STABILIZING THE BAND AID

NAVIGATING NATIONAL CHALLENGES THROUGH CREATIVE SOLUTIONS IN ADDRESSING CANADA'S UNIQUE REFUGEE POPULATION NEEDS

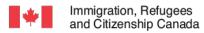


NATIONAL GAR CASE MANAGEMENT CLIENT SUPPORT SERVICES (CSS)



Funded by:

Financé par :



Stabilizing the band aid Navigating national challenges through creative solutions in addressing Canada's unique refugee population needs

This session will discuss challenges and barriers experienced by the following GAR profiles and offer creative solutions SPOs have implemented to facilitate a positive resentment experience:

- Single mother GAR clients
- Minor GAR clients (who are also head of household)
- Clients with disabilities



Stabilizing the band aid

Navigating national challenges through creative solutions in addressing Canada's unique refugee population needs

The CSS intensive case management approach: National trends from CSS

Mehreen Nayani, Program Manager, Client Support Services - YMCA GTA, Toronto, ON.

The Refugee Health Conundrum: An Analytical and Proactive Approach to Addressing the needs and challenges of unique GAR profiles

Hanaa Elkolaly, Case Manager and TVIC Committee Chair, London Cross Cultural Learner Centre, London, ON.

A Helping Hand: A Solution focused Approach to Accommodate the needs of GARs with Physical, Mental and Cognitive Disabilities

Lina Abbas, Program Manager, Calgary Catholic Immigration Society, Calgary, AB.



THE CSS INTENSIVE CASE MANAGEMENT APPROACH

NATIONAL TRENDS FROM CSS



Introduction: The CSS Approach

• Program objectives & outcomes



Data Collection

• How do we collect data?



Key Findings

National trends across the CSS network





COORDINATION TEAM (YMCA GTA)

PARTNER ORGANISATIONS



Coordinated
Approach &
Standardization

FUNDED BY:

IMMIGRATION, REFUGEES AND CITIZENSHIP CANADA





Intensive Case Management

RESETTLEMENT: INTEGRATED SERVICES MODEL



• Empower clients to build knowledge, skills, connections

• Community capacity building & system change advocacy

Service navigation & community mapping

• Home visits & accompaniments

orientation

Assistance for

documentation

housing,



Info & referral

• Group & individual

services

sessions

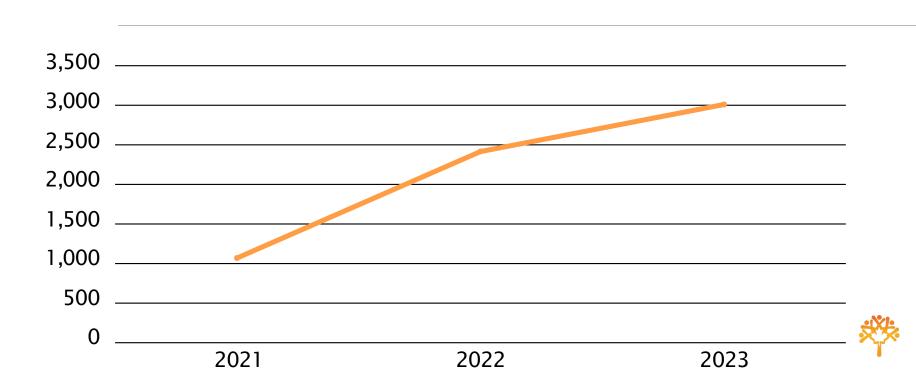


CSS NATIONAL TRENDS



NATIONAL TRENDS: SINGLE MOTHER GAR CLIENTS

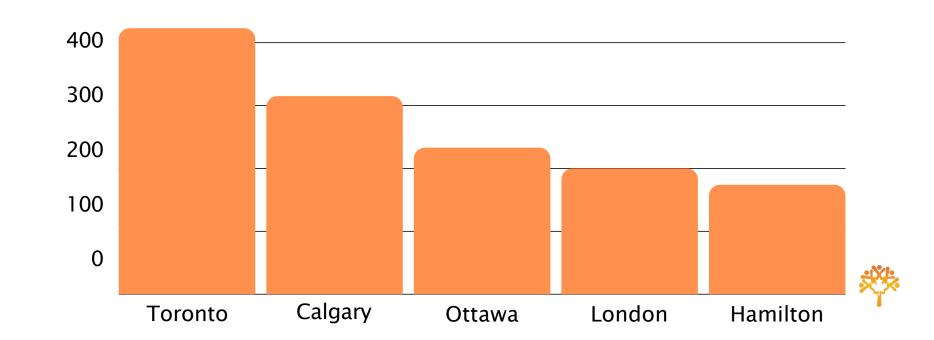
Total number of single-mother GAR clients in 2023 =3010





NATIONAL TRENDS: SINGLE MOTHER GAR CLIENTS

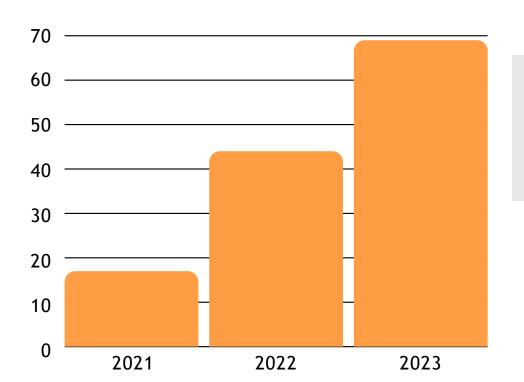
Top Sites with the highest increase in the number of single mother clients from 2021-2023





NATIONAL TRENDS: MINOR GAR (HOF) CLIENTS

Minor GAR (HOF) clients from 2021-2023



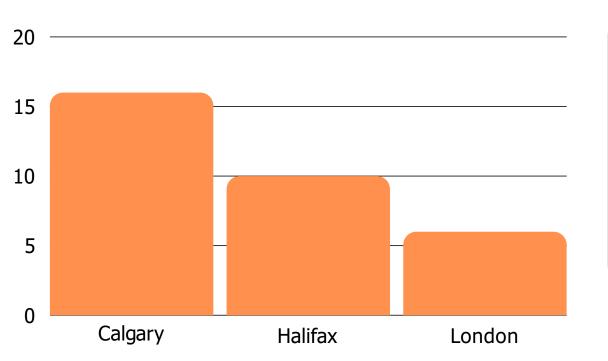
This chart depicts the increase in the total number of minor GAR clients among all CSS sites from 2021 to 2023.





NATIONAL TRENDS: MINOR GAR (HOF) CLIENTS

Top Sites with the highest increase in Minor GAR (HOF) clients from 2021-2023



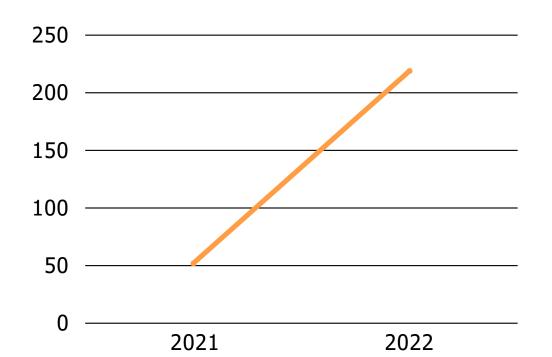
This chart depicts the top 3 sites with the highest increase in the number of minor GAR clients HOF among all CSS sites from 2021 to 2023.





NATIONAL TRENDS: CLIENTS WITH DISBAILITIES

Data for clients with disabilities 2021-2022 (total of all Sites)



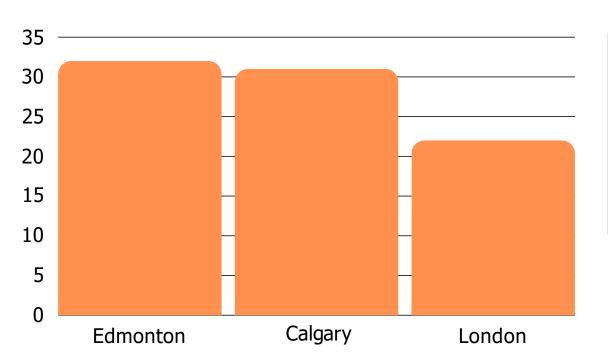
This chart depicts the total number of clients with disabilities among all CSS sites from 2021 to 2022.





NATIONAL TRENDS: CLIENTS WITH DISBAILITIES

Top Sites with the highest increase in clients with disabilities from 2021-2022



This chart depicts the top 3 sites with the highest increase in the number of clients with disability among all CSS sites from 2021 to 2022.



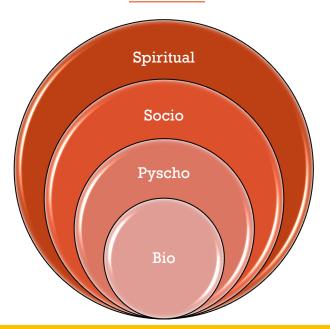


CSS LONDON

Cross Cultural Learner Centre

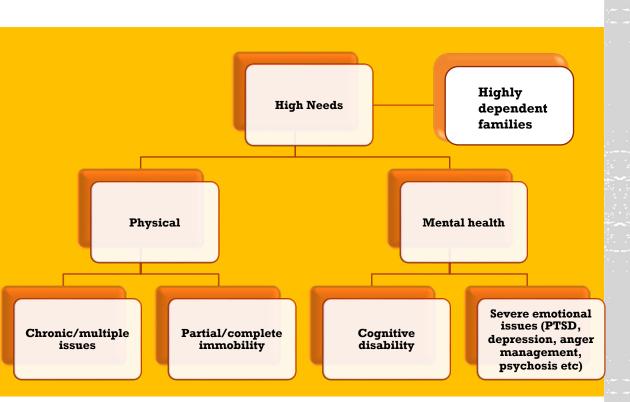


Case Management/Wellbeing Model





Basic Classification





Determination & Processing of High Needs

- •Sent through IRCC with specific notes flagging specific/special needs
- Mobilization plan through RAP/CSS Collaboration

Receive NAT (Notification of Arrival)

Initial meeting and screening

- Meeting with family/client at Reception Centre and/or Home
- Expedition of healthcare services

- •Immediate specialist referrals
- •Support Referrals (Home Care, CAS, etc. as warranted)

Screening & Collaboration London InterCommunity Health Centre

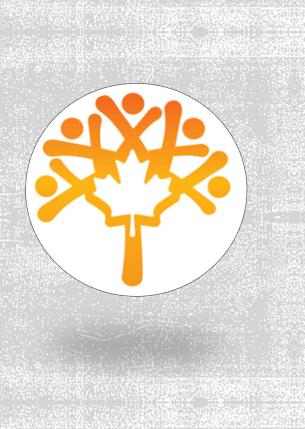




PRE-MIGRATION EXPERIENCES & SOCIAL DETERMINANTS OF HEALTH

The GAR Single Mother Spectrum





The GAR Minor Family Spectrum



Trauma of losing parents



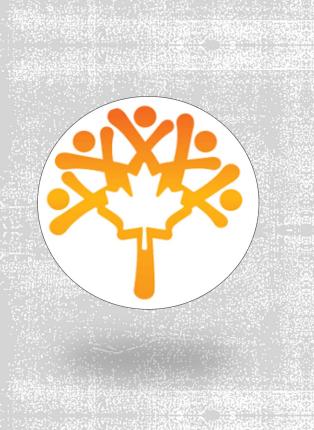
Shift & increase of responsibility

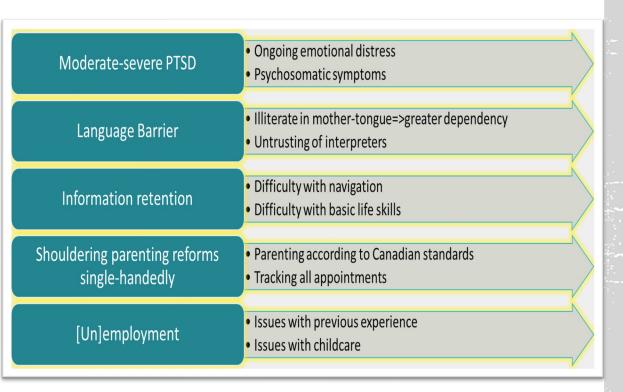


Conflict -change in guardianship



Financial/emplo yment implications





A BRAND NEW WORLD

Post-Migratory Challenges





CASE STUDY #1

-London-Cross Cultural Learner Centre



• A single mother of 4, arrived pregnant with twins from Kurdistan

The family had escaped a dangerous domestic situation

• Children had a history of trauma, particularly child #3 who appeared to be the target of traumatic domestic situations

Child #3 also had a variety of chronic

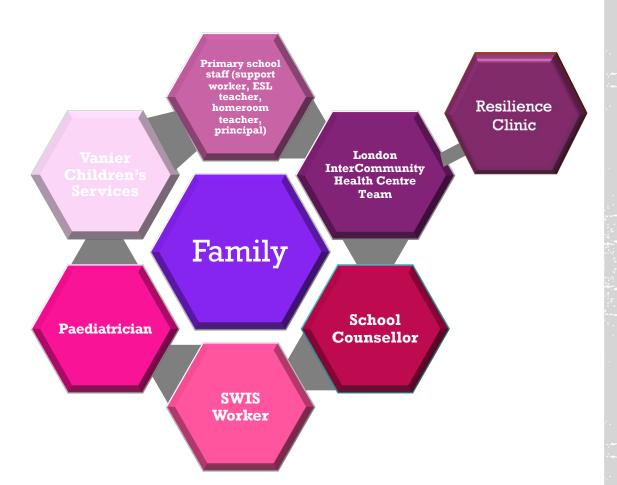
health concerns

 Mother experienced issues with childcare, language barriers, navigational barriersChildren experiencing bullying both in and out of school

Child #3 began portraying signs of mental health concerns (described by school staff as "manic" episodes)
There are currently a number of high health needs with 4 of her children,

including renal issues, mental health, chronic issues, and conflict at school





HOLISTIC WRAP-AROUND CARE

London





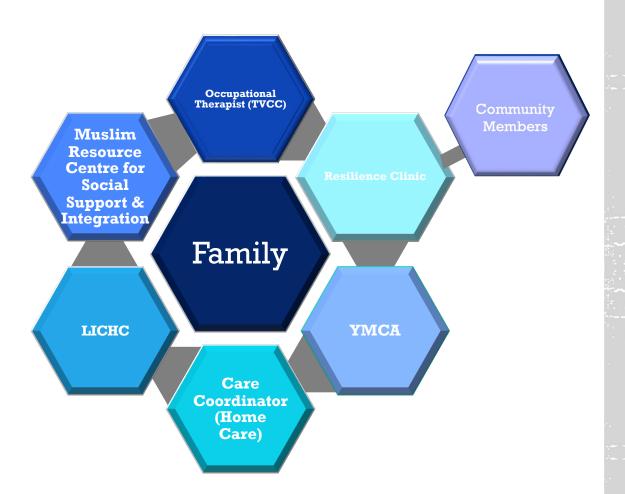
CASE STUDY #2

-London-Cross Cultural Learner Centre



- A family of 7 transfer from Toronto; originally from Syria
- •Child #1 (16 years) is experiencing severe rage and depression, causing some family conflict
- •Child #3 (11years) is living with cerebral palsy, digestive issues, dental issues, severe stiffness in joints amongst other issues
- Mother is overwhelmed with responsibility





Holistic Wrap-Around Care



- Periodic Needs Assessment and Referrals
- Tracking client's progress
- Revisiting Client Charter when necessary
- •Readapting model to meet client's needs
- •Continuous establishment and follow-up of 'circle of care' model

Implementing the CSS Model

Learning Opportunities Cont'd



- Ensuring clients are not only included, but leading their re-resettlement journeys
- Ensuring clients understand their autonomy and power to make decisions
- Clients understand roles as well as responsibilities
- Newly implementing Client Commitment Agreement (CCA)

Re-Empowerment



- Education and options to make informed decisions
- Providing choice with interpretation
- Inclusion in programs with accessible childcare
- Meeting the client where they are as opposed to where we expect them to be
 - > ex. Flexibility with Life Skill hours
- > Re-assessing gaps and creating solutions

TRAUMA & VIOLENCE INFORMED CARE

-LONDON-

APPROACHES & PRACTICES





SUCCESSFUL OUTCOMES: POST-TRAUMATIC GROWTH

AND LEARNING OPPORTUNITIES

-LONDON-





A HELPING HAND: A SOLUTION-FOCUSED APPROACH TO ACCOMMODATE THE NEEDS OF GARS WITH PHYSICAL, MENTAL, OR COGNITIVE DISABILITIES

LINA ABBAS
CALGARY CATHOLIC
IMMIGRATION SOCIETY, CALGARY,
AB

"My advice to other disabled people would be, concentrate on things your disability doesn't prevent you doing well, and don't regret the things it interferes with. Don't be disabled in spirit, as well as physically."

Stephen Hawking







CCIS (Calgary Catholic Immigration Society)

is a non-profit organization that provides settlement and integration services to all immigrants and refugees in Southern Alberta.

- Business, Employment, and Training Services
- Community Development and Integration
- Family and Children's Services
- Resettlement and Integration Services
- Refugee Claimants transitioning into the Community (RCTC)
- Brooks & County Immigration Services



Trauma

From country of origin & country of asylum Lived in limbo in a country of asylum before resettlement

Lived in rural areas

- lacking urban
living skills

Lack of formal education & illiteracy

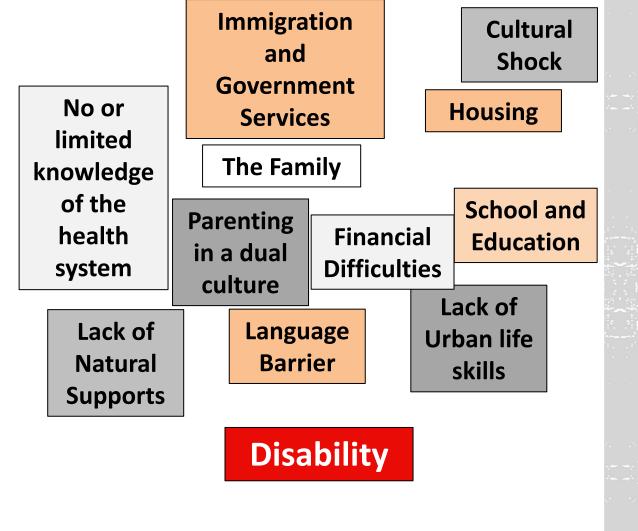
Lack of trust

Health issues/lack of access to

Housing nsecurities

Lack of employment opportunities Faced exploitation/ torture/ imprisonment







136 Clients with disabilities from April 1 to September 30, 2023



Referral Channels

- The medical information on the Notification of Arrival Transmission (NAT)
- Referrals from RAP team
- Referrals from the settlement team (later)
- Referrals from partners such as Mosaic Refugee Clinic



Primary Profile

- Single parents
- Elderly
- LGBTQ+
- Complex
 Physical/Mental
 Health Needs
- Disability
- Youth at Risk
- Child Soldiers
- Domestic violence

Secondary Profile

- Low education
- Lack of urban living skills
- No family or community connections
- Housing issues
- Cultural pressures
- Gap in education
- Coping & adjustment

Assets

- Higher education
- Fluent in English
- System navigation abilities
- Strong social connections in the city
- Experience living in urban areas
- Tech literate



How Do We Perceive our Cases?





Biopsychosocial Model for Mental Health

Your mental health can be affected by so many different factors.

Biological
Physical Health
Disabilities
Genetic Predisposition
Neurochemistry
Immune Response

We're all
different and
what works
for you might
not work
for someone
else!

Peer Effects
Relationships
Family
Circumstances
Cultural
Traditions
Social Support
Education

Poverty

Temperament Beliefs
Behavior
Personality
Relationships
Life
Events
Emotions
Social Skills



The CSS Model

- Assessing the Needs
- The collaborative Empowerment plan
- Client-centred orientation and training
- Case consultation and conferencing
- The referrals and community connections
- Coordination
- Advocacy



How Intensive Case Management Help Clients with Disabilities?

- By coaching our clients to find their own voice and become their own advocates, we empower and enable them to tell their own story.
- The support provided by case managers through Court processes, AISH appeals, FSCD/PDD agreements, and medical appointments are all but some examples of Situations that involve the use of a lot of technical language can be difficult for people who are not familiar with it to understand.
- These situations, can become an overwhelming experience for newcomers with disabilities





CASE STUDY #2

Calgary Catholic Immigration
Society (CCIS)
Calgary

- A family of 8 was in a refugee camp in since 2013 in very adverse conditions.
- They lacked urban skills, were totally illiterate, and didn't have basic life skills such as using washrooms, showering, eating, etc....).
- 3 adults and 2 kids with a variety of issues ranging from severe cognitive and physical disabilities, marginalized capacity for information processing/ social engagement
- negligible life skills in the backdrop of dislocation from a tribal environment



Primary Profile

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 Elderly
- LGBTQ+

Complex
Physical/Mental

Health Needs

Disability

Youth at Risk

- Child Soldiers
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HOLISTIC WRAP-AROUND CARE

Calgary

CSS Model for the X Family

- Assessing the Needs
- The collaborative Empowerment plan
- Client-centred orientation and training
- Case consultation and conferencing
- The referrals and community connections
- Coordination
- Advocacy









CHALLENGES

- The long waiting time after submitting the applications/ Getting Declined/Appeal
- After being approved for these programs, families without English-speaking members face additional barriers.
- Ongoing training and orientations will be required for this family to understand all these services
- Limited availability of accessible housing
- Isolation
- Accessing other services



OVERCOMING CHALLENGES

Managing Expectations: Clear and transparent communication with the families Boundaries and limitations

celebrating and cheering on the achievements (big or small)

Adaptive activities and programs and more adaptive activities and programs

ASL classes for Newcomers



THANK YOU!

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Funded by:

Financé par :



Immigration, Refugees and Citizenship Canada

Immigration, Réfugiés et Citoyenneté Canada