**AN EVALUATION OF THE PROMISE OF PARTNERSHIP:**

**THE IMPACTS OF GROUP PROGRAMS AND SERVICE COORDINATION ON REFUGEE MENTAL HEALTH AND SETTLEMENT IN THE REGION OF WATERLOO**

***Executive summary****: The purpose of this evaluation is to systematically investigate the effectiveness of the Promise of Partnership project (POP) in its first two phases of implementation. The project was developed in 2011 from a need to better address the mental health concerns and settlement issues of refugees in the Waterloo region, and is supported by Carizon Family and Community Services in Kitchener, Ontario, and funded by Citizenship and Immigration Canada (Contribution Agreement SS143924013). The evaluation is formative, focussing on the project’s capacity to meet its core objectives insofar as gauging its current programs and their assets, while providing recommendations to further strengthen the project. This evaluation attends to the POP’s stated objectives (see Schedule 1) and determines the inputs, activities, outputs, and outcomes in the project’s first two years. The project’s purported outcomes centre on supporting refugee resettlement and mental health, improving collaboration among service providers that support refugee mental health and settlement, and increasing the visibility and accessibility of mental health-related services available to refugees in the Region of Waterloo. The data collected for the evaluation represent service users from group-based support programs and a wide array of staff from participating service providers, reflecting the multi-sectorial nature of POP’s initiatives. Findings for the group based programs and partnership development were analyzed through a coding framework informed by the ecological model and a service coordination literature review, respectively. Overall, this evaluation finds that the programs are meeting the project’s stated objectives although many of the outputs have changed reflecting the dynamic nature of the project and culturally-situated needs of the refugee community. The key findings and discussion highlight evidence supporting the project’s outcomes and suggest some areas for improvement while providing insights for other service providers both regionally, and nationally. Considerations for the program’s continued success, potential improvements, as well as potential confounding factors in the evaluation are also explored.*

***Keywords****: program evaluation, refugee mental health, group support, service coordination*

**1. Overview**

This program evaluation is organized as follows. First, the project background and rationale are described, followed by an organizational overview that introduces the main service provider and community partners. Second, the project’s objectives, inputs, activities, outputs, and evaluation questions are presented. Third, the methods used to conduct the evaluation are outlined. Finally, the key findings of the evaluation are presented; and the implications of the findings are then discussed as they relate to the program’s stated outcomes and objectives.

***1.1 Project Background Rationale***

The Promise of Partnership (POP) project was developed from a need to build and sustain organizational and community capacity in responding to the mental health needs of the refugee community in the Region of Waterloo. Refugees represent a disproportionally higher number of the newcomers in the region compared to the national average (Region of Waterloo: Public Health, 2009), while their mental health concerns often represent needs that are disparate from the general population. Thus, appropriate mental health resources and services, and access to them, are critical to the well-being of the refugee community in the Region of Waterloo. This project represents a unique and unprecedented initiative in the region to both mobilize existing knowledge of refugee mental health and foster inter-sectorial collaboration among service providers on issues related to refugee mental health. The core objectives of the project are to 1) implement group mental health supports for refugees, 2) enhance partnerships with community agencies and government services, and 3) improve access to mental health services for refugees. The ultimate goal is to improve the mental well-being of refugees settling in the Region of Waterloo. The evaluation’s objectives are to a) assess the program’s impact on community partnerships for initiatives related to refugee mental health and settlement, b) gauge participation among refugees in mental-health and settlement services available to them, and c) determine the successful elements and assets of mental health programming (i.e. group support programs) available through the project for refugees in the Region of Waterloo.

***1.2 Organizational Overview and Community Partners***

*Main Service Provider: Carizon Family and Community Services*

The Promise of Partnership is composed of several service-providers, but is primarily supported by the non-profit registered charity Carizon Family and Community Services [hereinafter referred to as Carizon]. Carizon is a multi-service community organization committed to improving the future of individuals and families through supportive, therapeutic and preventative programs. Their mandate is to provide comprehensive and integrated approaches to the delivery of community services in the area of family support, financial counselling, and mental wellness. Carizon specializes in children's mental health, youth engagement and development, family violence services, individual and family counselling, parental support and education, credit counselling, workplace resilience, settlement support and community wellness. Some of their services include programs related to domestic violence prevention (Family Violence Project), child and youth development (Pathways to Education), and programs for newcomers and refugees (Promise of Partnership).

The Promise for Partnership was launched in April 2011 as a joint project between Carizon and Reception House Waterloo Region with funding provided by Citizenship and Immigration Canada. It builds upon a working relationship between the two organizations that has existed for several years. Through the denouement of the project, several other service providers have become involved both as stakeholders in the program’s outcome, and also as direct participants in the project’s initiatives. These community-level partnerships aim to build the community’s capacity to respond to newcomer mental health needs, particularly among refugees resettling in the Kitchener-Waterloo community. They also aim to raise community awareness about the needs of refugees while developing collaborative approaches to effective and inclusive mental health service delivery.

*Community Partners*

There are several other organizations that are also stakeholders in the Promise of Partnership, providing services vital to the refugee community in the Region of Waterloo. These organizations are each described briefly below:

Reception House Waterloo Region

Reception House Waterloo Region (RHW) is a community-based organization that provides temporary accommodations to newly-arrived Government-Assisted Refugees (GARs). Their programming is supported by Citizenship and Immigration Canada and centres on orienting and assisting refugees in their adjustment to living in Canadian society especially within their first month of settlement, while assisting them in finding permanent accommodations and building skills necessary for navigating the Canadian healthcare and financial institutions. RHW does not focus on refugees’ settlement needs related to mental health or adjustment.

Family and Children Services

 Family and Children’s Services of the Waterloo Region (FACS) offers assistance and information for child welfare, family support, and fostering programs for family and children. Its mission is to work with the community to protect and support children, strengthen families, and develop a caring environment for children. FACS has a statutory responsibility to protect children in danger of physical and emotional harm.

Waterloo Region District School Board

The Waterloo Region District School Board (WRDSB) represents all public elementary and secondary schools (e.g. middle schools and high schools) in the Region of Waterloo. Participating elementary schools in the school district house programming for youth participating in POP programs as well as teacher training and knowledge dissemination events for ESL teachers.

Kitchener-Waterloo Multicultural Centre

The Kitchener-Waterloo Multicultural Centre is a non-profit organization, housed in Kitchener, offering services free of charge to newcomers in the region, providing translation services, support with financial needs, employment aid, and counselling.

Focus for Ethnic Women

Focus for Ethnic Women (FEW) is a not-for-profit agency housed in Employment Ontario that is committed to improving the lives of newcomer women and supporting them in achieving employment opportunities. FEW’s services are free and include services such as career counselling, skills- and customer service-training, and job search assistance.

Canadian Mental Health Association

Canadian Mental Health Association (CMHA) is a national non-profit organization that supports people from diverse backgrounds who have experienced, or are experiencing, mental health issues. The Waterloo-Wellington-Dufferin branch of CMHA offers services in Kitchener, Waterloo, and Cambridge, providing full care systems for addictions, mental health, and developmental needs.

Waterloo Regional Police Service

The Waterloo Regional Police Service (WRPS) provides policing services to Waterloo, Kitchener, Cambridge, and the townships of North Dumfries, Wellesley, Wilmot, and Woolwich. A core value of the WRPS is community diversity and WRPS is represented by its officers at various cultural celebrations events throughout the year such as Chinese New Year and the Ertugrul Education Society Event.

***1.3 Refugee and newcomer statistics for Region of Waterloo***

In this section, an overview of the refugee population is presented for both Canada and the Waterloo region. According to Citizenship and Immigration Canada (Citizenship and Immigration Canada [CIC], 2012), a refugee is defined as someone who meets the criteria set forth in the United Nations 1951 Geneva Convention Relating to the Status of Refugees or found to be needing protection based on risk to life, risk of cruel and unusual treatment or punishment, or danger of torture as defined in the Convention Against Torture.

The data collected by CIC for the Waterloo region represents refugees who have received their permanent resident status, meaning that they are landed and have had their claims accepted. This includes government-assisted refugees (GAR), privately sponsored refugees (PSR), refugees who have had their claim approved by the Immigration and Refugee Board and successfully applied for permanent resident status, and refugee dependents (i.e., dependents of refugees landed in Canada, including spouses and partners living abroad or in Canada).

Between 1996 and 2008, 7,105 refugees settled in the Region of Waterloo, making up 22.6% of the region’s newcomer population intake during that period, while refugees represented 11% of newcomers for national intake in the same period (Region of Waterloo: Public Health, 2009). Between 2009 and 2012, there were an additional 458 and 101, 866 claimants in the Region of Waterloo and in Canada, respectively. A total of 431 additional claimants were present on December 1st 2012 in the K/W region and 89385 nationally. As of 2011, 15, 245 newcomers immigrated to the Region of Waterloo, bringing the total newcomer population in the region to 108,720 (Chui & Statistics Canada, 2013).

***1.4 Projects Objectives, Inputs, Activities, Outputs, and Evaluation Questions***

Several inputs, activities, outputs, and outcomes were determined for the Promise of Partnership project through a review of internal documents (POP Proposal to Citizenship and Immigration Canada, and Schedule 1). These are summarized in Figure 1 and organized in a logic model in Figure 2. This evaluation examines each of these levels (i.e., inputs, activities, outputs, and outcomes) and then investigates three evaluation questions that frame the project’s objectives. The evaluation questions identified inform the analysis of these inputs, activities, outputs, and outcomes in achieving the objectives previously stated (see Page 2) and assess the overall impact of the program on service providers and refugees in the community. An evaluation is thus supported through the following research questions:

(1) What are the multi-level impacts, or assets, of group mental health programs currently offered through the Promise of Partnership on refugee well-being?

(2) How have partnerships been built between service providers of refugee mental health and/or settlement programming in the Region of Waterloo, through the Promise of Partnership?

(3) How has Government-Assisted Refugees’ access to mental health services been improved?

**2. Methods**

The methods section is organized as follows: first the evaluator positions himself within the context of the organization and evaluation, identifying potential conflicts of interest etc. Second, the data collection methods used in the evaluation are outlined. Third, the methods used to analyze the data are described.

***2.1 Positionality***

Program evaluation is generally used in social intervention programs to measure the extent to which the program or its initiatives achieved their intended purpose, or outcomes, and to guide recommendations for further actions within the program (Milstein & Wetterhall, 2000). However in making such assessments, there exist inherent issues and conflict of interests related to who conducts the evaluation and how they conduct it. This evaluator seeks to explicate these potentials issues by locating himself in the context of the evaluation and by providing transparency to the decision-making in the evaluation and his personal motives.

As Carizon’s Research and Evaluation Coordinator for the POP, this researcher has a vested interest in ensuring the project runs smoothly and meets its stated objectives. However, in the context of evaluation, this may intentionally or unintentionally cause interpretation biases on various levels of the project. For example, in the evaluation, data collection methods may be selected that highlight only the positive aspects of the project while neglecting the negative aspects of the project. Findings from qualitative analyses may also be presented more favourably because of the evaluator’s determination for the project to achieve its objectives. However, this evaluation strives for transparency in the data collection methods by taking precautionary steps throughout the evaluation, for example by engaging in member-checks following focus groups. Although it is impossible to mitigate all biases, taking steps to acknowledge them allows the reader to critically understand the evaluation and deduce their own interpretation. The evaluator would also like to acknowledge the importance of cultural-sensitivity in the evaluation and research methods employed, especially as a person who is not a newcomer to Canada. Despite his superficial distance from the issues being explored in this evaluation, the evaluator is motivated by a desire to both improve the provision of mental health services to refugees in the Region of Waterloo and promote equal opportunity for those who have been, or continue to be, marginalized in Canadian society. Thus, the evaluator has a vested interest in providing empirical data to build on the project’s strengths while also providing a critical lens to the programs and areas for improvement. Finally, this evaluator acknowledges that he is motivated by his personal friendships with newcomers and refugees in the community which further encourages his belief that, as a pluralistic society, every person in Canada has the right to access culturally-situated services that enhance their well-being.

***2.2 Data collection and sources***

A definition of program evaluation is first provided to contextualize how the data being collected is understood. Program evaluation has been defined as: “The use of social research methods to systematically investigate the effectiveness of social intervention programs in ways that are adapted to their political and organizational environments and are designed to inform social action to improve social conditions.” (Rossi, Lipsey, & Freeman, 2004) Accordingly, this evaluation employs a systematic collection and rigourous analysis of program data procured from the program’s refugees clients and collaborators through the first two years of the project’s implementation.

First, information related to inputs, activities, and outputs, all of which were collected through available program materials, from clinical counsellors working with the program at Carizon, and from an internal data management system at Carizon (AIM). Second, focus groups were conducted to collect qualitative data on service users’ (i.e. refugees in the Region of Waterloo) experiences with the project’s programs along with a brief demographic questionnaire to collect data on the focus groups’ participants. The rationale for using focus groups is that, as a new program, data has not yet been collected related to participants’ experiences with the POP program and focus groups would provide an open-ended format from which to critically understand their experiences. The use of focus groups is further supported by the fact that qualitative data can help inform areas for quantitative assessment and future evaluation (Creswell, 2007). Second, given the collaborative nature of the POP program and sensitivity to refugee service users, participants of the group programming were asked to participate in the focus group by their group facilitator. Focus groups were chosen in lieu of interviews because they put less pressure on the individual to participate, and may potentially avert the participant’s discomfort from being in a one-on-one setting, which could further compromise the counsellor-client relationship they may have at Carizon.

Focus groups

For the purpose of the evaluation, a convenience sampling strategy was used. Three service user groups were targeted: men, women, and youth (youth being defined as 18 or younger). Facilitators from the group support programs asked participants attending their session to participate in a focus group after their session the following week. Everyone who expressed interest was allowed to participate, although each group was told that between four and six participants had been requested. Youth were particularly eager to participate, thus eight youth service users joined their focus group. Each group’s facilitator or counsellor was further requested to ensure that they felt the focus groups’ participants were representative of the service users who generally attended. Although the group support program’s facilitator’s might in some instances be able to deduce who had attended the focus groups, the evaluator ensured that participants were aware that their conversation would remain confidential and that only the evaluator would have access to the data collected prior to beginning the focus group. Informed consent statements were signed by each participant and the information on the forms was summarized orally with the help of a translator, who was hired as a third party for the purposes of the focus group by the Kitchener-Waterloo Multicultural Centre. The translator’s services were primarily used in the adult focus groups. For the focus group protocol, see *Appendix A*. The focus groups generally concentrated on participants’ experiences of settlement since arriving to Canada, their needs, and their participation in Promise of Partnership group programs. For example, a question in the focus group protocol is “How have the mental health supports provided through the Promise of Partnership impacted your settlement in Canada?”

*Men’s focus group*: Five refugee men participated in the focus group. Participants’ were between the ages of 21 and 65, among whom three participants reported their age to be between the ages of 36 to 45. All participants reported having a high school education while three participants reported having either a university or college education. Four participants had at least one child, and four participants indicated their marital status as “married” while one participant was “single”. None of the participants indicated that they had other family members attending services at Carizon, and themselves had been frequenting Carizon’s services between one month and two years. All participants had been in Canada between one and three years at the time of the focus group.

*Women’s focus group*: Six refugee women participated in the focus group. Three participants were between the ages of 26 and 35, two participants were between the ages of 36 and 45, and one participant was between the age of 46 and 55. Two participants reported having a university or college education while four participants had only a high school education. Exactly two participants each reported either being married, single, or single with children. Five participants reported having at least one child and two participants reported having at least one other family member attending services at Carizon and had been attending Carizon’s services for between two months and a year and a half. All participants had been in Canada for between one and three years at the time of the focus group.

*Youth’s focus group*: Eight refugee youth participated in the focus group. There were four girls and four boys, aged 12 to 17. Participants were attending either middle school or high school at the time of their participation in the group support programs. All participants reported having at least one other family member attending services offered by Carizon and had been attending services offered by Carizon for between one and two years . All participants had thus far been in Canada between two and three years at the time of the focus group.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Men | Women | Youth |
| Mode age group/age range\* | 36-45/ 26-55 | 26-35/ 26-55 | N/A |
| Mean number of children per participant | 3.4 | 2.2 | N/A |
| Mean number of other family members attending Carizon services | 0 | 1.0 | 4.9 |
| Mean number of years participants’ have attended Carizon’s services | 1.2 | 1.0 | 1.4 |
| Mean years in Canada | 2.4 | 2.3 | 2.3 |

Figure 1. At a glance: Focus group participant demographics

\*Age is expressed in mode and range because the demographic questionnaire requested participants’ age as a categorical variable (i.e., What is your age? 19-25, 26-35, 36-45 etc.). The decision to include age as a categorical variable in the questionnaire was to minimize the identifying information asked of the participant given the sensitive nature of their personal circumstances.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Men | Women | Youth | Total |
| Number of participants registered | 8 | 17 | 16 | 41 |
| Mean attendance of group sessions (from a 12 session program) | 11.4/12 | 10.5/12\* | 9.9/12 | 440/492\*\* |
| Percentage of participant attendance | 94.8% | 90.2%\* | 85.9% | 89.4% |

**Figure 2. Group support attendance (for programs January to April 2014)**

\*One participant missed four consecutive sessions due to medical reasons

\*\*Combined number of sessions attended by all participants/ Total combined attendance if attendance rate=100% for all men, women, and youth

Interviews

Interviews were conducted with senior staff from agencies partnering with Carizon through the Promise of Partnership. The agencies represented five service providers in the Region of Waterloo that provide services directly to refugee and newcomer communities. These organizations include: Family and Children Services, Canadian Mental Health Association, the City of Kitchener, Focus for Ethnic Women, and Waterloo Regional Police Services. Eight interviews were initially requested via email and only one staff declined to be interviewed because of their change in position within the organization and consequent disengagement from the POP. The remaining seven staff were interviewed at a location of their preference, in a private room at either Carizon or the interviewee’s service provider location in Kitchener.

Interviews primarily explored aspects of service coordination through the POP by focussing on questions related to staff’s awareness and knowledge of the POP, their service provider’s collaborations with other service providers through the POP, and their anticipated outcomes for refugees and newcomers related to these collaborations. For example, a question asked was, “How has the POP supported your interactions with other service providers in the area of refugee and newcomer mental health?” All interviews ranged between thirty minutes and an hour. For the interview protocol, see *Appendix B*.

*Defining Partnership Development through Service Coordination*

The concept of partnership development for the purposes of the evaluation is defined through a provincial service coordination literature review as follows:

The foundation for any service coordination model is partnership development and facilitated, frequent interaction. The purpose of service coordination is to move individual agencies from the informal, lower level of information sharing up to the formal, committed level of collaborative program delivery. (Ramsay et al., in Literacy Service Planning Institute, p.15)

Five levels of partnerships are further sequentially described in the document as follows: information sharing, consultation/networking, coordinating/contributing, cooperating/participating, and finally, collaboration. The definition and levels of partnership provide a framework for understanding themes identified in the analysis of service provider interviews, discussed in the following section.

***2.3 Analysis***

A qualitative, social-constructionist paradigm was adopted in the analysis of each focus group and interview. First, the focus groups and interviews were transcribed onto a computer word document. Each participant was given a pseudonym to ensure confidentiality. For each unit of analysis (i.e., focus group with men, women, or youth, and interview), a preliminary three-stage analysis process of line-by-line open-coding of the transcripts was performed. The open-coding was conducted in order to break down and reduce the data. Open-coding was concluded when there was either an exhaustion of sources, saturation of categories, or the emergence of regularities in the data. Then axial coding was used to identify interconnected categories of codes, described by Corbin and Strauss (1990) as “a set of procedures whereby data are put back together in new ways after open coding, by making connections between categories”. Third, a thematic analysis of the categories was performed to identify emergent themes across the three focus groups. The aforementioned definition of service coordination informs a coding framework for the induction of categories and themes related to levels of partnership emerging from the interview data in Section 3.3. The ecological model is adopted as a coding framework to organize themes and categories according to individual, familial and societal and institutional impacts, and is discussed further preceding the key findings in Section 3.3 (see page 20). Additional themes across all data are provided that present contradicting or opposing evidence between the focus groups in order to obtain themes unique to particular demographics (e.g. the youth’s settlement experience, or experiences of female refugees). Memo-ing was also used during the preliminary analysis in order to keep track of ideas and thematic developments related to the codes and their relationships to broader themes and categories.

**3. Key findings**

Key findings from both focus groups and interviews are organized into four sections. Findings are first structured to contextualize the experiences and needs of refugee clients in the Region of Waterloo participating in the group support group (Section 3.1). In the proceeding Section (3.2), the multi-level impacts of the group support programs and specific elements, or assets, that may foster positive settlement outcomes are presented. In Section 3.3, themes related to service coordination are identified in Section 3.4 using the data from service provider interviews and guided by the operational definition found on page 8. Finally, in Section 3.4, participants’ and service providers’ recommendations are synthesized and areas for improvement are presented.

***3.1 Refugees’ needs and past experiences***

*Past trauma.*

Participants of the focus groups discussed past experiences and lived trauma that consequently affected their settlement and mental health needs. For example, men and women alluded to the challenges associated with their transition from prior tumultuous living situations and subsequent adjustment to a new culture. For example, a refugee client related the socio-political conflict he endured to challenges with reintegration into Canadian culture. The translator explained:

Clarence[[1]](#footnote-1) is mentioning war— people coming from war environment— it’s really so hard to engage in a new culture, they found much support through the program, but for people when you face some other challenges like again shock for them; as well as affected emotionally and it was stressful for them.

A service provider further emphasized the trauma experienced by refugees in addition to immigrants to Canada:

Sometimes, they [*immigrants*] come here and they’re here a few years and they don’t think about you know what other issues they have, what other issues that are holding them back from being successful in this country, but after a few years they say “Oh-my-god you know, I have those flashbacks from the war, have flashbacks from torturing, and all those things and else coming back to me after five or 10 years”, because they haven’t often [addressed the issues] in the beginning. (Cassandra)

Both refugee clients and service providers illuminated the past trauma of newcomers, in particular refugees, and the importance of contextualizing trauma in understanding clients’ current experiences in Canada.

*Language.*

Many of the refugee men and women conveyed the stress of language barriers and difficulty communicating in their day-to-day life. Some participants expressed that their past trauma directly affected language acquisition. A client described through his translator:

The trauma back home with the war and these kinds of things, it’s the stress, it’s kind of in us, so it’s hard even memorizing the language […] even if they memorize anything in the classroom they go home and forget it so it’s really hard to keep in mind. (Cameron)

The availability of counselling in diverse languages was identified by some service providers as not only a challenge in the provision of regional mental health services, but one of the assets of the POP through the networking it enables (for “networking”, see Section 3.3). It was understood that the capacity to provide counselling in clients’ first language, rather than using an interpreter during throughout the session, enhanced not only the client’s comfort, but their likelihood of returning for follow-up sessions. Language-appropriate services thus represent both a need and challenge for refugees and services providers, respectively.

*Parental responsibility and displacement.*

Refugee men and women experienced distinct challenges related to familial responsibilities in Canada. The men’s focus group discussed challenges associated with obtaining employment and the consequent stress of having been displaced in their efforts to gain employment in the region. The refugee men emphasized the responsibility of looking after their family’s financial needs and feeling under-qualified or unprepared to work in their new environment, despite feeling highly motivated to work. One of the refugee men discussed his predicament, referring hypothetically to the experiences of refugee men, in the following quote:

He wants for his family or his wife someone to go to, somewhere to support her, to support his children or his wife, I think he want to. He lose his job, in Iran, Iraq, Syria, he come here not zero, under the zero he want someone to prepare or fix it or remind him what he will do. (David)

The women’s focus group emphasized the mental stress of displacement associated with being a single mother, and juggling responsibilities for multiple children who are integrating into the school system at the same time that they are experiencing their own challenges with resettlement. One participant described her experience of resettlement through isolation, as her translator explained, “It was really pretty bad experience too because she faced the language like so many challenges for a new country as a single mother, she has nobody here so it was very challenging for her.” The needs specific to single-parent families, in particular single mothers, were additionally cited by service providers, and the impacts of group support on these families are illuminated on page 15. The displacement and resettlement experienced by refugees manifests distinct parental support needs and challenges for both refugee men and refugee women in the Region of Waterloo.

*Culturally-situated and context-specific support.*

The need for culturally-sensitive and relevant supports emerged as a primary need for adult refugees participating in the focus groups. For example, when speaking about their prior experiences with various services providers, counsellors, and family doctors, participants alluded to health care models that were not context-sensitive to refugees’ socio-cultural background. The translator explained a client’s experience through a metaphor they used about mental health services:

Because a counsellor basically and simply, she’s giving or he’s giving from their point of view as for example a Canadian, […] but it’s only about themselves, they don’t take into consideration this person is coming from this specific country or this culture or religion… yeah, so the plate is served, but it’s not healthy. (Cameron)

In addition, participants expressed the need for immediate mental health and social supports upon their arrival to Canada, suggesting that the emphasis on particular areas of settlement is sometimes misguided. The translator explained Martin’s perspective, “In Canada he feels there’s lots of agencies and places that help financially, but emotionally supporting which is from his point of view, that’s the most important thing to a newcomer, especially the first year to find, like they prioritize for the emotional support.”

*Limitations of current provisions from Canadian health care and mental health service providers.*

Participants from the men’s and women’s focus groups reported that the current medical and mental health supports they were receiving inadequately addressed their emotional needs. Many of the participants suggested that the current medical supports they received were unhelpful and irrelevant to treating the underlying causes of their issues, such as stress associated with resettlement and adapting to a new culture, as the translator explained, “the family doctor sometimes if you go, he will not understand that there is something inside affecting the medical from outside. So for family doctor, […] they’re treating the pain with pill.”

Service providers echoed clients’ perceived limitations of mental health support, identifying re-traumatization of refugees through the difficulty associated with navigating various service providers and the Canadian health care system. In discussing child welfare, a service provider discussed the anxiety produced from misconceptions and an inability to understand certain services:

I think we’ve had a particular problem, as this population [*refugees*] has grown, to find ways that are meeting their needs responsibly. I think there’s been lots of misunderstanding I think there has probably been re-traumatization of those populations based on the way that society sets up child protection systems in Canada. (Anita)

Service providers further indicated the need for services beyond the jurisdiction of mental health care that address settlement challenges among particular demographics of refugees. For example, service providers suggested that increased opportunities for alternative programming such as art or sports could mitigate some of the negative mental health outcomes for refugee youth. A service provider discussed the need for employment services for women that could potentially dramatically affect refugees’ mental well-being and settlement/ mental health and well-being.

They’re kind of are going through the process of finding a job at not being able to keep the job, and violence in the family and not function [in] the daily lives, they have high anxiety and… She couldn’t even find a new job, [leading to] even higher anxiety and depression and everything, and she wasn’t even able to concentrate for interviews she wasn’t able to perform very well. (Cassandra)

The limitations of current services for refugees demonstrate the lack of available emotional supports and misunderstandings about formal services, while underscoring the importance of services that reflect the diversity and intersectionality of refugees to the Region of Waterloo.

***3.2 Multi-level impacts***

The key findings for multi-level impacts of the group support programs are situated through the ecological model (Bronfenbrenner, 1977). The ecological model positions the individual in the complex and interwoven mosaic of familial (micro-), community (meso-), and institutional (macro-) systems. This structure informs the organization of the findings by locating the impacts of the group support program at three levels: individual, familial and relational, and societal levels. An analysis of these impacts, in terms of ameliorative and transformative mental health outcomes are further explored in the section entitled *Discussion* on page 28.

*Individual-level impacts.*

Impacts of the group support programs on the individual level (i.e., direct impacts to participants) are organized according to the three participant groups in the evaluation: men, women, and youth. Evidence for individual-level key findings are presented in relation to each group (e.g. socio-developmental impacts for each men, women, and youth), although additional findings unique to each group are also included (e.g. empowerment—a finding unique to refugee women).

Refugee Men

Emotional impact:

The refugee men discussed the emotional benefits of group support sessions, and emphasized solving problems “from the inside” and their sense of relief from negative feelings associated with resettlement and daily struggles. Through a group setting, the refugee men derived comfort from feeling like they could relate to, or empathize with, one another. A client disclosed:

I benefit from the groups it was very benefit for myself […] Hearing about others’ experience, that remind us of maybe family members face the same thing or witness it, or some other individual, so it was a good experience. It touch us really deeply that’s why it was very benefit and improving, healing some from inside especially. (Derek)

Some participants related the impact of group support to alternative forms of community mental health support available in their home country which had helped them through emotional and mental health difficulties. For example, Matthew compared his experiences in group support sessions to spiritual or religious supports he previously frequented, as the translator explained:

Matthew is adding, it’s not only for a newcomer because anybody even like if he has been here for a while everybody needs the emotional support as an emotional part it might come at any stage like emotion drops suddenly in anybody’s life so it’s really important because before […] it was through churches, through mosques, this kind of support.

Social-developmental impact:

Participants relayed the impacts of the group support programs, specifically the group facilitators and counsellors, in helping them feel like they were making progress in their settlement and the development of social aspects of their lives. According to the translator:

Clarence is also sharing about the big benefit of Max and Cindy’s [pseudonyms of two facilitators] sessions when they were meeting with them again it was very helpful and they took them from a stage and to a totally different stage which is unlikely with this fast period so it was really like in a certain time, it was really helpful.

The translator also summarized a conversation that occurred among the participants:

They learned different ways of adapting, different ways to deal with the situation, how to face the problem, how to deal with it in a different ways, so these skills, it gives them more flexibility over their lifetime.

Cognitive impact:

The men cited experiences from the group support sessions that helped them think more positively about their future and develop strategies for mental well-being. Participants expressed this positive-thinking through feeling like they can “deal with failure and learn from it” and “not giving up”. Participants further felt that they been given hope with their settlement experiences despite adverse and unfavourable circumstances. The development of positive-thinking is reflected by Matthew, as described by his translator:

Again about failure […] Matthew mentioned which is when you come to Canada like it’s kind of a spirit’s coming flying with lots of energy and suddenly facing those problems which is not expected the language and others it’s kind of feeling down, from up, to down, so as the subject [a particular group support program] was helping them to how to get up, like, especially how to get up again.

Impact of program facilitators on refugees’ individual needs:

The group support program’s facilitators helped support participants not only on the level of the group, but through their recognition of, and attention to, individual needs within the groups. Participants highlighted various positive aspects of the facilitators’ impact in group settings such as feeling “understood” and emotionally-supported, and finding that the they provided an additional and personalized element to the group that created a comfortable environment, one that they did not find with other mainstream mental health related service-providers. One participant referred to the facilitators as his “spiritual mother and father”. Further, participants discussed that the structure and use of language by the facilitators in the programs contributed to the emotional benefits they gained from the group support programs, for example: “Yuri found that in Max’s planning and subjects [*e.g. topics for group sessions*], both Cindy and Max’s Powerpoint—what they’re using, even the synthesis of like expressions they’re using, it’s supporting the emotional part.”

Refugee Women

Emotional impact:

The refugee women discussed the emotional impact of participating in the group support programs in terms of emotional support arising from building community and empathy. For example, the women discussed past experiences and mental health issues such as depression through which they could relate to, and support, one another emotionally. As Joanne disclosed:

With this sessions, I feel that they are my family, I can I can talk to them if I feel sad, if I’m sick, so they are keeping the community and the socialization as well as. they [group support sessions] make us more closer even with the community so many people we didn’t know before but now we feel us even because we are suffering from the same problem we feel us as a family.

Female participants also talked about the feeling of “relief” associated with coming to group support sessions. Two examples follow:

It’s almost the only agency we feel that is very supportive to us, emotionally and in every way and even I feel like it’s 9-1-1 because calling 9-1-1 is for emergency, I feel when I come here for the services I feel a real stress relief and really it’s an emergency solver. (Mallory)

You can’t even imagine what the relief we have when we are here, how we are really very comfortable, it’s a stress relief for us, it’s kind of like we are feeling very positive energy. (Alice)

Social-developmental impact:

The women experienced social-developmental impacts through the skills they were gaining from group support programs and feeling more aware of Canadian law and customs, despite the adversity they were facing through settlement and their past experiences of trauma. For example, participants discussed gaining organizational skills that assisted their settlement such as learning to make a schedule, developing time management skills, and planning for their future.

Participants also expressed that the self-confidence they built through group support programs helped them to develop the social aspects of their lives and encourage them that they possessed skills and the capabilities necessary to contribute in their community. The translator explained the point of view of a client:

Joanne [*a client*]used the expression, “If you don’t have something, you cannot give any, if you don’t have the care, or somebody taking care of you, you cannot give this.” When they are at Mosaic [*former name of Carizon, where group programs take place*], they found those kinds of things, so that’s why now they can give even more, and in a better way”

Impact on parenting:

The participants who were mothers expressed feeling better able to respond to their child’s needs as a result of the group support programs. These participants felt that their parenting benefited from both an understanding the school system and the development of parenting skills to cope with family stressors unique to refugees’ experiences. As the translator explained about Mallory’s experience, “If they have like something personally they have with their family with the kids if they are facing even something wrong with school and with the kids, they can deal with it now.”

Cognitive impact:

The women cited experiences from the group support sessions that fostered their mental well-being through strategies related to positive-thinking and anger management. For example, the women cited benefits from learning strategies such as breathing techniques and remaining calm to defuse their anger. One of the refugee woman, Rosette, explained, “they teach us how to be calm and how to understand that person in front of you they will do some exercise with us, like physically or breathing, the way how to breathe and to relax.” Participants also developed positive thinking about their future and framing their experiences positively, for example by viewing failures as opportunities to learn. A refugee client, Mallory, expressed this hope as:

Even if you felt like you left in trauma but it’s not the end of the world, you have to graduate from that stage, keep forward, keep going and achieving successfully, more steps to the front. So even when Samantha [*pseudonym for group facilitator*], she was talking about her experience they felt that it’s true like, it’s not the end of the world, we felt something but we have a lot coming, we can create something better than what we have.

Impact of program facilitators on refugees’ individual needs: Similar to the men, the women also reported impacts from the recognition of their individual needs by the group support program facilitators. The participants particularly emphasized the role of their female facilitator in building a sense of family and, akin the men’s group, she was also referred to as a parental figure. Both facilitators were exalted for the personalized attention they provided in a group setting their attention to, and support in, of the refugees’ unique circumstances and lived experiences. The sentiment of several of the refugee women was summarized by the translator:

They said we already are twenty in the group, we all have different personality—each one of us, but Cindy she has an amazing way to deal with each one of us in a different way. If we are stressed or like we have anger or anything, she can calm us in a very different way.

Gender-specific impacts:

Finally, the women’s focus group cited the impacts of group support unique to their experiences as refugee women. Participants discussed how the group support programs empowered them to reclaim their identities and aspects of their lives as women that they felt had been previously neglected. Deda explained through her translator, “She said they are focussing on us, but they’re not at all forgetting at the back, as single moms and the challenges. They are getting the whole package.” Participants appreciated discussions centered on their unique challenges and healing through activities focussed on their identities as women such as self-esteem building activities, gardening, and self-care workshops. A participant described how the focus on them as women in the group programs served as a reminder of their femininity. Participants elaborated that, because of their past trauma and recent resettlement, they had forgotten about feminine aspects of their lives. In the translator’s words:

Unfortunately, they forget even about the identity because of the challenges especially as single moms, they have all of the responsibilities on them, but Veronica [*a client*], she mention that back home she felt that she is strong, but then she came here facing everything by herself, she found herself weak— so now they say even with the challenges the responsibilities, they forget even about the feminine.

The findings from the women’s group support programs highlight the empowerment experienced by refugee women, a finding that resonated particularly among single parents.

Refugee Youth

Emotional impacts:

The refugee youth were focussed on the practical aspects rather than the emotional aspects of group support. However, the youth participants discussed that the group program encouraged them to express their feelings. Some youth described their ability to express themselves in the group’s setting as a feeling or relief, or “freedom”, as the translator described for Elias:

So that’s why when he said freedom, some other places or other countries even, he cannot even express his feelings, his opinion, what he likes, what he doesn’t, so that’s why he feels more confident about expressing his feeling or sharing.

Social-developmental impact:

Youth discussed the capacity for group programs to support their English language development while accommodating their maternal language. Youth appreciated this dual use of English in addition their maternal language which were both spoken by multi-lingual group facilitators during the program. Youth found that the balance between languages provided them with the opportunity to use both their maternal and English languages. Liam described this balance as: “half-half because English like makes us learn more and Arabic like understand better and not forgetting it [*e.g. what youth learning during the session*].” Participants further found that the groups filled a gap in terms of using English because they felt that using English at school and among friends and then using only their maternal language at home did not provide them a chance to integrate the two languages in terms of building their knowledge of colloquialisms and idiomatic vocabulary. Participants also experienced social-developmental impacts as the group support programs assisted them in planning their futures. The youth found that the group programs fostered their motivation and development of self-agency related to their personal goals and career aspirations.

Cognitive impacts:

The youth participants discussed learning strategies to help them cope with negative emotions, while the male participants in the group emphasized strategies to deal with anger. As Patrick described, “Like we learned about anger and how to overcome it and what do we do or not.”

*Familial and relational impacts.*

Participants from the men and women’s focus groups provided evidence for the group support programs’ impacts on various levels through their immediate social relations such as family and friends. Below, three areas are identified in which the group support sessions demonstrated positive impacts, or “extended benefits”, beyond the individual participants themselves.

Direct impacts on participants’ families’ well-being

The men and women in the focus groups cited that their participation in the group support programs positively impacted their children and partners. Specifically, participants discussed how the group support sessions helped them improve their sense of control or ability in providing for their family and supporting them through settlement, while feeling like the positive changes participants observed in their mental health were reflected in the well-being of their children. For instance, mothers in the women’s focus group discussed the difficulties associated in raising a child alone, and that the group support sessions provided comfort not only in giving them “me” time but also solving crises with their children. The stress of supporting a child was conveyed a refugee client:

And it’s not only for her, even for her daughter, the daughter she has in the school and mom cannot [always help her out] because she is a single mom and she has two kids thirteen and six years old, she said that it’s [the group support programs] reflecting even if the 13 years old has a problem in the school or academic or anything she can even solve it now. (Mallory)

The direct impact on refugee clients’ familial well-being was triangulated by service providers who had interacted with youth as well. A service provider who spends time with refugee youth remarked that the POP group programs fostered a sense of family that resonated in their relationships at home.

I think one of the impacts of the youth group is that it creates a family situation, so, in this neighbourhood you have a lot of single parents particularly moms, so what we’ve noticed […] when you are positively engaging, I think that plays out at home. (Virginia)

Both refugees and service providers experienced direct impacts to their well-being on a family level as a result of POP group programs, with particular benefits experienced by single-parent families.

Parasocial support

Second, participants discussed how the group support programs impacted their family and friends through the sharing of the participants’ knowledge and insight about mental health and settlement that they had gained in group support programs. The impacts of group support programs on people other than the direct recipient, referred to as “parasocial” support, thereby provide additional benefits to non-participating refugees. As paraphrased by a translator:

What keeps them coming is the very strong benefit, improvement in themselves as well as Derek, he added you can see strongly you even share it outside with the family, they can share it with friends who cannot reach the Mosaic services but they can even share it so it’s impacting other people as well, so the good benefit it’s reflecting other people through them.

Participants also reflected on the parasocial impacts of group support on their children. For example, learning about strategies for coping with failure enabled Clarence, a refugee client, to support his children’s own dealings with failure in their daily lives, as described by the translator:

After the fact [*i.e. a group support session*], he went home and talked to his son like about this failure course and how to deal with it, how to pass through it so it’s reflecting the way even Clarence was saying, that it’s reflecting the way we talk to the kids because it’s giving us ways to how to go through our kids even.

The implications of parasocial impacts, and their “ripple effect” in the community for refugee mental health, are later discussed in terms of sustaining the refugee group support programs in the Region of Waterloo (see page 28).

Indirect benefits to distant family and friends

Third, participants found that their distant relatives (i.e. family who are not living in Canada) observed positive changes in their own attitudes and behavior, an observation made by participants from communication with their family over the phone. Participants’ relatives felt comforted by the noticeable improvement in their mental health. These participants also described that their families felt reassured by the group support program and its impact on the refugee participants, as one participant added, their family knew that “she was going to be okay”.

*Societal impacts.*

There are numerous impacts from group support on a societal level through 1) building employment capacity, 2) contributions to local community development, and 3) the reduction of strain on mental health service providers.

1) Building employment capacity:

Participants discussed the impact of the group support sessions in terms of gaining employment-related skills and knowledge. The youth participants viewed the skills they gained as valuable to building their prospects for future employment as well as opportunities for higher education. Youth specifically expressed that the knowledge they gained at the sessions helped them understand how to seek employment. The refugee youth also found that the leadership development and volunteer experiences offered through the group support programs would build their resume, while the skills they gained would help them once in the workplace. The youth also expressed a sense of self-agency in their ability to pursue higher education and were motivated to achieve their educational and career aspirations. Opportunities for community-capacity building based on these findings are discussed on page 28).

2) Contributions to local community development:

Participants disclosed that the group support programs encouraged them to contribute to the local community through volunteering, and finding employment. A refugee client explained through her translator:

So when you treat the inside, it reflect all sorts of you, the more they contact with people they will know about the community, so they will be knowledgeable more with the community so they can even help with in the future time, this can treat as much as the country give them, they would like to give back. (Veronica)

Participants also relayed that the self-esteem they gained from group support programs helped them feel more confident in their cultural competency and ability to navigate the local job market. The translator explained that for Alice, “Even giving them confidence in ourselves to even be open to work, for example volunteering, to have the strength to do it, to take this step, to look for a job even sometimes they give us resources, so we can start.” Indeed, some of the participants were already volunteering at schools and libraries, while refugee men discussed their desire to work in terms of contributing to the Canadian economy.

3) Reduction of strain on mental health service providers:

Participants of the group support programs developed an informal community network through the personal connections they developed with one another, which decreased their self-reliance on formal mental health supports. This community network was described as a source of peer support and resource-sharing that participants felt has the capacity to assist them in their settlement process beyond the program’s duration. Specifically, participants discussed that the group program fostered a sense of community and trust amongst themselves, thereby diminishing their reliance on formal mental health supports such as medical doctors, counsellors, and psychologists. In addition, some participants suggested that they were able to discontinue using anti-depressants. An example of a multilevel success story that encompasses the societal impacts mentioned is exemplified in Carizon’s Annual Project Performance Report about for Citizenship and Immigration Canada:

Tara, a single mother, was prescribed anti-depressants, but unfortunately she found them to be of little help in coping with daily life stressors and her past experiences prior to seeking refuge. Following the sessions however, Tara began to feel empowered and in control of her life again; and eventually felt satisfied that she was able to discontinue using the medication. Tara continues to attend the sessions, finding that the attention to gendered issues related to her settlement is met uniquely by the program. At the same time, she has begun to feel more confident navigating her new community and culture, for example by volunteering at a library in the community. [*Tara, as paraphrased by a translator in a focus group*] "The support groups helped me find a better way to care for myself. As a single mother, I felt for me like here I have no family […] but with this sessions I feel that they are my family, I can I can talk to them if I feel sad, if I’m sick, so they are keeping the community and the socialization.”

Group support programs reduce the strain on formal health services through the informal community networks and continued support systems they develop among refugee clients.

***3.3 Service Coordination***

The development of partnerships for refugee mental health services in the region, referred to hereinafter as service coordination, was accomplished through 1) increased inter-service awareness and knowledge; 2) service provider networking and case consultation; and 3) the centralization of POP within the Region of Waterloo. For an operational definition of service coordination used in the analysis of the findings, refer to the section entitled *Defining Service Coordination* on page 8.

*Service provider awareness and knowledge*

The service providers interviewed described the increased awareness they gained from their participation in Promise of Partnership initiatives. The awareness engendered among service providers was expressed in two distinct ways, through a greater awareness of a) each other’s services, and b) refugee clients’ mental health needs.

a) Awareness of each other:

Service providers discussed the impact of the POP on their awareness of other organizations’ services through the process of planning and executing initiatives related to refugee mental health and settlement. Service providers discussed how the POP supported them in becoming familiar with other organizations in the region, as one service provider describes:

Because it’s a program where they’re supporting involvement with other community partners, […] that opens the door to get to know the Family and Children Services, and know that the services exist to families in case something happens, you know, they can get support from other community partners too. (Anita)

A service provider further elaborated on awareness leading to cooperation among service providers which in turn increased awareness in the refugee community.

Concretely, now we started working together on sharing what we do best, so what we can propose now, my organization has been more involved with putting together those forum [*refugee well-being forums*] so it’s really nice for the community to increase the awareness and that’s one huge piece (Becky)

The POP’s presence in the community cultivated service providers’ awareness of one another and their mental health and settlement services for refugees in the region.

b) Awareness of clients’ needs:

The POP also heightened service providers’ awareness of not only refugees’ unique needs and issues affecting their well-being, but resources available in the community pertinent to those needs. For example, a service provider explained how the POP communicates with diverse organizations while understanding the intersectionality of clients’ needs.

They [POP] meet with clients, they get together, they talk about different issues in their daily life and from that, if there’s a need for employment see counsellor, or have a health problem or a housing problem or any other issues they work with them, different agencies, to see where they can get help. (Cassandra)

Service providers also suggested that the POP promoted their awareness of clients’ needs and felt that they were able to make appropriate referrals, for example, for EMDR (Eye Movement Desensitization and Reprocessing) and language-appropriate programs and services.

The Promise of Partnership is good in that sense, instead of going to see Toronto or somewhere else, it kind of brings us back, okay, there are also valuable people in the region and there is valuable knowledge in the region being recognized and exchanged […] they bring the attention to what we already have here. (Becky)

For both instances of a) service providers’ awareness of each other and b) their awareness of refugee clients’ needs, awareness occurred through the exchange of information promoted by POP such as forums, community meetings, and mentoring. Service providers’ increased awareness reflects their enhanced knowledge of services available for refugees and the needs of the refugee community in the Region of Waterloo. Moreover, the concept of awareness overlaps with key areas of partnership development outlined in the Service Coordination Literature Review (Literacy Service Planning Institute, 2013) such as *Information sharing*, thus supporting the development of service coordination in the region (see in the section entitled Service Coordination in *Discussion*).

*Service provider networking and case consultation*

Through the POP, service providers in the region began networking and liaising with one another which culminated in instances of case-consultation between service providers. Service providers discussed the role of relationships, which had been fostered by the POP, in networking with other service providers. For example, a staff discussed how consultation with another formal service provider for refugees would not have occurred without the support of POP in initiating their relationship.

It wouldn’t have happened because she [*another service provider*]wouldn’t have known because we’re a big bad system, she didn’t know anybody there, she—as a manager at [*redacted[[2]](#footnote-2)*]*—* would likely not have called our agency […] they probably wouldn’t have felt comfortable asking they probably just would have gone away, because it’s all based on relationships, right? The reason we are able to address the issue and start to have a common understanding was because she felt comfortable being able to ask you know, “Can I ask you about this?”, even though she knew nothing to do with that and I’m in the senior leadership level, she knew that she felt comfortable enough to come up to me and ask. (Anita)

Relationship-building occurring between service providers in the region either was initiated by, or had been made more effective by, the support of POP.

Service providers also discussed the criticality of POP networks in addressing justice issues facing refugees and in providing consultation on best practice for community outreach. A staff discussed this consultation in the following example:

Someone in the community may network through Carizon or through another social agency that there are serious concerns in the [*redacted*[[3]](#footnote-3)] community, that their youth are being targeted by the police. We have a look at it, meeting with them [POP], and understanding what their issues are, coming up with a proactive outreach, how do we fix this? […] And there you will see multiagency collaboration— we know that with Promise of Partnership we have outreach capacity. (Matt)

The POP further informed leadership on issues affecting refugee and newcomer communities through the dissemination of knowledge and networking events such as forums and meetings for senior leadership of major service providers in the region (e.g. the Waterloo Region District School Board (WRDSB), Lutherwood, Immigration Partnership etc.). A service provider suggested that the POP informed their organization’s strategic planning for newcomer families’ well-being, recognizing refugee mental health as a priority area. POP’s strong community relations and networking have impacted leadership from various organizations, both on the level of front-line staff and upper-level management.

Case-consultation was described by service providers as communication occurring between different organizations in order to effectively assist each other with refugee clients and crisis situations. The case consultations facilitated by POP further streamlined the provision of appropriate services to refugees and newcomers in the region. A service provider discussed the importance of providing services to refugees as soon as they arrive to Canada, by dismantling the lack of communication, or “silos”, between service providers. Felicia stated, “We know research shows the first few years of refugee life here in Canada are the worst or the most dangerous for isolation and a vulnerable time, so want to make sure we break those silos.” The service provider relationships cultivated through networking and case consultation also promoted the concept of mentorship. Mentorship was discussed by service providers in terms of assisting other organizations in training their staff in areas related to mental health, diversity and cultural sensitivity, and legal rights. A service provider gave an example of learning from the school board’s experiences with refugees and sharing this knowledge with her staff, while in other situations exchanging knowledge, building relationships, and mentoring Waterloo Regional Police Service. A service provider elaborated on mentorship informing areas of their organization devoted to refugee and newcomer well-being:

With being part of the Promise of Partnership, for my organization, getting involved within the community and also getting some kind of mentoring about how we can improve in general […] now we have an inclusion and diversity committee. I have the opportunity to exchange with [*redacted names of POP staff*], see how they organize it, what it means for them, so it helps us to make it happen. (Becky)

Networking and case consultation occurring through the POP support the coordination of mental health services for refugees across the Region of Waterloo. Furthermore, service provider networks and case consultation demonstrate elements critical to service coordination as outlined in the Service Coordination Literature Review such as *Networking/consultation* and *Coordinating/contributing*.

*Centralization of services for refugees’ mental health*

The centralization of services played a pivotal role in the provision and coordination of mental health service for refugee and newcomer communities. Centralization refers to the various ways in which services providers discussed the process of communication between service providers through POP. This process was described idiomatically by staff, for example, as a “sounding board”, an “outlet”, and a “hub”. The use of the term “sounding board” was expounded by a service provider:

If my staff have a challenge where they’re stuck with something, with how to move forward, the Promise of Partnership has become a sort of sounding board […] Something to run scenarios by them and get input and suggestions, but sometimes I’ll just end making a referral to them or they might know other resources in the community that we are not familiar with. (James)

The centrality of POP in communications related to refugee mental health and settlement issues was cited as an asset to service providers’ ability to coordinate relevant services. The centralization of services through the POP is explained in more detail again by James as follows:

It’s very helpful because it provides us with a source for direct service and […] it’s kind of become sort of a focal point for a number of service providers, CMHA [Canadian Mental Health Association], and others where we’ve been able to pull together as a multiservice collective and to talk about general approaches with the refugee population in the community and how to better sort of design our own services to make it more useful and relevant to that population.

The centralization of POP leveraged service providers’ strengths and resources, effectively producing a climate of cooperation and collaboration.

In addition, centralization impacted the capacity for service providers to deliver their programs and services to the refugee community. Service providers remarked that clients who were familiar with the POP were more comfortable seeking their respective services, as a result of POP’s reputation within the refugee community. The notion of the POP establishing a community reputation was discussed by service providers in terms of the POP building trust with individuals and being perceived as “authentic” by refugee communities. Service providers suggested that refugees’ trust in POP lends credence to other organizations in the region. The trust that POP developed further defused some of refugees’ anxiety in seeking mental health services, while another staff suggested trust as a factor contributing to the increased number of calls for emergency services observed by some service providers. As one staff explained,

I think there’s an opportunity to reduce anxiety for sure, because they, the Promise of Partnership is kind of, like they’re right in the neighbourhood, they’re working *with* individuals, and so they have the power and authority to say know what we can trust that this person is here to help you. (Virginia)

Service providers also suggested that the centralization of POP and its consequent reputation in the refugee community impacted the number of clients seeking services, observing that attendance rates for their respective programs had been increasing.

Overall, the centralization of POP impacted the communication and coordination of mental health services for refugees in the region, mutually benefitting organizations and refugee clients. Moreover, the findings related to centralization reflect overlapping areas of service coordination identified by the Service Coordination Literature Review such as *cooperating/participating* and *collaboration*.

*Impacts of Service Coordination on Refugee Clients*

Service providers generally felt that the service coordination positively impacted their refugee clients’ mental well-being and settlement in three ways: 1) expediting the provision of mental health services, 2) providing wraparound service for clients, and 3) demystifying services and service providers’ legal jurisdiction.

1. Service coordination impacted refugee clients’ through service providers’ knowledge of one another, enabling them to provide appropriate mental health services for their clients. Staff reported being more able to efficiently make referrals, assessments, and consult on culturally-informed decisions related to clients’ mental health and settlement needs. The increased capacity for service providers to make effective referrals ensured that high-risk clients and crisis situations were prioritized and resolved as efficiently as possible.

2. Second, service coordination impacted refugee clients through the wrap-around services it enabled. The concept of wraparound services was described by one interviewee as a model of holistic care in which multiple services providers mutually collaborate on mental health services for refugee clients.

Everyone got together with the agreement […] we do a safety plan together as a team and community, and we provide services even co-located to Carizon. […] it will be wraparound services adapting that model, and it would be all the service providers directly providing services to families that are refugees and immigrants. (Felicia)

Furthermore, service providers emphasized that wrap-around services promoted prevention by ensuring that a client develops a “safety net” among service providers in case of circumstances warranting consultation on mental health or other settlement needs. Service providers also described the safety net that wraparound services proffered to refugee clients in terms of building their resilience to diverse circumstances, suggesting that POP acts as a “first step that opens the door to other support services” (Becky).

Wrap-around services offered through POP embody the collaboration of service providers in responding to refugee mental health needs, simultaneously providing the expedited provision of crucial mental health services and continued consultation on refugees’ diverse needs.

3. Service coordination impacted refugee clients’ well-being through the demystification of services which was promoted through POP. Services providers discussed “demystification” as the ability to create an understanding among refugees about the purpose of various services available to them in the region. According to service providers, refugees’ understandings of some service providers were justifiably burdened by past experiences and traumas, however inter-service provider communication and collaboration helped mitigate some of the misunderstandings present in the community. A service provider discussed the importance of demystifying services in relation to difficulty navigating various systems as a newcomer.

[The process of navigating various service providers] creates obviously a great deal of anxiety for anyone, but in particular, for individuals who may not be familiar with the nature of the systems that they’re involved with—they may be subject to a police, to a criminal court order, theoretically they could be subject to that— so it is confusing for anyone, let alone for somebody who may not speak the language. So that’s what I mean by demystifying, it is a very complicated web of systems. (James)

The clarification of the purposes of service providers through service coordination helped reduce some anxiety associated with services offered, for example, by Family and Children Services and Waterloo Regional Police Services. Thus, a final impact from service coordination on refugee clients in the region is the demystification of services.

***3.4 Clients’ and service providers’ recommendations and areas for improvement***

*Refugee Clients’ Recommendations*

Participants of the focus groups offered suggestions to improve the program in a variety of areas, however the suggestions differed between the adults’ and youth’s focus groups. Participants from the men’s and women’s focus groups suggested that the group support sessions incorporate participants from past sessions in their future programs. The translator explained a client’s recommendation as follows:

Derek would like to offer a suggestion and he says that it would be great even from the facilitators if they can keep us as a group and use our benefit from the groups for other people, we can share our stories, our like our kind of before and after stage and how we benefit from these groups because really these groups has had a very big direct effect on us which is why we’d love to keep in touch not only like for a certain time but we would like to keep in touch and become even a part of it.

Three adult participants also emphasized their heightened need for continued group support programs relative to refugee youth who they felt already had group supports in place. Victor, an adult refugee suggested they might benefit “if there is something continuous especially for adults because like with the younger ages they might maybe settle more faster and adapt in the culture faster through the school but most of the adults come from country to country.” Participants also suggested that the group support sessions could better promote their presence in the broader community. A concern expressed was that there were potential service users and refugees who were not aware of the programs but would benefit from them.

In addition, the refugee women suggested a community fund box, where participants could contribute small donations toward supporting a participant if they happened to be in a time of crisis or need financial support. They also suggested having group support sessions in a variety of environments as they found being indoors sometimes made them feel trapped or isolated. Various participants suggested that the group support programs are most critical to those newcomers who have recently arrived, as Mackenzie suggested, “maybe you could do it like, this program for the people who’s just coming right now, they don’t know everything but this will help them a lot, you know.”

Meanwhile, the refugee youth suggested that it may be helpful for them to consult with people from various universities and employment sectors. The youth expressed that it would be helpful for them to hear from others’ lived experiences in order to inform their personal career and post-secondary decisions. The youth also had various ideas related to extending the group support programs’ hours and incorporating a break, or time for physical activity. Youth also discussed the utility of separate group support for boys and girls. A final recommendation by youth participants was to include all newcomers, as they felt newcomers may experience similar challenges with settlement and could thus benefit from the group support programs as well.

*Recommendations by service providers*

Service providers focused their attention on the aforementioned need for the inclusion of all newcomers (i.e. immigrants) in POP, and increasing opportunities for alternative programs such as art and sports, although the lack of funding and human resources was recognized by service providers. The challenges related to the human resource management were understood dialectically by service providers because of the seemingly irreconcilable need for increased human resources and the difficulty associated with managing additional involvement from service providers in POP. The duality of challenges associated with human resource management is put into perspective by two service provider staff, as follows:

It is an increasingly big issue: how do we move forward as a community? I don’t know, I think we have to keep working as we have been, and people always say, “Oh, more resources, more resources,” but there’s also a lot of resources available in the community, so also continuing to pull together as a community and talking to each other and working together. (James)

If anything that would be nice maybe a bit more human resource in the community? I don’t know how it will be more manageable, but that’s definitely one of the limits of the Promise of Partnership is how many people get to the table how do you manage it? I don’t know if it’s impossible but […] it would be good to get more thought. (Becky)

Although service providers suggested that the challenges associated with funding and human resources required further exploration, service providers suggested it is nonetheless vital that funding continue to be sought, particularly in order to sustain the progress and accomplishments of POP in its first two years.

Finally, in discussing the inter-organizational networks that the POP had cultivated, service providers endorsed the concept of “co-location” of mental health services for refugees and newcomers. It was suggested that service providers begin initiating discussions to formally establish this “space” and determine the parameters of its community outreach. Service providers cited that co-location promotes the ability for services provider delivery in one location, and cited success with the Family Violence Project[[4]](#footnote-4), currently co-located at Carizon in Kitchener. However, co-location is similarly associated with challenges to service providers, particularly related to resources and infrastructure. Felicia queried, “If we could create a building that at, we all working under co-location, that would be ideal, but I don’t know how that’s going to happen.” Service providers suggested exploring options and methods for co-location and the continuation of forums and knowledge mobilization events as a step forward in achieving co-location.

**4. Discussion**

The discussion first situates the findings from the group support programs through community-oriented outcomes, then evaluates the service coordination findings vis-a-vis the levels of partnership identified in the section entitled *Defining Partnership Development through Service Coordination* (p. 8), and finally, proposes recommendations for POP and subsequent program evaluation.

*Group support and community outcomes for refugee clients*

The project’s proposed outcomes (stated in the section entitled *Overview*,on p. 2) include: the implementation of group mental health supports for refugees, enhanced collaboration among service providers that support refugee mental health and settlement, and improved visibility and accessibility of mental health-related services available to refugees in the Region of Waterloo. Findings from the group support program related to the former outcome of implementing enhancing group mental health supports are first explored through ameliorative and transformative change.

The multi-level impacts of group support programs reflect outcomes to refugee mental health that are both ameliorative and transformative. Ameliorative change represents outcomes that are beneficial to individuals in the short-term but that do not necessarily cultivate systematic changes on political and institutional levels required for sustained social change. Transformative change represents a societal shift in attitudes that can manifest itself through political and institutional levels, for example through political shifts or changes in public policy (Nelson & Prilleltensky, 2010).

Ameliorative changes from the group support programs were evidenced through the social-developmental and emotional impacts individually experienced by program participants. Participants were also supported by the interpersonal connections they and empathic pathways developed from hearing others’ lived experiences, a concept resonant of psychological sense of community. Psychological sense of community infers the perceived connection of an individual to their community, and has been defined “a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together” (McMillan & Chavis, 1986). Furthermore, participants of the focus groups relayed their experiences of shared histories and shared participation through group support, both which are factors critical to psychological sense of community. Refugees’ sense of community is a key area for future program evaluation because it has been linked to civic and social participation, and life satisfaction (Chavis, Lee, & Acosta, 2008). However, the psychological sense of community fostered through group programs ostensibly represents ameliorative and not transformative change because it reflects changes to individual well-being rather than changes to structural levels of society. Nonetheless, transformative change was evidenced through community capacity-building. Community capacity-building refers to “the identification, strengthening and linking of your community's tangible resources, such as local service groups, and intangible resources like community spirit.” (Ontario Healthy Communities Coalition, n.d.)

Community capacity-building is an outcome of group support that was supported by refugee participants’ sense of empowerment, their development of resilience to adverse situations, and their feelings of self-agency. For example, youth participants were motivated to find work and pursue post-secondary education, having been linked to various educational and leadership programs that promoted their sense of ownership of their careers while teaching them to set goals and encouraging them to explore their career and personal aspirations. Meanwhile, the refugee women expanded their community networks through group support programs, learning to navigate settlement issues themselves while turning to each other for emotional support. The implications of community capacity-building are important for sustaining refugee mental well-being beyond the duration of group support programs. Indeed, participants expressed interest in their continued involvement with POP in order to mentor future newcomers and share their settlement experiences, thereby promoting the sustained positive mental health outcomes for incoming refugees. Last, the societal impacts that were highlighted in the findings translate to community capacity-building such as refugees’ increased participation in the community, while potentially decreasing the burden on formal health care providers. The foundation for community capacity-building established by POP represents continued transformative change for the refugee community through the not only the enduring multi-level impacts of group programs, but the transformational shift in refugee services promoting clients from actors to agents in their journeys to sustained mental well-being, and eventual civic participation for youth.

*The Development of Critical Partnerships*

The second and third outcomes proposed by the POP: improving collaboration among service providers that support refugee mental health and settlement; and, increasing the visibility and accessibility of mental health-related services available to refugees, are supported by findings related to service coordination. The key findings from service coordination are congruent with the five levels of partnership identified in the Service Coordination Literature Review document, demonstrating both defining features of partnership development and facilitated, frequent interaction. The five levels of partnerships identified through the findings are sequentially outlined.

*Information sharing*. Service providers cited that information sharing occurred through various means such as through educational workshops and group meetings with senior leadership from regional and local service providers. On broader scale, information sharing occured through community events such as forums, which were inclusive to service providers in addition to clients and members of the community.

*Consultation/networking*. Service providers discussed the benefits that the POP had provided them through both the service provider networks it created and case consultation. The inclusion of diverse formal and informal services (e.g. the school board, Multicultural Centre, Employment Ontario, etc.) in the POP’s networks contributed to the effective consultation between various service providers in the region. Moreover, the notion of POP as a source for sharing and liaising among service providers was understood by staff and communicated metaphorically through concepts such as “sounding board” and “outlet”.

*Coordinating/contributing*. Service providers coordinated on several levels for example with the community forums, and also began consulting with one another in discussing and contributing their knowledge to refugee-related needs. The contributions of various service providers was evidenced by the case consultation between service providers that occurred on issues related to refugee clients.

*Cooperating/participating*. The referrals of refugee clients by various service providers to programs associated with the POP reflects service provider cooperation, while service provider staff further participated in programming or referred their staff to participate in joint programs or sessions offered by other service providers associated with the POP. Service providers described the comfort with which they could approach one another, an observation that some service providers discussed as a result of their affiliation to POP. In addition, several service providers relayed their mutual understanding of the POP as a central community figure (see Centralization on p24) for refugee mental health needs and concerns, citing that it was a trusted source of information to both them and their clients.

*Collaboration*. The aforementioned four levels of partnership demonstrate the collaboration of service providers in advancing refugee mental health and settlement. In addition to these four levels, service providers demonstrated collaboration in referring their clients to each other’s services in addition to the POP’s group-based programs. The strength of service provider collaboration is further demonstrated through the effective delivery of group-based programming as evidenced by the multi-level impacts identified in the key findings of the client focus groups.

The overlap between the five levels of partnership and the key findings of the analysis provide support for the POP’s establishment of the foundation necessary for successful service coordination among service providers of refugee communities in the Region of Waterloo. In addition, the key findings identify the mobilization and transition of individual agencies from the informal, lower level of information sharing toward formal, committed level of collaborative program delivery. The effective delivery of programs is exemplified through the multi-level impacts experienced by participating refugee clients. The development of partnerships and continued facilitated, frequent interaction between service providers are indicative that the POP is meeting its second and third overarching outcomes of improving collaboration among service providers and, increasing the visibility and accessibility of mental health-related services available to refugees in the Region of Waterloo.

*Congruencies between service provider interviews and refugee client focus groups: Intersecting impacts of service coordination and group support*

Congruencies existed between several findings across both focus groups with refugees and interviews with service providers, triangulating some of the outcomes of POP. Service providers found that the liaising with the POP enhanced their capacity to provide services critical to refugees obtaining skills for acquiring employment. Meanwhile, refugees cited that the programs offered through POP facilitated their networking and ability to perform in interviews perhaps because of decreased anxiety or the ability to develop interview and job-related skills. The congruency of outcomes related to employment for refugees between the interview and focus group data highlights the multi-level impacts of both group programs and service coordination. The continued collaboration of service providers could potentially benefit not only clients’ mental health, but their ability to support their families as well. For example, women seeking employment services through Employment Ontario’s Focus for Ethnic Women program may be referred to appropriate services for their mental health or settlement needs through POP. The additional “wrap-around” services provided by POP may further support clients while they seek employment and during their eventual employment, thereby preparing them to enter the workplace and then retain their prospective employment. Overall, the congruencies between focus groups and interviews triangulate some of the findings related to the support refugees receive from POP related to mental health and settlement challenges.

*Recommendations and next steps*

The key findings identified from focus groups and service provider interviews together provide evidence of the project’s outcomes. However, despite the impacts of POP on service coordination and refugee settlement, a key stride in improving the mental health outcomes of refugees may reside in preventative intervention. Preventative intervention addresses mental health issues before they occur, or reduces their severity, through health promotion, strengths-based approaches, and the development of protective factors (Mrazek & Haggerty, 1994).

Findings from the youth focus groups revealed important considerations regarding prevention through the continued development of their leadership development and suggestions related to newcomer inclusion. Service providers found that youth participating in POP programs developed resiliency and were less likely to engage in delinquent behavior. In order to continue fostering youth’s capacity for resiliency, opportunities for youth to both engage in leadership development and active citizenship, and explore post-secondary education should continue to be implemented.

The refugee youth and service providers also suggested that the POP could consider extending group support programs to all newcomers in the Region of Waterloo. Both the youth and staff intimated that the impacts of group support may be further applicable other groups of newcomers. The POP can also extend preventative intervention to its clients through the increased visibility and accessibility of its group support programs to refugees upon arrival to the Region of Waterloo. As of May 2014, the POP initiated a bi-monthly mental health orientation for newly-arrived refugees. Future evaluations could assess the impact of mental health orientation on incoming refugees’ participation in POP and their settlement outcomes related to mental health.

Another consideration related to prevention relays the difficulties experienced by refugees navigating the various services available in the region. Although service providers cited evidence of their own awareness of each other’s services and to a lesser extent, their clients’ awareness, the focus group data identified that refugee clients still experienced difficulties navigating various service providers. POP’s continued focus on community awareness could mitigate some of these difficulties, especially given the increased awareness and knowledge of services available for refugees engendered among service providers. Given the difficulties associated with navigation, and in order to encourage the continuation of group support programs, decentralizing the location of the current group support programs (i.e. from programs hosted at Carizon to programs hosted at other partners) should be investigated. Decentralization may be further important in facilitating the transition from POP group support programs to self-sustained peer-support programs once funding has ended. The interest expressed by group support program participants in peer-support through mentoring future participants could support this decentralization of group programs, and warrants further exploring mentorship and peer-support models similar to programs such as Alcoholics Anonymous, Big Brothers and Sisters of Canada, and Psychiatric Survivor programs.

On the other hand, findings from service provider interviews identified outcomes to refugees’ well-being beyond those identified by participants of focus groups themselves. For example, the demystification of services occurring as a result of service coordination is a finding unique to the interviews with staff. Future collaboration could further contribute to demystification through events and programs designed to promote interaction between members of agencies and the refugee community (e.g. police officers participating in programs and presentations offered by other service providers for refugees). Another outcome from group support that would benefit from examination in future evaluation is the development of participants’ resilience. The exploration of resilience in refugee mental health is critical because resilience can act a protective factor in mental health outcomes in a variety of social contexts. In addition, the ripple effect of group support (i.e., parasocial support) may be an unintended benefit from the group support programs, and supports further inquiry into knowledge dissemination and mobilization strategies for the broader refugee community. Future evaluations could gain valuable insight from the effects of POP on non-participating refugees in the community and cost-benefit analyses of participants in group support programs.

A next step for evaluation is to develop quantitative assessment tools informed by the current findings in order to support the findings’ internal validity. For example, staff suggested that the use of their services and attendance rates for programs increased as a result of the POP and that clients who frequented services offered by the POP were more comfortable seeking services. The implementation of pre-and post- testing such as questionnaires completed by clients and attendance records could illuminate the qualitative findings, while building their internal validity. Analyses of the impact that POP-affiliated programs have on refugee mental health and settlement beyond the services already available in the region could also strengthen the qualitative findings. For example, the purported impact from clients and service providers on employment could be further investigated quantitatively to determine the workplace-related and long-term financial outcomes of clients seeking mental health and employment services. Meanwhile, the limitation of the findings’ external validity continues to exist as participants’ seeking programs may be more receptive to them and thus more likely to benefit, and may also choose to participate in evaluation of the programs for this same reason. Participants may have also experienced distrust with their translator, a dynamic that is difficult to gauge in multi-cultural settings especially through evaluations employing focus groups. Future evaluation could conduct interviews and additionally explore the process experienced by refugees in navigating mental health at various stages of their settlement.

Acknowledgement

The evaluator would like to acknowledge the contribution of stakeholders in Promise of Partnership project, especially the refugee community for their trust and commitment to improving the settlement process for newcomers to Canada. Their participation in the evaluation process and the knowledge and insight that they were able to share have been invaluable to this project. The contributions from the refugee community have further enlightened this evaluator to the diversity and admirable strengths of the refugee community in the face of adverse past and current circumstances. The relationships created through the Promise of Partnership and its evaluation reaffirm Carizon’s commitment to improving the accessibility of culturally-appropriate and effective mental health supports to all peoples in the Region of Waterloo.

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Appendix A

**FOCUS GROUP PROTOCOL**

**“An Evaluation of Mosaic’s Programming for Refugee Mental Health Care”**

**Contact: Santiago Grande, Mosaic Family and Community Services**

FOCUS GROUP PROTOCOL BEGINS

*FOCUS GROUP MEMBERS:*

 *Service Users*  *Service Providers*  *Community Organizations*

*FACILITATOR’S NAME:*

*Date:*

*Start time:*

*End time:*

1. Allow participants time to read consent form and sign form if they choose to participate.
2. a) If participants consent, inform them of their rights to decline to any question, to have the recorder turned off, to have a question repeated, and/or withdraw from the study at any point during the focus group. [This is a reminder in addition to the consent form]

b) Provide participants with option of self-introduction and creating a nametag using their real name if they choose.

1. Ask the group, “Do you have any questions before we begin recording our focus group?” Then turn on recorder.

Focus group guide:

In this focus group, we will be discussing your experiences with the mental health services offered by Mosaic. I am curious to hear about your experiences and how they might have impacted you, both individually and as a group.

**1.** 1 To begin, let’s go around and talk generally about what you hope to get out of this focus group?

* What made you decide to join this focus group?
* What interested you in participating in this focus group?

**2.** 1Generally, how do you feel about the services you have received or are receiving from Mosaic?

* What feeling or feelings do you have?
* What feeling sticks out most?

**2.** 2Now let’s start talking about seeking mental health supports in the Waterloo region. What was it like seeking mental health supports in the region?

* How did the process of seeking mental health services go for you?
* What was easy, what was challenging?
* How could it be improved?

**3.** 1 What supports have you used in the region that affect your mental health? (welfare, odsb, advocacy with housing)

What drew your attention to the mental health services you used in the region? [~What deterred you from services you didn’t use? **]**

**3.** 2What drew you to the mental health supports provided by Mosaic?

**4.** 1 Think back on your expectations before you began receiving supports for mental health. How did your experience with Mosaic compare to your expectations?

* In what ways did your experience living in the community meet or not meet your expectations?

**4.** 2In what ways has Mosaic supported/not supported your mental health needs as a woman?

* What kind of mental health supports provided by Mosaic have been useful/not useful?

**4.** 3 What experiences with Mosaic’s mental health support most impacted you?

* What were the things that affected you most since coming to Mosaic?

**5.** 1 What, if any, changes have you noticed in yourself because of Mosaic’s mental health supports?

* What have friends or family said to you about your mental health since coming to Mosaic?

**5.** 2 How might things have been different for you without Mosaic’s supports?

**5.** 3Overall, what do you think the refugee community gets out of the mental health services offered by Mosaic?

**6.** 1 How have the mental health supports provided by Mosaic impacted your settlement in Canada?

* How has Mosaic impacted your employment, community involvement, connection to other supports, care are for others (family, friends, community etc.)?

**6**. 2 How have Mosaic’s supports contributed to your supports in and around the community or region?

* How has Mosaic impacted your access to other mental health resources?

**7.** 1 Now that you’ve discussed your experiences with Mosaic, what would you like to see continue/discontinue? (stop/start/continue)

What will you do with this experience?

What kind of services would you like to see?

**7.** 2 Now is there something in the focus group that we haven’t had a chance to talk about and you would like to discuss?

* Is there something you would like to talk about?

Thank you for sharing your experiences and with me. Are there some comments or insights regarding your experiences that you would like to add?

Thank you everyone for participating in this focus group. I will now turn off the recorder. Please let me know if you have any other comments or concerns I can address. You may also contact me if you any questions or concerns arise at the number provided on your consent form (or speak with me directly if applicable).

*TURN OFF RECORDER*

FOCUS GROUP PROTOCOL ENDS

Appendix B

**INTERVIEW PROTOCOL**

**“An Evaluation of Carizon’s Programming for Refugee Mental Health Care”**

**Contact: Santiago Grande, Carizon Family and Community Services**

INTERVIEW PROTOCOL BEGINS

*INTERVIEW MEMBERS:*

*ORGANIZATION/SERVICE PROVIDER:*

*FACILITATOR’S NAME:*

*Date:*

*Start time:*

*End time:*

1. Allow the participant time to read consent form and sign form if they choose to participate.
2. a) If participant consents, inform them of their rights to decline to any question, to have the recorder turned off, to have a question repeated, and/or withdraw from the evaluation at any point during the interview. [This is a reminder in addition to the consent form]
3. Ask the participant, “Do you have any questions before we begin recording our interview?” Then turn on recorder.

Interview guide:

In this interview, we will be discussing your experiences as both a service provider to the refugee community and a participant in the Promise of Partnership. I am curious to hear about your perspectives through about seven or eight questions I will ask you, although you are free to talk about whatever you feel is important.

**Intro questions/ warm-up**

**1.** 1 To begin, I am curious of what interested you in participating in this interview?

* What interested you in participating in this interview?

**1.** 2Generally, what kinds of services does your organization provide for the refugee community?

* What does your organization provide for refugees and people arriving through the immigration system?

**Impact of POP on mental health provisions for refugees and/or newcomers in the region**

**2.** 1Now let’s start talking about the Promise of Partnership project. What knowledge do you have about the Promise of Partnership?

* What do you know about the POP?
* How would you describe the POP?
* Where did you get the information you know about the POP?

**2.** 2 How do you think the POP has impacted your organization’s service delivery to refugees in the region?

* How might service delivery be different without the POP?
* How has the POP impacted your service delivery to specific demographics of the refugee community? (e.g. youth and/or women)

**2.** 3 What impacts has the POP had on the *process* for clients seeking mental health supports from your service provider?

* How has access to your services been impacted by the POP?
* What have been challenges or barriers to this process?
* What have been successes?

**Impact of POP on service provider interactions and partnerships**

**3.** 1How has the POP supported your interactions with other service providers in the area of refugee settlement and mental health?

**3.** 2 How could the POP better help your organization respond to the mental health needs of refugees in the region?

**3.** 3 What do you feel are the long term impacts of the project

**Next steps**

**4.** 1What do you think are reasonable next steps to responding to refugee mental health in the Waterloo region?

* stop/start/continue?

**4.** 2 Now is there something in the interview that we haven’t had a chance to talk about and you would like to discuss?

* Is there something you would like to talk about?
* What would you have asked in my position?

Thank you for sharing your experiences with me. Are there some comments or insights regarding your experiences that you would like to add?

Thank you for participating in this interview. I will now turn off the recorder. Please let me know if you have any other comments or concerns I can address. You may also contact me if you any questions or concerns arise at the number provided on your consent form (or speak with me directly if applicable).

*TURN OFF RECORDER*

INTERVIEW PROTOCOL ENDS

1. Pseudonyms used for all names of clients and service provider staff [↑](#footnote-ref-1)
2. Reference to a partnering service provider, redacted for confidentiality [↑](#footnote-ref-2)
3. Reference to a particular refugee community’s country of origin [↑](#footnote-ref-3)
4. Established in 2006, the Family Violence Project (FVP) promotes multi-modal approaches to domestic and family violence in the Region of Waterloo. The FVP developed a model for streamlined inter-agency collaboration through a strategic planning process with eight community partners, including the Victim Witness Assistance Program and Women's Crisis Services of Waterloo Region. [↑](#footnote-ref-4)