

OTTAWA SYRIAN REFUGEE RESEARCH INITIATIVE

NOVEMBER 2017



THE ARRIVAL AND SETTLEMENT OF SYRIAN REFUGEES IN OTTAWA
System Response, Lessons Learned, and Future Directions



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immigration partnership | pour l'immigration ottawa

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EXECUTIVE SUMMARY

Between November 2015 and late 2016, more than 2,000 Syrian refugees arrived in Ottawa. Although refugees arrive in Ottawa every year, this was a large number and the very short time period during which the Syrians arrived constituted an exceptional situation. There was a vast and varied network of agencies and organizations who had a hand in welcoming and settling Syrian refugees, and they crossed many sectors. The settlement sector was naturally key, but it was not alone; housing, education, employment, health and three levels of government were all involved. Partnerships and collaborations criss-crossed this array of actors, including established collaboration tables and new relationships. Frontline workers and organizations responded to the Syrian refugee crisis in extraordinary ways, working long hours and reallocating resources away from other work to address the pressing need. The community also responded and raised funds to help fill some of the gaps in programs and services.

However, there were also challenges from which we can learn. Some of these were unique to the specific situation of the Syrian refugees, but most highlight ongoing areas for attention. Key hurdles included the tight timeframes under which agencies were operating, funding and program gaps, the uneven flow of information, missed opportunities for coordinating across sectors, and a context in which forming new relationships or developing new practices was difficult because energy and resources were primarily directed to responding to the needs of refugees. That said, there was much goodwill between organizations, high levels of dedication from staff, and strong engagement from the public. We draw a number of lessons learned from this experience, to identify specific gaps and challenges that can be addressed to strengthen Ottawa's infrastructure to support refugee settlement and integration.

Foreword

Dear colleagues,

We are pleased to present the Ottawa Local Immigration Partnership (OLIP) report on the Ottawa Syrian Refugee Research Initiative. The aim of this research initiative is to create a common understanding of the success and challenges of the community-wide effort to settle the Syrian refugees in Ottawa and to draw learnings that will help strengthen local capacity to settle and integrate refugees.

This is essentially a story of a successful community mobilization. The Ottawa community, organizations, governments, civic groups, local businesses, and private sponsors worked together tirelessly and generously to alleviate human suffering and by so doing made a positive contribution to the global challenge of the growing number of refugees and displaced people. The long-term impact of this work will no doubt make Ottawa a better place; economically, socially and culturally. While there were a number of challenges and many lessons to be learned, Ottawa has successfully settled over 2,000 Syrian refugees in a few short months. The many successes and triumphs and the heroic efforts of governments and the community need to be emphasized and celebrated. It is particularly important to note that the majority (60%) of the new Government Assisted refugees are children younger than 18 years of age. After the initial warm welcome, the successful integration of the new residents and families, children and youth will require concerted efforts from multiple sectors in the years to come. The courage, resilience, and contribution of the Syrian refugees will certainly play an important role in promoting their integration. Furthermore, we believe that Ottawa's cumulative experience and growth as a welcoming city indicate that we are up for the challenge.

In closing, we would like to acknowledge and thank the following individuals and organizations:

- All the research participants who generously gave of their time and shared their views (see the appendix for a list of interviewees);
- Somerset West Community Health Centre, Immigrant Women Services Organization, and the Alliance to End Homelessness for partnering with OLIP in conducting sectoral investigations that culminated in the present report;
- The research team, who worked hard and ably brought together many perspectives in a few short months, allowing for a rich articulation of Ottawa's response to the Syrian refugees' resettlement;
- The Catalyst Research and Communications team for managing the research process; and
- Immigration Refugees and Citizenship Canada (IRCC) for funding the work that went into the development of this report.

The lessons learned from Ottawa's efforts to settle the Syrian refugees will require community reflection and planning that pursue ways of dealing with the challenges named in this report. It is our intention to facilitate conversations on how to use our learning to strengthen our practice of welcoming refugees, starting with the 4th Biennial Ottawa Immigration Forum, on November 20th, 2017.

Warmest regards,



Alex Munter
Chair, OLIP Council



Caroline Andrew
Chair, OLIP Executive Committee



Hindia Mohamoud
Director, OLIP

List of Abbreviations

BVORS	Blended Visa-Office Referred
CCI	Catholic Centre for Immigrants
CHC	Community Health Centres
CHEO	Children’s Hospital of Eastern Ontario
ELTOC	English Language Tutoring for the Ottawa Community
ESL	English as a Second Language
GARS	Government Assisted Refugees
IFHP	Interim Federal Health Program
IMA	Initial Medical Assessment
IME	Immigration Medical Examination
IRCC	Immigration, Refugees and Citizenship Canada
JFS	Jewish Family Services
LARC	Language Assessment and Referral Centre
LASI	Local Agencies Serving Immigrants
LASSA	Lebanese and Arab Social Services Agency
LINC	Language Instruction for Newcomers to Canada
OCISO	Ottawa Community Immigrant Services Organization
ODSP	Ontario Disability Support Program
OLIP	Ottawa Local Immigration Partnership
OSRRI	Ottawa Syrian Refugee Research Initiative
OW	Ontario Works
RAP	Resettlement Assistance Program
SAH	Sponsorship Agreement Holder
UNHCR	United Nations High Commissioner for Refugees

PROJECT BACKGROUND

The roots of the Syrian refugee crisis firmly took hold in 2011, when the country's civil war intensified and many residents were displaced or fled. Between 2011 and 2015, a relatively small number of Syrian refugees made their way to Canada, but processing times were slow, and there were restrictive rules on who could be privately sponsored (Carrière 2016). The majority of Syrians who entered Canada prior to 2015 came as privately sponsored refugees. Public attention heightened in September 2015 when the body of Alan Kurdi, a three-year-old Syrian boy washed up on the shores of the Mediterranean Sea. The photo sparked outrage and concerted action. By October, the newly elected federal government had pledged that Canada would resettle 25,000 refugees from Syria. They created a national plan called #WelcomeRefugees.

Ottawa has a history of receiving refugees, including some historical moments when the numbers rose dramatically in response to specific international incidents. Many Ottawa residents recalled Project 4000, which saw the city welcome 4000 Indochinese refugees between 1979 and 1980. Others pointed to the settlement of Somali refugees who arrived in Ottawa in the 1990s, or the migration of refugees from Haiti following that country's devastating earthquake. An array of community agencies and organizations have been involved in these

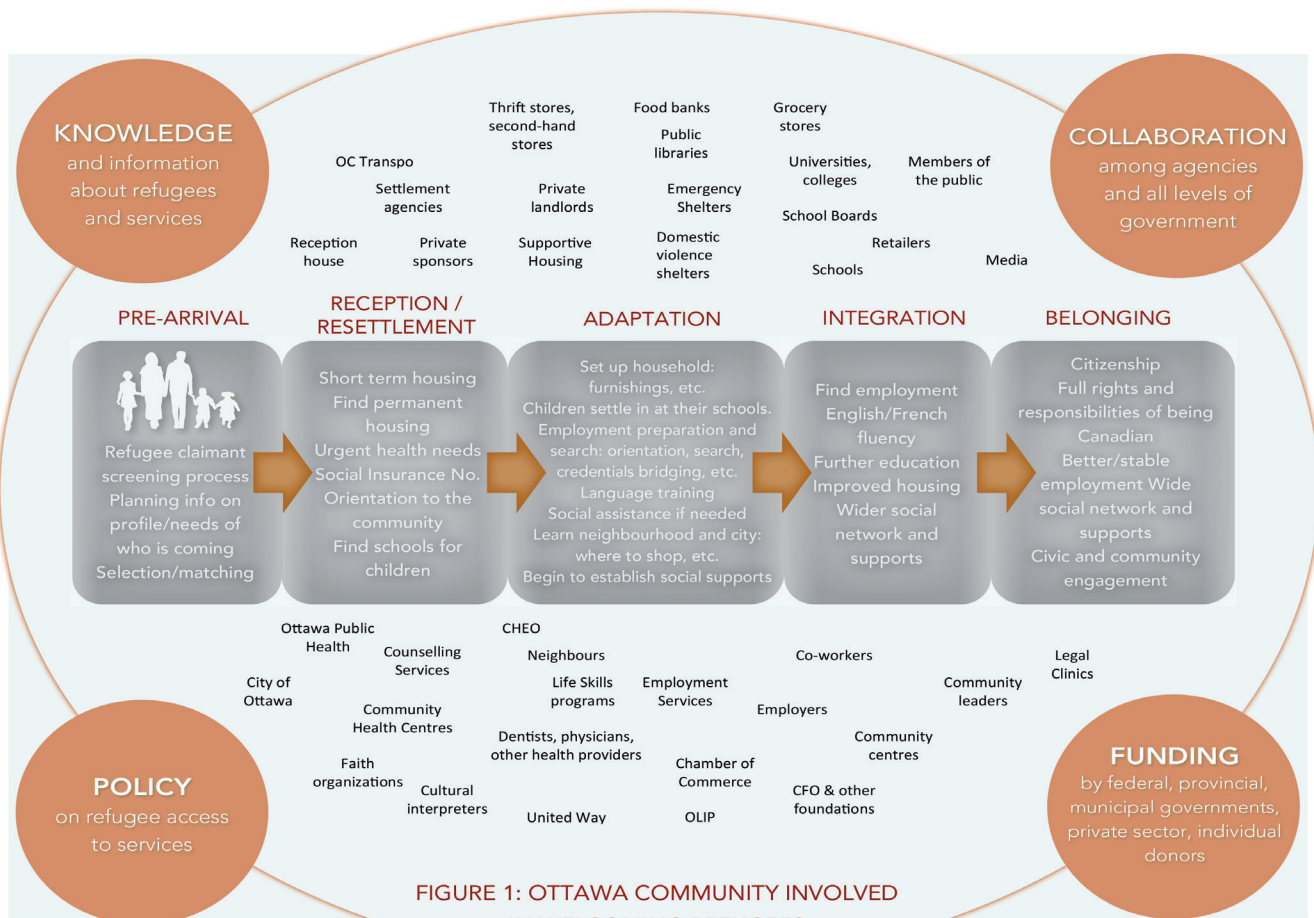
efforts, particularly as the role of governments have shifted, with more responsibility placed on municipal actors to play a role in immigrant settlement. Alongside these changes has been an increasing recognition that all residents have a role to play in welcoming refugees as neighbours, employees, co-workers and friends. The response to Syrian refugees was consistent with this: Ottawa Mayor Jim Watson pledged the City's support to Syrian refugees, and citizens and organizations responded. That response included financial donations to United for Refugees that totalled more than \$900,000.

Refugees from Syria have come to Ottawa primarily through one of three categories. The bulk have arrived as Government Assisted Refugees, or GARs, who received support through the Resettlement Assistance Program (RAP) for up to one year after their arrival. A smaller number of Syrians have arrived as privately sponsored refugees (PSRs); these



arrivals received support from their sponsors— organizations or groups of private citizens—for up to one year after arrival. A third category of Syrians arrived as Blended Visa-Office Referred refugees, or BVORs, whose support in the first year of settlement is divided among the government and private sponsors. Between November 2015 and late 2016, more than 2,000 Syrians arrived in Ottawa. Of these, there were just over 1,500 GARs (including 126 who were destined for other cities but migrated to Ottawa shortly after arrival). There were also as many as 200 BVORs and approximately 400 PSRs.

The Ottawa Syrian Refugee Research Initiative (OSRRI) was spearheaded by the Ottawa Local Immigration Partnership (OLIP) in 2017 with funding from Immigration, Refugees and Citizenship Canada (IRCC). OSRRI’s aim is to examine the arrival of Syrian refugees and to document how the community responded to newly arriving refugees. In the pages that follow, we draw out lessons that will strengthen the community’s collective capacity to resettle and integrate refugees. The focus of this report is on those closest to the task of resettling the new refugees - that is, the vast network of settlement provider agencies,



language training providers, community-based organizations, employers, governments, and those in the health and education sectors. We also discuss, to some extent, the supportive response of the Ottawa public. The system described in this report is more of a web than a machine, and we outline some of the main components in Figure 1.

OSSRI frames the arrival of Syrian refugees as an opportunity to critically reflect and learn from the experience. This report provides:

An overview of the settlement of Syrian refugees in Ottawa in the late 2015-16 period; the focus is primarily on the services provided to Government Assisted Refugees, although there is some discussion of refugees arriving through other programs;

A review of services provided to the Syrian refugee population with a focus on the provision of services related to housing, health and settlement, with a lesser focus on other related sectors including education and employment;

Some successes and challenges identified by service provider organizations based on their experience in the settlement of Syrian refugees;

An overview of lessons learned and possible areas for strengthening as we move forward.

METHOD AND APPROACH

The research is post hoc, meaning it occurred well after refugees arrived. This is after what many referred to as the chaos of the initial arrival period but not so far from that time that memories would have faded. Indeed, for our respondents, the experience is still fresh, but interpreted with the benefit of reflection and some hindsight. The research is based on three main sources:

- Interviews with key informants in the settlement, housing and health sectors, as well as with municipal officials, partners in the employment and education sectors, and others who were involved in the settlement of Syrian refugees (see the appendix for a list of organizations and individuals who contributed to this project). OLIP partnered with three community organizations, to engage the researchers who conducted these interviews. These community partners were Somerset West Community Health Centre, Immigrant Women Services Organization, and the Alliance to End Homelessness;
- A review of key documents related to the arrival and settlement of Syrian refugees, with an emphasis on those produced by organizations who were implicated in that response;

Supplemental research that sheds light on the spectrum of services provided to Syrian refugees and places this in a broader context.

The project is both action-oriented and community-based, and the data were collected with this philosophy in mind. The researchers each brought a broad range of backgrounds and experiences to the data collection. In some cases, this experience includes direct involvement in the settlement of Syrian refugees. This direct involvement

was beneficial in terms of the researchers' knowledge of the services provided to Syrian refugees. Of course, there is also some potential for bias, given that some of the researchers were involved in the experiences on which they were collecting data. To take advantage of this expertise, while being mindful of the potential for bias, research instruments were standardized, multiple stakeholders were interviewed, and the interpretation of the data was discussed collectively. Interviews were conducted in confidence, and we have taken steps to protect the identities of respondents



who offered their reflections. In some cases, quotations have been edited to improve clarity or readability, but their overall meaning has not been altered.

In total, we spoke with more than 60 key informants and organizations and reviewed more than 160 documents. Even so, this report captures only a slice of the settlement experience, particularly given its emphasis on the provision of services. Future research should look more closely at the experiences of refugees themselves. We focused primarily on work done in the health, housing and settlement sectors and sought out individuals and organizations that had played a role in these areas. This included people in higher level positions, but also those who worked directly on the response. Despite our best efforts, we were not able to speak to everyone who had a hand in the settlement response; we thus regard this report as an effort to capture just some of the successes and challenges that were encountered in Ottawa during the 2015-2016 period of welcoming Syrians to our community, with the core aim of drawing learning in support of local planning to settle refugees.

We would also emphasize that the respondents with whom we spoke often had different perspectives on the response. There was by no means agreement on all points. In this report, we have attempted to highlight the most common experiences and to indicate where a

diversity of views was evident. We have also tried to shine a light on challenges because these represent areas where improvements may be possible. We do not want this emphasis to diminish the extraordinary work that was done by respondents and by others who played a role in the settlement of Syrian refugees in Ottawa. In the course of conducting interviews for this project, we were struck by respondents' dedication to refugee settlement and their determination to get the job done even under tight timeframes and resource constraints. Although we document some of the tensions that resulted in the face of these challenges, the overall message we took from those with whom we spoke is a sense of pride in what they accomplished and an overall sense of success. Yes, there is some room for improvement—that is the subject of this report—but there is also much to celebrate.

In terms of the report's organization, it begins with a discussion of the context and a brief overview of refugee settlement. This is followed by a snapshot of Ottawa's overall response to the arrival of Syrian refugees. It then documents a number of the challenges that were encountered as well as some of the successes. It concludes by offering some lessons learned in the hopes of strengthening the community's response to future arrivals of refugees.

CONTEXT

THE ROLE OF FEDERAL, PROVINCIAL AND MUNICIPAL GOVERNMENTS

Formally, the federal and provincial governments share responsibility for immigration, although up until the 1990s and 2000s, the federal government tended to take a more active role, with provinces generally avoiding the policy field (Paquet 2014). The creation of bilateral federal-provincial immigration agreements, the involvement of third-party organizations in the delivery of settlement services, and provincial governments' downloading of several responsibilities, such as public health and social housing, to municipalities led immigrant and refugee settlement to gradually become a multi-sectoral policy field (Biles et al. 2011; Paquet 2014; Tolley and Young 2011). Although the sectors work together to facilitate the integration of immigrants and refugees, we can nonetheless identify the key roles that each plays, beginning with the federal government.

The federal government produces an Immigration Levels Plan, which provides the targeted number of immigrants and refugees it will accept each year. Through its missions abroad, Immigration, Refugees and Citizenship Canada (IRCC) then works with United Nations High Commissioner for Refugees (UNHCR) and private sponsors to identify refugees

who are eligible for resettlement. IRCC also processes the applications, which includes working with other government partners to conduct security clearances and determine medical admissibility.

In anticipation of the arrival of the Syrian refugees, IRCC created the Syrian Refugees Horizontal Initiative, which it leads in collaboration with Canada Border Services Agency, Global Affairs Canada, Transport Canada, Service Canada, and Department of National Defence and the Canadian Armed Forces, with other federal departments providing support when their expertise is needed. The initiative also includes representatives from the governments of Lebanon, Turkey and Jordan, UNHCR, UN Refugee Agency, International Organization for Migration, Canadian Red Cross, provincial and territorial governments, municipal governments, service provider organizations, the Sponsorship Agreement Holder Council, and private sector donors.

According to IRCC's 2016 Departmental Performance Report, the initiative has four outcomes:

- grant protection and permanent residence to Syrian refugees in Canada,
- facilitate the integration of Syrian refugees, including the acquisition of citizenship,

- uphold Canada's international humanitarian reputation,
- conduct rigorous screening of refugees overseas and upon arrival to protect the health, safety and security of Canadians.

The initiative has a projected end date of March 2019 and was allocated more than \$727 million in federal funding. More than half of this, nearly \$375 million, is being directed to settlement and integration. As part of the response, IRCC put in place a number of measures, including the Community Partnership Settlement Plan



process. This was developed in collaboration with provincial and territorial governments and includes a self-assessment checklist and criteria to help municipalities respond to Syrian refugees.¹ In addition to these measures, the federal government also created the Syrian Emergency Relief fund, which matched more than \$30 million in donations from Canadians between September 2015 and February 2016.

The provincial government, meanwhile, launched a Refugee Resettlement Plan. This included establishing the Syrian Refugee Resettlement Secretariat to coordinate across government departments. That secretariat has since been renamed the Ontario Refugee Resettlement Secretariat and is tasked with the coordination of all refugee resettlement and integration efforts in the province.

As part of their Syrian-specific activities, the provincial government committed \$330,000 to Lifeline Syria to assist with the recruitment and training of private sponsors. In September 2015, they announced an additional \$10.5 million over the next two and a half years to provide community based support to refugees, integration and settlement services, and to support Syrian relief efforts. Within this envelope was a total of \$3.7 million, which was directed to eight settlement agencies in six

¹ Syrian Refugees Horizontal Initiative, <http://www.cic.gc.ca/english/resources/publications/dpr/2016/04.asp>

different communities to provide settlement services in refugees' first language, dedicated supports for women and youth, mental health services and trauma counselling, housing assistance, and employment supports.² Among the organizations to receive this funding was the Catholic Centre for Immigrants in Ottawa. This funding was augmented in December 2015 with an additional allocation of \$1.8 million to Lifeline Syria, Refugee 613, Catholic Crosscultural Services, Catholic Centre for Immigrants, and the University of Ottawa Refugee Sponsorship Support Program. These funds were intended to support sponsorship efforts, including recruitment, training, matching, and coordination.³

In addition to this funding, the provincial government created a Special Advisory Table on Refugees, which is co-chaired by the Minister of Citizenship, Immigration and International Trade and the Minister of Health and Long-Term Care and provides leadership related to the settlement of refugees. Within its mandate is sector collaboration and information sharing related to the arrival and integration of refugees.

2 Ontario Boosting Supports in Six Communities Receiving Most Refugees, <https://news.ontario.ca/mci/en/2015/12/ontario-boosting-supports-in-six-communities-receiving-most-refugees.html>

3 Ontario Building Capacity to Support Refugees, <https://news.ontario.ca/mci/en/2015/12/ontario-building-capacity-to-support-refugees.html>

Four working groups were also created to identify community level needs in the following areas:

Settlement, Housing and Municipal Supports, which is co-chaired by the Ministry of Citizenship, Immigration and International Trade and the Ministry of Municipal Affairs and Housing;

Health including Mental Health, which is co-chaired by the Ministry of Health and Long-Term Care and the Ministry of Children and Youth Services; Education, Literacy, Training and Employment, which is co-chaired by the Ministry of Education and the Ministry of Training, Colleges and Universities; and Faith-based Supports, which the Ministry of Citizenship, Immigration and International Trade chairs.⁴

The provincial government prepared 2,500 multilingual refugee welcome kits that include a summary of provincial government services, and details on settlement, health care, employment, and education. A Ministers' Ad Hoc Committee on Refugees helps to coordinate the response across provincial government departments. Active departments include: the Ministry of Education, which trained educators to assist school boards in the assessment of Syrian children's math and literacy skills to facilitate appropriate grade placement; the

4 Memo: Syrian Newcomer Settlement in Ontario, http://www.edu.gov.on.ca/eng/policyfunding/memosmarch2016/on_syrian_newcomer.pdf

Ministry of Health and Long-Term Care, which created a small Emergency Medical Assistance Team that provides primary care services to newly arriving refugees at Toronto's Pearson International Airport; and the funding of youth outreach workers in community agencies funded by the Ministry of Children and Youth Services. All told, the provincial government implemented 43 different initiatives directed toward the settlement of Syrian refugees.⁵

The role of municipal governments is somewhat different, at least in the initial settlement period, which falls primarily under the jurisdiction of the federal and provincial governments. Municipalities are service providers. In responding to the arrival of Syrian refugees, the City of Ottawa provided direct services, including Ottawa Public Health in the early months and Ontario Works later on; they also helped bring together public and partners and to disseminate information. As is detailed below, the City of Ottawa played an important

leadership role, with the Mayor convening a forum to focus the community's attention on the welcoming of Syrian refugees, as well as playing a role in information dissemination in that early arrival and settlement period. The City also played a pivotal role in the provision of public health services, notably immunizations and dental screening in the hours and days immediately following the arrival of refugees.

The City also worked with partners to support an employment forum for Syrian refugees. Later on the City shifted its attention to month 13. This is when refugees transition from federal and sponsorship supports to other programs if needed; these include Ontario Works and the Ontario Disability Support Program, both of which are administered by the City of Ottawa.

As part of its liaison with other governments, the City participated in the Ontario Provincial Cabinet Office Syrian refugee municipal teleconferences, Ontario Regional and Single Tier Municipalities Community Emergency Management Coordinators Network, Big City Emergency Managers Network teleconference calls, Province of Ontario Special Advisory Table on Syrian Refugees, Ontario Working Group on Settlement, Housing and Municipal Supports, Ontario Municipal Social Services Association Refugee Working Group, and teleconferences on Syrian refugee resettlement with other municipalities.

5 A New Direction: Ontario's Immigration Strategy, http://www.citizenship.gov.on.ca/english/publications/docsmci_is_pr_2016_en.pdf

REFUGEE SETTLEMENT AND THE INTEGRATION PROCESS

The integration process is often described as a continuum that includes pre-arrival, reception and settlement, adaptation, integration, and belonging (George 2002; Tolley 2011), although there are variations in both the conceptualization of the process and the distinctions between the various stages. In general, the pre-arrival stage is defined as including the steps that are taken to facilitate entry into the new country, which may include security and medical screening. Reception and settlement is the very early period following arrival, in which the most urgent needs are attended to. GARs are initially housed temporarily, and they are provided assistance to find permanent housing at this stage. Refugees also receive assistance to set up a bank account and get a Social Insurance Number, as well as support with immunizations, immediate primary health care needs, and enrolling children in schools. Adaptation follows. This is the time when immigrants and refugees are likely to take language courses and to prepare for entry into the Canadian labour market. In this stage, they are also learning more about life in Canada; they begin to make connections with others in the community. These connections facilitate what is often referred to as integration. Integration might include gaining official language fluency, finding stable employment,

and participating actively in the life of the community. The final stage is belonging and is the point when immigrants and refugees gain Canadian citizenship and acquire all of the rights and responsibilities of other Canadians.

The notion of an immigration or integration continuum is a “theory-based” model (George 2002). Although this description of the integration process captures the various stages that refugees go through following their arrival in a new country, there is no single integration experience (Biles et al. 2011). The needs of immigrants and refugees may vary at different points in the continuum (Frideres 2008). Moreover, the speed at which a newcomer will move through this continuum will vary. Immigrants who enter through the Federal Skilled Worker Program, for example, are expected to integrate more quickly

Refugee 613 is a grassroots initiative founded in Ottawa in October 2015. It helped to connect citizens, settlement agencies, sponsorship groups, and community partners to services and support. During the settlement of Syrian refugees, it played a vital information and communication role.

because they are selected on the basis of their capacity to do so. They thus receive less government-funded integration assistance. That said, all newcomers—even those in the same immigration category—arrive with varying assets, whether in terms of their official language fluency, their credentials, or their family supports in Canada. Refugees may have been living in camps prior to their arrival, and they may have had limited opportunities to learn English or French, to complete advanced education, or gain labour market experience.

Under the auspices of the Syrian Refugees Horizontal Initiative, the resettlement effort was conceptualized as a series of five phases:

- identify Syrian refugees eligible to come to Canada;
- select and process Syrian refugees overseas;
- transport refugees to Canada;
- arrange arrival and welcome in Canada; and
- provide support for settlement and community integration.⁶

After arriving in Canada, government assisted refugees receive settlement support from the RAP service provider and other organizations,

while privately sponsored refugees receive assistance from Sponsorship Agreement Holders (SAHs), Groups of Five Canadians, and community sponsors, although SAHs oversee most refugee sponsorships. These sponsors work independently or with some sponsor guidance from settlement organization. Refugees who come under the BVOR program are supported from between months 2 and 7 by the federal government through the RAP and through the Interim Federal Health Program (IFHP) for 12 months, while sponsors are responsible for all other aspects of settlement in the remaining months of that first year.

The refugee policy framework generally allows GARs to receive from 4 to 6 months of intensive RAP services, although this might be extended in cases of complex needs. Longer-term settlement services are provided after that period (e.g., language training, familiarization with life in Canada, employment-related assistance, preparation for the citizenship test). These latter supports are provided through the Settlement Program and extended following an individual needs assessment. This support is funded by the government and provided in most cases by a network of settlement organizations. Although Ottawa-specific data are not available, according to a report authored by the Standing Committee on Citizenship and Immigration (2016, 5), “Collectively RAP service providers had base funding of close to \$20 million (\$19,870,758)

6 Syrian Refugees Horizontal Initiative, <http://www.cic.gc.ca/english/resources/publications/dpr/2016/04.asp>

for 2015-16, which was augmented by a 25% increase to all RAP-providers in December 2015. IRCC also provided two targeted in-year increases totalling just over \$37 million, allocated according to individual service-provider needs.”

There is some flexibility in service provision, but the policy framework still misses variations in background and experiences within the refugee population. This finding comes out clearly in our interviews and is consistent with other literature (Beiser 2005). Regardless of the refugee’s language fluency, health status, experiences of trauma, education level, or credentials upon arrival, some adaptation

supports cease in month 13, including the federally provided monthly allowance and the more intensive case management assistance. It is reasonable to think that refugees who arrive with higher needs, such as disability or illiteracy, or after a protracted experience in a refugee camp, might take longer to adapt to life in Canada, but the formal policy framework only takes these challenges into account on an exceptional basis. Some adaptation supports do replace those that cease, but given the high needs of Syrian refugees as documented below, some attention should be given to assessing their integration needs after the initial 12 month period.



OTTAWA'S RESPONSE TO THE ARRIVAL OF SYRIAN REFUGEES

Ottawa has a long history of welcoming immigrants and refugees, but the 2015-2016 period was exceptional. This exceptionalism was in part a function of the volume and speed with which Syrians were arriving, but also because of increased public and political attention, which contributed to exceedingly high expectations. Many of the respondents with whom we spoke mentioned that these high expectations shone a spotlight on their work and increased the pressure to ensure a successful and timely response. Respondents also noted that the Syrian cohort had a number of specific characteristics that distinguished them from other refugee populations, including large family sizes and a very high proportion of children and youth with 60% of the new refugees being 18 years of age or younger. Other characteristics included lower levels of literacy, a higher incidence of chronic health problems, dental issues and some evidence of trauma and mental health challenges. These characteristics required adaptations in the service response. Although the services provided to Syrian refugees were overall similar to those that are provided to all refugees, the context did test the community's capacity to respond. There were many examples of success, but weaknesses that existed prior to the Syrians' arrival were also amplified under

the high demands of 2015-2016.

Various public policy decisions—most of which pre-dated the arrival of Syrian refugees—meant that the settlement of this wave of newcomers was different and, in some cases, more challenging than that of earlier waves. For example, during the settlement of Indochinese refugees in the late 1970s and early 1980s, the department of Employment and Immigration Canada was tasked with coordinating the response. This provided a “continuum of action and consistent direction” since a single department was responsible for overseas processing, reception and settlement, as well as employment (Alboim 2016). By 2015, responsibility for employment now rested with the provinces, and many reception, settlement and integration services had been devolved to third-party providers in the non-government sector. The settlement landscape had changed.

One important change was the increased interaction and collaboration between the various actors involved in immigrant settlement. In Ottawa, this had been facilitated by the Ottawa Local Immigration Partnership (OLIP) which, through its sectoral tables, brought together many of the key players, including those in the settlement, health, housing, employment and education sectors, as well as key government departments. OLIP's work had engaged a number of partners, established common vision, shared priorities,

and in some cases joint plans on specific outcomes. In addition, the City had developed its Municipal Immigration Strategy, which was aligned with OLIP's Ottawa Immigration Strategy and with the policy directions of other levels of government. This alignment helped expedite the City's response to the arrival of the Syrian refugees.

As a result of these connected strategies on newcomer integration and on-going collaborations, there is a greater expectation that organizations will work together to settle and help integrate newcomers, including refugees.

Although the framework for collaboration existed, the large number of new arrivals meant there was an increased need for coordination. Even so, the federal government's initial settlement plan did not include funding for a coordinating body, a gap that also distinguished the settlement of Syrian refugees from the settlement of Indochinese refugees nearly 40 years earlier (Alboim 2016). This was an important gap given the large number of Syrian refugees arriving in a few short months, the public interest in the efforts, and the fact that the network of organizations that provide services to refugees had grown more diffuse. To fill this gap, and based on the pre-existing framework of collaboration, Refugee 613 was created, which is discussed in more detail later in this report.

The Catholic Centre for Immigrants (CCI) is designated by IRCC as the Resettlement Assistance Program (RAP) provider in Ottawa. This means that all GARs in Ottawa receive some form of settlement assistance from this agency, which is also mandated to provide settlement support to other newcomers. Support for GARs includes an initial stay in temporary accommodation and then a one-time allowance to purchase essential household items, basic furnishings, and monthly income support. GARs also receive help with finding their first permanent address, moving into that home, extensive life-skills support, and orientation about financial entitlements/responsibilities and basic budgeting. High-needs refugees work primarily with Client Support Services at CCI. Other organizations play a larger role as the refugee transitions from those initial supports to integration into the community. Although CCI is the first point of contact for GARs to Ottawa, refugees may seek services from whichever agency they choose.

Respondents with whom we spoke saw the settlement of Syrian refugees as a community endeavour and most pointed to positive and improved relationships among many of the actors, including school boards and organizations in the private sector. Sectors stepped up to the call for engagement, providing a range of services to address the needs of incoming refugees, to ensure their

health, safety and security, and to facilitate integration into the community. The settlement effort involved multiple organizations and individuals in Ottawa and across the country and raised the profile of immigration as an important policy area. It also demonstrated the importance of the organizations that play a role in settling refugees and supporting their integration into Canadian society.

There was significant diversity in the refugee population, and one of the biggest challenges facing organizations was responding to the wide range of needs. Respondents suggested that, in general, the needs of Syrian refugees were higher than average. This was a reflection, in part, of Canada's refugee identification

criteria, which favoured families and people at risk. Other factors include their protracted experiences in refugee camps, the length of the civil war, and the fact that the refugees who arrived in Ottawa were often from rural areas and had lower levels of education and literacy. Services to Syrian refugees were typically similar to those offered to other refugees, although with some adaptations given their specific needs. In the health sector, for example, services included the Initial Medical Assessment (IMA), immunizations, dental screening, and facilitating access to primary care. There was a special emphasis on diabetes education, smoking cessation, and mental health after these were identified as particular needs.



Temporary housing was provided to refugees at the Reception House or in one of three hotels, after which they were transitioned to permanent homes in the community. The use of so many hotels was exceptional but required because of the large number of arrivals. Settlement services included familiarizing refugees with life in Canada and helping them to adapt, assisting with government procedures (e.g., applying for the Child Tax Benefit), teaching them about their rights and obligations (e.g., as tenants), providing information on financial literacy (e.g., setting up bank accounts, credit cards), linking them to language training, helping register children for school, and beginning the process of securing long-term employment. A variety of other services were offered, including childcare, children's programming in the hotels, transportation assistance, crisis counselling, and interpretation and translation. A special employment fair for Syrian newcomers was also organized with presentations in English and Arabic. In addition, some agencies held information sessions to assist groups of Canadians who were interested in privately sponsoring refugees; some of these were funded through United for Refugees and coordinated by Refugee 613. Similar workshops were held by settlement agencies, but without new funding

“The City of Ottawa continues to offer free soccer, swimming and skating programs to children.”

One thing that emerged in the interviews was the difficulty of charting the scope of the settlement effort. This is partly indicative of a policy area in which jurisdictional responsibility is shared and many community organizations are involved, and there was no single organization responsible. In addition, much of the public response was spontaneous. Although organizations had a long history of welcoming refugees, the magnitude of this effort meant that new actors entered the system, often when they observed a gap and felt they could help fill it. Roles and relationships were emerging and in flux, and this caused some strain.

SUCSESSES

PARTNERSHIPS

Supporting the settlement of over 2,000 refugees in a short period of time is a massive undertaking. An effort of this magnitude cannot succeed in the absence of collaboration. Throughout our interviews, respondents emphasized the importance of working together and the need for mechanisms to enhance collaboration, both among leaders and at the operational level. At the leadership level, several collaboration tables existed prior to the arrival of Syrian refugees, and these played an important role. They included OLIP, LASI, and Le Réseau.

Le Réseau de soutien à l'immigration francophone de l'Est de l'Ontario facilitates local collaboration and partnerships among organizations in settlement, education, social services and other sectors to support the integration of francophone immigrants in Ottawa and other communities in eastern Ontario. Le Réseau set up a working group on the Syrian refugees that coordinated the work of various agencies, and this working group has continued and since expanded its mandate to all refugees. Meanwhile, Local Agencies Serving Immigrants (LASI) brings together organizations in the settlement sector and was an important focal point for information sharing during the arrival of the Syrian refugees.

Bringing together perhaps the widest range of partners was OLIP, which includes representatives from the settlement, health, employment, education and language training sectors, as well as government bodies, including the City of Ottawa, the Champlain LHIN, and the Local Employment Planning Council. The first spark for a collaborative city-wide response to the Syrian refugee resettlement started from OLIP tables. Members of OLIP tables discussed the global refugee crises and began imagining a city-wide response. OLIP was thus aware early on of different initiatives starting in various sectors, as well as the growing public concern about the plight of the Syrian refugees. The OLIP Secretariat then encouraged and helped mobilize the early efforts and promoted a city-wide collaborative approach to assisting the resettlement of the Syrian refugees.

In September 2015, Mayor Jim Watson created the Mayor's Working Group on Syrian Resettlement Efforts, bringing together faith, settlement, funding and community leaders, as well as other levels of government. City Councillor Michael Qaqish was named the Council lead for Syrian Refugee Resettlement. Then in October, the Mayor convened a community forum to mobilize support, which approximately 1,000 people attended. During the forum, Community Foundation of Ottawa committed temporary funding to help mobilize community support.

At the same time, there were ongoing discussions about the need for mobilization and engagement of public interest and Refugee 613 was created shortly thereafter. Support from the Community Foundation of Ottawa and the provincial government provided a year of funding for the initiative, which hired a director and took on the role of communication and clearinghouse. OLIP provided support and advice on the need for community-wide response and direction on how to shape the governance of Refugee 613, which was largely modeled after the structure of OLIP. The task forces of Refugee 613 were drawn from the OLIP structure and engaged many of the key OLIP leadership and contacts. The City provided in-kind support to Refugee 613 in various ways, including meeting space, translation services, and volunteer management staff experts to develop policies and guidance. The City and key community agencies provided leadership and expertise in chairing and participating in the various task forces.

In another key collaboration, the United Way worked with the Community Foundation of Ottawa and the City of Ottawa to raise funds through United for Refugees. A committee composed of LASI executive directors, Refugee 613, United Way and the Community Foundation helped allocate the funds raised.

Program level partnerships were also central to the settlement response. OCISO and CCI both said they collaborated with more than 100 partners, and this was not out of the ordinary. Respondents mentioned partnerships with other settlement agencies, Community Health Centres, food banks, colleges, school boards, the United Way, large employers, private sector donors, faith groups, landlords, charitable organizations, and all levels of government. Existing partnerships were leveraged and new ones were created. Below are a few of the many examples of specific collaborations at the operational level:

■ Carefor, a service that normally provides transportation to seniors, was brought on board to help with the transportation of GARs to medical appointments. With help from the coordinator of the Refugee 613 Health Taskforce, Carefor secured booster seats so that they could transport children, and Carefor staff provided cultural competency training to drivers. They also worked with other organizations to secure a sufficient number of vehicles to meet the demand for services.

■ Community Health Centres used a joint consent form for refugee patients, which allowed them to transfer medical records between CHCs when patients were transferred.

World Skills was approached by OLIP, Refugee 613, and OCISO to develop an employment response for the Syrian refugees. They convened meetings with approximately 20 other agencies, the City of Ottawa and the Local Employment Planning Council to decide on the best approach, and out of this, a job fair called Employment Pathways was organized. The goal was not so much to find immediate employment for refugees, as this was early in the process, but instead to familiarize them with the labour market and to help prepare them for their job search. Sessions were offered in English and Arabic; more than 40 employers and agencies participated, and roughly 200 clients attended. Dow Honda donated a van to help transport participants to the fair, and several organizations provided in-kind support.

Several mosques in the city worked together to take busloads of refugees to daily prayers and to organized outings for youth. Women later joined in these excursions and day trips.

Several Community Health Centres worked together with CCI, Mothercraft and Dovercourt to provide Early Years programming at the three hotels in

CCI's RAP team moved close to 1,500 persons into permanent accommodation in a very short time.

which refugees were initially housed. These Early Years staff helped triage questions and used the opportunity to provide Arabic language health promotion services to parents who were participating in the playgroups. The collaboration resulted in a Growing Up Great Award.

In the realm of private sponsorship, the Anglican Diocese of Ottawa coordinated faith-based sponsorship groups as they had always done, but they also worked out arrangements with other community groups so that those groups could also privately sponsor refugees. This included an agreement to act as the Sponsorship Agreement Holder (SAH) with Jewish Family Services, which arranged several other sponsoring groups in the community. One respondent noted that a positive outcome of this initiative was the interfaith relationships built

between the Anglican SAH, and Jewish and Muslim sponsors. Now that the Diocese has created the partnerships for this type of coordination, it could be activated again and used to increase the pool of potential private sponsors.

■ The Ottawa Newcomer Health Centre worked with the Community Health Centres and Bruyère Academic Family Health Team to coordinate the provision of refugees' Initial Medical Assessments.

■ Ottawa Public Health organized free dental health clinics, which were delivered in cooperation with Refugee 613, Carefor, and the dental profession.

These initiatives were emblematic of the community's "get it done" attitude. Organizations came together and developed new partnerships to deliver the services that refugees needed.

HUMAN RESOURCES

As one respondent characterized it, the human resources approach for responding to the arrival of Syrian refugees was "all hands on deck." Many did not immediately have the funds to meet their human resources needs, but organizations acted quickly to hire new staff once funding was in place. For example,

CCI received additional funding to hire six staff members who spoke Arabic, while OCISO eventually hired 14 new staff members. Immigrant Women Services Ottawa received funding from IRCC to hire a settlement counsellor, a community outreach worker, a volunteer coordinator, and an ESL and computer instructor. Other agencies reported increased human resource capacity, including the Ottawa Catholic School Board, which was assigned a second Multicultural Liaison Officer from OCISO to help with relationships between parents and schools. Cultural Interpretation Services for Our Communities ran ad campaigns in local communities and in mosques to recruit Arabic-speaking interpreters who were willing to be trained to provide services to Syrian refugees.

"They come with the trauma that they've lived and then that is met with the experience of a new community, new set of rules. Everything has changed. There's culture shock, there's a lack of information on the resources available. So, crisis counselling becomes essential."

Organizations also found creative solutions to address the need for additional staff. One program had a vacant position when the refugees first began to arrive; they filled it using an Arabic-speaking staff member in order to meet the need. Other organizations were larger and already had programs in place to make use of volunteers. The Bruyère Academic Family Health Team eventually hired one of their volunteer patient navigators to support refugees' navigation needs and reduce the pressure on other staff in the clinic. In many cases, however, the front-line worker would take on tasks that normally would have been done by support staff, but because there were often no Arabic speakers in the latter category, the standard procedures were adapted. Non-primary care staff who spoke Arabic were called in to provide navigation support.

Some programs, including CCI's Community Connections Program, relied almost exclusively on volunteers to offer conversation circles and other informal programming.

Staff sometimes faced long hours and extraordinary demands because of the rapid influx of refugees, and the specific needs of this client group. Whereas settlement workers might typically provide referrals to refugees seeking services and leave their clients to navigate more or less on their own, a case management approach was adopted for

Syrian refugees because of their higher and more complex needs. This meant settlement workers provided additional assistance and follow-up to individuals and families. The long hours identified by many respondents were possible because of the dedication of staff who responded to Syrian refugees, and this commitment was critical to supporting their settlement.

INFORMATION

Several information channels were created to disseminate information among organizations. This included a provincial working group, a federal working group that had regular teleconferences, the Mayor's Task Force, and the various task forces that were created under the auspices of Refugee 613. Many respondents pointed to the positive work of these entities. In the housing sector, for example, respondents said that the Refugee 613 Housing Taskforce was a catalyst for a more coordinated response. We heard similar things about the Refugee 613 Health Taskforce, which connected a number of health service providers and helped to create linkages between the health and settlement sectors. This allowed service providers to focus on client service. Refugee 613 also played a key role in disseminating information to the media and to the public, answering hundreds of inquiries in a single day at the height of the resettlement initiative. Refugee 613 operated a call centre

and had templated responses to send out via email; these answered questions about how to donate or what could be donated. They also played a role in training sponsorship groups and interfaced with those who were interested in volunteering.

The City of Ottawa provided weekly updates and shared these with community partners. Although the data were not always as timely as respondents might have hoped, they did say that the City's role here helped to unclog the information bottleneck between the federal and provincial governments and the organizations involved in settlement.

There were also sector-specific initiatives to help build the knowledge base. For example, the Bruyère Academic Family Health Team hosted an information session, and the Centretown Community Health Centre organized an interclinic education session to help disseminate information among providers.



Jewish Family Services provided training on Syrian refugee mental health and wellness that one respondent mentioned was very useful. Other initiatives were perhaps more mundane but equally effective, including the CCI's use of Google documents to report new arrivals to school boards so that the boards could plan for the students' educational assessments and entry into school.

The scale and scope of the settlement effort also revealed the need for protocols within organizations. CCI learned quickly that they needed to establish clear guidelines on which departments would communicate with which external partners and organizations. They met to discuss internally the lines of responsibility and the delegation of tasks between Client Support Services, which supports refugees initially, and Settlement Services, which assists with integration into the community.

Organizations also made efforts to improve communications with the refugees themselves. Ottawa Public Health created emoji-based feedback cards to help address clients' low literacy. Many agencies translated documents or enlisted interpreters. IWSO trained professional interpreters and translators to help meet the demand by Syrian refugees. When refugee clients requested social media communications, the Newcomer Information Centre at the YMCA-YWCA, and Refugee 613 created a WhatsApp group for Arabic-

speaking clients; this has been so popular that the group is apparently now at capacity.

Finally, organizations like OCISO, CCI and Jewish Family Services offered information sessions for groups of Canadians interested in privately sponsoring refugees; many respondents noted that the interest in doing so was much higher than they had ever seen.

NEW PRACTICES AND ADAPTATIONS

All sectors were adept at tailoring their services to meet the needs of Syrian refugees. The Ottawa Newcomer Health Centre continued to provide its normal suite of activities, which includes the Ottawa Newcomer Clinic, Ottawa Language Access, and Multicultural Health Navigators, but at higher volumes and while adding new services they do not normally provide. These new initiatives included coordinating the provision of IMAs at Community Health Centres and at the Bruyère Academic Family Health Team, maintaining master lists of clients and contact information, and connecting refugees to ongoing primary care.

Elsewhere in the health sector, there were other adaptations. For example, the Somerset Community Health Centre produced signage in Arabic that outlined proper handwashing procedures, and they worked with Bell Pharmacy to deliver prescriptions to the Radisson Hotel, which included instructions

to clients in Arabic. They also incorporated cultural norms into service delivery, including the provision of a female nurse practitioner for female clients, and the offering of chamomile tea as part of the health encounter. Many Community Health Centres set up Arabic language smoking cessation programs. The Bruyère Academic Family Health Team provided Initial Medical Assessment clinics in the evenings and collaborated with others to set up an e-consult service to provide primary health care providers with clinical information on refugee health.

In the education sector, Arabic-speaking settlement workers were hired, and early years staff adapted programs and activities to the needs of children with severe disabilities. They also addressed trauma that they observed in children's play activities.

“Accuracy was fine, timeliness was not. We didn't receive information on arrivals. When they were arriving, how many, that kind of thing, until actually, after they had arrived... It's very difficult to prepare when you don't know when people are arriving.”

Immigrant Women Services Ottawa saw increased demand for its English conversation circles for women, as well as for sewing and computer classes and their knitting club. Meanwhile English Language Tutoring for the Ottawa Community (ELTOC), an organization that provides language tutoring for students who cannot take traditional ESL or LINC classes, customized their curriculum for Syrian refugees. While ELTOC services are normally provided by trained volunteers, the program for Syrian refugees is delivered by professional ESL instructors who provide in-home language training to up to three students at a time. Close to 90% of ELTOC's Syrian students are women in part because these clients find it particularly difficult to attend traditional language training classes.

Organizations also worked to put new practices in place to address new or unforeseen needs. Language providers developed additional programming and offered more courses in Foundational Literacy; the need for this level of language instruction was higher than usual. Through the Ottawa Catholic School Board, special classes for deaf learners and students with visual impairments are being offered, and other accommodations have been made to support the language learning needs of students with health issues.

A mental health assistance document was created to help teachers address trauma

and mental health needs of children in their classrooms. The Newcomer Information Centre at the YMCA-YWCA partnered with other organizations to offer computers and smartphones for Syrian refugees, which provided refurbished technology to 425 Syrian families; this was a new program. OCISO offered services in the evenings as did the Language Assessment and Referral Centre (LARC), and a number of providers provided satellite services in the community. A peer support program for women and youth was created at OCISO, while Immigrant Women Services Ottawa, observing that almost all women receiving its services had experienced trauma, offered information sessions to empower Syrian refugee women by familiarizing them with their human rights and freedoms and with laws that prohibit domestic violence in Canada.

A new, temporary program was also created to address acute dental care needs that were more urgent than had been anticipated. Staff at Ottawa Public Health organized free dental health clinics, which were run by 57 volunteer dentists, dental assistants and interpreters. To recruit volunteers, Ottawa Public Health attended the Ottawa Dental Society's biennial education event and issued a call for volunteers. The Refugee 613 health taskforce helped coordinate these clinics and arranged for transportation from Carefor. The clinics were originally expected to run for 3 months, but continued until December 2016. A number

of respondents from various sectors pointed to the dental clinics as an exemplar of adaptation and cross-sectoral collaboration.

CCI adapted some programs as well. Several refugees had permanent residence cards or other documents with incorrect information or misspelled names; these were a result of errors on the record of landing. CCI held group sessions to facilitate corrections to these documents, but ensuring these documents are processed correctly at the outset would have mitigated the need for such sessions. The Community Connections Program, which makes extensive use of volunteers and offers informal English language and family circle sessions, operated out of the hotels when the first large wave of Syrians arrived; afterwards, these circles were moved into the neighbourhoods in which Syrian refugees predominantly settled. This was an adaptation. Normally the program is run out of the CCI; partnerships with landlords, the Ottawa Public Library and community centres allowed them to branch out into communities. When the Centre recognized the extraordinary strain that many families were under, they introduced new coping and adjustment sessions.

CCI offered educational programming for school-aged children, an adaptation that reflected the large number of children in the Syrian refugee population and which helped them prepare for their entry into a classroom

setting. Lesson plans focused on language and numeracy, as well as the norms and culture of Canadian schools. The coordinator partnered with various organizations to offer field trips. This programming was run out of the hotels and while it was initially targeted at children aged 6 to 14, mothers and older youth expressed a desire to join in, and programs were adapted to include them. The lesson plans and partnerships that were created to deliver this program remain in place and could be activated if another wave of refugees arrived. In addition to this initiative, CCI coordinated an ESL summer camp for youth that was made possible through a donation,



and they partnered with the City of Ottawa to offer recreation programs to children.

OCISO also developed a number of new programs. Several refugees began working with a construction firm called Tangent; through the RAISE program, OCISO was able to offer Arabic workplace safety training. This allowed the employees to begin working immediately with English language training offered on-the-job. To address the lack of childcare for refugees participating in conversation circles, OCISO introduced an informal model that saw one group of women participating in the group while another group of women watched their children; the groups then switched so both could participate in the language training. OCISO also highlighted Baby Bundles, a grassroots response implemented by a number of mothers from within the Muslim community, which provided baby items for new mothers.

FINANCIAL RESOURCEFULNESS

Some gaps in programs and services are noted later in the report, but aside from these, service providers were largely able to ensure the core services were provided to the Syrian refugees. However, this required some creativity, some planning and some extraordinary efforts, which are important to note as a basis for learning for future initiatives.

Service providers in the settlement sector did receive funds to meet many of the additional demands, although often on a one-time only basis. In some cases, provincial ministries encouraged service providers to provide the services needed with the ministries later reimbursing them for these additional costs, although we did hear from some respondents that the process was slow. Some health services (e.g. immunization) received additional provincial funding, while others (e.g. primary care) did not. It would be useful to follow-up and document this experience more precisely, including any lessons for future waves of refugees.



The Champlain LHIN was, to the best of our knowledge, the only LHIN in the province to disburse additional funding that was specific to the arrival of the Syria refugees. The LHIN is to be commended for providing this funding, which supported the Community Health Centres and the Bruyère Academic Family Health Team in their operation of several health clinics and the provision of Initial Medical Assessments. The LHIN allowed Carefor to use year-end surplus funds to provide non-urgent transport so refugees could access dental clinics and services at CHEO.

A third strategy was for agencies to provide in-kind services. In other words, organizations provided services for which they would normally be funded through fees, government funding formulas, or other measures, but because sufficient funding was not available, they were not funded. Because the need was there, and was urgent, they provided the services without cost. For example, Ottawa Language Access was permitted by their funder, the Champlain LHIN, to provide interpretation assistance outside their scope for initial Medical Assessments, while physicians and residents at Bruyère Academic Family Health Team volunteered to provide evening medical assessment clinics. Dynacare provided onsite laboratory work at one of the Community Health Centre IMA clinics, which operated at a financial loss to the company. This financial and in-kind support was instrumental to providing needed services to refugees, but it was

“Having funding and certain things identified just for Syrians created some resentment, and, actually, in some of our schools, students [from other countries] were a little bit vocal about the fairness aspect of it.”

exceptional. When the funding was exhausted, many of the services ceased. Although the individuals, organizations, and businesses who provided in-kind services are owed a debt of gratitude, a funding model of this type cannot be sustained over the long term.

That said, the public did respond in a big way donating more than \$900,000 to United for Refugees, which was established by the United Way, the Ottawa Community Foundation, the City of Ottawa and Refugee 613. The donations were raised entirely through a digital campaign, and the funding was used to support a range of activities, including the Helping with Furniture project, additional mental health services for children and adults, an Employment Roadmap for Syrian refugees, and a coordinator position at Refugee 613. Some of these new programs responded to needs that were shorter term and specific to the immediate arrival of refugees,

but others address more ongoing needs; their financial sustainability should be considered.

We would also note that staff in many agencies worked far above and beyond their normal duties. This contribution is important to consider when weighing strategies for the future.

PUBLIC RESPONSE

The civil war in Syria had been ongoing since 2011, but it was an election promise to welcome 25,000 Syrian refugees and, sadly, the photo of Alan Kurdi, a three-year-old Syrian boy whose body had washed up on the shores of the Mediterranean Sea, that turned the public's attention to the issue. Many Ottawa residents came together to privately sponsor refugee families through their churches, mosques or synagogues, through neighbourhood groups or through circles of friends. They gave of their own resources and time to enable a family to come to Ottawa and begin the process of settling here.

Thousands of individuals and businesses volunteered their services. More than 5,000 individuals approached Refugee 613 alone. CCI used volunteers to provide integration support and continues to have more than 100 volunteers assisting in various programs. OCISO used volunteer interpreters (and outsourced these to other partners). Moreover, through United

for Refugees, the community raised money to try to fill some of the gaps in funding from government sources.

The exceptional circumstances surrounding the arrival of the Syrian refugees will not easily be replicated. This was a crisis situation at a particular moment in time with leadership that was determined to welcome a large number of refugees. Even still, the outcome was a reminder that community mobilization can happen quickly when the context demands it, the community identifies with the cause, and the structures are there to channel the community's generosity.

SUPPORT TO FIND HOUSING

Several efforts in the housing sector helped support refugees in securing affordable housing as they transitioned out of their initial accommodation in the reception house and hotels. CCI leveraged long-standing relationship with landlords to obtain rent reductions where feasible, and the wait time to transition from temporary housing was generally kept to 21 days, despite the large numbers. The Ottawa Centre for Refugee Action sprung up as a voluntary effort and raised funds to provide support to refugees who entered as BVORs. They also worked with an affordable and social housing organization to help house Syrian refugees.

CHALLENGES

GAPS IN PROGRAMS AND SERVICES

Like any group of individuals, the Syrian refugees arriving in Ottawa had a range of needs and situations they were dealing with. Many of them had spent protracted periods in refugee camps, and the length of the civil war had also taken a toll, in that many had lost family members or been separated from them, and children had spent long periods out of school. Respondents noted that many among the GARs had low levels of literacy and some had complex health challenges relative to many other newcomers arriving in Ottawa, as well as fewer supports in the community, which meant frontline workers were relied on more heavily to provide assistance.

“Most community agencies don’t have a communications infrastructure. We’re not feeding out to the community in a systematic way. . . . One thing that we have learned is we have to be more in front of stakeholders and the general public so that they know what we do so they know how to properly engage us.”

In the course of working with the Syrian refugees, service providers noted a range of areas where they encountered gaps in programs and services. Some of the gaps were specific to the large influx associated with the Syrian arrivals, but most were pre-existing challenges that were highlighted by the additional pressure of so many people arriving in a short time period. Some of these gaps are noted below.

- Some of the refugees had complex medical needs. As one example, among the children who arrived, 23 required custom-fitted wheelchairs. Families who had children with high medical needs would have benefited from additional support to help coordinate the services that were required. In the absence of this, health care providers had to allocate additional time to support them to access multiple services.
- There was a need for long term mental health interventions, and also short term crisis counselling. Staff noted issues related to loss and grieving, particularly for refugees whose family members were missing or who had immigrated elsewhere. There were also anxieties related to reunification with family members who may have been separated for

“The influx of Syrian refugees put a great deal of stress on the system. However, that stress created a lot of opportunity for collaboration and innovation. I think our job is now to take that sort of new learning, new strengths, to move forward and leverage those.”

some time. On-site social workers or counsellors experienced with anxiety and trauma issues could have been helpful in that early arrival period. Some respondents felt that addressing lower level issues sooner would have eased the refugees’ transition.

- Staff resources were needed to help resolve some situations with legal implications, including incidents of domestic violence, and harassment of refugees by members of the community. These additional tasks included working with the police and Legal Aid.
- There were very few specific supports for women; several respondents noted, in particular, the isolation felt by young mothers. Higher

levels of illiteracy among women refugees meant that the distribution of information was sometimes gendered. Some agencies might not have been aware of women-centred programs offered by other organizations, and clients therefore might not have been referred there. A number of refugee women were expecting children when they arrived or became pregnant in their initial settlement period and required culturally appropriate pre- and post-natal care.

- IRCC funding for childcare was inadequate, which was a notable gap given that 60% of the arriving refugees were 18 years of age or younger. Lack of childcare meant that, in many cases, only one member of the family—usually the male head of the household—would attend information sessions, language classes and other supports.
- Transportation needs to attend medical and counselling appointments exceeded the ability of the settlement sector to provide assistance.
- There was a gap in casework services for youth and young adults; this category of refugees has needs different than those of adults or families. They may be able to acquire

language skills more quickly, but their independence is precarious given their financial resources and their limited employment experience. Some have decided to pursue work rather than high school or language training, and this may affect their literacy and long-term economic outcomes. Older refugees with lower levels of literacy are in some cases becoming dependent on younger refugees with greater fluency in English; this is causing generational strain in some families.

■ Respondents said that Rainbow RAP provided essential support to PSRs and BVORs who identified as LGBTQ, and there was a sense that this was a success story. However, there seems to have been a gap for LGBTQ GARs, and respondents felt that this group could have used more support and advocacy.

■ There were gaps for refugees with disabilities who need support and advocacy. Currently, CCI is using extended funding that it received from IRCC to assign caseworkers to clients with disabilities, but that support will end in 2018.

■ The IFHP does not cover all medications or medical equipment,

even though many among the Syrian refugees arrived with pressing medical needs. Some refugees will need to gain employment or transition to Ontario Works social assistance or the Ontario Disability Support Program before they are able to fully address their health needs. Conversely, some needs that are covered by the IFHP are not covered by Ontario Works. This puts considerable pressure on providers and refugees to get their timing right and to understand what they can and should claim in the first 12 months versus after month 13.

■ Across all sectors, funding for interpretation was highlighted as a particular challenge and one that remains today. This was substantiated by a 2017 report from OLIP and Somerset West CHC.⁷

■ The IFHP does not cover all medications or medical equipment, even though many among the Syrian refugees arrived with pressing medical needs. Some refugees will need to gain employment or transition to Ontario

⁷ The Cost of Not Providing Health Care Interpretation in the Champlain Region - Commissioned by OLIP and Somerset West Community Health Centre

Works social assistance or the Ontario Disability Support Program before they are able to fully address their health needs. Conversely, some needs that are covered by the IFHP are not covered by Ontario Works.

■ Refugees may require additional assistance to acclimatize to the Canadian labour market. This includes information about workplace culture, occupational health and safety, and employees' rights and responsibilities. World Skills and LASSA received some temporary funding from the United Way to provide this type of programming, but that funding has now ended, and a gap remains given that many refugees are still seeking appropriate and long-term employment.

INSUFFICIENT HUMAN AND FINANCIAL RESOURCES

Despite supplementary funding from the federal and provincial governments and the resourcefulness of agencies in addressing the needs of a large number of refugees in a compressed timeframe, it is clear from the interviews that many organizations did not have sufficient resources to meet the need. It is not an overstatement to say that the settlement effort stretched many organizations to their limits. Although Ottawa typically

receives about 400 GARs annually, there was nearly a fourfold increase in 2015-2016, as well as significant increases in the number of PSRs and BVORs.

From both a financial and human resources perspective, most respondents emphasized the all-out nature of the effort and said that meeting the demands was a struggle, particularly in the period from December 2015 to February 2016, when the bulk of the refugees arrived. One respondent drew a comparison between the arrival of Syrian refugees and that of 1,000 Tibetan refugees in 2012. The difference, according to this informant, was that the Tibetans arrived in smaller waves and were privately sponsored.

A broad cross-section of interviewees emphasized funding as a key constraint that hampered their ability to deliver settlement and language services in particular. We especially heard this in our interviews with the settlement and health sectors.

Many interviewees also stressed the mismatch between the short time period for which funding was provided versus the more extended time that it takes to deliver the services required. Although the initial arrival period is over, demand for settlement services from Syrian refugees remains high. One example comes from the Ottawa Catholic School Board. In November of 2015, they were providing



adult language learning to 55 students who identified as Syrians. In January of 2016, that number had risen to 79, and it continued to rise until July of 2017, when the board saw hundreds of students of Syrian origin in their adult language classes.

How did service providers respond to the fact that needs outstripped available resources? Many decided to re-allocate their human and financial resources internally – they had to pull staff away from other activities in order to meet refugees’ needs. Here are two examples:

- Ottawa Public Health cancelled all dental health promotion outreach activities in 2016 so that they could

provide the dental clinics. This trade-off meant they had to withdraw outreach from schools, daycares, shelters, and other community locations in order to redirect efforts to the provision of dental care for Syrian refugees.

- Community Health Centres seconded Arabic-speaking staff from other programs in order to support the clinics’ interpretation needs, which left those programs under-resourced.

These were difficult decisions and underscore the trade-offs that agencies had to make to deal with the influx of Syrian refugees in such a short period of time.

At CCI, additional staff were hired to meet the new demands, but even with this increased capacity, one respondent said they “were run off their feet”. It was challenging to train new staff under those conditions. From September 2015 to December 2016, CCI had staff spread across 12 full-time positions working with Syrian refugees (although some were only six-month positions). Later another 5 full-time positions were added, and there are now 10 full-time positions.

Capacity was also stretched as a result of refugees being housed temporarily in a number of locations—three hotels plus the Reception House—when they initially arrived. This meant that counsellors and caseworkers were spread across locations, adding to the workload in terms of both travel and the coordination complexities associated with multiple locations. Some tasks that would have normally been accomplished in that initial settlement period were invariably postponed or temporarily missed and had to be addressed after refugees had moved into their permanent homes.

Very few of the organizations interviewed received the funds required in time to hire new staff and address the other needs associated with this sudden influx of refugees. Most were creative in reallocating resources, backfilling positions, or delivering the service and applying for funding later.

Another strategy to address the shortfall in human resources was to rely on volunteers to provide services that were once offered by paid staff. However, there are risks associated with this approach (e.g. lack of specialized training or familiarity with organizational policies) and many agencies deliberately chose not to pursue it because it was not appropriate for their services.

Funding shortfalls were amplified given that the arrival of Syrian refugees occurred after a long period of cutbacks to the immigrant and refugee settlement sector. Various austerity measures introduced by different governments meant that organizations had already reduced services and management and coordination systems were already operating on a shoestring. It was sometimes very hard to ramp up under those conditions.

Without question, the level of effort needed had a profound impact on employees and organizations. Many respondents noted their sense of pride and satisfaction in having played a role, but there was broad recognition of the toll that this took at the individual level. Fatigue and “burn out” were the most frequently noted effects, but many providers also shared that staff have been affected by vicarious trauma. For Arabic-speaking staff, the burden was particularly acute. Refugees often turned to Arabic-speaking staff to provide help that went beyond the employee’s

normal job description, including the provision of emotional support and information on other aspects of the settlement process. In the health sector, the lack of Arabic-speaking dietitians and social workers meant that other healthcare providers often had to step into the breach and provide relevant information.

At the height of the response, organizations used daily or weekly check-ins with front-line and support staff so that they could discuss the challenges and stress that were being confronted. Even now, although the time of crisis has in some ways passed, caseloads

remain high, and respondents said that some workers are fatigued. The director of one agency described the human resource strain and its effects, noting, “This process had an impact on [staff members’] social lives, on their personal lives, on many facets. . . . The over-taxation on existing human resources has an adverse impact on many facets internally but mainly on the quality of service provision.” In settlement agencies, the case management approach means that settlement workers often spend more time with client outside of the agency; in their absence, their colleagues have to take on additional walk-in clients.



Exacerbating the situation is the fact that some organizations are at capacity, and there is no space to house additional staff.

That said, respondents underscored the roll-up-your-sleeves mindset of those who took part in the response. As one settlement worker said, “Our mandate...is to serve refugees, so we did whatever we had to do and that is why we came up with strategies [and] best practices to provide the services Syrians need. Yes, it was challenging but we were happy to do it.”

INFORMATION GAPS AND CHALLENGES

Across all sectors, there was an acknowledged challenge in the transmission of timely and accurate information, although the extent of these problems varied among respondents. The information gap seems to have been particularly acute in the very early stages of the process, a critical period when large numbers of refugees were arriving and when the foundation for future arrivals was set. Some of the identified challenges included:

- Accurate data for current and orecasted refugees was difficult to get, especially with any demographic breakdown (e.g. the number of school-aged children by grade was only available later on).
- The traditional paper-based records system, which works under normal circumstances, became an impediment because client files had to be physically transported among multiple locations. Typically all refugees would stay initially at Sophia House, the reception house, but because of the volume of people during the Syrian arrival, there were also three hotels involved for a total of four locations.
- Limited use of shared online or elec-tronic records systems because organizations use different or incompatible systems, and also because of concerns about client confidentiality.
- Managing the flow of information was also challenging because of the volume of information received (again, due to the large number arriving in a short timeframe), complicated by the fact that the information comes from many sources. As a result, staff did not always have sufficient time to triage, synthesize and absorb the information.
- Because of different funding programs and different strategies used to deal with budget constraints, programs and services may not have been consistent across the community.

For example, some providers gave refugees free bus tickets, while others did not; when refugees learned of this, some changed providers.

- Some Immigration Medical Examination reports (IMEs) were quite broad or contained gaps. Some respondents would have liked to have more information about clients' health needs prior to their arrival. This would have increased their ability to respond to those needs more quickly.
- There was a perception among some respondents that because CCI is IRCC's designated RAP provider in Ottawa—a decision that was not altered despite the increased influx of refugees—IRCC conceived of the settlement effort as something that fell to this one agency. Some respondents from other organizations suggested disproportionate pressure was placed on CCI while underutilizing other settlement agencies' resources.
- One primary care provider said immunization histories were often illegible or in Arabic and while Ottawa Public Health has a mandate to translate these, they were unable to respond in a timely manner due to the volume of refugees involved.

In the settlement sector, most respondents saw CCI as having a key role given its IRCC-designation as the RAP provider. In this capacity, CCI oversaw the provision of initial RAP services to all GARs, which includes their transition from temporary to permanent housing, in addition to its normal immigration and settlement casework for all newcomers. Although respondents were appreciative of the scope of work that CCI was expected to undertake in its RAP functions, there were concerns about information bottlenecks and the overburdening of a single organization. CCI may not have been adequately resourced for the information-sharing functions that some expected from the RAP provider in a refugee settlement situation of this scope.

Agencies who were not directly involved in the provision of RAP services felt a particular information deficiency and relied on various sources to try to piece together a picture of their potential clients. As one respondent described it, "The information that we received was mainly through the Local Agencies Serving Immigrants (LASI) meetings. Through CCI, we had regular updates from the Executive Director. . . . and there was an article written by IRCC, on the profile of the Syrian refugees . . . so we had an idea of the profile of the newcomer Syrian refugees who were coming in. . . . But we would have loved to receive more information before the arrival of the Syrian refugees."

COLLABORATION AND COORDINATION BETWEEN AGENCIES

The settlement effort required collaboration amongst organizations and sectors that, while very diverse, were generally united around the goal of welcoming and integrating Syrian refugees. Many of the service providers are part of OLIP, where cross sectoral collaboration has become an expected ethos. However, working together to serve the new Syrian refugees required a new level of task-level collaborations, which demanded sharing of client files, coordination of direct service delivery, serving assisting the same individuals, often at the same time, and in the same location. With the pressure of time, and given the large number of individuals who needed to be served, many respondents said that there were missed opportunities and some tensions.

- Organizations may have different philosophies of service provision, different views of what a client-centred approach looks like, and different understandings of the needs of refugees. For example, some try to meet all needs to the level of service provided to other clients, while others seek to empower refugees, where feasible, to meet some of their own needs.

- Funding structures tend to encourage competition among agencies in some sectors, and this can have a dampening effect on collaboration.
- Multiple sectors relied on the expertise of settlement agencies with respect to refugees. While this underscored the centrality of settlement organizations in host community's success in resettling refugees, it also revealed capacity limitations to meet the real-time demand for knowledge transfer. As a result, opportunities to expand and share that knowledge were sometimes overlooked. For example, agencies with specialized expertise (e.g., those working with women experiencing violence or francophone clients) were not sufficiently called upon to meet the needs of the refugees.
- It was suggested that more flexibility with respect to the settlement destination of refugees would be helpful, as some refugees that IRCC designated for Ottawa may have been equally or more comfortable in smaller communities, and may have had more supports given that the volume of refugees was considerably lower in those communities.

- Because of different funding programs and different strategies used to deal with budget constraints, programs and services may not have been consistent across the community. For example, some language training providers gave refugees free bus passes, while others did not; when refugees taking courses elsewhere learned of this, some changed providers.
- Several organizations formed spontaneously to support Syrian refugees and apply for funding, without necessarily a knowledge of the array of existing services, and without the depth of experience and specialized expertise of existing settlement organizations.
- There was a perception among some respondents that because CCI is IRCC's designated RAP provider in Ottawa—a decision that was not altered despite the increased influx of refugees—IRCC conceived of the settlement effort as something that fell to this one agency. Some respondents from other organizations suggested disproportionate pressure was placed on CCI.

UNDERUTILIZATION OF FRENCH LANGUAGE SERVICES

Language training was mostly offered to refugees in English, even though the policy framework allows newcomers to take a federally funded course in one official language, and a provincially funded course in the other language. This pattern of referrals may be a reflection of not fully explaining to refugees the options available to them and the advantages of having proficiency in both official languages, whether because the staff in the referring agencies are not familiar with the scope of French language services available or for other reasons. The programs available include federally and provincially funded language courses, courses specifically for women, online training, and job-specific language courses. Despite this array of options, most newcomers end up in the federally funded English language course, Language Instruction for Newcomers.

Similarly, the choice of schooling in English or French was not always clear to the Syrian refugees. Francophone agencies told us that they later discovered that some Syrian refugees would have preferred to enroll their children with the French school boards but were not aware of that option.



SHORTCOMINGS WITH GOVERNMENT POLICIES

Respondents identified a number of challenges associated with policies at various levels of government. The main concerns that arose are summarized below.

- There was a sense from some respondents that federal, provincial and municipal programs were not always well coordinated. This came up, in particular, with respect to refugees' transition from the initial arrival period, including moving from the Resettlement Assistance Program to Ontario Works (OW). The City of Ottawa focused significant attention on month 13, which is when their responsibility for OW and the Ontario Disability Support Program (ODSP) commences.

The City's strategy included adapting the screening process for OW so that intakes could be processed 3 weeks in advance. They also provided group intake sessions with Arabic-speaking staff and interpreters, Arabic versions of informational brochures on ODSP, OW and other programs, reminders to frontline City staff about newcomers' eligibility, workshops for community agencies on ODSP, OW and other programs, and meetings with community agencies to coordinate the response. Despite these efforts, respondents expressed concerns about the transition process, so there may be opportunities for improvement.

- Some landlords wanted to give refugees their first month of rent for free, but RAP provisions require that funding be

clawed back in the event of such a gift.

There was confusion amongst some agencies about whether refugees are permitted to use their temporary settlement address when applying for the Canada Child Benefit or if they have to wait until they are in permanent housing.

It was suggested that more flexibility with respect to the settlement destination of refugees would be helpful, as some refugees that IRCC designated for Ottawa may have been equally comfortable in other communities in eastern Ontario, and may have had more supports given that the volume of refugees was considerably lower in other communities.

There were a number of suggestions about health policies associated with refugees, including the addition of particular immunizations, addressing what is covered through the Interim Federal Health Program (including medications and medical equipment), and improving community capacity to respond to refugees' mental health needs.

Although not limited to Syrians, some refugees who have arrived in

Ottawa have moved into shelters or are accessing food banks. Some respondents suggested that refugees were choosing to move into shelters in part because they believed it would help them access subsidized housing; they noted that there was misinformation about the length of wait lists for such housing and that the expectations were unreasonable. Some settlement agencies are working to address these misperceptions, which they note are often disseminated through hearsay among refugees. This has occurred within the Syrian refugee population, but also among earlier waves of GARs from other countries.

INTERIM LODGING SITES

There was some frustration among respondents about the decision to not use the Interim Lodging Sites and to not redirect military medical personnel and Red Cross staff from those sites to other temporary accommodation sites. Instead, as one respondent said, "They didn't use any of them while we were drowning." The government designated these sites as a "destination of last resort" that would be operationalized only if other accommodations were unavailable, however it was not clear to respondents why the personnel could not have been deployed to assist.

INEQUITIES AMONG REFUGEE GROUPS

Some respondents expressed concern that the level of service offered to Syrian refugees was higher than that offered to other immigrants and refugees. For example, when the federal government announced it would forgive the travel loans made to Syrian families, one sponsorship agreement holder decided to cover the travel loans of non-Syrian families out of a sense of fairness. Similarly, when a language training provider waived a consumables fee for Syrian refugees, other students asked why they did not also qualify for a waiver; many also come from conflict zones and are currently living in low income situations. The provider agreed and instituted a means-tested approach instead.

The discrepancy between services provided to Syrian refugees and others was so marked that it became a source of tension and discord among clients. Some respondents criticized IRCC for directing funding specifically to programs for Syrian refugees. There was a sense that this contradicts the ethos of the settlement community, which works to support all newcomers, regardless of nationality. One respondent said their organization declined to apply to IRCC for Syrian-specific funding because of the organization's commitment to non-discrimination. Their application for general IRCC funding was denied.

INACCURACIES IN MEDIA COVERAGE

A number of respondents criticized the media for, at times, disseminating misleading information. For example, at one point, there were apparently some reports that all language classes were full. At a regular meeting of service providers, it emerged that of the 13 organizations in attendance, only two had language classes that were at capacity. That sort of miscommunication not only provided refugees with false information about the services available to them, but it meant that service providers had to direct resources toward correcting the inaccuracies.

MANAGING PUBLIC RESPONSE

Ottawa residents showed compassion and a strong desire to contribute to refugee settlement efforts. This is noteworthy. At the same time, the outpouring of support exceeded all expectations, and the systems and structures in place to channel this support were limited. There were several challenges associated with this:

- Public awareness: Although well-intentioned, many residents and businesses were not well-informed about the needs and strengths of refugees or how to effectively support their transition into the Ottawa

community. There is considerable expertise in the settlement sector and some way to share some basic knowledge with community members may help lay the groundwork for future refugee arrivals.

■ **Volunteer coordination:** Respondents noted that nearly 5,000 volunteers offered their assistance to Refugee 613 and many more approached community agencies directly, but it soon became evident that there was a limited capacity to screen, train and coordinate these volunteers. As a result, volunteer resources generally went untapped, even though there were many practical tasks that volunteers could have undertaken, if the infrastructure to train and support them had been in place. For example, volunteers could have helped newcomers navigate between appointments, or assisted with the transition to housing, provided information on public transit, helped with life skills training, or accompanied the refugees to services in the community. They could have also been tasked to sort the Immigration Medical Examinations that were collected by CCI and faxed to primary care providers. Respondents suggested that dedicated funding to train and

organize volunteers would have allowed agencies to take advantage of this reserve of goodwill. Although the federal government at one time provided funding for a Host Program that matched refugees with Canadian “hosts” who would provide friendship and information on adapting to the community, that program no longer exists.

■ **Education and orientation for private sponsors:** One organization noted that while it received inquiries from “hundreds of individuals and groups interested in sponsoring Syrians,” it did not receive funding to offer information to prospective sponsors, or to provide additional support, information and education to private sponsors during the arrival period.



LESSONS LEARNED AND PROPOSED FUTURE DIRECTIONS

The experience of welcoming and resettling the Syrian refugees to Ottawa included many successes, of which most of the respondents were very proud. There were also some challenges, missed opportunities, and many tired people. The result is that more than 2,000 Syrian refugees were successfully resettled in Ottawa in a few months' time.

Ottawa has long been a destination for refugees arriving in Canada, and the city will continue to benefit from the skills, resilience and resourcefulness of those who arrive in the future. When the community infrastructure for receiving refugees is stronger, they adapt more smoothly and rapidly, and their many contributions can be integrated into the community more quickly.

Below are some initial considerations about the lessons learned from the Syrian experience, and possible areas for strengthening our response moving forward.

STRENGTHEN CAPACITY FOR COLLABORATION

As the Syrian experience has shown, the services and supports provided to settle refugees go far beyond those funded by IRCC. They involve a wide range of public and community services in

many sectors, including health care, education, employment, housing, and settlement, as well as donations of time and money from members of the public. Because of this, building capacity for collaboration between key sectors with a role in newcomers' settlement and integration is at the core of our response. If we focus just on the level of immediate tasks and activities, there were hundreds of collaborations. At the same, our interviews revealed that multiple challenges and tensions can arise when service providers work together without the benefit of shared protocols, connected systems, and clarity about each other's roles, capacities and constraints.

Suggested future directions to strengthen collaboration capacity include:

- Strengthen the connectivity between the settlement system and other key service systems (e.g., housing, health, mental health, youth services, and municipal services) by investing in opportunities for mutual understanding of respective mandates, practice philosophies and processes, service referral protocols, terminologies and data sharing mechanisms that do not violate client privacy. This work is critically important to enable effective collaborations in support of the settlement and integration of refugees. This work is best supported through

joint federal and provincial investment.

- Improve the quality and dissemination of accurate and detailed information about the refugees who are expected to arrive. This might include the dissemination of pre-arrival information and the provision of more complete pre-arrival medical exams. Ensure that the same information is received by all those who are expected to play a role in the resettlement effort. This includes partners in key sectors, namely, settlement, housing, health, education, employment, youth and social services, and municipal services.
- Strengthen the capacity of settlement sector organizations to communicate with private sponsors of refugees and share information of settlement support services available to PSRs/BVORs.

SERVICE GAPS AND FUNDING SHORTFALLS

Organizations that supported Syrian refugees offered a wide array of programs and services, and they worked hard to address their needs. Indeed, they often went beyond their limits: staff worked very long hours, volunteers were sometimes engaged to expand the services offered, and some agencies and businesses offered in-kind support for which they normally would have been compensated. Despite these extraordinary efforts, the interviews pointed to

a number of areas where services were either missing or fell short of the need. Notable gaps in programs and services include:

- Wrap around, coordinated services for refugees with complex needs;
- Language and cultural interpretation as key ancillary services to support access to settlement and critical human services;
- Specialized settlement services for adolescents and young adults;
- Crisis counselling services and long-term, trauma-informed mental health counselling;
- Access to dental care;
- Expanded childcare service to facilitate women's access to settlement, health, language, social, and educational services; and
- Transportation capacity attached to settlement services to bring refugee clients to critical human services.

EQUITY AND FAIRNESS IN THE PROVISION OF SETTLEMENT AND INTEGRATION SUPPORTS

Many interviewees expressed concerns about the inequitable treatment of refugees, and the ways in which gender, language, ability, age, country of refugees' origin, and other characteristics might contribute to differential settlement experiences. We need to consciously work to ensure equitable treatment of all refugees. In this regard, our suggested future directions include the following:

- Extend Syrian-specific settlement and integration policies, programs and services to all refugees.
- Support an intersectional perspective on refugee settlement and plan for ways to deliver settlement and language training services that meet the unique needs of various refugee populations, such as women, children, youth, seniors, and those with disabilities.
- Build the capacity of settlement and integration service providers to effectively orient those refugees who prefer to settle in the French language toward organizations and services that can accommodate their linguistic needs and preferences.
- Train frontline service providers in key sectors (e.g., health, education, housing, and social services) in the principles and practice of equity in access, trauma work and cultural competency so that inclusive service delivery practices are in place prior to refugees' arrival.
- Address the unique needs of LGBTQ refugees and those with disabilities.

POLICY ENHANCEMENTS

It is clear that many government policies and programs achieved their objectives, but our research also uncovered a number of areas where improvements are possible. Canada offers a safety net that includes social housing, social assistance, health insurance, the federal child benefit, ODSP, and other programs. Coordination among multiple levels of government is necessary, in addition to the provision of information to agencies that work with refugees. This will ensure equitable access to applicable programs.

In conjunction with the appropriate levels of government, we suggest that the following policy and coordination changes be considered, in order to enhance the response to future refugees:

- Enhance federal, provincial/municipal coordination of their respective income support programs for Government Assisted Refugees and facilitate a smooth transition to social assistance.
- Eliminate clawbacks from income benefits.
- Extend the time period for some of the new programs developed as part of the Syrian refugee resettlement investments programs to match all on-going needs, especially in areas of longstanding service gaps that are described above.
- Undertake a consultation with healthcare providers to document experiences with the IFHP and client experience as they transition to provincial health insurance.
- Examine the proportion of refugees who enter as GARs, PSRs and BVORs, and the integrated supports needed for all categories of refugees.
- Ensure that social assistance is commensurate with basic living expenses, including housing, food, transportation, childcare, and other basic needs.
- Invest in more affordable housing that facilitates refugees' integration; in this regard, the availability of more housing options for large families is critical.

COMMUNITY & PUBLIC ENGAGEMENT

The size and scope of the public response to Syrian refugees suggests that there is the potential to leverage more community support for the settlement and integration of refugees beyond the Syrian cohort. Although there were a number of factors that were unique and which cannot be easily replicated, the public response to Syrian refugees points to a possibility for wide engagement in community efforts to settle refugees. The scope of the response needed will always exceed government funding levels, and citizens' contributions will be an essential component of the receptivity of the host community. More importantly, integration is a human process and requires tens of thousands of individuals from all walks of life who support and welcome refugees in everyday acts, whether in neighbourhoods, schools, workplaces, community centres, or businesses. Suggested future directions in this area are the following:

- Build capacity in settlement organizations to engage volunteers and leverage the current public support for welcoming refugees. This will require establishing volunteer recruitment and management systems to engage and deploy the assistance of Ottawa residents in those tasks that can be undertaken by non-professionals.

- Undertake public education campaigns that promote equity, anti-racism, and access to employment for all newcomers. This effort will not only help sustain positive public sentiment, but it would also extend it to support refugees and newcomers from other areas.
- Enhance the capacity of settlement organizations to help new refugees connect at the neighbourhood level and participate in neighbourhood activities and services.
- Build on the work of faith-based organizations to expand the network of private sponsors of refugees.
- A number of research initiatives related to Syrian refugees in Canada are already planned or underway, including research undertaken or supported by IRCC and the Social Sciences and Humanities Research Council. As these research initiatives come to fruition, we recommend facilitating knowledge mobilization and transfer at the local level.
- Conduct locally based, longer term research on refugees' settlement and integration, document outcomes in key areas such as employment, education, health and wellbeing, and track factors that influence positive integration outcomes.

SUGGESTIONS FOR FURTHER RESEARCH

This report focused on the experience of service providers as they assisted with the settlement of the new refugees. We suggest the following future research directions:

- Conduct complementary research to document the experience of the Syrian refugees. The immense effort of Ottawa organizations was intended to support the wellbeing of refugees. The ultimate test of our success will thus be the systematic engagement of refugees to hear from them and learn from their settlement experience.



APPENDIX: INTERVIEWEES

INDIVIDUALS:

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Sandy Hill CHC

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Catholic Centre for Immigrants

Carole Lapointe
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Conseil des écoles catholiques du Centre-Est

Caroline Desrochers
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Pinecrest Queensway CHC

Chantale Gregoire
Regional Transportation Specialist, Urban
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Carefor Health & Community Services

Chris Bradley
Nurse Practitioner
Pinecrest Queensway CHC

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Carlington CHC

Clara Freire
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Manager, Children and Youth Services
Somerset West CHC

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Deborah Andrews
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Deborah Edwards
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Ottawa Centre Refugee Action

Dennise Taylor-Gilhen
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Dick Stewart

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Fred Awada
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Lebanese and Arab Social Services Agency

Heng Chau
Housing Coordinator
Maison Sophia House

Hindia Mohamoud
Director
Ottawa Local Immigration Partnership

Javier Clavelo Robinson
Catholic Centre for Immigrants

Jennifer Thériault
Early Years Coordinator/ Health Promoter

John Dickie
Chair
Eastern Ontario Landlord Organization

Julie Gagnier
Healthy Babies Healthy Children
Ottawa Public Health

Kailee Brennan
Matthew House

Karine Gaultier
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Kelly Mertl
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United Way

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Vaccine Preventable Diseases Program
Ottawa Public Health

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Catholic Centre for Immigrants

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Executive Director
Ottawa Community Immigrant Services
Organization

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Nurse Practitioner
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Capital Rainbow Refugee

Louisa Taylor
Executive Director
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Michael Qaqish
Councillor, City of Ottawa

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Bruyère Academic Family Health Team

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HS Nursing Team Leader
Sandy Hill CHC

Shirley Graham
Education Officer, ESL/LINC/LBS
Ottawa-Carleton District School Board

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Coordinator Ottawa Newcomers Health Centre
Somerset West CHC

Tamara Chipperfield
Director of Mental Health & Addictions
Centretown CHC

Trudy Sutton
Housing Help

Yasmine Moussa Ali
Centre des services communautaires Vanier

ORGANIZATIONS:

Cultural Interpretation Services for Our
Communities

English Tutoring of Ottawa

Immigrant Women Services Ottawa

Ottawa Catholic School Board

YMCA-YWCA of the National Capital Region

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