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COMMUNITY DEVELOPMENT: LOCAL IMMIGRATION PARTNERSHIPS IN CANADA AND IMPLICATIONS FOR SLOVENIA

Mitja Durnik



Maple leaf, the Canadian national symbol.

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Community development: Local Immigration Partnerships in Canada and implications for Slovenia

ABSTRACT: Canada is perceived as a strongly desired final destination for many refugees and immigrants due to its socio-economic advantages. The author assesses the Canadian praxis of the immigrant settlement from the community development standpoint, with a specific interest to present how successful Canadian immigration policy has been on the local level by using the established Local Immigration Partnerships model. On the other hand, by adopting the so-called restricted model of immigrant integration Slovenia has not developed a consistent model of integration, specifically leaving aside the potential of local areas in resolving these complex issues. The paper is confirming that due to institutionalized multilevel partnership Canada has been more successful in immigrant integration than Slovenia. In both countries, however, integration into the health system has been evidently the most acute problem. In order to obtain more relevant results, a mixed-methods research was used combining interviews and integration indexes. In the majority of integration parameters, Canada shows significantly better results than Slovenia.

KEY WORDS: geography, community, development, immigrants, integration, Canada, Slovenia

Skupnostni razvoj: lokalna priseljenska partnerstva v Kanadi in implikacije za Slovenijo

POVZETEK: Kanada je zaradi svojih socialno-ekonomskih prednosti ciljna država za številne begunce in priseljence. Avtor v članku ocenjuje kanadsko prakso naseljevanja priseljencev s stališča skupnostnega razvoja. V ospredju je predstavitev uspešne kanadske politike priseljevanja in njenega učinka na lokalni ravni z uporabo modela lokalnih integracijskih partnerstev. Nasprotno pa je do sedaj Slovenija uveljavljala t. i. restriktivni model integracije priseljencev, pri čemer ni upoštevala potenciala lokalnih skupnosti pri reševanju te kompleksne problematike. V prispevku smo potrdili, da je Kanada zaradi institucionaliziranega večstopenjskega partnerstva uspešnejša v integraciji priseljencev kot Slovenija. V obeh državah je integracija priseljencev v zdravstveni sistem najbolj akuten problem. Za namen raziskave smo uporabili kombiniran pristop, kjer smo izvedli intervjuje in primerjali nekatere kazalce integracije priseljencev. Kanada glede na večino integracijskih parametrov kaže bistveno boljše rezultate kot Slovenija.

KLJUČNE BESEDE: geografija, skupnost, razvoj, priseljenci, integracija, Kanada, Slovenija

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1 Introduction

Slovenia joined the European Union in 2004 and despite being a member state for over a decade it has still not been recognized as the final country for immigrants, while Canada appears as the decisive goal for newcomers mainly for its rapid economic development. Moreover, comparing both countries, we can also notice different national approaches to integration. Slovenia has been largely following a restrictive approach based on the role of the nation-state (Pajnik 2007), while Canada's borders have remained open to certain immigrant groups specifically needed for its development purposes (having in mind also the historical importance of immigration). In Canada, many multilevel initiatives have emerged offering potential solutions for newcomers' integration. The "welcoming community" approach tried to resolve integration in small cities and rural areas (Gibson, Bucklaschuk and Annis 2017). The federal government has launched a program called Community Partnership Settlement Plan partially responding to the contemporary Syrian refugee crisis.

Immigrants often migrate from highly concentrated ethnic communities to racially mixed places (Murdie and Gosh 2010) inhabiting less expensive areas, while later on, they move to reputable neighborhoods (Waters and Gerstein Pineau 2016). Segovia Gomez (2011) emphasized how crucial the ethnic group's concentration for social inclusion is.

Canadian authors mainly pointed out the relevance of local partnerships in small urban areas (Ma 2017; Tibe Bonifacio and Drolet 2017), the formation of minority neighborhoods in big cities (Hou 2004), or specific integration into the urban history (Anisef and Lanphier 2003). According to the Canadian case study concerning Local Immigration Partnerships (onwards LIPs), there has been an important debate on how rural areas have initiated different strategies of immigrant integration (Ma 2017) than highly populated cities. The urban-rural debate and its relation to development strategies in an important manner determined the concept of regional development in Slovenia (Kozina and Clifton 2019; Vintar Mally 2018; Kozina, Poljak Istenič and Komac 2019).

In the Slovenian context, Botrić (2016) emphasized the insufficient targeted support to immigrants by responsible Slovenian institutions. Medvešek and Bešter (2010) addressed crucial issues of integration such as demography, housing, and health, and Vižintin (2017) explained multicultural integration in relation to educational challenges.

There are three policy fields relevant in our comparative research: (1) labor: how immigrants are integrated in the general labor market; (2) health: access to health care specifically pointing out cultural aspects of the medical treatment; (3) education: focus on integration of children in schools (see Vižintin 2017).

States usually place immigrants into two broad categories. Firstly, labor immigrants leaving homeland on an economic basis, and, secondly, asylum seekers and refugees escaping from war zone areas, where their lives are possibly at risk (Kivisto and Faist 2009).

1.1 Community Development Models

Communities are somehow a result of economic, cultural and social functions. In fact, the concept has been caught up between conventional perception of a community as a place-based structure and the so-called post-place communities having in mind also peoples' social interactions. Geographical view within the first one is often represented as a rural-urban debate regarding modernization in society (Bradshaw 2008).

Rothman (1996 and 2007) has initiated three community development approaches that may interconnect. Planning/policy (social planning) allows planners to use empirically proven data and act as »rationalist« thinkers. It presupposes technocratic top-down activities where governments usually direct policy actions (Chen and Ku 2016). Community capacity development (locality development) builds its efforts on peoples' empowerment within communities and is participatory oriented. Planners try to shape the wide spectrum of different governmental and civic organizations in planning tasks. (Hardcastle, Powers and Wenocur 2011). Social advocacy (social action) is often used by marginal groups trying to radically change power relations regarding decision-makers.

According to the above discussion, the following general hypotheses were examined:

• Due to institutionalized multilevel partnerships, Canada is more successful in integrating immigrants in communities than Slovenia.

Additional sub-hypotheses were formed in order to highlight the comparison between the countries:

- The community capacity development model is importantly connected with a higher national integration policy index.
- Healthcare integration is the most acute problem in Slovenia and Canada.

2 Methods

In the paper, macro (state) policies have been compared using the so-called Migrant Integration Policy Index (onwards Mipex) consisting of 167 different policy indicators joining in different policy as indicated below (index developed by Huddleston et al. 2015). Using Mipex data, we calculated national integration policy in Canada and Slovenia as reflected through governmental decisions on the afore-mentioned policy fields. In general, data are available from 2007 to 2014 for 35 different countries.

Communities' integration capacity research was based on various secondary sources such as reports and experts' analyses concerning community development. Due to major shortcomings of available relevant studies in Slovenia ten semi-structured interviews were conducted with approximately 45-minutes length each, targeting different relevant policy actors like NGOs, policy experts, municipality representatives, and public officials. For measuring Ljubljana municipality's capacity inclusion, the Cities of Migration Diagnostic tool was applied (the MyCOM Diagnostic tool is part of a larger project at Cities of Migration (How inclusive ... 2019) supported by the Open Society Foundations and led by the Cities of Migration initiative at Ryerson University's Global Diversity Exchange with international partners). In 2018, by using the MyCOM tool, we asked 55 individuals from the Ljubljana municipality area to fulfill parts of the diagnostic tool (questions related to health, education and economic issues).

3 Building community capacity within Torontonian neighbourhood

In 1998 the provincial Ontario government declared to merge six previously independent municipalities into a single one (Sturdy 2014). Local Immigration Partnerships have been initiated by the federal government to improve the potential of local communities to resolve issues of immigrant integration (Local Immigration Partnerships... 2014).

Toronto has the second largest ratio of foreign-born inhabitants among the biggest world cities (Murdie and Gosh 2010; Anisef and Lanphier 2003). Until 2012, the Torontonian LIP model was based on the neighborhood/community concept. Later on, regional partnerships have been established dividing municipality into four quadrants. Toronto municipality was replaced with funding agencies managing activities »on the ground« (Sturdy 2014). The North Quadrant consisted of Bathurst-Finch, Don Valley, Lawrence Heights, and North York East. In the North York East lived 80,000 residents, 70% of whom were declared as immigrants. Recent newcomers are often highly educated but they would still represent a significant ratio in the unemployment structure. Only 30% were born in Canada. The countries of origin were China and Hong Kong, Iran, India and the Philippines. 44% of all were born in China (The North York East Local immigration Partnership 2013).

A fundamental step in creating local partnerships was the establishment of LIPs Councils, mainly consisting of settlement agencies, municipalities, schools, employment agencies, groups of newcomers, provincial administrative bodies, regional governments, etc. ((Local Immigration Partnerships ... 2014). Important tasks of a LIP council are (Pero 2017): (1) creation of a three-year settlement and integration strategy; (2) determination of action plans and implementation strategies; (3) managing regular meetings with partners; (4) education and research. Some of its tasks are delegated to working groups (Pero 2017).

The project team consisted of different experts. Two workers were hired for managing the project, while five animators were carrying out different research activities. Eighteen community organizations became part of the team. Several consultants were identifying the needs and priorities (The North York ... 2013).

Community psychical asset mapping demanded to locate geographical distribution of facilities, focus groups (involved more than 200 immigrants) took place with service providers according to different issues. Further activities shaped informant interviews asking management staff from community organizations about their needs. Local service delivery analysis detected the size and financial capabilities of community

organizations. Community consultations extended previous debate specifically building on a future vision of community development. Imagining the community's social and geographic space, newcomers were using maps of community in round tables discussing different obstacles that they found problematic. Then, a service provider meeting applied available information from newcomers' consultations. A special task of the community advisory panel was to redefine and reconstruct priorities and areas of community development orienting to build up a new strategic plan (The North York ... 2013).

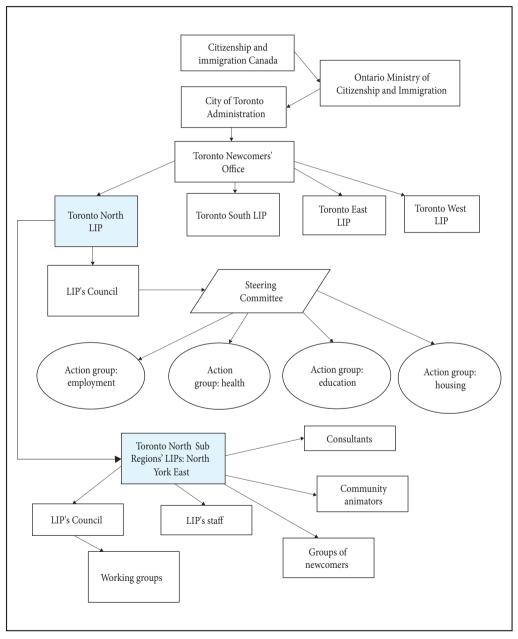


Figure 1: LIP Multilevel Governance Structure focused on sub-regional LIPs in Toronto.

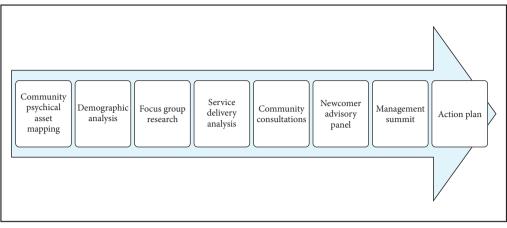


Figure 2: North York East LIP strategic planning process (adapted from The North York ... 2013).

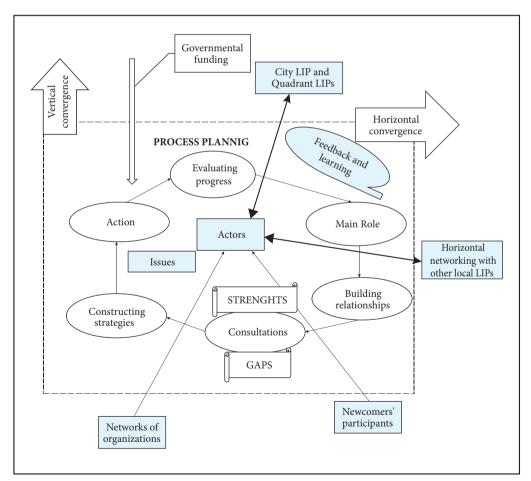


Figure 3: Locality development model as an example of the semi-independent system.

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Categories	Newcomer & service providers' experience	Area assets & strengths	Service gaps & areas for improvement
Labour and business	 lack of working experience fewer quality jobs within the community 	 employment agencies located within the community inclusion in co-decision-making 	 structural barriers for newcomers' employment lack of assessment of immigrant skills
Education and youth	 no information about Canadian school culture financial problems for extra-curriculum activities 	full-day kindergarten schoolspreschool training for parents	 limited information in schools strict eligibility criteria for subsidies
Health	 limitation in access to services additional fees for some services 	nearby health servicesinformation about services	 communication barriers due to different languages stigmatization due to mental health problems

Table 1: North York East Service Analysis (selected categories) (adapted from The North York . . . 2013 and Kobayashi et al. 2012).

4 Social planning in the Slovenian context

Some civil groups organized petitions in favor and against a potential immigrant settlement – particularly, concerning the establishment of accommodation centers (Rijavec and Pevcin 2018). Accordingly, there have been many conflictual relations between municipalities and government concerning major responsibilities although the state formally provided a major share of public services recourses. In reality, the role of municipalities in the integration process has been minimized as much as possible. Combining data given from the Cities of Migration diagnostic tool (measuring inclusion in Ljubljana) and Mipex (detecting integration in Slovenia) the following matrix shows that health issue is the most critical policy in multilevel joint action.

The Ljubljana municipality has supported major national policy initiatives under its jurisdiction. Integration policy has been a continuation of the state policy with some limited cooperation with nongovernmental actors and the state (Interviews 2018)

It needs to be highlighted that in terms of the national legislation newcomer workers still face many breaches. Specifically, in the city of Ljubljana, there have been some innovative ideas on how to include political refugees, for instance, to form a kind of a multi-ethnic business (e.g. »Skuhna« restaurant). Despite several successful attempts to start ethnic businesses the question always remains, as to how to continue when public funding is over (Interviews 2018).

	Cities of Migrati	on 2018 (Ljubljana)				
Mipex 2014			Labour	Education	Health	Overall index
(Slovenia)			Intentional	Strategic	Awareness	Intentional
	Labour	Halfway favorable	XXX			
	Education	Slightly unfavorable		XXXX		
	Health	Unfavorable			Х	
	Overall index	Halfway favorable				XXX

Table 2: State capacity of immigrant integration (measuring with Mipex) vs. municipal (city) inclusion policies (measuring with Cities of Migration online diagnostic tool).

LEGEND:

Mipex scale: 80–100 – favorable, 60–79 – slightly favorable, 41–59 – halfway favorable, 21–40 – slightly unfavourable, 1–20 – unfavorable, 0 – critically unfavorable. Cities of Migration scale (arithmetic mean): 80–100% – inclusive, 60–79% – strategic, 40–59% – intentional, 20–39% – awarenes, 0–19% – invisible. Matrix (level of cooperation): xxxxx highly cooperative, xxxx cooperative, xxx middle cooperative, xx little cooperative, x non-cooperative. NOTE: Percentages given by respondents were translated into scales (different ones for Mipex and MyCom).

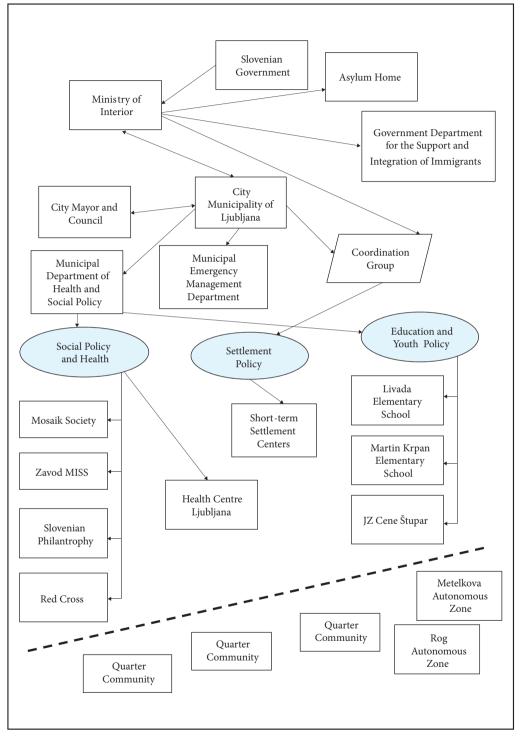


Figure 4: The governance structure of immigrant integration in Slovenia and Ljubljana.

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Categories	Newcomer and service providers' experience	Area assets and strengths	Service gaps and areas for improvement
Workplace integration	 Hiring workers through working employment agencies Limited legal protection 	Employment workshopsSupport of employment agency	 Improved target support for the recognition of working skills Mentoring programs for new entrepreneurs
Education, children and youth	 Language barriers between parents and teachers Shortage of extra-curriculum activities 	 Language training for immigrant children parents Two-stage model of integration 	 Higher financial stimulation for teachers Developing approaches to understand diversity
Health	 Only emergency treatment for asylum seekers Out-of-pocket payments for some chronic disease 	 Vicinity of some health services Clinic for individuals without health insurance 	 The need for translators Specific intercultural education for workers

Table 3: Excerpts from interviews (2018) indicating the most acute issues (and positive aspects) of immigrant integration in Ljubljana municipality.

As far as the Slovenian educational system goes, it still does not fully meet multicultural criteria. Some basic policy directives have been accepted at the national level arranging youth integration into the school system. For example, Ljubljana's elementary school Livada has had a prominent history in immigrant children's integration. The municipality also supports a project arranging information and educational activities for immigrant youth (Interviews 2018).

Although the state assured basic healthcare services a systemic approach to the issue was missing. Some very fundamental procedural shortcomings were identified: limited access to doctors and intercultural barriers. Above all, medical personnel often did not recognize the equal health rights for persons holding international protection (Interviews 2018).

5 Comparative multilevel analysis

Canada is still positioned among the countries which have carried out the most notable practices of integration (see figure 5). The Canadian integration policy has not radically changed between 2008 and 2014. Comparatively, according to the Mipex index Slovenia did not achieve the results of most western democratic states.

Following analysis of various LIPs across Ontario, mentoring programs and internships seemed important to immigrants using more effectively their educational credentials (Kobayashi et al. 2012). At the federal level, permanent residents, reunited families and some temporary workers enjoy some of the best labor market opportunities in the developed world (Huddleston et al. 2015). In the case of Slovenia, in some parts of the private sector, non-EU immigrants have often had difficulties to access jobs in this sector (Huddleston et al. 2015). These issues are mostly related to the bureaucratic barriers in the employment process (Interviews 2018).

The overall score of immigrant access to education in Canada is lower than in comparable countries, mostly since only a minority of programs offer immigrants equal access to higher and university education and to vocational training (Huddleston et al. 2015). The LIPs analysis suggested that immigrants would need better coordination of education services (Kobayashi et al. 2012). The Slovenian school system has reacted slowly to the special needs of the newcomers – e.g., there was no specialized center offering expert services (Huddleston et al. 2015). While most interviewees put educational integration very high among other policy groups, Slovenian data show low indexes of integration (Interviews 2018).

Important shortcomings in health integration as an unresponsive healthcare system to immigrants' needs are evident in Canada (Huddleston et al. 2015). Cross-sectional LIPs analysis mainly suggested the removal of systemic barriers approaching mental health services, (Kobayashi et al. 2012). Canada lags behind some countries as Australia, New Zealand, USA or the United Kingdom (Huddleston et al. 2015). Slovenia obviously does almost nothing to integrate and orient newcomer patients into the health system and to address any of their specific health needs (Huddleston et al. 2015). As specifically expressed in Slovenian

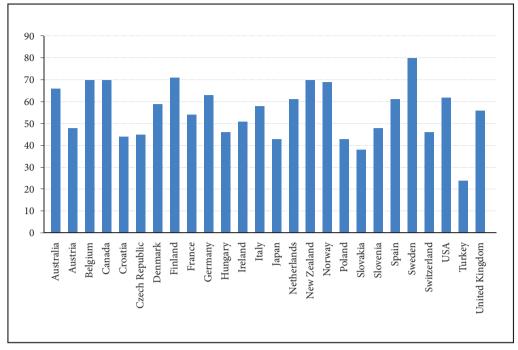


Figure 5: Comparison between countries regarding the Mipex integration policy index in 2014.

	Indicators				
	Access to general labor market	Access to general support	Targeted support	Workers' rights	Labor market mobility (overall index)
Canada (2007)	90	58	50	100	75
Canada (2014)	90	83	50	100	81
Slovenia (2007)	30	42	10	50	33
Slovenia (2014)	30	50	20	50	38
EU 25 (2007)	56	55	29	69	52
EU 28 (2014)	61	62	36	71	57

Table 4: Parameters measuring labor market integration (calculated Mipex index: source of database: Huddleston et al. 2015).

Table 5: Parameters measuring education opportunities (calculated Mipex index: source of database: Huddleston et al. 2015)

	Indicators				
_	Access to education	Targeting needs	New opportunities	Intercultural education	Education (overall index)
Canada (2010)	50	80	60	70	65
Canada (2014)	50	80	60	70	65
Slovenia (2007)	N/A	N/A	N/A	N/A	N/A
Slovenia (2014)	33	17	15	40	26
EU 25 (2007)	42	90	80	80	73
EU 28 (2014)	34	47	23	43	37

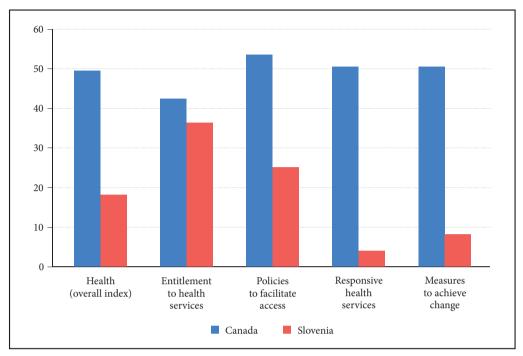


Figure 6: Comparison of health scores (calculated Mipex index: source of database: Huddleston et al. 2015).

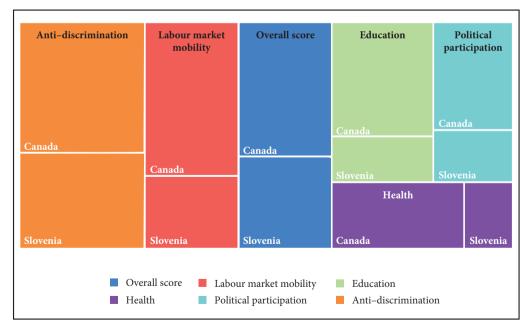


Figure 7: Square area gives comparison of Canada and Slovenia (different policy groups) (calculated Mipex index: source of database: Huddleston et al. 2015). The figure presents the overall calculated Mipex index for Slovenia and Canada by various policy groups. The overall score inside every policy is 100 points as the maximum and shows the ratio between Slovenia and Canada. For example, within section health Canada reaches 80 points, Slovenia only 20 points.

Country	Year	Overall score	
Canada	2014	70	
	2013	71	
	2012	71	
	2011	71	
	2010	71	
Slovenia	2014	48	
	2013	49	
	2012	49	
	2011	49	
	2010	48	
EU 28	2014	52	
	2013	52	

Table 6: Parameters measuring overall scores (calculated Mipex index: source of database: Huddleston et al. 2015).

interviews, there has been no organized training of medical personnel and doctors for improving communication with newcomers and understanding their specific cultural needs in medical treatment. In many cases, merely NGOs are those who offer translators and mediators in these activities (Interviews 2018).

The Canadian federal integration policy has largely reflected local characteristics. In Slovenia, incoherent national policy without a long-term vision resulted in individual local social action experiments lacking significant joint effects on all levels of policy-making. Put simply, the shortcoming of serious immigrant integration national program/strategy mainly corresponds with a lower level of the Mipex index.

The final comparison of the overall Mipex index shows that Canadian integration policy on the national level has been far more successful than Slovenian. The general score for years 2014/2015 indicates that the overall EU members' integration policy is more restrictive than in the Canadian case. This may be partially explained also by geopolitical reasons.

6 Conclusion

There are certainly significant correlations between paths of community development and levels of immigrant integration. Canada demonstrates higher integration potential using the so-called capacity development approach allowing local communities to carry out the implementation of integration policies. The Slovenian restrictive national policy without a coherent integration approach is reflected in the conventional social policy planning development model.

Educational policy in Slovenia has been caught between lower Mipex indexes and more positive interviewee opinion. We can agree that the Slovenian educational system quickly corresponds with changes in immigrant integration patterns.

In both countries, healthcare integration is the most acute issue among policy groups compared. We could argue that intercultural barriers represent the most important future challenges for policy-makers.

Inside the Canadian debate, integration provides different social/spatial relations than assimilation. Using integration logic, communities may be integrated based on joint values and are less caught up in ghettoization. Ghettos are usually a result of assimilation processes where community members strongly build their identity on traditional cultural patterns from homeland (Vipond 2017).

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