Refugee Support Symposium

April 13th, 2017

Sections:

1. Cultural and social activities
2. Dental health
3. Education
4. Employment
5. Health and Mental Health
6. Housing and Budgeting
7. Cultural and Social activities

***What has worked well that you would like others to know about?***

* Families want to sign up for swimming
* Appropriate, modest, bathing suits can be bought online ex. Burkinis (contact Holly, Namaste Group for more details)
* Educational books, sticker books, google translate are great tools
* Family dinners can help to break the ice
* Music brings people together, an individual was invited to play at some venues, some taking guitar lessons
* Where can you find decent priced Halal food in Peterborough? 🡪 Fresh Co. (esp. on Lansdowne), Goodies on George, sometimes No Frills, Adonis’s in Scarborough?
* Families amongst themselves are picking up food for other families
* Outdoors and physical activities, ex. Running, swimming, marathons
* Weekly newsletters, monthly meetings within the support groups
* Birthday parties (for girls only), opportunities for them to let their hair down, dress nicely, dance, etc.
* Our families are interacting with other Syrian families ex. Provides babysitting services
* Some individuals quickly acquire driving licenses

***What were the challenges faced that you would like some advice on?***

* Many large families with children
	+ Difficulty transporting families as one unit, ex. Cars, buses, wheelchair accessibility
	+ very few activities as a result
* For some individuals, photographs are prohibited, especially for some women
	+ should ask them whether they want their photos to be taken
* Intense fear of dogs and cats
	+ avoid parks that don’t require leashes
	+ **Perhaps create a workshop that teaches individuals how to deal with dogs**
	+ For Muslims, they’re not really allowed to touch dogs, they must wash their hands afterwards
	+ Could explain to them that dogs are part of Canadian culture, emphasize how dogs in Canada are trained
* Overnight activities for the children ex. School trips outside of Peterborough
	+ May take more time for them to develop trust
	+ Perhaps the parents can become chaperones
* Some parents don’t want to send their children to day camps
* Some parents are worried about swimming lessons
	+ Can emphasize that it’s necessary for safety reasons
* Some women are not allowed to do anything without the presence of their husbands
* Fathers/husbands sometimes think that they have all the control
* Can take longer for adults to learn English if they only speak with others who speak their native language
* We need a grocery store in Peterborough to meet the high demands
* Maybe could provide a bus for group shopping trips
	+ **Could create some sort of platform that allows people to organize trips outside of Peterborough**
* Schools say that families aren’t feeding their kids but in the Middle East, they only have 1 big meal
	+ Should solve this miscommunication
	+ Students are fed snacks throughout the day and will eat a big meal when they get home
* Sometimes families eat a lot of junk food, sweets, especially in winter
	+ **Should have talks with them about health, nutrition**
* Must try not to be preach-y
* Some children don’t know how to react with other children with physical disabilities, specifically those with Down Syndrome
	+ In the Middle East, people with disabilities are not treated as well as in Canada
	+ Should understand that they’re being exposed to them for the first time
* Car seat safety
	+ Children getting out of their car seats
	+ Seat belts aren’t taken seriously in the Middle East
	+ Can take the English driving safety manual and translate it on google
* Driving
	+ Can take the G1 test in Arabic in Toronto

Helpful Organizations: YMCA, Trent, Canadian Canoe Museum, Nourish Peterborough (food focused program), the Early Years Center, the Bridge (for teenaged boys)

Activities: Zoo, Canoe Museum (free on Thursday nights), the Art Gallery (free Sunday, once a month), tobogganing, Music Festival, the Bike Shop (George St.)-> free membership for refugees for a year, pay for the parts

1. Dental Health

***How have teams helped their families approach good dental health?***

* Mom had root canal pro-bono today.
* Kawartha Dental willing to register with Blue Cross and as a result has been packed with Syrian refugees.
* One family the father had a molar that was in bad shape, got a quote to look at cost, and the group assisted. Part of barter network and group paid for the back tooth to be restored. Spent a few thousand dollars, and Syrian man could eat for the first time in 5 years.
* Had list of “must dos for families” including making sure everyone to the dentist. Provincial health care, Healthy Smiles, cover kids to age 18. If a family is on Ontario Works, they are automatically covered. Some people have taken them to their own dentist. Federal government funds 12 months of Blue Cross, which includes initial examinations, and extractions, and request to see if other treatments will be covered.
	+ Blue Cross will only communicate with dentist, not with the client or NCC. Blue Cross does not cover root canals. Good oral hygiene is linked to good health. NCC doesn’t have the authority to find out what happens next.
* Dentists kept families when they shifted to Ontario Works, and dentists don’t get paid as much. One dentist just sympathetic and were just willing to help. Kept calling dentists to see who would take them. Teens in their group are taking responsibility for their dental care and are going to their.
* Screenings at Jackson Square or at school, if child needs emergency care, then public health has to follow up w/in 20 days, then another and another notice, might have to refer to Children’s Aid Society. Can offer people preventative services if they meet the criteria such as dental sealants to resist decay. Thru healthy Smiles they can get these preventative services.

***What types of challenges have you faced and how should they be tackled?***

* Dental health is closely linked to nutrition, and families are eating a lot of sugar.
	+ **Idea to have NCC hire nutritionists to teach about good nutrition.**
* Communication is key to understand what comes next after the dentist.
* Many people are choosing extractions over root canals
	+ Many are living on antibiotics to address the pain.
* **Lack of funds for dental care is a big issue** and nobody is willing to bridge the gap, except for some private groups that are able to assist a bit more.
* Best practice is to retain your natural teeth. Four year old 11 fillings and root canals. If you pull out adult teeth, you change the shape of the mouth.
* Biggest challenges were learning about the Blue Cross system, and frustration was chasing the insurer before the insurance ran out. Now using RAP workers for families that need more work. One fellow needs dentures and has had 10-12 extractions. May or may not be able to cover dentures for one but not both of the people in their groups that need assistance.
* Teeth haven’t been a big part of the Syrian families lives.
* Concerns is that support groups will come to an end, and how do we build capacity to make sure good dental health carries on? Groups need to think about key connectors to community to make sure that people know how to get to their dentist, Healthy Smiles programming, etc. Communication is a barrier.
* Baby in their family is teething on chocolate chip cookies.
* Syrian families do know about good heating habits etc. They’ve just been in camps for many years and pop was cheaper and people didn’t necessarily have access to brushing teeth.
	+ This is in part a poverty issue, and how is public health responding?
* There are a number of presentations when people first come, and it could be a few weeks after everyone arrives. Organized a smoking cessation workshop, and only 2 people showed up the first time, and then second one was cancelled. How do we shift so that it’s Syrian families issue?

***What are some ideas that we can look at adding in the future?***

* NCC – Needs to be a community response, not an individual response. There is a major health issue looming for Peterborough’s refugee community and physical health will be impacted, too. There is a community dental fund at NCC, with $250 per adult, and they are accepting donations. As part of Ontario Works, there is a $600 allowance for adults.
* Is there an opportunity to do some fundraising for dental care fund? Perhaps an event for $100-$200.
* Program is corrective, not preventative. **Need to teach people oral hygiene**.
* **Could be possible to get a group dental plan?**
* How could we work together thinking about education and oral hygiene. When NCC books people in, they have longer meetings, and take time to discuss oral hygiene with them. When and how could this happen?
* Make counselling part of the appointments.
* Partnership with NCC is going well. They screen quickly and get people maneuvering through all the paperwork. Administrative assistants are available at any time to answer questions. Have materials available for families translated to Arabic. Trying to be there to help families at any given time. Have a nurse on staff to assist, too.
* Not people patronizing, just giving people information that will be useful for the future. Could incorporate into potluck suppers and make it fun. In Canada, we’ve all grown up with all of this, but Syrian families haven’t necessarily had the chance.
* Potluck dinners with a theme.
* Mom and child receive preventative.
1. Education

***What do we know that has worked well that we want other teams to know about?***

* Get the kids in as fast as they can
* Both parents are tutored
* Visual dictionary/Pictionary **(NCC does have one for borrow)**
	+ Vital for visual learners/not as literate
* Encouragement to watch English movie, YouTube,
* Arabic keyboard stickers
	+ useful for laptop users to familiarize with both languages
* Go to museums
* Google Translate – essential
* Try to learn some Arabic words
	+ big on the empathy piece
* Arabic/English print outs (dual language)
	+ showing expressions, grocery items
* Find English books for non-Arabic speaker – online.
* Food Flyers are good for teaching.
* There are ~ 600 words (used in similar ways) between Arabic & English.
* Kids may not even speak a lot of Arabic – no reference point.
* Grammar/way to read is completely different.
* ELL rather than ESL?
* **Innervation** in coming up with interactive & physical English game focused on Vocabulary (modified versions of the classics Concentration & Fish, Simon Said) – repetition is key. (or in finding ANY activity that introduce learning in daily lives – daily lives in learning as all of the examples have shown).
* **Keep it simple in terms of grammar & vocabulary.**
* **Keep it concise – Giving too many things in one sitting will be overwhelming.**
* **Keep it in context – teach what is essential (eg: I run vs. I am running).**
* 60 minutes make a long enough class for best retention. “*Take your class plan and cut it in half, and half again*.”
* 3 month mark – noticeable improvement, and learning process will accelerate – watching TV (should have proper recommendations for educational movies, doing phone calls)
* They want to learn more (and to be with us more) – give them as much as you can.
* Learn through texting – correct grammar when meet in person.
* Public library resources are useful however may be too advanced to begin with.
* **Language: Arabic/first language allows for more complex learning of abstracts idea & logic – need to maintain their roots, alongside learning English.**

***What have been some challenges that we hope others might have some advice on?***

* Family wants to have class too many times in the week? – need to require them to have time to incorporate it in their daily lives.
* Teaching beginner level English for adults? – **focus a lot on oral at first** (will be a forte for less literate people); then introduce writing (flash cards, stickers,…)
* Mother of the family feel too obligated with housework – does not attend English classes, being isolated when children & husbands are outside? – **we need to respect adults and their choices, they may need time to be more ready.**
* How to evaluate whether the student are illiterate in their mother tongue/English without being condescending?
* Family choosing to put a later birthdate to delay kid from entering kindergarten? – Against the law, need to abide by the birth certificate/ official documents.
* Limited success with home tutors.
* Online learning experimented with one family but not successful due to lack of interest from family
* LINC teaches fast – learners may be able to keep up, or not.
	+ Having someone to go over specifically with learners – check-in to ensure clear progress

***What are other teams' experiences and thoughts regarding how best to foster independence while still offering support to the families?***

* Where do respect for personal choices (to delay/not learn English) compromises with the livelihood requirements (social, employment, daily interaction, car license, etc… all required to have good English)? – need to establish a trust relationship, and be absolutely clear that English is ESSENTIAL.
* They need to experience a certain degree of hardship – at a certain frequency to be aware and motivated.
1. Employment

*Employment provides income, a sense of identity and helps to structure day-to-day life. Unemployment frequently leads to material and social deprivation, psychological stress, and the adoption of health-threatening coping behaviours.*

*Lack of employment is associated with physical and mental health problems that include depression, anxiety and increased suicide rates*

***What has worked well?***

* Manufacturing, painting, trades in general, labour
* Sticking to kind of work that has previously been done. Good for employers, too, since the skills are there
* Interpreters (through NCC) at employment appointments and interview
* Having access to transportation (owning a car)
* In the case of trades, getting people with low literacy into employment and working on job-related vocabulary
* There is value in going through the hiring process- having a resume made, going to the interview, meeting face-to-face
* English proficiency skyrockets with exposure at work
* Group members who hired family members on a casual basis (catering, moving furniture)
	+ Checking first with NCC regarding fair rates, ensuring family members realize they have a choice
* Who do you know? Counting on community members who can offer internships and/or employment – online job board?
* GAR families allowed to work- benefits not clawed back until they make 50% of government income- most won’t get close to this
* There are three agencies in Ptbo: EPC, Agilec (on Chemong), Fleming Crew. They have access to incentives for employers. Usually small and medium-sized companies are interested in this.
* Partnership with Habitat for Humanity
* Employment references are important (LINC teacher, volunteer coordinator, support group member, etc.)
* Tutoring from NCC to work on workplace specific vocab
* Not for profit in Toronto partnership offering trainings in Arabic. Ie. Working at heights
* Have placed some refugee clients (housekeeping, film, manufacturing, dentures)
* EPC has interview workshops, interview skills
* Works with clients referred by Olga at NCC. Olga helps them create a resume.
* WHMIS training in Arabic
* Video on social services website re: how much can be earned before it affects social assistance rates

***What challenges can be expected?***

* First difficulty is language. But the urgency to make money is felt. A need for community assistance and cooperation.
* Establishing a balance between work/school
	+ Might depend on goals for language acquisition and skills/opportunities present
* Language, health, (lack of) previous education
* Lack of knowledge and expertise of volunteers in certain areas
* Transportation as an issue. Many clients are motivated to get transportation but not all have it yet.
* Encouraging women to work for pay
* Not expecting deductions from pay cheque – perhaps an NCC workshop on this?
* Language has to be good enough that you are safe on job and that you can understand instructions with expensive materials
* Lack of references from previous work in home countries
* Lack of use of email (Olga sends job postings weekly but they are not always checked) – perhaps a session at NCC about this. **\*Olga can send these emails to volunteers if requested.**

***What resources are available?***

* Jobs for bus drivers- century is training- some truck driving
* Youngest age for jobs is 15- youth job connection program could be helpful
* Employment planning council (NFP funded by Ontario) does job development program for all ages, can help subsidize employer, big youth program
	+ - Summer Company for entrepreneurial youth (age 15-29)
1. Health and Mental Health

***What conditions enabled the success of this individual/system?***

* Have a male and female to assist with help
* Having a female doctor
* Use of networks to ask doctors
* VON 360 clinics
* Pediatric after hours clinic
* Hospital for sick kids had Arabic health education materials
* NCC has an English to Arabic translation scanner
* 5 counties was great
* Wish that NCC could coordinate with the FHT to do intake
* Pharmacists in town were helpful
* International Learning Centre Cynthia organized women’s health info session- female doctors and translators
* List of what is available would be helpful
* Peterborough refugee network
* CCAC /homecare was good
* Nursing student sexual health video was good
* Being culturally aware of more conservative families and male control
* NCC RAP workers and interpreters were invaluable
* Navigating Blue Cross for physiotherapy was challenging
* NCC perspective
* Mental health and other health care providers rarely worked together
* Hospital language line to start was not well known, but is known better now
* IFH is a challenging program for practitioners- is difficult to sign up and use

***What small incremental changes will ripple into the next months?***

* Disciplining children workshop is needed
* NCC does give this information when they come, but they do not absorb it all
* NCC is also starting parenting workshops in May, which is really needed to inform of parenting norms and disciplining
* What is available for spousal abuse- YWCA Monday clinic and she can take the clinic there
* John Howard society is linked with the NCC for the men dealing with aggression
	+ **This was reinforced that the perpetrator needs support**
* It’s important this is shared so refer them to the NCC
* The families need to know about health care in Canada, they are going to emergency instead of calling the primary care provider
* NCC is doing a session on family law from the Family Law Information Centre ( great)
* We need to try to connect in particular rural Syrians, with people to understand their culture
* **Suggest a Syrian men’s group at NCC to foster integration on how to understand Canadian norms of marital/sexual relationships with women and parenting**

***If the RAP program was ending, what are the most important things around mental health?***

Most important:

* Interpretation
* Improve understanding basic self-care and first aid strategies
* Improving self-determination
* Reinforce that families should call the health person on the team first before going to emergency or calling NCC
* Information summary and reporting back is needed after a medical appointment with the next appointment
* NCC to start a men’s group great idea
* As a result of the stigma related to mental health , efforts are needed to start the conversations about mental health and resources available
* Make aware of poor nutrition choices, utilize Peterborough Public Health
* Advocate for mental health services
* Educate about google calendar
* Library resources
* **Can the knowledge that the NCC has be housed in a place or with the Mosque?**
* YMCA was great

**Key Points:**

* Don’t make assumptions and ask about the other cultures, establish trust, and help create rapport with the health care providers in Canada
* As supporters we would benefit from learning more about the Syrian culture
* Things that we hope for would change:
* Mental health support
* Enhance ongoing capacity of interpreters
* Health education and education about the Canadian health care system
* Build capacity of nutrition promotion via Peterborough Public Health
1. Housing

***What has worked well?***

* Quick off the mark once they knew the requirements. Had collected furniture ahead of time for start-up.
* Setting expectations for what they would get for the money/budget. Made it easier to make a decision as they went
* PHRC was an extremely helpful resource both to access available stock but also provided confidence. Use them as a resource.
* Landlord that was very sensitive and great to work with. There have been the odd one here and there who did not want to get involved. City deserves kudos for what they have been able to provide for families with the houses in the north end.
* Overall reception from local landlords and property owners was positive.

***What have been some challenges that we hope others might have some advice on?***

* Tight market, high rents, knowing where other members of the Syrian community are living where the family wants to be close to others.
* There is no “right answer” within a support group as to how to handle “housing”. In some groups having just one person who can organize on their time to talk to possible landlords on behalf of family. Be prepared to “resource up” if needed. Other groups might work better with a multi-person sub-committee.

***What are other teams' experiences and thoughts regarding how best to foster independence while still offering support to the families?***

* Offer to help with budgeting without taking over and controlling
* Be prepared to step back, fostering independence. Wayne noted that we have to be aware that our families WILL take the point of view of their support group when offered. It’s important to ensure that we are providing them with pros/cons, but let them make the informed decision.
* PHRC has seen that those families who have been allowed to be independent have the most chance of success. (Where there has been a financial issue/mistake they have had just the one then are very careful that it doesn’t happen again.
* Be aware that their wants and needs will change over time. Those who arrived and didn’t necessarily trust others arriving from the Middle East have evolved and their friendships within their own community have become key for them.
* They don’t necessarily understand credit – make sure they understand the cost of credit.

***What conditions enabled the success of this individual/system?***

* Build trust, tell them we are there to support them but not to tell them what to do. Provide them with tools such as budget spreadsheets which help to provide a reason to look at their bank account together, etc.
* “Their accordion folder” was mentioned by multiple groups – so helpful that we all know where important papers are kept.
* Support groups collected basic needs not provided by NCC initially so they didn’t need to go out and buy them. (New baby...baby clothes, diapers, etc.)
* Helping them learn where to shop – 2nd hand is “acceptable” here. No reason not to take an “extra” that someone has.
* Immediately started online banking
* Reviewing banking with them provides an opportunity to compliment/encourage them with savings.

***What small incremental changes will ripple into the next month...6 months...year?***

* Savings – suggested 10% of everything they bring in from whatever source.
* In multiple cases, they were focussed on a specific goal such as car, etc.
* Savings often exceeded the recommended 10%. They are highly-motivated,

 especially when they have a goal.

* Really want to provide for/create savings for their youngsters. Goal-setting, focus on the future

***What can the rest of the community provide us with? How will we reach out to them*?**

* List of all services they require would be helpful in prioritized sequence (Terry)
* Better explanation of services provided by PHRC would be extremely helpful.
* Meeting with PHRC and the family at the NCC was very helpful; if it gets missed

 by group member

* PHRC could reach out to Support group to follow up
* Things that would be good to think about for budgeting (session from Credit Counselling during training was excellent, but not everyone was able to participate/hear first-hand.
* Just a thought, but perhaps some recorded video training that could be leveraged by those unable to attend, or attacking budgeting for the first time with a refugee family might be helpful (and not everyone “gets it” from reading, either)
* Electricity costs: PUC can provide historical data for a particular location rather than relying on the landlords’ thoughts (who may not actually be seeing the bills)