PROMOTING FAMILY WELL-BEING AND RESILIENCE OF REFUGEE NEWCOMERS IN THE WATERLOO REGION: THE SANCTUARY REFUGEE HEALTH CENTRE

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Sanctuary Refugee Health Centre (Sanctuary) is an innovative health care clinic for refugee newcomers in Waterloo, Ontario, Canada. This article explores three areas of inquiry related to Sanctuary's approach to meeting the health and well-being needs of refugee newcomers. First, Sanctuary's innovative care model is described. Second, the effectiveness of Sanctuary's client-centred treatment and partnership-building practices for promoting refugee family health are demonstrated. Third, lessons learned and opportunities for improvement are shared. This case study included a review of organizational documents and in-depth interviews with the founder and staff in order to provide a robust descriptive account of Sanctuary's history, model of care, and outcomes. Based on Sanctuary's notable successes, this paper shares practical knowledge and experience that may support other practitioners to overcome and/or manage challenges and barriers to promoting the health, well-being, and resilience of refugee newcomer families.

Le Sanctuary Refugee Health Centre (Sanctuary) est une clinique de soins de santé innovante pour les nouveaux arrivants réfugiés à Waterloo, Ontario, Canada. Cet article explore trois domaines d'enquête liés à l'approche adoptée par Sanctuary pour répondre aux besoins de santé et de bien-être des nouveaux arrivants réfugiés. Tout d'abord, le modèle de soins novateur de Sanctuary est présenté. Ensuite, nous démontrons l'efficacité des pratiques de Sanctuary en matière de traitement axé sur le client et de création de partenariats pour favoriser la santé des familles de réfugiés. Troisièmement, nous partageons les leçons apprises et les possibilités d'amélioration. Cette étude de cas comprend un examen des documents organisationnels et des entretiens approfondis avec le fondateur et le personnel afin de fournir un compte-rendu descriptif solide de l'histoire, du modèle de soins et des résultats de Sanctuary. Basé sur les succès notables de Sanctuary, ce document partage des connaissances et des expériences pratiques qui peuvent aider d'autres intervenants à surmonter et/ou gérer les défis et les obstacles à la promotion de la santé, du bien-être et de la résilience des familles de nouveaux arrivants réfugiés.

Refugee newcomers to western liberal democracies face a variety of systemic health challenges. Central among these challenges are health care systems that lack intercultural openness, practical knowledge, and expertise concerning the legal and medical needs of children, youth and families who are seeking asylum and/or resettling (Korntheuer, Pritchard & Maehler, 2017). These barriers exacerbate and compound other pre- and post-migration risk factors for health concerns including chronic stress, experiences of trauma, racism, and family separation (Beiser, 2005). Consequently, studies find that refugee caregivers and their children are often at risk for poorer health and developmental outcomes in the years

following migration (Browne et al., 2015, 2018). Given these challenges, experts have called for models that enhance the accessibility and availability of client-centered care (Korntheuer et al., 2017). Recommendations include culturally sensitive services that consider the whole family, widespread availability of language interpreters, and frontline staff who have expertise in legal regulations and are trained in supporting refugee patients. This article showcases an innovative model of care for refugee newcomer families in the mid-sized Waterloo Region of Ontario, Canada (pop. 535,000) provided by the Sanctuary Refugee Health Centre (Sanctuary). In the article, we describe Sanctuary's innovative approach and model of care as well as share practical knowledge and experience that may support other practitioners to overcome and/or manage challenges and barriers to promoting the health, well-being, and resilience of refugee newcomer families.

THEORETICAL FRAMEWORK

In order to demonstrate Sanctuary's contribution to the health, resilience, and well-being of refugee newcomers in the Waterloo region, this paper uses the socio-ecological model (SEM) by McLeroy et al. (1998) as its theoretical framework. Within the SEM framework, individual decisions and behaviours are influenced by their social and physical environments. Individuals are situated in the centre of nested circles representing the multiple, mutually-influencing environments with which one interacts. McLeroy (1998) identifies five nested, hierarchical levels of the SEM: Individual (intrapersonal), interpersonal, organizational, community, and policy. This paper is interested in how Sanctuary's approach to service provision is organized according to these levels of analysis. Adapting the SEM to Sanctuary's work enables an explanation of how different multi-level interactions influence, support, or affect its refugee health care services in the Waterloo Region.

METHODOLOGY

To collect useful data, this case study of Sanctuary included a document review and interviews.

DOCUMENT REVIEW

We collected organizational documents that Sanctuary has developed since its inception. Documents included policy, mission and vision statements, protocols and procedure manuals, practice frameworks, as well as program-specific documents and pamphlets. Analysis of organizational documents focused on identifying themes related to service delivery, and key descriptors of Sanctuary.

INTERVIEWS

We conducted six semi-structured interviews with the Director of Sanctuary as well as the founding Physician between September and December 2019. The interviews focused on capturing Sanctuary's history and philosophy as well as the successes, challenges, and lessons learned over the past six years of operation. Interview notes were taken by hand during interviews and subsequently expanded based on the researcher's memory of the conversation. Analysis of interviews focused on direct descriptions of Sanctuary's history and philosophy and identification of key themes related to Sanctuary's model of care.

RESULTS

HISTORY AND BACKGROUND OF SANCTUARY REFUGEE HEALTH CENTRE

Prior to the opening of Sanctuary, focus groups of refugees in the Waterloo-Wellington region reported many instances of being denied care or given unequal levels of care, even when they had valid health coverage. Dr. Michael Stephenson is a physician whose vision is to provide evidence-based, patient-centred, and culturally sensitive health care to this population, including health education and orientation, reframing past experiences from other countries within the Canadian context, and linking clients to appropriate services. To meet this need, in March 2013, Dr. Michael Stephenson began offering physician services for refugees from a church library, twelve hours a week on two consecutive days. Starting with an initial patient roster of six, Sanctuary's reputation started to grow. Eight months later, Sanctuary moved operations to a house and offered extended hours on the same two days each week. In May 2017, Sanctuary moved to a commercial space in the heart of Downtown Kitchener and operates five days per week with a roster of 4815 patients (as of November 2019). Since opening, patients continue to tell stories of being turned away from Family Doctors, Walk-in Clinics, Specialists, and, in one case, the Emergency Room.

SANCTUARY'S APPROACH

Sanctuary's health promotion interventions are informed by the *Ottawa Charter for Health Promotion* framework (WHO, 2019a) and specifically designed for refugee newcomers. Sanctuary strives to provide services that are (1) culturally sensitive, (2) trauma-informed, and (3) appropriate for refugees. Following these three principles of its health care for refugees, Sanctuary has positioned itself as a leader in providing appropriate health care services for refugees in the Waterloo region. First, Sanctuary has demonstrated a commitment to cultural competence and responsiveness through its service provision

and staffing decisions. For example, Sanctuary's staff and volunteers speak more than 20 languages. The cultural and linguistic diversity of Sanctuary's staff and volunteers are central to Sanctuary's ability to respond appropriately to its patients; however, given that Sanctuary's patients identify 80 countries of origin and speak 53 first languages – the most common of which are Arabic, Tigrinya, Somali, Spanish, and Turkish – they also hire interpreters when necessary (and possible).

Sanctuary also strives to ensure its services are trauma-informed, given the issues arising from persecutions, trauma, migratory stress, and cultural integration. Trauma-informed care is an approach where the "[...] program, organization, or system realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization" (SAMHSA, 2014, p. 9). The awareness of the impacts of trauma caused by pre-, during-, and post-migration stress helps Sanctuary staff compassionately accommodate patients' behaviours and provide a consistent environment of safety. To provide appropriate services for refugees and promote refugee health, Sanctuary has developed a patient-centered 'Pathway' model applied with a holistic caring "wrap around" perspective.

DESCRIPTION OF THE SANCTUARY'S MODEL OF CARE

Sanctuary provides patient-centered care tailored to the health needs of refugee newcomers. The Institute of Medicine (2001) defines Patient Centred Care as "Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions" (p. 3). In order to practically apply this principle, Sanctuary developed a functional pathway model of practice. This model is grounded on the underlying assumption that refugee newcomers are inherently resilient and that, with appropriate care and support, they can be enabled over a period of time to enjoy well-being as contributing Canadian citizens. Sanctuary's Pathway model, developed by Brockett (see graphic), is an integrated, institution-wide approach. The model proposes four pathways to well-being: (1) physical and medical stability; (2) cognitive and emotional capacity; (3) social connections and systems navigation; and (4) becoming culturally secure and aware of difference that can create conflict, particularly in relation to the law. The model also identifies four categories of patients or client needs: (1) patients who require crisis assessment; (2) patients who are considered to be at risk (the model suggests that, on arrival, all refugee newcomers are considered to be in this category due to experiences of trauma); (3) patients who are facing emerging issues as they are going through the settlement process; and (4) patients who have complex and chronic conditions that require continuing care.

The Pathway model proposes four stages of care, which progress according to the patient's specific situation:

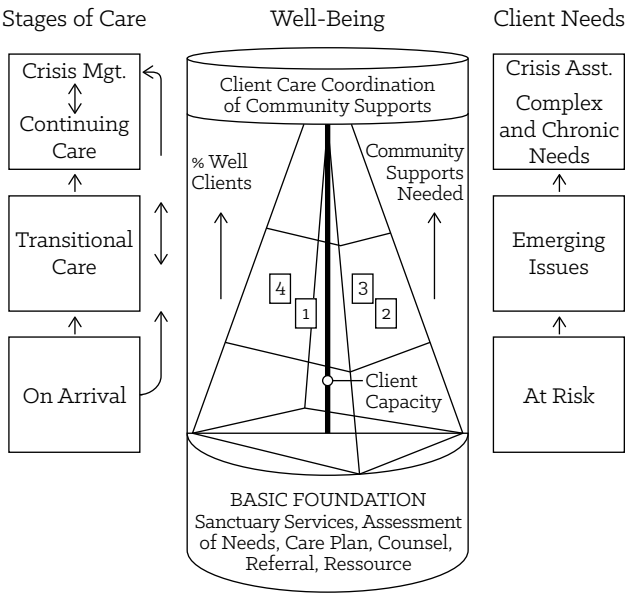
- **Stage One:** Assessment and urgent referral for intervention to meet needs that, if unmet, will put a refugee newcomer "at risk".

- **Stage Two:** Depending on the results of the assessment, stage two could be either crisis management or transitional care. During the time of transition, the health promotion interventions particularly focus on offering care and building relationships that uncover "emerging issues".

- **Stage Three:** Coordination of continuing care to meet complex and chronic needs, where required, and ready access to services for those who are well.

- **Stage Four:** Stage four depends on how the patient is integrating into their new life in Canada. If the patient is facing post-immigration risk factors, s/he is considered "at risk". When a patient is identified as "at risk," Sanctuary provides crisis management support and coordinates with other refugee-serving organizations that provide additional assistance. In the event that the patient is successfully integrating, s/he is discharged. The graduation (discharge) process is complex and includes assessments of the patients' physical, psychological, and social functioning by a multidisciplinary team.

FIGURE 1: FOUNDATION AND PATHWAYS OF COMPREHENSIVE HEALTHCARE SERVICES



Source: Margaret Brockett, 2018

PERCEIVED EFFECTIVENESS OF SANCTUARY'S PATHWAYS MODEL

Sanctuary's Pathway model has been applied with a comprehensive "wrap around" care perspective and in an environment that is culturally sensitive, provides language assistance as needed, and that builds relationships of trust. Responding to the question about the effectiveness of the Sanctuary model, the interviewees confirmed that applying the client-centered practice has significantly contributed to addressing the needs of their patients. Based on their clinical experience, the informants assert that the model works, and provided a number of examples to illustrate the success: increased self-management of their patients; increased use of mainstream health services by refugee newcomers in the Waterloo Region; the increasing number of patients who would like to be served by Sanctuary, regardless of the long waitlist; patient testimonies about appreciating Sanctuary's services, feeling heard, and having their health needs addressed.

One interviewee also pointed out that the Pathway model has enabled the provision of client-centred care, has made Sanctuary a very patient-oriented organization, and has guided staff to ensure they are aware of the needs, cultural differences, and expectations of patients. With regards to involving external partners and collaborators, the respondent said:

> Sanctuary is becoming more and more a hub-in-the-wheel for different refugee services providers. Seen as a one stop service centre, Sanctuary provides much more than medical care. In addition to physical health care, Sanctuary welcomes the entire family and provides social and psychological support as well as education with regard to integrating into life in Canada. This is a part of our mission statement and probably makes Sanctuary a unique health centre that offers such a holistic care for refugee newcomers in Waterloo Region.

A SOCIO-ECOLOGICAL REVIEW OF SANCTUARY'S SERVICES

The description of Sanctuary's model depicts how the centre strives to tailor services to its clients. Sanctuary's strength as a health care provider for refugees lies in working with and involving multiple stakeholders at different levels.

INTRAPERSONAL LEVEL

At the intrapersonal level, Sanctuary is particularly concerned with positively impacting the refugee newcomers and promoting their individual holistic well-being as they integrate into Canada. From the first stage of its health care, Sanctuary considers values and capitalizes its interventions on different characteristics of patients that can influence their behaviour change such as knowledge, attitudes, behavior, historical background (including pre-, during-, and post-migration risks and stressors), gender, age, religious identity, racial and ethnic identity, education level, health literacy, etc.

INTERPERSONAL LEVEL

Sanctuary attends to individuals' and their families' physical health while also providing services that promote resilience, heal the wounds of their traumatic pasts, and cope with integration challenges. Additionally, many patients have built trusting friendships with Sanctuary staff and volunteers.

ORGANIZATIONAL LEVEL

Explaining how the organizational level can affect access to and use of health services, McLeroy et al. (1988) assert that the settings, structures, and processes of organizations can influence individuals' health-related behaviours. Sanctuary has a reputation of being refugee-friendly and welcoming. Its efforts to provide appropriate health care for refugees involve providing medical care and socio-psychological supports services, linking patients in critical economic situations with organizations that can provide financial assistance, ensuring easy access to services and minimizing paperwork, resisting systemic discrimination (e.g., discrimination of ethnic minorities), and addressing logistic (e.g., accessibility of the services building, child-friendly environment, etcetera) and language barriers.

COMMUNITY LEVEL

Since its establishment in 2013, Sanctuary has inspired many changes in the Waterloo community regarding refugee health services in the Waterloo Region. Before 2013, there was no specialised health services in the region and no translation services provided for refugee newcomers. Today, refugee health services in the region have remarkably improved and have become increasingly refugee friendly. Sanctuary collaborates with local government and community agencies and is committed to finding ways to provide comprehensive services to meet its patients' wide-ranging needs. Sanctuary has partnered with more than 30 organizations in the Kitchener-Waterloo community. These partner organizations, both government and non-governmental, represent the following sectors: public health; community health centres; hospitals and pharmacies; functional medicine services; community-based and private child and adult mental health services; social services; family and child welfare; cultural and religious services; immigration and settlement services. The fact that those organizations operate in tandem on providing services to refugee newcomers and work from one site, at Sanctuary, demonstrates that Sanctuary has built a "hub" that fosters collaboration and partnership.

Sanctuary also engages with universities and research centres on refugee health promotion projects. In addition to research activities, Sanctuary hosts students from partner universities and colleges for practice or co-op education opportunities. Partner academic institutions include McMaster University, University of Waterloo, Western University, Wilfrid Laurier University, and Conestoga College.

POLICY LEVEL

At the policy level, Sanctuary has used its experience as a frontline service provider organization to advocate for change and improvement in promoting refugee health. Sanctuary advocates for change and attempts to increase public awareness through public speaking events and radio interviews. To mobilize the support of policy makers, Sanctuary organizes conversations around refugee health matters. For example, the newly elected Liberal Members of Parliament from the region were invited to visit Sanctuary on November 26, 2019 and had consultations with Sanctuary staff on issues pertaining to refugee health. Among other issues discussed during the consultations were: the health and well-being of refugee mothers and children; advocating for regional efforts to provide affordable housing; the idea of a national pharmacare program; and concerns related to promoting the mental health of refugee children and youth.

DISCUSSION

Sanctuary has made remarkable progress since its inception and has provided a significant contribution to the health and well-being of refugees in the Waterloo region. From Sanctuary's experience we can draw the following lessons:

- Sanctuary's development trajectory and its contribution to improving refugee health in the Waterloo Region demonstrates that committed citizens can influence the whole community.

- Sanctuary's Pathway model is appropriate for working with refugees. The model allows for flexibility and the adaptation of interventions, thereby enabling frontline staff to effectively meet the patients' needs.

- Effectively serving refugee newcomers and holistically promoting refugee health requires productive partnerships and collaborations.

With this said, however, it is important to acknowledge that Sanctuary still faces challenges and has opportunities for improvement. The ongoing assessment of Sanctuary's needs and resources shows that the centre lacks the financial means to efficiently and effectively realize its mission. Opportunities for improvement highlighted by the assessment include the following:

- **Mental health support services.** The majority of Sanctuary's patients are children and youth; however, there are no dedicated mental health services for them at Sanctuary. Thus, mental health supports need to be strengthened and extend to cover the whole family.

- **Coordination of partnerships.** There is a need to improve coordination of partners and collaborators of Sanctuary in order to maximize their effectiveness and efficiency.

- **Intake and discharge process improvement.** Due to the high demand for Sanctuary's services, the centre has a long waitlist (1000+). Streamlining of intake and discharge processes, including eligibility and decision criteria, is needed for improving efficiency.

- **Employee retention.** Due to Sanctuary's limited financial resources, providing competitive wages and salaries for staff is a challenge. This has led to a high turnover of employees.

- **Infrastructure.** Sanctuary requires more space to conveniently accommodate its services and host collaborating service providers.

- **Employee well-being.** Given the complexity of Sanctuary's patients, strategies and resources need to be developed and implemented to prevent staff and volunteer burnout.

CONCLUSION

This paper has presented Sanctuary, with its intervention approach to serving refugee newcomers and promoting their health and well-being as they are integrating to life in Canada. The practical knowledge and experience as well as the lessons learned from Sanctuary's interventions shared in this paper may inspire other frontline service provider organizations and guide them to overcome and/or manage challenges and barriers to promoting the health, well-being, and resilience of refugee newcomer families. The paper also provides policy makers with useful information that they can consider while undertaking change initiatives for re-orienting and improving refugee health care at local, regional, provincial and national levels.

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