Falling through the cracks: Client care coordination in a settlement agency

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ABSTRACT

Refugees and immigrants require various services upon their arrival and throughout the settlement process in a new country. Service providers play a critical role in addressing the diverse needs of these populations, as newcomers often face barriers to accessing services. The purpose of this study was to explore how service providers in one settlement agency coordinated services within and outside the agency to support refugees and immigrants. To do so, we conducted an exploratory and descriptive qualitative study. Using a case study methodology, data were collected through three focus groups with 18 frontline service providers and two individual interviews with supervisors from a settlement agency in Edmonton, Alberta, to explore their experiences of coordinating services to support newcomer populations. The findings show that service delivery was significantly impacted by limited agency funding, as well as clients' language barriers, immigration status, and cultural differences. These factors limited service providers' ability to coordinate services for refugees and immigrants, both within and outside their agency. Participants recommended more funding to hire additional staff, particularly an intake worker and language interpreters, and to engage with community stakeholders to connect with youth.

Keywords: *Case management, Coordinating services, Edmonton, Immigrants, Refugees, Settlement agency.*

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Highlights of this paper

- Coordinating services for refugees and immigrants during their resettlement period.
- Service providers supporting refugees and immigrants in a settlement agency.
- Limited funding in settlement agencies presents challenges for service providers in supporting their clients.

1. INTRODUCTION

1.1. Pathways to Canada

Canada's population includes refugees and immigrants. Refugees who are seeking asylum due to conflicts, economic instability, and famine constitute a significant portion of newcomers to Canada (Guruge & Butt, 2015). Although the pathways for refugees and immigrants to Canada may differ, these populations require a wide range of services upon arrival and throughout their settlement process. According to Praznik and Shields (2018)**,** the settlement process is neither simple nor instantaneous; it is a "lifelong journey" (p. 5) that includes three main stages, beginning upon arrival in Canada. The first stage is initial reception, during which newcomers receive orientation and referrals for language training and short-term shelter, food, and clothing. In the second stage, immigrants require assistance accessing various Canadian institutions and systems to find employment, housing, and education. The third stage is characterized by individual immigrants' motivation to develop a sense of belonging in Canada while retaining their ethno-racial identities and ties to their homelands (Mwarigha, 2002; Omidvar & Richmond, 2003).

Shields, Drolet, and Valenzuela (2016) argued that many newcomers encounter structural obstacles such as credential recognition issues, institutional barriers, and discrimination during the integration process, which demonstrates the need for support upon arrival and throughout their settlement (Government of Canada, Refugees, and Citizenship Canada, 2021). Although the need for settlement services for newcomers in Canada is not a new concern, the demand for these services increased during the pandemic (Majumdar, 2023). The federal and provincial governments primarily fund settlement services and, in some cases, assist long-term residents in adjusting, adapting, and integrating into their host society (Praznik & Shields, 2018; Ted Richmond & Shields, 2005). These services are provided free of charge by nongovernmental settlement Service Provider Organizations (SPOs) across Canada (Government of Canada, Refugees, and Citizenship Canada., 2024; Omidvar & Richmond, 2003) but they do not adequately meet the needs of refugees and immigrants.

A close examination of a nongovernmental settlement SPOs in Edmonton, Alberta revealed several challenges service providers encounter in coordinating client care within and outside their agencies. Acknowledging the paucity of research in this area, the researchers investigated the care coordination processes for clients accessing services in one settlement SPO in Edmonton. This study aims to support service providers in effectively meeting their clients' needs and to contribute to social work scholarship on refugees and immigrants.

1.2. Researchers' Positionality

We, the researchers, have recognized and closely examined our positionality in research, which is shaped by our worldviews. Our positionality influences our epistemological and ontological perspectives and the types of research we conduct. As Black, immigrant, cisgender university educators and service providers with experience in the helping professions, we have been afforded the privilege of listening to service users' narratives and understanding their struggles. These experiences motivate us to undertake qualitative research to further explore people's lived realities. As Black scholars, we employ self-reflexivity in our research. We adhere to ethical standards by practicing self-reflexivity and examining the power and privilege we hold and how these factors can impact the research process.

Engaging in self-reflexivity helps us remain cognizant of our social location and the influence of our power and privilege on rapport-building, engagement, and relationships with participants. In essence, it enables us to conduct research ethically. An important aspect of reflexivity involves mitigating power imbalances in research. We acknowledge that our status as researchers and service providers affords us the power to determine how to conduct our research, and we address this to ensure that our research adheres to ethical standards. We respect participants' intersectional identities, expertise, and narratives, thereby mitigating the power dynamics in our work. Furthermore, we have established a collaborative partnership with the participating agency to co-develop and co-design the research and share the findings.

2. LITERATURE REVIEW

We began the literature review by situating Canada as a settlement country and then reviewing existing research on service providers' challenges with client care coordination in SPOs. Given the limited academic research available on this topic, we have relied on existing grey literature. Canada is known as an international leader for its efforts to settle and integrate new immigrants and refugees across the country (Government of Canada, Refugees, and Citizenship Canada, 2022; Hamilton, Aslam, Barros, & Esses, 2023; Shields et al., 2016). The success of Canada's immigration and refugee program is closely tied to the support provided to these groups during their settlement and integration processes. Consequently, Immigration, Refugees, and Citizenship Canada (IRCC) funds settlement SPOs outside Quebec through grants and contribution agreements to deliver settlement services to newcomer populations (Government of Canada, Refugees and Citizenship Canada, 2023).

A study by Braun and Clément (2019) found that federal funding for provinces and territories is allocated according to the National Settlement funding formula. The formula determines the level of funding for each province and territory based on the number of newcomers who land there, with additional funding for refugees. The report further asserted that between 2000 and 2005, funding for Ontario, British Columbia, and Alberta remained relatively stable. However, Ontario experienced a substantial increase of 400% from 2005 to 2010, although the number of newcomers decreased by 16%. This increase was based on the Canada-Ontario Immigration Agreement between the federal government and the province in 2005. While Alberta's number of newcomers increased, federal funding per capita was one of the lowest in the country until 2017. Reitz (2012) argued that public investment in settlement services is crucial for the success of the Canadian immigration model, underpinned by a belief that immigration represents a positive opportunity to build the economy and develop the country. However, a study of Ontario immigrant-serving agencies by Richmond and Shields (2004b) found that the government restructured the nonprofit sector by cutting back on funding and altering the nature of the funding provided to this sector.

Ashton, Pettigrew, and Galatsanou (2016) and Majumdar (2023) reported that some of the barriers that hinder newcomers' access to settlement services are restrictions on IRCC settlement funding. For example, IRCC funding to SPOs is expected to support permanent residents, refugees, and protected persons. Therefore, temporary foreign workers and international students wishing to become permanent residents are not eligible for IRCC-funded programs unless the SPOs apply for other funding sources to support these groups. Indeed, this restriction leaves thousands of students and work visa holders without the help they might need. Based on our experiences, this system has been criticized extensively by service providers and SPOs across the country since it "others" some immigrant groups. This makes it challenging for service providers to coordinate care when clients are not eligible for services due to funding restrictions. Dawson (2022) argued that there are inconsistencies in IRCC funding in most provinces; for example, the federal government's Rural and Northern Immigration Pilot and Atlantic Immigration Program allow temporary residents and foreign nationals to access select settlement services as soon as they arrive. We argue that this initiative needs to be expanded to all settlement SPOs across the country so that they can serve all newcomers, including temporary workers and international students.

A study across Western Canada with 2,977 newcomers (Bucklaschuk, Wilkinson, & Bramadat, 2014) found that a third of newcomers accessed settlement services, another third did not access services, and over a quarter needed services but did not access them. This study demonstrated that some newcomers receive informal support from family, friends, and other private means upon arrival in Canada. However, formal settlement supports are substantive and important, especially for those without family support. With respect to formal settlement support, Ted Richmond and Shields (2005) found that there is a lack of coordination and integration of the three main stages of settlement when delivering services to immigrants, which limits service providers' efforts to support this group fully. Omidvar and Richmond (2003) asserted that these stages lack coordination and integration because most of the funding to support newcomers during their settlement processes is allocated to the initial stage. Although the settlement process for immigrants continues after the first stage, ongoing support in the second and third stages is usually limited and sometimes not addressed due to insufficient funding and government political will (Omidvar & Richmond, 2003). The lack of coordination and integration in all stages appears to be a result of shrinking funding allocated to SPOs.

The literature thus demonstrates that the disparities in federal government funding allocated to each province based on agreements, restrictions, and accountability potentially impact SPO service delivery to newcomers for their successful integration and settlement in Canada. Although much of the literature reviewed is minimal and was conducted in the past 10 years, it appears the funding agreements implemented at the time are still active and impact the work of SPOs. This study is grounded in the principles of social justice; as social workers, we saw the need to investigate local experiences to understand the structural context that impacts service delivery in settlement agencies and provide a lens for identifying practice solutions to support social workers working in SPOs.

3. THEORETICAL UNDERPINNING

This study draws on structural social work (SSW) theory to understand the challenges service providers face while coordinating care for clients in a settlement agency. Moreau (1979) developed SSW theory to challenge the medical model, which seeks to work with individuals in a dependent position, emphasizing change at the individual rather than sociopolitical level. According to Mullaly (2007), who postulated that SSW theory focuses on the interaction between agency and structures, "the individual is both the creator of the world and is created by the social world" (p. 237). Therefore, SSW theory links personal problems to broader societal issues characterized by inequalities of power and resources among groups (Moreau, 1979) and challenges the belief that the source of individual problems lies only within individuals (Mullaly, 2007). In this study, for example, the challenges experienced by service providers are related to the limited funding in SPOs. The funding institutions also perpetuate systems of power, inequality, and oppression simultaneously impacting the coordination of services to newcomers.

SSW theory explains how oppressive dominant ideologies such as neoliberalism inform political, economic, and social systems (Mullaly, 2007). In this study, we have noted that the government's minimal support and funding cutbacks to SPOs and other nonprofit agencies are informed by neoliberal policies focusing on marketization, which impacts vulnerable populations. Further, immigrants and refugees experience multiple forms of oppression, including exploitation, marginalization, exclusion from social and institutional spaces, and pressure to assimilate into dominant cultural norms (e.g., cultural imperialism and violence) (Carrillo & O'Grady, 2018). These experiences of oppression manifest in their interactions with social structures and daily interpersonal interactions. Therefore, SWW theory supports our understanding of the challenges service providers encounter in coordinating care for their newcomer clients, the way society's structures intensify these challenges, and how these structures could be changed to alleviate harm.

4. METHODOLOGY

In reviewing the scarce academic and grey literature on the challenges service providers face in coordinating client care in SPOS and our direct involvement with immigrants and refugee communities in our practice, our study identified and unpacked critical challenges service providers working in a settlement agency face in meeting the needs of their clients. Using focus groups and face-to-face interviews, we collected data from settlement workers and supervisors working in one settlement agency in Edmonton between January 2023 and April 2023. The following three critical questions guided the study.

1. What is your experience coordinating client care in your agency?
2. What challenges do you encounter coordinating client care within your agency and outside?
3. What would you recommend in addressing these challenges?

This section presents an overview of the research design and setting of the study, as well as the recruitment and sampling methods employed. Additionally, it outlines the procedures used for data collection and analysis.

4.1. Study Design and Setting

To understand the experiences of service providers coordinating the service of clients in one settlement agency, this study used a qualitative exploratory and descriptive approach; we also adopted a single case study design (Bourgeault, Dingwall, & De Vries, 2010). The research focused on an ongoing phenomenon that was not manipulated by the researcher, a rationale Yin (2014) described for using a case study approach. We selected a single case study because we were interested in collecting in-depth information about the service providers' experiences coordinating client care after the pandemic. A case study is appropriate for research questions focused on exploration, description, explanation, or illustration (Merriam, 1988; Stake, 1995; Yin, 2014). Stake (1995) and Merriam (2009) described how using a single-case design helps deepen understanding of a phenomenon.

4.2. Recruitment and Sampling

Informed by our critical analysis, our recognition of ourselves as co-producers rather than exclusive sources of knowledge, and a desire to promote collaboration and understand the research topic (Naderifar, Goli, & Ghaljaie, 2017), we formed a research advisory committee. This included the research team, the agency research team, and one senior manager of settlement services. Through regular meetings and debriefing with the research team, the committee also offered an iterative process of power-sharing between the researchers and the study participants by improving the relevance of the questions (Pinto, Spector, Rahman, & Gastolomendo, 2015), as well as the recruitment of participants, implementation of the research, and knowledge dissemination. With the advisory committee's support, we developed the strategies we would use to select and identify the case study.

Merriam and Tisdell (2016) described the selection process for case studies as two-tiered: First-tier sampling focuses on identifying the case for study, and second-tier sampling focuses within the case to identify forms of data for collection and analysis. The following sections describe the process we used to select the case study and sample the data that would be collected.

4.3. Case Selection

The first step in designing a case study is identifying the case. Multiple criteria are used to select a case, including the representation of the phenomenon of interest, the availability of information, and the ease of access to sources of information (Stake, 1995; Yin, 2014). Our research interest was to understand the experiences of service providers who coordinate clients' care in Edmonton, Alberta. Therefore, we selected a single case (One settlement agency) located in Edmonton because of our previous engagement with the agency. Stake (1995) and Merriam (2009) highlight the value of single case studies in achieving a profound understanding of specific phenomena. This study focuses on a single case and 18 frontline service providers and their two supervisors, all employees of the settlement agency who play a vital role in frontline service delivery. As mentioned earlier, our involvement with the settlement agency provided insight into where to obtain information and how to access this information. Once the case was selected, the unit of analysis was identified for data collection and analysis. The four units of analysis we focused on were frontline service providers involved in settlement work, youth and case management, and their supervisors.

4.4. Study Participants

The experiences of 18 frontline service providers and two supervisors inform this research study. Purposeful sampling was used to select the study participants. Purposeful sampling involves selecting participants with specific knowledge relevant to the research question (Creswell, 2013). According to Rubin and Rubin (1995)**,** guidelines for selecting participants include being "knowledgeable about the situation or experience being studied; willing to talk; and representative of the range of points of view" (p. 66). Given the focus on developing a deep, contextually rich understanding of the case, a heterogeneous sample was preferred. We chose this sampling strategy to ensure participants were drawn from the four units of analysis and could provide information on client care coordination. We focused on one settlement agency in Edmonton, Alberta, because this city has one of the fastest-growing populations of immigrants and refugees settling in Canada (Zimonjic, 2023). Thus, client care coordination is essential to ensure they are well supported in their settlement process.

The study's recruitment started in January 2023 and ended in April 2023. We started by sharing the recruitment flyer with the advisory committee since they worked with the agency and were willing to support this process. Several techniques were used to recruit participants based on the advisory committee's recommendations. We first obtained the email addresses of the supervisors, who were also involved as a unit of analysis. We initiated contact, which included an introductory email identifying the focus of the study, how they could get involved, and a request to support us with the recruitment. To be eligible, participants needed to work for the selected settlement agency in any of the units of analysis identified. We focused on service providers rather than service users because we wanted to understand their experiences and identify strategies to support them in their work. Before recruitment, the MacEwan University Research Ethics Board approved the study protocols and the interview guide.

4.5. Data Collection

We selected focus groups and individual interviews, both of which are used for qualitative data collection methods. These two methods were appropriate for our study because we were interested in exploring participants' experiences and in gathering a deeper understanding of the social phenomenon, particularly given the limited knowledge (Gill, Stewart, Treasure, & Chadwick, 2008). Before the interviews, the first author emailed all the participants the demographic and consent forms. We collected demographic data to ensure participation in our study represented the agency's staff involved in frontline service delivery. Upon obtaining the completed and signed consent forms, we protected participants' anonymity by assigning numbers (1, 2, or 3) to each focus group and, similarly, identifying the two supervisors we interviewed as Supervisor 1 and Supervisor 2.

4.5.1. Focus Group Interviews

Focus groups, as defined by Wilkinson (2004), are "a way of collecting qualitative data, which—essentially—involves engaging a small number of people in informal group discussion (Or discussions), 'focused' around a particular topic or issue" (p. 177). As mentioned, we collected data using three focus group interviews with service providers. Our rationale for using focus group interviews was that this approach could gather unique data that may not be accessed through individual interviews. According to Onwuegbuzie, Dickinson, Leech, and Zoran (2009), focus groups are "less threatening to many research participants, and this environment is helpful for participants to discuss perceptions, ideas, opinions, and thoughts" (p. 2). Gill et al. (2008) suggested that the optimum group size in focus group interviews is around six to eight participants. Morgan (1997) argued for a smaller number, noting that "small groups are more useful when the researcher desires a clear sense of each participant's reaction to a topic simply because they give each participant more time to talk" (p. 42). Our focus groups comprised five to six participants. The group size decisions were made based on the participants' availability. This flexibility allowed participants to select their group based on the interview date and time. All the groups were mixed in race, gender, and employment since our interest was in their shared experiences.

The first author and a research assistant (RA) conducted the focus group interviews. We adopted a structured approach to interview questions. We aimed to integrate individual interviews and focus groups to enhance the understanding of the phenomenon being studied (Lambert & Loiselle, 2008). Research questions were standardized and asked in the order they appeared in the interview guide; however, with flexibility in mind, no choices of answers were provided. Instead, participants were encouraged to share as many detailed responses as they were comfortable with. Each focus group lasted 1.5 to 2 hours, the recommended length for a well-designed group interview (see (Morgan, 1997; Onwuegbuzie et al., 2009)).

4.5.2. Individual Interviews

As previously mentioned, we conducted two individual interviews. These interviews facilitated the participation of the supervisors of the focus group participants and provided a means for methodological triangulation. Our rationale for conducting individual interviews with supervisors was to ensure that focus group discussions were confidential and that the presence of a supervisor would not threaten participants. A trained RA conducted the two individual interviews. According to Goodell, Stage, and Cooke (2016), training RAs to conduct interviews is vital to ensure the trustworthiness of data. The interviews lasted 90 to 120 minutes, providing participants with sufficient time to recount their stories.

4.5.3. Virtual Interviews

Both the focus group and individual interviews were held virtually via Blackboard Collaborate. We decided to conduct the interviews virtually since it was convenient for the participants to take part during their lunch break. Furthermore, (Willemsen, Aardoom, Chavannes, & Versluis, 2023) asserted that online interviews reduce participants' constraints related to time and geographical location. All the interviews were audio-recorded for verbatim transcription and in-depth data analysis. The research team developed a semi-structured interview guide based on the core research questions identified above to elicit the participants' in-depth experiences.

4.6. Trustworthiness

To enhance trustworthiness or rigor in the study design, we incorporated dependability, transferability, credibility, and confirmability (Morse, Barrett, Mayan, Olson, & Spiers, 2002). Dependability was addressed by using a reporting checklist. We used a case study database that stored all documents and transcripts, a feature built into this research process to enhance dependability. Credibility was addressed by having multiple researchers review selected transcripts and codes, and by using a research journal to track all data collection and analysis decisions. Transferability was addressed through sampling by selecting four units of analysis in a case to explore how service providers coordinated services. Finally, confirmability was addressed through the triangulation of data from supervisors and frontline service providers, providing confirmatory evidence of the findings.

5. FINDINGS

Thematic analysis of participants' interview data identified the following themes pertinent to answering the research questions: (a) lack of funding; (b) language barriers; (c) immigration and settlement processes; and (d) cultural issues.

5.1. Lack of Funding

When participants were asked to share their experiences, many highlighted their inability to provide services to all the clients who accessed the agency, which was complicated by funding constraints. As mentioned earlier, many SPOs receive their funding from IRCC, and these agencies are expected to offer programs that align with the funders' requirements rather than the populations in need. Participants explained that some of their clients were ineligible for this federal funding, which compounded their ability to support them. Supervisor 2 discussed these experiences.

Many clients who access services in our agency are not funded by the IRCC funds allocated to our agency. We are funded to support permanent residents (PR). However, many clients come through our doors, such as citizens, refugee claimants, folks on work permits, and visitors. We see a diverse group of clients; however, we are only funded for PR. This lack of funding for many of our clients hampers our ability to provide comprehensive services and strains our staff and resources.

Additionally, the lack of funding increased frontline service providers' workloads because of the agency's commitment to serving all clients, regardless of whether the services were funded. This commitment has constrained staff's capacity to provide services efficiently. It also fails to account for the many complexities frontline staff encounter. Many participants expressed frustration regarding their inability to support ineligible clients with their needs. This was challenging for participants since their caseloads have increased. New clients are accessing services daily, some with language barriers and immigration issues, yet the agency is not funded to serve them. Participants in Focus Group 2 added the following:

Case management here is short-term because we have so many clients; we have new clients daily. We cannot walk clients through every goal because we are busy here. I would not say we are so busy in crisis intervention, but we do not have the time to support clients with all their needs until they are okay.

It appeared the agency's commitment to serving all clients who walked through their doors, despite limited funding, stemmed from the growing demand for their support. Service providers felt they had to be creative to support clients who were ineligible for IRRC funding. Therefore, some service providers joined a network of agencies that work together to share resources by referring clients to one another.

We direct them to other agencies, but it can be hard for them, and we cannot always help within our organization. In some cases, such as claims for refugee status in Canada that have not been approved, we do not receive the funding to serve them, which limits our ability to help this specific group of people (Focus Group 2).

Participants seemed concerned that the lack of funding limited their ability to serve some clients who accessed the agency and needed support. They suggested the need for additional funding to support all clients who accessed their agency, enabling them to provide wraparound services.

5.2. Language Barriers

Many participants cited a lack of English language fluency as a barrier to newcomers' access to settlement services. Newcomers, especially refugees, often come to Canada with limited (or no) English skills, which restricts their ability to communicate with settlement workers, health care providers, and potential employers. Interpretation services are not always readily available in settlement agencies. Therefore, newcomers rely on the availability of family members, friends, settlement workers, or staff to support them with interpretation. Although having to act as interpreters was often viewed as disruptive to the participants' daily tasks, they felt it played a crucial role due to the lack of interpreters.

We deal with many issues; sometimes, mental health is one of the issues. One of the many challenges we face is that, for clients who have mental health problems, it is very difficult to access resources, especially if language is an issue. When accessing therapy or employment services and psychiatrists, it is very hard to use interpretation (Focus Group 3).

Participants stated that supporting clients with critical information without language interpretation services was challenging. This was especially so because many newcomers often required interpretation of paperwork and other necessities. However, inadequate funding limited hiring certified interpretation services and impacted service delivery, as was explained by Focus Group 2.

We often use community interpreters, not certified interpreters. IRCC funding allows the agency to pay $25 per hour for this service. So, we cannot hire professional interpreters. They are people from the community that speak the language. The challenge is that sometimes, we cannot find interpreters for certain languages. Because they are often not trained for this, they sometimes feel intimidated in some situations, like court. Sometimes, interpreters do not understand the systems.

In addition, Supervisor 1 emphasized the need to provide formal interpreting services to enhance service delivery. However, she discussed how the lack of funding for interpretation services impacted the quality of service delivery.

The lack of reliable interpreters is a significant issue due to limited funding. We often struggle to have interpreters available when needed, as many work on a case-by-case basis and may have conflicting commitments. When we cannot pay or find interpreters, children sometimes act as interpreters for adults, which makes it tricky to ensure that the correct information is passed along to us. Clients may also not trust providers for various reasons [Including cultural differences].

Participants also shared concerns regarding children or family members acting as interpreters for adult clients. They felt this interpretation was not always accurate or jeopardized confidentiality between the client and service provider. They have also observed clients' hesitation in discussing traumatic issues (Such as domestic violence or mental health) in the presence of children or family members. Other systematic challenges were identified, especially when participants were advocating on behalf of and with their clients who could not speak English and did not have interpretation services, as Focus Group 2 participants reported.

When helping newcomers access income support, it is hard to help them access the system. If someone does not speak English, they are trying hard but cannot even express their issues. It is difficult to advocate for clients to go through this system.

One participant in this group mentioned, "I have observed racism and discrimination several times when advocating for clients in this category." Unfortunately, clients are intimidated when this happens and sometimes do not understand these actions. Moreover, participants in Focus Groups 1 and 3 reported encountering biases such as racism, transphobia, homophobia, or even just a lack of patience when other service providers cannot understand clients due to language barriers and sexual orientation. They noticed these biases were more common when services were delivered online or over the phone. A participant stated, "people forget the human touch, and there can be less compassion."

5.3. Immigration and Settlement Processes

Participants discussed that clients' immigration status (e.g., refugee claimants, those with work permits, and those with spouses or family members in these categories) limited their access to services due to IRRC funding eligibility criteria. These clients were ineligible to access services such as employment, English language classes, medical care, and other services necessary to succeed in Canada. Participants in Focus Groups 2 and 3 commented.

There are gaps in access to services for different groups of immigrants based on their immigration status. Especially when someone has complex health needs and is required to navigate the system without anyone to accompany them to appointments, or is not healthy enough to get to them, it can be tricky. Sometimes, it is difficult to find interpretation services or doctors when clients are not permanent residents. Sometimes, kids translate and do not have the right language or knowledge.

Overall, participants agreed that providing services to some clients was challenging based on their immigration status. As mentioned earlier, the agency's funding from IRCC is expected to serve permanent residents, which constrains the staff's capacity to support clients who are not in this immigration category. They also noted encountering challenges coordinating services for their clients due to other needs.

We see many challenges in coordinating services. These challenges differ from client to client—for instance, pre-imposed migration challenges arising from exposures or situations they have experienced previously when accessing systems, particularly when moving from one province and changing documents (Focus Group 1).

Participants highlighted the agency's lack of expertise in providing mental health services to address the complex needs arising from imposed migration. Despite these challenges, participants in Focus Group 3 mentioned networking with other agencies to coordinate clients' care. One participant in this focus group added, "Our agency is also part of the C5 interagency collaboration network group, which helps us coordinate services for our clients with the support of other agencies." Participants felt that this collaboration was supportive in addressing their clients' complex needs by working with other service providers with expertise in these areas.

5.4. Cultural Issues

Participants also noted that cultural differences or misunderstandings between service providers and their clients affected service delivery. This narrative illustrating cultural differences was reported by participants in Focus Groups 2 and 1.

Culturally diverse communities are expected to understand what an organization has to offer, how it addresses their needs, and ensure there is a foundation of trust. Building trust is an ongoing process when reaching out to new communities. This can cause challenges in relationship building between us and the clients. These cultural differences also relate to challenges experienced by families coming to Canada, where clients take time to integrate fully and understand Canadian culture. For example, some clients ask, "I would like to know when children are expected to leave home." Leaving home before a certain age [i.e., 18] is not expected in some cultures.

Supervisor 2 endorsed this narrative regarding the challenges providers experience when they are unable to understand clients because of cultural differences.

We are funded to serve clients from all demographics, such as China and South Africa. When it comes to taking care of the needs of many clients, culture is a huge part of the process. It needs a good amount of consideration in terms of managing expectations and being able to relate to clients. We take it seriously, and sometimes it works, but we are also unable to understand our clients. If the client has been through a lot and has never trusted the systems, it's difficult to get over hesitations, which creates differences. However, there's a lack of intercultural understanding or integration. There could also be family background challenges and trauma—all these factors have an impact on service delivery.

Cultural differences between service providers and clients limit service delivery. However, a focus on cultural differences, while important, might overlook the structural issues (e.g., agency funding, racism, and other factors arising from the model under which the agency operates) that influence service delivery and help-seeking patterns of newcomer populations.

6. DISCUSSION

The study's results highlight significant issues impacting participants' ability to coordinate client care for service users. One of the most pressing issues is a lack of funding as the agency struggles to cope with the constraints imposed by its funder, IRCC. This result is corroborated by findings from research conducted in Peel Region in Ontario that examined the challenges immigrant settlement agencies (ISAs) experience at the systemic level (Mukhtar, Dean, Wilson, Ghassemi, & Wilson, 2016). The authors conclude that "the conditions attached to funding, such as the types of programs settlement providers are able to offer, mandatory quotas, and restrictive eligibility criteria, hinder ISAs from being able to plan and implement programs that better respond to the needs of immigrants in Peel Region" (Mukhtar et al., 2016). Similar insights were shared by the study participants, who raised concerns about the effects of limited funding on program delivery and the nature of their work. We, the authors, argue that IRCC's restrictive funding mandate is embedded in neoliberal ideologies and policies that create categories of eligibility and ineligibility of services. These policies run parallel to and do not align with the agency's overarching goal of serving everyone in need of its services.

As previously discussed, the federal and provincial governments fund programs through SPOs to assist refugees and immigrants settling in Canada. However, neoliberalism shapes the funding allocated to these agencies and their utilization. Evans, Richmond, and Shields (2005) and Lowe, Richmond, and Shields (2017) noted that the Canadian government's adoption of neoliberal market policies and the use of these trends have influenced the nonprofit sector. Aronson and Sammon (2000) and Dominelli (2002) argued that neoliberal market policies have minimized service users' needs by providing efficiency-driven services. Due to limited funding, service providers have been positioned to provide brief, barely adequate support to those experiencing intense distress.

According to Evans et al. (2005) and Ted Richmond and Shields (2004a), a serious funding constraint in most nonprofits, as well as in SPOs, stems from changes in the core funding the sector receives from the state. These changes have led to contract- or program-based services, which involve the "purchase of services with specified output and controlled funding." (Evans et al., 2005).

These changes are also associated with increased accountability requirements from IRCC and other government funders, which create major administrative burdens for the agencies and limited resource allocation for client care coordination (Evans et al., 2005; Ted Richmond & Shields, 2004a). It is evident that a lack of funding impacts the nature of service providers' work. One reported consequence of limited funding for service providers is an increased workload to meet service users' demands; as a result, shrinking funding is accompanied by human resource challenges.

The funding constraints in SPOs, as pointed out by Majumdar (2023), have significantly impacted service users during and after the pandemic. Studies by Evans et al. (2005) and Ted Richmond and Shields (2004a) highlighted a decrease in government funding to SPOs and other nonprofit agencies. This decrease in funding has led to insufficient services to support newcomers during their settlement journey.

Additionally, participants identified several challenges, including language barriers and cultural issues, affecting service providers' ability to provide coordinated care. These issues are not isolated; they are interconnected and intrinsically linked to a lack of funding. Existing studies also highlight how lack of funding is associated with many issues for service providers and users (McGrath & McGrath, 2013; Mukhtar et al., 2016). While we acknowledge the complexity of systemic barriers that limit funding for settlement agencies, poor funding can have dire social, health, and economic implications for refugees and immigrants, as well as for the host country. To effectively assist refugees and immigrants in settling into their new country, there must be access to settlement services in their preferred languages.

For refugees, the migration process can be lengthy, and many may experience prolonged psychological stress before arriving in the host country. This stress can negatively impact mental health and overall well-being (Blackmore et al., 2020; Bogic, Njoku, & Priebe, 2015; Fazel, Wheeler, & Danesh, 2005). Therefore, providing services that address individuals' linguistic, cultural, and mental health needs is essential, and it can help to mitigate short- and long-term issues and potentially prevent maladaptive behaviors. To effectively respond to service users' needs, settlement agencies require a sustainable funding structure. This structure would enable service providers to fulfill their responsibilities to refugees and immigrants, ensuring timely access to care.

6.1. Recommendations

The study participants discussed the following recommendations to address the challenges that hindered their ability to coordinate client care within and outside their agency. All the study participants recognized the inadequate funding resulting from IRCC's restrictive mandates, which limited their ability to coordinate services for their clients. However, they recommended that funding for the intake staff was their priority to support the agency in triaging clients. This role was filled by one supervisor who was overwhelmed by multiple responsibilities. Even after the agency received additional funding, many participants reported it was insufficient to meet the rising demand for its services and the diverse needs of its clients. They recognized that funding was also a limitation for other nonprofit organizations serving diverse populations.

Participants suggested that increased funding is necessary to support language interpretation services for clients who speak English as a second language. This funding could be made available as it is in other sectors, such as Alberta Health, which offers 24/7 access to interpreter services. This service would provide quick access to interpreters who speak different languages, rather than having to navigate a list of community interpreters.

Participants emphasized the importance of engaging community stakeholders to effectively connect with youth, especially in school settings. Building these relationships could help service providers meet young people where they are and implement interventions that address their needs. Once again, a major challenge facing frontline service providers is insufficient funding, which limits their ability to effectively reach out to community stakeholders working with this demographic.

6.2. Strengths and Limitations

This study has several strengths and limitations that merit recognition. One strength is that we used a single case study, focusing on one settlement agency and recruiting participants from four different units of analysis. This approach enabled an in-depth examination of service providers' experiences in coordinating client care. On the other hand, the focus on one agency also presents a limitation, as the data collection and analysis were confined to this specific organization. However, the study participants were enthusiastic about the topic and engaged in sharing their experiences and perspectives during the interviews, which contributed to the easy flow of conversations (Despite being conducted online) and improved the data quality.

While qualitative research and purposive sampling techniques focus on selecting participants who can provide detailed insights rather than ensuring uniformity across subgroups, the limited number of participants in the four identified units might have hindered our ability to gather information from significant agency staff. We interviewed two supervisors from the agency, leaving out the perspectives of other supervisors, the management team, and service users. These omissions limited our understanding of the agency's dynamics, including whether it has other funders, such as the provincial government. The final limitation of this study is the sparse literature on this topic; as noted earlier, we included grey literature and studies published a few years ago.

6.3. Conclusion and Future Research

This study highlights how decades of neoliberal funding and restructuring policies have changed the landscape of SPOs in Edmonton, Alberta. It appears as if the shift towards a market-based, competitive funding model for the settlement sector aimed to provide newcomers with a wider array of choices in programs provided by SPOs (Sadiq, 2004). However, SPOs are often required to respond quickly to an influx of newcomers without sufficient control over the funding for their programs to support these populations. It is crucial to include all levels of government (federal, provincial, and municipal) along with SPOs in the decision-making process regarding funding to ensure optimal outcomes for the newcomer populations they serve.

Future research should include multiple or collective case designs that engage more than one SPO. It is also crucial to gather input from both the management team and service users to evaluate their experiences with funding and their satisfaction with the services provided.

REFERENCES

Aronson, J., & Sammon, S. (2000). Practice amid social service cuts and restructuring: Working with the contradictions of" small victories". *Canadian Social Work Review, 17*(2), 167-187.

Ashton, W., Pettigrew, R. N., & Galatsanou, E. (2016). Assessment of settlement services systems in western and northern Canada: Perceptions of settlement provider organizations. *Canadian Ethnic Studies, 48*(3), 69-89. https://doi.org/10.1353/ces.2016.0026

Blackmore, R., Boyle, J. A., Fazel, M., Ranasinha, S., Gray, K. M., Fitzgerald, G., . . . Gibson-Helm, M. (2020). The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis. *PLoS Medicine, 17*(9), e1003337. https://doi.org/10.1371/journal.pmed.1003337

Bogic, M., Njoku, A., & Priebe, S. (2015). Long-term mental health of war-refugees: A systematic literature review. *BMC International Health and Human Rights, 15*(1), 29. https://doi.org/10.1186/s12914-015-0064-9

Bourgeault, I., Dingwall, R., & De Vries, R. (2010). *The SAGE handbook of qualitative methods in health research*. London, UK: SAGE Publications.

Braun, J., & Clément, D. (2019). *Immigrant and refugee settlement in Canada: Trends in federal funding child and youth refugee research coalition (CYRRC) 2019 report*. Retrieved from https://cyrrc.org/wp-content/uploads/2020/05/2019ReportCYRCCClementBraun.pdf

Bucklaschuk, J., Wilkinson, L., & Bramadat, J. (2014). A matter of need: Immigrants and use of settlement services in western Canada. *Canadian Diversity, 11*(1), 96–100.

Carrillo, A., & O'Grady, C. L. (2018). Using structural social work theory to drive anti-oppressive practice with Latino immigrants. *Advances in Social Work, 18*(3), 704-726. https://doi.org/10.18060/21663

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA, USA: SAGE Publications.

Dawson, F. (2022). *We have a problem resettling Ukrainian refugees, settlement agencies say. New Canadian Media*. Retrieved from https://www.newcanadianmedia.ca/we-have-a-problem-resettling-ukrainian-refugees-settlement-agencies-say/

Dominelli, L. (2002). *Anti-oppressive social work theory and practice*. Houndmills, England: Palgrave Macmillan.

Evans, B., Richmond, T., & Shields, J. (2005). Structuring neoliberal governance: The nonprofit sector, emerging new modes of control and the marketisation of service delivery. *Policy and Society, 24*(1), 73-97.

Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. *The Lancet, 365*(9467), 1309-1314. https://doi.org/10.1016/S0140-6736(05)61027-6

Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: Interviews and focus groups. *British dental journal, 204*(6), 291-295. https://doi.org/10.1038/bdj.2008.192

Goodell, L. S., Stage, V. C., & Cooke, N. K. (2016). Practical qualitative research strategies: Training interviewers and coders. *Journal of Nutrition Education and Behavior, 48*(8), 578-585. e571. https://doi.org/10.1016/j.jneb.2016.06.001

Government of Canada, I., Refugees and Citizenship Canada. (2023). *2023 settlement outcomes report: Data-driven insights for the future of the settlement program*. Retrieved from https://www.canada.ca/content/dam/ircc/documents/pdf/english/corporate/publications-manuals/part-1-newcomer-outcomes-stock-take.pdf

Government of Canada, I., Refugees, and Citizenship Canada. (2021). *Settlement outcomes highlights report: Summary findings from IRCC's first settlement outcomes report*. Retrieved from https://www.canada.ca/content/dam/ircc/documents/pdf/english/corporate/publications-manuals/settlement-outcomes-highlights-report-2021.pdf

Government of Canada, I., Refugees, and Citizenship Canada. (2022). Government of Canada invests $35 million to expand settlement services for newcomers in small towns and rural communities. Retrieved from https://www.canada.ca/en/immigration-refugees-citizenship/news/2022/01/government-of-canada-invests-35-million-to-expand-settlement-services-for-newcomers-in-small-towns-and-rural-communities.html

Government of Canada, I., Refugees, and Citizenship Canada. (2024). *Learn about funding processes for settlement services*. Retrieved from https://www.canada.ca/en/immigration-refugees-citizenship/corporate/partners-service-providers/funding.html

Guruge, S., & Butt, H. (2015). A scoping review of mental health issues and concerns among immigrant and refugee youth in Canada: Looking back, moving forward. *Canadian Journal of Public Health, 106*(2), e72-e78. https://doi.org/10.17269/CJPH.106.4588

Hamilton, L., Aslam, A., Barros, P. R. P., & Esses, V. (2023). *As Canada welcomes historic numbers of immigrants, how can communities be more welcoming? The conversation.* Retrieved from https://theconversation.com/as-canada-welcomes-historic-numbers-of-immigrants-how-can-communities-be-more-welcoming-206054

Lambert, S. D., & Loiselle, C. G. (2008). Combining individual interviews and focus groups to enhance data richness. *Journal of Advanced Nursing, 62*(2), 228-237. https://doi.org/10.1111/j.1365-2648.2007.04559.x

Lowe, S., Richmond, T., & Shields, J. (2017). Settling on austerity: ISAs, immigrant communities and neoliberal restructuring. *Alternate Routes: A Journal of Critical Social Research, 28*, 14-46.

Majumdar, C. R. A. (2023). *Inconsistent settlement services leaves thousands without support. New Canadian Media.* Retrieved from https://www.newcanadianmedia.ca/foreign-workers-and-students-falling-through-the-cracks-due-to-lack-of-access-to-settlement-services/

McGrath, S., & McGrath, I. (2013). Funding matters: The maze of settlement funding in Canada and the impact on refugee services. *Canadian Journal of Urban Research, 22*(1), 1-20.

Merriam, S. B. (1988). *Case study research in education: A qualitative approach.* San Francisco, CA: Jossey-Bass Publishers.

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation.* San Francisco, CA, USA: Jossey-Bass.

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation.* San Francisco, CA, USA: Jossey-Bass.

Moreau, M. J. (1979). A structural approach to social work practice. *Canadian Journal of Social Work Education, 5*(1), 78-94.

Morgan, D. L. (1997). *Focus groups as qualitative research* (2nd ed.). Thousand Oaks, CA, USA: SAGE Publications.

Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods, 1*(2), 13-22. https://doi.org/10.1177/160940690200100202

Mukhtar, M., Dean, J., Wilson, K., Ghassemi, E., & Wilson, D. H. (2016). But many of these problems are about funds…": The challenges immigrant settlement agencies (ISAs) encounter in a suburban setting in Ontario, Canada. *Journal of International Migration and Integration, 17*(2), 389-408. https://doi.org/10.1007/s12134-015-0421-5

Mullaly, B. (2007). *The new structural social work.* Don Mills, ON, Canada: Oxford University Press.

Mwarigha, M. S. (2002). *Towards a framework for local responsibility: Taking action to end the current limbo in immigrant settlement—Toronto. Maytree Foundation.* Retrieved from https://maytree.com/wp-content/uploads/SummaryTowardsAFrameworkForLocalResponsibilityMwarighaMS2002.pdf

Naderifar, M., Goli, H., & Ghaljaie, F. (2017). Snowball sampling: A purposeful method of sampling in qualitative research. *Strides in Development of Medical Education, 14*(3), 1-6.

Omidvar, R., & Richmond, T. (2003). *Immigrant settlement and social inclusion in Canada. Laidlaw Foundation's Working Paper Series, Perspectives on Social Inclusion.* Retrieved from https://www.laidlawfdn.org/assets/wpsosi_2003_jan_immigrant-settlement.pdf

Onwuegbuzie, A. J., Dickinson, W. B., Leech, N. L., & Zoran, A. G. (2009). A qualitative framework for collecting and analyzing data in focus group research. *International Journal of Qualitative Methods, 8*(3), 1-21.

Pinto, R., Spector, A. Y., Rahman, R., & Gastolomendo, J. (2015). Research advisory board members' contributions and expectations in the USA. *Health Promotion International, 30*(2), 328-338.

Praznik, J., & Shields, J. (2018). *An anatomy of settlement services in Canada: A guide.* Retrieved from https://www.academia.edu/37595007/An_Anatomy_of_Settlement_Services_in_Canada_BMRC_IRMU

Reitz, J. G. (2012). The distinctiveness of Canadian immigration experience. *Patterns of Prejudice, 46*(5), 518-538. https://doi.org/10.1080/0031322X.2012.718168

Richmond, T., & Shields, J. (2004a). NGO restructuring: Constraints and consequences. *Canadian Review of Social Policy, 53*, 53-67.

Richmond, T., & Shields, J. (2004b). *Third sector restructuring and the new contracting regime: The case of immigrant serving agencies in Ontario*. Toronto Metropolitan University Centre for Voluntary Sector Studies.

Richmond, T., & Shields, J. (2005). NGO-government relations and immigrant services: Contradictions and challenges. *Journal of International Migration and Integration, 6*(3), 513-526. https://doi.org/10.1007/s12134-005-1024-3

Rubin, H. J., & Rubin, I. S. (1995). *Qualitative interviewing: The art of hearing data*. Thousand Oaks, CA, USA: Sage Publications.

Sadiq, K. D. (2004). *The two-tier settlement system: A review of current newcomer settlement services in Canada*. Retrieved from CERIS Working Paper no. 34. Centre of Excellence for Research on Immigration and Settlement:

Shields, J., Drolet, J., & Valenzuela, K. (2016). *Immigration settlement and integration services and the role of nonprofit providers: A cross-national perspective on trends, issues and evidence*. Retrieved from RCIS Working Paper No. 2016/1. Toronto, Canada: Toronto Metropolitan Centre for Immigration and Settlement, Toronto:

Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA, USA: SAGE Publications.

Wilkinson, S. (2004). Focus group methodology: A review. *International Journal of Social Research Methodology, 1*(3), 181–203. https://doi.org/10.1080/13645579.1998.10846874

Willemsen, R. F., Aardoom, J. J., Chavannes, N. H., & Versluis, A. (2023). Online synchronous focus group interviews: Practical considerations. *Qualitative Research, 23*(6), 1810-1820.

Yin, R. K. (2014). *Case study research: Design and methods*. Los Angeles, CA, USA: SAGE Publications.

Zimonjic, P. (2023). *Migrants are driving a population surge — and Alberta is the fastest-growing province: StatsCan. CBC News*. Retrieved from https://www.cbc.ca/news/politics/alberta-fastest-growing-population-statscan-1.6979680