

1 **Systematic review of integration and radicalization prevention** 2 **programs for migrants in the US, Canada and Europe.**

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15 **Background:** International migration processes are some of the most important events of our
16 time. Migrating implies a broad range of factors that affect integration, and which may be
17 linked to radicalization. Host countries use different methods for the integration of migrants.
18 The aim of this systematic review is to analyse intervention programs that aim at promoting
19 social integration and preventing the radicalization of migrants, with the objective of studying
20 actions carried out in the US, Canada and Europe to this effect.

21 **Method:** Worldwide known bibliographic databases (PsycINFO, Sociological Abstracts,
22 Psycarticles, Psychology Database, Medline, SCOPUS and Google Scholar) were used to
23 search studies published before January 2019 and which analysed integration or radicalization
24 prevention programs with migrants.

25 **Results:** 601 studies were screened, from which 18 met the inclusion criteria. The analysis of
26 programs addressed to migrant women points to a decrease in loneliness and depression and
27 an increase of migrants' perception of social support and self-esteem. Programs carried out in
28 schools and families improve children's knowledge of their culture and that of others, increase
29 their feelings of inclusion and reduce their aggressiveness, stress and anxiety. Language
30 programs promote communication and employment search, as well as improving migrants'
31 quality of life. One of the most effective activities included in these programs is to connect
32 recently arrived migrants with local population and/or long-term residents. The latter act as
33 mentors and teachers, helping recently arrived migrants understand resources and to be more
34 integrated in the new country, as well as reducing discrimination from the local population.

35 **Conclusions:** The review concluded the importance of intervention programs for integration,
36 migrants' quality of life, prevention of extreme behaviours and intercultural cohabitation.
37 Future programs must be more detailed regarding participants' information and carry out more
38 comprehensive assessments.

39 **Keywords:** migrants, integration programs, prevention of radicalization, intervention,
40 assessment, systematic review.

41 1. Introduction

42 The phenomenon of migration is universal. According to Blackwell (2005), humans have
43 always migrated to different territories in search of security, resources, ideological freedom,
44 and to escape wars and political persecution, among other, with the objective of improving and
45 even saving their lives. The movement of people to other areas, both voluntarily and forced,
46 through country borders is an expression of globalization that affects national, economic and
47 political stability as well as cultural identities (Economic Commission for Latin America and
48 the Caribbean, 2006; Nash et al., 2006). The number of forcibly displaced people worldwide
49 increased more than 2.9 million in 2017 and by the end of the same year, more than 70 million
50 people had forcibly fled their homes (Spanish Refugee Aid Commission, 2018). According to
51 the IOM (International Organization for Migration), there was an increase in migration and
52 displacements in 2018 caused by conflicts, persecutions, degrading situations, climate change
53 and a strong lack of opportunities and security. As a result, international migration processes
54 are one of the most important phenomena of our time, with a high interest in such phenomenon
55 and the people implied in it. Arango (2000) mentions that there are still numerous obstacles in
56 the understanding of this situation due to the diversity of processes, motivations, socio-
57 economic and cultural contexts, etc. Thus, hindering the creation of theories in this field. In
58 this sense, Mora (2013) notes that the new current spaces and forms of migration makes the
59 study of their dimensions difficult, which requiring a high-level interdisciplinary methodology.
60 Additionally, restrictive migration policies cause higher levels of illegal migration and,
61 therefore, the exact numbers of this collective is harder to calculate (Massey & Pren, 2013).
62 This is why, in the year 2020, the International Organization for Migration (OIM) highlighted
63 the need to convey research on migration as a key function of the Organization. This means
64 that Member States using diverse data and research and analysis methods will receive support
65 from the Organization in the creation of migration policies.

66 The conceptualization of social integration processes for migrants is a complex matter and
67 there is a lack of consensus. The variety of approaches from which integration has been
68 analysed is explained by the interest shown by several disciplines, such as Sociology,
69 Anthropology, Social Psychology and Demography, among others (González, 2014).
70 Furthermore, according to each country, there are differences when addressing this
71 phenomenon. The European Union is developing a common approach in terms of migration in
72 order to tackle the challenges posed by this type of international mobility (Publications Office
73 of the European Union, 2014). Conversely, the increasing arrival of migrants in the US,
74 according to Pérez (2001), forced social service and mental health systems to create new
75 services, sensitivities, and interventions for large groups of people with acknowledged
76 necessities.

77 Migration implies a wide variety of factors that affect the integration of individuals from
78 different origins and situations. Migration does not generally take place under favourable
79 circumstances, on the contrary, most migrants face huge challenges upon their arrival in host
80 countries: securing a place to live, overcoming language barriers, finding employment and
81 adapting to new systems and expectations. They also face physical, legal, structural and social
82 barriers that affect their arrival and subsequent integration (Martone et al., 2014). Separation
83 from the family, their homes and countries, as well as social, cultural and economic problems
84 are also linked to migration processes (Levitt et al., 2005). Bhattacharya (2011) adds other
85 factors such as facing loneliness (lack of family environment), frustration (inability to success)
86 and lack of control over employment conditions.

87 Failed integration of migrants can lead to serious consequences for host countries. According
88 to Holguín (2014), a balance between family and school education, access to employment,

89 access to decent housing and participation in the host society are signs of cohabitation and
90 integration. Conversely, when this is not achieved, coexistence and confrontation take place.
91 Gómez (2010) notes that the lack of resources or social status increases risky behaviours in
92 migrants in order to obtain what it is wished for. Under insecure environments, individuals who
93 perceive exclusion and feel disconnected from society may “turn their backs on society” and
94 look for an alternative group with extreme ideas (Heelsum and Vermeulen, 2017). Studies point
95 out that personal traumas, shame, humiliation and abuse perceived is linked to higher racism
96 (Lyons et al., 2015). Therefore, the integration of migrants must be a top priority for host
97 countries.

98 The increasing number of migrants in Europe, US and Canada makes it necessary to develop
99 intervention programs aimed at integrating migrants and stopping radicalization processes.
100 Based on this statement, we ask ourselves the following:

101 *Which intervention programs are being carried out to favour integration and prevent the*
102 *radicalization of migrants?*

103 **The Present Study**

104

105 The objective of the present study is to update and analyse intervention programs aimed at
106 migrants’ social integration in order to know the actions that are currently being carried out in
107 this field. More specifically, we want to analyse the radicalization prevention programs in
108 place. For this purpose, a systematic review of empirical studies that contributed to the
109 development of programs for integration and/or prevention of radicalization of migrants was
110 suggested. The review was performed following the PRISMA recommendations for
111 information search and report processes (Moher et al., 2009).

112 **1. Materials and methods**

113 **2.1 Design**

114 Systematic review of programs published in scientific papers put in place to promote migrants’
115 integration and prevent radicalization.

116 **2.2 Initial search**

117 In order to achieve the objective of the research, a systematic search of scientific papers was
118 carried out in two stages. Seven databases were consulted in total. Initially, searches in
119 worldwide known databases were carried out (PsyCINFO, Sociological Abstracts, Psycarticles,
120 Psychology Database, Medline, SCOPUS y Google Scholar). ProQuest metasearch engine was
121 used in the first stage to group the first five databases. The first search was conducted on 11th
122 December 2018 and the second one on 11th January 2019, for confirmatory and updating
123 purposes. According to the information extracted, the search was broadened to the remaining
124 two databases, carried out between 4th February and 8th February 2019. Terms used for each
125 database and the number of papers that met the initial filtering are shown in table 1. PRISMA
126 recommendations were followed, consisting of a list of 27 indicators considered key for the
127 process of registering and reporting systemic reviews and meta-analyses (Moher et al., 2009).

128 The initial screening process consisted in locating title, abstract and participants information
129 with the aim of verifying whether the following inclusion criteria were met: a) study of an
130 integration or radicalization prevention program, b) study which includes social intervention,
131 c) migrant participants, d) papers published in magazines, e) written in English or Spanish.
132 When in doubt if a paper met or not some of the criteria, they were included to be screened in

133 the stage of full-text analysis. 601 papers were screened in total. Of those papers liable to be
134 included, 11 were found duplicated in some databases. Those papers that did not meet inclusion
135 criteria were removed from the remaining 590. Most papers did not meet criterion b, meaning
136 that they did not include social intervention with the collective.

137 **2.3 Full-text analysis**

138 52 papers met the inclusion criteria to be included in the full-text analysis (35 from ProQuest,
139 13 from SCOPUS and 4 from Google Scholar). 33 papers were discarded, most of them due to
140 not including interventions but research through questionnaires to know the factors that affect
141 migrants or about integration policies. One paper was discarded due to being written in French.
142 The remaining 18 papers met the criteria and passed to the review stage. Papers were read by
143 one researcher and codified according to categories described in table 2.

144 **3. Results**

145 The following categories were considered for the analysis of results: Location of the program,
146 duration, funding, participants, objectives, characteristics of the intervention, assessment
147 method and results (see table 2). Such categories were chosen due to the specific relevance of
148 each of them in our research. They represent the fundamental and essential features of the
149 majority of programs reviewed, thus allowing us to analyse them and determine whether
150 interventions worked appropriately.

151 The following assessments were concluded after analysing each category named above:

152 **Countries which carry out integration programs for migrants**

153 Results show that there are 6 integration programs in the US (see list of references
154 (1,2,3,4,5,6)), 9 in Europe (7,8,9,10,11,12,13,14,15) and 3 in Canada (16,17,18). All programs
155 focus on the integration of migrants.

156 **Participants**

157 In most programs, participants come from Latin America (1,2,3,5,6,10,11,18), followed by
158 Arab countries (5,8,12,15,16,17,18) and from European countries such as Greece and Russia
159 (7,12). Some programs do not specify the origin of migrants (4,9,13,14).

160 A large proportion of programs are addressed to migrant women (2,5,6,10,11,12,16). This is
161 probably because there has been an increase in the number of migrant women, according to the
162 General Assembly of the United Nations (2016), who represent almost half of the 244 million
163 migrants and half of the 19.6 million refugees worldwide. Women's vulnerability in migration
164 is called 'feminization of migration', due to the existing inequalities that make causes and
165 consequences of migration to be different for men and women (Vázquez, 2012). From a gender
166 approach, migrant women face higher discrimination, insecurity, abuse and violence (Cueva-
167 Luna and Terrón-Caro, 2014; United Nations, 2019). Furthermore, these women are in host
168 countries that do not really provide opportunities for social mobility and improvement of their
169 quality of life, which prolong these women's social vulnerability situations (Vázquez et al.,
170 2014). Generally, jobs found by migrant women hinder their integration – almost one in every
171 six domestic workers worldwide are international migrants, women representing 73.4% of the
172 total domestic workers who are international migrants (Lebrusán et al., 2017). To such
173 employment situation it must be added the gender violence experienced by migrant women,
174 particularly Latin women, as well as the existence of psychological disorders such as low self-
175 esteem, lack of support networks and difficulties to adapt to the new environment (Bonomi et
176 al., 2009). As a result, most of the programs found which include interventions with women

177 aim at empowering them and improving their self-esteem (2,11,12,16), reducing their stress
178 levels and depression (6,10) and promoting support networks in the community.

179 Other programs are addressed to recently arrived migrants (4,8), since the process of integrating
180 in the new country is usually a challenge due to integration barriers (Constant et al., 2008).
181 There are also programs addressed to unemployed migrants (14). Some studies show that, in
182 general, unemployment rates in migrants are higher than the local and native population in the
183 EU (Samek, 2010).

184 Finally, programs addressed to children's and adolescents' integration in the school
185 environment must be noted (1,7,9,13,18). These programs are very relevant because studies
186 show that migrant students who have low academic performance relate to negative self-esteem,
187 stress, insecurity, etc. (Giavrimis et al., 2003; UNESCO, 2018; Wadsworth et al 2008).

188 **Length of intervention programs**

189 In the US, most programs are long-term. There are two with a duration of three years (4,6), one
190 with a duration of two years (3) and another one with a duration of one year (5). Conversely,
191 Europe carries out short-term programs (10 weeks, 3 months, 5 months, from 6 to 8 months).
192 Except for one intervention that has a duration of six years (9), the remaining ones have a
193 duration than less than one year. In Canada, the lengthiest program has a duration of six months
194 (16).

195 **Funding of programs**

196 The programs analysed focus on issues that, as pointed out by Suárez-Orozco and Carhill
197 (2008), are four broad urgent fields of interest for the psychosocial situations of migrants: (a)
198 acculturation stress and "migratory morbidity", (b) tensions related to family dynamics, (c)
199 challenges for the creation of identities, and (d) educational adaptation and results. The
200 objectives of the programs will be differentiated based on this classification system.

201 **Acculturative stress and "migratory morbidity"**

202 One of the studies analysed focuses on acculturative stress and "migratory morbidity" (3). This
203 study focuses on the integration of migrants in the health system in order to ensure health care
204 is accessible and linguistically adapted to them. Some authors confirm that migrating can
205 modify health, not because of the experience on its own, but due to the conditions under which
206 it takes place (Montes de Oca et al., 2011). According to Carpentier & de la Sablonnière (2013),
207 a better understanding of the specific challenges faced by migrants is useful for health officials'
208 daily practices. It is important to note that petitions for cultural competencies arose from the
209 concern of States about minoritarian ethnic populations. These feeling of concern appeared
210 based on the studies carried out, which revealed that mental health services were not accessible
211 and were not being provided effectively to such populations (Sue et al.,2009).

212 **Tensions related to family dynamics**

213 One of the programs analysed that focuses on the tensions related to family dynamics aims at
214 improving the skills of Muslim parents (15). It is important to highlight that this program
215 suggests tackling parents' emotional and cognitive issues by teaching them positive skills to
216 educate their children. This has a positive impact on children and makes them grow in a calmer
217 and happier environment. It is remarkable that it took one year to adapt this intervention in
218 order to make it compatible with Islamic teachings and make discussion subjects in line with
219 Mohammed's actions. In general, it has been proved that improving parents' skills to face their
220 children's education has a positive impact for the family's functioning (Santiago et al., 2016).

221 In this field, another program can also be included, which includes parents in order to improve
222 students' integration with the objective of training them in the education of their children and
223 family communication (1).

224 **Challenges for the creation of identities**

225 In the field of the challenges for the creation of identities we found programs that aim at
226 integrating migrants based on language skills (8,14). Linguistic differences prevent many
227 migrants from participating in the host society and integrating in the new community. Studies
228 show that for recently arrived migrants, knowing the language and the culture of the host
229 country helps them overcome the barrier of communication as well as it makes it easier for
230 them to find employment (Tsoukalas et al., 2010). Authors such as McMichael and Manderson
231 (2004) note that networking sites allow access to information, goods and services of the host
232 country and help migrants keep their bonds with their places of origin. As migrants search for
233 a long-term place to settle in host countries, their networks are essential to allow their
234 integration and maintain their cultural identity (Martone et al., 2014). According to Suárez-
235 Orozco and Carhill (2008), support networks play a key role in maintaining and improving
236 self-esteem, as well as providing acceptance, approval and sense of belonging.

237 **Educational adaptation and results**

238 The programs that carry out educational adaptations and results aim at improving migrants'
239 social skills, empathy, acceptance, ability to express feelings and students' empowerment
240 (7,18). Studies show that adolescents with high levels of global self-concept show behaviours
241 of self-control and leadership and low levels of shyness, isolation and anxiety, as well as good
242 levels of social adjustment and improved chances of making friends and classmates (Inglés et
243 al., 2017). Other programs aim at reducing students' stress, anxiety and emotional imbalances
244 (1,9). Studies show that children from ethnical minorities experience high levels of isolation
245 and socio-economic disadvantages. This can have a significant impact on their mental health,
246 leading to issues such as depression, behavioural problems, anxiety disorders, post-traumatic
247 stress and other difficulties (Alegria et al., 2010). There is one program that focuses on learning
248 and understanding other cultures (13). In this sense, educational systems have been playing the
249 role of main agents for migrants' social integration without breaking with their cultures of
250 origin (Heckmann, 2008).

251 We analysed one integration program whose participants were all Arab migrants (17), aged
252 between 20 and 30. There is another program (8) addressed to refugees coming from Africa, in
253 which 68% of participants are aged between 21 and 40. In both interventions, participants
254 would be included in the range of highest vulnerability for radicalization, who according to
255 Silver (2007), are young migrants aged between 18 and 35. This leads us to assert that even
256 though these programs don't outline radicalization prevention objectives explicitly, all
257 programs addressed to adolescents and young migrants aiming at their integration and
258 adaptation in the host country are preventing and driving away future radical ideas and actions
259 from the program's participants.

260 **Characteristics of the intervention**

261 There are several programs that pair migrants with long-term residents in the city (4,5,6,17).
262 In other programs (11,12,18), participants talk about personal experiences and subjects of
263 interest for the group (employment, discrimination, frustrations and acquiring new skills).
264 Other activities also carried out in some programs are dynamical and artistic (9,11,12), as well
265 as cooking workshops (5). In one of the programs sport activities are carried out in a mosque
266 (16), with the aim of providing migrants with clinical and psychosocial benefits. New

267 technologies are used in several interventions; one of the programs with students teaches about
268 other cultures and ethnic groups through virtual activities (13). There are two programs with
269 adult migrants that also make use of new technologies. One of them is carried out in a library
270 (4), where there is a program called “The American Place” (TAP), designed to help migrants
271 with public services, legal advice, classes and employment references. The other intervention
272 uses a smartphone application to train migrants in the pronunciation of the language (8).

273 **Program assessment method**

274 Several programs use mixed methodologies to assess interventions (7,8,13,17,18), in
275 conjunction with quantitative and qualitative instruments. When these instruments are used in
276 parallel, validity, transferability and reliability increase (Tashakkori and Teddlie, 2003). The
277 most widely used technique for data collection is interviews (1,2,3,6,14,15,16). This technique
278 has an enormous potential to access individuals’ psychology as well as their life experiences,
279 through which their everyday nature and social relations can be discovered (López and Pierre
280 2011). Observation of participants is also widely used (4,9,11,12). Such method enables a detail
281 understanding of the operation and the results of the intervention (Thomas et al., 2016).
282 Kawulich (2005) notes that observing participants is a process that allows researchers learn
283 about the study’s participants’ activities in the natural environment through observation and by
284 participating in their activities. One of the interventions (7) uses sociometry with students,
285 evincing that relations between pairs play a mediating role in children and adolescents’
286 psychosocial balance (Williams and Gilmour, 2006). This technique classifies students in four
287 types of centrality of degree: nuclear, secondary, peripheral and isolated (Child and Nind,
288 2012). It is, therefore, a powerful tool to assess social skills and integration (Zakriski et al.,
289 1999). It is of interest to note the importance of this tool in the context of research with migrant
290 adolescents in schools.

291 Programs that carried out quantitative assessments used different questionnaires. Two of the
292 programs carried out in schools (18,7) used the Strength and Weaknesses Questionnaire
293 (Goodman, 1999), completed by both adolescents and teachers. Some programs (18,10) also
294 used the Self-esteem Scale (Rosenberg, 1965). In another intervention (2), post-traumatic stress
295 was measured using the Post-traumatic Diagnose Scale (PDS; Foa et al., 1997). The program
296 for the empowerment of migrant women (10) used the Behaviour-Objective Scale (Echeburúa
297 and Corral, 1987) and the Treatment Satisfaction Questionnaire (Larsen et al., 1979). The
298 program for the improvement of social support (17) used the Personal Resources Questionnaire
299 (Weinert, 1984; Weinert & Brandt, 1987) to measure social support perceived and satisfaction
300 with support resources, UCLA’s Reviewed Loneliness Scale (Russell et al., 1980) to assess
301 loneliness and social isolation, and the Proactive Facing Inventory (Greenglass et al., 1999) to
302 measure participants’ search of emotional and instrumental support.

303 Most programs performed an assessment prior to the intervention and another one just after the
304 end of it. However, some programs also used control group designs (2,8,14,18). Besides pre
305 and post assessments, some programs perform a follow-up after six months (16), after one
306 month and three months (10) and after one and two years (14).

307 **Integration programs results**

308 It must be noted that the results obtained in the different programs reviewed are positive, even
309 reaching the desired objectives and with participants expressing agreement and satisfaction
310 with interventions.

311 Programs addressed to migrant women show very positive results and improved women’s
312 quality of life and integration. Generally, there is a decrease in loneliness and depression (5,10),

313 an increase in relation networks, perception of social support, self-esteem and higher levels of
314 migrants' self-confidence (11). There is also an increase in mothers' confidence in rising their
315 children and their self-sense of ability (6). Women with post-traumatic stress who participated
316 in the intervention showed significantly reduced symptoms, compared to the women from the
317 control group (2), as well as experiencing a clear improvement in their symptomatology and
318 great satisfaction with the treatment they received (10).

319 Programs carried out in the school and family context showed results that favour the integration
320 of migrant children and adolescents. These programs enabled children to improve their
321 knowledge about themselves, their culture and that of others, as well as democratic and social
322 justice values (13). In the intervention program for social and emotional learning with
323 adolescents (7), students learned how to work together with their classmates and feel
324 integrated; they felt more motivated and concentrated in all activities; they expressed their
325 thoughts and feelings more openly, they reduced their aggressiveness and they felt happier and
326 with better moods. Other results from interventions with migrant adolescents show that after
327 the intervention, they were able to reduce their stress and anxiety levels, learn coping strategies,
328 reduce emotional imbalances, the pain of the experience and that of feeling different (9). The
329 program of school therapy for migrant adolescents and refugees (18) did not report any
330 improvements in participants' self-esteem or emotional and behavioural symptoms. However,
331 children from the experimental group showed a significant improvement in the learning of the
332 language and their mathematical performance compared to the control group. The program
333 with migrant fathers in the educative context (1) also had beneficial results for participating
334 families, as it allowed fathers to broaden their knowledge and awareness about the problems in
335 the family and ways of helping children; communication and positive interactions between
336 parents and children improved, as well as motivation and security feelings in children.
337 Furthermore, trauma and skill learning in children also improved.

338 Programs aimed at the integration of migrants that include a relation with a long-term resident
339 (4,6,17) achieved a significant reduction of participants' loneliness and increased their social
340 support and social integration perceived, as well as an increase in the search of emotional and
341 instrumental support. To connect recently arrived migrants with long-term residents makes
342 their transition easier and allows recently arrived migrants to build long-term relations with
343 migrant residents.

344 Language training programs (8,14) showed positive results and enabled communication and
345 employment search. The program aimed at improving health care for migrants (3) showed
346 statistically significant results related to better quality of life. Results showed that almost 94%
347 of participants expressed general satisfaction with the services received and access to such
348 services; 96% expressed satisfaction with the quality and appropriateness of services received,
349 as well as satisfaction with their participation in the program. The program aimed at improving
350 Muslim fathers' skills was also very positively valued by participants (15).

351 Interventions with migrants are full of limitations; each project faced barriers or difficult
352 situations when applied. Some programs shared the obstacle of a lack of time from the part of
353 migrants. Some participants express having difficulties to attend programs because of their
354 working conditions or because of being too busy with family life (1,15). The legal status of
355 migrants is also another aspect that must be taken into consideration, because in some
356 occasions, for fear of deportation, some migrants hesitate to provide information or participate
357 in such programs (2). There is another limitation caused by migrants' high levels of mobility,
358 which makes their follow-up and long-term assessment difficult (18). Finally, some
359 communities like Muslims, based on faith, reject participating in random studies, which greatly
360 limits their participation (16).

361 4. Discussion

362 It has been proved that there are more programs in Europe to integrate migrant population.
363 However, longer term programs are carried out in the US. It is possible that the US understands
364 the need to create long-term and efficient integration programs for migrants, since it is the
365 major receiver of migrants worldwide and the main origin of international migration flows
366 between 2000 and 2010 (Herrera, 2012).

367 It is important to bare in mind that migrants face great barriers for their integration, so the four
368 domains noted by Suárez-Orozco and Carhill (2008) must be broadened to include additional
369 factors such as challenges of acculturation, stigmas, poverty, poor housing, psychosocial
370 stressors, unemployment, etc. (Paris et al., 2016). It has been observed that many of these
371 domains are not tackled in interventions with migrants so we believe they should be included
372 in programs addressed to this collective.

373 There are few programs in which native population participates. It must be taken into
374 consideration that programs exclusively addressed to migrants rather than helping them,
375 contribute to segregation and exclusion, as well as increasing migrants' perception of
376 vulnerability. It would be necessary to design programs where native population and migrants
377 participate equally and where the whole community could participate, cohabitare and know one
378 another.

379 There should be more programs in which both children and parents participate. It is key for
380 families to have a good connection between parents and adolescents, since the family is still
381 one of the main contexts in which social and educative values are transmitted (Montañés et al.,
382 2008). It has been proved how improving parents' coping mechanisms has a positive impact
383 on the functioning of the family and children in low-income situations (Wadsworth et al.,
384 2013). Some studies show the importance of families' participation in projects, being a key
385 element in the case of migrant children (Lozano et al., 2013).

386 Only one program aims at integrating migrants in the field of health care. Some authors note
387 that privatising public services disconnected these services from social obligation, thus making
388 it more difficult for individuals and institutions to have a language that can include the
389 principles of racial justices as a common good (Maina et al., 2019). According to Dixon (2019),
390 it is necessary for a growing multicultural society to strive for honouring and respecting plural
391 cultural world views of all individuals in the health care system.

392 School is the main contact place between migrant students and native students, which makes it
393 the ideal place for programs that aim at promoting integration and inclusion. Students who are
394 well integrated in the education system of the host country, both academically and socially, are
395 more likely to reach their potential (European Commission/EACEA/Eurydice 2019).
396 According to Haberfeld et al. (2019), highly qualified migrants are more likely to migrate to
397 labour market with broad structures of opportunities, compared to lower qualified migrants. It
398 is therefore key for young migrants to be trained and access higher education to enter the labour
399 market and reduce or even revert the unemployment gap (Bevelander & Luik, 2020).

400 In all programs analysed there is a general lack of use of new technologies to support migrants'
401 integration. Pantoja and Villanueva (2015) note that there are few studies that link new
402 technologies with interculturality and even less studies with a cooperation approach. Besides
403 that, there should also be a better diffusion of programs and interventions for migrants so the
404 collective can know what resources are available for them.

405 Regarding the adaptation of programs, Falicov (2009) identifies three levels of depth. The first
406 level is translation, that is, the tools, manuals, modules and sessions from an intervention
407 program are translated and handed to participants in their mother tongue to increase
408 accessibility for those migrants who are monolingual. The second level is cultural values and
409 contextual stressors, and the third level is related to cultural theories about problem formation
410 and therapeutic change. Most programs analysed stay in the first level and only two of them
411 (1,15) reach the second level, since they are culturally adapted.

412 Most programs use mixed methodologies, since quantitative information does not allow for
413 casual connections to be made (Paris, 2008). The most widely used technique in all programs
414 is interviews, since it is ideal to obtain dense information. Furthermore, according to López
415 and Deslauriers (2011), interviews have a relevant complementary potential when combined
416 with quantitative studies, since they contribute to understand participants' beliefs and
417 experiences.

418 With the present work it has been observed a lack of studies that carry out programs aimed at
419 working with the migrant collective and only some of them perform comprehensive
420 assessments to know whether interventions are successful and reach the desired objectives
421 (table 3). Against this backdrop, we understand little progress will be made to improve
422 programs aimed at the integration of this collective.

423 It has been observed that there is a lack of resources, or that the existing ones are very limited,
424 when it comes to carry out the programs; only 7 of them were subsidised by the State where
425 they were being carried out. This evinces that the economic support given to these programs is
426 still insufficient, even though integration is an issue that deeply affects intercultural
427 cohabitation. It would be necessary, therefore, to improve social policies to reduce and/or avoid
428 the social consequences brought about by migrating processes that have political, demographic,
429 socio-economic and cultural impacts.

430 It must be highlighted that there is a lack of intervention with Muslim migrants of second and
431 third generation, even though second generations of the Muslim diaspora have been particularly
432 vulnerable to processes of jihadist radicalization (Reinares and García, 2016). Interventions to
433 promote the integration of these young migrants is necessary. It would also be convenient to
434 use culturally relevant structured networks of these young migrants, such as mosques, since
435 they are important assets when designing interventions. Likewise, it would be of great
436 importance to carry out community interventions due to the polarization that occurs regarding
437 religion and cultures, with the objective of avoiding ethno-violence and racism, for instance
438 when there is news of a Muslim attack in some country.

439 It has been observed that some of the most effective activities are those which group recently
440 arrived migrants with native population and/or long-term residents. The later act as mentors
441 and translators, resource guides and teachers, helping recently arrived migrants understand and
442 know the resources available, feel more secure and less isolated in the new country, and thus
443 helping to reduce prejudices and discrimination from the part of native population.
444 Furthermore, results show the importance of language training for migrants, which should be
445 a priority for host countries. To work on intercultural education is also important, since it is not
446 only a "complement" to the standard education plan, but also, according to the United Nations
447 Education, Science and Culture Organization (2006), the development of inclusive study plans
448 that include language, history and culture training of non-dominant groups of society is
449 necessary.

450 It is important to highlight the positive results of those programs focused on migrant women.
451 Today, there is talk of a "feminization of migration", even though female migration is not a

452 new phenomenon (Tittensor & Mansouri, 2017). We consider it necessary to integrate the
453 gender approach in all migratory policies with the aim of promoting the integration and
454 adaptation of host countries to this vulnerable collective.

455 Results from the present research allow to identify key elements when it comes to carrying out
456 programs for the integration of migrants. Our results suggest that future studies of programs
457 should be more detailed and specify data such as origin, number of participants, age of
458 participants and activities carried out. Besides, programs should also perform more exhaustive
459 assessments as well as developing in a more extensive and detailed manner citizen participation
460 and community work in social cohesion interventions. Programs aimed at the integration of
461 migrants contribute to decrease feelings of lack of roots and identity and, subsequently, as
462 pointed out by Heelsum and Vermeulen (2017), the search of an alternative group with more
463 radical ideas. Therefore, it is necessary to develop integration programs that would satisfy the
464 needs of migrants. This could be done by using new technologies and community facilities,
465 along with participation in the community. We would like to note the importance of working
466 with students at schools, given the fact that most vulnerable migrants to radicalization are those
467 from younger generations who are born in host countries. It is, therefore, essential to work with
468 children and adolescents in order to avoid their exclusion from the system, which could lead to
469 potential radicalization.

470 There were several limitations during the present research. One of them was the lack of
471 programs that focus on the integration of migrants, despite being an issue of concern for
472 countries. It must be noted that some studies analysed do not specify the origin of migrants or
473 their age, and most interventions do not detail activities carried out. Another limitation of the
474 study is that some programs don't have systematic assessments in place and, sometimes, don't
475 mention who carries out said assessment. If the team responsible for carrying out the
476 intervention is the same as the one carrying out the assessment, results can become
477 contaminated. This means that the present study's conclusions are limited when it comes to
478 how the programs analysed work, due to the limited information available from such programs.

479 Through this study, we have confirmed the great importance of integration programs in
480 countries with increasing flows of migration, since the benefits include an improvement in
481 migrants' quality of life. Likewise, these programs also benefit host countries, since integrating
482 migrants prevents extreme and radical actions and favours intercultural cohabitation.

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488 brackets indicate the number assigned to each paper in Table 3.

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- 716

Table 1 717

Terms used for the search based on databases and initial results.

| Databases | Search Terms | Initial Results | 718 |
|--|--|-----------------|-----|
| ProQuest (PsycInfo, Sociological Abstracts, PsycArticles, Psychology Database, Medline). | (intervention) AND (integration) AND (immigration) AND (program) | 397 | 719 |
| | (Evaluation program) AND (immigrants) AND (intervention) | | |
| | (Immigration program) AND (evaluation) AND (integration) | | |
| | (Intervention program) AND (immigrants) AND (evaluation) | | |
| | ("muslims" AND ("prevention programs")) | | |
| | ("muslims" AND ("intervention") AND (evaluation programs)) | | |
| | ("muslims" AND ("teenagers") AND (programs)) | | |
| | ("muslims" AND ("teenagers") AND (integration programs)) | | |
| SCOPUS | (programs) AND (immigrants) AND (evaluation) AND (integration) | 68 | |
| | ("muslims" AND (integration) AND (program)) | | |
| Google Scholar | Integration program with immigrants | 136 | |
| | Programs radicalization prevention Muslims | | |
| Total | | 601 | |

720 Table 1.- Filtering process and inclusion criteria.

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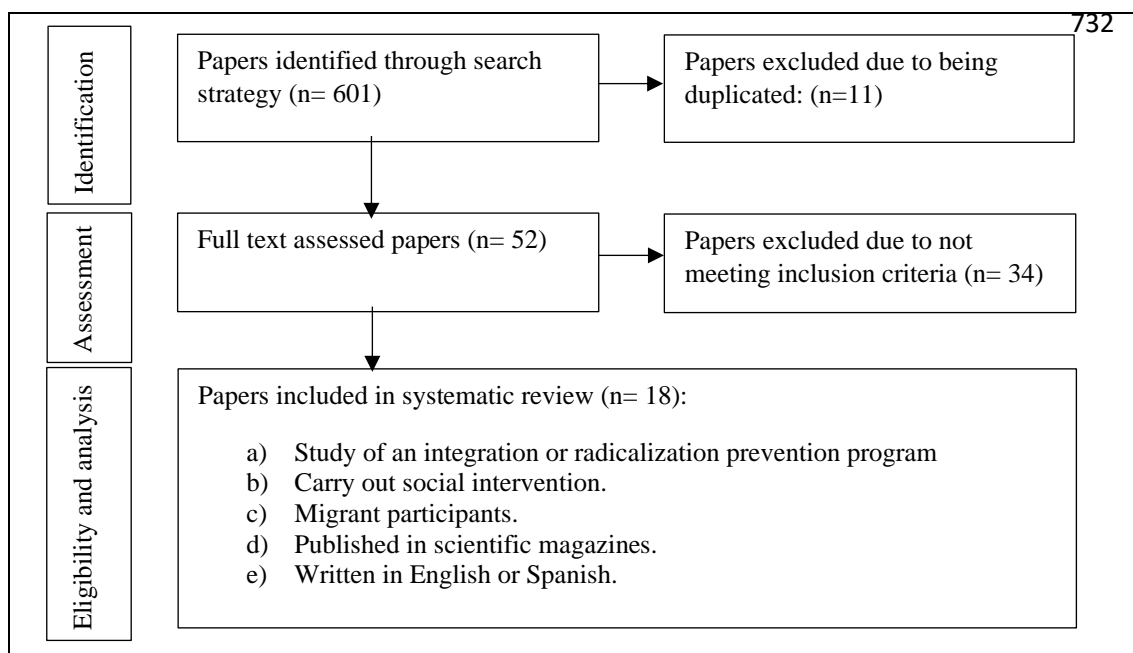
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733 Figure 1. - Flow diagram based on PRISMA declaration (Moher et al., 2009).

734

Table 2

Categories to register papers for review.

| Categories | Description |
|-------------------------------------|---|
| Location | Geographical location. |
| Duration | Length of the program. |
| Funding | Funds received by the program. |
| Participants | Characteristics of the program's recipients (gender, origin and range of age or average age of participants). |
| Objetives | Situation that is desired to be obtained as a result of specific actions once program is ended. |
| Characteristics of the Intervention | Type of techniques used and/or activities put in place to achieve objectives. |
| Assessment methods | Instruments used for assessment (interviews, questionnaires, follow-up of participants, etc.) |
| Results | Goals achieved, effectiveness of the program and participants' satisfaction. |

735 Table 2.- Categories to register papers for review.

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| <i>Main papers about social integration programs with migrants</i> | | | | | | | | |
|--|---------------------------------|-------------------------|----------------------------|---|--|---|---|--|
| No | Authors/ Year | Location | Duration/ funding | Participants | Objective/s | Characteristics of the intervention | Program assessment method | Results |
| 1 | DeCarlo S. C. Et al. 2016 | US (Unspecific d) | 6 months. Unsubsidised. | 21 participants, Latin parents. Average age: 38.07. 21 students also participated with average age of 11.59. | To improve commitment and participation in behavioural cognitive intervention for trauma in schools, promote the development of parents' skills and reduce migrant children's trauma. | 10 group sessions (1 hour) and from 1 to 3 individual sessions (to narrate trauma) for students. 1 to 2 educational group meetings for parents (1 hour). 4 additional sessions for parents, including psychoeducation and communication between parents and children. These sessions had a duration of 1.5 to 2 hours. | Semi-structured telephone interviews after behavioural cognitive intervention for trauma in schools with parents. | Benefits for children included the improvement of symptoms and development of skills. Parents agreed there was a need for programs such as behavioural cognitive intervention for trauma in schools and expressed believing in the importance of parents' participation in their children's lives and school. They reported high levels of satisfaction and expressed feeling the program was beneficial for them, culturally relevant and that they would recommend it. |
| 2 | Galano M. M. et al. 2017 | US (Michigan) | 10 weeks. Unsubsidised. | 93 Latin women participants. Average age: 35.66. | To empower migrant women who experience gender violence to access resources and increase the efficacy of upbringing. | Group treatment of 10 sessions for adult women who experience gender violence in their community. | Women from the experimental group (53) and the control group (40) were interviewed at the start and the end of the intervention. | Women who participated in the intervention experienced a higher decrease of their Post- traumatic stress disorder symptoms compared to the women from the control group. Specific reductions based on domains of symptoms were also analysed (p <0.5). |
| 3 | Paris M. et al. 2016 | US (Connectic ut) | 2 years. Subsidised. | 950 monolingual Latin adults, older than 18 years. | To ensure that behavioural health care is accessible and linguistically adapted for Latin migrants. | There were fifteen focal groups with sessions of 90 to 120 minutes with consumers, direct services and administrative personnel, to better understand local needs and relevant problems in order to provide quality behavioural health care to the Latin community. | Satisfaction survey. 5-point Likert scale. Questions are classified in five fields: general satisfaction, access, quality and appropriateness. Results and recovery. | Results showed positive experiences of consumers. 94% (n=90) of interviewed reported general satisfaction with services received; 94% (n=89) reported satisfaction with access to services; 96% (n=90) expressed satisfaction with the quality and appropriateness of care received. Almost 96% (n=90) of interviewed reported satisfaction with their participation. |
| 4 | Thomas R.L. Et al. 2015 | US (Connectic ut) | 3 years. Subsidised. | 63 migrants from more than 12 countries in 4 continents. Age is not specified. | To promote the transition of recently arrived migrants. | The program paired 48 Cultural Navigators with participants. Participants used a wide range of services through The American Place (TAP), a program designed to help them access services, legal advice and classes. As well as access to books, photographs and computers. The American Place (TAP). | Participant-observer methodology. In-depth interviews and focal groups were also carried out with the administrators of the program, personnel, volunteers and migrant participants. | This program promoted the transition of recently arrived migrants and helped them stablish relations with long-term residents. For the pairs of participants, it was relevant to talk and know each other because this created trust, security and emotional support between them. |
| 5 | Msengi, C. M. Et al. 2015 | US. (Midwest). | 1 year. Subsidised. | 15 women from different countries (Africa, Latin | To help migrant women who are new in the community | To reduce stress and depression, participants were paired with a local female volunteer who | Mainly focal group discussions, as well as observations and | Several participants expressed that the program helped them develop better mental and emotional well-being, as well as general |

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| | | | | America and Asia). Age is not specified. | and offer long-term residents the opportunity to meet them and better understand them. | acted as conversation partner. This allowed the migrant women practice and improve their English command and provided them with help with their individual needs. | assessment questionnaires after each activity. | well-being for them, their children and the other members of their families. Support groups also helped these women overcome language, culture, poverty and discrimination barriers that made it very difficult for them to function in the new community. |
| 6 | Paris, R. Et all. 2008 | US. (Massachusetts) | 3 years maximum. Subsidised. | 14 Latin female migrants. Aged between 25 to 38. | To provide support, education and access to resources, to reduce stress levels and depression and reduce primary risk factors for child abuse. | Multilingual and bi-cultural paraprofessionals, who are migrant mothers and who convey home visits to recently arrived mothers and children. Services include weekly visits and frequent telephone contact to provide emotional and instrumental support, security, education and resource referral. | Qualitative study. Each interview was carried out in person and had an approximate duration of 1 hour. Interviewed mothers were asked to describe their experiences of arrival in the US, conditions once in the country and their perceptions of the intervention's home visits. | Empowerment and self-esteem increased based on the relations with visitors and made mothers feel more secure in the upbringing of their children. These services also helped them feel less lonely and more connected. Home visits helped women access services that were beyond the intervention's reach. |
| 7 | Doikou M. et all. 2013 | Europe. Greece (Thessaloniki) | 2 months. Unsubsidised. | 139 students (81 primary school students and 58 secondary school students). Target students were 7: 4 from Russia, 2 from repatriated Greek families and 1 from Albania. Age range: 6 to 16. | To improve social behaviour and integration of the target students with their classmates and provide them the opportunity to interact and know each other. | The program was carried out with the whole classroom. 29 activities were performed. During the activities, students worked in small groups from 3 to 5 children to carry out specific tasks. After each task, there was a discussion and children were asked to talk about what they thought and experienced while working together. | Qualitative and quantitative methods. Semi-structured interviews and socio-metric measures. | Results show positive interaction between target students and their classmates during activities, as well as some improvement in the behaviour and social position of target students after the completion of the intervention. |
| 8 | Bradley L. Et all. 2017 | Europe (Sweden) | 10 weeks. Subsidised. | 38 migrants (12 women and 26 men). Most participants were Syrian (35). Age range: 20-60 years, most participants were aged between 20 and 30. | To explore how access to mobile technology can be used to integrate recently arrived migrants, through language and culture training. | Control group (14 participants) received traditional training and the experimental group (24 participants) used a mobile application to learn pronunciation as a complementary activity to the program. It combined teaching and self-study. Three hours, twice a week. The program includes subjects related to the Swedish labour market, the economy, civic orientation, culture and language. | Mixed methods. Participants were interviewed about their command in the use of smartphones and they were given some activities to perform in and out the classroom to compare their linguistic evolution. Interviews, weekly activity reports and observations were also carried out. Participants also did weekly online self-assessments for their mobile activities outside the classroom. | Participants used smartphones mainly to communicate with their families and friends instead of with Swedish people and learn Swedish. Compared to the control group, the experimental group showed faster language learning and higher self-confidence to speak the language. The study concludes that language training with a pronunciation mobile application is very useful to develop spoken language skills, which can help reach better integration for migrants. |

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| 9 | Rico C. L. Et all. 2010 | Europe. Spain (Madrid) | 6 years. Subsidised. | Migrant children and adolescents. Number of participants and origin is not specified. Age range: 6-18. | To prevent exclusion and promote integration. | Flexible sessions, including photography, painting, poetry and cinema workshops and debates. | Assessment reports of creativity workshops, participants' assessment files and communication files with the educational space. | Assessment reports provide positive data on the functioning of the workshop in the following fields: reducing stress and anxiety, reducing emotional imbalances due to participants' circumstances, interest for people outside their cultural groups and reducing the pain of the migrating experience and the feeling of being different. |
| 10 | Salaberri a K., et all. 2009 | Europe. Spain (Basque Country) | 5 months. Unsubsidised. | 5 Latin American women (2 from Honduras, 1 from Bolivia, 1 from Colombia and 1 from Venezuela). Average age: 28.6 (range: 23-35). | To empower migrant women and provide them with skills to face psychological distress, as well as help them achieve their goals in life. | Psychological support program. It includes 8 weekly individual sessions of 1.5 hours, with cognitive-behavioural support. | Pre-treatment assessment (2 to 3 sessions). The psychological support program was subsequently applied and once finished, post-treatment assessment and follow-ups were carried out after 1 and then 3 months. | Women experienced a clear improvement of psychopathological symptoms in general. This improvement is clear after comparing pre-treatment and post-treatment assessments, as well as the achievements obtained which can be seen 1 and 3 months after the intervention. The level of difficulty perceived by women to achieve their goals in life and improve their quality of life is considerably reduced when comparing pre-treatment and post-treatment assessments. Such levels of difficulty keep reducing after 3 months. Participants also report high levels of satisfaction with the help received. |
| 11 | Carrascosa F. M. 2010 | Europe. Spain (Madrid) | 3 months. Unsubsidised. | 6 women from Latin America and 1 from Africa. Age range: 30-49. | To create a space of self-expression where participants feel free to express, share, give and receive. | Art creation workshop. One weekly session with a duration of 2 hours. Different proposals were suggested to create individual and group dynamics, as well as crafts and talks. | Direct observation assessment. The behaviour of participants was observed during workshops. | It was observed that as participants felt more confident in the group, they reduced their insecurity. Security was created little by little, whether this was by the way they handled the materials, which materials they chose or in the explanation of their work. The group created a safe space for creation, experimentation, dialogue and commitment between participants. |
| 12 | Bravo S. L. Et all. 2015 | Europe. Spain (Logroño) | Unspecified duration. Unsubsidised. | 12 women (8 from Morocco and 4 from Algeria, Gambia, Pakistan and Russia). Age range: 23-50. | To promote migrant women's social integration, support networks and increase self-esteem. | 1 weekly session where an altruistic exchange space is created between people with same concerns, similar circumstances and needs. Dynamics, video watching, talks, etc. | Assessment based on "brainstorming" through opinion exchange groups and participants' observation, thus giving rise to a field journal. | Women expressed high enthusiasm with meetings, of which they said they would not change anything. The program helped empower women, the creation and strengthening of bonds between them and the broadening of their points of view. |
| 13 | Pantoja V. A. Et all. 2015 | Europe. Spain. | 9 months. Unsubsidised. | 532 Spanish students. Age range: 11-12. | To promote interaction and cultural knowledge between students from different countries. | The program was designed in a virtual environment, where children from Latin America, Portugal and the UK interact. Its psycho-pedagogical principles are development of ethnic and cultural identity of students, cultural pluralism and education for citizenship; Reflection and personal critical analysis. | Mixed methodologies. Quantitative through the application of a Likert-type scale and qualitative through portfolios and classroom reports. | The program provided students with valuable information about dengue fever, nature, meeting different people and other cultures. Students also learned about monuments (Latin American students were surprised as there are not similar buildings in their environments), about the different currencies and about languages. |

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| 14 | Tsoukalas S. Et al. 2010 | Europe (Greece) | 6-8 months. Subsidised. | 260 migrants. Average age: 38,58. | To learn Greek language, tackle the issue of lack of communication between natives and migrants and prevent their exclusion from the labour market and, therefore, society. | The experimental group included 110 participants and the control group 150. Training programs are structured in four learning levels: Levels A, B and C have a duration of 100 hours and level D has a duration of 125 hours. The additional 25 hours cover Greek history and culture lessons. Participants learn the Greek language, which allows them to communicate with natives even from the first levels of the program. | An initial test was carried out on the same year of the training, a second one was carried out after 1 year and a third one after 2 years from receiving training. | Results show that the positive effects of the training in migrants' integration are clear two years after completing the program. Migrants who participated in the Greek language courses have higher income as compared to the equivalent sample in terms of demographical features of untrained migrants. |
| 15 | Scourfield J. Et al. 2015 | Europe (South of England) | 2 months. Subsidised. | 5 muslim fathers. 4 ethnically original from Pakistan and 1 from India. Age is not specified. | To improve emotional and cognitive issues of fathers and promote their increasing use of positive skills. | The intervention is based on psychoeducational and cognitive-behavioural approaches of learning. The course comprises 10 group and interactive sessions of a duration of 2 hours. Role plays and testing strategies in the home environment are used, with religious texts that support the main messages of the course. | Qualitative small-scale study, with approximately 25 hours of observation of participants, focusing on the interaction of participants before and after group meetings, and 13 structured interviews. The wives of the 5 participants, who had attended the program for mothers also participated. | Each father highlighted different subjects that they considered had been the main learning point for him. This list included learning about "self-power to handle family affairs" and implement strategies to handle behaviours, cooperation between husband and wife to calm children when they are angry, to control emotions, to show empathy and connect with their children as well as to spend more time and share concerns with their wives. Interviewed women talked about the changes in their husbands' attitudes towards themselves and the children, less anger and more empathy. Some had seen positive changes in their children after fathers' participation in the program. |
| 16 | Banerjee A. T. Et al. 2017 | Canada (Toronto) | 6 months. Unsubsidised | 62 Muslim women. Average age: 51. | To allow women to develop physical activity patterns and empower them. | The intervention included training group workouts which included aerobic and strength training. Three weekly evening of a duration of 1 hour in a mosque. | This intervention was a small-scale pilot project based in one community with one group and two assessments, a previous one (3 Likert-type questions) and a later one carried out 6 months after completion of the program (12 Likert-type questions). | 19 participants agreed to the previous and posterior assessments. Participants considered the workout classes positive, convenient, easy to follow, educative, useful and supportive. |
| 17 | Stewart M. et al. 2011 | Canada (Toronto and Edmonton) | 3 months. Unsubsidised. | 58 refugees from Africa. Age range: 18-54. | To improve social support and integration of African refugees. | Support group included 12 participants each. Each group met twice per week in 1 session in person. Each session lasted from 60 to 90 minutes and telephone sessions approximately 20 minutes. Participants chose subjects for | Qualitative and quantitative methods. Participants completed the same quantitative measures before the intervention (initial test) and after (final test). Group interviews | There were significant increases in support received (p=.002), social integration (p=.002) and significant reductions in loneliness (p=0.002). After the intervention, participants reported they had learned how to look for services and support and how to face challenges. |

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| | | | | | | each session. Key subjects that were debated included improving cultural understanding and social integration, navigating the system, develop new skills, optimal employment search, improve family dynamics and overcome racism and discrimination. | were also conducted using an interview guide. | |
| 18 | Rousseau C. Et all. 2007 | Canada (Montreal) | 9 weeks. Unsubsidised. | 123 adolescents from Asia, Eastern Europe, Latin America, Middle West and Africa. Age range: 12-18. | To provide Young migrants and refugees the opportunity to empower and share group stories, support the construction of meaning and identity and create a bridge between the past and the present. | 9 weekly sessions with a duration of 75 minutes. Each week, a different topic is presented based on which each participant tells a brief personal experience. They are subsequently invited to express their experiences or concerns about the topic using fluid sculptures, diatribes, pairs and other reflexive techniques. | Qualitative and quantitative methods. Data were collected before and after the intervention. Assessment questionnaires were conducted before and after the program. | Adolescents' general perception of disability decreases significantly as well as the interference of these symptoms in friendships, family life and leisure activities. School performance also improved, particularly in mathematics and French speaking in both the experimental and control group. |

740 Table 3.- Main papers about social integration programs with migrants.