



School of Social Work
THE UNIVERSITY OF BRITISH COLUMBIA

The BC Settlement Collaborative Case Management Service Model

Baseline Report

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Executive Summary

Case management has become a crucial component and practice of settlement service in Canada to serve newcomers with high and complex needs. So far, systematic evaluation of this practice model in settlement service has not yet been done. Led by MOSAIC, the Innovative BC Settlement Case Management Service Model (SDI) aims to examine the existing settlement case management interventions and produce an evidence and outcome-based settlement case management service model. The project has three sequential phases: 1) establish the baseline understanding of existing case management services, 2) develop a Collaborative Case Management Model (hereafter Collaborative Model), and 3) test the outcome of the Collaborative Model.

With the support of all the nine participating settlement service organizations (SSOs), the University of British Columbia (UBC) School of Social Work research team, the research partner of this Project, conducted a series of data collection activities including individual and group interviews with service providers, i.e. case managers/supervisor (N=16), and service users (N=23) of all these SSOs from February to July 2022. The research team also reviewed documents and forms from eight of the participating SSOs.

Findings based on these interviews and documentations indicate that both service providers and service users of case management service among these nine SSOs find the current service is largely useful to support newcomers with high and complex needs. Meanwhile all SSOs have adopted a very similar case management model which includes two features – home visit and accompaniment – unique to the nature of the clientele and the expectation from Immigration, Refugees, Citizenship Canada (IRCC). Some SSOs use the term “wrap around” to describe the services, however, this report provides a comprehensive overview of the key components of the wrap-around model and its distinction from the currently reported case management practice in the settlement field. The current model also has many challenges, some of which are beyond the control of service providers or the fix of settlement service at large, such as lack of public resources for referral. Our focus is on three challenges that can be programmatically minimized, and even fixed:

1. Consistency in programming: Despite sharing many similarities, the nine SSOs vary in terms of a) eligibility for the case management service, b) intake/screening process, c) documentation system and process, and d) evaluation of service and service outcome.
2. Accountability of service: Internally, the service users also suggested that variation in service among case managers of the same organization. The nine SSOs has different policy and practice in both quality assurance of service provided and professional support for their case managers.
3. Lack of evaluation of service outcomes: The nine SSOs have some mechanisms to solicit feedback from their service users. However, these mechanisms lack scientific rigor and

are tailored for individual organization. As a sector, there is not any evaluation mechanism which can generate comparable data to demonstrate the usefulness of the case management service.

Based on these findings, as laid out in Part II of this report, the research team has suggested several modifications, mainly on the administration and evaluation, of the current model. Instead of proposing a fundamental change of the current model, the proposed Collaborative Model is focused on enhancing the current case management model and practice by minimizing the three challenges. The Collaborative Model was given this name to reflect the essence of case management practice in settlement service. Both the literature and findings of the baseline study indicate that an effective case management process requires a genuine collaboration with service users, team members, and partners in the community. Informed by the wrap-around-model, collaboration in this model also refers to the professional support among members of the case management team of each SSOs and across all SSOs. Key suggestions of this Collaborative Model are to:

1. Define the goals and principles of case management program in settlement service,
2. Define the minimum eligibility across all SSOs,
3. Streamline the intake/screening process using household as a unit,
4. Ensure accountability in the intake process,
5. Strengthen monitoring and supervision throughout the process,
6. Develop systematic evaluation mechanism,
7. Establish a system to better document the process and to facilitate reporting
8. Enhance the professional capacity of case managers through training and professional development workshops.

To evaluate this Collaborative Model, an evaluative study will be conducted starting from October 2022 to December 2024. In Part III of this report, we detail the evaluation process, activities and tools. A multi-method approach including survey and focus group interviews is proposed. Since the Collaborative Model is largely based on the current model, the purpose of this evaluative study is not only to evaluate the Collaborative Model; *it is also the first empirical study to evaluate the outcomes of case management model in settlement service*. This will contribute to ensuring the case management service are effectively meeting the needs of vulnerable newcomers seeking service as they settle and establish themselves in a new country and community.

Introduction

The Case Management Model is used in the settlement sector for clients with high and complex needs. While most settlement organizations use a variation of the Case Management Model, there has been no systematic research on the model to investigate its application and outcomes in the context of the settlement sector. The current project, *Innovative BC Settlement Case Management Service Model (SDI)* is a partnership with nine settlement service organizations (SSOs) in British Columbia (BC) as well as with the University of British Columbia (UBC) to develop and evaluate an evidence and outcome-based Settlement Case Management Model. This report presents the findings of the baseline study that examined the current case management practices of the nine SSOs, an introduction to the Collaborative Case Management Model (hereafter Collaborative Model), and an evaluation framework to systematically examine the process and outcomes of settlement case management.

The first part of the report is the baseline study findings. The findings are instrumental for the articulation of the Collaborative Model. Meanwhile we integrated findings from other relevant projects including the *Alliance Case Management Intake/Assessment Systems Review and Research (2022)*, the *Report on Application of Information and Communication Technology in Case Management Service (2022)*, the *Alliance: Inter-agency Referral Form (2022)*, and the *Final Report on the Guided Pathway Model (2011)*.

The second part of the report is the Collaborative Model. The Collaborative Model does not make any fundamental change in the current case management model adopted by the participating SSOs. Instead, it aims to strengthen the current model and practice by offering recommendations to address some of the identified inefficiencies noted in this baseline study.

In the last part of this report, we detail the evaluative research process, activities, and related data collection instruments. The evaluative research is not only for the assessment of the effectiveness of the Collaborative Model, it is also the first systematic evaluation of the outcomes of the settlement case management service of SSOs participating in this project.

PART I: Baseline Study

The baseline study was conducted to establish foundational understanding of the current case management processes and activities in the settlement sector as represented by the nine SSOs. This section of the report is comprised of the following sections: 1) methods of the baseline study, 2) findings and recommendations from the case managers/supervisors interviews, 3) findings and recommendations from the service users interviews, 4) documentation review, and 5) learnings from others.

A. Methods

The baseline study for the project was conducted from February to July 2022 and includes three components: a) individual/group interview with frontline case managers from the nine participating SSOs, b) language specific focus group interviews with service users who speak English, Spanish, Swahili and Arabic, and c) documentation reviews of the forms or materials related to case management from eight SSOs. All research activities were conducted in accordance with the ethics protocol approved by the University of British Columbia Behavioural Research Ethics Board (H22-00024).

Altogether 16 frontline case managers/supervisors (CM) from the nine SSOs (SSO A to I) were interviewed. The interview questions (Appendix 2A) were focused on the current system, policy, process, desirable practice and challenges of current case management programs. As a triangulation process, we also conducted four focus groups to solicit feedback from service users (SU). Each focus group was conducted in a specific language as recommended by the participating SSOs including English (n=6), Spanish (n=3), Swahili (n=4) and Arabic (n=10). Interpretation service was provided for the non-English focus groups. All interviews were held online via zoom ranging from 60 to 90 minutes and were video-recorded and transcribed verbatim. We also reviewed all available program materials and documentations of eight of the SSOs. The program materials and documents from one SSO were not reviewed because they utilize an electronic documentation system and this was not accessible to the research team due to confidentiality and privacy. Thematic data analysis method was used to analyze the data.

B. Findings

CASE MANAGERS/SUPERVISOR INTERVIEWS

Overall, although the names of the case management programs vary, all nine SSOs have adopted a very similar case management approach and process. CM participants in the interviews emphasized the importance of service user-centred practice. On the other hand, SSOs differed in terms of eligibility, documentation, and support to case managers. Internal support was not a concern to most frontline case managers. However, CM participants indicated structural challenges in the service process including language barrier, lack of public resources, lack of skills in certain tasks, and heavy workload due to the multiservice modality. We present our findings of the case managers interviews in three major themes: 1) program overview and process; 2) success and challenges; and 3) recommendations.

1. Program overview and processes

All SSOs follow a specific case management program. Five out of nine SSOs, adopt Moving Ahead Program (MAP). Other programs being used are ACT, REACH, RISE, and Newcomer Wraparound and Support Program. For most, a similar set of eligibility criteria was used in screening service users including a) permanent residency (PR) or conventional refugee status and, b) a threshold number of barriers.

1.1 Similar model/process

Despite different programs, the case management process of all SSOs follows similar process, which flows from 1) intake and screening, 2) need assessments and service plan setting, 3) implementation of service plans and monitoring, 3) termination, and 4) follow up.

1.1.1 Intake and Screening

Most service users access case management services from two sources: 1) internal referral from general settlement services, or 2) direct entry to the program through external referrals. One SSO (SSO A) has a designated intake coordinator who screens and determines program eligibility and assignment. For most other SSOs, intake is often done by a case manager and needs to be approved by the program manager/supervisor. Most eligible service user will be served by a case manager who speaks the same language as the service user. On average, each case manager is expected to provide service to around 20 to 25 "new" cases per year.

Participants commonly agreed that building trust in the working relationship with the client is an important first step of the case management process. A participant stressed, *"the trust...is very important, you know, like where the newcomer come to Canada, if they have somebody that they can build relationship and have trust, it will be a long way for their life... have to go through a lot of things. If you need something, for us, you take for granted, you know, if you*

need, you just call someone. But for them, like, it takes trust for them to be able to call someone, you know". But many participants also recognized that building trust in the beginning is not easy due to multiple reasons such as service user's skepticism, language, and culture.

1.1.2 Needs Assessment and Service Plan

The need assessments and service plan (or some participants called it a wrap-around plan) is developed in the beginning and used as a working contract for the case manager to monitor and evaluate the client progress. A family can be more than one case file if individual needs of family members (e.g., spouse and youth) are expressed and assessed, then each will have an individual case opening. In such circumstances, more than one case managers are involved and there may be some coordination among case managers serving different members of the same family as long as it does not violate the confidential/privacy of the service users.

In general, case manager works with service user in carrying out the agreed plan in a collaborative manner. Methods of intervention are largely alike among SSOs. They include individual meetings, group activities (mainly workshops), interpretation services, escort or accompaniment, and home visitation. The latter seems unique to case management program in settlement service. Accompaniment serves a crucial purpose of language interpretation as many service users have low English literacy. While home visit helps case managers know the service user's needs better, some participants questioned whether home visit are necessary.

1.1.3 Service Plan Implementation and Monitoring

The duration of case management ranges from 3 to 24 months, with most SSOs setting the duration from 12 to 18 months. In terms of on-going monitoring, most SSOs carry out regular review of service delivery by engaging in quarterly service plan review with service users, or monthly internal case meeting. SSO I, for example, uses "program progress checklist" to keep track of service users' progress every three months.

1.1.4 Termination

When plans are met, case managers would begin to prepare service users for termination of service, which usually takes place two to three months before the end of services. As revealed in the interviews, there were not outcome indicators required by IRCC. Instead, SSOs were required to meet specific outputs as set out in the service agreement contract. SSOs mainly evaluate service outcome based on service user's subjective evaluation and case manager's observation, as reflected mostly by the completion of service plan or meeting of assessed needs. Only one SSO (SSO E) mentioned using psychological measures (e.g., level of hope and self-efficacy) as one way of outcome evaluation.

1.1.5 Follow up

Apart from advanced preparation for termination, most SSOs follow up with a service user three months after service termination. If new needs arise during the period, their case file can be reopened and service users can re-enter the case management service through new intake procedures.

1.2 Documentation

All SSOs have a documentation system for the service continuum from intake to exit. Many also employ an electronic system; yet, there is no one standard system across all SSOs.

1.2.1 System

Except one SSO that uses entirely paper format, the majority are using a dual system with both hard copy and electronic data system for case records and related documents. Two SSOs have obsoleted paper documentation and only keep service user data in electronic form. Other than the iCare system which seems to capture numeric information only, most SSOs have their own documentation requirements. One agency has developed an e-documentation system that links and automatically generates report to the iCare system required by IRCC; while other SSOs who use computer system still need to manually generate the same report. Many participants pointed out that the time required to do documentation and reporting is excessive. Most expressed a wish to have only one electronic system which can handle all the required documentation.

1.2.2 Forms and documents

Most SSOs have the following forms: a) referral form, b) eligibility screening, c) intake form, d) assessment/service plan, e) consent form or confidentiality agreement, f) exit forms, and g) case notes (with and without template). However, the availability, content, and use of forms to capture information varies among different SSOs. For instance, some have service user exit survey while other do not; some SSOs include assessment items in the need assessment form while the same information was captured in intake forms by other SSOs. There is no uniformed way of capturing client and service information. Nevertheless, similar items are being recorded including biographical and contact information, family information, immigration reacted information, language, capacity, barriers and needs assessment, and comments. For needs assessment, most SSOs adopted a structured checklist to cover various areas of assessment.

1.2.3 Confidentiality

The principle of service user confidentiality is very strictly followed in case management services. In most SSOs, only the case manager/ supervisor has access to documentation and case notes of their cases files. Team members may consult with each other about case work, but they do not have access to each other's case files even though their service users may be from the same family.

2. Program success and challenges

2.1 Helpful elements in existing program

Participants identified a number of helpful elements they believe contribute to the success of the current program: 1) Wraparound support, 2) accompaniment, 3) language matching and support, 4) life skills enhancement, 5) strengths-based approach and 6) program support.

2.1.1 Wraparound support

As described by the participants, service users of case management programs often present with multiple barriers and needs. To address their multi-level needs, different methods are used and various types of services are provided like accessing and completing documents, and making enquires. If the needed service is not within the agency's scope, referrals or linkage are provided which include helping service users find family doctors, schools, housing, language training, welcome centre, other settlement services, referral to various community service such as BC Housing. Quite a few participants mentioned the term "wraparound" support. A participant explained, *"[wraparound is] essentially is a concept, where it's like a 360 degree kind of method of assisting a service user"*. Another participant also noted emotional support as part of the wraparound support: *"Outside to their appointments, we provide not only language support but also emotional support"*.

2.1.2 Accompaniment

As many participants pointed out, service users are all newcomers to Canada. They are in a country with very different systems, language and culture. Accompanying them to activities such as doctor's visit, appointment for services, not only help to orient them to the new environment and address their practical needs, but it also boosts the service user's low self-confidence. Like a participant said, *"...maybe they need translation, maybe they just need somebody to accompany them, to give them some sort of strength or assurance about, you know, going to some place new or going to their doctor's appointment"*.

2.1.3 Language matching and support

English illiteracy was identified as a significant barrier for service users. From Language seems to be a key factor by which most SSOs match case managers to service users. Most one-on-one case management have been conducted in service user's first language, and many workshops were also language specific. Otherwise, interpretation services by case managers are typically provided. The language matching of case management service and interpretation service becomes a strong support to service users, as a participant emphasized, *"Coming to a new country and...language is the most difficult for them [service users], and so, to assess all those things [related to daily living] is really hard"*.

2.1.4 Life skill enhancement

As newcomers to Canada, service users have to learn a lot of life skills to adapt to a new living environment. A participant pointed out that life-skill training is an important component of case management in settlement service, *“we are teaching them [service users] how to adjust with a new society..., make their life easier when they are going, you know, to the culture shock, when they're there in a new country with everything new around them. So yeah, our, our goal is to...Not ... babysit them, but we just want to make sure... they're getting the right services and ... this is gonna be their life skills, not only for a period of time, not for the short period of time, but for the life skills. The life skills are going to help new comers become independent as they settle.”* As another participant echoed, *“... we don't give them fish, we teach them how to fish.”* In addition to life-skill workshops, many participants also felt that through accompaniment service, their service users can learn from them new life-skills particularly in accessing public resources and services.

2.1.5 Strengths Perspective

As many participants shared, a strength perspective is used in needs assessment. Though having multiple barriers is the key eligibility criteria for case management service, a few SSOs were conscious not just to focus on the service users' deficits, but to look for service users' strengths and values in their intervention. For example, a participant clearly iterated, *“we identify their strengths, we help them use their strengths to assist them to address their needs”*. Another participant, when invited to share factors contributing to the program success, stated, *“We value and respect... and that's why we are able to make sure they understand the procedures. We value and respect individual, that's why we're able to sometimes be patient and advocate for our service users”*.

2.1.6 Program support

Most participants reported that they are well supported through regular supervision from their manager/supervisor and team meetings. Many also indicated that peer support from team members is very useful to them. While most participants do not have formal training in CM, most SSOs have some form of orientation for their new hired case managers. Yet most participants agreed that peer mentoring and support seems to be more common and useful.

A few participants mentioned that their agency has a small budget for them to take courses. Apart from intra-agency support and supervision, many participants highlighted the important role of the Alliance in providing ongoing support to case managers from different SSOs. The regular Alliance meeting is also an occasion for case managers from various SSOs to meet and get to know each other.

One agency has an in-house wellness coach who provides professional training and ongoing support to staff. The coach does not carry a caseload but works with both staff and service users to address wellness issues related to their work. The coach provides training to staff and case consultation on a regular basis through bi-monthly meetings, which allows an in-depth

case sharing and discussion via a safe platform. A participant remarked, *“And many cases we already know, we don’t need that same training over and over...we don’t need to look for outside people...we feel safe to discuss... In other meetings, I also felt that, ‘Oh, I don’t want to ask stupid question’, I don’t want other people to think that ‘Oh, she should know about this’, but in our team, we don’t have that”*.

2.2 Challenges

Participants shared many, mostly structural, challenges that they have encountered in their work.

2.2.1 Language barrier

A significant barrier commonly identified by participants is language. One of the primary roles of a case manager is accompaniment and language support or interpretation/translation. Many participants found it hard to discharge service users because the latter experience significant barriers with language in community living without the support. As a participant said, *“That is so difficult because they still need that one-on-one, because you know if they go to settlement [program] nobody's going to accompany them, nobody's going to go with them because language is still a problem”*. Many participants found it hard to discharge a client because clients experience great barriers with language in community living without the support in language translation provided by case manager.

2.2.2 Cultural difference

Cultural difference is another challenge identified by participants. For example, some service users are not familiar with or have no concept of what an assessment is. A participant shared the difficulty in carrying out assessments with a service user who had no idea of what assessment refers to. He said, *“you have to explain to them [service users] about the assessment, explaining to them the concept... they don't have any idea what we're talking about”*. The issue can be more salient for young service users due to their lack of related experience, as this participant continued to say, *“the service users who may be younger... they don't have a lot of experience, it's so hard for them to understand some of the questions”*.

The idea of receiving counselling may carry a very different, or even negative, connotation in some culture. This was illustrated by a participant as he shared, *“We always think about the culture...Just translating it into English to a person, coming from a culture where they refuse the word counseling... it's, it may be, it could cause a big issue when you say ‘Oh, you need counseling’, and it's a no, no, they don't even understand that, yes, you have to, you have to, you have to, balance your knowledge with what you can provide with what they have”*. This example well explained the importance of being culturally sensitive in providing services.

2.2.3 Insufficient and inflexible service provision

Indeed, there are a few other structural barriers that impact effective intervention include access to public services such as affordable housing, language programs, employment opportunities, health and mental health service, childcare service, etc. When structural barriers intersect with cultural barrier, it presents further challenges in providing case management services. For instance, a participant pointed out, in some culture people tend to have big families, sometimes up to 10 members. When these large families apply for BC Housing, there are no big housing units. This poses challenge for case managers to support the service user particularly when public resource is insufficient.

Service provision problems also happens to case management service itself. A few participants pointed out that the inflexible service operation hours also make their work with service users less effective. For example, case managers are scheduled to work at office hours (mostly 9am to 5pm), but some service users need to work and cannot attend appointments during daytime. Furthermore, the rules for use of IRCC funded services such as bus vouchers and gift card are too rigid to address the most immediate needs of service users.

2.2.4 Timing and duration of intervention

It was noted that many service users were not connected to needed service in their early settlement stage. Thus, engaging service users well at the beginning upon their immediate arrival to Canada is crucial. Also, case management services are expected to be terminated once service users are able to access services independently (through settlement services or elsewhere) and or they have reached 1.5 years to a maximum of 2 years of service. However, many vulnerable service users need longer duration of support before they can become independent.

2.2.5 Heavy workload and lack of recognition

Apart from one-on-one support, case managers are expected to fulfill the workshop output targets set by IRCC. A few participants shared that the target requirements are already too many, which not only increased the case managers heavy workload, but also left little room for other workshops of other nature or organized by other parties.

However, due to the varying needs of service users, case managers have to deal with a myriad of different responsibilities in their daily work, such as helping service users to make various applications, connecting community resources. Some are even involved in helping service users with their immigration applications. Hence, they need to keep abreast with knowledge and policy changes or updates. A participant shared, *“like, any community services, they are just challenging. For example, to just fill out an application with income assistance money but doesn't have the knowledge and they are changing and it's very complicated to help, ah child tax, how to apply for child tax is very complicated”*.

Meanwhile, many participants mentioned that administrative documentation has taken up much of their working hours, mostly due to duplicate paper and electronic database system or

a lack of a uniform database system. A participant said, *“there is no one platform. Because after you fill the initial assessment forms, and your plan... [then] the case notes, will take all your time”*.

In a related remark, a participant sighed that the complexity of the CM work is not well reflected at the IRCC level. Case managers' work is highly complex and challenging but no special qualification is required. Furthermore, the nature of work is not well recognized and reflected in the wage.

3. Recommendations

Participants were invited to give suggestions and recommendation to the new model of case management. In view of the service users' difficulty in adjustment, some participants called for timely intervention. For example, they suggested service should start as soon as new comers arrive in Canada. To fill the service gaps, better collaboration among different SSOs should be in place. To prepare newcomers to better adjust to the Canadian environment, some participants suggested that there should be a plan to provide newcomers with information about Canada and its culture, and also for newcomers to study basic English before their arrival to Canada.

Correspondingly, some participants proposed that the model should consider the service users' cultural background. In this respect, training for case managers should include knowledge in diversity, religion, and culture. Being open minded and inclusive, genuine and respectful were also cited as important attitudes to be promoted in case managers. Among all, the recommendation of reducing paperwork and having a uniform platform and an electronic database system that links to iCare was the most mentioned.

A few supervisor-level participants stressed that the complexities of case managers' work should be better recognized and compensated. Accordingly, they proposed for consideration of requiring professional training background and a better wage and benefits for the case manager position.

FINDINGS OF SERVICE USER FOCUS GROUPS

Differing from the interviews of case managers/supervisors, the focus group of service users were focused mainly on their experience in the case management program. While we found the experience of the participants tend to be positive, they raised some critical concerns that may hamper their success in fully benefiting from the case management program. Recommendations for improvement were suggested.

1. Expectations prior to accessing case management services

Some service users shared that they were not aware of the services their settlement agency offered. Consequently, they were uncertain as to what types of assistance they were eligible to receive. A small portion of service users expressed skepticism about the general capacity of programs to address their needs. This was mostly due to their sense of overwhelm with the task of settling in a new country and uncertainty regarding the procedure for settling in Canada.

Once they realized what supports they can acquire, many participants reported they had a range of expectations of the case management service from support for essential needs, such as housing, food, healthcare, childcare; to learning how to manage their personal finance, accessing to public and private transportation, and obtaining official documentation for identification and proof of status purposes. Service users also expected support with obtaining employment, upgrading their qualifications, and enrolling in educational institutions. Most service users expressed an expectation that services would be available in their first language.

2. Positive experience

Most participants service users responded that the support they received from their SSO made positive impacts on their lives. One described how their SSO services “...gave [them] wings to be able to continue with my life.” Another service user shared that “... [they] gained... that self-confidence to be able to self-explain yourself. [They were] able to remove the fear of going to a place and be able to explain [their] needs. They may be sick and [they] may need to go to the hospital. Then [they] have the courage to go to the hospital -- even with a little bit of English, [they] can say something.”

2.1 Supportive case managers

Several participants felt that their case managers proactively linked service users to programs that served their short and long-term interests. Referrals were made to both internal and external programs depending on program fit. One participant described how their case manager would often notify and register them into day programs for seniors. This participant also noted that when logistical barriers arose, their case manager tried advocating for accommodations for the user to participate. A few service users praised their case managers for their encouragement towards self-advocacy. They noticed their case managers offered ample availability to them and demonstrated “a willingness” to address their needs. Most users noted

that their case managers provided emotional support and connected them with professional mental health services as needed. Several service users highlighted that these supports were emphasized to them during the pandemic. Many participants stated that they felt “comfortable” in expressing their needs to their case managers.

Indeed, a few service users noted that they observed the quality of service received was mainly determined by the worker’s personality, workload, and their ability to address a service user’s “unique situation.” One service user stated that “[one person] has a good experience... but another person has a bad experience [with] the same organization.” This raises a consistency issue within the same SSO.

2.2 Accompaniment Services

Many participants expressed satisfaction with the accompaniment services available to them. Most users used accompaniment services for medical appointments. Some used accompaniment services when they were registering for programs.

2.3 Promoting Self-Advocacy and Independence

Many participants stated that their self-confidence increased because of the support they received from their case managers and settlement workers. One participant described how their settlement worker accompanied them to employment preparation workshops. Their case manager assisted them with creating their resume and guided them through the job search process. This service user now feels they “*can do everything by [them]self.*” Notably, one participant shared how this case manager has helped strengthen their self-confidence: “[I] received a lot of support from this case manager regarding what to do, where to go. ... he helped me to communicate to try to loosen my tongue so that he was supporting me, but at the same time was trying to let me try to communicate with the doctor by myself.”

2.4 Making connection with resource and people

Several participants described positive experiences of being referred and connected to formal educational resources. One said while seeking help related to computers and creating their resume and cover letter, they “*found all the help that they needed [at the SSO] as a student.*” Another participant, who expressed a desire to make friendships with others in their program, added that “[the program staff] did their best to understand [them], to help [them] find friends... I really found a lot of friends [in the program] and I still have those friends.” Many participants stated that their knowledge of resources had broadened through their experiences in settlement programs. One service user expressed gratitude for how their SSO provided information on applying for public housing. Others shared that their case managers helped them plan their career and retirement trajectories, and then connected them with programs that would kickstart those trajectories. Some of these service users are now working in their desired occupations and attending post-secondary institutions.

3. Criticisms of the Program

Participants of the service user focus groups raised several criticisms but more of these criticisms are not about the programs or the case managers. Instead, they are about the structural issues that, as reflected in the case managers/supervisors interviews, are structural issues beyond what the SSOs or case workers can do.

3.1 Limited Support for Service Users with Children

Childcare is an obvious one to many participants who have children. For instance, one stated that their case manager was unable to “get school[ing]” for her child. Another shared that they have been waiting for ten months to receive their child tax benefit, and alternative assistance was not available to them. Some participants with young children and children with developmental disabilities expressed frustration regarding the lack of support for their childcare needs. One participant shared their frustration of not receiving sufficient funding to support the care for their child who has a developmental disability particularly as a single parent with two children who were seeking gainful employment. Other participants stated that they were not provided childcare by their settlement agency when programs addressing other needs were offered to them, thus preventing them from participating.

3.2 Limited Availability of Case Managers

Some participants noted challenges with the timeliness of receiving services. One stated that they did not have a case manager for “two to three months” after connecting with their former settlement agency. Another one said that their case manager “*never visited [their] house, [the case manager] just called them.*” Another speculated that case managers “*don’t have enough time.*” This compounded the challenges they faced in adjusting to their community, including enrolling their children in school and navigating local transportation systems. Without a settlement worker, the process of getting a family doctor was delayed indefinitely, which was this service user’s highest priority and their primary motivation for moving to B.C. In the absence of day-to-day support from their case managers, some service users with adolescent and adult children noted that they rely on their children with English proficiency to navigate daily tasks.

3.3 Lack of Case Managers with Lived Experience

Despite many positive experiences with their case managers, some participants felt that their case managers were not familiar with their needs in the initial phases of arriving in Canada because they believed the workers “*have always lived in Canada and have not experienced hard of people like [them] or... refugees.*” For instance, while reflecting on a documentation error that delayed their spouse’s entry into Canada, one service user felt that settlement workers were lacking in “*compassion, empathy...[and] passion*” when service users expressed confusion and impatience around their circumstances. However, some participants felt “*they could not*

say 'no' [to the case manager]" and, as one participant described, it is "like a hostage in [the] system."

3.4 Language Barriers

Several participants shared how they faced persistent language barriers in accessing case management service. Their case managers assumed that their English was proficient enough and decided to communicate with them in English. These experiences drove them to find new settlement agencies. Indeed, many participants expressed that the primary barrier in their settlement journey was the lack of proficiency in English. Even with access to interpretation services and case managers who could speak in their preferred language of service, daily tasks were complicated by their need of interpreter to accompany them. One participant also highlighted the long waitlists for English-language learning programs provided by settlement agencies.

3.5 Inadequate Supports for Newly Landed Immigrants and Refugees

Several participants shared their observations and experience of how supports for newly landed newcomers were inadequate and inconsistent. Some shared that when they arrived B.C. with "nothing" after transiting through other provinces, they did not receive timely assistance with housing and obtaining employment. Some had tried to access services from multiple SSOs simultaneously when they felt the main SSO was not able to meet some of their needs. One participant noted that there is a lack of mental health support for newcomers dealing with PTSD and anxiety.

4. Recommendations for Improving Programs

4.1 Improve Supports for Essential Needs

Several participants expressed that settlement agencies should improve the quality of supports in service targeting their housing, food, and health needs. A few participants emphasized that settlement agencies should prioritize finding housing for newcomers when newcomers arrive in B.C.

4.2 Increase Duration of Service

A few participants recommended increasing the length of time that a service user could receive services from their case manager. One suggested that the length that a client can work with their case manager should be increased from one to two years. This suggestion was echoed by a few other participants who argued that this would allow them more time to improve their English language abilities and allow the case manager to share more useful "opportunities" for them to access resources. Some wished they could request support from their case manager after they graduated from the program. As one participant said: "Like if you're at a moment in your life when you need support you could go back to the program if you need it."

One participant suggested that SSOs begin the orientation process in the service user's origin country to clarify the range of services they would be eligible to receive. However, another participant shared that they did attend a settlement orientation in their origin country prior to arriving in B.C. but were confused as to whether the person greeting them at the airport would be the same person "helping them throughout their settlement." This reflects some communication problems between pre-arrival and local programs.

4.3 Create Peer-Based Groups Based on Shared Interests

Many participants expressed a desire to connect with other newcomers who shared similar interests and experiences in a dedicated space. One suggested these connections can be facilitated through regular recreational sports activities.

4.4 Increase the Number of Workshops on Settlement-Related Topics

Some participants recommended that SSOs focus on developing more workshops related to basic settlement processes, such as immigrant and refugee rights, money management, and housing.

DOCUMENTATION REVIEW

The documentation review is based on the responses of eight SSOs. Only items with four or more responses are included in this report. The numbers in the bracket indicate how many SSOs have this type of form.

The following forms are commonly used by agencies:

Program information:

- Pamphlet/ Program guide (7)

Documents used in case management workflow:

- Case file checklist (4)
- Referral form(in) (6)
- Eligibility screening (4)
- *Intake form* (7)
- Needs assessment (5)
- Intervention plan (6)
- *Confidentiality/ Consent form* (8)
- Case notes (4)
- *Exit form* (8)
- Evaluation Form (5)

The following information were included in Intake/ Assessment Forms:

Client information, including:

- Demographics
- Contact info/ emergency contact
- Family members/ caregiver
- Country of origin
- Nationality/ ethnicity
- Date of arrival (Canada)
- Immigration status in Canada
- Immigration class
- Language
- English level
- Housing/ accommodation
- Sensitive information (e.g. Health insurance, income, identity illness)

Needs assessment, including:

- Needs/ areas of challenge (open-ended)
- Needs assessment (specific)
 - o Settlement
 - o Language assessment, training and skills development

- Employment
- Community support
- Personal needs
- Health & well-being
- Financial
- Education
- Family support
- Legal information
- Community service information
- Assets & strengths
- Previous refugee experiences
- past violence/ trauma experiences
- A description of the crisis situation, if any
- Urgent services needed, if any
- Preferred day, time of service

OBSERVATIONS

We have the following observations based on the learning from the case managers/supervisors and service users who took part in the baseline study:

1. *Similar approach:* Generally speaking all participating SSOs share a very similar case management approach. In terms of intake and assessment, some case managers found the duplications to be time consuming, and it's hard to engage service users in this lengthy process. Also, it seems that although using similar assessment criteria, different SSOs have set their threshold differently.
2. *Individual-based approach:* As shared by many case managers, an individual-based approach is used in most cases to decide how many "files" will be opened for different members of a family. The key reasons are individual members may have different needs and for confidentiality/privacy issue. In some cases, a family will have two to three case managers serving them at the same time. While, this approach has its advantage (more focused and protection of privacy), it may go against the principle of wraparound (comprehensive care) and may be culturally inappropriate to many ethnic groups.
3. *Comprehensive support:* Unique to settlement service, the components of the current case management approach are more than the one-on-one support that most other service sectors require their case managers to do. Adopting a wrap-around concept, case managers are also required to provide language support, home visit, accompaniments and workshops to their "cases". While providing comprehensive supports to the service users who generally find these supports useful, the case managers may be over-loaded. Although one-on-one support is the major intervention approach for case management, are there other approaches that could address the concerns like high workload and insufficient interventions? For instance, self-help group may be an option to address these issues and empower them at the same time
4. *Ambiguous expectation:* Meanwhile, the current work nature of case manager is complicated and requires the case manager to be knowledgeable and updated about the community resources and possess multiple skills set. This could pose challenges to case managers, especially the novice ones. What should be the right balance for case manager in juggling between being generic versus specialized in terms of knowledge and skills?
5. *Inconsistent eligibility:* All SSOs have a threshold, based on the number of identified needs, to decide whether a service user is eligible for case management. However, some issues need to be considered. First, should there be a standard number of needs as the basic threshold for all SSOs? Second, should all needs carry the same level of weight? Third, who should have the final say in judging the eligibility? Fourth, while there is a standardized set of service eligibility criteria for adult service users, there seems not to

be unique consideration for youth or senior service users. Should some criteria be set for different groups of users as well?

6. *Language barrier:* Both groups of participants indicate that language is the major barrier for most service users. In most cases, service users are matched with a case manager who speak the same language. This match approach may limit the access and resource allocation of case management service. How to effectively match the language resource of different SSOs to maximize the access of services for service users require an efficient inter-agency referral system.
7. *Nurturing (in)dependence:* Case manager has played an important role of interpreter to support service users who do not have the English language skills in accessing public services through accompaniment service. Yet, this may cause reliance of service users on their case manager. Many service users also expressed the need to extend the case management service before they feel capably to communicate in English. Meanwhile we also note that case management service should not be seen as a language-service if service users' independence is the ultimate goal of the program.
8. *Standardized duration:* Indeed, duration of service has been an issue to both case managers and their service users. Currently most cases will last for one year. However, one of the major reasons to adopt a case management approach is the importance to recognize the individual difference among service users. In principle, the duration of each case should be decided by the unique needs and strengths of each service users. Thus, how to customize the duration of service is a crucial consideration.
9. *(In)Effective documentation:* Documentation can be time consuming as some case managers shared with us. So far, several SSOs has adopted a fully electronic documentation system. Some are still using a paper system and some are hybrid, both of which can be time consuming particularly when many case managers also have to handle to iCare system. The current documentation system may not be an effective system for both internal and external referrals.
10. *Inconsistent practice:* Learning from the service users, individual case manager has played a key role in their experience of case management services. That also indicates that there are certainly variations among individual case managers within a SSO and across different SSOs. The human factor is inevitably in human services. However, how to ensure a minimum level of consistency in "practice" and service among case managers and SSOs is important. Training, clear criteria, service standard, and quality control are needed.
11. *Structural barriers:* One of the major tasks for case manager is to identify and connect service users with resources. Both groups of participants have indicated the challenge of insufficient/inaccessibility of public resources/services which are beyond the control of the case managers and the SSOs. While recognizing this structural problem, case

managers are expected to advocate for their service users. But whether they are aware of the resource can hamper their advocacy role. So, other than building and referring to their own networks, what can be done to better connect them with resources that are not known to them? Other than external challenges, what can they do to minimize their own internal structural problem, such as working hour, to better serve their service users?

12. *Training needs:* Unlike general settlement service, case management requires case managers to have a sophisticated and professional set of skills in assessment, emotional support, and intervention. In terms of on-the-job training, most SSOs have provided training to enhance the knowledge and skills of case managers. We identified at least two models of training: the model of the Alliance for BC Settlement Case Management (coordinated by an external party and formed by representative of SSOs) or agency-based consultation (like in-house wellness coach)? Which model best fit the need of organizations while helping to standardizing and ensuring consistence in practice across agencies? Which model is more cost-effective?

C. Learnings from Other Sources

Several studies on BC settlement case management were completed. Results of this study are consistent and echoed the findings of the other studies. We will summarize their key findings that inform the articulation of the Collaborative Model which is presented in the second part of this report. These studies include: *Alliance Case Management Intake/Assessment Systems Review and Research* (2022) by the Alliance for BC Settlement Case Management, the *Report on Application of Information and Communication Technology in Case Management Service* (2022) which is part of this SDI Project led by MOSAIC, and the *Final Report on the Guided Pathway Model* (2011) produced by the lead-researcher of the current project. Instead of providing a full description of these reports/studies, we highlight some key learnings from these reports that are incorporated in the Collaborative Case Management Model.

a. Alliance Case Management Intake/Assessment Systems Review and Research

This study was to conduct an overview of current intake/assessment systems among agencies of the Alliance. The findings of this study were organized in three themes: 1) what works well, 2) challenges, and 3) suggested improvements.

In terms of what work well, the study found that the current intake/assessment process has adopted a client-centred approach and comprehensively assesses the needs of service users.

The current process has several structural challenges, many of which were echoed in this baselined study. The intake/assessment process is lengthy, sometimes up to 4 weeks and involves many forms and documents. Often these documents are not transferrable when the service users are referred to other agencies. Meanwhile service users' language skills and knowledge of the service are also challenges for as assessments typically involves many technical terms and requires certain level of trust from the service users. The pandemic condition has also imposed another technological challenge for service users who do not have the skills and/or equipment to connect with the case managers.

Several suggestions of improvements are highlighted in the report. In terms of the process, shortening assessment process and addressing immediate needs are suggested. Simplifying the forms and using an integrative digitalized documentation system are recommended. Consistency in process and forms across agencies and practice among case managers are raised. In terms of working with service users, it is suggested a strengths-based perspective with a client-centred focus is important particularly in trust building. Helping service users to know and understand the service and their rights will be useful. Although not explicitly stated, findings of the study also indicate some training needs to enhance case managers' relationship building and assessment skills.

b. Report on Application of Information and Communication Technology in Case Management Service

This study is specialized component of this SDI project. The purposes were to examine the current use, challenges and potential of information and communication technology (ICT) in case management services among participating SSOs.

Most respondents of the survey and individual interviews indicate that their agency has widely adopted different ICT platforms (e.g., email, Zoom, MS Team and communicative apps) for case management service particularly due to COVID-19. The respondents largely felt comfortable and competent in using ICT to conduct case management service. Many felt that ICT has high potential in outreaching and engaging their service users and transfers and referrals. It allows the case managers to reach someone who may not be reachable in the past. On the other hand, many interviewees did not rate ICT high in the potential of intake/assessment and implementation of service plan in the future, i.e., post-COVID, although several interviewees expressed a more positive view on this. Respondents rated the potential for ICT to be high for administrative purposes, such as reporting and documentation. The concerns of ICT usage barriers in case management are largely twofold: 1) for case managers, it is time consuming (including coaching service users how to use ICT) and requires technical support and security; and 2) for service users there is concern of digital literacy skills and availability of devices. Support for a hybrid model is endorsed.

c. Final Report on the Guided Pathway Model

The Guided Pathway Model (2011) was developed for settlement service in BC as guidelines for the sequential functions in case management, including client identification, needs assessment, goal setting and pathway planning, linking clients with services, coaching and on-going support, progress and outcome monitoring, transitioning out or disengagement. Based on the Model, the then BC Ministry of Jobs, Tourism, and Innovation offered a series of workshops for settlement service workers. Although the current case management model highly resembles the Guided Pathway Model, they are different in several key aspects such as the home visit and accompaniment, and the intake-assessment criterions. Meanwhile the Guided Pathway Model has not been empirically validated. Using the Guided Pathway Model as a key reference, we are cognizant that the current model and the proposed Collaborative Model are unique under the auspices of IRCC's policy framework and in view of the case management practice developed under this framework.

D. Conclusion

Based on the findings of the baseline study and the learnings from the three reports, we summarize some key features and issues of current case management models (please refer to Figure 1). In short, we would like to conclude that despite the numerous challenges that are beyond their control, all participating SSOs have shared a similar case management model while each has developed its own case management practice that has largely been appreciated by the service users.

Thus, the intention of this Collaborative Model *is not* to make any fundamental change to the current model. When formulating the Collaborative Model, we have adopted the same logical steps of the current model and tried to incorporate as many current practices as possible. Our goal is to strengthen the current model and practice by focusing on four areas that, as we have observed that require further development:

1. Consistency in assessment and documentations among SSOs
2. Using a consistent and clear monitoring process to ensure the service quality
3. Collaboration among SSOs to maximize the return of limited resources
4. Engage in evaluation processes to rigorously assess the outcomes of the services

Figure 1: Summary of key features and issues to be addressed in the Collaborative Case Management Model

<ol style="list-style-type: none"> 1. Internal referral 2. Words of mouth 3. Awareness of the program 	<ol style="list-style-type: none"> 1. Three paths: <ol style="list-style-type: none"> a. Referral b. Triage c. Direct entry 2. Client-centred – users’ high expectations 	<ol style="list-style-type: none"> 1. Based on the assessment 2. Collaborative 	<ol style="list-style-type: none"> 1. Multiple modules: Individual, group/workshops, home visit 2. Multiple services: accompanying service, interpretation 3. Regular (quarterly) review of contract 4. Monthly internal case meeting 	<ol style="list-style-type: none"> 1. Mostly 3 – 12 months of services 2. Pre-exit meeting, if possible 	<ol style="list-style-type: none"> 1. Most follow up in a three-month period 2. File reopen with new needs
<ol style="list-style-type: none"> 1. How to make the service known? 2. How to help potential users set their expectations of the program? 3. How to ensure service users participation? 	<ol style="list-style-type: none"> 1. One or two steps? <ol style="list-style-type: none"> a. How many people involve? b. Who should approve the intake? c. How to shorten the process? 2. How to simplify the procedures <ol style="list-style-type: none"> a. What forms are needed? b. How to minimize duplication of information? 	<ol style="list-style-type: none"> 1. What is the unit (individual or family) of intake? 2. How to ensure immediate needs are met promptly? 3. How to ensure prompt referral? 4. How to ensure consistence among SSOs & case managers? 	<ol style="list-style-type: none"> 1. How much “collaboration” between users and workers? 2. How priority is set? 3. What are the indicators of outcome, other than completion? 4. How to ensure service user’s trust and participation? 	<ol style="list-style-type: none"> 1. What are the roles of the user? <ol style="list-style-type: none"> a. Worker dependency? b. How to ensure sustainable independence? 2. When home-visit is needed? 3. Nature of accompaniment? <ol style="list-style-type: none"> a. How to ensure case management not becoming a “language” program? 4. How many and what kinds of group/workshops are needed? 5. How to ensure the availability of public resources? 6. Monitoring and supervision system <ol style="list-style-type: none"> a. What kind of supervision and support is needed? 7. How to ensure quality and accountability regular auditing? 	<ol style="list-style-type: none"> 1. How to ensure a rigorous evaluation of outcome? <ol style="list-style-type: none"> a. No outcome indicator other than completion of service plan. b. Feedback of service is mainly “subjective”.

<p>1. Pamphlet and program guides</p>	<p>1. Current forms: a. Intake form b. Client file checklist c. Eligibility screening d. Consent form</p> <p>2. How to streamline the intake form?</p>	<p>1. Current forms: a. Service plan/contract b. Assessment form</p> <p>2. How to simplify and standardize the form that can facilitate referral?</p>	<p>1. Current forms a. Case notes b. Referral forms</p> <p>2. How to ensure proper documentation of the process?</p> <p>3. How to ensure documentation that can facilitate the quality assurance?</p>	<p>1. Current forms: a. Referral form b. Exit form c. Evaluation form)</p> <p>2. How to ensure proper evaluation of service?</p> <p>3. How to ensure proper evaluation of outcomes?</p>	<p>1. Currently no form is identified.</p> <p>2. How to ensure proper evaluation of outcomes?</p> <p>3. If case to be reopened, how to document the rationales?</p>
<p>General issues</p> <ol style="list-style-type: none"> 1. Family vs individual case? <ol style="list-style-type: none"> a. Coordination among different case managers serving members of the same family 2. Duration of services – how to ensure the program is flexible enough to accommodate more vulnerable users? 3. Language barriers – language matching: How about no available worker? How to ensure prompt referral? 4. Blended model – how to maximize technology while maintaining sufficient close contact such as in-person meeting, home-visit and accompaniment? 5. How to better connect users through group activities? – will self-help group be possible option? 6. How to enhance case managers’ skills in assessment, relationship building, professional boundary? How to identify training needs? What is the more cost efficient way to provide on-the-job training that can help maintain consistency among case managers? 7. Quality of service seems to depend too much on individual worker. – How to ensure consistence among case managers and SSOs? What kind of supervision and service auditing system is needed? 8. Caseload and workload (group and individual services) <ol style="list-style-type: none"> a. 20-25 new case per worker but the wrap-around concept can be very intensive and time consuming. b. Users are very pleased with accompaniment service and educational workshops but both are time consuming to the case managers. c. How to maximize the time of the case managers without scarifying the quality of service and burning out them? 9. Documentation requirement has made paper works a burden to case managers. Is fully digitalization possible? Can iCare and agency system be integrated? Is it possible to have a uniform client database across all SSOs? <ol style="list-style-type: none"> a. Will a centralized system be possible? b. What information should be shared in external referral process? 					

PART II: Collaborative Case Management Model

In this part, we lay out the Collaborative Model based on the concerns that we list in Figure 1. As indicated in the baseline study, the case management system and practice of each participating SSO is very similar. The major issues are largely two-fold: consistence and accountability (i.e., quality assurance, documentation and outcome evaluation). To address these issues, the Collaborative Model is mainly focused on how to streamline the current system and practice across SSOs and among case managers. We are mindful that each SSO and their clientele are unique. Thus, our intention is to layout a framework which can be adapted by each SSO while providing enough consistence across SSOs that can meet the needs of the case management service users and achieve their settlement and integration outcomes. Before we provide the operational details of the Collaborative Model, it is important for us to clarify its conceptual framework. In short, as we have heard many people using the term, wraparound, to describe their program, we want to emphasize that this is basically an enhanced version of the traditional case management approach that all participating SSOs have actually been practicing.

A. Differences Between Collaborative Case Management and Wrap-around Models

The term, Wrap-around, has been widely used by case managers/supervisors when describing their works. The term Wraparound was first used in 1986 by Dr Lenore Behar to depict a system of individualization and connections to community, and was originally targeted for children/youths who have, or are at risk of developing, severe emotional disorders and their families (Wyles, 2007). So far, most discussion of this approach is related to service for children and youth with complex needs, e.g. child welfare (Clark, Prange, Stewart, McDonald, & Boyd, 1998), juvenile justice (Carney & Buttell, 2003). How wraparound is conceptualized and implemented varies considerably. The term “wraparound” is often used as shorthand for any program that aims at providing community-based services for children or youths that are flexible and (Malysiak, 1998; Van-DenBerg, Bruns, & Burchard, 2003, cited in Walter and Petr, 2011). Generally speaking, wraparound process is divided into four phases (Walker & Bruns, 2006, in Winter and Metz, 2009, p.140):

1. Engagement and team preparation, with discovery of the strengths and needs of the child or youth and family;
2. Initial plan development by the team;
3. Plan implementation;
4. Transition to address need in additional domains (e.g., school, behavior, housing, and so forth).

In the literature, 10 essential elements of wraparound are identified (Winter & Metz, 2009, p.138-9):

1. Efforts are based in the community.

2. Wraparound must be a team-driven process involving the family, child, natural supports, agencies, and community services working together to develop, implement, and evaluate the individualized plan.
3. Families must be full and active partners at every level of the wraparound process.
4. Services and supports must be individualized, built on strengths, and meet the needs of children and families across life domains to promote success, safety, and permanence in home, school, and community.
5. The process must be culturally competent, building on unique values, preferences, and strengths of children and families, and their communities.
6. Wraparound child and family teams must have flexible approaches and adequate flexible funding.
7. Wraparound plans must include a balance of formal services and informal community and family supports.
8. There must be an unconditional commitment to serve children and their families.
9. The plans should be developed and implemented based on an interagency, community-based, collaborative process.
10. Outcomes must be determined and measured for the individual child, for the program, and for the system.

So far, there is only a very limited literature on the use of wrap-around approach in settlement service. The report, *Wraparound: A different way of organizing assistance to newcomers - Research report* (OCASI, 2009), is one of the few found in literature search. The report suggested that to fully implement a wraparound approach, it “requires a system change within the immigrant settlement sector” to overcome systemic limitations such as siloed systems, staff turnover and limited and inflexible funding (OCASI, 2009, p.76). In place of dismissing the approach altogether, the authors of the report suggest adopting some aspects of the wraparound model in service practice (OCASI, 2009). Alternatively, wraparound can be taken as one mechanism for system integration complemented by other approaches at the individual, organizational, inter-organizational, and network levels.

Meanwhile, learning from the literature, the relationship between case management and wrap-around approaches is unclear. Some tend to distinguish these as two different approaches while other argues that wrap-around is an intensive case management approach putting more emphasis on team-based, strengths perspective, and family-centred planning process. Several differences between the intensive case management (ICM) and wrap-around are identified (e.g., Bruns et al. 2014). Table 1 is a comparison based on the literature. While the conceptual framework of the Collaborative Model has included many components of the Wraparound approach as indicated in Table 1, it is not exactly a wraparound model due to the following limitations:

1. In most cases, service users of the case management service in settlement service is individual base.
2. Case management in settlement is not team based. A brokerage approach is still dominant in connecting with community resources.

3. Case managers in settlement service have not been trained in conducting wraparound approach.
4. Extra resource will be needed to cut down the caseload to the wraparound intensive level.

Table 1: Comparisons Between Case Management and Wraparound

	Wraparound	Case management
Definition	“a facilitated team-based approach in which the person needing assistance is supported by a carefully identified circle of people who can help and are committed to doing so” (OCASI, 2009, p.9)	“a comprehensive approach to supporting the settlement of Government-Assisted Refugees and other high needs and vulnerable newcomers... facing multiple and complex barriers to integrate” (IRCC, 2021)
Process of intervention	<ul style="list-style-type: none"> - Multi-meeting engagement process to understand fully service user’s story - Four major phases: engagement, planning, implementation, transition 	<ul style="list-style-type: none"> - Assessment-driven engagement process - Five major stages: intake, needs assessment, plan implementation and monitoring, exit and follow up
Essential elements	10 essential elements (Wyles, 2007) <ol style="list-style-type: none"> 1. family voice and choice 2. team-based 3. natural supports 4. collaboration 5. community-based 6. culturally competent 7. individualized 8. strength based 9. persistence 10. outcome-based 	<ul style="list-style-type: none"> - A comprehensive needs and assets assessment and settlement plan with followed referrals - regular monitoring of progress and check-ins at set intervals - provision of personalized and intensive supports, based on client needs. - <u>not</u> emphasize core wraparound elements such as family determination and convening a team individualized to the service user and family, and plan development, tracking, and adapting by the team.
Key features	<ul style="list-style-type: none"> - Family-driven team with facilitator - strengths-based/ use of natural supports team-based service 	<ul style="list-style-type: none"> - Intensive individualized services with assigned case manager as a mechanism for coordinating segments of the service delivery

	<p>models, i.e., it is not entirely professionally-based</p> <ul style="list-style-type: none"> - Planning and support teams may be constituted of service workers and professionals but also include other family members, friends, and co-workers. (OCASI, 2009) - adherence to the principles (fidelity) of the wraparound process is emphasized - 24/7 crisis response available 	<p>system to develop a more comprehensive plan of care for the service users.</p> <ul style="list-style-type: none"> - connect service users and family to community services as well as those available within their own provider organization - no formal monitoring of CM fidelity; instead, quality is monitored via individual supervision meetings with supervisor - Minimal availability for after-hours crisis response
Service coordinator and their role	Wraparound facilitator/ coordinator, a member of a formal or informal team who “works closely with the client and stays neutral to ensure that the person or family guides their own wraparound plan” (OCASI, 2009, p. 83)	Case manager, who generally works alone either as a broker of services or with a more intensive role, providing some direct support to the service user
Service provider	<ul style="list-style-type: none"> - Any provider selected by team; use of parent partners and natural supports - Requires intensive training, coaching and certification approach 	<ul style="list-style-type: none"> - Case manager and mostly formal providers - Requires some broad-based training
Duration	A no. of years, terminates when the service is felt no longer needed (OCASI, 2009)	12 – 18 months

B. Description of the Collaborative Case Management Model

The Collaborative Model emphasizes first and foremost the importance of collaboration not only between case managers and service users through which, case managers can support and empower their service users in immediate settlement and long-term integration processes. Collaboration is also referred to the relationship between case managers and other service providers and with their own teammates. This institutional and professional collaboration is critical to enhance the helping capacity of the case managers in view of the structural barriers,

such as inequitable distribution and inaccessible of public resources, that hamper them from providing effective support to their service users.

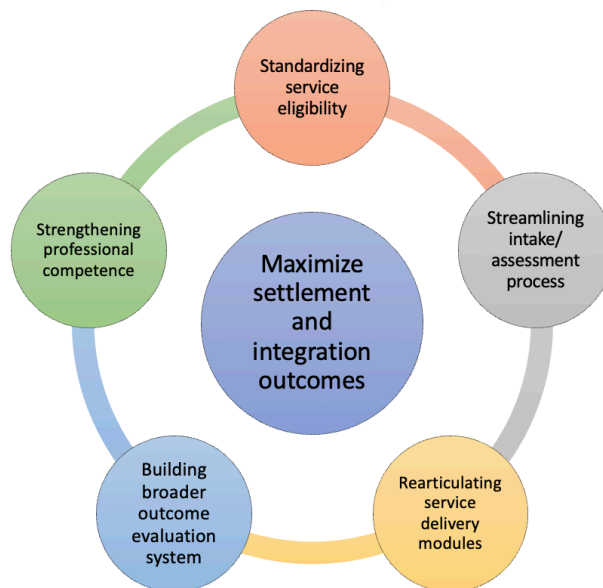
1. Goals

As stated in the original proposal, the **ultimate goal** of this Collaborative Model is to “maximize settlement and integration outcomes by: 1) assisting them identifying needs and strengths; 2) developing a detailed, wraparound action plans; 3) providing customized information and orientation; 4) assisting access to resources; 5) making connections to broader community.”

This Collaborative Model are aimed at strengthening the case management service and providing a baseline consistency across SSOs in terms of:

- a. Standardizing the eligibility criteria
- b. Streamlining the intake/assessment process
- c. Rearticulating the service delivery modules
- d. Building a broader outcome evaluation system
- e. Strengthening the professional competence of case managers.

Figure 2: Ultimate Goal of Collaborative Case Management Model



2. Principles

Learning from the baseline study, we have identified five principles that have informed the current model:

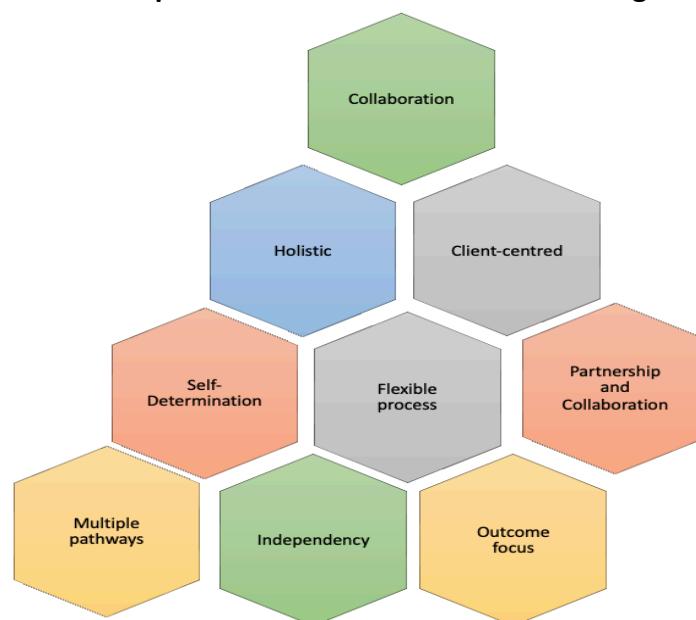
- a. Client-centred: Identifying and meeting service user’s needs, strengths and challenges have informed the case management process.

- b. Holistic: The wrap-around concept signifies a comprehensive assessment of and service to meet the different needs of service users.
- c. Collaboration: Adopting a strength perspective, service user is expected to take an active role in collaborating with the case managers in service plan planning and implementation.
- d. Independency: Service users are expected, through case manager's support and modeling, to build the capacity and become independent in seeking help and resolving challenges during the settlement and integration process.
- e. Outcome focus: Relating to independency is the principle of outcome focus which as stated above, are the quintessential purposes of the IRCC settlement program.

Based on these five identified principles, we also want to make explicit another four extended principles suggested in the previous Guided Pathway model:

- a. Self-Determination: case management should be a process that assists service users to live optimal lives as self-determined.
- b. Flexible process: We are aware that people's lives are dynamic and therefore always changing. Although case management has specified 'steps', it will build in flexible planning and services to adjust to the changing conditions and needs of service users.
- c. Multiple pathways: case management is not a cookie cutter process. Instead, it needs to take into consideration of service users' unique needs, barriers, strengths and assets.
- d. Partnership and Collaboration: The engagement of multiple sectors and a network of partners are critical to support local coordination, referral and linkages of programs to support clients and create opportunities for capacity building in communities and across BC Systems. Internally, collaboration with the case management team is critical to a holistic support for the service users.

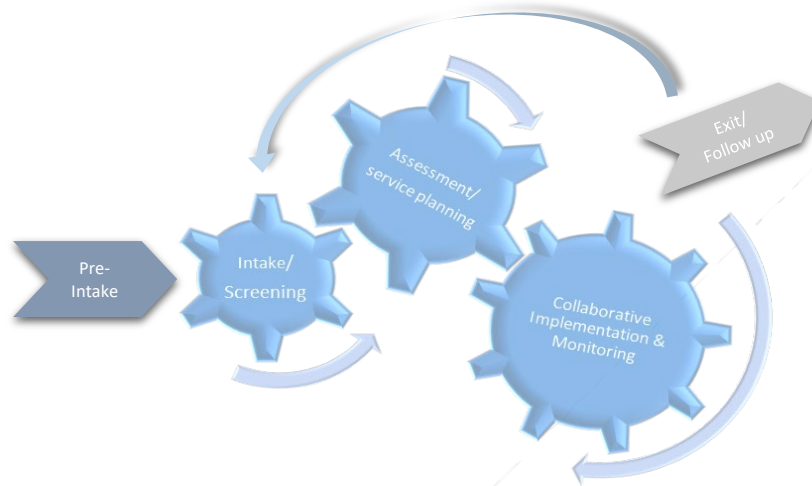
Figure 3: Principles of the Collaborative Case Management Model



3. Process

The process of the Collaborative Model is non-linear. Instead, the process is circular (see Figure 4) through which the case manager and the service user will collaboratively review the progress and process according to multiple factors such as achievement of the plan, newly emerged news, service/resource availability. Adjustments are needed.

Figure 4: Collaborative Case Management Process



a. Pre-Intake:

Pre-intake is an opportunity to build trust with service users, implement measures to prepare the service users to take part in the case management services, and minimize unrealistic expectations. Currently many participating SSOs have posted information of case management program on their website; yet, the posted information tends to be brief and agency specific. We recommend:

- i. Providing basic and consistent information of the nature, scope and process of case management service
- ii. Preferably this information should be used by all SSOs.
- iii. This information can be delivered in multiple forms: pre-case management orientation workshop, or online: textual description or video.
- iv. This information should be in multiple languages.

b. Intake/screening:

Currently regarding to intake/screening the participating SSOs differ in three aspects: a) eligibility in terms of number of identified needs, b) who conduct and approve the intake, and c) connection between intake and assessment. We are cognizant that the size of the

settlement service and case management team among participating SSOs vary when we make the following recommendations:

- i. At intake/screening, the basic unit of analysis should be based on the household of the service user. Unless service users express the need to have a case management service for an individual member, the screening should be focused on all concerned members of the household. The intake officer can recommend to the supervisor/manager if one or multiple case managers should be assigned to this household or should some members of the household be referred to other SSOs if the intake SSO does not have suitable service for these members.
- ii. Intake should serve the purpose of screening only. If immediately or urgent needs are identified, service users should be promptly referred to proper internal or external services instead of waiting for case management service to begin.
- iii. Information to be collected in the intake should be brief, simple and direct. Detailed assessment of needs should be done separately only when the intake of case is approved.
- iv. To ensure consistence among all SSOs, we recommend the intake criteria i.e., number of identified needs, to be set at 4 out of 10 domains.
- v. Intake should be consistent among all intake/ case managers, and intake files should be reviewed and approved by supervisor/ manager. Within 2 working days after the intaking meeting, intake file should be submitted to the supervisor/manager for review who will determine the eligibility of the applicants and assign the approved case to a case manager within 2 working days.

c. Assessment and Service Plan

Assessment and service plan are closely connected. It is understandable that the initial assessment and service plan should not be a fixed contract due to the facts that a) service users may not disclose all their relevant information in the initial assessment and b) their needs may change due to unforeseeable reasons. To address the questions listed on Diagram 1, we have these recommendations:

- i. The unit of assessment (the whole household or individual members) is based on the final intake recommended by the intake worker and approved by the supervisor/ manager.
- ii. Most service users are matched with case managers who can speak their language. This can facilitate the process and minimize misunderstanding. However, speaking the same language does not ensure cultural competence particularly when service users and case managers do not come from the same “cultural groups” or country.
- iii. Case manager should seek appropriate information from service users. Information collected should not only be limited to problems and barriers. Service users are also encouraged to identify and review their strengths, assets and network resources. If household is the unit of intervention, use of genogram is recommended (a sample is given in Appendix 1B)

- iv. From a strength perspective, assessment of needs should base on service users' own vision of a desirable settled and integrated condition. Thus, identifying service users' vision is needed. Based on the identified needs and vision, the case manager and service users should set and prioritize realistic goals that are achievable in terms of resources available and accessible by the service users and case managers, and capability (skills and confidence) of service users and the case manager.
- v. As a collaborative and empowerment process, there should be a clear division of labour between the case manager and service user in the service plan.
- vi. The assessment process may require service users to reflect back on their past experience. To some service users, this can be emotional. Case managers are expected to use basic counselling skills and/or containment skills to support service users if needed. If service users show major emotional and mental disturbance, case managers should make prompt referral to connect service users with appropriate counselling service.
- vii. The service plan should include a clear set of outcomes which reflect the vision of service users and the IRCC expectation.
- viii. The initial assessment and service plan should be reviewed and revised periodically, at least once every three months. The review, including justification of change needed, should be documented as a summary, submitted to and reviewed by the supervisor before any change is made.
- ix. Initial assessment meeting should take place within 5 working days after the case is assigned. Within 15 working days after the initial assessment meeting, a service plan is co-decided by the service user and case manager and observe these requirements:
 - a. The service plan should respond to the assessment of service users' vision, goals, needs, and barriers. A proactive approach is encouraged to assist service users to better utilize their strengths and assets in meeting their needs.
 - b. The action plan should outline an agreement on the responsibilities and tasks to be completed by both case manager and service user, and approved by manager/ supervisor with 5 working days after receiving the assessment/plan.
 - c. A finalized service plan will be signed by the case manager and the service user. Service users will receive a copy of the plan.

d. Collaborative Implementation and Monitoring Process

The collaborative implementation and monitoring process is the period during which the service plan is carried out. From a quality assurance perspective, this period also requires systematic monitoring a) between the case manager and service user and b) between the case manager and their supervisor to ensure a) the plan is properly implemented and b) meets the service user's needs and achieving the expected outcomes. The service user should be encouraged to gradually take up more responsibilities and develop the capability (knowledge and skills) in addressing their needs. To do so, we recommend:

- i. Multiple intervention methods are needed.
 - a. The case manager and service user need to schedule regular one-on-one (in person or online) meeting to update the progress and provide direct support. Case notes are needed after the meeting. Any decision made in the meeting should be recorded.
 - b. If service users are capable and accessible to electronic device, individual meeting or group/workshop can use ICT platforms. However, at least once a month, the case manager should meet with the service user in person.
 - c. Home visit may be needed mainly for family case or service user who lives alone. If home visit is needed, the case manager should confirm with the supervisor/manager to make sure safety plan is in place. Also, case manager should be given the flexibility to do home visit outside office hour in order to maximize the utility of home visit.
 - d. Accompaniment is an effective measure to connect service users with other services particularly those which require certain level of English proficiency. However, in order not to turn case management into interpretation service and encourage dependency of service user, the frequency of accompaniment should gradually be reduced.
 - e. Group/workshop activities are useful in equipping service users with capability in terms of knowledge and information. (see below)
- ii. We understand and agree that groups and workshops are critical components for case management service. Currently many SSOs have organized workshops on similar topics. In order to maximize the resource and minimize the burden of case managers to organize these workshops, we recommend:
 - a. SSOs can consider some concerted efforts in organizing workshops online to minimize duplications. This can minimize the workload burden of smaller SSOs. Meanwhile this may gather enough participants for some workshops to be run in their language or using one interpreter instead having their case manager to do interpretation for one or two service users.
 - b. SSOs, that are larger in size (with 4 or more case managers), may assign one case managers with reduced caseload to focus on organizing workshops.
 - c. Other than for the purpose of dissemination of information, SSOs can also consider organizing groups (including some festive events) to connect and nurture mutual support among service users.
- iii. Service coordination: The case management process may involve other services from the same agency or other agencies. There may need to be a coordinated, cross agency meeting if other BC systems are involved (e.g., MCFD, Health Authority, etc.).
 - a. Case managers are only responsible for the mandated settlement and integration issues and are expected to collaboratively work with other BC

systems representatives in developing and monitoring a cohesive and complementary plan for the best interests of the service users.

- b. Meanwhile case managers should maintain a regular contact with other service partners involved to ensure the service plan is actualized, identified needs are met, and expected outcomes are achieved.
 - c. Identifying and accessing public resource is a challenge to most case managers. Currently case managers largely rely on their own or their colleague's network. A concerted effort among all SSOs may pool more resource together. Meanwhile, SSOs may consider working with Local Immigration Partnership (LIP) to build data base of local resources.
- iv. An effective implementation requires a proper monitoring process which includes:
- a. Based on the agreed timeline, case manager will schedule regular contact with service users to ensure implementation of mutually agreed upon activities.
 - b. A regular meeting should be scheduled at least once a month to review the service plan according to the agreed markers toward goal achievement, and the changing life conditions and needs of service users.
 - c. Case manager maintain a regular contact with service partners to collect feedback for revising the action plan.
 - d. Discuss with service users any need for revising the short-term goals and action plan.
 - e. Any revisions of the action plan should be agreed by the service users and documented in the file. If new (or revised) timeline and markers are developed, they should be documented in file.
- v. Monitoring is also part of the quality assurance process. For professional support reasons, a regular professional supervision meeting between supervisor/manager is needed. Effective supervision is evidence-informed. Quarterly the case manager should submit a case summary which should be reviewed in supervision meeting.

e. Exit

At exit, it is important to review, document and celebrate the achievement of case management process in terms of meeting the identified needs and achieving the expected outcomes. Meanwhile, at the end of the case management service, service users may still have other unmet needs or may need other support. How to help service user transit to other service is crucial. We recommend at least a month before the planned end of the service plan, an exit meeting is required to:

- i. Identify unmet needs and gaps in service or support structure for service users that hamper service users from meeting their needs.
- ii. Discuss disengagement and the options of transition/transfer with service users as early as possible.

- iii. Provide service users with information of different alternatives and make sure that they understand the service and commitment
- iv. Support service users to seek and secure appropriate service.
- v. If necessary, initiate transition and transfer with potential transition/transfer agency.
- vi. Seek service users' consent of sharing information with other agencies.
- vii. Ensure a timely exchange of information with transition/transfer agency when it is needed for the execution of transition
- viii. Review and evaluate the expected outcome and the service.
- ix. Supervisor randomly reviews, one in five, closed file as quality assurance.

f. Follow up

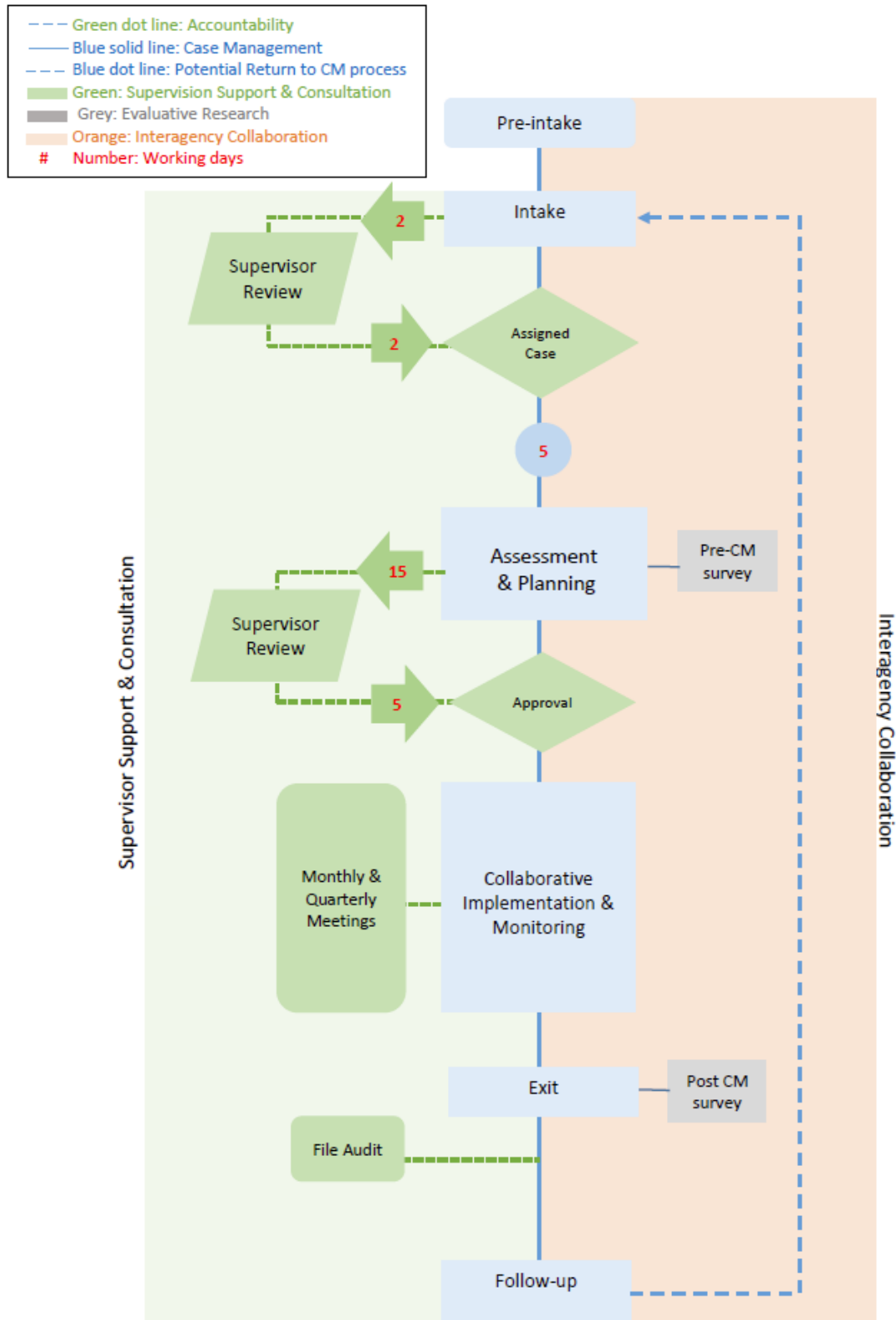
Currently most SSOs will follow up with their service users three months after they exited the program. If new needs are identified, some service users may need to have their case reopened. We recommend:

- i. All SSOs should integrate this three-month follow up system.
- ii. The follow up can be done via phone, online meeting, email or in person.
- iii. If new needs are identified, case managers should
 - a. Provide information for needs that service users have the capability to handle
 - b. Make referral to other services if the needs are relatively complex
 - c. Setting up "re-intake" meeting if multiple needs are identified. This may re-start the case management process. However, if service user is re-admitted to the service, the duration of the service should be shortened.

g. Summary

Case management is a circular process. Yet, it is also sequential with different stages. At each stage the four interrelated, case management, professional accountability, evaluative research and collaboration, processes are intersected. In Figure 5, we summarize how these four processes are related.

Figure 5: Workflow of Collaborative Case Management Model



C. Timeline and Documentation

This Collaborative Model is aimed at streamlining the case management process among SSOs in BC. To achieve this, we recommend a consistent timeline of case management process and relevant documents (Please refer to Appendices 1) to be generated during this process. See Table 2. *The suggested timeline is recommended for the majority of cases. Cases that are more complex may need to deviate from the recommendation. Case manager will need to work with the supervisor to adjust the timeline for individual cases that will require extra time to conduct the assessment and planning.*

Table 2. Timeline of Workflow and Documentation

Workflow	Pre-Intake	Intake	Assessment	Implementation & Monitoring	Exit	Follow-up
Timeline	At least 1 week before Intake interview	a. Intake worker submit file to supervisor 2 working days (hereafter days) after intake interview b. Supervisor review and assign file in 2 working days.	a. First assessment meeting is held within 5 working days after file is assigned. b. Initial assessment & service plan will be completed and cosigned within 15 working days. c. Supervisor approve the service plan in 5 working days	a. Case note is kept timely after each encounter. b. Service plan needs to be reviewed monthly. c. Monthly case supervision (individual or in group). d. Professional group supervision (once every three months). e. Three-month case summary is submitted to supervisor three days before the respective quarterly supervision takes place.	a. Pre-exit meeting is needed one month before the official completion date. b. Link of exit survey is sent to service user a week after the completion date.	a. A follow up contact via phone, email, ICT platforms is made three months after exit date.
Documents	Video, Pamphlet, Online information	a. Intake form b. Consent form	c. Assessment form cum service plan	d. Case notes e. Three-month summary f. Exit form	g. Exit survey	h. Follow up check list
i. Inter-agency Referral forms (Developed by the Alliance for BC Settlement Case Management)						

D. Electronic Documentation System

Several SSOs are either using paper-based or hybrid documentation systems both of which are time consuming to the case managers and inefficient for quality assurance/monitoring. Meanwhile we also identified at least two different electronic systems among the participating SSOs. We understand different SSOs have invested heavily in to customized the system to serve the multiple needs of their own agency. It is unrealistic to suggest one system for all SSOs. However, to better support the Collaborative Case Management Model, we recommend:

- i. All SSOs should move toward a fully electronic documentation system which will integrate all the forms (as suggested in Table 1).
- ii. All electronic systems should include a function that can support the evaluation of expected outcomes.
- iii. All electronic systems should have the function automatically transferring data to iCare.
- iv. All electronic system should have the function that can facilitate a) case and professional supervisions and b) referral process.

E. Training

This Collaborative Case Management Model requires the case managers to have some specific and relatively professional skills that can help them competently support their service users. Thus, we recommend the following skills to be included in the training schedule of the Alliance for BC Settlement Case Management:

- i. Screening and assessment skills including basic psychosocial assessment and application of assessment tools such as genogram and eco-mapping
- ii. Basic counselling/interviewing skills
- iii. Trauma informed practice
- iv. Crisis intervention
- v. Cultural safety practice
- vi. Ethics and principles
- vii. Clinical supervision skills for supervisor/managers
- viii. Case note writing techniques
- ix. Skills related to the electronic documentation system adopted

F. Summary of Key Changes Made in the Collaborative Model

As stated above, the Collaborative Model is built upon the current case management model adopted and practiced in BC settlement service organizations. The major differences between these two models can be summarized as below:

- i. **Household as the intake unit:** The Collaborative Model emphasizes on the importance of family in the settlement and integration process. While recognizing the needs of individual family members and the internal dynamic within the same household, we

contend that at least at the intake process, it is important to have a more comprehensive understanding of individual and collective needs of the service users. This change will require a different and more holistic perspective throughout the case management process and a new way to evaluate workload.

- ii. **Professional accountability:** Case management requires intensive, prolonged and purposeful engagement between service user and case manager. To ensure this a professional, helpful and accountable engagement, the Collaborative Model suggests:
 - a. an explicit *role of supervisor* in the decision making at the intake, and assessment and planning stages, and in providing professional support to the case managers through monthly team meeting and quarterly individual supervision.
 - b. a *clear timeline* to systematize the organizational process of case management, which provides temporal markers of progression for service users, case managers and supervisors.

- iii. **Collaboration within the sector:** The essence of the Collaborative Model is self-explanatory. The needs of service users are vast and often beyond the capacity of one case manager or even one agency. Indeed, resources are limited. In this Model, we strongly suggest multi-dimensional collaboration within the settlement service sector including:

- a. Pre-intake workshop/materials
- b. Interagency referral of service users with language specific needs
- c. Organization and delivery of workshops
- d. Resource sharing
- e. Inservice training to upgrade and upkeep the knowledge and skills of case managers.

This sectoral collaboration will require a reciprocal spirit among all SSOs. We expect the leadership of Alliance for BC Settlement Case Management in actualizing these suggestions.

- iv. **Evidence informed practice:** Most SSOs already have some mechanisms in place to evaluate the service outcomes mostly through the iCare system. However, the current approach is not rigorous and convincing. Through the evaluation research process, this Model will put in place an outcome evaluation system and hopefully, reinforce the mindset among staff of all SSOs of the importance of systematic evaluation in generating rigorous evidences to inform their practice.

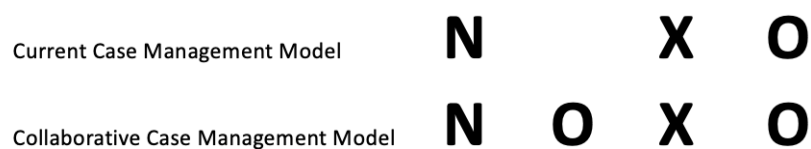
PART III: Evaluation Design

To date, there are no empirical research examining the outcomes of case management services in the settlement sector. The proposed evaluation aims to contribute to this gap in knowledge to provide an evidence-based practice model for servicing newcomers. An evidenced-based practice model will contribute to ensuring the case management service are effectively meeting the needs of the newcomers seeking service as they settle and establish themselves in a new country and community. Rigorous and systematic evaluations enhance the credibility of programs as it connects program goals to measurable outcomes, thereby demonstrating that the service activities are productive and worthwhile endeavours. In this way, empirical evidence is available to support continued programmatic funding and continued implementation across the settlement sector. Often, agency-based evaluations seek to determine whether clients are satisfied with service, which are based on subjective measures. While client satisfaction is most certainly important, we seek to expand our measures of effectiveness to include objective measures of wellbeing that can further support the impact of case management services on the daily lives of newcomers. This section of the report is comprised of the following section: 1) an overview of the research design, 2) description of the sample and recruitment methods, 3) outline of the measurement instruments to be used in the evaluation, and 4) the timeline for the evaluation activities.

A. Research Design

To evaluate the Collaborative Model and the outcome of case management service in general, the research team is proposing a quasi-experimental non-equivalent group pretest-posttest design as depicted in Figure 2. A quasi-experimental design compares two groups, one of which receives the intervention and the other does not, and the differences between groups can be attributed to the effects of the intervention. This design is deemed rigorous yet feasible for evaluation because it does not involve randomization of participants by way of the non-equivalent group design, but yet measures change before and after the case management services for those receiving the current/previous model versus those receiving the Collaborative Model. The N in Figure 2 symbolizes the non-randomization of participants. O in the figure represents the observations either pre-intervention and/or post-intervention. X represents the intervention which is either the current/previous case management model or the new Collaborative Model.

Figure 6. Quasi-experimental Non-equivalent Group Pretest-post-test Design



B. Sample and Recruitment

The evaluation will involve various participants including 1) service users, 2) case managers and supervisors, and 3) stakeholders to gather various perspectives of the case management model.

1. Service users – Service users include previous or current service users of the current case management model, as well as service users of the Collaborative Model. The participating SSOs will assist with identifying eligible clients and share the recruitment materials for clients to voluntarily participate in the research activities.
2. Case managers and supervisors from the nine SSOs will be encouraged to participate in sharing their feedback and experience for the evaluation.
3. Stakeholders – Stakeholders such as the Alliance for BC Settlement Case Management will be consulted on relevant issues pertaining to case management programs and services.

C. Measures

The following measures will be used in the evaluation design:

1. Agency Focus Group – Agency focus groups with case managers will be conducted to gather impressions and feedback about the case management model. Appendix 2A is the agency focus group guide used to establish the baseline of the current case management model. Appendix 2B is the agency focus group guide to elicit feedback on the implementation of the Collaborative Model.
2. Client Focus Group – Client focus groups with those who previously/currently received case management services will be conducted to gather their experiences and recommendations for program improvement. The focus groups will be conducted in various languages and include clients from across the nine SSOs. Appendix 2C is the client focus group questions to evaluate the current and Collaborative Model in English.
3. Training Feedback – The training feedback form (Appendix 2D) is for case managers and supervisors to share their anticipated comfort and ability to implement the Collaborative Model.
4. Worker Feedback – The worker feedback form (Appendix 2E) is for case managers and supervisors to share their comfort in implementing the Collaborative Model and elicit recommendations for the continued successful implementation of the Collaborative Model.
5. Agency Questionnaire – The agency questionnaire (Appendix 2F) will gather information to measure client service outcomes.
6. Client Questionnaire – The client questionnaire (Appendix 2G) will be given to clients at the start of service to understand their needs and expectations for service. The client questionnaire (Appendix 2H) will be given to clients upon discharge to measure their satisfaction and their ability to achieve the goals as set out in their case management service plan.

The evaluation matrix in Table 3 outlines the desired outcomes, measures, and key activities of the evaluation.

Table 3. Evaluation Matrix

Outcomes	Measures	Frequency of Data Collection	Data Source	Responsibility for Data Collection
To develop client service profiles to identify service needs/gaps	Agency Questionnaire	Twice: Once for clients receiving the previous/current case management model Once for clients receiving the collaborative case management model	Service records in client management systems. Previous/current case management model: January 2023 (for all cases existing between January 1, 2022 and December 31, 2022) The collaborative case management model: January 2024 (for all cases existing between January 1, 2023 and December 31, 2023)	Participating SSOs
To identify the operational capacity of the case management programs	Agency Questionnaire	Twice: Once for cases with the previous/current case management model Once for cases with the collaborative case management model	Service records in client management systems. Previous/current case management model: January 2023 (for all cases existing between January 1, 2022 and December 31, 2022) The collaborative case management model: January 2024 (for all cases existing between January 1, 2023 and December 31, 2023)	Participating SSOs
To establish the baseline understanding of the previous/current case management model and what the sector needs in a collaborative case management model	Agency Focus Groups	Twice: Once during the previous/current case management model Once during implementation of the collaborative case management model is in use	Case managers and/or supervisors	UBC research team
	Client Focus Groups	Twice: Once during the previous/current case management model Once during implementation of the collaborative case management model	Previous and/or current clients	UBC research team

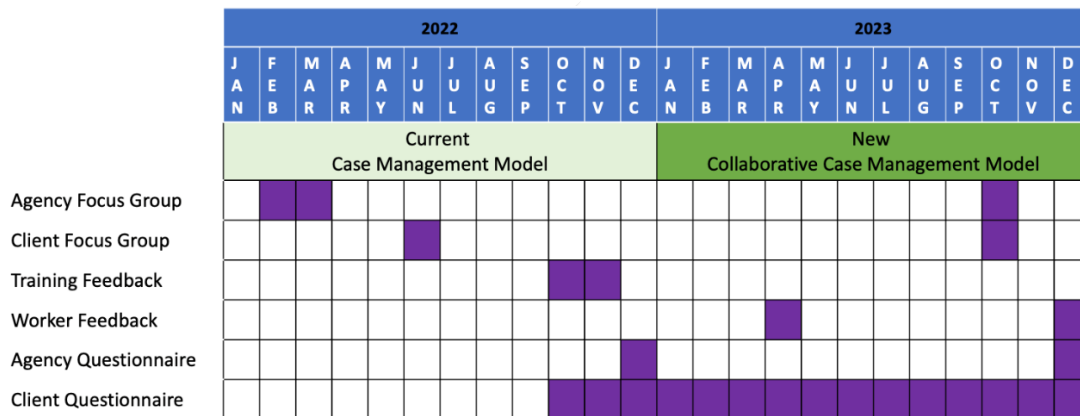
To build sectoral capacity and successfully adopt the collaborative case management model among participating organizations	Training Feedback form & Worker Feedback form	Three times: Once at the end of the collaborative case management training workshops Once a few months after the start of the implementation of the collaborative case management model Once at the end of the implementation of the collaborative case management model	October 2022 training with supervisors & November 2022 training with case managers. April 2023 with supervisors and/or case managers Dec 2023	UBC research team
To understand the successes, challenges and recommendations for the collaborative case management model	Agency Focus Groups	Once: During implementation of the collaborative case management model	Oct 2023 with case managers and/or supervisors	UBC research team
	Client Focus Groups	Once: During implementation of the collaborative case management model	Oct 2023 with previous and/or current clients	UBC research team
To evaluate the impact of case management model on case management program outcomes	Agency Questionnaire	Twice: Once for clients receiving the previous/current case management model Once for clients receiving the collaborative case management model	Service records in client management systems. Previous/current case management model: January 2023 (for all cases existing between January 1, 2022 and December 31, 2022) The collaborative case management model: January 2024 (for all cases existing between January 1, 2023 and December 31, 2023)	Participating SSOs
	Client Questionnaire	Twice: • At the start of case management services • At the end of case management services	Current clients	Participating SSOs

D. Timelines

The evaluation of the collaborative model will take approximately 12 months to give sufficient time to evaluate the impact for service users who enter and exit the program in the year 2023. Figure 2 outlines the timeline for the evaluation.

1. As described in this report, the agency focus groups and client focus groups have been completed and the training for the collaborative model is anticipated to take place in October and November 2022.
2. We aim to begin data collection with the client questionnaires in October/November 2022 for a 6-month period until March/April 2023 for clients who received the current case management model.
3. For all clients receiving case management services beginning January 1, 2023 and/or their case closes March 31, 2023 onwards will be considered receiving the Collaborative Model and will complete the client questionnaire accordingly.
4. We plan to elicit worker feedback on the Collaborative Model in April 2023, as workers will have a few months of using the new model and can identify potential barriers to success and provide recommendations for continued development. The research team will work with the participating SSOs to address or minimize any identified barriers and make modifications as needed to the Collaborative Model.
5. A final worker feedback in December 2023 will provide an overall perspective of the successes and challenges of implementing the Collaborative Model. We will also host two focus groups, one with case managers and/or supervisors and one with clients in October 2023.
6. Finally, the agency questionnaire responses will be collected by December 2023 to identify the operational capacity of the case management programs and measure case management program outcomes.

Figure 7. Evaluation timeline



Conclusion

Case management is a critical service to support the successful settlement and well-being of newcomers in Canada. The Collaborative Case Management Model is an attempt to bring together the strengths of the sector and usher new quality improvement changes to work collectively together for the betterment of society. This report outlined the current practice across nine participating settlement service organizations and identified areas of specialization

and also overlap in service delivery. The collaborative model builds upon the successes and recommends structural changes that can streamline program processes and direct case management practices. The recommended changes prompt the sector to shift our conventional ways of thinking about clients and case management process towards a more holistic approach that values family unity and shared collaborative practices within and between agencies. A systematized and transparent process is endorsed to ensure client's needs are addressed in a timely and professional manner. Clear and consistent supervision practices support accountability in case management decisions, particularly for clients with complex needs. Continued professional education and training can further equip case managers with the knowledge and skills necessary to carry out their work competently. The collaboration of resources within the sector hopefully allows case managers and agencies to shift resources to other priority areas as needed within their own agencies. An outcome-based evaluation framework allows the sector to not only evaluate program effectiveness, but to directly link program goals to client outcomes to ensure clients need are being met. Systematic changes are not easy and takes time. It requires the collective effort of many to support the vision of quality improvement and better outcomes to be successful. This report is the beginning of the first step, and we hope it inspires and lays the foundation for collaborative policies and practices to ultimately meet the needs of newcomers in Canada.

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Appendices



Appendix 1A Guidelines on forms/documents

a. Intake form

Intake is the initial meeting between an intake worker/ case manager and a new service user. Intake form is used to gather basic service user information. It should include the following:

- date
- service user's information (name, gender, date of birth, marital status, country of origin, nationality/ ethnicity)
- contact details and emergency contact information
- landing date
- immigration class and status
- spoken and preferred languages
- employment
- housing status
- family information
- genogram (a sample is given in appendix 1B)
- eligibility screening
- other significant information (e.g., immediate needs, crisis situation)
- recommendation

b. Consent form

The consent form should include the following information:

- the nature of the service
- the kind of information the service organization is obtaining
- the use of the information, personal data privacy policy and its limits
- service user's rights and what rights they are waiving
- and other pertinent details in relation to the consent
- indication of consent
- service user's printed name, signature and date

c. Assessment form cum service plan

The form includes items pertaining to a comprehensive assessment of service users' needs and a service plan based on the needs assessment and should include the following:

- a. Service user's information
 - Bio-information (name, gender, date of birth, marital status, country of origin, nationality/ ethnicity)
 - contact details and emergency contact information
 - landing date
 - immigration class and status
 - spoken and preferred languages

- employment
 - housing status
 - family information
- b. Needs assessment
- Settlement
 - Language assessment, training and skills development
 - Employment
 - Community support
 - Personal needs
 - Health & well-being
 - Financial
 - Education
 - Family support
 - Legal information
 - Community service information
 - Assets & strengths
 - Other important information, e.g. previous refugee experiences, past violence/trauma experiences, crisis situation, urgent needs, etc.
- c. Service plan (a sample is provided in appendix 1C)
- Service user's vision and agreed goals
 - Action plan (for both service user/ case manager)
 - Timeline
 - Revisions/ update on plan (for update during 3-month reviews)
 - Signature of service user and case manager and date
 - Signature of supervisor/ manager to indicate approval

d. Case notes

Case notes are chronological records of interactions, observations and actions relating to a particular service user, typically completed for every contact made regarding the user. The notes should include:

- the dates of activities
- a summary of the activity details

e. Three-month case summary

Periodic summary report is a summary of all the interventions/ services provided during the 3-month review period and makes statements about the user's progress. It should include:

- a summary of service user's progress made in the 3-month review period
- a brief evaluation of the goal achievement with respect to the initial/ previous service goals
- recommendations for prospective follow up

f. Exit form

Exit form should include

- a summary of interventions throughout the service period
- a review of service user's progress based on the initial assessment, service goals and plans
- reason for service exit
- an exit plan, e.g. referral to settlement service
- signature of service user and case manager and date

g. Exit survey

It is essentially a survey on service user's satisfaction level on the following:

- Services received
- Achievement of goals
- Expectations met
- General experience with the organization and case manager
- Service(s) they find most useful
- Suggestions for improvement, if any

h. Follow up checklist

The checklist should include a probe on the following areas pertinent to the service user's needs and adjustment

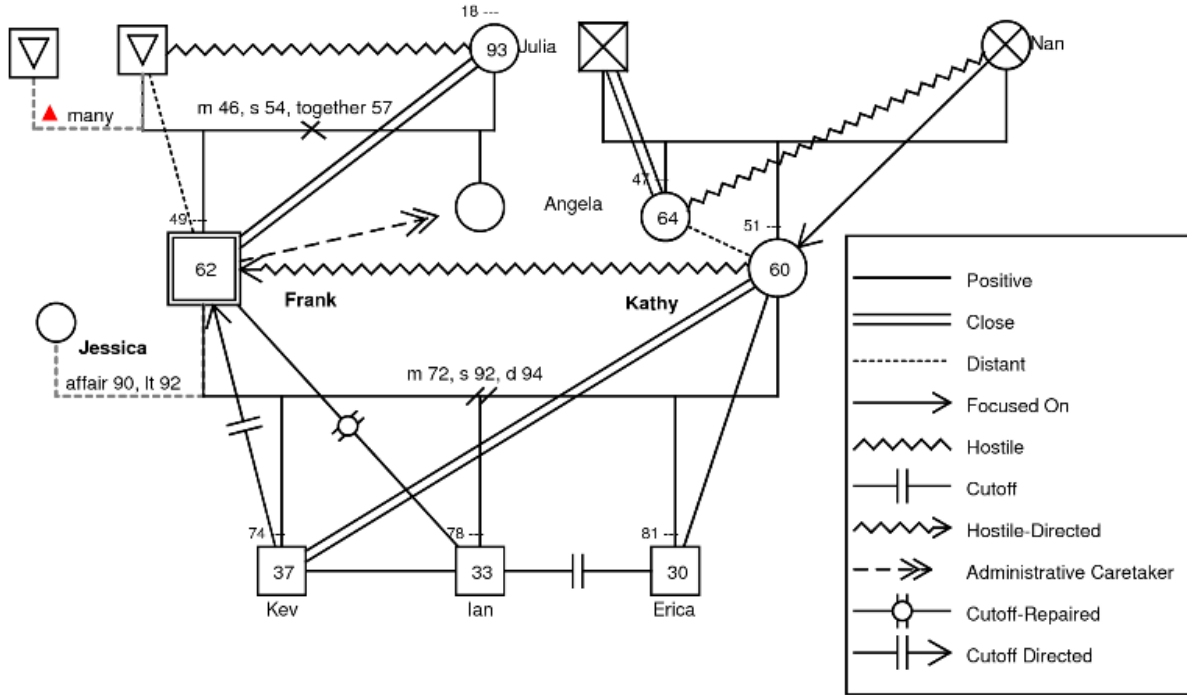
- Family
- Housing
- Education
- Financial
- Immigration
- Social benefits
- Health
- Legal
- Labour market
- Adjustment/ integration
- Others, if applicable

i. Interagency Referral Form

Developed by Alliance for BC Settlement Case Management

Appendix 1B: Sample genogram

Frank - Interpersonal Relationships



Source: https://www.genogramanalytics.com/examples_genograms.html

Appendix 1C: Sample service plan (as 2nd part of the Assessment cum Service Plan)

Service user's vision	Get settled in Canada soon				
Goals	Objectives	Actions	By	Time Frame	Date completed
	<i>Steps to Goal</i>	<i>Actions/tasks</i>	<i>(service user and/or CM)</i>	<i>For each Objective</i>	<i>Indicate the date when tasks completed</i>
1. To know about the community and the resources	1. Figure out what's available, how and where to access these resources 2. ... 3. ...	-Go for a community walk together -Provide some service pamphlets and related information e.g. useful websites, to the service users -Read the information	-CM and SU -CM -SU	By Dec 2021	Dec 20, 2021
2. To improve English level	1. Get accessed for English level and enroll to language programs 2. ... 3. ...				
Revised or updated goals/objectives/plans after review (with dates)					
Goals	Objectives	Actions	By	Time Frame	Date completed
To get a job (Mar 2022)	June 2022	

Signature (service user): _____
 Signature (case manager): _____
 Date: _____
 Approved by (signature) : _____
 Name, position: _____
 Date: _____

Appendix 1D: ALLIANCE: INTER-AGENCY REFERRAL PROCESS

Developed by: Alliance for BC Settlement Case Management

Draft: July 11, 2022

Scope

This process is to be used for inter-agency referrals between two Alliance case management programs. It applies to clients who have gone through the eligibility assessment process with the referring agency. Clients may or may not have already received case management services by the referring agency.

Principles

- Process centres clients, giving them voice and agency.
- Confidentiality, privacy and client consent are respected throughout process.
- Sharing between case management teams is limited to factual information. Subjective feelings regarding client are not shared.
- Sensitive information is only shared with client consent, recognizing that client might be comfortable sharing sensitive information with one worker but not with another.
- New case manager is provided with all necessary information on work done by former case manager to avoid duplication of steps.
- Process is transparent to client including freedom of movement, referral options and steps, and content of client information being transferred.

Process for Inter-Agency Referral

STEP 1: Inventory is consulted to identify Alliance agency with current capacity to intake client for case management services.

- Client preferences are taken into consideration in selecting agency/community selected.
- If no agency has current capacity to accept client, client is placed on waiting list and options to meet immediate needs during waiting period are used eg referral to Settlement Services and community referrals.

STEP 2: Referring agency informs client of referral options, steps and timeline to expect.

STEP 3: Case manager consults with client to clarify what information can be openly shared with new case manager.

STEP 4: Case manager reviews Referral/Consent to Release Information Form(s) and Case Summary of Services with client to confirm that client understands and is comfortable with information included.

- Client signs written consent form, giving permission for release of personal and case information to receiving agency for purposes of referral.
- Consent indicates time limit on sharing of information and any limitations to information that client gives consent to share. (How long should time limit be? One month? Longer?)

STEP 5: Referring agency sends Referral Form by email or fax.

- If client requires urgent services, “Urgent case” is noted in box at top of referral form and email/fax subject line states: “Urgent referral”.
- Each agency has single point of contact to receive referral requests.
- No client information included in email message.

- If emailed, client information transferred only through password-protected attachment.
- Phone calls may serve as secure form of transferring follow-up information.

STEP 6: Receiving agency confirms if referral is accepted or bounced back:

- Acceptance or bounce back is confirmed by email or phone call. If client information is shared, it is only included in password-protected attachment and does not appear in email messages.
- Confirmation that receiving agency has capacity to accept client is sent within a maximum of 3 business days.
- If referral is accepted, receiving agency provides name of case manager and date by which client will be contacted.

STEP 7: Referring agency informs client of program and case manager to which they are being referred and date by which client can expect to hear from new agency.

STEP 8: Referring agency sends Case Summary of Services to receiving agency by email or fax.

- Case Summary is sent after receiving agency has confirmed acceptance of referral.
- No client information included in email message.
- If emailed, client information transferred only through password-protected attachment.

STEP 9: If client received case management services from referring agency, warm handover takes place.

- Online or in-person meeting bringing together both former case manager and new case manager with client may be held on a case-by-case basis.
- Information communicated between case management teams is limited to factual information. Subjective impressions about client are not shared.

Appendix 1D: ALLIANCE: INTER-AGENCY REFERRAL FORM

**Developed by: Alliance for BC Settlement Case Management
Draft: July 11, 2022**

Please note: This form is to be sent by password-protected attachment only.

MARK "URGENT CASE" IN THIS BOX IF CLIENT REQUIRES URGENT SUPPORT BY NEW CASE MANAGER

REFERRING AGENCY

Date of referral: _____
Name of agency sending referral: _____
Name of person sending referral: _____
Contact information: Phone _____ Email, _____ Fax _____

CLIENT INFORMATION

First name _____ Last name _____
Address _____
Email _____ (Safe to contact? _____)
Phone # _____ (Safe to contact? _____)
Number of family members: Adult: _____ Youth (13-18) _____ Children (12 and under) _____
Gender: M, F, Identifies as _____
Languages
• Languages spoken _____
• Can client communicate in English? _____
• Which language does client prefer to be served in? _____
Immigration status: "Status provides eligibility for case management services" Yes _____
Date of arrival
• Month _____ Year _____
If client is youth, are they in school? _____
• Emergency contact for youth: Name _____ Relationship: _____ Tel: _____ Email _____

Client pre-screened and meets criteria for case management services.
 Yes _____ No _____

REASON FOR REFERRAL AND ADDITIONAL NOTES

Please provide a brief description of facts related to referral and services requested. Please indicate if there are other case management service needs to consider.
(Comment Box)

CONSENT

Consent statement to be determined

Consent Signature _____

ALL INFORMATION CONTAINED IN THIS DOCUMENT IS STRICTLY CONFIDENTIAL

Appendix 1F. ALLIANCE: INTER-AGENCY REFERRAL PROCESS – CASE SUMMARY INFORMATION FOR REFERRED CLIENT

Developed by: Alliance for BC Settlement Case Management
Draft: Sept 21, 2022

Please note: This form is to be sent by password-protected attachment only.

REFERRING AGENCY

Date of sending of Case Summary: _____
Name of agency sending Case Summary: _____
Name of person sending Case Summary: _____
Contact information: Phone _____ Email _____ Fax _____

CLIENT INFORMATION

First name: _____ Last name: _____
Address: _____

CASE SUMMARY OF SERVICES

For each item checked, please provide facts related to status:

- Goods and Services Tax (GST) Credit
Date and stage of application: _____
Names and contact info of staff you are in contact with: _____
- Canada Child Benefit (CCB)
Date and stage of application: _____
Names and contact info of staff you are in contact with: _____
- Source of income
Date and stage of application: _____
Names and contact info of staff you are in contact with: _____
- Medical Services Plan (MSP)
Date and stage of application: _____
Names and contact info of staff you are in contact with: _____
- Language Instruction for Newcomers to Canada (LINC)
Date and stage of application: _____
Names and contact info of staff you are in contact with: _____
- Early Childhood Development
Date and stage of application: _____
Names and contact info of staff you are in contact with: _____
- Person with Disabilities (PWD)
Date and stage of application: _____
Names and contact info of staff you are in contact with: _____
- School Principal Letter
Date and stage of application: _____
Names and contact info of staff you are in contact with: _____
- Leisure Access
Date and stage of application: _____
Names and contact info of staff you are in contact with: _____

BC Housing: BC Housing File Number

Date and stage of application: _____

Names and contact info of staff you are in contact with: _____

One Year Window Application (if applicable) Spouse Child(ren)

Date and stage of application: _____

Names and contact info of staff you are in contact with: _____

Income Assistance

Date and stage of application: _____

Names and contact info of staff you are in contact with: _____

Other

Date and stage of application: _____

Names and contact info of staff you are in contact with: _____

CONSENT

Consent statement to be determined

Consent Signature _____

ALL INFORMATION CONTAINED IN THIS DOCUMENT IS STRICTLY CONFIDENTIAL

Appendix 2A.



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The Innovative BC Settlement Case Management Service Model

Agency Focus Group

Phase 1: Baseline Study

Program Information

1. What are the objectives/goals/aims of the program?
2. Describe the Case Management Model/Program your organization uses? What components are involved in the case management model/program?
3. What is the uniqueness of your service?
4. What is your service capacity?
5. Which one is funded by IRCC?

Service Users

1. Who are your service users?
2. What are the eligibility criteria for service? What are the exclusionary criteria for service?
3. What are the major sources of referrals of your service users?

Process:

Please walk us through the process from the intake to the end? (focusing only on IRCC funded)

Service Provision

1. How is case management service connected with the major settlement services at your agency?
2. What kinds of assessments are conducted/ information to be collected during the intake process?
 - a. Who conducts the intake?
3. What are the stages of intervention and the roles and tasks of the case manager in each stage?
4. When is service terminated?
5. How is case management work documented?

Program evaluation, success and challenges

1. How do you evaluate/ measure service outcome?

- a. What are the outcome indicators of a “successful” case?
2. What are the challenges or difficulties encountered in various stage of intervention? Any suggestions to the current practice?
3. What are the strengths in the program?
4. Can you share one successful case? What are the important elements that contribute to the success?

Program Support

1. What training is provided to new case managers?
2. What kinds of training do you think are important to a case manager?
3. If a case manager needs help or support in deciding intervention, from where can he/she obtain this assistance?
4. How frequent is team meetings and/or supervision?

Inter-agency connection

1. How do you work with other agencies?
2. What circumstances do you refer to other agencies?
3. Please list the top five agencies that you have been working closely in the case management process?
 - a. What are the major functions of these agencies that are related to your work?
 - b. Who in these agencies will you recommend us to contact to get feedback for the current case management service of your agency?

Regarding this project

1. What are your expectations of this project?
2. What are the principles and key elements that you will recommend for a standardized case management framework in the settlement service?
3. Are there any other experiences and ideas that you would like to share with others in the same practice area?

Appendix 2B.



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The Innovative BC Settlement Case Management Service Model

Agency Focus Group

The purpose of this project is to develop a case management framework of settlement services for vulnerable newcomers in British Columbia. This project is funded by Immigration, Refugees and Citizenship Canada, and jointly facilitated by MOSAIC and the University of British Columbia. This focus group will ask you to evaluate your experience with using the Collaborative Case Management Model.

There are 6 open-ended questions and the focus group will take approximately 90 minutes. Your responses will be anonymous and will not be linked to you personally. Your participation is entirely voluntary. You may withdraw from the study at any time without explanation to the research team or your participating agency. Your position at your participating agency will not be negatively impacted. Thank you for your participation.

1. How was your experience using the Collaborative Case Management Model?
2. What are the strengths of the Collaborative Case Management Model?
3. What are the limitations of the Collaborative Case Management Model?
4. What impact(s) did the Collaborative Case Management Model to have on your case management approach?
5. Which model of case management do you prefer to use in practice: the previous model or the Collaborative Model? Please explain your choice.
6. What improvements or recommendations do you have for the Collaborative Case Management Model?

Appendix 2C.



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The Innovative BC Settlement Case Management Service Model

Client Focus Group

The purpose of this project is to develop a case management framework of settlement services for vulnerable newcomers in British Columbia. This project is funded by Immigration, Refugees and Citizenship Canada, and jointly facilitated by MOSAIC and the University of British Columbia. This focus group will ask you to evaluate your experience with using case management services.

There are 5 open-ended questions and the focus group will take approximately 90 minutes. Your responses will be anonymous and will not be linked to you personally. Your participation is entirely voluntary. You may withdraw from the study at any time without explanation to the research team or your participating agency. Your involvement at your participating agency will not be negatively impacted. Thank you for your participation.

1. Before meeting with the staff, what did you expect this program can help you?
2. Which part(s) of the program did you find most helpful?
3. Which part(s) of the program did you find not so helpful?
4. In what way is your life different after participating in the program?
5. If you could make the program better, what kinds of improvement do you want to see?

Appendix 2D.



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**The Innovative BC Settlement Case Management Service Model
Collaborative Case Management Model
Training Feedback Form**

The purpose of this project is to develop a case management framework of settlement services for vulnerable newcomers in British Columbia. This project is funded by Immigration, Refugees and Citizenship Canada, and jointly facilitated by MOSAIC and the University of British Columbia. This questionnaire will ask you to evaluate your experience with using the Collaborative Case Management Model.

There are 5 questions requiring either a rated or written response. Please allow 10-15 minutes to complete this questionnaire. This form must be completed in one sitting as the weblink can only be accessed once.

Your responses will be anonymous and will not be linked to you personally. Your participation is entirely voluntary. You may withdraw from the study at any time without explanation to the research team or your participating agency. Your position at your participating agency will not be negatively impacted. Thank you for your participation.

What is your position:

- Case manager
- Supervisor
- Both
- Other, please specify:

Ranking Questions:

1. How comfortable are you in applying the Collaborative Case Management Model to your practice?

1	2	3	4	5
Not comfortable	Somewhat comfortable	Moderate	Comfortable	Very Comfortable

Please explain:

2. How competent do you feel in your abilities to applying the Collaborative Case Management Model to your practice?

1
Not competent

2
Somewhat
competent

3
Moderate

4
Competent

5
Very competent

Please explain:

Open-ended Questions:

3. What component of the Collaborative Case Management Model do you anticipate to be most difficult for you to implement?
4. What component of the Collaborative Case Management Model do you like best?
5. How can the agency support you in the successful implementation of the Collaborative Case Management Model?

Appendix 2E.



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**The Innovative BC Settlement Case Management Service Model
Collaborative Case Management Model**

Worker Feedback Form

The purpose of this project is to develop a case management framework of settlement services for vulnerable newcomers in British Columbia. This project is funded by Immigration, Refugees and Citizenship Canada, and jointly facilitated by MOSAIC and the University of British Columbia. This questionnaire will ask you to evaluate your experience with using the Collaborative Case Management Model.

There are 6 questions requiring either a rated or written response. Please allow 10-15 minutes to complete this questionnaire. This form must be completed in one sitting as the weblink can only be accessed once.

Your responses will be anonymous and will not be linked to you personally. Your participation is entirely voluntary. You may withdraw from the study at any time without explanation to the research team or your participating agency. Your position at your participating agency will not be negatively impacted. Thank you for your participation.

What is your position:

- Case manager
- Supervisor
- Both
- Other, please specify:

Ranking Question:

1. How comfortable are you in applying the Collaborative Case Management Model to your practice?

1	2	3	4	5
Not comfortable	Somewhat comfortable	Moderate	Comfortable	Very Comfortable

Please explain:

2. How competent do you feel in your abilities to applying the Collaborative Case Management Model to your practice?

Appendix 2F.



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**The Innovative BC Settlement Case Management Service Model
Collaborative Case Management Model
Agency Questionnaire**

This agency questionnaire is comprised of 9 service profile questions, 6 case management indicators questions, and 8 service performance outcomes questions. Please respond in the space provided. If your agency is unable to gather this information, please explain why and identify the barriers that inhibits this information from being extracted for your case management information system.

Your agency:

- Archway Community Services
- Burnaby Family Life Institute
- DIVERSEcity Community Services
- Immigrant Services Society of BC (ISSofBC)
- MOSAIC
- Options Community Services
- Pacific Community Resources Society
- SUCCESS
- Victoria Immigrant and Refugee Centre Society (VIRCS)

Evaluation period:

- Current Case Management Model – Jan 1 to Dec 31, 2022
- New Collaborative Case Management Model – Jan 1 to Dec 31, 2023

Service Profiles

1. Total number of clients who received case management service in the identified evaluation period.

_____ clients

2. What % of clients have the following ethno-racial identity:

_____ % Black

_____ % South Asian

- _____ % Chinese
- _____ % Southeast Asian
- _____ % West Asian
- _____ % Hispanic
- _____ % Other

3. What are the top 5 countries of origin of your clients?

- 1.
- 2.
- 3.
- 4.
- 5.

4. What % of clients have the following immigration statuses:

- _____ % Government Assisted Refugee
- _____ % Privately Sponsored Refugee
- _____ % Refugee landed in Canada
- _____ % Permanent Resident
- _____ % Protected Person under IRPA S.59
- _____ % Naturalized Citizen
- _____ % Other

5. What % of clients duration in Canada at the start of service:

- _____ % <1 month
- _____ % 1 to 3 months
- _____ % 3+ to 6 months
- _____ % 6+ to 9 months
- _____ % 9+ to 12 months
- _____ % > 12 months
- _____ % >18 months
- _____ % >24 months

6. What % of clients require non-English service delivery:

- _____ % require non-English service delivery

7. What % of clients have the following household composition type:

- _____ % Individual
- _____ % Couple
- _____ % Family (Nuclear)

_____% Family (Multigenerational - defined as three or more generations in the household)
_____% Other

8. What % of client's household size are the following:

_____% 1 person
_____% 2 people
_____% 3 people
_____% 4 people
_____% 5 people
_____% 6 people
_____% >6 people

9. What % of client households are with children under 19 years of age

_____% households

Case Management Indicators

1. Number of case managers

_____ case managers, of which _____ are full-time and _____ are part-time and _____ other

2. Number of case managers providing service in a language other than English

_____ case managers

3. Case managers can speak the following languages:

4. How many case managers have the following caseload sizes:

_____ < 10 cases
_____ 10-19 cases
_____ 20-29 cases
_____ 30-39 cases
_____ ≥40 cases

5. What % of case managers contact their clients:

- _____ % daily
- _____ % every other day
- _____ % weekly
- _____ % bi-weekly
- _____ % monthly
- _____ % > more than a month

6. What % of case managers review their service plan with clients:

- _____ % at least once while working with the client
- _____ % 2 - 5 times while working with the client
- _____ % 6 or more times while working with the client

Service Performance Outcomes

1. What % of clients have the following number of issues:

- _____ % < 5 issues per client
- _____ % 5-10 issues per client
- _____ % > 10 issues per client

2. What are the top 5 identified client issues?

- 1.
- 2.
- 3.
- 4.
- 5.

3. What % of clients have the following duration of case management service:

- _____ % < 1 month
- _____ % 1 to 3 months
- _____ % 3+ to 6 months
- _____ % 6+ to 9 months
- _____ % 9+ to 12 months
- _____ % > 12 months
- _____ % >18 months
- _____ % >24 months

4. What is the total number of clients who 'successfully' completed the program (and not because they reach the maximum allowable duration of service)?

_____ clients

5. What is the total number of clients who ended services early before their goals were met or before they reached the maximum allowable duration of service?

_____ clients

6. What % of clients receive the following number of referrals to external community support services during their case management service:

_____ % receive < 5 referrals

_____ % receive 5-10 referrals

_____ % receive > 10 referrals

7. What % of clients are referred to settlement services after receiving case management?

_____ %

8. Among those clients who were referred to settlement services, what % move forward with receiving settlement services?

_____ %

Appendix 2G.



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**The Innovative BC Settlement Case Management Service Model
Collaborative Case Management Model**

Client Questionnaire at Program Start

The purpose of this project is to develop a case management framework of settlement services for vulnerable newcomers in British Columbia. This project is funded by Immigration, Refugees and Citizenship Canada, and jointly facilitated by MOSAIC and the University of British Columbia. This questionnaire will ask you to describe your experience accessing services at your settlement agency. There are 13 questions requiring a rated response. Please allow 10 minutes to complete this questionnaire. This form must be completed in one sitting as the weblink can only be accessed once. Your responses will be anonymous and will not be linked to you personally. Your participation is entirely voluntary. You do not have to answer a question if you do not want to. You may withdraw from the study at any time without explanation to the research team or your settlement agency. There will not be any negative impact to your access to settlement services if you withdraw. Thank you for your participation.

Which agency are you receiving case management services:

- Archway Community Services
- Burnaby Family Life Institute
- DIVERSEcity Community Services
- Immigrant Services Society of BC (ISSofBC)
- MOSAIC
- Options Community Services
- Pacific Community Resources Society
- SUCCESS
- Victoria Immigrant and Refugee Centre Society (VIRCS)

Please rate your level of satisfaction using the following scale:

	Very Dissatisfied	Dissatisfied	Moderate	Satisfied	Very Satisfied
1. How satisfied are you with the accessibility to services that meet your needs?	1	2	3	4	5
2. How satisfied are you with your language skills improvement?	1	2	3	4	5

- | | | | | | |
|--|---|---|---|---|---|
| 3. How satisfied are you with your participation in labor market? | 1 | 2 | 3 | 4 | 5 |
| 4. How satisfied are you with your knowledge of life in Canada? | 1 | 2 | 3 | 4 | 5 |
| 5. How satisfied are you with your participation in communities and social networks? | 1 | 2 | 3 | 4 | 5 |

Please select 'Yes' or 'No' to answer the following questions:

- | | | |
|--|-----|----|
| 6. Would you recommend case management to other newcomers? | Yes | No |
| 7. Do you have access to a family doctor? | Yes | No |
| 8. Over the past month, have you experienced any significant negative impacts to your physical health? | Yes | No |
| 9. Over the past month, have you experienced any significant negative impacts to your mental health? | Yes | No |
| 10. Do you have access to basic income? | Yes | No |
| 11. Do you have secure and stable housing? | Yes | No |
| 12. Do you have enough food for you and your family? | Yes | No |
| 13. Over the past month, have you run out of money for basic needs? | Yes | No |

Additional comments:

Appendix 2H.



THE UNIVERSITY OF BRITISH COLUMBIA
School of Social Work
 Vancouver Campus



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**The Innovative BC Settlement Case Management Service Model
 Collaborative Case Management Model
 Client Questionnaire at Program End**

The purpose of this project is to develop a case management framework of settlement services for vulnerable newcomers in British Columbia. This project is funded by Immigration, Refugees and Citizenship Canada, and jointly facilitated by MOSAIC and the University of British Columbia. This questionnaire will ask you to describe your experience accessing services at your settlement agency. There are 16 questions requiring a rated response. Please allow 10 minutes to complete this questionnaire. This form must be completed in one sitting as the weblink can only be accessed once. Your responses will be anonymous and will not be linked to you personally. Your participation is entirely voluntary. You do not have to answer a question if you do not want to. You may withdraw from the study at any time without explanation to the research team or your settlement agency. There will not be any negative impact to your access to settlement services if you withdraw. Thank you for your participation.

Which agency are you receiving case management services:

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- Pacific Community Resources Society
- SUCCESS
- Victoria Immigrant and Refugee Centre Society (VIRCS)

Please rate your level of satisfaction using the following scale:

	Very Dissatisfied	Dissatisfied	Moderate	Satisfied	Very Satisfied
1. How satisfied are you with the accessibility to services that meet your needs?	1	2	3	4	5
2. How satisfied are you with your language skills improvement?	1	2	3	4	5
3. How satisfied are you with your participation in labor market?	1	2	3	4	5

4. How satisfied are you with your knowledge of life in Canada?	1	2	3	4	5
5. How satisfied are you with your participation in communities and social networks?	1	2	3	4	5
6. How satisfied are you with the case management service?	1	2	3	4	5
7. How responsive was your case manager to your needs?	1	2	3	4	5
8. How ready do you feel in your abilities to navigate settlement services and community resources independently?	1	2	3	4	5

Please select 'Yes' or 'No' to answer the following questions:

9. Would you recommend case management to other newcomers?	Yes	No
10. Do you have access to a family doctor?	Yes	No
11. Over the past month, have you experienced any significant negative impacts to your physical health?	Yes	No
12. Over the past month, have you experienced any significant negative impacts to your mental health?	Yes	No
13. Do you have access to basic income?	Yes	No
14. Do you have secure and stable housing?	Yes	No
15. Do you have enough food for you and your family?	Yes	No
16. Over the past month, have you run out of money for basic needs?	Yes	No

Additional Comments: