

**Campbell Systematic Reviews**

2015:4

First published: 02 January, 2015

Search executed: September, 2013

# **Interventions to Improve the Economic Self-sufficiency and Well-being of Resettled Refugees: A Systematic Review**

Eleanor Ott, Paul Montgomery



**THE CAMPBELL COLLABORATION**

# Colophon

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<b>Title</b>	Interventions to Improve the Economic Self-sufficiency and Well-being of Resettled Refugees: A Systematic Review
<b>Institution</b>	The Campbell Collaboration
<b>Authors</b>	Ott, Eleanor Montgomery, Paul
<b>DOI</b>	10.4073/csr.2015.4
<b>No. of pages</b>	53

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<b>Citation</b>	Ott E, Montgomery P. Interventions to Improve the Economic Self-sufficiency and Well-being of Resettled Refugees: A Systematic Review. Campbell Systematic Reviews 2015;4 10.4073/csr.2015.4
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<b>Contributions</b>	Both authors contributed to all aspects of the protocol and review.
<b>Editors for this review:</b>	Editor: Nick Huband Managing Editor: Jane Dennis
<b>Support/Funding</b>	There was no external funding for this review. The lead review author is funded by the Rhodes Trust and the Truman Foundation as part of her DPhil in the Centre for Evidence-Based Intervention at the University of Oxford. The second review author is employed by the University of Oxford.
<b>Potential conflicts of interest</b>	The authors have no monetary interest in the results of the review. None of the authors has conducted or published studies that would lead them to slant the evidence in a particular direction.

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# Synopsis/Abstract

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## OBJECTIVES

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This systematic review sought to identify and evaluate all available high-quality evidence as to whether interventions affect the economic self-sufficiency and well-being of resettled refugees.

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## METHODS

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We searched 18 electronic databases, examined relevant websites, and contacted researchers in an attempt to identify any relevant published or unpublished reports. No language restrictions were applied, and the search was completed in Sept 2013. Inclusion criteria were: (a) prospective, controlled methodology; (b) participants who were resettled refugees aged 18-64 at the time of the intervention; (c) intervention designed to increase the economic self-sufficiency and well-being of resettled refugees; and, (d) included at least one of the following outcomes: labour force participation rate; employment rate; use of cash assistance; income; job retention; or quality of life.

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## RESULTS

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A total of 9,260 records were inspected, and 26 records summarising 23 unique studies were screened. No studies met the review's inclusion criteria.

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## CONCLUSIONS

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The available evidence was insufficient to determine if programmes affect the economic self-sufficiency and well-being of resettled refugees as no studies met the review's inclusion criteria. More research with rigorous designs, such as prospective, controlled studies, is needed to determine which interventions affect the economic self-sufficiency and well-being of resettled refugees.

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# Executive Summary

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## BACKGROUND

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Globally, 51.2 million individuals are forcibly displaced and approximately 11.7 million of these have crossed the border of their country of origin and are classified as refugees of concern by the United Nations High Commissioner for Refugees (UNHCR, 2014). A minority of these refugees are moved through resettlement programmes to a third country. In 2012, 26 different countries offered refugee resettlement, with the goals of improving economic self-sufficiency and well-being for those resettled refugees. There are a myriad of programmes that may act to improve the economic self-sufficiency and well-being of refugees, including employment training, education, and interventions delivered by mental health services.

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## OBJECTIVES

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This systematic review sought to identify and evaluate all available evidence as to whether interventions designed to improve the economic self-sufficiency and well-being of resettled refugees affect participants' labour force participation rate, employment rate, use of cash assistance, income, job retention, and quality of life.

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## SEARCH STRATEGY

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We searched 18 databases and the websites of relevant research, policy, and governmental organisations. We also contacted researchers in attempt to identify any relevant published or unpublished reports. Key search terms were (*resettle\* OR re-settle\* OR refuge\* OR force\* ADJ \*migrant\* OR asylum\* OR humanitar\* ADJ entrant\* OR humanitar\* ADJ settle\**) AND (*economic OR job\* OR employ\* OR mone\* OR work\* OR labor OR labour OR well-being OR wellbeing OR well ADJ being OR quality NEAR life*) AND (*outcome\* OR evaluat\* OR effect\* OR efficacy OR compar\* OR experiment\* OR trial OR control\* OR random\* OR study OR studies OR assessment OR impact\* OR research\**). We completed final searches in September 2013.

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## **SELECTION CRITERIA**

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Studies were eligible for inclusion if they: (a) included a prospective, controlled methodology such as randomised controlled trial design, a quasi-randomised controlled trial design, or a nonrandomised controlled design which provided information on, and adjusted for, baseline comparability; (b) included participants who were refugees who had been served by a refugee resettlement entity and were between the ages of 18 and 64 at the time of the intervention; (c) evaluated an intervention designed to increase the economic self-sufficiency and well-being of resettled refugees compared to a control or comparison group; and, (d) included at least one primary or secondary outcome (labour force participation rate, employment rate, use of cash assistance, income, job retention, and quality of life).

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## **DATA COLLECTION AND ANALYSIS**

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We inspected 8,264 records derived from the database search and 996 records derived from other sources. Initially, 26 records summarising 23 unique studies were screened. An additional 13 abstracts were also reviewed and one additional study was screened. The review authors independently examined the search results.

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## **RESULTS**

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No studies met the review criteria. The data collection process appeared sensitive. Of the 9,273 records identified, 27 records (corresponding to 24 studies) were inspected in full text. We attempted to contact the authors of three studies that were potentially eligible for inclusion; two of these responded and their studies were excluded on the basis of the information they provided. Of the papers reviewed in full text, 21 records (18 studies) were excluded because they did not meet the methodology criteria, 5 records (7 studies) did not meet the population criteria, and 3 records (3 studies) did not meet the outcome criteria; one was excluded because the author did not respond. Several papers were excluded for more than one reason. Two papers were systematic reviews; all of the included studies from these were checked.

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## **AUTHORS' CONCLUSIONS**

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This review indicated a need for further research on the economic self-sufficiency and well-being of resettled refugees. Such research needs to be sufficiently rigorous to indicate if and how interventions affect these outcomes. The authors recommend the use of randomised controlled trial designs, quasi-randomised controlled trial designs, or nonrandomised controlled trial designs that adjust for baseline comparability. The lack of knowledge about the effects of interventions on these outcomes is surprising given the long-term investments in programmes designed to assist resettled refugees, the number of refugees resettled, and the political importance of this subject.



For practitioners and policymakers, it is important to point out this review did not find any evidence for or against any intervention.

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# 1 Background

Globally, 51.2 million people are forced migrants because of violence and persecution, and 11.7 million of these are classified as refugees of concern to the United Nations High Commissioner for Refugees, commonly called UNHCR: The UN Refugee Agency (UNHCR, 2014). Resettlement involves moving refugees to a third country as refugees often have particular needs (such as the need for physical safety) that cannot be met in the country where they initially sought protection (UNHCR, 2013). Despite the large number of refugees resettled and the continuation of resettlement programmes, testimonial and correlational evidence suggests outcomes are variable. This systematic review sought to identify and evaluate the available evidence as to whether interventions designed to improve the economic self-sufficiency and well-being of refugees are meeting those goals.

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## 1.1 DESCRIPTION OF THE CONDITION

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In each of the three largest resettlement countries by current volume – the United States (US), Canada, and Australia – successful economic adjustment has been a central goal of their refugee resettlement policy (Waxman, 2001). Furthermore, refugees often define economic outcomes, such as employment, as important to their own lives (Valtonen, 1998).

Despite this emphasis, resettlement programmes may have mixed outcomes. Australia admitted over a half million humanitarian entrants from 1939 to 2001, yet survey evidence suggests recent refugees from Bosnia, Afghanistan and Iraq have high unemployment rates relative to the general population (Waxman, 2001). The same study also found that prior financial status, employment and qualifications had no statistical correlation with employment outcomes (Waxman, 2001). Similarly, the United States has resettled over three million refugees since 1975 (US Department of State, 2011; US Senate, Committee on Foreign Relations, 2010), and yet the US resettlement system is often described as ‘failing to meet the basic needs of the refugee populations they are currently asked to assist’ (US Senate, Committee on Foreign Relations, 2010, p.1). Economic hardship is further negatively correlated with refugee well-being. For Sudanese refugees in Canada, economic hardship has been associated with being two to four times more likely to experience mental distress (Simich, Hamilton, & Baya, 2006), and for Cambodian refugees in the United States, unemployment has been correlated with PTSD and major depression (Marshall et al, 2005).

The condition of resettled refugees is dynamic, as is the case with the refugee programmes and the populations the programmes serve.

Contemporary programmes have emerged as a result of more recent contexts, and this review therefore focused on studies undertaken or published since 1980, which can be characterised as something of a ‘watershed’ year for the following reasons. The legislation and structure of refugee resettlement in the United States, Australia, Canada, and Europe changed dramatically since the late 1970s. The United States, by far the largest resettlement country, passed the 1980 Refugee Act, which serves as the basis for the mandate and structure of its current programme. Australia’s contemporary approach to refugees emerged in December 1979 when the Community Refugee Resettlement scheme came into force. This scheme included housing, social and employment support (Refugee Council of Australia, 2012). Canada’s current refugee programme is based on the 1976 Immigration Act and further shaped by the 1982 entrenchment of the *Canadian Charter of Rights and Freedoms* in their Constitution, the 1997 Refugee Resettlement Model, and the 2002 Immigration and Refugee and Protection Act’s incorporation of the *1951 Convention* and *1967 Protocol* into Canadian law (Casasola, 2001; Citizenship and Immigration Canada, 2011; Gauthier, 2010). European resettlement likewise changed dramatically after the 1970s, partly as a result of legal changes such as Germany’s 1992 revision of their constitutional definition of ‘refugee’ (Hailbronner, 1994).

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## **1.2 DESCRIPTION OF THE INTERVENTION**

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This review sought to examine any controlled intervention designed to increase the economic self-sufficiency and well-being of resettled refugees. This breadth of scope reflects the paucity of previous reviews on the effectiveness of interventions as well as on the diversity of approaches to promoting economic self-sufficiency and well-being. Such interventions typically last from three months to two years and may include services such as employment casework to discuss goals and expectations; mediation between employers and employees; translation and paperwork assistance; employment mentorship; and interview training. These interventions may be delivered by the resettled state, by for-profit organisations, or by non-profit organisations including secular and faith-based organisations.

The contexts of the interventions also vary. The number of resettlement countries has changed over the years, but in 2012, refugees left for 26 different resettlement countries. UNHCR reports that the following states currently have regular resettlement programmes: Argentina, Australia, Brazil, Canada, Chile, the Czech Republic, Denmark, Finland, France, Hungary, Iceland, Ireland, Japan, the Netherlands, New Zealand, Norway, Paraguay, Portugal, Romania, Spain, Sweden, the United Kingdom, the United States, and Uruguay (UNHCR, 2013). In any one country, there may be multiple providers and multiple interventions offered to improve the economic self-sufficiency and well-being of refugees.

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### 1.3 HOW THE INTERVENTION MIGHT WORK

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The hypothesised pathways for improving conditions for resettled refugees are not always specified in the literature. Broadly speaking, an intervention might target individual refugees, their surroundings, or the link between the two. For example, interventions may aim to work through targeting individuals through casework and employment skill development, or through targeting employment demands and matching refugees with available employment. Interventions may also work by attempting to change community attitudes towards refugees or through complex interventions targeting multiple goals at the level of both the individual and the community.

Social cognitive career theory (SCCT) is one of many frameworks that may be used to explain how economic interventions may work for refugees. SCCT focuses on the interactions between environmental and personal factors as the main linkages for careers (Yakushko, Backhaus, Watson, Ngaruiya, & Gonzalez, 2008). This idea implies that career counselling can improve outcomes for refugees by focusing on items such as *'...knowledge about career options, process of obtaining and maintaining a job, cultural norms with regard to work, developing work-related cultural competencies, balancing work and education, and balancing work and family life'* (Yakushko et al., 2008). Rather than narrowing on a paradigm of causal change such as SSCT, this review aimed to understand the impacts of interventions.

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### 1.4 WHY IT IS IMPORTANT TO DO THIS REVIEW

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Despite the importance of and attention to refugee economic self-sufficiency, a knowledge gap exists concerning outcomes from interventions designed to improve refugee economic self-sufficiency and well-being. For example, the US government offers numerous interventions, including the Office of Refugee Resettlement's four approaches to improving employment outcomes, but the government itself reports that *'little is known about which approaches are most effective in improving the economic status of refugees'* (United States Government Accountability Office, 2011, p. 20). To our knowledge, this is the first systematic review seeking to compile evidence about outcomes from interventions designed to improve the economic self-sufficiency and well-being of refugees.

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## 2 Objectives

This systematic review sought to collect and synthesize evidence from prospective, controlled evaluations of interventions designed to improve economic outcomes for refugees. The review aimed to answer the following questions:

- 1) Do interventions designed to improve the economic self-sufficiency and well-being for refugees affect participants' labour force participation, employment, use of cash assistance, income, job retention, and quality of life?
- 2) Do effects differ depending on programme content, programme provider, populations served, or the setting?

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## 3 Methodology

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### 3.1 CRITERIA FOR INCLUSION AND EXCLUSION OF STUDIES

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#### 3.1.1 Types of studies

Studies were required to use a prospective, controlled methodology: a randomised controlled trial (RCT) design; a quasi-randomised controlled trial design (QRCT, where participants are allocated by means which may not be expected to influence outcomes, such as alternating allocation, birth date, the date of the week or month, case number or alphabetical order); or a nonrandomised controlled design (i.e. quasi-experimental design). Nonrandomised controlled studies were required to provide information on baseline comparability of the cohorts and use statistical tools to adjust for baseline differences. For all included studies, participants needed to be prospectively assigned to study groups or a control group (i.e. alternative intervention or ‘services as usual’), and studies needed to measure control group outcomes concurrently with intervention group outcomes.

Additionally, studies were required to have been conducted or published since 1980 (see Section 1.1).

#### 3.1.2 Types of participants

The review included studies of individuals who meet the domestic legislative definition of a refugee for the country of the intervention and:

- a. were formally assisted to resettle by the government (i.e. were resettled refugees but not asylum-seekers);
- b. had been served by a refugee resettlement entity; and,
- c. fell between the ages of 18 and 64 at the time of intervention.

If for any reason a study’s sample did not fall completely within these parameters, we agreed to contact the author in order to obtain disaggregated data for each of the populations meeting the criteria of a, b, and c. If we had been unable to obtain disaggregated data, we planned to use sensitivity analyses based on studies with mixed populations.

Although abstracts or titles sometimes used the term ‘refugee’ to cover asylum-seekers, we were able to discern through the full article or learn from the author if the population was resettled refugees.

### **3.1.3 Types of interventions**

Interventions were eligible if they were designed to increase the economic self-sufficiency and well-being of resettled refugees. There was no restriction on the type or the duration of the intervention. Such interventions could include employment casework, therapy sessions, or broad community support, for example.

### **3.1.4 Types of outcome measures**

Studies were required to report at least one primary or secondary outcome.

#### **3.1.4.1 Primary outcomes**

The primary outcome was economic activity measured as employment rate or labour force participation rate.

The unemployment or employment rate is a measure of the number of people without or with jobs compared to those searching for jobs in a population of interest (e.g. adult refugees), whereas the labour force participation rate is a measure of the proportion of the population of interest (i.e. including those not actively looking for a job) participating in the labour force.

#### **3.1.4.2 Secondary outcomes**

Secondary outcomes included:

- Level of cash assistance, as measured by the percentage or portion of the population accessing specialised refugee cash assistance or public cash assistance,
- Income, as measured by overall annual income, salary rate, or average hourly wage.
- Job retention.
- Quality of life, as measured by ‘generic indicators’ including scales such as the Euroqol, or the short-form SF-36 or SF-12 which measure individual functioning, family functioning, social support, or general health related quality of life (Jenkison & McGee, 1998). Measures needed to both make sense across different intervention evaluations and not be tied to specific clinical mental health diagnoses which were not the focus of this review. Disease-specific measures and patient-generated measures (such as the Patient-Generated Index of Quality of Life, and DSM mental health diagnoses) were outside the purview of this review.

We anticipated that secondary outcomes would be predominately measured by self-reports from the study participants and/or collected via records from governmental agencies or non-governmental organizations.

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## 3.2 SEARCH METHODS FOR IDENTIFICATION OF STUDIES

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We used bibliographic databases, targeted websites and personal communication in an attempt to identify relevant studies. No language restrictions were applied to potential studies identified through searches.

We began contacting relevant listservs and individuals on 14 May 2013, searched the websites on 19-21 June 2013, and searched the databases on 12-14 September 2013.

### 3.2.1 Search terms

The following key search terms were used:

- Population: (*resettle\* OR re-settle\* OR refuge\* OR force\* ADJ \*migrant\* OR asylum\* OR humanitar\* ADJ entrant\* OR humanitar\* ADJ settle\**)
- Intervention: AND (*economic OR job\* OR employ\* OR mone\* OR work\* OR labor OR labour OR well-being OR wellbeing OR well ADJ being OR quality NEAR life*)
- Methods: AND (*outcome\* OR evaluat\* OR effect\* OR efficacy OR compar\* OR experiment\* OR trial OR control\* OR random\* OR study OR studies OR assessment OR impact\* OR research\**)

These terms were in line with other meta-analyses on refugees and the suggested terminology for limiting studies to those using quantitative methodology (Bollini, Pampallona, Wanner, & Kupelnick, 2009; Bronstein & Montgomery, 2011; Clark & Mytton, 2007; Fazel, Wheeler, & Danesh, 2005; Gagnon & Tuck, 2004; Lipsey & Wilson, 2001; Littell, Corcoran, & Pillai, 2008; Morton, 2011; Robjant, Hassan, & Katona, 2009). From the protocol, we added the terms ‘labor’ and ‘labour’ to cover interventions that may use terminology such as ‘labour market integration’.

A full listing of how these search terms were used in each database is given in Appendix 8.1.

### 3.2.2 Databases

We searched the following databases and citation indices:

- Applied Social Sciences Index and Abstracts (ASSIA)
- Business Source Complete
- Cochrane Library
- CINAHL
- Conference Proceedings Citation Index – Social Science & Humanities (CPCI-SSH)
- Education Resources Information Center (ERIC)
- EconLit
- IDEAS
- International Bibliography of the Social Sciences (IBSS)
- OpenGrey
- PAIS International
- PolicyFile
- ProQuest Dissertation and Thesis: Full Text



- ProQuest Dissertations & Theses: UK & Ireland
- PsycINFO
- Social Care Online
- Social Science Citation Index
- SocIndex
- Sociological Abstracts

These databases were chosen based on existing advice on systematic reviews and reviews in the area (Greenhalgh, 2010; Hammerstrøm, Wade, & Jørgensen, 2010). Databases are constantly developing, however; we therefore updated this list when carrying out the searches to reflect the most up-to-date knowledge. Thus:

- Business Source Complete replaced Business Source Elite to ensure a more sensitive search. Business Source Complete contained more active, peer-reviewed, business related journals than any other database currently available.
- We searched the Cochrane Library rather than only Cochrane Central in order to find the widest range of Cochrane studies and resources that may be relevant.
- We changed the title for the ISI Index to the Social Sciences and Humanities to its more commonly used Conference Proceedings Citation Index – Social Sciences & Humanities (CPCI-SSH). The *ISI Web of Knowledge* Social Science Citation Index was also searched as per the protocol.
- Sociological Abstracts was the new name for SocioFile.
- Dissertation Abstracts International was a print index for the ProQuest Dissertation and Theses Database, so we used the online database, using both ‘ProQuest Dissertation and Thesis: Full Text’ and ‘ProQuest Dissertations & Theses: UK & Ireland’ to have optimal geographical coverage.

### 3.2.3 Searching other resources

In attempt to capture unpublished reports, the above list includes some databases known to encompass grey literature: CPCI-SSH Conference Proceedings Citation Index, OpenGrey, PAIS International, PolicyFile, and Proquest dissertation and thesis.

Additionally, we hand searched the *Journal of Refugee Studies* for any relevant articles that may have been published since its inception (1988).

We also searched the following websites covering research and policy, and relevant governmental organisations:

- Center for Migration and Refugee Studies, American University in Cairo: [www.aucegypt.edu/gapp/cmrs](http://www.aucegypt.edu/gapp/cmrs)
- Centre for Refugee Research, University of New South Wales: [www.crr.unsw.edu.au/](http://www.crr.unsw.edu.au/)
- Centre for Refugee Studies, York University: <http://crs.yorku.ca/>
- Centre for Research on Migration, Refugees and Belonging, University of East London: [www.uel.ac.uk/cmrb](http://www.uel.ac.uk/cmrb)

- Department for Work and Pensions Social Research Branch:  
[www.dwp.gov.uk/asd/asd5/index.html](http://www.dwp.gov.uk/asd/asd5/index.html)
- Forced Migration Online Digital Library: [www.forcedmigration.org/digital-library](http://www.forcedmigration.org/digital-library)  
(This website was browsed, but a search was not possible due to technical difficulties which persisted through this research.)
- Manpower Demonstration Research Corporation: [www.mdrc.org](http://www.mdrc.org)
- Mathematica Policy Research: [www.mathematica-mpr.com](http://www.mathematica-mpr.com)
- National Centre for Social Research:  
[www.natcen.ac.uk/natcen/pages/op\\_employment.html](http://www.natcen.ac.uk/natcen/pages/op_employment.html)
- National Institute for Social Work: [www.nisw.org.uk/about.html](http://www.nisw.org.uk/about.html)
- Norwegian Refugee Council, Evaluations: [www.nrc.no/?aid=9160729](http://www.nrc.no/?aid=9160729)
- Office of Refugee Resettlement, U.S. Department of Health and Human Services, Administration for Children and Families: [www.acf.hhs.gov/programs/orr/](http://www.acf.hhs.gov/programs/orr/)
- Refugee Services, New Zealand: [www.refugeeservices.org.nz](http://www.refugeeservices.org.nz)
- Refugee Studies Centre, Oxford University: [www.rsc.ox.ac.uk](http://www.rsc.ox.ac.uk)
- Urban Institute: [www.urban.org](http://www.urban.org)
- UNHCR: The UN Refugee Agency, Policy Development and Evaluation:  
<http://www.unhcr.org/pages/4a1d28526.html>

We also inspected the bibliographies of all studies reviewed in full text, and used personal contacts, listservs/discussion lists, Twitter, and Facebook groups in attempt to locate any relevant ongoing or unpublished studies.

### 3.2.4 Selection of studies

Records were screened and selected through a two-part process. Through each stage, the number of papers excluded and retrieved was noted in the flow diagram in the next section.

First, both review authors separately reviewed all titles and available abstracts obtained from the search. When there was any doubt about the relevance of the title or differences in opinion between the two review authors, the full text of the paper was obtained and reviewed.

Second, all studies retrieved were screened by the two review authors against the inclusion criteria using the screening guide (in the Appendices, Section 8.2).

If studies met inclusion criteria, we planned to use the data collection sheet for included studies (in the Appendices, Section 8.3) and the risk of bias sheet (Section 8.4), and plans for analysis (below). Evidence of effectiveness was to be examined only for studies meeting the screening criteria.

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### 3.3 PLANS FOR ANALYSIS

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If studies had met the inclusion criteria, the plans below would have been followed.

#### 3.3.1 Data extraction

The review authors planned to independently extract and code studies in the data extraction sheet. The initial data extraction sheet included information on the context, study design, study sample, and outcomes. A separate risk of bias sheet can be found in the Appendices, Section 8.4 to assess and record the quality of included studies. The review authors planned to assess the appropriateness of the data extraction and would have determined if changes were necessary. Relevant primary investigators were to be contacted as necessary for missing or unclear information. Disagreement on extraction and coding would have been resolved through consulting an independent reviewer at the Centre for Evidence-Based Intervention at the University of Oxford or the Campbell Methods Group.

#### 3.3.2 Risk of bias table

As previously stated, internal validity was ensured by including only studies with the following designs: prospective randomised controlled trials, quasi-randomised controlled trials, or nonrandomised controlled trials which adjust for baseline differences.

For included studies, additional risk of bias was planned to be assessed using both i) categories outlined in the *Cochrane Handbook for Systematic Reviews of Interventions* (Higgins & Green, 2011: Section 8.6) and ii) predetermined criteria previously published in two systematic reviews and modified to adapt to the parameters of this study as shown in appendix 8.4 (Morton, 2011; Zief, Lauver, & Maynard, 2006). Review authors planned to independently complete both of the risk of bias sheets. Relevant primary investigators were to be contacted to request any missing information. If there had been any dispute between the two review authors, an arbiter from the Centre for Evidence-Based Intervention at Oxford University or the Campbell Methods Group would have been consulted.

i) Using the data extraction form, review authors planned to independently assess each study for risk of bias on the following criteria as outlined by the *Cochrane Handbook for Systematic Reviews of Interventions* (Higgins & Green, 2011: Section 8.6):

1. Sequence generation (was the allocation sequence adequately generated?)
2. Allocation concealment (was allocation adequately concealed?)
3. Blinding of participants, personnel and outcome assessors (was knowledge of the allocated intervention adequately prevented during the study?)
4. Incomplete outcome data (were incomplete outcome data adequately addressed?)
5. Selective outcome reporting (were reports of the study free of suggestion of selective outcome reporting?)
6. Other sources of bias (was the study apparently free of other problems that could put it at a high risk of bias?)

One example of 'other sources of bias' could have been including participants who have received employment services from more than one agency. This could lead to bias, as participants in this subgroup may be more likely to demonstrate an effect after having received a higher dosage of employment services.

For each domain, review authors planned to independently assign each included study to one of the following categories:

- (A) High risk of bias
- (B) Low risk of bias
- (C) Unclear or unknown bias

ii) Additionally, we planned to carry out a narrative assessment of bias based on the second risk of bias table. This table was adapted to this review to accommodate both randomised controlled trials and high-quality quasi-experimental designs. In particular, these criteria would have addressed how a study controls for baseline differences, reassignment, and attrition. Studies would have been considered to be of higher quality if they meet *What Works Clearinghouse* standards for overall and differential attrition (Mathematica Policy Research, Inc., 2011: 13-14), use statistical tools to adjust for all baseline differences that are statistically significant before the intervention, and use original assignment of intervention and other groups as the basis for analyses. These standards have been used in recent systematic reviews (Del Grosso, Kleinman, Esposito, Martin, & Paulsell, 2011; Mathematica Policy Research & Child Trends, 2012). This assessment of the risk of bias was not intended to be a ranked or quantitative exercise. Rather, the exercise was planned to facilitate discussion about the strengths and weaknesses of the research designs and their implementation for included studies.

### **3.3.3 Measures of treatment effect**

#### *Binary data*

For dichotomous outcomes, such as employed or unemployed, we planned to report relative risks (i.e. risk ratios) (Higgins & Green, 2011: section 9.2.2).

#### *Continuous data*

In line with the systematic review for work programmes for welfare recipients (Smedslund et al., 2004), we planned to use the mean difference (i.e. weighted mean difference) for outcomes that are continuous variables, such as salary, and are reported on the same scale of measurement. For outcomes reported on different scales, we planned to use Hedges' *g* to report standardized mean differences (SMDs) (Higgins & Green, 2011: section 9.2.3). We planned to report the 95% confidence intervals for mean differences and standardized mean differences.

#### *Synthesising binary and continuous data*

Had both binary and continuous data been reported across studies, the review authors would have assessed and discussed whether it was logical and appropriate in the context of the

study and wider field to convert the continuous data into dichotomous data. The cut-off point for the dichotomous data must be meaningful and reasonable. We planned to consult experts from the Campbell Methods Group and the Centre for Evidence-Based Intervention as necessary, and report synthesised data as appropriate.

### **3.3.4 Unit of analysis issues**

#### *Cluster-randomised trials*

We anticipated that allocation to the intervention group would be at the individual level. In the event of clustering, for example on the community level, we anticipated that investigators would have controlled for a clustering effect in their results. We planned to contact authors for further information if that had been unclear. If the clustering effect was not controlled for, we would have requested individual participant data to calculate an estimate of the intra-cluster correlation coefficient (ICC), and, if that was not available, we planned to obtain external estimates of the ICC from similar studies. We planned to then enter these data into RevMan to analyse effect sizes and confidence intervals using the generic inverse variance method (Higgins & Green, 2011: 16.3.3).

#### *Repeated observations on participants*

One potential complication of a systematic review of studies in this area is that most studies could report multiple outcomes, and some could report the same outcome (e.g. salary) at multiple time points. The statistical methods outlined required that findings (e.g. standardized mean differences) come from unique samples.

In order to address this problem, all findings meeting the criteria of this review were to be coded, but for meta-analysis we planned to use the data from the longest follow-up that is based on the full sample (i.e. not affected by attrition) (Higgins & Green, 2011: Section 9.3.4). We planned to use the attrition guideline standards set by *What Works Clearinghouse*, accounting for different levels of overall and differential attrition as well as the primary investigator's judgment about whether the source of attrition is at random or endogenous (Mathematica Policy Research, Inc., 2011: 13-14; Mathematica Policy Research & Child Trends, 2012).

### **3.3.5 Dealing with missing data**

If a study had missing data, we would have contacted the primary author to request additional information. For trials reporting outcomes only for participants completing the trial, the primary author would be asked to provide additional information to permit intention-to-treat analyses. Studies in which participants were analysed as members of the groups to which they were originally assigned (intention-to-treat analysis), studies that included only those participants who were willing or able to provide data (available-case analysis), and studies that analysed participants who adhered to the study's design (per-protocol analysis) would have been analysed separately.

If obtaining missing data was not possible or investigators were unresponsive, we would have made assumptions regarding whether the data were ‘missing at random’ or ‘not missing at random’ and would have followed the recommendations of the *Cochrane Handbook for Systematic Reviews of Interventions* (Higgins & Green, 2011: Section 16.1.2). We anticipated that data that were not missing at random were likely to be missing for reasons related to the outcomes of the missing data. For example, if a participant agreed to take part in an employment services intervention, but was unhappy with not finding a job or the job found, the participant may have been unwilling to complete any follow-up interviews or questionnaires on his or her experience. In such a situation, where dichotomous data were missing, we planned to impute data with the assumption that the participants experienced the less favourable outcome. We also planned to explore the possibility that those missing experienced the positive outcome (found work) and impute data based on this assumption. We planned to conduct sensitivity analyses to examine the impact on the results of changes in the assumptions made about missing data.

If studies had missing summary data, such as missing standard deviations, we planned to derive these where possible, using calculations provided in the *Cochrane Handbook for Systematic Reviews of Interventions* (Higgins & Green, 2011: Section 16.1.3).

We planned to specify the methods used to address any missing data in the results tables. If imputation was not possible, we planned to outline the reasons for this in the text.

### **3.3.6 Assessment of heterogeneity**

We planned to record any heterogeneity in terms of study demographics, setting, programme characteristics, and study quality both in a narrative format and in a table.

If meta-analysis had been used, statistical heterogeneity would have been reported both using a Q statistic and its p value, the I<sup>2</sup> statistic, and by visual inspection of forest plots.

### **3.3.7 Assessment of reporting biases**

Reporting bias could have been present both as a result of publication bias and because of selective reporting. Extensive searches were conducted to attempt to identify both published and unpublished studies. We planned to use funnel plots for information about possible publication bias if we found sufficient studies (e.g. at least ten studies, Higgins & Green, 2011: 10.4.1). However, asymmetric funnel plots are not necessarily caused by publication bias (and publication bias does not necessarily cause asymmetry in a funnel plot). If asymmetry had been present, we would have considered possible reasons for this.

We also planned to seek to identify any pre-published study protocols to check that all pre-specified items appear in the final reports. Additionally, review authors would have contacted researchers with regard to missing data and information, and all missing data and concerns about reporting biases would have been reported.

### 3.3.8 Subgroup analysis

We planned to subgroup results by:

- gender of the participants (Beiser & Hou, 2003; Siraj, 2007);
- language proficiency level for the national language of the resettlement country at baseline (Mamgain & Collins 2003; Potocky-Tripodi, 2004); and,
- ethnic group of the participants (e.g. this may be split by countries of origin; Siraj, 2007).

If sufficient data had existed and comparison conditions had been similar, subgroup analyses in RevMan would have examined potential differential effects of interventions, dividing studies using meta-regression where appropriate (Higgins & Green, 2011: Section 9.6) according to:

- programme content grouped if there were clear delineations in approach, intensity, and content (e.g. mediation between employers/employees, employment mentorship, and language training)
- programme provider as defined as government provider, co-ethnic community provider, other non-profit provider, or a private provider;
- population served by:
  - gender of the participants,
  - language proficiency level for the national language of the resettlement country, and,
  - ethnic group of the participants
- the setting by country (e.g. USA, Canada, and Australia)

In the event of sufficient studies and data for subgroup analyses, these analyses would have been accompanied by a discussion of their potential pitfalls. No conclusions from subgroup analyses would have been drawn and interpretation of relationships would have been cautious, as they are based on subdivision of studies and indirect comparisons.

### 3.3.9 Sensitivity analyses

We planned to perform sensitivity analysis to assess whether the findings of this review were robust with respect to the decisions made in the process of obtaining them. For example, sensitivity analyses may have been performed by excluding studies according to study quality issues (including those with low sample size and high risk of bias) and by separating studies by design (i.e. randomised controlled trials from quasi-experimental designs). For methodological quality, we planned to consider sensitivity analysis for each major component of the risk of bias checklists. Sensitivity analysis would further be used to examine the robustness of conclusions in relation to the quality of data (outcome measures based on different time intervals).

### **3.3.10 Data synthesis**

Meta-analysis would have been used if appropriate. If sufficient studies were identified, we planned to analyse the effects of differing types of interventions, time points, and/or comparison conditions separately. Meta-analyses would have been conducted for each outcome construct separately, combining dichotomous and continuous outcomes as appropriate as discussed in ‘Section 7.5.1 Measures of Treatment Effect’. The standard for study design was fairly strict to be included in this review, so we did not plan separate studies by study design, but study design would have been explored through sensitivity analyses if there had been sufficient studies.

### **3.3.11 Statistical procedures and conventions**

A random effects model would have been assumed given the expected level of heterogeneity across studies. If there were sufficient studies, analyses would have been performed using RevMan5, SPSS, or STATA.

### **3.3.12 Narrative synthesis**

We planned to use a narrative synthesis of the results to present information on the strength of the study design, risk of biases, population differences, context of the intervention, and context of the results. Depending on the quantity of papers that met the inclusion criteria, we had planned follow the three step suggestion of Petticrew and Roberts (2005): ‘(i) organizing the description of the studies into logical categories; (ii) analyzing the findings *within* each of the categories; and (iii) synthesizing the findings *across* all included studies’ (p.170). As planned, we discussed the nature of excluded studies in the appendix since no studies met the inclusion criteria.

### **3.3.13 Treatment of qualitative research**

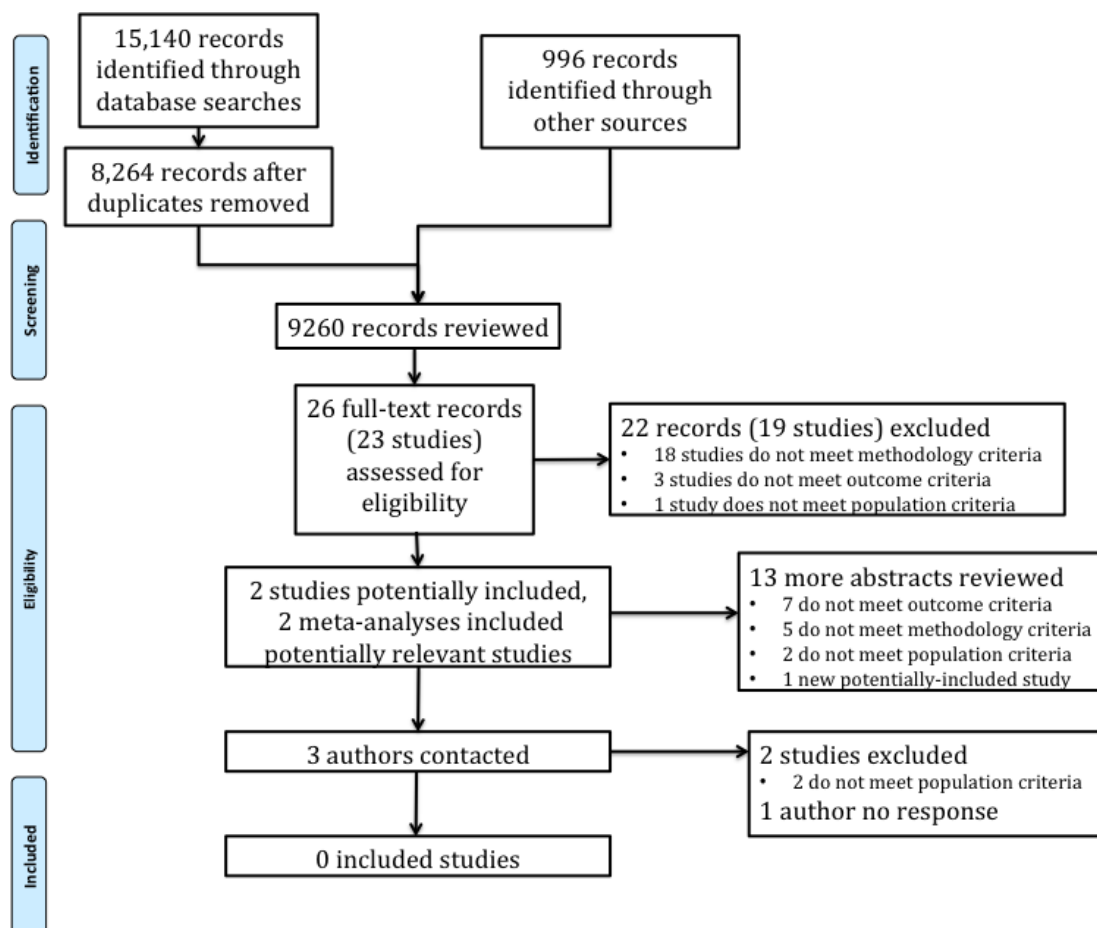
Qualitative data from any included studies was viewed as useful in contextualizing the results and determining the risk of bias, and would have been reported in the review if it had been available.



## 4 Results

### 4.1 RESULTS OF THE SEARCH AND STUDY SELECTION

Of the 9,260 records identified, 26 records corresponding to 23 unique studies were identified for full screening; 22 of these records corresponding to 19 unique studies were excluded after inspecting the full text. Two of the studies were systematic reviews, which led to a further 13 abstracts and one potentially new study being reviewed. Three primary investigators were contacted in an attempt to establish eligibility for their studies; two responded and their studies were excluded based on the information provided.



**Figure 1: Flow chart for study selection**

Of the 27 records (24 studies) reviewed in full text, 18 were excluded because they did not meet methodology criteria, 3 did not meet outcome criteria, 3 did not meet population

criteria, and one author was nonresponsive. There were no disputes between the two review authors regarding the inclusion/exclusion of studies.

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## **4.2 INCLUDED STUDIES**

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No studies met the inclusion criteria. Consequently, evidence of effectiveness could not be examined.

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## **4.3 EXCLUDED STUDIES**

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Most of the citations were excluded on the basis of title and abstract. Section 8.4 provides details of reasons for exclusion of the 27 reviewed in full text.

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## **4.4 ONGOING STUDIES**

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We were able to locate one potentially relevant ongoing study, dated September 2013-March 2016 and entitled 'Optimising refugee resettlement in the UK: a comparative analysis'. The study is led by Dr Michael Collyer, Prof Rupert Brown, Dr Linda Morrice, and Dr Linda Tip at the University of Sussex. It seeks to compare three locations in terms of integration outcomes for resettled refugees and find the key determinates of integration outcomes among resettled refugees, especially subjective well-being, self-efficacy, and perceived social acceptance (Sussex Centre for Migration Research, 2014).

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## 5 Discussion

The questions in this systematic review – about 1) whether interventions designed to improve the economic self-sufficiency and well-being for resettled refugees affect participants' labour force participation, employment, use of cash assistance, income, job retention, and quality of life, and 2) whether effects differ depending on programme content, programme provider, populations served, or the setting – are of great importance. First, these questions are crucial to those who are forcibly displaced and to the millions who have been resettled over the past 30 years, beginning their life in a new country. Resettled refugees often prioritize outcomes such as employment as important in their own lives (Valtonen, 1998). Second, these questions are of upmost importance to the governments, non-governmental organisations, practitioners and communities who assist in refugee resettlement programmes. Refugee resettlement programmes are often long-standing with 26 countries having resettlement programmes with UNHCR as of 2012. The three largest resettlement countries have some form of economic self-sufficiency as central to their programmes, and the US currently invests of \$1 billion per year in refugee resettlement programming.

No studies met the review's inclusion criteria. We reviewed 27 records, corresponding to 24 studies, and excluded all of them. The studies reviewed and excluded were limited in their ability to answer questions of causal effects with minimal potential for bias, and most were excluded for failing to meet methodology criteria. Many of the studies we excluded were carried out retrospectively or had a non-randomised design without a control or comparison group. The inclusion criteria were designed to isolate study designs that had potential to reveal not only if the refugees who receive the intervention improved their outcomes, but also if the improvement was caused by the intervention.

The absence of evidence found in this review is not evidence of absence of effects of these resettlement interventions (Montgomery et al, 2011; Schlosser & Sigafos, 2009). Programmes may be improving outcomes or may even be causing harm, but it is not possible to conclude beyond the evidence.

This review was designed with clear questions and scientific rigor to minimize bias, as per the principles of the Cochrane Collaboration and the practice of systematic reviewers.

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## **5.1 LIMITATIONS OF STUDIES**

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No studies were included in this review.

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## **5.2 IMPLICATIONS FOR RESEARCH, PRACTITIONERS AND POLICY**

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This review points to a clear need for future research using prospective, controlled designs (RCT or QED) to examine the effects of interventions on the economic self-sufficiency and well-being of resettled refugees. Other research designs may be insufficient; for example, retrospective studies and those with non-randomised designs without a control or comparison group make it difficult to isolate effects to the intervention rather than to other changes that happened during the time the study took place. Prospective, controlled designs have been used to determine the effects of employment, economic self-sufficiency and well-being interventions with other populations (Office of Planning Research and Evaluation, 2013). We believe that greater investment should be made in studies with this type of design, given the importance of this resettled refugee population and of economic self-sufficiency and well-being in policy.

Furthermore, several of the reports we excluded did not provide clear information on the population studied. Studies should specify whether the refugees in the sample arrived as asylum-seekers or through government resettlement, as this may affect their reception experience, including services they are entitled to receive, their ability to find employment, and their well-being.

For practitioners and policymakers, it is important to point out that this review did not find any evidence for or against interventions.

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## **5.3 PLANS FOR UPDATING THE REVIEW**

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The authors aim to update the review within three years.

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## 6 Acknowledgements

This systematic review was completed through the support of the Oxford Centre for Evidence-Based Intervention and the Campbell Collaboration. The lead reviewer was supported by the Rhodes Trust and Truman Foundation. We would like to thank Marie Hull for her assistance in obtaining one of the full papers and to all of the authors and researchers who responded to inquiries for their cooperation and assistance.

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## 7 References

- Beiser, M., & Hou, F. (2000). Gender differences in language acquisition and employment consequences among Southeast Asian refugees in Canada. *Canadian Public Policy/Analyse De Politiques*, 26(3), 311-330.
- Bollini, P., Pampallona, S., Wanner, P., & Kupelnick, B. (2009). Pregnancy outcome of migrant women and integration policy: A systematic review of the international literature. *Social Science & Medicine*, 68(3), 452-461.
- Bronstein, I., & Montgomery, P. (2011). Psychological distress in refugee children: A systematic review. *Clinical Child and Family Psychology Review*, 14, 44-56. doi: 10.1007/s10567-010-0081-0
- Casasola, M. (2001). Current trends and new challenges for Canada's resettlement program. *Refuge: Canada's Periodical on Refugees*, 19(4), 76-83.
- Citizenship and Immigration Canada. (2011). *Canada: A history of refuge*. Retrieved from <http://www.cic.gc.ca/english/refugees/timeline.asp> (accessed 24 June 2012).
- Clark, R. C., & Mytton, J. (2007). Estimating infectious disease in UK asylum seekers and refugees: A systematic review of prevalence studies. *Journal of Public Health*, 29(4), 420-428.
- Del Grosso, P., Kleinman, R., Esposito, A. M., Martin, E. S., & Paulsell, D. (2011). *Assessing the evidence of effectiveness of home visiting program models implemented in tribal communities: final report*. Washington, DC, USA: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- 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.
- Gagnon, A., & Tuck, J. (2004). A systematic review of questionnaires measuring the health of resettling refugee women. *Health Care for Women International*, 25(2), 111-149.
- Gauthier, M. (2010). *Canadian refugee resettlement: A case study of the process of policy-making for Iraqi refugees*. Master's Thesis, The American University in Cairo, Digital Archive and Research Repository. Retrieved from <http://hdl.handle.net/10526/711> (Accessed 24 June 2012).
- Greenhalgh, T. (2010). *How to read a paper: The basics of evidence-based medicine* [Third Edition]. Oxford, UK: Blackwell Publishing, Ltd.

- Hailbronner, K. (1994). Asylum law reform in the German Constitution. *American University International Law Review*, 9(4), 159-179.
- Hammerstrøm, K., Wade, A., & Jørgensen, A. M. K. (2010). Searching for studies: A guide to information retrieval for Campbell Systematic Reviews. *Campbell Systematic Reviews* 2010: Supplement 1. doi: 10.4073/csrs.2010.1
- Higgins, J.P.T., & Green, S. (2011). *Cochrane Handbook for Systematic Reviews of Interventions*. Version 5.1.0 [updated March 2011]. The Cochrane Collaboration. Available from [www.cochrane-handbook.org](http://www.cochrane-handbook.org). (Accessed 18 June 2012).
- Jenkison, C., & McGee, H. (1998). *Health status measurement: A brief but critical review*. Oxford, England: Radcliff Medical Press.
- Lipsey, M. W., & Wilson, D. B. (2001). *Practical meta-analysis*. Thousand Oaks, California, USA: Sage Publications.
- Littell, J. H., Corcoran, J., & Pillai, V. (2008). *Systematic reviews and meta-analysis*. Oxford, England/New York, USA: Oxford University Press. Retrieved from [www.oxfordscholarship.com](http://www.oxfordscholarship.com) (Accessed 10 January 2012). doi: 10.1093/acprof:oso/9780195326543.001.0001.
- Mamgain, V., & Collins, K. (2003). Off the boat, now off to work: Refugees in the labour market in Portland, Maine. *Journal of Refugee Studies*, 16(2), 113-146.
- Marshall, G.N., Schell, T.L., Elliott, M.N., Berthold, S.M., & Chun, C. (2005). Mental health of Cambodian refugees 2 decades after resettlement in the United States. *JAMA*, 294(5), 571-579. doi:10.1001/jama.294.5.571
- Mathematica Policy Research, Inc. (2011). *What works clearinghouse: Procedures and standards handbook* (Version 2.1). Institute of Education Sciences, U. S. Department of Education. Retrieved from <http://ies.ed.gov/ncee/wwc/> (Accessed 17 June 2012).
- Mathematica Policy Research, Inc. & Child Trends. (2012). *Identifying programs that impact teen pregnancy, sexually transmitted infections, and associated sexual risk behaviors: review protocol* (Version 2.0). Retrieved from <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/eb-programs-review-v2.pdf> (Accessed 10 June 2012).
- Montgomery, P., Yaffe, J., Hopewell, S., & Shepard, L. (2011, October 19). Running on empty: The Cochrane empty reviews project report of findings and consensus group feedback . [Meeting presentation at the 19th Cochrane Colloquium in Madrid, Spain]. Retrieved from <http://emptyreviews.files.wordpress.com/2011/11/madridmeetingpresentation-finalpostedits.pdf> (Accessed 20 Feb 2014).
- Morton, M. (2011). *Measuring impacts of youth empowerment: An international systematic review and a randomized controlled trial with out-of-school youth in Jordan*. DPhil Thesis, University of Oxford (Oxford, UK).
- Office of Planning, Research and Evaluation, Administration for Children and Families, US Department of Health and Human Services. (2013). *Portfolio of Research in Welfare*

- and Family Self-Sufficiency*. Retrieved from [http://www.acf.hhs.gov/sites/default/files/opre/opre\\_ar\\_fy\\_13\\_final\\_eversion.pdf](http://www.acf.hhs.gov/sites/default/files/opre/opre_ar_fy_13_final_eversion.pdf) (Accessed 26 March 2014).
- Petticrew, M., & Roberts, H. (2006). *Systematic reviews in the social sciences: A practical guide*. Oxford, UK: Blackwell Publishing Ltd.
- Potocky-Tripodi, M. (2004). The role of social capital in immigrant and refugee economic adaptation. *Journal of Social Service Research*, 31(1), 59-91. doi: 10.1300/J079v31n01\_04
- Refugee Council of Australia. (2012). *History of Australia's refugee program*. Retrieved from [www.refugeecouncil.org.au/resources/history.php](http://www.refugeecouncil.org.au/resources/history.php) (Accessed 23 June 2012).
- Robjant, K., Hassan, R., & Katona, C. (2009). Mental health implications of detaining asylum seekers: Systematic review. *British Journal of Psychiatry*, 194(4), 306-12. doi: 10.1192/bjp.bp.108.053223
- Schlosser, R. W., & Sigafoos, J. (2009). Empty reviews and evidence-based practice. *Evidence-based Communication Assessment and Intervention*, 3(1), 1-3.
- Schulz, K. F., Altman, D. B., & Moher, D. for the CONSORT Group. (2010). CONSORT 2010 statement: Updated guidelines for reporting parallel group randomised trials. *British Medical Journal*, 340(332), 698-702. doi: 10.1136/bmj.c332
- Simich, L., Hamilton, H., & Baya, B. K. (2006). Mental distress, economic hardship and expectations of life in Canada among Sudanese newcomers. *Transcultural Psychiatry*, 43(3), 418-444.
- Siraj, T. (2007). *The effect of refugees' homeland education on their earnings in the United States*. PhD Thesis, Georgetown University (Washington, DC, USA).
- Smedslund, G., Espen, D., Hagen, K. B., Steiro, A., Johme, T., Dalsbø, T. K., & Rud, M. G. (2004). Work programmes for welfare recipients [protocol]. *Campbell Systematic Review*. Retrieved from <http://campbellcollaboration.org/lib/project/18/> (Accessed 17 June 2012).
- Sussex Centre for Migration Research. (2014). Optimising refugee resettlement in the UK: a comparative analysis. Funded by the Economic and Social Research Council. Retrieved from [www.sussex.ac.uk/migration/research/current/refugeeresettlement](http://www.sussex.ac.uk/migration/research/current/refugeeresettlement) (Accessed 18 March 2014).
- UNHCR. (2014). *War's human cost: UNHCR global trends 2013*. Geneva, Switzerland: United Nations High Commissioner for Refugees.
- UNHCR. (2013). *Global resettlement statistical report 2012*. Retrieved from <http://www.unhcr.org/52693bd09.html> (Accessed 8 February 2014).
- United States Government Accountability Office. (2011). *Little is known about the effectiveness of different approaches for improving refugees' employment outcomes*. Retrieved from [www.gao.gov/new.items/d11369.pdf](http://www.gao.gov/new.items/d11369.pdf) (Accessed 6 June 2012).



- US Department of State. (2011). Bureau of population, refugees, and migration: What we do. [Web page] Retrieved from [www.state.gov/g/prm/c25756.htm](http://www.state.gov/g/prm/c25756.htm) (Accessed 12 April 2011).
- US Senate, Committee on Foreign Relations. (2010). *Abandoned upon arrival: Implications for refugees and local communities burdened by a U.S. resettlement system that is not working*. Washington, DC, USA: U.S. Government Printing Office. Retrieved from [lugar.senate.gov/issues/foreign/refugee/report.pdf](http://lugar.senate.gov/issues/foreign/refugee/report.pdf) (Accessed 15 June 2012).
- Valtonen, K. (1998). Resettlement of Middle Eastern refugees in Finland: The elusiveness of integration. *Journal of Refugee Studies*, 11(1), 38-60.
- Waxman, P. (2001). The economic adjustment of recently arrived Bosnian, Afghan and Iraqi refugees in Sydney, Australia. *International Migration Review*, 35(2), 472-505.
- Yakushko, O., Backhaus, A., Watson, M., Ngaruiya, K., & Gonzalez, J. (2008). Career development concerns of recent immigrants and refugees. *Journal of Career Development*, 34(4), 362-396. doi:10.1177/0894845308316292
- Zief, S., Lauver, S., & Maynard, R. A. (2006). Impacts of after-school programs on student outcomes. *Campbell Systematic Reviews*, 3. doi:10.4073/csr.2006.3

## 8 Appendices

### 8.1 SEARCH STRINGS USED FOR DATABASES AND SEARCH RESULTS

The following databases were searched 12-14 September 2013.

Database	Search(es)	Hits
Applied Social Sciences Index and Abstracts (ASSIA) (Proquest)	ab,ti((resettle* OR re-settle* OR refuge* OR "force* *migrant*" OR asylum* OR "humanit* entrant*" OR "humanit* settle*") AND (economic OR job* OR employ* OR mone* OR work* OR labour OR labor OR wellbeing OR well-being OR "well being" OR quality NEAR/4 life) AND (outcome* OR evaluat* OR effect* OR efficacy OR compar* OR experiment* OR trial OR control* OR random* OR study OR studies OR assessment OR impact* OR research*)) LIMITERS: 1980-CURRENT	503
EconLit (Proquest)		322
ERIC (Proquest)		689
International Bibliography of the Social Sciences (Proquest)		1150
PAIS International (Proquest)		279
ProQuest Dissertations & Theses Full Text (Proquest)		2348
ProQuest Dissertations & Theses: UK & Ireland (Proquest)		443
Sociological Abstracts (Proquest)		1860
Business Source Complete (EBSCO)	Boolean/Phrase: TI ( (resettle* OR re-settle* OR refuge* OR force* W1 *migrant* OR asylum* OR humanit* W1 entrant* OR humanit* W1 settle*) AND (economic OR job* OR employ* OR mone* OR work* OR lab#r OR wellbeing OR well-being OR well W1 being OR quality N4 life) AND (outcome* OR evaluat* OR effect* OR efficacy OR compar* OR experiment* OR trial OR control* OR random* OR study OR studies OR assessment OR impact* OR research*)) OR AB((resettle* OR re-settle* OR refuge* OR force* W1 *migrant* OR asylum* OR humanit* W1 entrant* OR humanit* W1 settle*) AND (economic OR job* OR employ* OR mone* OR work* OR lab#r OR wellbeing OR well-being OR well W1 being OR quality N4 life) AND (outcome* OR evaluat* OR effect* OR efficacy OR compar* OR experiment* OR trial OR control* OR random* OR study OR studies OR assessment OR impact* OR research*)) Limiters Published Date: 19800101-20131231	692
CINAHL (EBSCO)		482
The Cochrane Library	(resettle* or re-settle* or refuge* or (force* next *migrant*) or asylum* or (humanit* next entrant*) or (humanit* next settle*)) and (economic or job* or employ* or mone* or work* or labour or labor or wellbeing or well-being or "well being" or (quality near/4 life)) and (outcome* or evaluat* or effect* or efficacy or compar* or experiment* or trial or control* or random* or study or studies or assessment or impact* or research*) title, abstract, keywords from 1980 to 2013, in Cochrane Reviews (Reviews and Protocols), Other Reviews, Trials, Methods Studies,	21

	Technology Assessments and Economic Evaluations (Word variations have been searched)	
CPCI-SSH Conference Proceedings Citation Index (Web of Science)	Topic=((resettle* OR re-settle* OR refuge* OR "force* *migrant*" OR asylum* OR "humanit* entrant*" OR "humanit* settle*") AND (economic OR job* OR employ* OR mone* OR work* OR labour OR labor OR wellbeing OR well-being OR "well being" OR (quality NEAR/4 life)) AND (outcome* OR evaluat* OR effect* OR efficacy OR compar* OR experiment* OR trial OR control* OR random* OR study OR studies OR assessment OR impact* OR research*))	158
Social Science Citation Index (Web of Science)		2178
OpenGrey	(resettle* OR re-settle* OR refuge* OR "force* *migrant*" OR asylum* OR "humanit* entrant*" OR "humanit* settle*") AND (economic OR job* OR employ* OR mone* OR work* OR labour OR labor OR wellbeing OR well-being OR "well being" OR (quality NEAR life)) AND (outcome* OR evaluat* OR effect* OR efficacy OR compar* OR experiment* OR trial OR control* OR random* OR study OR studies OR assessment OR impact* OR research*)	137
PolicyFile	(resettle* OR re-settle* OR refuge* OR "force* *migrant*" OR asylum* OR "humanit* entrant*" OR "humanit* settle*") AND (economic OR job* OR employ* OR mone* OR work* OR labor OR well-being OR "well being" OR "quality of life") AND (outcome* OR evaluat* OR effect* OR efficacy OR compar* OR experiment* OR trial OR control* OR random* OR study OR studies OR assessment OR impact* OR research*)	97
PsycINFO	1) (resettle* or re-settle* or refuge* or asylum*).ti,ab. 2) (force* adj immigrant*).ti,ab. 3) (force* adj migrant*).ti,ab. 4) (humanit* adj entrant*).ti,ab. 5) (humanit* adj settle*).ti,ab. 6) 1 or 2 or 3 or 4 or 5 7) (well adj being).ti,ab. 8) (quality adj4 life).ti,ab. 9) (economic or job* or employ* or mone* or work* or labour or labor or wellbeing or well-being).ti,ab. 10) 7 or 8 or 9 11) (outcome* or evaluat* or effect* or efficacy or compar* or experiment* or trial or control* or random* or study or studies or assessment or impact* or research*).ti,ab. 12) 6 and 10 and 11	1877
Social Care Online	(freetext="resettle*" OR freetext="re-settle*" OR freetext="refuge*" OR freetext="force* *migrant*" OR freetext="asylum*" OR freetext="humanit* entrant*" OR freetext="humanit* settle*") AND (freetext="economic" OR freetext="job*" OR freetext="employ*" OR freetext="mone*" OR freetext="work*" OR freetext="labour" OR freetext="labor" OR freetext="wellbeing" OR freetext="well-being" OR freetext="well being" OR freetext="quality of life") AND (freetext="outcome*" OR freetext="evaluat*" OR freetext="effect*" OR freetext="efficacy" OR freetext="compar*" OR freetext="experiment*" OR freetext="trial" OR freetext="control*" OR freetext="random*" OR freetext="study" OR freetext="studies" OR freetext="assessment" OR freetext="impact*" OR freetext="research*")	549

SocIndex (Sociology Research Database)	Boolean/Phrase: TI ((resettle* OR re-settle* OR refugee* OR force* W1 *migrant* OR asylum* OR humanit* W1 entrant* OR humanit* W1 settle*) AND (economic OR job* OR employ* OR mone* OR work* OR lab#r OR wellbeing OR well-being OR well W1 being OR quality N4 life) AND (outcome* OR evaluat* OR effect* OR efficacy OR compar* OR experiment* OR trial OR control* OR random* OR study OR studies OR assessment OR impact* OR research*)) OR AB((resettle* OR re-settle* OR refugee* OR force* W1 *migrant* OR asylum* OR humanit* W1 entrant* OR humanit* W1 settle*) AND (economic OR job* OR employ* OR mone* OR work* OR lab#r OR wellbeing OR well-being OR well W1 being OR quality N4 life) AND (outcome* OR evaluat* OR effect* OR efficacy OR compar* OR experiment* OR trial OR control* OR random* OR study OR studies OR assessment OR impact* OR research*)) Limiters Published Date: 19800101-20131231	1355
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The following were the websites searched and the number of citations specifically reviewed when appropriate. The searches took place 19 June 2013 - 21 August 2013.

Organisation and website	Specific citations reviewed (when applicable)
Center for Migration and Refugee Studies, American University in Cairo: <a href="http://www.aucegypt.edu/gapp/cmrs">www.aucegypt.edu/gapp/cmrs</a>	55
Centre for Refugee Research, University of New South Wales: <a href="http://www.crr.unsw.edu.au/">www.crr.unsw.edu.au/</a>	13
Centre for Refugee Studies, York University: <a href="http://crs.yorku.ca/">http://crs.yorku.ca/</a>	234
Centre for Research on Migration, Refugees and Belonging, University of East London: <a href="http://www.uel.ac.uk/cmrb">www.uel.ac.uk/cmrb</a>	64
Department for Work and Pensions Social Research Branch: <a href="http://www.dwp.gov.uk/asd/asd5/index.html">www.dwp.gov.uk/asd/asd5/index.html</a>	13
Forced Migration Online Digital Library: <a href="http://www.forcedmigration.org/digital-library">www.forcedmigration.org/digital-library</a>	The website's search functions were down, but website itself was reviewed.
Manpower Demonstration Research Corporation: <a href="http://www.mdrc.org">www.mdrc.org</a>	2
Mathematica Policy Research: <a href="http://www.mathematica-mpr.com">www.mathematica-mpr.com</a>	14
National Centre for Social Research: <a href="http://www.natcen.ac.uk/">www.natcen.ac.uk/</a>	21
National Institute for Social Work: <a href="http://www.nisw.org.uk/about.html">www.nisw.org.uk/about.html</a>	0
Norwegian Refugee Council, Evaluations: <a href="http://www.nrc.no/?aid=9160729">www.nrc.no/?aid=9160729</a>	32
Office of Refugee Resettlement, U.S. Department of Health and Human Services, Administration for Children and Families: <a href="http://www.acf.hhs.gov/programs/orr/">www.acf.hhs.gov/programs/orr/</a>	5
Refugee Services, New Zealand: <a href="http://www.refugeeservices.org.nz">www.refugeeservices.org.nz</a>	12
Refugee Studies Centre, Oxford University: <a href="http://www.rsc.ox.ac.uk">www.rsc.ox.ac.uk</a>	146
Urban Institute: <a href="http://www.urban.org">www.urban.org</a>	53
UNHCR: The UN Refugee Agency, Policy Development and Evaluation: <a href="http://www.unhcr.org/pages/4a1d28526.html">http://www.unhcr.org/pages/4a1d28526.html</a>	333

## 8.2 SCREENING GUIDE

<i>Data to be extracted</i>	<i>Notes to reviewer</i>
<b>Preliminary Screening Guide</b>	
Is the study about the economic self-sufficiency or well-being of resettled refugees conducted or published since 1980?	If clearly no, exclude (e.g. editorials, newspaper articles, different subject matter). If yes or unclear, include.
<b>Screening Guide</b>	
Title of study/paper	
Author	
Journal/publication/source of information	
Year of publication/release	
<b>Population</b>	
Are the participants being served by a refugee resettlement entity?	This may be governmental, public, or private
Do the participants fall between the ages of 18 and 64 at the time of intervention?	
<b>Intervention and Comparison</b>	
Is the intervention designed to broadly increase the economic self-sufficiency and well-being of resettled refugees?	A wide range of approaches and durations of the intervention will be accepted here
Is the intervention compared to a control or comparison group receiving 'services as usual' or an alternative intervention?	
<b>Outcomes</b>	
Is there an outcome about the unemployment/employment rate, labour force participation rate, percentage (or portion) of population accessing cash assistance (e.g. specialised refugee cash assistance or public cash assistance), income, job retention, or quality of life?	These will likely be measured by refugee self-report and/or records from governmental agencies or non-governmental organizations.
<b>Evaluation Methodology</b>	
Does the study examine the effects of an intervention using a randomised controlled trial (RCT) design; a quasi-randomised controlled trial design (QRCT, i.e. participants are allocated by	

means such as alternating allocation, person's birth date, the date of the week or month, case number or alphabetical order); or a nonrandomised controlled design (i.e. quasi-experimental design)?	
Were participants prospectively assigned to study groups or a comparison/control group (i.e. alternative intervention or 'services as usual')?	
Did the study measure control or comparison group outcomes concurrently with intervention group outcomes?	
If it is a nonrandomised, controlled study, does it provide information on baseline comparability of the cohorts and use statistical tools to adjust for baseline differences?	If no, the author may need to be contacted to see if this was done in another paper.
<i>If any of the answers above are clearly no, exclude</i>	

## 8.3 DATA EXTRACTION SHEET

Below was the planned data extraction sheet.

Coding form	
<i>General</i>	
Title	Description of target population Method of recruitment
Author	
Year of publication	
Journal/source	
Contact details	
Original language of report	
<i>Context</i>	
Setting	Town/region and country of intervention
Description of setting/contextual variables	<p>From information provided</p> <p>Additionally, mark one category Setting is described primarily as: setting ____</p> <ol style="list-style-type: none"> <li>1. urban</li> <li>2. rural</li> <li>3. suburban</li> <li>4. a mix between urban and rural</li> <li>5. local policy change</li> <li>6. national policy change</li> <li>8. other</li> <li>9. cannot tell</li> </ol>
Description of <i>target</i> population	e.g. gender, nationality of origin, age, language, socio-demographics
Method of recruitment	
Intervention delivery	<p>Description of who delivers the intervention</p> <p>Mark one: Who delivers or provides the intervention?</p> <ol style="list-style-type: none"> <li>1. Government entity</li> <li>2. For-profit entity</li> <li>3. Secular non-profit organization</li> <li>4. Faith-based non-profit organization</li> <li>8. Other</li> <li>9. Cannot tell</li> </ol>
Description of intervention/programme	<p>Including name of intervention, aim/focus, components, manual information</p> <p>Mark one category<sup>1</sup>: type ____</p> <ol style="list-style-type: none"> <li>1. Policy or procedural change</li> <li>2. Short self-sufficiency targeted intervention (avg. 3 sessions or fewer)</li> <li>3. Medium intensity self-sufficiency targeted intervention (4 – 8 sessions)</li> </ol>

<sup>1</sup> Categories specified based on experience and literature. May be modified based on obvious splits for included studies. For use only if sufficient studies for meta-analysis.

	4. Intensive self-sufficiency targeted intervention (9+ sessions) 5. Access to language training only (not broader, 2-4) 6. Meditation between employers and employees only (not broader, 2-4) 7. Access to translation and paperwork assistance only (not broader, 2-4) 8. Other
Intensity of intervention	Descriptive dose (i.e. duration and intensity/number of sessions).  Intended length of intervention (hours) ____ Average length of intervention (hours) ____
Description of counterfactual	Including description of control intervention or 'services as usual', aim/focus, components, dose (i.e. duration and intensity/number of sessions), manual information, who implemented the counterfactual.  Mark one category for the counterfactual ____ 1. Services as usual 2. Other self-sufficiency intervention of equal intensity 3. Other 'unrelated' intervention (e.g. physical health) of equal intensity 4. Intervention of lesser intensity 5. Information 8. Other 9. Cannot tell
Dates of study	
<b>Study design</b>	
Study objective as stated by authors	
Study design (or designs) used	(a) randomised controlled trial; (b) quasi-randomised controlled trial design, or (c) nonrandomised controlled trial with comparison group
Method of randomisation (if applicable)	
Type of data included to assess validity of conclusions	Including statistical tables
Data source	(e.g. administrative records, collected surveys)
Statistical analyses used	
<b>Study sample</b>	
Total number assigned in study	Also include total population
Number to intervention group	
Avg. age and other characteristics of intervention group	Mean age ____ Youngest age ____ Oldest age ____  Approximate gender description of sample ____ 1. All men (>90%) 2. More men than women (60% to 90% men) 3. Roughly half men and half women 4. More women than men (60% to 90% women)



	<p>5. All women (&gt;90%) 9. Cannot tell</p> <p>Regions of origin of sample Percentage from Americas (e.g. Caribbean, Latin America)</p> <p>regamer ____</p> <p>Percentage Asian regasian ____</p> <p>Percentage European regeurope ____</p> <p>Percentage Middle Eastern regme ____</p> <p>Percentage North African regnafrica ____</p> <p>Percentage Sub-Saharan African regssafrica ____</p> <p>Percentage Unknown/Other regunknown ____</p> <p>Reported ethnic group breakdown</p> <p>Other descriptions provided: e.g. socioeconomic status, racial characteristics, SD of age</p>
Number to control/ comparison group	
Avg. age and other characteristics of cont./comp. group	<p>Mean age ____ Youngest age ____ Oldest age ____</p> <p>Approximate gender description of sample ____</p> <p>1. All men (&gt;90%) 2. More men than women (60% to 90% men) 3. Roughly half men and half women 4. More women than men (60% to 90% women) 5. All women (&gt;90%) 9. Cannot tell</p> <p>Regions of origin of sample Percentage from Americas (e.g. Caribbean, Latin America)</p> <p>regamer ____</p> <p>Percentage Asian regasian ____</p> <p>Percentage European regeurope ____</p> <p>Percentage Middle Eastern regme ____</p> <p>Percentage North African regnafrica ____</p> <p>Percentage Sub-Saharan African regssafrica ____</p> <p>Percentage Unknown/Other regunknown ____</p> <p>Reported ethnic group breakdown</p>

	Other descriptions provided: e.g. socioeconomic status, racial characteristics, SD of age
Response rate, baseline: inter. group	
Response rate, baseline: comp. group	
Baseline differences between groups	
Response rate, follow-up: inter. group	If multiple follow-up points, include all points.
Response rate, follow-up: comp. group	If multiple follow-up points, include all points.
Follow-up length – after intervention began	
Follow-up length – after intervention concluded	
Method to account for differences between intervention and control group	(e.g. randomisation, matching, statistical analyses)
Confounders controlled for in the analysis statistically or by matching	
Rate of attrition – overall and differential	
<i>Outcomes – Include outcomes reported for the whole study population as well as subgroups reported by gender, language proficiency of national language of resettlement country, and ethnic group of participants. Additionally, please complete a table for each outcome reported that meets study inclusion criteria.</i>	
Labour force participation	With reported values
Employment (or unemployment) rates	
Usage of cash assistance	
Overall annual income	
Salary	
Average hourly wage	
Job Retention	
Quality of Life	
Other outcomes reported (specify)	
Reported subgroup results	With reported values and including how subgroup was determined (e.g. if endogenous or other validity issues)

# **DICHOTOMOUS OUTCOME DATA**

OUTCOME	TIME POINT(s)*	SOURCE	VALID Ns	CASES (e.g. employed)	NON-CASES	STATISTICS	NOTES AND PAGE NUMBERS
	(record exact time from programme beginning and ending, there may be more than one, record them all)	Questionnaire Admin data Other (specify) Unclear	<u>Intervention</u>  <u>Comparison</u>	<u>Intervention</u>  <u>Comparison</u>	<u>Intervention</u>  <u>Comparison</u>	RR (risk ratio) SE (standard error) 95% CI  Other Covariates (control variables, age, gender, education, English, ethnicity, other)	Note if RR was calculated

Repeat as needed

### CONTINUOUS OUTCOME DATA

OUTCOME	TIME POINT(s)*	SOURCE	VALID Ns	CASES (e.g. employed)	NON-CASES	STATISTICS	NOTES AND PAGE NUMBERS
	(record exact time from programme beginning and ending, there may be more than one, record them all)	Questionnaire Admin data Other (specify) Unclear	<u>Intervention</u>  <u>Comparison</u>	<u>Intervention</u>  <u>Comparison</u>	<u>Intervention</u>  <u>Comparison</u>	P T F Df ES  Other Covariates (control variables, age, gender, education, English, ethnicity, other)	

Repeat as needed

\*If there had been sufficient studies, outcome results would have been grouped by 3-month follow-up, 6-month follow-up, 1-year follow-up, and 5-year follow-up from programme ending.

## 8.4 RISK OF BIAS TABLES

i) This was the Cochrane Collaboration risk of bias table (Higgins & Green, 2011: Section 8.6).

Risk of Bias	Judgement	Comments
Sequence generation		
Allocation concealment		
Blinding		
Incomplete outcome data		
Selective outcome reporting		
Other sources of bias		

ii) This guide for appraising study quality was drawn from: Morton, 2011; Schulz, Altman, & Moher for the CONSORT Group, 2010; and Zief et al., 2006.

Section/Topic	Item No	Checklist item	Comments (Included yes/no, quality)
<b>Title and abstract</b>			
	1	Study Design	
<b>Introduction</b>			
Background and objectives	2	Relationship of the evaluator to intervention	
	3	Relationship of the study sponsor to intervention	
	4	Explanation of rationale for the intervention	
	5	Specific objectives or hypotheses	
	6	Logic model or theory of change	
<b>Methods</b>			
Trial design	7	Description of trial design: (a) randomised controlled trial; (b) quasi-randomised controlled trial design, or (c) nonrandomised controlled trial with comparison group	
	8	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	
Participants	9	Eligibility criteria for participants	
	10	Settings and locations where the data were collected	
Recruitment	11	Explanation of recruitment procedures	

Interventions	12	Precise details of the intended intervention	
	13	Precise details on the implementation of the intervention	
	14	Information about the activities of the control/comparison group	
	15	Information on possible contamination	
Outcomes	16	Clearly defined pre-specified primary and secondary outcome measures	
	17	Outcome measures aligned with the goals of the intervention	
	18	Explanation of measurement instruments and information regarding their validity and reliability	
	19	Methods used to enhance the quality of the data (supplemental studies, multiple evaluations, training of data collectors)	
Sample size	20	How sample size was determined (ideally, use of power analysis to determine sample size)	
	21	Sample size of treatment and comparison groups	
<i>Randomisation (if applicable):</i>			
Sequence generation	22a	Explanation of the method used to generate the random allocation sequence, including details of any restrictions (e.g. blocking, block size, stratification)	
Allocation concealment mechanism	23a	Mechanism used to implement the random allocation sequence (including any concealment)	
Implementation	24a	Information on who generated the random allocation sequence, enrolled participants, and assigned participants to interventions	
<i>Comparison group analysis (if applicable):</i>			
Statistical methods	22b	Justification for comparison group	
	23b	Statistical methods used to control for differences in outcome measures at baseline	
	24b	Statistical methods used to control for demographic variables (and listing of variable)	
	25	Statistical methods used to compare groups for primary and secondary outcomes	
	26	Methods for additional analyses, such as subgroup analyses and adjusted analyses	
	27	Appropriateness of methods chosen	
	28	Pre-intervention measures of outcomes and other important variables collected at baseline and incorporated into the analysis	

## Results

Participant flow and Attrition	29	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	
	30	Number in each group who withdrew from study and lost to follow-up	
	31	Number excluded from analysis (give reason)	
	32	Overall and differential attrition calculated	
	33	Attrition > 20%: Completers statistically compared to non-completers	
	34	Attrition > 20%: Baseline equivalence of analytic sample demonstrated	
Intention-to-treat	35	Whether the analysis was by “intention-to-treat”	
	36	A table showing baseline demographic and clinical characteristics for each group	
Baseline data			
Numbers analysed	37	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	
Outcomes and data reporting	38	For each primary and secondary outcome, results for each group reported	
	39	Means and standard deviations reported	
	40	<i>p-values</i> and degrees of freedom reported	
	41	Effect sizes and their precision (such as 95% confidence interval)	
	42	Other value reported (specify)	
Ancillary analyses	43	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	
Harms	44	Inclusion of harms or unintended effects in each group (for specific guidance see CONSORT for harms)	

## Discussion

Interpretation	45	Discussion of trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	
	46	Interpretation of the results, taking into account study hypotheses and sources of potential bias or imprecision	
	47	Use of observational data to understand impact results	

Generalisability	48	Generalisability of the results	
	49	Replicability of the intervention	
Overall evidence	50	Interpretation consistent with results and done so in the context of current evidence	
Other information			
Registration	A	Registration number and name of trial registry	
Protocol	B	Where the full trial protocol can be accessed, if available	
Funding	C	Sources of funding and other support	

## 8.5 EXCLUDED STUDIES

The table on the next page is a list of excluded studies. Please note that shorthand is used for much of the questions and studies. Please see section 8.2 for the full screening guide and the end of this section for the full citations.

Study Number 24 was added after reviewing two systematic reviews (McFarlane & Kaplan, 2012; Palic & Elklit, 2011), both of which included Kruse et al, 2009, which appeared to potential meet inclusion criteria. These two systematic reviews and the three primary authors contacted (Kruse, Jepersen, and Paunovic) all focused on clinical treatment of refugees with mental health diagnoses and also included a measure of well-being. These works point to a growing literature on the effectiveness and efficacy of treating mental health diagnoses among refugees, both those who arrive as asylum-seekers and as resettled refugees. The rigorous clinical research around refugees seems to be growing at a faster rate than the rigorous nonclinical literature focused on items such employment.

Many of the excluded studies stem from policy documents and government-funded research across the decades, indicating a long-time commitment to refugee resettlement, particularly employment and economic self-sufficiency. The excluded studies range from being published in 1984 to 2012. Some of the older studies were obtained from authors, microfiche in the United States, records in the British Library, and the Oxford Refugee Studies Centre Collection. It is important to maintain these records for research, and hopefully many of these records will be digitized in the future for greater accessibility.

As discussed previously, out of all of the full-papers reviewed, 18 were excluded because they did not meet methodology criteria, 3 did not meet outcome criteria, 3 did not meet population criteria, and one author was nonresponsive. Research design that minimizes bias when discussing effects is of great concern to this research field. This concern can be looked at when examining one excluded study of relatively better design quality than average and with a large sample size: 'A Quantitative Comparison of the Effectiveness of Public and Private Refugee Resettlement Programs: An Evaluation of the San Diego Wilson Fish Demonstration Project' (Hohm, Sargent, & Moser, 1999). This evaluation looked at the outcomes for adult refugees without children in San Diego, US served by a private-sector



approach compared to outcomes for those served by a standard, public-sector approach of employment services administered by the Department of Social Services. Outcomes measured included the number of refugees who found jobs within eight months, the number of days refugees received financial support, and the number of days it took to find a job for those employed.<sup>2</sup> For each measure, the researcher did a t-test or chi-squared calculation. Although the researcher defended equivalence of the intervention and comparison groups, there are serious risks of bias including the retrospective design, unclear explanation for how refugees were non-randomly assigned to one group or the other, and demographic comparisons of each group only on gender, ethnicity, and age. There could have been significant differences in socioeconomic status or education before the services, which may have affected outcomes.

The excluded studies do not represent the best quality studies in this field, but they were unable to be excluded based on their abstracts. As such, there are limited implications for policy or practice.

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<sup>2</sup> This last measure is an endogenous subgroup, which would not be included in analyses. The population of those who find jobs may be influenced by the interventions (i.e. the populations may be different between the private-sector and standard services). Thus, the comparison of the number of days between the two groups would be looking at two subgroups that may not be equivalent due to the interventions.

Study No.	1	2	3	4_A-B	5	6	7	8	9	10_A-B	11	12_A-B	13	14	15	16	17	18	19	20	21	22	23	24
Study information	US GAO, 1990	Partners in Economic Development, 1994	Arter, 1984	Aslund et al, 2009 & 2010	Adelman, 1999	Bach & Carroll-Sequin, 1986	Beiser & Johnson, 2003	Bollinger & Hagstrom, 2011	Brown, 2011	Caplan, 1985 & 1989	Cichon, 1985	Damm et al, 2009, and 2012	Forbes, 1985	Goodkind, 2004	Hohm et al, 1999	Jeperse n & Vuust, 2012	Lukes, 1997	McFarlane and Kaplan, 2012	McPherson, 2012	Palic & Elklit, 2011	Paunovic & Ost, 2001	Tollefson, 1989	Tran, 1991	Kruse et al, 2009
Populations: Are they resettled refugees?	Yes	Maybe	Yes	No	Yes	Yes	Yes	Maybe	Yes	Yes	Yes	No	Yes	Yes	Yes	No *emailed	Unclear	Yes	No	Some	Unclear	Yes	Yes	No*emailed
Are the participants aged 18-64?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Intervention: Is the intervention designed broadly to affect desired outcomes?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Comparison: Is there a control or comparison group?	No	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Outcomes: Is there an outcome of interest?	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Evaluation: Does the study use a RCT, QRCT, or QED design?	No	No	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes
Was it prospective?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes
Did the study measure groups concurrently?	No	No	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	N/A	Yes
If it is a NRCT, does it provide information on baseline comparability and controls?	N/A	No	No	Maybe	No	No	Yes	No	No	No	No	Maybe	Yes	--	Yes	N/A	N/A	N/A	N/A	Yes	Yes	No	N/A	N/A
Include (I) /Exclude (E)	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E,Added #24	E	E,Added #24	Unclear	E	E	E

Citations of full-papers excluded:

- Adelman, B. (1999). Program effectiveness evaluation: Recertification and job upgrading for adult refugees (non-native speakers of English). In *Proceedings of the eighteenth annual Midwest research-to-practice conference in adult, continuing and community education September 22 - 24, 1999*.
- Arter, J. (1984). *A Study of English Language Training for Refugees in the United States. Phase Three: The Influence of Language Training and Employment on Adult Refugees' Acquisition of English*. Obtained through personal communication.
- Aslund, O., & Fredriksson, P. (2009). Peer effects in welfare dependence quasi-experimental evidence. *Journal of Human Resources*, 44(3), 798-825.
- Aslund, O., Östh, J., & Zenou, Y. (2010). How important is access to jobs? Old question—improved answer. *Journal of Economic Geography*, 10(3), 389-422.
- Bach, R. L., & Carroll-Seguin, R. (1986). Labor force participation, household composition and sponsorship among Southeast Asian refugees. *International Migration Review*, 20(2), 381-404.
- Beiser, M. (2003). Sponsorship and resettlement success. *Journal of International Migration and Integration/Revue De L'integration Et De La Migration Internationale*, 4(2), 203-215. Retrieved from Google Scholar.
- Bollinger, C. R., & Hagstrom, P. (2011). The poverty reduction success of public transfers for working age immigrants and refugees in the united states. *Contemporary Economic Policy*, 29(2), 191-206. Retrieved from Google Scholar.
- Brown. (2011). *REFUGEE ASSISTANCE: Little is known about the effectiveness of different approaches for improving refugees' employment outcomes*. United States Government Accountability Office.
- Caplan, N., Whitmore, J.K, and Choy, M.H. (1985). Southeast Asian refugee self-sufficiency study. Final report. Washington DC: Office of Refugee Resettlement. Obtained from the Refugee Studies Centre Collections, University of Oxford.
- Caplan, N., Whitmore, J.K, and Choy, M.H. (1989). *The Boat People and Achievement in America: A Study of Economic and Educational Success*. Ann Arbor: The University of Michigan Press.
- Cichon, D. (1985). Evaluation of the refugee targeted assistance grants program: Phase I, final report. Washington, DC: Office of Refugee Resettlement. Obtained through the Duke University Libraries.

- Damm, A. P. (2009). Ethnic enclaves and immigrant labor market outcomes: Quasi-Experimental evidence. *Journal of Labor Economics*, 27(2), 281-314.
- Damm, A. P. (2012). Neighbourhood quality and labor market outcomes: Evidence from quasi-random neighborhood assignment of immigrants. *Documents De Treball IEB*, (22), 1.
- Forbes, S. S. (1985). Adaptation and integration of recent refugees to the United States. Obtained from the Refugee Studies Centre Collections, University of Oxford.
- Goodkind, J. R. (2005). Effectiveness of a community-based advocacy and learning program for Hmong refugees. *American Journal of Community Psychology*, 36(3-4), 387-408.
- Hohm, C. F., Sargent, P., & Moser, R. (1999). A quantitative comparison of the effectiveness of public and private refugee resettlement programs: An evaluation of the San Diego Wilson Fish demonstration project. *Sociological Perspectives*, 755-763.
- Jespersen, K. V. & Vuust, P. (2012). The effect of relaxation music listening on sleep quality of traumatized refugees: A pilot study. *Journal of Music Therapy*, 49(2), 205-229. Obtained from author.
- Kruse, J., Joksimovic, L., Cavka, M., Wöller, W., & Schmitz, N. (2009). Effects of trauma-focused psychotherapy upon war refugees. *Journal of Traumatic Stress*, 22(6), 585-592.
- Lukes, S. (1997). *Development to Assist Refugees and Asylum Seekers Towards Earlier Self Sufficiency: A Report for Refugee Action*. Refugee Action.
- McFarlane, C. A., & Kaplan, I. (2012). Evidence-based psychological interventions for adult survivors of torture and trauma: A 30-year review. *Transcultural Psychiatry*, 49(3-4), 539-567.
- McPherson, J. (2012). Does narrative exposure therapy reduce PTSD in survivors of mass violence? *Research on Social Work Practice*, 22(1), 29-42.
- Palic, S., & Elklit, A. (2011). Psychosocial treatment of posttraumatic stress disorder in adult refugees: A systematic review of prospective treatment outcome studies and a critique. *Journal of Affective Disorders*, 131(1), 8-23.
- Partners in Economic Development. (1994). *Evaluation of the Edinburgh refugee training programme: Final report*. Obtained from the British Library.
- Paunovic, N., & Öst, L. -G. (2001). Cognitive-behavior therapy vs exposure therapy in the treatment of PTSD in refugees. *Behaviour Research and Therapy*, 39(10), 1183-1197.
- Tollefson, J. W. (1989). Educating for employment in programs for southeast asian refugees: A review of research. *TESOL Quarterly*, 23(2), 337-343.

- Tran, T. V. (1991). Sponsorship and employment status among Indochinese refugees in the united states. *International Migration Review*, 536-550..
- U.S. Government Accountability Office (1990). *Asian Americans: A status report*. USGAO.