reported by the EDs and frontline practitioners, are occasionally beyond NHs' existing service capacity due to funding limitations. The most critical of these needs is employment. Discrimination against foreign credentials, lack of Canadian work experience and inadequate English language skills are some common barriers facing newcomers. Unemployment and bad labour market experiences can trigger other issues, from family violence to personal mental health problems. Immigrant youth contend with intergenerational conflicts, schoolwork-related pressures, and socially deviant behaviour due to a lack of adult supervision. Women in particular suffer for their lack of English language skills, bad labour market experiences (even in their home country), and the need to take care of young children.

It is understood that NHs cannot deal with all these problems. However, as the first line helpers in the community, these problems are parts of the everyday life of their service recipients who seek helps from NHs. They create a rising demands on the staff of NHs who have already been struggling with their routine multitasking situation. The ability to access multilingual service is imperative to those service users who cannot express themselves in English. The multilingual condition in the neighbourhood is a major challenge for NH. As one ED observes,

> *"Uh, just getting people to visit, hopefully the right people are on staff at that particular time with the right language skills. So language, I think, is one of our major challenges."*

This challenge is further complicated by the competition of experience bilingual workers in the social service field. Due to its funding limitation, the salary of NHs is not competitive enough to maintain their staff. As one ED concerns:

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> *To hire? It's hard to find trained professional. It's hard, because so much competition. And we try to be matched the Payment scale. Here are the non-settlement services, social services, so it can be a bit tough getting people trained. Many people who don't speak the language. That's not good enough so it can be a challenge. So, that's a main turnover.*

NHs have depended on multiple sources to fund their services; most available funding programmes, however, tend to be program specific, with narrowly defined criteria. As one ED argues, the existing fragmented structure works against the idea of integration.

> *I think the funding is not just in the amount of funding, but in how the funding structures work because they tend to segregate rather than integrate. And so it almost works in opposition to bridge, you know. I think they are really has to be a recognition of more integrated approaches in performing a bridging role. I also think we are dealing with the resources that our role in our community has been taking on more time to build a multicultural community and trying to look at the ways to ensure that the people are living well in a diverse community.*

Meanwhile, the program-based funding also creates a few problems for NHs. First, it means NHs typically lack adequate operational funding, and have to squeeze their already-tight budgets to cover routine administration and building maintenance costs. Second, they lack discretionary funding, and the flexibility it allows NHs to meet emergency needs or pioneer new projects. Third, they lack the fiscal stability necessary for any comprehensive service plan for helping newcomers in a systematic manner. Fourth, and of particular importance to frontline practitioners, small and short term project-based funding means employees must multi-task in order to secure their positions. This can be reflected in how a frontline worker describes her work condition:

> *Like me, I'm wearing two hats. You know, that to get full-time position, right? That's two different positions, although they are kind of like related, but still, you have to separate yourself and also make clear of yourself that there are boundaries. On what day you should like really focus on doing the outreach settlement work, and on the other day, you could see the clients. You have to really designate your time in order to make your work go efficiently. You know, if you, like on one day, you do a little bit of this, a little that the outcome won't be as successful as you would expect. So, I think we need more funding for more services, more job security.*

The municipal government, which under existing policy does not have a formal mandate for immigration and settlement funding, has provided a certain amount of stable funding to most

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NHs, which, though not specifically for settlement purposes, has been used in support of services that indirectly enhance the settlement and integration process. For NHs, securing funding for settlement services has become a perennial challenge. As one board member told us:

> *Yeah…It's there, the integration in the Canadian mosaic. It is brilliant… how we are going to do about this, the activities now are particularly when the funding was topped and you know, it's a very difficult task. That task …how we are going to integrate, they want to have more programs, they want to employ more volunteers, or even more part-timers, but then the funding from 2.3 million up cut down to fifty thousands, so you have to fight for survival.*

Historically, federal government funding for settlement services in British Columbia has been allocated, through the provincial government, to organizations that have a specific mandate to assist newcomers to adjust and settle in the first few (generally three) years after arrival. Recently, a new funding application process adopted to allocate funding (the Request for Proposal, or RFP), and emerged as a point of contention for almost all participants. Although it is agreed that the process has opened up opportunities for other organizations, including a consortium of NHs, to bid for funding, the new approach has also generated many controversies, one of which concerns the division of labour among different social service organizations helping newcomers to settle and integrate. Given the traditional distinctions between NHs and settlement service organizations, key informants of this study have raised some important issues regarding the blurring of mandates. One key informant has asked the following questions:

> *Over time there has been a blurring of a mandate but there hasn't ever been there a kind of think-tank of where are we, where is the immigrant serving agency going. … So, could someone argue that there isn't really an immigrant serving sector anymore. We have a social service sector, where there are some providers who are more multi-culturally confident than others. Or, is there still an argument that there is a distinct framework, distinct mandate of immigrant serving agency to primarily work with immigrant, newly arrived immigrant in that. Well, from my own perspective, I think, what is more helpful, is to maintain the distinction between immigrant serving agencies and neighbourhood houses.*

Meanwhile, while some NHs have got access to settlement funding, the new RFP also upset some NHs's capability in providing a comprehensive service to bridge their newcomer participants. For instance, an ED reports:

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We have a program, until recently, it's called the ELSA, English Language Service for Adults. It was an ESL program for new immigrants. And we actually lost the bid. An RFP went out and another agency that was more focused on immigrant services got that contract. So, it was disappointing. Although it was more specifically language training, but you know, the point was, the reason I think it was a shame for the participants is because they got connected to so many other things that were going on. They got involved in our community dinners, they got involved in our childcare programs, they learned about other things that were going on. You know events and things like that. So, that was good, but we don't have that anymore. We lost that, so.

In the interviews, the idea of collaboration among different service organizations was discussed. In principle, it was generally agreed that some form of service collaboration is needed, and that NHs and settlement service organization can be complementary to each other in helping newcomers to settle and integrate. However, in practice, NHs tend to have connection and collaboration more with other NHs or other public institutions such as schools. Collaboration between settlement service organizations and NHs tends to be ad hoc and short term. For instance, South Vancouver NH has worked with SUCCESS, which deployed their staff at the NH to serve Chinese residents. Very often, the collaboration is program based. As one frontline worker reports:

I think depends on the programs for the newcomers. Information workshop or translation or something, say SUCCESS, ISS and MOSAIC, they can do it. But for us, you see, usually, SUCCESS will refer to their single moms to me because I have the single mom support group. [Referrals came from] not only SUCCESS, but the other agency. So just depends on the program.

The program based referral indicates certain form of division of labour which is particularly important to many frontline practitioners, who work directly with newcomers everyday. However, according to the frontline workers who attended the focus group, formal referrals from settlement service organization is not common. Very often, the referral is quite informal. As described by one participant,

Usually they will get, come to our family drop-in and then when we ask them to register, and give simple information voluntarily. I said we'll have a question, how do you learn about our drop-in. They will say some workers at a certain agency gave them the name of the neighbourhood houses, the address, location, phone number and then they were told they can come here for the family drop-in. This is actually a type of referral but not as formal as we would like to say referral

It was raised in their focus group meeting that the needs of newcomers are so diverse and complex that it is hard for NHs to meet them all. Key informants tend to agree that settlement is a continuous process that requires multifaceted, multi-level support; however, they also question how resources can be used more effectively. A dilemma has emerged between the notions of economies of scale and geographical sensitivity. We have mentioned the strengths of NHs being geographically located and specific community organizations in serving local needs. However, there are some downsides of this particular nature. As many key informants point out, the needs of newcomers are so diverse that no one agency can be experts of everything. Meanwhile, as one key informant pinpoints, due to its unique nature, NHs also lack capacities in serving some special groups of newcomers, for instance, refugees who have experienced trauma. Also, technically, the geographical boundary is artificial. As one key informant points out:

> *I understand that the, the neighbourhood houses have a philosophy and they made it a policy which restricts them to a particular, you know, radius around their community. That may, that's fine for other services, I don't think that is appropriate for settlement services because again, people move. They may continue to want to maintain service with the counsellor, that we certainly don't want to restrict the access for clients to wherever is appropriate, where they have an affinity with and agency.*

Although NHs have played a very important neighbourhood role, and are seen by many as the focal point for the community, there is a concern among staff and board members about the low visibility of NHs in both the neighbourhood and in public discourse. As a board member comments:

> *The challenge I think is reaching [out] or making the new immigrants aware of the existence of our services. Like last week, there was one young lady and the son, and you know, we started speaking in Cantonese and she and her son live nearby didn't know there is the services. Some people told her, hey, come, come for dinner. But likewise, I think when I came twenty, twenty several years ago, I didn't know the existence of the neighbourhood houses until only six, seven years ago when a folk needed about day care services. But before that, I didn't, I wasn't aware of it. So I guess that might still be a bit of a challenge in promoting neighbourhood houses.*

NHs are relatively unknown to many newcomers, particularly those from countries without this kind of social institution or from cultures that do not encourage seeking public help in resolving personal (family) problems. In terms of public discourse, NHs certainly are not afforded their

due recognition from the government and media. People also confuse NHs with community centres, whose mandates tend to be narrower than those of NHs.

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5. Findings of Survey on Service Recipients

SAMPLE DESIGN AND DESCRIPTION

A total of nine NHs participated in our research. Six of these are members of the Association of NHs of Greater Vancouver, while three are not. We collected data from a cross-section of newcomers from each of the nine NHs. At each house, a representative was trained to administer the questionnaire to newcomers participating in NH activities. Rather than attempt a random sampling strategy, we followed an exploratory model, with the goal of attracting as many newcomers from each house as possible within time and budget constraints. In total, we had 351 participants, for an average of 39 respondents per house. Specific participation rates varied from house to house for a variety of reasons, including the small number of newcomers in particular communities.

For the purposes of this research, we considered a newcomer to be someone who migrated to Canada within the last 10 years. ***In our sample, the average number of years in Canada is 4.4 (median = 4.0)***. As seen in Figure 1, there is a slight tendency towards fewer years in Canada among participants, with 25% of the sample population having been in Canada for two years or fewer. At the same time, however, 25% of respondents have been in Canada for 7 years or more.

Figure 1. Respondent Years in Canada

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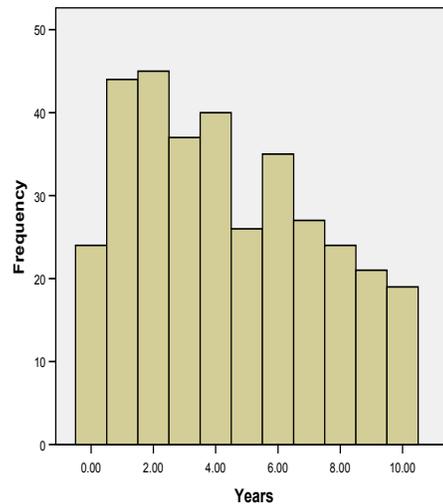
Table 1. Sample Description

Ethnicity	
Chinese	63.8%
South Asian	6.7%
Other Asian	16.0%
Latin American	7.1%
Filipino	4.0%
Other	2.4%
Gender	
Male	16.2%
Female	83.8%
Marital Status	
Single	9.3%
Married & Married like	83.6%
Separated	4.5%
Divorced	2.7%
Children in Household	
None	3.9%
One	45.6%
Two or more	50.5
Work Status	
Currently employed	31.3%
Full-time	36.7%
Part-time	45.9%
Other	16.5%
Education	
Less than High School	28.5%
High School Degree	19.3%
Post Secondary Degree	52.1%

Our design did not target a particular immigrant population, but we did attract many more Chinese than other immigrant groups. Table 1 shows that **over 60% of our sample identify with a Chinese ethnic heritage.** Over 22% identify with other parts of Asia, including South Asia, Japan, Korea, and Vietnam.

NHs provide a meeting place for mothers and their children, and our sample reflects this family orientation. ***Over 80% of respondents are women, and over 80% are married or living with a partner in a marriage-like arrangement. In addition, over 96% of respondents have at least one child living at home***.

There is some small degree of diversity in this regard. Just over 16% of respondents are male, 12% are single or divorced, and about 4% do not have children living at home.

Perhaps a reflection of the sample's familial makeup, full-time employment was uncommon among respondents. ***Just over 30% were working for pay at the time of sampling, and of these only 36.7% were working full-time.*** The majority of those working held part-time or temporary positions, or were involved in other, non-standard kinds of work relationships.

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Despite including some respondents over 80 years of age, the age distribution of our sample leans towards the middle-aged. ***The average age is 42 (median = 37), and 75% of the sample is 44 years old or younger***. Figure 2 below reflects this, showing a spike in age distribution just below age 40. It also shows a much smaller rise around age 60; about 10% of respondents are aged 60 or over. This reflects the important role played by the NHs as a place for older residents to meet and socialize.

Figure 2. Age of Respondents
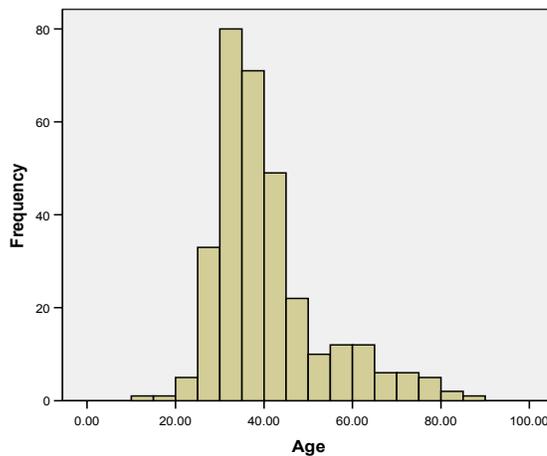
NEIGHBOURHOOD HOUSE PARTICIPATION PATTERNS

Table 2a shows that there are a variety of ways in which newcomers learn about the services and activities at NHs. While family and relatives are important, it appears that friends and social services are the most common sources of information about NH services.

Table 2a. Neighbourhood House Participation

Learned of NH	
Family	14.0%
Relatives	7.7%
Neighbours	13.8%
Friends	48.7%
Social Services	23.8%
Media	2.3%
Other	10.1%

While we may think of participation as a continuum from less to more, below we look at participation in a bit more complicated fashion. We begin with a description of participation patterns, and conclude with a distinction between two dimensions of participation: ***intense*** and ***generalized*** approaches to participation.

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Table 2b. Neighbourhood House Participation

Frequency of Visits	Respondent	Other Household Members
	%	%
Never	0.0	30.6
Once a week	69.3	41.7
2 to 3 times a month	13.6	-
Once per month	4.9	7.0
Once every 2 months	3.8	2.6
Less than 6 times a year	8.4	18.1
Length of Involvement		
Less than 1 month	10.3	
1 to 2 months	18.1	
3 to 6 months	12.6	
6 to 12 months	16.9	
1 to 2 years	18.9	
More than 2 years	23.2	

Respondents vary in both the length and the frequency of their involvement. Table 2b shows that *nearly 25% of our sample has been involved with NHs for over two years, and 42.1% for a year or more*. This suggests some long-term consistency to these respondents' participation in the NHs. As should be expected, there are a number of respondents who are relatively new to the NHs as well.

Table 2b also shows some variation in the frequency of visitation. *The vast majority of respondents visit the houses quite often, and a large number come from involved households (those with other household members who visit the NH as well).* Nearly 70% of respondents visit at least once a week, and over 40% have other household members who visit weekly as well.

Our respondents participate in many programs that one might expect to be attractive to newcomers adapting to a new environment. Table 2c shows they look to the NHs most commonly for recreation and socializing, for parenting support and early childhood programs, for settlement information, and to practice their English language skills.

Taking the questions about NH involvement as a whole, there appear to be two dimensions to involvement. First, participation can vary as to *intensity* of involvement. As we have seen above, the intensity of participation increases as newcomers visit the NHs more often, and as other members of their household more often accompany them. This type of involvement tends to target

Table 2c. Neighbourhood House Participation.

Program Participation	%
Recreation/Socializing	**64.0**
Settlement Information	**57.8**
Parenting Support	**59.5**
Early Childhood Program	**57.2**
School Age Child Program	23.2
ESL	**41.9**
Individual/Family Council	24.3
Tutorial Services	15.6
Employment Council	20.1
Interpretation/Translation	36.3
Food Programs	38.0
Health Education	**47.4**
Leadership and voter development	11.5
Volunteer Services	29.8
Committee and Concern Groups	14.8
Buddy Matching	10.9
Festival and Cultural Events	**52.9**
Senior Services	10.2
Other	14.2

particular types of programming. Second, participation can vary in how *generalized* the involvement is. Generalized participation involves long-term commitment to the Houses and involvement in a wide variety of programming. In Figure 3 below, we combine the participation in the individual listed programs above to get one overall measure of the variety of participation in programming. This captures how many programs respondents participate in and how frequently. Higher scores in Figure 3 (below) suggest more variety and breadth of program participation; our respondents tend to have scores in the lower middle of the distribution.

Perhaps not surprisingly, variety of involvement is associated with length of participation, and as Figure 3, *the mean level of program attendance variety increases with length of involvement*.

Figure 3. Variety of Involvement

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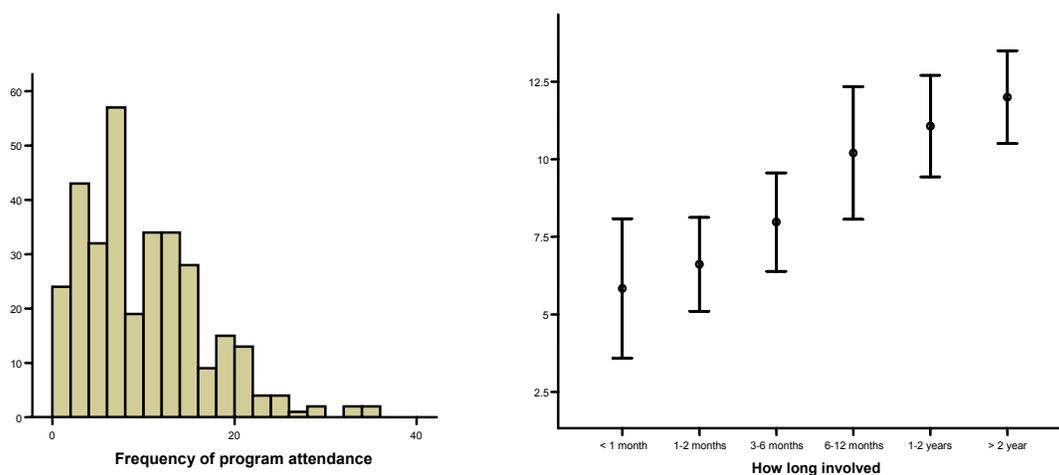
While respondents vary on individual indicators, it is important to point out that respondents often lean towards one or the other style of participation. ***Some respondents have very intense involvement in the NHs, but they are newer to the House and their participation is more targeted towards certain programs. Others have been involved for some time; their intensity may have dropped off, but they remain involved in a wide variety of programming***.

PATTERNS OF SOCIAL CAPITAL

Social capital is the major theoretical conceptualization of "bridging", the central concern of this study. Social capital is operationalized in terms of social ties. Social ties to people outside of a newcomer's family and immigrant/ethnic social network are central to improving the integration of newcomers into the local community and wider society. We describe these ties as bridging social capital, and measure them among our respondents in three ways: close ties, extensive ties, and social capital in practice.

Close Ties. We first asked respondents about the characteristics of their five closest non-family personal relationships. Here we are particularly interested in the heterogeneity and homogeneity of these close ties, with heterogeneity being an indicator of bridging social capital. ***Table 3a shows that nearly 70% of our respondents have at least five close personal relationships***. Given that many respondents were referred to Houses by friends, it is not surprising find so many with personal ties.

Looking at the network heterogeneity and homogeneity of our respondents' personal networks provides some mixed conclusions. Gender homogeneity is particularly high among this group, with nearly 65% of respondents having personal networks made up completely of ties to same gendered persons; the average proportion of same-gendered ties is .85. ***In short, our respondents' close personal ties are exclusively or nearly exclusively to members of the same gender.***

The findings are of particular concern when one looks at ties to members of the same ethnic group. ***Nearly 60% of respondents have close personal ties exclusively to others who share their same ethnic heritage, and the average proportion is .71***. In short, our respondents do not have many bridging ties across ethnic group boundaries among their close personal relationships.

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Table 3a. Social Capital: Close Ties

Personal Network Size	%	Average
One	9.3	-
Two	9.0	-
Three	8.7	-
Four	4.5	-
Five	68.5	-
Total	100.0	4.10
Personal Network Homogeneity		
Same Gender	64.6	0.85
Newcomers	17.5	0.37
Same Ethnic	57.3	0.71

Looking at ties to other newcomers homogenity, our findings provide some evidence of heterogeneity. Fewer than 18% of respondents have exclusively newcomer ties, and the average proportion of newcomers in respondents' personal networks is .37. ***In other words, respondents tend to have established connections with people who are not fellow newcomers***. This evidence of diversity, despite high levels of gender and ethnic homogeneity described above, suggest newcomers may be adjusting to settlement and increasing their level of integration with the community as a whole.

Extensive Ties. In our second approach to measuring social capital, we attempt to describe the reach of our respondents' ties into wider areas of society. To do this we provided respondents with a list of occupations from across sectors of Canadian society, and asked if they knew anyone who held such a position. In addition, we asked if those persons were family members (immediate or relative), or if they were friends or neighbours.

Table 3b below summarizes our findings. ***Just over 85% of our sample had one or more ties to people holding the positions we listed.*** There were a number of respondents with no ties to people in occupations on our list; this does not suggest they are completely isolated, but rather that they have fewer extensive ties than those scoring higher.

Respondents generally had a low absolute number of ties to the occupations on our list. ***From a possible total of 15, respondents average just over 3 ties each, with 75% having 5 or fewer extensive ties***. There were a number or respondents with many ties, the highest total being 13.

As to the kind of relationship that provided these ties, we find that ***family is not a particularly important source of extensive social capital***. Respondents report an average less than one extensive tie through a family member, and only 35.8% hold at least one extensive ties through a family

member. Fewer than 10% of those with extensive ties made them through family exclusively, and ,

on average, about 21% of the extensive ties respondents hold are made through family ties.

Table 3b. Social Capital: Extensive Ties

Network Extensivity	%	Average
Total	85.4	3.31
Family	35.8	0.68
Friends and Neighbours	81.0	2.87
Proportional Extensivity		
Family	9.6	0.21
Friends and Neighbours	64.9	0.84

Friends and neighbours, on the other hand, are an important source of extensive social capital. Respondents report an average 2.87 extensive ties from friends and neighbours, and 81% of respondents hold at least one extensive tie through friends or neighbours. A majority of respondents, almost 65%, hold extensive ties exclusively through friends and neighbours and on average 84% of the extensive ties our respondents hold come from these non-family sources.

SOCIAL CAPITAL IN PRACTICE.

Looking at close and extensive ties captures the potential stocks of social capital our respondents hold. Our final approach to the measurement of social capital steps away from stocks of social capital, and looks for examples of social capital in practice. Below we look at the utilization of social capital in the exchange of favours, and in the job search process.

Getting help through favours from family, friends and neighbours is an important informal resource that helps individuals and families in day-to-day life. It also indicates the presence of social capital. The degree of reciprocity between the giving and getting of favours in these exchanges can be an even greater indicator, as it implies an ongoing relationship that can be called on in the future.

Reciprocity can take the form of specific, one-on-one exchanges, or be generalized within a larger group. Table 4 shows our findings about exchanges and generalized reciprocity. We examine give-and-take exchanges of favours among relatives, neighbours, and friends. Among neighbours and friends, we look in particular at reciprocity within and across ethnic community boundaries.

Looking first at relatives, we find give-and-take exchanges fairly common, with *rates of giving and receiving being fairly equal, suggesting high levels of reciprocity*. These exchanges are

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Table 4. Exchange of Favours

	Never	Occasion	Often
Relatives			
Give Help	19.9	32.3	47.7
Get Help	19.5	32.6	47.9
Neighbours			
Same Ethnic			
Give Help	25.4	40.0	44.6
Get Help	27.0	40.5	32.5
Neighbours			
Different Ethnics			
Give Help	43.0	44.0	13.0
Get Help	47.1	38.8	14.1
Friends			
Same Ethnic			
Give Help	15.7	38.6	45.7
Get Help	17.3	39.6	42.0
Friends			
Different Ethnic			
Give Help	41.4	39.7	19.0
Get Help	44.4	38.0	17.6

common as well. Just over 80% of respondents give and take help occasionally, and nearly 50% both give and take help from relatives often.

Looking at friends and neighbours some interesting patterns emerge. ***There appear to be strong, inverse patterns of exchange within and beyond ethnic boundaries.*** Exchanges between neighbours and friends of the same ethnicity are fairly common – about 75% give and take help at least occasionally; over 40% often get help from same-ethnicity friends, while slightly fewer get help from same-ethnicity neighbours.

The opposite appears true for reciprocal exchange of favours across ethnic community boundaries. Over 40% of respondents never give or receive help across ethnic group boundaries, and fewer than 20% often give and take help across ethnic boundaries. Perhaps these findings are not surprising. When possible, newcomers will turn to relatives and co-ethnics for help, and so establish strong reciprocal ties among family and community. However, the premise of our research is that ties that extend beyond these family and community ties facilitate integration and provide opportunities not present without them.

There is potential for more optimistic conclusions in the findings – the occasional exchange of favours across ethnic group boundaries is common. We find 44% giving help to neighbours and 39.7% giving help to friends across ethnic group boundaries, while approximately 38% get help occasionally from friends and neighbours across ethnic group boundaries. ***Given that our respondents have been in Canada for an average of four years, this occasional reciprocal exchange could allow for the development of stronger ties over time.*** While newcomers turn first to relatives and co-ethnics, occasional exchanges with other ethnic groups may increase over time, increasing social integration.

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Table 5. Strategies for Finding Employment

	Search %	Found %
Personal Contact	70.0	67.0
Applied Directly	50.2	14.2
Want Ads	52.2	11.3
Formal Agency	30.5	5.6
Other	3.0	0.9

Along with the exchange of favours, finding a job is another important place where social capital in practice can be very important. Finding employment is one of the most important first steps for newcomers making their way in a new place. Research and common sense both consider informal search strategies, such as asking personal contacts, to be important in finding a job. Personal contacts are not distributed evenly, however, and this may be particularly true among newcomers. Table 5 shows that informal search strategies were the most common strategy used by respondents and also *the most successful strategy, with 67% finding their current job through personal contacts*.

NHs and Social Capital

What is the role of NHs in creating social capital? While we are cautious about overstating the importance of NHs, we do find they play an important part in creating stocks of social capital, in forming ties across ethnic group boundaries, and in facilitating social capital in practice.

Table 6a. Neighbourhood House Social Capital

	%	Average
Network Extensivity	57.4	1.15
Proportional Extensivity	14.0	0.40

Looking first at extensivity, we find that NHs play an important role as a source of extensive ties. *Table 6a shows nearly 60% of those with extensive ties have at least one tie associated with a NH, and respondents average just over one tie associated.* On average 40% of respondents' extensive ties are associated with Neighbourhood Houses, and, for 14% of respondents, their extensive ties are all associated with the Houses.

Table 6b. Neighbourhood House Social Capital

Make Cross Ethnic Ties	%
Strongly Agree	37.1
Agree	45.0
Disagree	10.9
Strongly Disagree	7.1

Although we do not find a large number of close ties across ethnic group boundaries, *respondents report feeling that the NHs have increased their contact with people from different ethnic groups.* Table 6b shows that

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over 82% either agree or strongly agree that participation in the NHs has helped them make ties across ethnic boundaries.

Although 26.6% of respondents did not make any exchanges with people associated with NHs, *it does appear the Houses do play a role in forging ties for the reciprocal exchange of favours.* Over 50% make some of these exchanges with people associated with the NHs, and 20% made all or most of their exchanges with those associated with the NHs.

Table 6c. Neighbourhood House Social Capital

Met Exchange Partners at Neighbourhood House	%
None	26.6
Some	53.4
Most	16.9
All	3.1

NHs also play an important role in helping newcomers find employment. *Of those using personal contacts to find employment, 28.8% used contacts associated with NHs,* an example of how NHs facilitate the use of social capital in practice.

INVOLVEMENT AND BRIDGING SOCIAL CAPITAL

Does a member's participation style with NHs influence the development of bridging social capital? After finding two distinct types of involvement (intense and generalized), we examined how these styles might contribute to diverse personal ties. Using logistic regression techniques, we examined the association between involvement type and three indicators of bridging social capital: cross-ethnic personal networks, personal networks including non-immigrants, and cross-ethnic exchange networks. Technical details from this analysis can be found in Lauer and Yan (2006).

Our analysis revealed interesting dynamics between involvement style and bridging social capital (Table 7). We found that individuals who were intensely involved in NHs also had more diverse

Table 7. Involvement Dimensions and Network Diversity

	Cross-ethnic Personal Networks	*Non-Immigrant Personal Networks*	*Cross-ethnic Exchange Networks*
Intensive Involvement	Little impact	Increased Diversity	Increased Diversity
General Involvement	Little impact	Little impact	Little impact

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personal ties, while a more general involvement was not associated with diverse ties. This was consistently true when examining non-immigrant personal ties and cross-ethnic exchange. Intensity of involvement includes members who come regularly to the NH, often with other household members, and who participate in a targeted set of programs. We speculate that this association exists because regular participation with other members brought together by a common goal attracts a more diverse set of contacts and increases the possibility of diverse network development. Creating cross-ethnic personal ties remains a difficult boundary to bridge, regardless of involvement type, and remains an important area for further research and policy attention.

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6. Discussion:

This study is designed to cross-examine the roles and functions of NHs in bridging newcomers to the community, both from the perception of service providers and also the actual experience of service recipients. If bridging means helping people to connect with others, the results of the survey indicate that NHs have an instrumental function in helping newcomers establish social capital by expanding their social networks. While this new form of capital is not always strong enough to realize tangible economic returns (such as finding jobs), its use indicates that newcomers have secured functional connections with friends in their new community. The very fact that these respondents are connected to NHs, not only as service users but also sometimes as volunteers, shows that they have taken the first steps toward participation in their community. Most respondents participate in NHs on a familial, rather than individual basis, validating what most stakeholders say of NHs – they are a place for everyone.

The *intensive* (more frequent use of a targeted program or limited number of programs) and *generalized* (less frequent use of a wider range of programs) analysis shows that newcomers' involvement in NHs may closely correspond to the lifecycle of settlement. Settlement needs are relatively greater for newly arrived residents, so they and their family will actively seek specific services to answer those needs. As the newcomers become more established, their pattern of involvement changes - their need for short-term programs (e.g., skills training) decreases, while their involvement in longer-term programs (joining social groups, doing volunteering work, etc.) may increase. In other words, going to NHs is no longer just about receiving tangible services – rather, integration and networking become the motivation. This change in focus helps to explain, in part, how and why reciprocal integration works.

Different patterns of involvement with NHs may also lead to different bridging outcomes: those involved more intensively tend to develop more diverse networks, while those involved in a more general way tend to more homogenous networking. Moreover, those whose involvement is more intensive tend to have a relatively shorter history with the NH to which they go; we speculate that intensively involved participants have clear goals that they expect the NHs will help them meet. In fact, one of those goals may well be to expand their personal networks by participating in programs that may meet less frequently and have a more diverse membership.

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The survey results have validated, albeit indirectly, the bridging function of NHs, especially in terms of connecting newcomers to other people. Although most NHs do not have the funding to provide a full range of settlement services, this does not stop them from providing settlement information services to their service users. However, judging from the programs in which respondents tend to participate, it may be reasonable to say (as have many EDs and frontline practitioners) that bridging functions are integral parts of social and recreational activities, parenting programs, cultural/festival events, and similar routine programs. These programs may or may not have an overt bridging purpose, but they very often encourage interaction among participants from diverse backgrounds. In other words, NHs, as a public social platform, by default provide a natural and safe environment for strangers to meet and to get acquainted. This may be particularly important to the majority of survey respondents, who are largely middle-aged women with children and tend to be the most homebound and isolated social group. As newcomers to the country and the community, they are even more isolated than their non-immigrant counterparts.

Cross-examination of both sets of findings in this study reveals two issues that deserve some attention. First, many EDs and frontline staff observed in their interviews that NH efforts to promote inter-group interaction have been effective, an observation consistent with the survey results, which show that more than 60% of respondents feel NHs have helped them make connections with people from other ethnic groups. However, the scope of inter-group interaction among respondents may still be limited, as most reported that their exchange of service is still largely limited to people from their own ethnic community who have been in Canada for longer periods of time. This is especially true of seniors, a concern also raised by some EDs and frontline practitioners. While there are many possible explanations for this phenomenon, language is a common element in most of them.

Second, there are some indications that social connections established through NHs have yielded some economic returns, mainly in terms of job search. Over 29% of those who have used personal contacts to find jobs reported that the contact that led them to employment was associated with NHs. Since most respondents are middle-aged women, it is possible that their NH acquaintance may be from a similar background and, like the respondents, inactive in the labour markets. It is also possible that, since residents from the same neighbourhood tend to come from similar socio-economic backgrounds, the form of social capital associated with NHs may be another form of bonding capital,

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which may strengthen newcomers' sense of community and integration to the community but does not necessarily lead to cross socio-economic connection.

These issues may require attention from all stakeholders; and yet, they do not cast any doubt on the roles and functions of NHs as the first line of support in the neighbourhood, which are widely recognized by all respondents. However, drawing from the qualitative data, EDs, board members and frontline NH workers expressed concerns about the challenges they face. Funding is the first and foremost of these. When a newcomer comes to an NH, the first person they meet is not another service user, but an NH staff member; experienced and stable personnel are the most valuable NH social capital that newcomers can access. Newcomers' needs are so diverse that it is unrealistic to expect NHs to meet them all; however, the sort of unstable, short-term and program-specific funding most often available hampers NHs from developing comprehensive service plans that would allow them to help newcomers as much as is possible. As a result, bridging functions are increasingly the contingent and spontaneous offerings of an overloaded, multitasking staff. NHs need stable funding that is clearly mandated to support bridging functions, including hiring organizers who can reach out to the community and retaining experienced multilingual staff members.

Second, a new intergovernmental vision of settlement is needed, one that acknowledges that settlement and the settlement-integration process require long-term and multi-level commitment. Several NHs noted that the ten-year cut-off criteria currently used by government was questioned by their service recipients, many of whom have been in Canada for more than ten years and still consider themselves newcomers. Since this study did not survey service recipients who have been in Canada for more than 10 years, cannot speak to long-term newcomers' opinions and experiences; however, based on those of survey respondents, we are confident in saying that integration, a major outcome of successful settlement, is certainly an ongoing process. To go from being a total stranger, to a service recipient, to a full member of a neighbourhood, able to contribute to their fellow residents, takes time. The personal experiences of the four members of boards of directors and the seven frontline settlement service workers, all of whom are all first generation immigrants and all of whom attended the focus group, speak strongly to this point.

Third, a comprehensive service plan requires collaboration among different public institutions and organizations. The existing RFP process, while rationalizing and increasing the transparency of the funding process, has unintentionally upset the traditional settlement service structure in

Vancouver and caused tensions between NHs and some settlement service organizations. Nonetheless, these two groups of organizations have expressed, in interviews and forums, a willingness to collaborate. As some key informants suggest, any form of collaboration should be organic and natural; in other words, it should take the form that best fits the needs of the organizations party to it, and should be entered into voluntarily. Governments, particularly the provincial government, should provide incentive and leadership in promoting collaboration. Key informants generally agreed that NHs, as the neighbourhood level's first line institutional support to newcomers, should be included in such a comprehensive service plan.

Fourth, resources to settlement services are shrinking due to existing government budgetary policies. How to make better use of resources has been a question for all stakeholders. Almost all stakeholders who were interviewed raised concerns about the RFP process and its impacts on settlement service provision in the City of Vancouver. These concerns are critical to the wellbeing of newcomers, who may not receive the quality and quantity of services needed for a smooth settlement process. The focus of this study is not on this new funding policy; however, our qualitative findings lead us to question how this new policy can take into consideration and recognize the contribution and funding need of NHs, nurture organic forms of collaboration among all stakeholders, promote a comprehensive service plan for newcomers, and facilitate the development of systematic service referral networks and organic collaboration among community service organizations.

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7. Recommendations

This study intended, by taking a participatory approach, to promote a dialogue among all stakeholders on how to better serve newcomers. Accordingly, the research team held a community forum for major stakeholders, to present and discuss the preliminary findings and to brainstorm recommendations, in the hopes of identifying some collective actions to be taken. The Community Forum was well attended with representatives of most NHs, the three settlement service organizations (MOSAIC, SUCCESS, and ISS), and the provincial and municipal governments. The following recommendations are amalgams of the Forum discussions, the findings of the study, and the professional interpretations of the researchers. This study was done in Vancouver, and NHs are largely a Vancouver-specific phenomenon; however, we believe that many of these recommendations may be useful to other communities in BC, particularly those where different types of community-based service organizations are contributing to the settlement-integration process of newcomers, but whose contributions have not been recognized by existing settlement service and funding policies.

7.1. RE-VISIONING SETTLEMENT AS A CONTINUOUS PROCESS:

The existing understanding of settlement as a short-term process is a concern. Although it helps allocate resources for the immediate needs of newcomers, it does not take into consideration long-term integration needs, and tends to overlook the contributions of NHs and other neighbourhood-based organizations. Settlement and integration are not two separate events; rather, they are two parts of a single long-term process that extends far beyond the narrowly defined duration envisioned by current policy. The settlement needs of newcomers are multifaceted, and integration takes place in multiple social domains – the work place, school, church, etc – but the neighbourhood is perhaps the primary settlement-integration site for many newcomers, particularly homebound immigrant women who are caring for children. If settlement is a continuous process, then it requires a comprehensive service plan that can coherently assist newcomers to integrate into society in a give-and-take process.

7.2. DEVELOPING A COMPREHENSIVE SERVICE PLAN

Existing settlement service policy focuses largely on how to help newcomers adapt to society, and tends to ignore newcomers' integration needs. To facilitate the integration process, a comprehensive service plan is needed that will pool all available resources and allocate them, through a clear division

of labour and coordination, among different levels of community organizations with complementary mandates and services. To maximize the capacity of different service providers, instead of promoting competition (as the RFP process has done), a comprehensive service plan needs to nurture and encourage collaboration among different levels of community service organizations, A comprehensive service plan should therefore be inclusive, to fully capitalize the strengths of these service organizations. It requires a participatory governance structure that promotes genuine cooperation among governments and community organizations in both policymaking and service delivery. This kind of collaboration requires constant dialogue among all stakeholders, and a degree of systematic and open dialogue between governments and community service organizations that is not often realized. Government leadership is needed to initiate this dialogue, and to begin the discussion of a wide range of issues, including envisioning the settlement process, service infrastructure, funding policies, social division of labour and possible forms of collaboration among organizations with different mandates and expertise.

7.3. RECOGNIZING INTEGRATION AS A COMMUNITY BUILDING PROCESS

The continuous settlement of newcomers is a two-way process. As they move from taking, through participating, eventually arriving at giving, newcomers gradually shift in their roles from stranger, to service user, to community member. Thus, integration is itself a community building process. If a community is built by each individual in it, then nurturing individual newcomers to become full community members is critical to the settlement process. It is important to remember that newcomers tend to acquaint themselves with people from the same ethnic-cultural background. Such a bonding relationship, as shown in the literature, encourages ethnic enclaves, the negative version of which is a ghetto. The presence of multiple cultures in a community should not lead, deliberately or accidentally, to ethnic segregation; active interaction among different ethnic groups and a collective sense of belonging to, at least, the neighbourhood in which they live are the building blocks of social harmony in a multicultural society. To bring different ethnic groups together, and to help newcomers establish cross-ethnic social networks, require programmatic efforts, which means funding is needed for community organizing activities. However, funding for community organizing is limited, and is not even part of existing settlement services. A comprehensive service plan should consider funding a community development position to allow someone to focus on reaching out to newcomers,

connecting different ethnic groups, promoting inter-group interaction, and liaising and coordinating with different service organizations.

7.4. IDENTIFYING INNOVATION AND BEST PRACTICE IN NURTURING INTER-GROUP INTERACTION

NHs are good at helping people to meet other people but, as the survey results indicate, people often develop close ties to people from their same cultural background. Active community organizing is important; however, once people, particularly adults and seniors, come to NHs, helping them reach out to other ethnic groups is a challenge. Intensive involvement in programs with diverse memberships and common goals may lead to diverse bridging outcome. Due to the design of the study, our data does not identify specific types of program that may have this impact. However, we believe that programming designed to meet newcomers' specific and common goals, including inter-group networking, could be important. Different NHs may have tried various ways, such as festivals, cultural events, parenting groups, and English-as-a-second-language (ESL) training. Instead of encouraging newcomers to participate in a variety of programs, we suggest that the promotion of programs that can help newcomers to have targeted interaction with diverse groups of people may facilitate inter-group bridging. Programming creativity is needed. For instance, Kiwassa NH invited a Chinese senior who does not speak English to teach Tai Chi to seniors from other ethnic backgrounds; through Tai Chi motion, linguistic barriers were overcome and members of the group became good friends. Kiwassa's example is certainly not the only one. Systematic collection of best practice is indeed important for service improvement and, as noted in the focus group, frontline practitioners have gathered many examples thereof; however, they need opportunities to exchange these ideas and experiences.

7.5. PROVIDING MULTILINGUAL SERVICES AND COORDINATION

A lack of English language skill is a key barrier to newcomers wishing to access services and employment, and to establish connections outside their own ethnic groups. Most NHs provide ESL training programs, which are among the most popular programs for newcomers. Some concern were raised during the interviews that ESL training in BC is not advanced enough for newcomers. While this is certainly an issue needing examination, breaking down language barriers cannot rely solely on ESL programming. Before people can learn sufficient English to express their needs, they need multi-lingual information to enable them to access services. Having a multilingual staff is also important,

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particularly for those newcomers who may have little or no English language skills. However, it may not be realistic to expect each NHs and settlement service organization to have staff who can speak all languages. The establishment of citywide multilingual service access phone line was suggested at the Forum. Using modern technology, such a phone line could access resources from all existing service organizations and provide support that is more direct to newcomers.

A systematic referral system could be part of the service access phone line. One of the bridging functions of NHs is to connect people with other resources; however, the existing referral system is ad hoc and less effective than it could be. The connection between NHs and settlement service organizations, which tend to have more resources to respond to immediate settlement needs, is sporadic. A centralized phone line could serve as a systematic referral system to help staff from different organizations find the most suitable resources for their service users. In addition, an updated resource list is needed to assist NH staff. A multilingual service location map would be useful in helping newcomers to identify services in their neighbourhood. However, to coordinate and support these services requires government leadership and funding, together with the collaboration of all service organizations.

7.6. ENCOURAGING VOLUNTARY COLLABORATION AMONG DIFFERENT ORGANIZAITONS

It has been said throughout this report that collaboration between service organizations is needed. Whether the existing service infrastructure has been divided into two tiers – settlement service organizations (which focus on immediate settlement needs) and NHs and others (which care for the general needs of newcomers) – is debatable. However, it is widely recognized by stakeholders involved in this study that these two different groups of organizations have their own expertises, and that their services are complementary. It is also agreed that the needs of newcomers are multifaceted and long term. Therefore, it is important to explore how to use existing services and expertise to better support newcomers. In the face of resource limitations, collaboration, not competition, seems to be a necessity. Community Forum participants suggested some principles for effective collaboration, including that it be voluntary, strategic (based on local needs of each location) and organic (flexible and multilateral, not fixed partnership between organizations). So far, several different models of collaboration – collocation, co-funding and consortium – have been attempted, with no conclusion as to which might be the better one. It will require creativity and willingness on

the part of service organizations to develop the approach that will suit them best. Again, government should take a leadership role in promoting, but not imposing, collaboration.

7.7. RAISING FUNDS CREATIVELY

Nowadays, governments are certainly the most important funding resources for NHs and many other community service organizations. We have repeatedly pointed out in this report that all levels of government should be financially responsible for newcomers' settlement and integration, and should support NHs in fulfilling their bridging functions. However, the literature has shown that relying on government funding also reduces the flexibility of NHs. As mentioned by some EDs, NHs need access to discretionary grant funding that would allow them to respond promptly to emergency service needs, to provide staff development, and to pilot new projects. Under the current government funding, NHs need to find other sources of financial support. One possible sources is fundraising among neighbourhood residents. A study on neighbourhood houses in San Francisco by the principle investigator of this study, revealed that an NH there generates more than 30% of its total revenue from an annual fundraising mail out to their alumni (former service users). This return is not only an important source of income, but also an indication of the alumni's strong sense of belonging of the community. Many NHs have tried different ways to raise funds; however, more efforts and creativity may be needed. If we believe NHs are an important component of civil society, particularly in bridging newcomers with others and building community, perhaps we should also believe that somewhere in the community we can find the means to solve, at least partially, our problems.

In summary, although this study set out to investigate the bridging function of NHs in helping newcomers to settle and integrate into the community, the recommendations here may go beyond this original purpose. As a participatory study, the findings of this study are intended to share insights with study participants, who are also major stakeholders in newcomer settlement service. To actualize these recommendations will require the collective action of all stakeholders. Our recommendations can be encapsulated in an existential statement: action is the only way to give meaning to being (Sartre, 1973). If we agree that settlement is a continuous process, that NHs are useful for newcomers, that collaboration is better than competition, that dialogue is critical for collaboration, and that the well being of newcomers is imperative to a healthy society, then we need to act now.

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8. Conclusion

The findings and recommendations in this report reflect the important role of NHs in the context of newcomer reception. Their multi-service model for serving a community of location rather than an interest-based community makes the neighbourhood house unique among similar services provided by other agencies. An NH is a focal point of local community activity, and a natural first place for newcomers to look to meet their settlement needs. NHs are unique in their combination of instrumental services with the fulfillment of humanistic ideals by creating social and cultural expression, a combination that leads to the creation of both bridging and bonding social capital.

We focused our research on bridging and bonding social capital in order to explore one particular aspect of the settlement and integration process. In our research, bonding social capital refers to newcomers' enhanced ties to other immigrants with similar ethnic backgrounds. Bridging refers to newcomers' ties that cross those boundaries of familiarity. Although the research was exploratory in nature, we took an exhaustive approach to this subject, combining interviews, focus groups, and survey research with respondents from all levels of the NHs – from boards of directors to local participants.

It is sometimes possible, when dealing with the data and analysis in a report such as this, to loose sight of the NHs themselves as they operate day to day. For that reason we would like to conclude this report with a description of one particular Tuesday night at the Little Mountain Neighbourhood House during the data collection period of our study. Although it was after normal hours of operation, on this night the community room was brightly lit and filled with folding chairs and tables. It was a Latin American dinner night, and at one of the tables sat a social scientist, explaining his decision to be a vegetarian to a disbelieving recent immigrant to Vancouver. The conversation took place in both English and Spanish. With them was a long-term member and volunteer at the House, an immigrant from Vietnam who had been living in Canada for over 10 years. Fortunately, this volunteer spoke both languages and could facilitate the conversation. In the kitchen, a staff member was explaining to another of the Latin American immigrants present where the food for the night's meal came from, while helping to open containers and prepare ingredients. Around the room, there were other immigrants, as well as native Canadians from the community, who came to the dinner to practice their Spanish while enjoying a good meal in their community.

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This particular evening captures many aspects reflecting our key findings. The dinner works to create bonding social capital, bringing together Latin American immigrants to share food they are accustomed to in their culture with others from similar backgrounds and with similar experiences. Enhancing these types of bonds is important in helping newcomers navigate the settlement process. Our survey research found that close ties bridging ethnic boundaries are not that common, perhaps reflecting the importance of bonding social capital to the settlement experience. The evening also provided the opportunity for cross-ethnic contacts to be made, and perhaps the chance for close ties to form across those boundaries. The impetus for these bridging opportunities reflects the findings of our research concerning targeted involvement. The non-immigrant participants came, in part, to enjoy a social occasion, but also, and perhaps more important, for the chance to practice speaking Spanish. These types of targeted participation can lead to contacts that are more diverse and the development of bridging social capital. Evenings like this lead our respondents to say that participation in the Houses has led to many boundary-crossing experiences.

Perhaps it is not surprising that our interviews with executive directors and front line staff emphasized the importance of program funding and government support for facilitating the successful operation of the NHs. This particular evening also demonstrated this to us. The NH provided a location for this to happen, and the maintenance of facilities is a clear necessity for the Houses. Even more than a location, however, the evening highlighted the importance of qualified staff and volunteers. This particular evening included a staff member and long-term volunteer who both spoke Spanish. On many other occasions, we have seen the value of multi-lingual staff and volunteers at the Houses. The staff member used collaborative ties with other community agencies and actors to secure the supplies for the evening's meal. In addition, he also explained the process to a newcomer participant, transferring both knowledge and experience.

In the data and analysis we have uncovered important insights that both demonstrate the success of Neighbourhood Houses and provide suggestions that, we hope, can lead to continued enhancement of their bridging and bonding capacities.

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APPENDIX 1

BRIDGING NEWCOMERS IN THE NEIGHBOURHOOD SCALE:
A STUDY ON SETTLEMENT/INTEGRATION ROLES AND FUNCTIONS OF NEIGHBOURHOOD HOUSES IN
VANCOUVER

Questionnaire

This questionnaire is one of the data collection instruments of the above mentioned project which is aimed to investigate the roles and functions of neighborhood house in bridging newcomers to the community in Vancouver. If you agree to participate in this study, please answer as many as the following questions. We will also appreciate if you can provide us with documents, including annual report, historical materials, minutes and etc. which can help us to understand your answer and the situation of your House. The interview will be audio-taped. **Please write down answers for Q.1 to Q.13 on the questionnaire before the interview.** The interviewers will base on your written answers to conduct the interview. Thanks.

QUESTONS:

1. *What is your position?* _____

2. *How long have your been with this House?* _____

3. *How long have you been at this present position?* _____

4. *What is the mission statement of your House?*

_____

_____

5. *Does the House own any of your existing premise(s)?*

   No ▢   Yes and all ▢

   Yes but not all ▢ (Please specify which one is owned_____**)**

6. *Staffing*

   a. *How many staff (in FTE) you have now?* _____

      a.1. How many of them are full time staff? _____

      a.2. How many of them were/are newcomers? _____

      a.3 To your knowledge, how many of your staff are professionally trained?

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i. _____ Social work trained

ii. _____ Other: example_____

7. ***Board of Directors' profile?***

a. *Total No. of Directors*:   _____

b. *How many of them were/are newcomers:*   _____

c. *How many of them live or work in your community:*   _____

8. ***How many volunteers do you have annually?*** _____   (Don't know/NA ☐)

9. ***Do you have a membership system?***

a. No ☐
b. Yes ☐
If yes, how many members did you have in 2003-4 fiscal year? _____

10. ***How many people were served last year?*** _____ ***(in person OR in frequency)***

a. *If you don't have formal record, please tell us roughly how many percent of them are newcomers?* _____

b. *To your knowledge, how many languages your service recipients may speak. Please list:*

_____

11. ***What kinds of service do you provide? (Please also check if you think they have settlement and/or bridging functions, even though they are not funded as settlement services.)***

Check program provided	Settlement service	Bridging related program
1. ☐ Recreation/socialization	☐	☐
2. ☐ Settlement Information and referrals	☐	☐
3. ☐ Parenting education and support	☐	☐
4. ☐ Child care/Early childhood program	☐	☐
5. ☐ English-as-Second Language training	☐	☐
6. ☐ Individual and family counseling	☐	☐

7. ☐ Tutorial service for children/youth   ☐   ☐

8. ☐ Employment Counselling/training   ☐   ☐

9. ☐ Interpretation and translation service   ☐   ☐

10. ☐ Emergency aids (including financial)   ☐   ☐

11. ☐ Health education services   ☐   ☐

12. ☐ Leadership and voter development   ☐   ☐

13. ☐ Committees and concern groups   ☐   ☐

14. ☐ Host program   ☐   ☐

15. ☐ Festive celebration & cultural events   ☐   ☐

16. ☐ Mentorship program   ☐   ☐

17. ☐ Senior Services: ☐   ☐

18. ☐ Others: ☐   ☐

Please specify_____\

12. *What is your annual budget for the year 2003-2004? $_____*

  a. *Please break down the percentage of each source of funding?*

      i.   Federal Government   _____%
      ii.   Provincial Government   _____%
      iii. City Government   _____%
      iv.   United Way   _____%
      v.   Private foundations   _____%
      vi.   Fundraising from other sources   _____%
      vii. Fees   _____%
      viii. Funding specified for settlement service   _____%

13. Is community organizing an objective of your Center?

  a. No   ☐
  b. Yes   ☐

Part II: (Semi-Structured Interview questions. Please drop down any points before the interview. The interviewers will follow these questions. Answers are to be audio-taped.)

14. ***Question 4 follow up:*** *How does this mission statement relate to the ideas of bridging the newcomers with others in the community?*

15. ***Question 5 follow up:*** *What are the implications of owning or not owning the premise(s) on the House's roles and functions in integrating newcomers?*

16. ***Question 6 Follow up:*** *Please list how many languages your staff can speak?*

17. ***Question 7 follow up:*** *How were they recruited?*

18. ***Question 8 follow up:*** *Please briefly describe the works that volunteers provide in your House, particularly which may have a bridging function.*

19. ***Question 11 follow up:*** *Please explain how programs classified as bridging related work and please give examples.*

20. ***Question 13 follow up:*** *From your perspective, do you agree bridging newcomers is a form of community organizing? If yes, how does it work in your House?*

21. ***Please define the meaning of bridging from your House's perspective?***

22. ***From your House's perspective, what are the greatest unmet needs of newcomers in your service area at this time?***

23. ***What are the major strengths of your House (program, staffing, funding, missions and goals, service targets) in bridging newcomers to the community?***

24. ***What are the major challenges of your House in performing the bridging role?***

25. ***What do you think about the existing service provisions in Vancouver in terms of helping newcomers to settle and integrate?***

26. ***Please briefly describe what kind of collaboration your House has with other agencies to help newcomers settle in and bridge with the community?***

27. ***Any other thoughts related to this study that you would like to share with me?***

Thank you for answering all these questions.

APPENDIX 2: FOCUS GROUP DISCUSSION GUIDES

BRIDGING NEWCOMERS IN THE NEIGHBOURHOOD SCALE:
A STUDY ON SETTLEMENT/INTEGRATION ROLES AND FUNCTIONS OF NEIGHBOURHOOD HOUSES IN VANCOUVER

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Assistant Professor

Sean Lauer, Ph.D.
Lecturer

Focus Group Discussion Guide

Frontline Practitioners

1. How long have you been working with newcomers?
2. In your daily encounter with newcomers in the community, what kind of settlement needs do they have? and what resource do they have to meet these needs?
3. How do you understand the meaning of integration at a neighbourhood scale and its relation with the idea of settlement?
4. What have you and your agency done to facilitate newcomers' integration at a neighbourhood scale?
5. What are the strengths of neighborhood houses in Vancouver in bridging newcomers?
6. What are the major limitations of neighbourhood houses in performing its community building role in Vancouver?
7. Who funds your position? Does this impact you on performing your role? And how?
8. Within your NH, any internal system and plan in coordinating services for newcomers to assist their settlement?
9. Have you referred your newcomer clients to other settlement service organizations? If yes, for what purposes? If not, why?
10. From your experience, what form of division of labours among different kinds of agencies serving newcomers will be most beneficial to the service users?
11. Settlement house has a major community building function. Tell me how will you understand, from your experience, the community building function of neighborhood houses in Vancouver?
12. Any other ideas you want to share with me?

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APPENDIX 3:

BRIDGING NEWCOMERS IN THE NEIGHBOURHOOD SCALE:
A STUDY ON SETTLEMENT/INTEGRATION ROLES AND FUNCTIONS OF NEIGHBOURHOOD HOUSES IN VANCOUVER

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Assistant Professor

Sean Lauer, Ph.D.
Lecturer

Focus Group Discussion Guide

Directors from the Board

1. How long have you been a director?
2. What made your want to be a director of the neighborhood house?
3. How do you understand the mission of your House particularly in terms of serving newcomers?
4. From your own perspective, what are the roles and functions of your House in helping newcomers to settle in and integrate with the community?
5. Neighbourhood house has a major community building function. Tell me how will you understand, from your experience, the community building function of your House?
6. Throughout the year, how will you describe the major contributions of your House in bridging newcomers to the community?
7. What are the strengths of your House in helping newcomers to settle and integrate?
8. What are the major limitations of your House in helping newcomers to settle and integrate?
9. From your perspective, what should be done in the community to better serve newcomers?
10. Any other ideas you want to share with me?

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APPENDIX 4: KEY INFORMANTS INTERVIEW GUIDE

**BRIDGING NEWCOMERS IN THE NEIGHBOURHOOD SCALE:
A STUDY ON SETTLEMENT/INTEGRATION ROLES AND FUNCTIONS OF NEIGHBOURHOOD HOUSES IN
VANCOUVER**

Miu Chung Yan, Ph.D.
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Key informant Semi-structure Interview Guide

1. Please tell me your role and experience in helping newcomers to settle and integrate in Vancouver.

2. Please tell me what you know about settlement service in Vancouver.

3. In your opinion, how the governments' immigration and settlement policies affect the service delivery in Vancouver.

4. What kind of involvement you have had with neighborhood house in Vancouver.

5. If you have any experience working with neighbourhood house in Vancouver, please tell us your experience.

6. Throughout the year, how will you describe, in Vancouver, the roles and functions of neighborhood house in helping newcomers to settle and integrate?
a.   What are their major contributions?
b.   What are their major limitations?

7. Neighbourhood house has a major community building function which is important to Vancouver, the second largest centre of immigrants. Tell me how will you understand, from your experience, the community building function of neighborhood houses in Vancouver? How can they better perform this role?

8. From your opinion, what kind of collaboration may maximize the social resources in helping newcomers to settle in and integrate with their community? What are the roles of NHs in this collaboration?

9. Any other ideas you want to share with me?

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University of British Columbia

School of Social Work and Family Studies

**BRIDGING NEWCOMERS IN THE NEIGHBOURHOOD SCALE:
A STUDY ON SETTLEMENT/INTEGRATION ROLES AND FUNCTIONS
OF NEIGHBOURHOOD HOUSES IN VANCOUVER**

Investigators

Miu Chung Yan, PhD.

Sean Lauer, Ph.D.

2005

1. In what year did you land in Canada? _____

(If answer is before 1995, please stop here and thank you for your participation.)

2. To what ethnic or cultural group do you belong? _____

Section A: Involvement at [ ] Neighborhood House

One of our goals is to learn about the experiences of newcomers to Canada and the experiences of immigrants from different ethnic and cultural groups. The following questions will help us reach that goal.

3. How did you learn about [   ] Neighbourhood House? *(Please check all that apply)*

   1 ❑ Family   4 ❑ Friends
   2 ❑ Relatives   5 ❑ Other social service agency
   3 ❑ Neighbour   6 ❑ Media
   7 Others (Please specify: _____)

4. Thinking of your first visit, how long have you been involved with the [ ] Neighborhood House?

   1 ❑ Less than one month   4 ❑ Six months to a year
   2 ❑ One to two months   5 ❑ One to two years
   3 ❑ Three to six months   6 ❑ More than two years

5. Thinking of the last 12 months, how often have you visited the [ ] Neighborhood House?

   1 ❑ About once a week   4 ❑ About every other month
   2 ❑ Two or three times a month   5 ❑ Less than 6 times a year
   3 ❑ About once a month

6. How often do other members of your household visited the [ ] Neighborhood House?

   1 ❑ About once a week   4 ❑ Less than 6 times
   2 ❑ 12 times (about once a month)   5 ❑ Never
   3 ❑ 6 times (about every other month)

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Now we would like to ask you about some specific services that the [ ] Neighborhood House provides. Please consider how often you utilize each of these services **during the past year** and choose the response that best reflects your participation.

Statement	Never [1]	Once [2]	More than Once [3]
7. Recreation/socializing	0	1	2
8. Settlement Information and Referrals	0	1	2
9. Parenting education and support	0	1	2
10. Early childhood (0-6) program for your children	0	1	2
11. School-age children after-school program for your children	0	1	2
12. English-as-second language training	0	1	2
13. Individual and family counseling	0	1	2
14. Tutorial services for your children	0	1	2
15. Employment counseling/training	0	1	2
16. Interpretation and translation services	0	1	2
17. Food programs (e.g., Community Kitchen or breakfast club)	0	1	2
18. Health education	0	1	2
19. Leadership and voter development	0	1	2
20. Volunteer service	0	1	2
21. Committee and concern group	0	1	2
22. Buddy matching program	0	1	2
23. Festival celebration and cultural events	0	1	2
24. Senior Services	0	1	2
25. Other? Please specify	0	1	2

26. Now we would like to learn more about the people you have met at the [ ] Neighborhood House. Think of up to five people **(excluding NH staff)** you have met through the neighborhood house. List the initial of their first name in the table below and circle the appropriate numbers to tell us a little more about them.

	Initial of First Name	Male	Female	Newcomer	Non-Newcomer	Same ethnic group	Different Ethnic group
Person 1		1	1	1	1	1	1
Person 2		2	2	2	2	2	2
Person 3		3	3	3	3	3	3
Person 4		4	4	4	4	4	4
Person 5		5	5	5	5	5	5

27. On average, how often do you speak with each of these people?

	Every day	At least once a week	At least once a month	Less than once a month
Person 1	1	2	3	4
Person 2	1	2	3	4
Person 3	1	2	3	4
Person 4	1	2	3	4
Person 5	1	2	3	4

28. How long have you known each of these people?

	Less than one year	One to three years	Three to six years	More than six years
Person 1	1	2	3	4
Person 2	1	2	3	4
Person 3	1	2	3	4
Person 4	1	2	3	4
Person 5	1	2	3	4

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Section B: Social Networks and Social Capital

In the table below we hope to learn more about the different kinds of people you know in Vancouver. In particular, we would like to learn about people you know in Vancouver who have different types of jobs.

29. Please look at the list below, and indicate if any of your relatives, neighbors, or friends currently holds one of these jobs by circling the appropriate number.

30. Are any of these people you personally know involved with the [ ] Neighborhood house?

	Q. 30				Q.31
	No One	Friend	Neighbor	Relative	Neighborhood House
School teacher	1	2	3	4	Yes / No
Electrician	1	2	3	4	Yes / No
Owner of small company	1	2	3	4	Yes / No
Nurse	1	2	3	4	Yes / No
Politician	1	2	3	4	Yes / No
Truck driver	1	2	3	4	Yes / No
Physician	1	2	3	4	Yes / No
Manager at a large company	1	2	3	4	Yes / No
Police	1	2	3	4	Yes / No
Domestic worker	1	2	3	4	Yes / No
Reporter	1	2	3	4	Yes / No
Owner of large company	1	2	3	4	Yes / No
Lawyer	1	2	3	4	Yes / No
Office worker	1	2	3	4	Yes / No
Service worker	1	2	3	4	Yes / No

31. To what extent do you agree with the following statement? Through my involvement with the [ ]
Neighborhood house I have made important contacts with people outside my ethnic/cultural group.

1 ❑ Strongly Agree

2 ❑ Agree

3 ❑ Disagree

4 ❑ Strongly Disagree

**From time to time people provide help to each other for free. This might include doing
things like baby sitting, running errands, or helping with repairs. We would like you to
think about the help you <u>provide for free</u> to the following people:**

Relatives   –   family members (aunts/uncles, cousins, grandparents) not living within your household.
Neighbors –   families living nearby.
Friends   –   your friends living outside of your current neighborhood.

For Neighbors and Friends, let us know if they share your ethnic/cultural heritage.

32. How often do you **give** help for free to the following types of people?

	Never	Occasionally	Often	Very Often	Does not apply
Relatives	1	2	3	4	8
Neighbors Same Ethnic Group	1	2	3	4	8
Neighbors Other Ethnic Groups	1	2	3	4	8
Friends Same Ethnic Group	1	2	3	4	8
Friends Other Ethnic Groups	1	2	3	4	8

33. Next we would like you to think about the help you **receive for free**. How often do you **receive** help for free to the following types of people?

	Never	Occasionally	Often	Very Often	Does not apply
Relatives	1	2	3	4	8
Neighbors same ethnic group	1	2	3	4	8
Neighbors other ethnic groups	1	2	3	4	8
Friends same ethnic group	1	2	3	4	8
Friends other ethnic groups	1	2	3	4	8

34. Thinking again of the <u>Neighbors and Friends</u> you <u>provide or receive</u> help from, how many did you meet through the [ ] Neighborhood House?

1 ❑ No, I did not meet any of these people through the [ ] Neighborhood House

2 ❑ I met some of these people through the [ ] Neighborhood House

3 ❑ I met most of these people through the [ ] Neighborhood House

4 ❑ I met all of these people through the [ ] Neighborhood House

8 ❑ Not applicable

People often hold a variety of opinions on things like local issues, Canadian politics, environmental protection or raising children. In the following questions we would like to think of your overall opinions and the overall opinions of your neighbors, friends and family.

35. In general, how similar are your opinions to those of your **neighbors**?

1 ❑ Very similar

2 ❑ Somewhat similar

3 ❑ Somewhat different

4 ❑ Very different

5 ❑ Don't know

36. In general, how similar are your opinions to the **people at the [ ] Neighborhood house**?

1 ❑ Very similar

2 ❑ Somewhat similar

3 ❑ Somewhat different

4 ❑ Very different

5 ❑ Don't know

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37. In general, how similar are your opinions to those of your **friends**?

1 ❑ Very similar

2 ❑ Somewhat similar

3 ❑ Somewhat different

4 ❑ Very different

5 ❑ Don't know

38. In general, how similar are your opinions to those of your **family**?

1 ❑ Very similar

2 ❑ Somewhat similar

3 ❑ Somewhat different

4 ❑ Very different

5 ❑ Don't know

In the following questions, please tell us to what extent you agree with the following statements.

39. Generally speaking, people around here can be trusted.

1 ❑ Strongly Agree

2 ❑ Agree

3 ❑ Disagree

4 ❑ Strongly Disagree

40. In general, I feel close to my **neighbors**.

1 ❑ Strongly Agree

2 ❑ Agree

3 ❑ Disagree

4 ❑ Strongly Disagree

41. In general, I feel close to the **people at the [ ] N1eighborhood house**.

1 ❑ Strongly Agree

2 ❑ Agree

3 ❑ Disagree

4 ❑ Strongly Disagree

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42. In general, I feel close to my **<u>friends</u>**.

    1 ❑ Strongly Agree

    2 ❑ Agree

    3 ❑ Disagree

    4 ❑ Strongly Disagree

43. In general, I feel close to my **<u>family</u>**.

    1 ❑ Strongly Agree

    2 ❑ Agree

    3 ❑ Disagree

    4 ❑ Strongly Disagree

Section B: Employment

In the following eight questions we would like to learn more about your work experience.

44. Did you try to look for job after you came to Canada?

    1 ❑ YES → Please answer questions 45

    2 ❑ NO → Please skip to question 46

45. When looking for work, people often use a variety of strategies. Which of the following strategies did you use when you were looking for your current job? *(Please check all that apply)*

    1 ❑ Used personal contacts (friends, relatives, past employers, etc.).

        1a. If you learned about your current job through personal contacts in your job search, was it through a contact involved at the [ ] Neighborhood house?

        1 ❑ Yes

        2 ❑ No

    2 ❑ Applied directly to my employer (mail, phone, email, or walk in).

    3 ❑ Looked at want ads online, in newspapers or in trade publications.

    4 ❑ Used a formal agency part of the Federal or Provincial government.

    5 ❑ Used the services provided by the [ ] Neighborhood House.

    6 ❑ Other *(Please describe)*

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46. Do you currently work for pay?

1 ❑ YES → Please answer questions 47 to 52

2 ❑ NO → Please skip to question 53

47. How long have you worked for your current employer?

1 ❑ One to six months   4 ❑ Three to five years

2 ❑ Six months to one year   5 ❑ More than five years

3 ❑ One to three years

48. What is your Job Title? _____

49. Which of the following best describes your current job?

1 Full-time permanent (more than 30 hrs/wk)

2 Part-time permanent (less than 30 hrs/wk)

3 Temporary *(Job lasts for a limited time or until the completion of a project)*

4 Other *(Please describe)*_____

50. How would you rate the level of the benefits (such as sick leave, paid maternity leave or paid vacation) provided by your current job?

1 ❑ No benefits   3 ❑ Moderate level of benefits

2 ❑ Low level of benefits   4 ❑ High level of benefits

51. How exactly did you learn about your current job? *(Please choose only one)*

1 ❑ Used personal contacts (friends, relatives, past employers, etc.).

     1a. If you learned about your current job through personal contacts in your job search, was it through a contact involved at the [ ] Neighborhood house?

         1 ❑ Yes

         2 ❑ No

2 ❑ Applied directly to my employer (mail, phone, email, or walk in).

3 ❑ Looked at want ads online, in newspapers or in trade publications.

4 ❑ Used a formal agency part of the Federal or Provincial government.

5 ❑ Used the services provided by the [ ] Neighborhood House.

6 ❑ Other *(Please describe)*_____.

52. How long were you looking for work when you were offered your current job?

1 ❑ Less than two weeks   3 ❑ One to two months

2 ❑ Two to four weeks   4 ❑ More than two months

Section D: Background Information

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53. What year were you born?   19_____

54. <u>What is your Gender?</u>

1 ❑ Male

2 ❑ Female

55. How far did you go in school?

1 ❑ No schooling   8 ❑ Some university

2 ❑ Some elementary school   9 ❑ Bachelor's degree

3 ❑ Completed elementary school   10 ❑ Master's degree

4 ❑ Some high school   11 ❑ Professional degree or doctorate

5 ❑ Completed high school   12 ❑ Other *(Please specify)* _____

6 ❑ Some technical, trades or community College

                _____

7 ❑ Completed technical, trades or community college

56. <u> What is your Marital Status?</u>

1 ❑ Single

2 ❑ Living with a Partner (including common law)

3 ❑ Married

4 ❑ Separated

5 ❑ Divorced

57. Including your self, how many adults aged 18 and over currently live in your household?

1 ❑ One   3 ❑ 3 or 4

2 ❑ Two   4 ❑ 5 or more

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58. How many children under age 18 are living in your household?

1 ❑ One   3 ❑ 3 or 4

2 ❑ Two   4 ❑ 5 or more

59. What is your native language? _____

Finally, we would like to ask you about your English language abilities. To what extent do you agree with the following statements?

		Do not agree	Agree somewhat	Agree	Largely agree	Agree completely
60.	In conversation, I have no problems understanding everything said.	1	2	3	4	5
61.	I can express myself in writing clearly and without effort.	1	2	3	4	5
62.	I can read English without difficulty.	1	2	3	4	5
63.	I can speak accurately and effectively.	1	2	3	4	5

Thank You!

That completes the questionnaire. Thank you for agreeing to participate. Your answers will be of great value to our research. If you have any further questions about this questionnaire or the project, please contact Dr. Miu Chung Yan at (604) 822 6888 or Dr. Sean Lauer at (604) 822-1609.