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## Title registration for a review proposal: Interventions to improve the economic self-sufficiency and well-being of resettled refugees: a systematic review

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To start a Campbell review, a title must be registered and approved by the appropriate Campbell review group. For information about the title registration and protocol and review steps, visit the Campbell website:

[http://www.campbellcollaboration.org/systematic\\_reviews/index.php](http://www.campbellcollaboration.org/systematic_reviews/index.php)

Submitted to the Coordinating Group of:

- Crime and Justice
- Education
- Social Welfare
- Other

Plans to co-register:

- No
- Yes      Cochrane      Other
- Maybe

Instruction: Briefly address each item below. Provide enough precise information to allow us the ability to evaluate the scope of the review and its appropriateness for the Campbell Collaboration. Note the review proposal should not overlap with existing Campbell and Cochrane published reviews or registered reviews in progress.

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### TITLE OF THE REVIEW

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Suggested format

Interventions to improve the economic self-sufficiency and well-being of resettled refugees: a systematic review *Note that Campbell reviews usually concern interventions, although this is not essential.*

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### BACKGROUND

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#### **Briefly describe and define *the problem***

Provide a brief description of the problem. Why is this review important? (You may provide citations of relevant papers. Use APA style for referencing.)

Globally, 43 million people are forced migrants from violence and persecution, and 10.5 million of them are classified as refugees (UNHCR, 2011). Resettlement involves moving refugees to a third country, often when they have particular needs that cannot be met in the initial country where they have sought protection

(UNHCR, 2012). Despite the large number of refugees resettled and the continuation of resettlement programs, testimonial and correlational evidence suggests variable outcomes for resettled refugees.

For the three major resettlement countries in term of current volume, the United States, Canada, and Australia, successful economic adjustment has been the central goal of the refugee resettlement policy (Waxman, 2001). Furthermore, refugees often define economic outcomes such as employment as important to their own lives (Valtonen, 1998). Australia has had over half a million humanitarian entrants from World War II to 2001, but survey evidence suggests relatively high unemployment and underutilization of human capital for Bosnian, Iraqi, and Afghan refugees; prior financial status, employment, and qualifications shows no effect on employment outcomes (Waxman, 2001). Similarly, the United States has resettled over three million refugees since 1975 (US Department of State, 2010; Abandoned upon Arrival, 2010). Yet, the system is often described as ‘failing to meet the basic needs of the populations they are currently asked to assist’ (2010 Report to Congress). Economic hardship has been further negatively associated with refugee well-being, including being two to four times more likely to experience measures of mental distress for Sudanese in Canada (Simich, Hamilton & Baya, 2006). A gap in the literature remains about outcomes from interventions designed to improve refugee economic self-sufficiency and well-being, and, to our knowledge, this is the first systematic review to compile this evidence.

### **Briefly describe and define *the population***

Outline types of participant to be included and who is excluded, with thoughts given to aspects of the participants /target audience receiving the intervention. E.g. age, gender, geographical location etc.

The review includes refugees who meet domestic legislative definition of a refugee for the country of the intervention and:

- a. are formally assisted to resettle by the government (i.e. resettled refugees and not asylum-seekers);
- b. have been served by a refugee resettlement entity;
- c. fall between the ages of 18 and 64 at the time of intervention; and,
- d. may vary demographically including geographic, urban/rural, ethnicity, and by gender.

### **Briefly describe and define *the intervention***

Define the intervention and specific comparisons to be made.

What is given, by whom and for how long?

Outline possible variations of the intervention.

What are the comparison conditions? E.g. no intervention, treatment as usual or alternative intervention.

The review will accept any intervention designed to broadly increase the economic self-sufficiency and well-being of resettled refugees compared to a control or comparison group receiving ‘services as usual’ or an alternative intervention. These 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/employees, translation and paperwork assistance, employment mentorship, and interview training.

### **Outcomes: What are the intended effects of the intervention?**

What measurements will be used?

List primary and secondary outcomes (This will depend on the review and the field in question).

The primary outcome is increased labour force participation. Secondary outcomes include decreased percentage of cash assistance (e.g. specialized refugee cash assistance or public/state cash assistance), decreased unemployment, increased average hourly wage, increased salary, increased job retention, and improved quality of life. These will likely be measured by refugee self-report and/or records from governmental agencies or non-governmental organizations.

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## OBJECTIVES

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1-3 sentences on the objectives of this review

The review systematically collects and synthesizes evidence from prospective, controlled evaluations of interventions designed to improve economic outcomes for refugees. The review aims to answer the following questions:

- 1) Do interventions designed to improve the economic self-sufficiency and well-being for refugees increase the labour force participation, decrease cash assistance, decrease the unemployment, increase the average hourly, increase the salary, increase the job retention, and improve quality of life for refugees in the interventions?
- 2) Under what contexts have these interventions been proven to work: for which populations, for which economic outcomes, and under which intervention approaches and contexts?

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## METHODOLOGY

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**What types of studies designs are to be included and excluded?** Please describe eligible study designs, control/comparison groups, measures, and duration of follow-ups.

**Inclusion criteria:**

What types of studies are to be included?

Studies must examine the effects of an intervention using a prospective, controlled trial using a randomized controlled trial (RCT) design; a quasi-randomized 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 nonrandomized controlled design (i.e. quasi-experimental design). Nonrandomized controlled studies must provide information on baseline comparability of the cohorts and use statistical tools to adjust for baseline differences. For all studies, participants must have been prospectively assigned to study groups or a control group (i.e. alternative intervention or 'services as usual'), and studies will measure control group outcomes concurrently with intervention group outcomes.

Additionally, studies must have been conducted or published since 1980, when refugee resettlement policies and populations changed considerably. All relevant measures will be assessed and long-term follow-up will be sought

**Exclusion criteria:**

What types of studies are to be excluded?

Economically inactive groups will be excluded including children, disabled persons, and older persons.

**Your method of synthesis:**

Will you use meta-analysis, etc?

Meta-analysis will be used if appropriate.

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## **SOURCES OF SUPPORT**

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### **Internal funding:**

The lead reviewer is funded by the Rhodes Trust as part of her DPhil in the Department of Social Policy and Intervention at the University of Oxford. The secondary author is employed by the University of Oxford.

### **External funding:**

There is no external funding at this point in time.

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## **DECLARATIONS OF INTEREST**

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The authors are not aware of any conflicts of interest arising from financial or researcher interests.

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## **REQUEST SUPPORT**

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Do you need support in any of these areas (methodology, statistics, systematic searches, field expertise, review manager etc?)

N/A

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## **AUTHOR(S) REVIEW TEAM**

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**Include the complete name and address of reviewer(s)** (can be changed later). This is the review team -- list the full names, affiliation and contact details of author's to be cited on the final publication.

### **Lead reviewer:**

The lead author is the person who develops and co-ordinates the review team, discusses and assigns roles for individual members of the review team, liaises with the editorial base and takes responsibility for the on-going updates of the review

Name: Eleanor Ott

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## ROLES AND RESPONSIBILITIES

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Please give brief description of content and methodological expertise within the review team. The recommended optimal review team composition includes at least one person on the review team who has content expertise, at least one person who has methodological expertise and at least one person who has statistical expertise. It is also recommended to have one person with information retrieval expertise. Who is responsible for the below areas? Please list their names:

- Content: Ott has over six years experience in refugee resettlement and a masters in Refugee and Forced Migration Studies from the University of Oxford.
- Systematic review methods: Montgomery is the author of several Cochrane and Campbell reviews. Ott helped direct and coordinate a systematic review on programs that impact teen pregnancy, sexually transmitted infections, and associated sexual risk behaviors for the US government.
- Statistical analysis: Ott and Montgomery both have experience in statistical analyses. Consultation with other experts may be pursued depending on the data from studies that meet the inclusion criteria.
- Information retrieval: Authors can perform their own searches.

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## PRELIMINARY TIMEFRAME

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Approximate date for submission of Draft Protocol (please note this should be no longer than six months after title approval. If the protocol is not submitted by then, the review area may be opened up for other reviewers):

15 April 2012

***Submit the Title proposal directly to the relevant Coordinating Group's Managing editor (see our website for name/address) or to <info@c2admin.org>.***