MINUTES OF THE MEETING OF MULTI-AGENCY PARTNERSHIP (MAP)

Thursday, October 25, 2018

Location: Canadian Red Cross

The meeting was held on the unceded territories of the Coast Salish peoples including the Tsleil-Waututh, Squamish and Musqueam nations.

Attendees: Saleem Spindari (MOSAIC); Darae Lee (MOSAIC); Alexandra Dawley (MOSAIC); Katherine Griffin (MOSAIC); Arran Smith (Canadian Red Cross); Cloe Clayton (Canadian Red Cross); Loren Balisky (Kinbrace); Raul Gatica (Kinbrace); Adriana (Kinbrace); Fran Gallo (Ready Tour); Mariana Martinez Vieyra (VAST); Sara Lopez (VAST); Kathleen Muir (VAST intern); Ana Machado (PIRS); Sabrina Dumitra (AMSSA); Liliane Li (Froghollow NH); Maria Helena (Froghollow NH); Anthony Slinkert (COA); Chris Morrisey (Rainbow Refugee); Lamiaa Alolabi (Rainbow Refugee); Azadeh Tamjeedi (UNHCR); Yola Vargas (FBC); Nathan Wright (bc211); Julia Wu (bc211); Teresa Fuller (MCC); Doug Peat (JHS); James Grunau (JHS); Laura Mannix (DIVERSEcity); Carmen Miranda (LMNHS); Kalliopi Ketalas (IRB); B MacGregor (IRB); Peter Prediger (Inasmuch); Tammy Johnson (Inasmuch); Richard Belcham (Inasmuch); Khim Tan (Options); Iris Solozarno (Options);Sharon King (Options); Valentina Stancieu (Options); Dennis Juarez (Options);Nasra Mire (SOS); Bayron Cruz (SOS);Patricia Mahecha; Motoi Matsukura (Purpose); Franklin Amabfoku (Purpose); Vicki Chiu (MJTT); Rainer Nicdau (MSDPR); Claudia Buendia (MSDPR); Mary Kam (SUCCESS); Bahar Taheri (BC Refugee Hub); Vince Sara (Welcome Clinic); Amy (Welcome Clinic); Corrine Hooper (Ravensong Primary Care); Les Connors (Ravensong PC); Chris Pollon (Freelance Writer); Mia Morin (Vancity); Esther Hsieh (Umbrella Multicultural Health Co-op);Anna Czarkowski (John Howard Society); Sruthi Tadepalli (SFU Public Policy); Jenny Moss (MAP)

Apologies: Ronnie Law (MOSAIC),

Welcome: Co-chair Mariana Martinez Vieyra, VAST

- **Acknowledgements and thanks**
  - Mariana acknowledged publicly and thanked the Coast Salish Nations of Musqueam, Tsleil-Waututh and Squamish on whose traditional territories we met.

  - Mariana also thanked our funders: Vancity and the Provincial Ministry of Jobs, Trade & Technology, for their generous support to MAP.

  - Mariana thanked Canadian Red Cross for providing the space for MAP's meeting

- **Introductions**

There was a round of introductions from the 60 members and guests present

- **Outline of Agenda** – the agenda as presented was approved

- **Review of September Minutes** - approved

Presentation 1: Solving the Healthcare Puzzle for Refugee Claimants

Vince Sara, Clinical Coordinator of the Welcome Centre Medical Clinic.

Vince **a**cknowledged there have been many questions for the clinic which he hopes to address.

- The clinic sees RC's from all over world
- Resettlement is a jigsaw puzzle – if health is not looked after the RC cannot advance with his/her claim or other matters; so it is vitally important.
- The Welcome Clinic was created from a new perspective because the old model was not working. (Before – RC's went to one clinic for screening then couldn't find another clinic or doctor to assist them as there were barriers of immigration status, language and culture). The new clinic is a one-stop-shop. There is no need to go anywhere else.
- The Welcome Clinic was opened in 2016 with the arrival of the Syrian refugees – so at first they looked for doctors who spoke Arabic – and hired 2.
- Welcome Clinic employs simple solutions – put patient, not provider, first.
  - e.g. opening at weekends and evenings to be able to serve more clients and at times convenient to them.
  - navigating the system – clinic exists to remove the confusion of medical care tor RC's
  - our door is open to all
- **Snapshot of services:**
  - Primary Health Care with a physician. WCMC does not force-release patients after initial screening. Patients are free to access clinic for as long as needed.
  - Nursing services: Nurse Practitioner, RN, LPN
  - In-house Social Worker, OT, Various Specialist Physicians
  - Doctors and nurses will make house-calls, after-hours calls
  - Same-day Immigration Medical Exams (IMEs)
  - Post-Arrival Health Assessments, Immunizations, Evidence-Based Clinical Guidelines for Refugees from all areas of the world, Mental Health Screening,
  - Translation Services. Multi-lingual staff.
  - Lifelabs comes on-site once per week.
  - Immunizations

- Welcome Clinic wants to increase its capacity – previously saw 18 – 30/day now much greater usage.

- Planning to open clinics – will open in Burnaby in November, and in December opening in Surrey with the Surrey ISS Welcome Center.
  Looking at one in Newton with Options. Another at Scott Road.

  But patients can always visit one clinic and transfer for the same care at another branch.

- Vince will design a referral form and send to Jenny to share with MAP members, so they can quickly refer in their clients.

Questions:
Patricia (formerly IRS): what abt. RC's who don't have IFH?
Vince: we provide service to everyone – open door policy

Esther (Umbrella Multicultural Health Co-op): but what about RC who has ICU # but has not received approval for IFH?

Vince: There are bureaucratic problems for all clinics because the physicians are fee for service. But this is something we have to solve for the patient.
GARs get better access because they live at the building and haven't been to a doctor – will see patient for 20 mins – speak same language

Journey Home – what is your relationship with Divisions of Family Practice and Society of Doctors of BC?

Vince: good relations, in constant contact, and at all levels across Canada

Les (Ravensong PC): Criteria that patients must speak English – needs advocacy

Laura (DIVERSEcity) Do you charge for transfer of files out?

Vince: Yes, because there is a cost – we follow the guidelines but charge less than other clinics: $45
The fee can be waived – but this is not widely known.

Claudia (MSDPR): What abt. people with disabilities – help for people with disabilities who cannot understand the forms?

Vince – we call in people to help with the forms
Sometimes there could be a delay but having the agencies close by helps.
And doctors – will do home visits all over lower mainland for hardship cases

Q: What is a definition of a hardship case?
Vince: if can't use transit or some other reason why patient needs a home visit

Adriana (Kinbrace): What are your hours?
Vince: The clinic is open Mon – Fri 9-6, at weekends the clinic is open select Saturdays – more in fall, and for select evenings.

Mariana (VAST): What is the doctor's schedule?
Vince: Doctors are available on their schedule: Mon – Fri 9-6 and select times – esp. with an appointment – drop-ins can see the doctor if there is availability.
The clinic will always try to help when possible outside normal schedule.

Mariana (VAST): Trans folks – are the doctors experienced in seeing trans folks?
Vince/Amy: our doctor is specially interested – he is also working with the federal govt. on special programs for LGBTQ community.

Presentation 2: UNHCR emergency response to the Venezuela situation

Azadeh Tamjeedi is a Protection Officer with the United Nations High Commissioner for Refugees (UNHCR) in Vancouver, Canada. Prior to starting with the UNHCR, she represented refugee claimants in Canada as a lawyer in Toronto, Canada.

Azadeh referred those with further interest to the UNHCR Emergency Response Handbook at https://emergency.unhcr.org/

On being deployed Azadeh received WEM Training on how to respond to emergency situations at a center in Senegal:

- Trained in First Aid, how to use communication devices, build latrines
- Security training – how to go through checkpoints, how to deal with cross-fire
- Trained on how to respond to a massive influx

The UNHCR **definition of protection** is much wider because vulnerabilities of refugees in the areas where they flee are more intense
cf Canada: where protection refers to status provided through IRB processing.
For example in Uganda claimants are given immediate refugee status as all arrivals ARE refugees from South Sudan

UNHCR response may vary according to funding levels available:
IN Brazil May – July 2018 – 80% operations funded (cf S Sudan – 15%)

Azadeh was posted in **Boa Vista in northern Brazil**
Venezuelan arrivals there can either make a refugee claim or apply for temporary residence status – so far no one has been declared a refugee yet: mainly for political reasons – as Brazil is worried about the pull factor.

Azadeh's responsibilities in Brazil:
- to assist with managing sites and opening new sites: the set up, complaints procedure, sexual abuse prevention.
- assisted in training in constructing homes – kits provided by IKEA
- help to women and children – provision of maternity care
She worked frequently with partners like UNICEF
Soccer teams organized by refugee claimants to keep youth active and positive.

UNHCR did registration at the border along with Brazilian authorities, to properly provide UNHCR services to claimants
With the government created a plan to relocate some people where they could find work – approx. 100 – 200 per month transferred to bigger cities.
There was also a large indigenous pop from Venezuela who were housed separately for their different needs.
School – all refugee children have a right to education in Brazil, – though in Portuguese

What Azadeh learned:
She learned that it is very important to communicate well with the host population after refugees arrive and to include them in decision making locally – this might help decrease the inevitable xenophobia.

Questions

Jenny: what other lessons did you learn about settling refugee claimants?
Azadeh: coordination between different levels of govt, with, and between different non-profits essential.

Laura (DiverseCITY) What were some of the issues for the indigenous refugees?
Azadeh: They were not used to mainstream cultural practices about cooking, hygiene etc. – both sides had to accommodate more.

Ana (PIRS): What is the response from other neighboring countries?
Azadeh: UNHCR are coordinating with other countries: Colombia, Peru, Ecuador. There are migrants and refugees.
2.6 m outside country now – but many staying with temporary permits and staying locally rather than in camps.

Break & opportunity to network

Monthly quantitative and qualitative update on Refugee Claimants in the Lower Mainland

Bahar Taheri, BC Refugee Hub

1. Information gathered from the September **survey of refugee claimant serving agencies** was published as a FAQ – and will be updated in January
If you have questions or want to refer anyone to the survey please contact Bahar at refugeehub@issbc.org

2. The Hub is providing a **webinar** with AMSSA on Nov 1st – 1-3pm open to all:
It will be a presentation from SOS talking about what RC's are eligible to in BC

3. There will be a webinar titled "What are Refugee claimants eligible for during the claim process?", about social assistance, with presenters from SOS and MSDPR – including what happens under H&C category as well.
Registration ends: Oct 29 – but Bahar will leave open – it's for clients as well as providers

4. **Current BC Refugee Hub bulletin**
Provides statistics on RC's from SOS: working with MOSAIC to get stats from Fraser Valley
page 2: service provider spotlight on Journey Home
Info on Welcome Center Medical Clinic
MAP members can apply to be featured
Next bulletin will be about Stream B funded agency

Questions:

Q: How does texting system work: <u>Newcomer Information pilot project</u>

Presently only sending to SOS / VAST clients but others can apply on SOS website to sign up a new client for texting. Provided in English/Spanish/Arabic/ Farsi/ Kurdish
More agencies will be brought in as confidentiality can be assured.

If anyone has ideas for webinar topics, please send to Bahar

3. Presentation: Detention Monitoring Program – Canadian Red Cross

Cloe Clayton and Arran Smith, Detention Monitoring Program Coordinators

Cloe Clayton has worked for a decade with people affected by conflict and displacement in the Middle East, North Africa, Sub-Saharan Africa and the UK. Before coming to Canada in 2017 and joining the Red Cross' Immigration Detention Monitoring Program, she managed a project providing psychosocial support activities in Libya.

Arran Smith has worked with the Canadian Red Cross for a number of years in domestic disaster response & recovery operations and detention monitoring. She has also gained professional, volunteer, and academic experience in Mexico, the UK, Spain, and New Zealand.

Please note: Because of the way the program works confidentially they cannot answer all questions

Background about the Red Cross:

The National societies all have different focuses – here in Canada there are a number of programs including disaster management, health equipment loans, first aid and water safety
But they all share emblems and fundamental principles: humanity, impartiality, neutrality, independence, voluntary service, unity, and universality.
Canadian Red Cross is a member and interacts with **International Federation of the Red Cross** and the **International Committee of the Red Cross** who have specific functions.

The **Immigration Detention Monitoring Program** works with around 30 vols across Canada – and a staff of 6. The program has existed in Canada for 20 years and was set up here in BC for the Chinese marine arrivals in 1999

- MOU since 2002 with federal government – and since 2017 there has been a new agreement
- The personnel are called Program Officers – biggest volunteer team coverage is in Ontario. There are also some specialists to cover issues such as law, health
- The purpose is to <u>monitor the conditions of detention</u> by visiting CBSA holding facilities as well as provincial correction facilities, and reporting findings back to the relevant authorities
- Reasons for detention of foreign nationals or permanent residents under the law (IRPA) include:

- Identity questions
- security issue
- flight risk

IDMP utilizes a number of national and international standards to apply monitoring procedures.
It has to be independent from government – Red Cross must ensure it upholds its mission and fundamental principles.

Conditions the IDMP Team Checks:
Conditions of Detention & Treatment of Detainees:
Detention Conditions – material conditions, medical (including mental health needs), education and work program opportunities, exercise,
Access to legal safeguards:
Access to information – the team asks detainees if they have a legal representative and if they have information about the claim process.
Access to family:
The team works with the Red Cross program **Restoring Family Links** to create family contact if it is missing.

How are conditions checked?
The team makes a tour of the facility generally, has private conversations with the detainees, talks to staff, meets with management both before visits and afterwards to report back.
Important to understand that it is a systemic visit – IDMP is not working on individual cases – and they have permission to speak privately with detainees who wish to do so

- DMP only raise issues with detainees' consent (or done anonymously)
- Operate with a 'do no harm' principle
- Repeat visits to follow up on any issues

Questions:

Franklin Amabfoku (Purpose): If you see something wrong what is the method of dealing with that and is it successful?
Red Cross: We provide feedback to authorities – there have been some good outcomes, and we will always follow up.

Kathleen (VAST): Is information ever made public?
Red Cross: Reports are always confidential – although CBSA will be including Red Cross' annual report this year.

Sara Lopez (VAST): ACPW for women doesn't give access to fresh air.
Red Cross: We report our findings regarding conditions of detention directly to the authorities; Red Cross is not an ombudsman.

Fran (Ready Tour): will Red Cross be monitoring the new Alternatives to Detention?
Red Cross –This is not currently part of our work.

Chris (Rainbow): Are you able to discern the conditions particular to LGBTW population?
Red Cross: that's a good question – a multi-disciplinary team carries out monitoring visits; we endeavour to be sensitive to the needs of every individual that we speak with.

Motoi (Purpose): What is your overall impression of detention?
Red Cross: We can't respond to that question.

Saleem (MOSAIC): will Red Cross be monitoring the new detention center in Surrey
Red Cross: Yes, we monitor both federal and provincial places of detention under IRPA

4. Presentation: Application & reception of asylum seekers in the Netherlands

Anthony Slinkert: Manager, Asylum seeker reception, southern Netherlands
(Please see PowerPoint and pamphlet attached)

Anthony Slinkert is Director of Operations in the south of the Netherlands at the central agency for the reception of asylum seekers. He is responsible for 15-25 refugee centers in The Netherlands. He is interested in the integration of refugee claimants, immigrants and migration in Canada, and its private sponsorship programs. He has been conducting research with policymakers, professionals and practitioners in Ottawa, Toronto and Vancouver.

Anthony works for: **COA:** Central Reception for Asylum seekers in Netherlands
The situation is very different to Canada which processes thousands of GARS every year. In Netherlands COA only responds to irregular border crossings which are 80% of refugees received.

Recent Influxes:
From Syria/Eritrea – up to 4000/week or 30 – 45,000 per year
There have been peaks at the end of 90's (Balkans) and in 2015 when 50% came from Syria

Preparing for the Refugee Procedure:
There are 50 refugee centres in Netherlands – with beds – asylum seekers stay there 2 days for their registration: ID, health, luggage and where they must ask for protection. Then they are moved to a central location for a week to rest and prepare for the procedure.

Procedure:
They are interviewed to find out how they came, why they came etc. and after 8 days they receive a judgement.
May also need to apply the Dublin Procedure (which is similar to Safe 3rd)
Applicants can get an extended procedure if the judgement is negative

Housing
Accommodation is provided by the government: 35,000 beds organized in different kinds of facilities. **COA** always provides for families, LGBTQ, and other vulnerable groups. The set-up might be less barracks-like – a unit will look like 1-or 2-bedroom apartments with kitchen, laundry etc.

Questions:
Chris (Rainbow Refugee): Who makes the decisions about refugee claim?
Anthony: IRD – which is the same as IRB – one person responsible for hearing but there is always cross-checking

Claudia (MSDPR): What percentage of claims are successful?
Anthony: 80% positive during Syrian time, much lower now
Q: What percentage is rejected?
Anthony: only 25% positive decision currently.
Positive decisions are given temporary residence – they can apply for permanent residence in 5 years

Katherine (MOSAIC): What is the appeal process?
Anthony: Claimants can stay in housing during appeal procedure – there are sometimes multiple appeals. Some people spend up to 12 years in procedure

Cloe (Red Cross) Can people leave asylum centers and live elsewhere?
Anthony: – yes, if they can finance it, they sign a waiver to access to assistance. If they start work then they must pay something back towards the costs.

Final Comments:
There were 58,000 beds made available at the beginning of 2016 – largely because of the Turkey agreement (entrance of Turkey to EU) that opened the floodgates to Syrian/Eritrean asylum seekers.
Federal system has developed in this way – reacting to demand and the numbers of claimants who would otherwise just stay on.
There are very few UNHCR settled refugees in Netherlands – only 500 this year – because of numbers arriving at Netherland's borders (Dublin Regulation). In order to gain access to a fair legal hearing refugees are often channeled north to Netherlands, passing countries who can't, or won't, process claims.

Agency Updates **(refugee claimant updates only please!)**

- **Denis (Options)**
  - Hosting 'Getting Through It' – a VAST Group for RCs. Individual counselling through VAST also available

  - 20 of recent graduates from job-finding program have secured employment.
  - English Access programs available.

- **Loren (HWG)**
  - New Information Working Group formed to fulfill MJTT contract
  - Alice Sundberg retained to sort out a better referral service for housing with the vacuum left with the demise of IRS.
  - Advisory Cttee – to lead asset mapping of RC's, services and gaps in the lower mainland and to draw up Strategic Recommendations based on the evidence.

- **Alexandra (MOSAIC – Fraser Valley Stream B Services)**
  Everything is unfolding well – first MAP FV Nov 27 1-4pm at Abbotsford CS
  If want to join the FV MAP please message Jenny
- **Tues/Thurs 2:30 – 6:30: English Conversation group**

- **Peter Prediger (Inasmuch)**
  Have been offered a house by Abbotsford – now being renovated to accommodate

- **Anna: (PIRS**)
  Can provide daycare for 18 months – 5ys old
  Different language classes throughout the week.

- **Kalliopi (IRB)**
  Claims in September 2018:

267 Principal Claims, 473 total claims.

Top country claims for the Western Region are:
Iran – 31
Venezuela, Mexico and Somalia with 13 each
Pakistan, Nigeria and Cameroon with 12 each
Eritrea, Nicaragua and Turkey with 11 each

The numbers are on track with those received last year.
32% of claims in Western region were irregular border crossings – these are on track or a little down from last year.

- **Fran (Ready Tour)**

Postcards –
Ready tour registration: 2 spots available on Nov 16th and wide open on Nov 30th
There are RAD tours available too – please ask.

- **Franklin (Purpose)**

Health promotion program for HIV clients available.

- **Vicki (MJTT)**

There was a RFP put out for an operational contingency plan – but it received no bidders so its on hold and Vicki will keep MAP posted

- **Iris (Options)**

Income assistance outreach available – just call and speak to Valentina: Tuesdays at King George Station office, Wed/Fri too.

- **Sara (VAST)**

Individual counselling sessions available – if you would like to refer a client VAST can provide either individual or group counselling either in Vancouver or Surrey.

- **Mariana (VAST)**

LGBTQ Support Network Meeting Tuesday October 29 at VCC Clark 9.30- 12 noon

- **Jenny (MAP)**

Tenancy Workshops available for housing and/or service providers as well as RC's. See Jenny to sign up for the 6 topics available provided free by Residential Tenancy Branch.

Meeting adjourned at 12:10pm

NEXT MEETING: Thursday November 22ND, 9:30 AM – 12:00PM at MOSAIC