

# SHARING SETTLEMENT AND INTEGRATION PRACTICES THAT WORK TRI-CITIES WRAP AROUND MODEL OF CARE FOR MENTAL HEALTH IN IMMIGRANT FAMILIES

S.U.C.C.E.S.S.

Coquitlam, Port Coquitlam, Port Moody, Belcarra and Anmore, British Columbia

## Area of Practice:

- Promoting Physical and Mental Health

## Video:

<https://youtu.be/F4Rs2oNMoX4>

A Pathways to  
Prosperity Project

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PATHWAYS TO  
PROSPERITY  
Promoting Welcoming Communities in Canada



VOIES VERS LA  
PROSPÉRITÉ  
Promouvoir des communautés accueillantes au Canada

## **BACKGROUND ON THE ORGANIZATION AND IMPETUS FOR THE PROGRAM**

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S.U.C.C.E.S.S. is a non-profit multicultural organization that has supported newcomers in Canada since 1973 by delivering programs that promote belonging, wellness, and independence. It offers a wide range of services, including settlement services, English language training, employment and entrepreneurship support, family and youth services, seniors care, health education, community development, and housing. Each year, it serves over 82,000 unique clients across these areas.

The impetus for the *Tri-Cities Wrap Around Model of Care for Mental Health in Immigrant Families* project, a collaboration between S.U.C.C.E.S.S. and the Tri-Cities Local Immigration Partnership (TCLIP), was a community assessment conducted by the TCLIP in 2020. The community assessment identified several mental health challenges faced by immigrant families, including stigma surrounding discussions of mental health, limited knowledge of available services, and difficulty navigating the healthcare system due to limited language proficiency. The assessment also revealed that newcomers found that available services were often not culturally appropriate or responsive to their needs. The COVID-19 pandemic amplified these issues, particularly for postpartum women and families with young children, by increasing social isolation and reducing access to services. Service providers observed developmental delays among children aged 0-6 and expressed growing concerns around maternal mental health. They also identified the need for additional support, including training and tools to build their capacity in mental health promotion and literacy, so they could better support families in culturally appropriate and trauma-informed ways. In response, the *Tri-Cities Wrap Around Model of Care for Mental Health in Immigrant Families* project was launched to strengthen service providers' capacity and improve immigrant families' access to coordinated, culturally responsive mental health supports. The project was delivered between August 2022 and March 2024.

## **OVERVIEW OF THE PROGRAM**

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### **Name:**

Tri-Cities Wrap Around Model of Care for Mental Health in Immigrant Families

### **Description:**

The project aimed to support two groups: 1) immigrant families with children aged 0 to 6, and 2) early years service providers delivering services to immigrant families. The goal was to deliver wraparound supports to immigrant families to improve emotional well-being, parenting skills, and access to services, while also building the capacity of service providers to promote mental health in culturally appropriate ways. The family-facing components were delivered by S.U.C.C.E.S.S. through its Multicultural Early Childhood Development (MECD) team, while capacity building activities for service providers from across the community were led by the Tri-Cities Local Immigration Partnership (TCLIP).

At S.U.C.C.E.S.S., families could access up to six one-on-one sessions with staff who spoke their first language (English, Cantonese, Mandarin, Korean, and Farsi), offering personalized support and culturally safe spaces to express needs and receive referrals. In addition, supports for immigrant families were embedded in S.U.C.C.E.S.S.' early years programming, which included small group sessions and workshops. For example, immigrant families could participate in expressive arts workshops facilitated by trained art therapists, which created space for families to explore topics such

as gratitude and family connections. Other workshops focused on themes such as resilience, self-care, and emotional well-being. The project also used early years activities, such as singing, storytelling, and conversations about emotions, to help families build emotional literacy in culturally appropriate ways. S.U.C.C.E.S.S. also organized larger events, such as a “healthy kids fair” and a “family skate night”, which offered informal opportunities for families to connect with community resources and participate in shared experiences. Across all activities, mental health promotion was embedded without the specific use of clinical language to create safer entry points for families to explore emotional well-being, build relationships, and connect with services.

To strengthen service providers’ capacity, the project organized a series of eight training sessions focused on mental health promotion and literacy in early years settings. Topics included the *Mother’s Mental Health Toolkit*, *Mental Health First Aid*, *Integrated Strategies for Home Visitors*, *Nobody’s Perfect*, *Mother Goose*, *Make the Connection*, *Kids Have Stress Too!*, and *Circle of Security*. Training also addressed the well-being of service providers by including strategies to manage vicarious trauma and promote self-care. In addition, the project organized two knowledge exchange forums that brought service providers together to share insights and strengthen inter-organizational referrals.

Finally, the project included immigrant advisory panels made up of immigrant mothers and a steering committee with representatives from early childhood development organizations. Both groups met regularly to guide the project’s direction, ensure activities remained responsive to needs, and support the co-development of tools and resources. The following tools and resources were developed:

- Emotion magnets: These magnets are available in English, French, Cantonese, Mandarin, Korean and Farsi, and can be used to help children and parents identify and express emotions visually, offering a starting point for conversations about feelings.
- Multilingual journals: The journals encouraged immigrant families to reflect on their emotional well-being and parenting practices. They were distributed to clients to promote self-reflection on emotional literacy, and in small group sessions, they were used to support this reflection as participants built emotional literacy skills.
- Art Start conversation cards: These cards were designed for service providers to use with their clients. They were created in collaboration with Indigenous artists, and use sensory and visual prompts – such as food, scent, and music – to spark culturally resonant discussions about emotions and relationships.
- The Tri-Cities Family Challenge Booklet: The booklet was part of a campaign that engaged families in monthly activities to encourage them to explore local services and strengthen connections with the community.
- A digital community resource map and the *Happy Parents, Happy Children* e-newsletter (produced monthly in five languages): These resources were created to help families stay informed, navigate local programs, and learn about emotional literacy strategies that support parenting skills.

**Goal(s):**

The project aimed to improve access to mental health supports for immigrant families with young children in the Tri-Cities region. It also sought to enhance the capacity of early years service providers

to promote mental health in their programming, raise awareness of mental health among families in culturally appropriate ways, and support knowledge exchange among service providers.

**Target Client Group(s):**

The program served early years service providers and immigrant families with children aged 0 to 6 living in the Tri-Cities region of British Columbia, which includes Coquitlam, Port Coquitlam, Port Moody, and the villages of Belcarra and Anmore.

**Delivery Partners:**

In addition to the Tri-Cities Local Immigration Partnership (TCLIP), project partners included: Fraser Health, Fraser Northwest Division of Family Practice, Spirit of the Children, SHARE Family and Community Services, Kinsight, Douglas College, School District 43, the British Columbia Ministry of Children and Family Development, Tri-Cities Early Childhood Development Table, YMCA/Child Care Resource and Referral (CCRR), Westcoast Families, the BC Council for Families, and the public libraries in Port Moody, Coquitlam, and Port Coquitlam. The project also collaborated with Indigenous artists, an Indigenous storyteller, and expressive arts therapists.

**Human Resources:**

The project was staffed by a program coordinator, a program assistant, an early childhood development program manager, two early childhood development team leads, and three early childhood development workers.

**Funding:**

The project was funded by the Public Health Agency of Canada.

## **KEY FEATURES THAT CONTRIBUTE TO THIS BEING A PROMISING PRACTICE**

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**Effective:**

The project was effective because it directly addressed the specific needs of its two target client groups. For immigrant families, the practice engaged immigrant mothers through an immigrant advisory panel. They provided guidance and oversight throughout the project's planning and delivery, ensuring all activities remained relevant to their needs. The project also prioritized culturally appropriate programming delivered in families' first languages, which allowed immigrant clients to comfortably and freely express their needs. One-on-one sessions were conducted in each client's preferred language and offered customized support, including help navigating and accessing local services. This approach, combined with the empathetic and non-judgmental attitude of the MECD staff, built trust and created an environment of compassion and understanding. Small-group sessions complemented individual support by encouraging peer connections, further strengthening emotional well-being among immigrant clients.

For service providers, the project conducted a baseline needs assessment to identify training gaps and interests related to mental health literacy and promotion. This allowed the project to offer targeted, practical training sessions and develop resources tailored specifically to service providers' needs. Service providers also participated directly through a steering committee, ensuring ongoing responsiveness and relevance of the training and resources. In addition, the project actively involved

MECD staff in the development and implementation of activities. Overall, there was strong buy-in from all sides – immigrant clients, service providers, and MECD staff.

**Efficient:**

The project was efficient because it leveraged existing community connections and infrastructure. S.U.C.C.E.S.S.' long-established MECD team and the TCLIP had extensive networks and trusted relationships with local service providers and interested parties. These existing connections streamlined client identification and referrals, minimized promotional efforts, and facilitated rapid project implementation.

The project also further increased collaboration among service providers by incorporating networking components into trainings and knowledge exchange forums. These efforts helped build warm referral pathways between organizations, allowing families – particularly those with complex needs – to access services more smoothly and quickly.

Efficiency was also enhanced by embedding culturally appropriate mental health supports into existing early years programming. This allowed MECD staff to address sensitive topics in indirect, accessible ways – reducing stigma while avoiding the need to create separate, standalone services.

**Relevant:**

The project was responsive to the needs of both immigrant families and early years service providers. For immigrant families, it built trust and reduced barriers to service access by embedding mental health promotion discreetly within early years programs and delivering personalized support in families' first languages. This created safe spaces where immigrant parents felt comfortable discussing emotional well-being, parenting, and family relationships. It also improved families' access to services by helping them navigate available resources. For early years service providers, the program addressed the need for targeted, culturally informed training and practical resources. Trainings were designed based on a baseline needs assessment, ensuring content was relevant. Ongoing feedback from the steering committee and immigrant advisory panels further ensured that the project consistently met evolving community needs.

**Sustainable:**

The project built long-term capacity within existing early years services. Service providers trained through the project continue to integrate mental health literacy into their programming, applying strategies and knowledge gained through sessions tailored to their needs. Several tools developed during the project remain in active use and require no additional resources to implement. Service providers also reported that these tools and content continue to inform a variety of community programs. Furthermore, the wraparound model was embedded into S.U.C.C.E.S.S.' existing early years infrastructure, allowing MECD staff to continue delivering mental health content through familiar programs. Although dedicated project funding has ended, the core elements of the project remain in place.

**Transferable:**

The wraparound model of care is transferable to other contexts. To successfully accomplish wraparound care, it is essential that staff deliver culturally competent services, understanding the mental health and parenting contexts of immigrant families. It is also essential that services are

offered in clients' first languages, and a combination of one-on-one and group supports is used to meet the families' unique needs and foster peer connections. The service provider training component is also transferable, as most sessions were delivered virtually and can be adapted based on local capacity-building needs.

While originally designed for immigrant parents with young children, the model could be adapted for other groups, such as families with older children or children with disabilities, based on local needs. To ensure relevance and alignment with community priorities, organizations should conduct a needs assessment, engage immigrant voices in program design and delivery, and collaborate with key local interested parties.

### **Innovative and Forward Thinking:**

The project engaged immigrant families in mental health promotion through the creation of language-specific advisory panels composed of immigrant mothers. These panels were facilitated by someone from the same cultural background and operated separately from the steering committee. This was intentional to reduce power imbalances between clients and service providers, creating safer spaces for immigrant mothers to speak openly in their first language.

Mental health literacy was embedded into existing early years programming without using clinical language. Rather than framing activities as "mental health" services, the project used everyday conversation, creative expression, and familiar settings to encourage reflection on emotional well-being. This indirect approach helped reduce stigma and made content more accessible. Resources were also developed for service providers to support emotional literacy in ways that felt natural and culturally appropriate.

The project also applied participatory evaluation methods that supported service delivery. Photovoice was used with both service providers and MECD staff to capture reflections on program impact through images and narrative. These sessions prompted meaningful discussion and deeper insight into personal and professional growth. Similarly, journey mapping gave clients a structured opportunity to reflect on their experiences, and the tool was later adopted by service providers as a practical resource to support ongoing service delivery.

### **Differs in Definable Ways from Other Similar Practices:**

This project stands out for its intensive, personalized model of support. Rather than focusing on reach alone, it prioritized depth of engagement through one-on-one sessions delivered in clients' first languages. Staff were culturally aligned and trained to provide empathetic, non-judgmental support, enabling them to respond effectively to each family's unique needs and facilitate appropriate referrals.

The model also approached mental health within the broader context of the social determinants of health. Rather than treating mental health in isolation, staff considered how other factors, such as employment insecurity, shaped families' well-being. To respond effectively, the team established strong referral processes and built connections with a range of community services.

**High Client Uptake:**

Families were recruited through existing early years programs at S.U.C.C.E.S.S. and through other community organizations and maternity clinics in the Tri-Cities area. The project originally aimed to serve 80 to 100 families over its duration. By the end of the two-year period, 615 families had participated in group-based programming, with 162 families receiving individualized one-on-one support. Participation from service providers was also strong. Most service providers who attended training sessions and knowledge exchange forums reported learning about the opportunity through their organizations or professional networks.

**High Client Retention:**

Client engagement in the program was strong, with many immigrant families participating in multiple components, including one-on-one sessions, small group activities and workshops, and larger community events. While activities were offered as stand-alone options, immigrant families were encouraged to attend more than one based on their interests and needs. Furthermore, client retention was particularly evident in the immigrant advisory panels. Immigrant mothers who joined these panels were asked to commit to all four sessions over the course of the project. Most of them remained engaged throughout, providing feedback at multiple points and contributing to the program's continuous improvement. Many service providers also attended multiple trainings, showing continued engagement.

**Strong Evidence of Successful Outcomes:**

The project led to positive outcomes for both service providers and immigrant families. Post-training surveys completed by service providers indicated that approximately 48% of respondents reported being very satisfied with the training, and another 48% were somewhat satisfied. When asked whether the content was relevant to their work, appropriate to their level of understanding, and whether they would recommend the training to colleagues, between 86% and 98% agreed or strongly agreed across all three indicators. Between 88% and 94% of respondents also agreed or strongly agreed that they had gained new knowledge, skills, and tools. Importantly, 96% reported they were somewhat or very likely to apply what they had learned in their professional roles. Satisfaction with the knowledge exchange forums was similarly strong. Over half (56%) of respondents said they were very satisfied, and 24% were somewhat satisfied. Between 85% and 91% also agreed or strongly agreed that the forums helped them gain new knowledge, skills, or tools to support their work. When asked about their likelihood of applying what they had learned, 80% said they were either somewhat or very likely to do so.

Immigrant families reported a wide range of positive outcomes. Many clients described becoming more aware of their emotional well-being and more comfortable discussing mental health with others, including their children and spouses. Clients shared that the program reduced their parenting anxiety, improved their mental health, and enhanced their ability to communicate within their families. Clients also noted a positive shift in their perception of mental health, reporting reduced stigma and greater willingness to speak openly about mental health topics. These changes were often linked to the support clients received through the project. Before accessing services, some participants felt isolated, overwhelmed, and unsure how to express their feelings. After accessing services, they described feeling happier, more confident, and better equipped to parent and connect with their children. Clients also reported improved family relationships and increased involvement

from spouses in parenting and household responsibilities. Many reflected on their personal growth, highlighting better self-care practices and greater emotional awareness within the family.

The project also led to a stronger sense of community. Clients reported feeling more connected to others, with support networks expanding beyond family and friends to include other immigrant parents and health professionals. Discussing shared experiences helped reduce feelings of isolation and created a sense of belonging. Clients also felt more confident accessing other services – both at S.U.C.C.E.S.S. and in the broader community – because of the support they received through the project.

## **PERFORMANCE MEASUREMENT AND EVALUATION STRATEGY**

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The project used a mixed-method evaluation strategy, developed and implemented with the support of an external evaluator. Different approaches were used for each target group: quantitative methods were primarily used for service providers, and qualitative methods primarily for immigrant families and MECD staff.

For service providers, the evaluation focused on post-activity surveys completed after each training session and knowledge exchange forum. These surveys captured service providers' satisfaction, relevance of content, and likelihood of applying the learned content. A subset of service providers who attended multiple trainings also participated in a photovoice workshop. This participatory research method invited them to reflect on their experiences using photographs and written narratives, followed by a group discussion.

For immigrant clients, the evaluation relied on four journey mapping sessions – one per language group – with clients who had received one-on-one supports. These sessions visualized clients' experiences and changes in awareness, emotional well-being, and access to services. MECD staff also contributed their perspectives through a photovoice workshop and a follow-up focus group. These activities documented staff observations of client outcomes and provided insights into project implementation.

The project also held four immigrant advisory panel discussions and quarterly steering committee meetings. Both groups played an important role in guiding activities and ensuring responsiveness to client and community needs. To support continuous monitoring, the project team also tracked participation and activity data monthly, held regular internal meetings, and closely worked with the external evaluator.

## **FOR MORE INFORMATION**

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**S.U.C.C.E.S.S.**

[www.successbc.ca](http://www.successbc.ca)



**Tri-Cities Wrap Around Model of Care for Mental Health in Immigrant Families**

<https://successbc.ca/earlyyears/services/tri-cities-wrap-around-model-of-care-for-mental-health-in-immigrant-families/> and <https://www.tricitieslip.ca/priorities-and-projects/our-projects/mental-health-in-immigrant-families>

**Evaluation Report**

[https://www.tricitieslip.ca/\\_files/ugd/bea918\\_3024e66220144ca7be4dc5af16cfae9a.pdf](https://www.tricitieslip.ca/_files/ugd/bea918_3024e66220144ca7be4dc5af16cfae9a.pdf)