



**School of Social Work**  
THE UNIVERSITY OF BRITISH COLUMBIA

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

Final Report

March 28, 2024

Prepared by:

Dr. Miu Chung Yan  
Dr. Barbara Lee

With the assistance of  
Dr. Mooly Wong, Community Researcher  
Frankie Cabahug, Research Assistant

This Project is funded by Immigration,  
Refugees and Citizenship Canada



Immigration, Refugees  
and Citizenship Canada

Immigration, Réfugiés  
et Citoyenneté Canada

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## Executive Summary

The Case Management Model has been used in the settlement sector for clients with high and complex needs. However, there has been no literature or formal research to investigate its application and outcomes in the context of the settlement sector. Funded by Immigration, Refugee, Citizenship Canada, the Innovative BC Settlement Case Management Service Model Project (Project) aimed to develop an evidence and outcome-based Settlement Case Management Model by investigating existing interventions as well as enhancing the model. The overarching goal of this project is to support new members of Canadian society to fully participate and contribute to society in a meaningful way. The Project enhances approaches and tools of Settlement Case Management Model to maximize settlement and integration outcomes of vulnerable newcomers, namely Government Assisted Refugees (GARs), Privately Sponsored Refugees (PSRs) and Newcomers with complex and multiple barriers.

Led by MOSAIC, nine settlement service organizations (SSOs) and a research team from the University of British Columbia collaboratively conducted a baseline study of existing case management service, developed, implemented and tested a new model, namely the Collaborative Case Management Service Model (hereafter the Enhanced Model) in twenty-four months. A mixed-method research methodology was employed in the baseline study, and a quasi-experimental mixed methods design was used to evaluate the Enhanced Model as compared to the previous case management approach (Original Model), and capture feedbacks and ideas from service users, case managers, supervisors and senior management. The findings of the evaluative study on the implementation and service outcome of the Enhanced Model show encouraging evidences that prove its effectiveness:

1. Participating SSOs indicated a strong adoption of the Enhanced Model not only during the experimenting phase. They have unanimously committed to continue the model after the Project finished.
2. Over 65% and 80% of case managers respectively were comfortable and competent in applying this Enhanced Model in their direct practice.
3. Service users were mostly West Asian (n=511, 50.5%), Black (n=276, 27.3%), and White or European (n=73, 7.2%), and were either government-assisted (n=612, 60.4%) or privately-sponsored refugees (n=202, 19.9%), had a statistically significant reduction across the 10 domains of identified needs at the exit of case management service.
4. Generally, clients scored statistically significantly higher ( $p < 0.001$ ) in satisfaction across all domains (service accessibility, language skills improvement, labour market participation, knowledge of life in Canada, participation in community and social networks) upon exit from case management services, compared to entry of case management services; thus, demonstrate the overall effectiveness of case management services.
5. In comparing case management models, all the client satisfaction scores across all domains (service accessibility, language skills improvement, labour market participation, knowledge of life in Canada, participation in community and social networks, satisfaction in case management services, responsiveness of case manager, readiness to navigate community services independently) were higher upon exit of case management services

in the Enhanced Model compared to the Original Model, demonstrating client preference and positive outcomes in the Enhanced Model.

6. Upon completion of case management services, a high proportion of case managers indicated there were no identified barriers hampering the success of their service delivery. However, case managers reported that macro-level structural barriers, such as language barriers, lack of resources in the community, and difficult policies and procedures of government services were challenges for them to navigate with their service users.
7. The frequency of case supervision decreased from the Original Model to the Enhanced Model, thereby, streamlining supervision to once-a-month.
8. Based on the results of the evaluative study, we recommend:
  - a. A review of funding program to encourage interagency collaboration in workshop delivery and family-as-an-intake-unit.
  - b. A systematic training to enhance the skills and knowledges of case managers for this intensive service.
  - c. A centralized documentation system to minimize staff time in documentation and facilitate referral and transferal process.
  - d. Scaling up this best practice to a national level to ensure consistency and quality of case management service across the country.
  - e. The development of a robust yet flexible implementation plan to support the successful scale up so agencies can adapt and deliver the Enhanced Model based on their localized context.
  - f. More research to better understand the needs of service users and case managers.

## List of Participating Settlement Service Organizations

Archway Community Services  
Burnaby Family Life Institute  
DIVERSEcity Community Services  
ISS BC  
MOSAIC (Lead Agency)  
Options Community Services  
Pacific Community Resources Society  
SUCCESS  
Victoria Immigrant and Refugee Centre

## Introduction

This is the final report outlining the implementation and evaluation of the Innovative BC Settlement Case Management Service project (Project) funded by Immigration, Refugee, Citizenship Canada (IRCC). The ultimate purpose of the Project is to develop an evidence-informed and outcome-based settlement case management model by investigating existing interventions as well as enhancing the effectiveness and accountability of the current model. The Project is led by MOSAIC in partnership with eight other settlement service organizations (SSOs) in British Columbia (BC). Working with the nine participating SSOs, the research team (R-team), based at the University of British Columbia (Vancouver) School of Social Work, has played a dual role: model development and evaluation of the model. To maintain optimal impartiality, the implementation of the model was carried out by all participating SSOs with the assistance of the Project administration team from MOSAIC which also monitored the data collection for evaluation during the implementation process.

The Project can be roughly divided into three interrelated phases. In the first phase, the R-Team studied the existing case management approach practiced among the participating SSOs. Based on what was found, the R-Team developed and proposed an enhanced case management model, namely the BC Settlement Collaborative Case Management Service Model (the Enhanced Model). The second phase is the implementation phase which includes preparation and training of the Enhanced Model and actualization of the model in each SSO. During this phase, data collection for evaluating the Enhanced Model was conducted. In the last phase, the R-Team reviewed and analyzed the data collected from service users and case managers/supervisors. Throughout the Project, IRCC was updated with different monitoring activities such as *Quarterly Narrative Reports* on the progress. As reflected in these reports, the Project progressed smoothly and always met the output targets.

In the beginning, the Project formed a Working Group (WG) which comprised representatives of all participating SSOs. Throughout the Project, the WG served as an imperative platform for the R-Team to work collaboratively with all the SSOs. As mentioned in the December 2022, Project's Quarterly Narrative Reports, "*Working group meeting was a good platform to enhance organizations' knowledge on the progress of the research study, to collect their views on the Enhanced Model and the outcome evaluation study, as well as to allow sharing their questions and concerns with research team.*" The Reports also reflected the close and genuine conversations among all participating SSOs, as well as with the R-Team, regarding the progress, tasks, challenges and solutions that this Project encountered during the process.

Correspondingly, this report is divided into four major sections. In the first section, we lay out the process and methodology used to develop the Enhanced Model in Phase 1. In the second section, we report the activities in the Phase 2, implementation phase. In the third section, based on the findings of the evaluative study, we report the outcomes of the Enhanced Model. In the last section, we discuss the limitations of the Project including the methodologies to evaluate the Enhanced Model. We also suggest potential implications of the Enhanced Model in case management of settlement services and offer recommendations for policy and program development.

## SECTION 1: THE DEVELOPMENT OF THE ENHANCED MODEL

The R-Team presented a work plan to the WG's first meeting on December 16, 2021, which confirmed the work plan and launch of the Project. The R-Team developed all the data collection instruments and procedures which were submitted to the UBC Research Ethics Board for approval. The approval was granted and data collection started at the end of February 2022.

### Baseline Study and Enhanced Model Development

As a baseline study, a qualitative approach was used to investigate the current case management practice of all SSOs. To have an in-depth understanding of the institutional context and the daily practice of case management in the settlement sector, members of the R-Team separately interviewed case managers/supervisors (N = 16) of all the SSOs (N = 9). Employing a triangulation method to ensure that multiple perspectives were considered, four focus groups, in English, Spanish, Swahili, and Arabic, with service users (N = 23) were conducted. As required by the UBC Ethics Protocol, participants of all focus groups were self-selected. A recruitment email was sent to potential participants through the nine SSOs. Service user consent was obtained before the focus groups and confidentiality was observed throughout all stages of data collection and analysis.

Meanwhile, the R-Team also conducted a documentation review which covered all the forms and policies related to case management service. Eight SSOs took part in the review. Using thematic analysis, a popular data analysis method in qualitative research, the R-Team discovered that all SSOs adopted a similar case management approach which, as the research participants, indicated was largely effective. However, at least three shortcomings were identified (Details of the findings please refer to the *Baseline Report* dated October 24, 2022):

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 variations in service among case managers of the same organization. The nine SSOs have different policies and practices 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 rigour and are tailored for individual organizations. As a sector, no evaluation mechanism can generate comparable data to demonstrate the usefulness of the case management service.

Addressing these shortcomings, the R-Team proposed an Enhanced Model, namely the BC Settlement Collaborative Case Management Service Model, which was aimed at:

1. Standardizing the eligibility criteria
2. Streamlining the intake/assessment process



3. Rearticulating the service delivery modules
4. Building a broader outcome evaluation system
5. Strengthening the professional competence of case managers

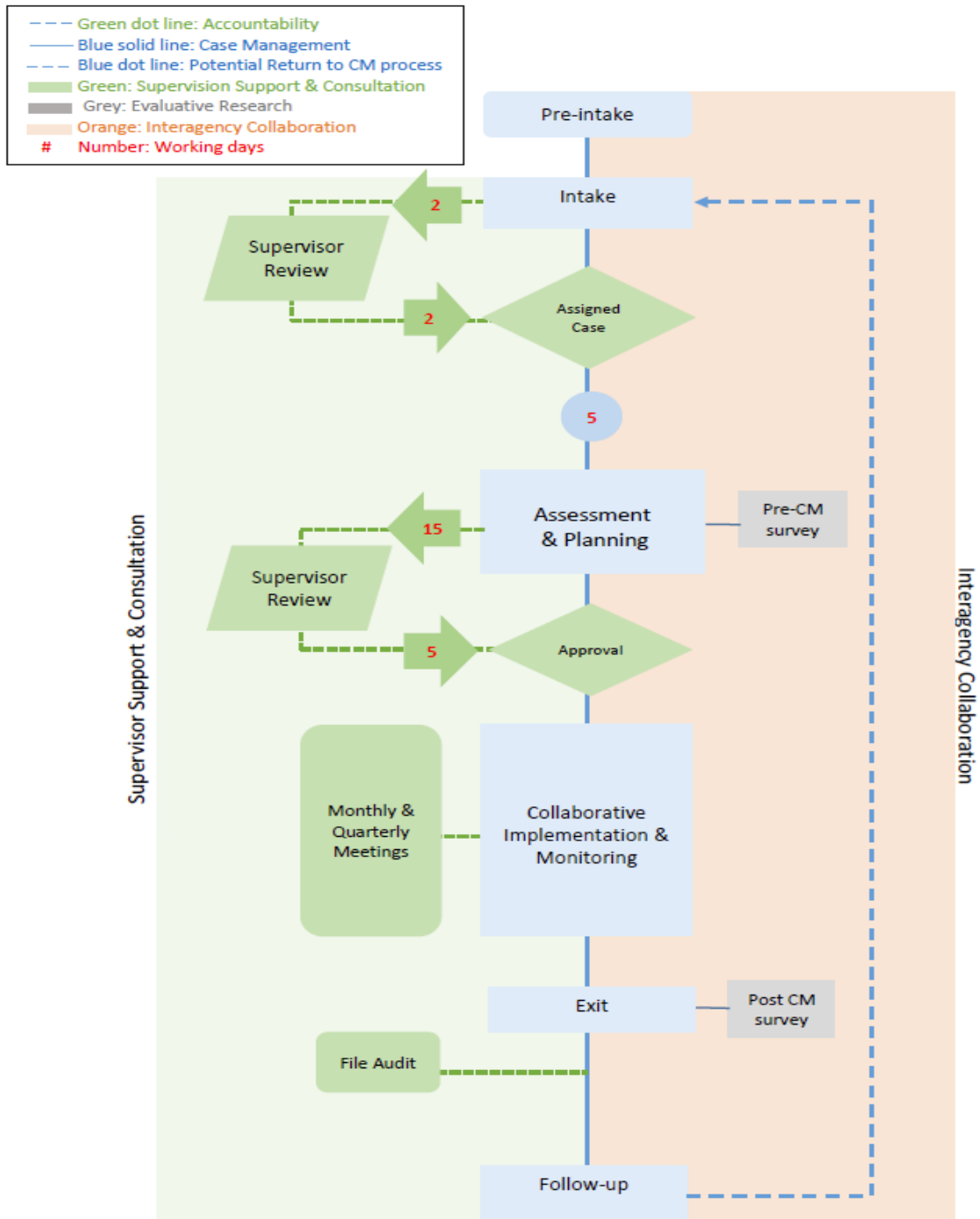
For a full description of the Enhanced Model please refer to the Baseline Report dated October 24, 2022. In brief, eight key suggestions were made to enhance case management practices across these nine SSOs:

1. Define the principles of the case management program in BC settlement services which are client-centred, holistic, collaborative, independency, and outcome-focused.
2. Define the minimum (i.e., four out of 10 domains of challenges in settlement) eligibility across all SSOs,
3. Streamline the intake/screening process using household as a unit,
4. Ensure accountability in the intake process by involving the supervisor in the decision-making process,
5. Strengthen monitoring and supervision by setting up regular individual professional and group supervision meetings throughout the process,
6. Develop a systematic evaluation mechanism which was used to collect data for evaluating the Enhanced Model (details see below),
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.

The Enhanced Model also delineates six interrelated, and often iterative, steps of the case management process: pre-intake, intake, assessment and planning, collaborative implementation & monitoring, exit, and follow-up. Figure 1 is a conceptual map of workflow in this Enhanced Model which provides a suggested timeline of these six steps of the case management process, and the tasks and roles of case managers and their supervisors in each step. We introduced a quasi-experimental evaluative mechanism in the Enhanced Model which includes pre-case management and post-case management service user surveys, compared to the original case management model.

The findings of the baseline study and the Enhanced Model were verified by a selected group (N=18) of case managers, supervisors, and other stakeholders in a workshop on October 5, 2022, and a group of supervisors at the Alliance for BC Settlement Case Management (the Alliance) on October 25, 2022. The feedback collected in both events was positive and reassuring. Minimal revision was needed.

**Figure 1: Workflow of Collaborative Case Management Model**



## SECTION 2: IMPLEMENTATION OF THE ENHANCED MODEL

The Enhanced Model was officially introduced at the end of October 2022 and formally adopted by all SSOs in March 2023. This section of the report will describe the strategies to prepare agencies for implementation and the mechanisms to support the successful adoption of the Enhanced Model. Appendix A outlines the activities conducted throughout the Project. Many of the activities were developed in response to the emerging needs and feedback from SSOs.

### Preparation

To prepare for the implementation of the Enhanced Model, a series of activities were organized to train case managers and supervisors to apply the Enhanced Model. Through the process, the R-Team and administrative team (Adm-Team) also provided ongoing support to SSOs. We classified these activities and supports into three different categories: training, professional support, and others.

### Training

The Enhanced Model was built upon the current practice of all the participating SSOs. To familiarize the case managers and supervisors with the new components of the Enhanced Model, the R-Team with the assistance of the Adm-Team organized several training activities.

On November 7, 2022, the R-Team organized a workshop in a hybrid format, and a total of 56 case managers and supervisors attended. In the workshop, the R-Team went through the steps and tasks of each step of the Enhanced Model. A survey was conducted to collect feedback from the audience. Of the 20 participants who offered their feedback, 65% (n=13) were comfortable or very comfortable, and 80% (n=16) felt competent or very competent in applying this Enhanced Model to their practice. While some felt the Enhanced Model might be time-consuming and increase their workload and pressure, many found the Enhanced Model similar to their existing practice and was more systematic and effective. A need for training was widely expressed.

As requested by the SSOs through the Alliance, the R-Team offered a joint workshop on Family Systems and Intake & Assessment for case managers. This half-day workshop was specifically to support case managers adopting the “family-as-an-intake-unit” suggestion made in the Enhanced Model. Dr. Barbara Lee, the co-lead of the R-Team offered a workshop on case documentation at the *National Case Management Conference* organized by MOSAIC on 28 February 2023, many participants of which were case managers from BC; and another workshop on 15 March 2023 organized by the Alliance which was specifically for case managers of BC. In September 2023, given the high turnover rate of case managers, the R-Team organized another workshop to train new case managers and some existing case managers and supervisors also attended to refresh their memory. To build continued capacity, Dr. Barbara Lee offered a workshop on culturally safe and trauma-informed interview skills for case managers on 26 March 2024 organized by the Alliance.

## Professional Supports

As recognized in the *Baseline Report*, each SSO has its institutional context and practice that may require a different level of adoption and modification of the Enhanced Model. In consultation with the R-Team, the Adm-Team developed and issued an Agency Implementation Plan – Guideline to all SSOs (Appendix B). In December 2022 and January 2023, the Project manager, Dr. Mooly Wong, who later took up the Community Researcher position to focus on the implementation and data collection processes, met with 19 people, including service heads, supervisors, and case managers, of eight of the nine SSOs to provide customized support for adopting the Enhanced Model. She provided another round of customized support to eight SSOs in April and May 2023. Later in May 2023, the Adm-Team, in consultation with the R-Team, issued a set of Qs and As regarding some operational details of the Enhanced Model after conducting another round of individual consultation with eight SSOs. All SSOs were asked to provide an Agency Modification Plan in June and December 2023 (Appendix C).

## Other Engagement Activities

To solicit support from senior management of all participating SSOs, the R-Team also presented the Enhanced Model to the Alliance’s Senior Executive meeting on November 17, 2022. Feedback from the six attendees was reassuring. As a response to the suggestions made in the *Baseline Report*, the Adm-Team also developed an infographic of case management services for SSOs (Appendix D) which helps consistency in the promotion of case management services in BC to potential service users. Meanwhile, the quarterly Working Group meeting also was an effective platform for the R-Team to communicate with the participating SSOs and it also served as a regular monitoring and feedback collection process.

## Adoption

For the service provider group, the focus was on the adoption and experience of the Enhanced Model in their practices.

## Agency

In June and December 2023, R-Team asked all participating SSOs to self-assess, from 0% to 100%, how much they follow the steps of the case management process proposed by the Enhanced Model. SSOs were asked to assess their adherence based on the suggested tasks for both the case managers and supervisors. A template (See Appendix C) with a list of suggestions for case managers and supervisors based on the suggested six steps of the case management process was provided for all SSOs to decide if and how much they have followed the Enhanced Model.

Of the nine participating SSOs, eight returned their assessment in June 2023, and nine in December 2023. Table 1 shows that most SSOs indicated that they followed most of the suggested tasks, particularly by December 2023, toward the end of the Project. However, it is noticeable that a few SSOs were not fully able to follow the intake process. As one of the SSOs which indicated a relatively low percentage in some components explained, the suggestion of

family-as-an-unit intake was challenging given the “individual-based” program design. Two SSOs mentioned that some service users exited the program abruptly and a proper termination was not feasible. Regarding the tasks of the follow-up step, the three SSOs, which indicated zero to 40% in December 2023, explained that they did not have cases under the Enhanced Model closed over three months by then. One SSO also mentioned a lack of resources as the reason for the lack of follow-up. Most SSOs did not participate in the interagency collaboration, mainly in workshop delivery. As an attempt to maximize the resources and minimize duplication of efforts among all SSOs, it was suggested that SSOs could coordinate educational workshops among themselves. Yet, this attempt was not successful due to the current funding and reporting models of the program. Similar concerns were raised in the case manager surveys (see below). While most SSOs did not participate in interagency collaboration, working with the Alliance, the Adm-Team was successful in engaging SSOs in creating an info-graph that summarizes the nature of the case management service. This was to standardize the pre-intake information for potential service users.

**Table 1: Agency Implementation and Adherence of the Enhanced Model**

	SSO1		SSO2		SSO3		SSO4		SSO5		SSO6		SSO7		SSO8		SSO9	
Process	Jun	Dec	Jun	Dec	Jun	Dec	Jun	Dec	Jun	Dec	Jun	Dec	Jun	Dec	Jun	Dec	Jun	Dec
<b>Pre- intake</b>	75	95	100	100	100	100	100	100	100	100	75	75	30	30	50	100	-	100
<b>Intake</b>	90	95	80	100	100	100	100	100	100	100	25	50	90	100	50	80	-	90
<b>Assessment &amp; Planning</b>	90	95	100	100	100	100	100	100	100	100	100	100	85	80	0	50	-	100
<b>Collaborative Implementation &amp; Monitoring</b>	90	95	100	100	90	90	100	100	100	100	90	90	85	90	60	100	-	100
<b>Exit</b>	0	5	100	90	100	100	100	100	100	100	100	100	20	10	70	100	-	100
<b>Follow up</b>	0	0	0	40	0	0	100	100	100	100	100	100	30	10	100	100	-	100
<b>Inter-agency collaboration</b>	0	0	0	10	100	100	0	0	100	100	0	0	50	0	0	0	-	0
<b>Overall</b>	<b>90</b>	<b>95</b>	<b>90</b>	<b>95</b>	<b>95</b>	<b>95</b>	<b>90</b>	<b>95</b>	<b>100</b>	<b>100</b>	<b>80</b>	<b>80</b>	<b>75</b>	<b>85</b>	<b>47</b>	<b>70</b>	<b>-</b>	<b>95</b>

Note: Agencies were to self-assess (0% to 100%) implementation and adherence to the Enhanced Model

At the final Working Group meeting on February 23, 2024, representatives of six SSOs who attended the meeting indicated strongly that their agency will continue using this Enhanced Model after the Project ends and some may need to partially modify the model to fit their organizational context and service users' nature. A representative who missed the meeting also indicated a similar intention. Here are the summaries of the discussion in the meeting:

1. Notable improvements in service delivery and positive feedback from service users since implementing the model.
2. Praise the accountability and documentation improvements brought by the model. There has been increased accountability through scheduled meetings for case discussions and client follow-ups. Consistent review processes and mutual agreement with clients on action plans are a valued contribution.
3. Suggestion to eliminate the three-month summary, as this process was redundant.
4. Advocated for standardized training and practices across provinces to ensure equitable service delivery, even when clients move from one province to another.
5. Need for continued support and training for case managers. Suggestions that future research focus on case manager burnout, case manager support, workload management, and other support needs
6. A need for consistent software and supporting digital tools for case management. Suggested needed improvements in case management software and support systems (iCare is not optimized for CM)
7. Advocated for standardized training and certification for case managers across provinces to ensure consistent service delivery and quality.
8. Emphasized the need for recognition and compensation commensurate with the complexity and demand of case management work.
9. Advocated for the scalability of the model nationally with standardized training and support mechanisms as well as considerations for organizational size and resources.
10. Emphasized the importance of standardized training and certification for case managers.
11. Acknowledged challenges faced during the project due to staffing challenges, organizational changes and the increasing number of clients.

In short, the summary confirmed the strong support of this Enhanced Model by all participating SSOs which have diligently integrated this Model into their service. We further discuss their recommendations for furthering this Model in this report's final section.

### Case Managers and Supervisors

Focusing on the comfort level and self-perceived competence in applying the Enhanced Model to their practice, the R-Team adopted the same set of questions to collect feedback from case managers and supervisors on five different occasions including the three training workshops in October and November 2022 and the additional booster workshop in September 2023. The R-Team also conducted two online surveys to collect feedback from the case managers and supervisors on applying the Enhanced Model in June and December 2023. In both surveys, a self-selected sampling method was used. All case managers and supervisors were invited to join the online surveys anonymously. Thirty-one and 29 case managers/supervisors responded respectively to the first and second surveys.

In the Performance Measurement Framework, the set targets for case managers feeling comfortable implementing this Enhanced Model were 10% at the baseline and 70% at the end of the Project. As indicated in Table 3, the majority (65%) of participants of the November 2022 workshop and 65.5% of respondents of the final case manager survey in December 2023 indicated that they were feeling “comfortable” or “very comfortable” in applying the Enhanced Model to their practice. The project-end survey percentage is slightly lower than our target. We also noticed that a higher percentage, 17.2%, of respondents indicated their feeling “not comfortable” and “somewhat comfortable”. A review of the explanations offered by the respondents on the five occasions, for those who did not feel comfortable or only felt “somewhat comfortable”, the major reasons were a) the Enhanced Model increased their workload, particularly paperwork; b) it is not very applicable to service users with special needs; and c) it may be suitable only for new case managers who need intensive supervision. On the other hand, a great majority of respondents explained that the Enhanced Model is very similar to what they have been practicing and as one respondent who participated in the October 2022 workshop said, “...it felt like an enhancement of existing strategies with added layers to better support the team and in turn, clients.” This was echoed by another respondent of the December 2023 survey who said, “It is straightforward, logical and I find it as a best way to fully support and capacitate clients using case management. It is patterned through a holistic approach which I find as always as the best way to uplift [the] lives of problematic people.”

**Table 2: Comfort in Applying the Enhanced Case Management Model**

		Not comfortable	Somewhat comfortable	Moderate	Comfortable	Very Comfortable
October 2022 (A=18, N=14)	#	0	2	2	5	5
	%	0%	14.3%	14.5%	35.7%	35.7%
November 2022 (A=74, N=20)	#	0	0	7	9	4
	%	0%	0%	35.0%	45.0%	20.0%
June 2023 (N=31)	#	0	4	3	15	9
	%	0%	12.9%	9.7%	48.4%	29.0%
September 2023 (A=22, N=6)	#	0	0	0	5	1
	%	0%	0%	0%	83%	17%
December 2023 (N=29)	#	1	4	5	12	7
	%	3.4%	13.8%	17.2%	41.4%	24.1%

Notes: A= No. of attendees, N=No. of responses received.

The second question that was posed to all respondents on the five occasions was their self-perceived competence in applying the Enhanced Model. Similar targets for baseline, 10%, and project-end, 70%, were set in the Performance Measurement Framework. As indicated in Table 4, the responses exceeded the targets and close to 80% of respondents on all but one occasion (i.e., the October 2022 workshop which was only for supervisors) reported feeling competent or very competent. It seems that in the beginning, the supervisors were worrying about the ability of case managers to apply this Enhanced Model. However, data collected from subsequent occasions show that case managers, who were the major participants on the other four occasions,

were more positive in their ability. Similar to their explanations of the comfort level, most respondents felt competent and very competent because the Enhanced Model is very similar to their previous practice. Meanwhile, they received the training, including those offered by the R-Team, that enhanced their ability to apply this Enhanced Model. As a respondent of the December 2023 survey said, the Enhanced Model *“is the same steps we use for our service users. The model is more organized and the outcome is beneficial for the agency and the service users.”*

**Table 3: Competence in Ability to Apply the Enhanced Case Management Model**

		Not competent	Somewhat competent	Moderate	Competent	Very competent
October 2022 (A=18, N=14)	#	0	0	7	3	4
	%	0%	0%	50%	21.4%	28.6%
November 2022 (A=74, N=20)	#	0	2	2	10	6
	%	0%	10.0%	10.0%	50.0%	30.0%
June 2023 (N=31)	#	1	1	4	15	10
	%	3.2%	3.2%	12.9%	48.4%	32.3%
September 2023 (A=22, N=6)	#	0	0	2	3	2
	%	0%	0%	28.6%	42.8%	28.6%
December 2023 (N=29)	#	0	3	3	11	12
	%	0%	10.3%	10.3%	37.9%	41.4%

Notes: A= No. of attendees, N=No. of responses received.

When comparing the results of the surveys on June 2023 and December 2023, respondents of these two surveys found that among all the new components introduced in the Enhanced Model, the most difficult ones are the family-as-an-intake-unit, the timeline and extra time to report and check in with supervisors, and asking service users to participate in the pre-and post-case management surveys. On the other hand, respondents in both surveys found all the new components were useful in some ways to improve their work. For instance, some saw the supervisor has a bigger role in the Enhanced Model and others suggested that it streamlines the case management process and gives a clear timeline for the case managers. Perhaps the most telling one, as suggested by one of the respondents in the December 2023 survey, is *“The Collaborative Case Management Model will give structure to all agencies, a structure on how to serve clients and if they all implement the model clients will have similar services and will benefit from all the programs. There will be consistency in services among service-providing agencies.”*

In terms of what case managers need from the agency to support them in implementing this Enhanced Model, support from supervisors, funding, and training were consistently raised by respondents on all five occasions.

In the December 2023 survey, respondents were asked if they recommended their agency to continue using the Enhanced Model after the Project. While out of the 29 respondents, 17 (58.6%) said yes and 2 (6.9%) said no, 10 (34.5%) said: “not sure”. Many explained that this Enhanced Model standardizes the case management practice, provides good support to the service users, and enhances the outcomes. As one respondent suggests, *“The agency will benefit*



*from using the model, the case manager will have the training, the steps to follow up with the service users and the networks to expand their knowledge.”* For those who are not sure, their concerns are about the time spent on supervision and paperwork and workloads.

In sum, the feedback that we collected from the supervisors and case managers indicates a strong buy-in from the frontline practitioners who felt comfortable and competent in applying the Enhanced Model to their work. Most also agreed that the new components introduced in the Enhanced Model can benefit their service users and agencies. Their major concerns or reservations are mainly related to the increased demand for time (for supervision and paperwork), their workload, and training needs.

### SECTION 3: EVALUATION OF THE ENHANCED MODEL

A multi-method approach was used to evaluate the Enhanced Model from the perspectives of two major groups: 1) service providers, including case managers, supervisors and senior management, and 2) service users. The methods and focus of evaluation between these two groups are different.

The service providers completed an Agency/Case Manager Questionnaire upon completion of case management service to document the case activities and outcomes of the clients they served. This was compared to the case activities and outcomes of the former case management model (Original Model).

The service users completed a Client Case Management Survey – at the Program Start, as well as, a Client Case Management Survey at the Program End to document the changes in their settlement outcomes, between the Original Model and the Enhanced Model.

One of the major benefits of engaging in evaluation was the systematic collection of information about client background and needs across all agencies. Prior to the evaluation of the Enhanced Model, there was no unified database on newcomers receiving case management services in BC and their outcomes. This section begins by providing an overview of the service users.

#### Overview of Service Users

As shown in the data collected from the Agency/case manager questionnaires, half of the service users were West Asian (n=511, 50.5%) followed by Black (n=276, 27.3%) and White or European (n=73, 7.2%). The service user's country of origin was primarily from Afghanistan (n=374, 36.9%), Eritrea (n=152, 15%), and Syria (n=151, 14.9%). The primary language used in case management service were Arabic (n=209, 20.6%), Dari (n=205, 20.2%), and English (n=166, 16.4%). The majority of case management services did not require interpretation services (n=752, 88.9%). This may be due to the strategic hiring practices of SSOs to meet the linguistic needs of their communities. The systematic collection of service user demographics can facilitate the adaptive resource allocation needed to support the continually changing newcomer population from targeted countries of origin.

**Table 4. Client Ethnicity, Country of Origin, and Language**

	<b>n</b>	<b>%</b>
<b>Ethno-cultural Identity (n=1012)</b>		
Black	276	27.3
East or Southeast Asian	49	4.8
Hispanic	10	1.0
South Asian	29	2.9
West Asian	511	50.5
White or European	73	7.2
Multi-racial	18	1.8
Don't Know	46	4.5
<b>Country of Origin (n=1013)</b>		
Afghanistan	374	36.9
China	2	0.2
Congo	36	3.6
Ethiopia	22	2.2
Eritrea	152	15.0
India	4	0.4
Iraq	47	4.6
Iran	26	2.6
Myanmar	12	2.2
Pakistan	5	0.5
Somalia	26	2.6
Sudan	23	2.3
Syria	151	14.9
Turkey	2	0.2
Ukraine	69	6.8
Vietnam	7	1.0
Other	55	5.4
<b>Language Used in Case Management (n=1013)</b>		
Arabic	209	20.6
Amharic	10	1.0
Burmese	7	0.7
Dari	205	20.2
Farsi	45	4.4
French	4	0.4
Hindi	2	0.2
Karen	7	0.7
Kimyamul	4	0.4
Kimyarwa	6	0.6
Kurdish	26	2.6
Lingala	2	0.2
Nuer	2	0.2
Pashto	69	6.8
Punjabi	3	0.3

Somali	12	1.2
Spanish	5	0.5
Swahili	25	2.5
Thai	2	0.2
Tigrinya	132	13
Turkish	2	0.2
Ukrainian	23	2.3
Russian	39	3.8
Vietnamese	1	0.1
Other	5	0.5
English	166	16.4
<b>Interpreter Used in Case Management (n=846)</b>		
Yes	94	11.1
No	752	88.9

Over half the service users were families with children (n=543, 53.6%) in households comprised of up to 4 family members (n=304, 49.1%). Family size ranged from individuals (n=298, 29.4%) to more than 10 family members (n=5, 0.7%). The majority of families have one (n=159, 25.6%) or two children (n=135, 21.8%). This emphasizes and confirms the importance of the family-as-an-intake-unit as recommended in the Enhanced Model.

**Table 5. Client Household**

	n	%
<b>Household Composition (n=1013)</b>		
Individual	298	29.4
Couple	95	9.4
Family (Parents and Child(ren))	543	53.6
Multigenerational Family	41	4
Other	36	3.6
<b>Family Household Size (n=620) (not including individuals or couples)</b>		
3 members	153	24.7
4 members	151	24.4
5 members	135	21.8
6 – 10 members	176	28.4
More than 10 family members	5	0.8
<b>Number of Children (n=620)</b>		
No Children	61	9.8
1 Child	159	25.6
2 Children	135	21.8
3 Children	124	20.0
4 Children	72	11.6
5 Children	41	6.6
More than 5 Children	28	4.5

The majority of service users entered Canada as Government Assisted Refugees (GARs) (n=612, 60.4%), followed by Privately Sponsored Refugees (n=202, 19.9%), family sponsorship (n=64, 6.3%), and Canada-Ukraine Authorization for Emergency Travel (CUAET) (n=53, 5.2%). Over half of the service users have been in Canada for less than 6 months at the start of case management services (n= 553, 54.6%). This demonstrates the vulnerability of the service user population and the need for intensive case management services.

**Table 6. Client Immigration**

	n	%
<b>Immigration Class (n=1013)</b>		
Privately Sponsored Refugee	202	19.9
Government Assisted Refugee	612	60.4
Family Sponsorship	64	6.3
Refugee Class - Other	24	2.4
Refugee Claimant	11	1.1
Blended Sponsored Refugee	12	1.2
Dependent	5	0.5
CUAET	53	5.2
Work Permit	19	1.9
Federal Skilled Worker Program	1	0.1
Class - Not Set	1	0.1
Other	9	0.9
<b>Length of Time in Canada at the Start of Case Management (n=1013)</b>		
Less than 1 month	100	9.9
1-3 months	279	27.5
4-6 months	174	17.2
7-9 months	91	9.0
10-12 months	122	12.0
12+ to 18 months	97	9.6
18+ to 24 months	51	5.0
24+ months	99	9.8

### Evaluation from Service Providers' Perspective

Upon entry and eligibility for case management services, service users were assessed to have several domains of identified needs. Overall, the predominant service users' needs were "social benefits" (n=781, 94.5%), health (n=798, 94.5%), financial (n=748, 94.0%), and housing (n=711, 93.4%). Upon exit of case management services, a statistically significant reduction ( $p<0.001$ ) was identified for the same domains of "social benefits" (n=39, 14.0%), health (n=110, 32.2%), financial (n=103, 29.8%), and housing (n=298, 61.3%). This pattern of extremely high identified needs at the entry of case management service and statistically significant reduction ( $p<0.001$ ) of

identified needs at the exit of case management services was seen across the 10 domains (family, housing, education, financial, immigration, social benefits, health, legal, labour market, adjustment, other) for both the Old Case Management Model and New Case Management Model. Thus, demonstrating the overall effectiveness of case management services.

**Table 7. Client Domains of Identified Need**

	Overall				Original Model						Enhanced Model					
	Entry		Exit		Entry		Exit		$\chi^2$	<i>p</i>	Entry		Exit		$\chi^2$	<i>p</i>
	n	%	n	%	n	%	n	%			n	%	n	%		
Family	387	70.5	33	11.4	172	64.4	9	5.6	142.43	<0.001	215	76.2	24	18.8	119.69	<0.001
Housing	711	93.4	298	61.3	338	93.9	132	55.5	125.76	<0.001	373	93.0	166	66.9	74.05	<0.001
Education	758	90.6	85	26.0	390	90.7	32	17.9	314.99	<0.001	368	90.4	53	35.8	176.71	<0.001
Financial	748	94.0	103	29.8	381	95.3	48	24.9	322.30	<0.001	367	92.7	55	35.9	199.94	<0.001
Immigration	397	66.5	62	20.8	151	53.0	23	13.5	70.78	<0.001	246	78.8	39	30.7	91.84	<0.001
Social Benefits	781	94.9	39	14.0	371	94.6	14	8.9	394.60	<0.001	410	95.1	25	20.8	311.72	<0.001
Health	798	94.5	110	32.2	400	96.4	39	21.8	360.86	<0.001	398	92.8	71	43.6	173.82	<0.001
Legal	102	30.0	21	7.6	36	20.0	10	6.2	14.00	<0.001	66	41.3	11	9.6	33.32	<0.001
Labour Market	598	84.7	137	38.0	289	83.8	69	33.8	140.96	<0.001	309	85.6	68	43.3	98.75	<0.001
Adjustment	589	81.7	60	19.6	272	77.7	27	15.6	182.38	<0.001	317	85.4	33	24.8	169.62	<0.001
Other	54	18.2	49	16.8	35	19.9	26	15.4	1.20	0.27	19	15.8	23	18.9	0.38	0.54

Overall, case management services were approximately 10-12 months in duration (Overall n=389, 38.5%; Original Model n=194, 38.5%; Enhanced Model n=195, 38.5%). Majority of case managers connected with clients on a weekly (Overall n=322, 31.9%; Original Model n=140, 27.8%; Enhanced Model n=182, 36.0%) or bi-weekly basis (Overall n=254, 25.2%; Original Model n=132, 26.2%; Enhanced Model n=122, 24.2%). The primary method of contact with the service user was face to face meeting in the office (Overall n=431, 42.7%; Original Model n=208, 41.3%; Enhanced Model n=223, 44.2%) followed by telephone (Overall n=313, 31.0%; Original Model n=178, 35.3%; Enhanced Model n=135, 26.7%), and face to face meeting in the community (Overall n=72, 7.1%; Original Model n=35, 6.9%; Enhanced Model n=37, 7.3%). There is a slight shift in indirect contact methods to more combined direct and indirect contact methods (Telephone: Original Model 35.3% vs. Enhanced Model 26.7%; All of the Above: Original Model 0.6% vs. Enhanced Model 6.5%; Combined Direct and Indirect: Original Model 3.8% vs. Enhanced Model 10.3%).

The most intensive resource demands for case managers are home visits and to accompany the client to other services. Over half of case managers did not conduct a home visit during case management services (Overall n=574, 56.9%; Original Model n=276, 54.8%; Enhanced Model n=298, 59.0%); over a quarter have conducted at least one or two home visits. The primary reason for client home visits was to meet with multiple family members (Overall n=159, 36.6%; Original Model n=78, 34.2%; Enhanced Model n=81, 39.1%) and to assess housing safety concerns (Overall n=96, 22.1%; Original Model n=52, 22.8%; Enhanced Model n=44, 21.3%). Over a quarter of case managers did not accompany their service users to other services during case management (Overall n=293, 29.1%; Original Model n=159, 31.5%; Enhanced Model n=134, 26.6%). Among those that did accompany their client to other services during case management, the majority of case managers needed to accompany clients 5-9 times (Overall n=173, 17.2%; Original Model n=78, 15.5%; Enhanced Model n=95, 18.8%) with up to 14 cases (1.4%) requiring accompaniment over 53 times. The primary reasons for client accompaniment were language translation (Overall n=317, 44.2%; Original Model n=141, 40.8%; Enhanced Model n=176, 47.4%), followed by advocacy for the client (Overall n=161, 22.5%; Original Model n=89, 25.7%; Enhanced Model n=72, 19.4%).

**Table 8. Case Management Services**

	Total		Original Model		Enhanced Model	
	n	%	n	%	n	%
<b>Duration of Case Management (n=1010)</b>						
Less than 1 month	27	2.7	17	3.4	10	2.0
1-3 months	66	6.5	41	8.1	25	4.9
4-6 months	91	9	34	6.7	57	11.3
7-9 months	221	21.9	97	19.2	124	24.5
10-12 months	389	38.5	194	38.5	195	38.5
12+ to 18 months	165	16.3	88	17.5	77	15.2
18+ to 24 months	23	2.3	15	3.0	8	1.6
24+ months	28	2.8	18	3.6	10	2.0
<b>Frequency of Contact with Client (n=1009)</b>						
More than once a week	179	17.7	99	19.6	80	15.8
Once a week	322	31.9	140	27.8	182	36.0
Once every 2 weeks	254	25.2	132	26.2	122	24.2
Once every 3 weeks	108	10.7	57	11.3	51	10.1
Once a month	119	11.8	61	12.1	58	11.5
Once every 2 months	24	2.4	14	2.8	10	2.0
Less than once every 2 months	3	0.3	1	0.2	2	0.4
<b>Primary Method of Contact with Client (n=1010)</b>						
Face-to-face meeting in the office	431	42.7	208	41.3	223	44.2
Face-to-face meetings in the community	72	7.1	35	6.9	37	7.3
Home visit	20	2.0	12	2.4	8	1.6
Telephone	313	31.0	178	35.3	135	26.7
Email	10	1.0	8	1.6	2	0.4
Text/Instant Messages	21	2.1	17	3.4	4	0.8

Other	22	2.2	16	3.2	4	0.8
All of the Above	35	3.5	3	0.6	32	6.5
Combined Indirect (Telephone, Email, Text)	15	1.5	8	1.6	7	1.4
Combined Direct and Indirect	71	7.0	19	3.8	52	10.3
<b>Primary Reason for Client Home Visits (n=435)</b>						
Assessing housing safety concerns	96	22.1	52	22.8	44	21.3
Client transportation barriers	82	18.9	48	21.1	34	18.9
Meeting with multiple family members	159	36.6	78	34.2	81	39.1
Childcare barriers to meeting outside the home	23	5.3	12	5.3	11	5.3
The client's physical health or mobility issues	20	4.6	10	4.4	10	4.8
Client mental health	5	1.1	0	0	5	4.8
Other	50	11.5	28	12.3	22	10.6
<b>Number of Home Visits during Case Management (n=1009)</b>						
None	574	56.9	276	54.8	298	59.0
One	174	17.2	89	17.7	85	16.8
Two	104	10.3	52	10.3	52	10.3
Three	48	4.8	28	5.6	20	4.0
Four	33	3.3	17	3.4	16	3.2
5 - 9	53	5.3	26	5.2	27	5.3
10 - 14	13	1.3	8	1.6	5	1.0
15 - 19	4	0.4	2	0.4	2	0.4
20 - 24	5	0.5	5	1.0	0	0
25+	1	0.1	1	0.2	0	0
<b>Primary Reason to Accompany Client (n=717)</b>						
Language translation	317	44.2	141	40.8	176	47.4
Client does not know where to go	100	13.9	56	16.2	44	11.9
Transport the client	25	3.5	0	0	25	6.7
Advocacy for client	161	22.5	89	25.7	72	19.4
Comfort/Ease for the Client	39	5.4	27	7.8	12	3.2
Client Asked	10	1.4	4	1.2	6	1.6
Other	43	6.0	29	8.4	24	6.5
All of the Above	22	3.1	10	2.8	12	3.8
<b>Number of Times Accompanying Client to Other Services during Case Management (n=1008)</b>						
None	293	29.1	159	31.5	134	26.6
One	80	7.9	39	7.7	41	8.1
Two	134	13.3	62	12.3	72	14.3
Three	92	9.1	38	7.5	54	10.7
Four	61	6.1	28	5.6	33	6.5

5 - 9	173	17.2	78	15.5	95	18.8
10 - 14	83	8.2	40	7.9	43	8.5
15 - 19	31	3.1	20	4.0	11	2.3
20 - 24	17	1.7	6	1.2	11	2.2
25+	44	4.4	34	6.7	10	2.0

In addition to direct services, case managers continued to strengthen client capacity through client attendance of workshops, as well as referral to other services during case management services. Among the clients that attended workshops, the majority attended 5-9 workshops (Overall n=228, 22.6%; Original Model n=84, 16.7%; Enhanced Model n=144, 28.6%), with an increase in workshop attendance in the Enhanced Model compared to the Original Model. Almost a quarter of clients were referred to 15 or more external services during case management (Overall n=242, 24.0%; Original Model n=130, 25.8%; Enhanced Model n=112, 22.1%). The high number of workshop attendance and referral to other services, suggests that continued efforts to support interagency collaboration can benefit the overall settlement sector.

**Table 9. Strengthening Client Capacity**

	Total		Original Model		Enhanced Model	
	n	%	n	%	n	%
<b>Number of Workshops Client Attended during Case Management (n=1008)</b>						
None	196	19.4	113	22.4	83	16.5
One	107	10.6	50	9.9	57	11.3
Two	121	12.0	62	12.3	59	11.7
Three	92	9.1	47	9.3	45	8.9
Four	75	7.4	39	7.7	36	7.1
5 - 9	228	22.6	84	16.7	144	28.6
10 - 14	80	7.9	33	6.5	47	9.3
15 - 19	40	4.0	24	4.8	16	3.2
20 - 24	9	0.9	7	1.4	2	0.4
25+	52	5.2	38	7.5	14	2.8
Unknown	8	0.8	7	1.4	1	0.2
<b>Number of Referrals to Other Services during Case Management (n=1010)</b>						
None	43	4.3	25	5.0	18	3.6
One	60	5.9	28	5.6	32	6.3
Two	116	11.5	51	10.1	65	12.8
Three	93	9.2	44	8.7	49	9.7
Four	94	9.3	49	9.7	45	8.9
5 - 9	247	24.5	114	22.6	133	26.3
10 - 14	115	11.4	63	12.5	52	10.3
15+	242	24.0	130	25.8	112	22.1



The majority of clients exited case management services because all their identified needs were met (Overall n=522, 51.7%; Original Model n=301, 59.7%; Enhanced Model n=221, 43.7%), followed by the duration of case management services were reached as agreed on in their service plan (Overall n=241, 23.9%; Original Model n=110, 21.8%; Enhanced Model n=131, 25.9%). Relatively few clients dropped out or stopped services (Overall n=49, 4.9%; Original Model n=35, 6.9%; Enhanced Model n=14, 2.8%).

Upon completion of case management services, a high proportion of case managers indicated there were no identified barriers hampering the success of their service delivery (Overall n=288, 68.9%; Original Model n=193, 65.0%; Enhanced Model n=174, 73.7%). Among those that identified barriers in service delivery, the top 3 barriers were language barriers (Overall n=400, 71.8%; Original Model n=187, 68.2%; Enhanced Model n=213, 75.3%), lack of resources in the community (Overall n=344, 68.3%; Original Model n=170, 65.9%; Enhanced Model n=174, 70.7%), and difficult policies and procedures of government services (Overall n=194, 48.6%; Original Model n=77, 39.1%; Enhanced Model n=119, 57.8%). This highlights the macro-level structural barriers that case managers need to navigate, instead of the micro level case level issues such as complexity of client situations (Overall n=39, 1.9%) and high caseloads (Overall n=32, 1.5%). While case managers noted high caseloads as a concern in the continued adoption of the Enhanced Model, this was not a statistically significant finding in the case management outcome. Only 1.5% overall reported high caseloads as an identified barrier in case management delivery.

At the end of case management services, over a quarter of clients were not referred to settlement services (Overall n=288, 28.5%; Original Model n=122, 24.2%; Enhanced Model n=166, 32.8%). This may be because the client’s needs were met during case management services. Among those that were referred to settlement services, a small proportion received services (Overall n=181, 17.9%; Original Model n=105, 20.8%; Enhanced Model n=76, 15.0%); the remainder didn’t receive services or it was unknown whether services were received. This demonstrates the continued need for a mechanism to monitor client service provision and trajectories in social service navigation.

**Table 10. Case Management Termination**

	Total		Original Model		Enhanced Model	
	n	%	n	%	n	%
<b>Reason to Exit Case Management (CM)</b> (n=1010)						
Met all the identified needs	522	51.7	301	59.7	221	43.7
Reached duration agreed on the service plan	241	23.9	110	21.8	131	25.9
Client drop out or stopped service	49	4.9	35	6.9	14	2.8
Refer the client to another agency	18	1.8	11	2.2	7	1.4
Client no longer eligible	33	3.3	14	2.8	19	3.8
Others	147	14.6	33	6.5	114	22.5
<b>Top 3 Barriers Hampering Success of CM</b>						

No identified barriers	367	68.9	193	65.0	174	73.7
Client language barrier	400	71.8	187	68.2	213	75.3
Lack of resources in the community	344	68.3	170	65.9	174	70.7
Difficult policies and procedures of government services	196	48.6	77	39.1	119	57.8
<b>Referred to Settlement Services After Case Management</b>						
No	288	28.5	122	24.2	166	32.8
Yes and received services	181	17.9	105	20.8	76	15.0
Yes but did not receive service	330	32.7	177	35.1	153	30.2
Yes but don't know if services were received*	211	20.9	100	19.8	111	21.9

To support this positive and impactful work is a need for case supervision between case manager and supervisor. Overall, case supervision occurs once a month (Overall n=418, 41.5%; Original Model n=177, 35.1%; Enhanced Model n=241, 47.8%). Interestingly, case managers reported a perceived increase burden of supervision on the case management processes, however, the frequency of case supervision decreased from the Original Model to the Enhanced Model (Supervision once every 2 weeks, Original Model 23.4% vs. Enhanced Model 11.5%; once every 3 weeks, Original Model 9.9% vs. Enhanced Model 6.3%; once a month, Original Model 35.1% vs. Enhanced Model 47.8%). There remained to be about 10% who received supervision only once every 2 months (Overall n=103, 10.2%; Original Model n=54, 10.7%; Enhanced Model n=49, 9.7%),

**Table 11. Case Management Supervision**

	Total		Original Model		Enhanced Model	
	n	%	n	%	n	%
<b>Frequency of Case Supervision (n=1008)</b>						
Everyday	4	0.4	1	0.2	3	0.6
More than once a week	32	3.2	18	3.6	14	2.8
Once a week	91	9.0	40	7.9	51	10.1
Once every 2 weeks	176	17.5	118	23.4	58	11.5
Once every 3 weeks	82	8.1	50	9.9	32	6.3
Once a month	418	41.5	177	35.1	241	47.8
Once every 2 months	102	10.1	46	9.1	56	11.1
Less than once every 2 months	103	10.2	54	10.7	49	9.7

**Evaluation from Service Users' Perspective**

Overall, clients scored statistically significantly higher (p<0.001) in satisfaction across all domains (service accessibility, language skills improvement, labour market participation, knowledge of life in Canada, participation in community and social networks) upon exit of case management services, compared to entry of case management services. The overall highest client satisfaction score upon exit of case management services was for the responsiveness of case

managers (Original Model M=4.56 SD=0.82 vs. Enhanced Model M=4.56 SD=0.73,  $p=0.97$ ). This was followed by satisfaction with the client's service accessibility (Original Model M=4.33 SD=0.9 vs. Enhanced Model M=4.47 SD=0.84,  $p=0.53$ ), readiness to navigate community services independently (Original Model M=4.04 SD=0.93 vs. Enhanced Model M=4.05 SD=0.94,  $p=0.96$ ), knowledge of life in Canada (Original Model M=3.96 SD=1.00 vs. Enhanced Model M=4.04 SD=0.93,  $p=0.23$ ), and participation in community and social networks (Original Model M=3.9 SD=1.02 vs. Enhanced Model M=4.05 SD=0.89,  $p=0.64$ ). The client satisfaction scores between the Original Model and the Enhanced Model were not statistically significant ( $p<0.001$ ), demonstrating the overall effectiveness of case management services. However, all the client satisfaction scores across all domains (service accessibility, language skills improvement, labour market participation, knowledge of life in Canada, participation in community and social networks, satisfaction in case management services, responsiveness of case manager, readiness to navigate community services independently) were higher upon exit of case management services in the Enhanced Model compared to the Original Model, demonstrating client preference and positive outcomes in the Enhanced Model.

**Table 12. Client Satisfaction**

	Original Model		Enhanced Model				Total Post								
	Post Only		Pre		Post		<i>t</i>	<i>d</i>	<i>p</i>	Difference					
	M	SD	M	SD	M	SD				Mdiff	SE	<i>t</i>	<i>d</i>	<i>p</i>	
Service Accessibility	4.33	0.91	3.43	1.30	4.47	0.84	16.27	0.88	<0.001	0.04	0.07	0.62	0.05	0.53	
Language Skills Improvement	3.82	1.04	2.99	1.26	3.92	1.05	12.98	0.77	<0.001	0.10	0.08	1.18	0.10	0.25	
Labour Market Participation	3.57	1.16	2.71	1.20	3.67	1.16	12.04	0.80	<0.001	0.08	0.09	0.79	0.07	0.43	
Knowledge of Life In Canada	3.96	1.00	3.10	1.22	4.04	0.93	14.39	0.83	<0.001	0.09	0.08	1.21	0.10	0.23	
Participation in Communities and Social Networks	3.91	1.02	3.04	1.19	4.05	0.89	15.89	0.91	<0.001	0.04	0.08	0.47	0.04	0.64	
Satisfaction in CM Services	3.91	0.85	-	-	4.51	0.78	-	-	-	-0.06	0.07	-0.91	-0.08	0.36	
Responsiveness of Case Manager	4.56	0.82	-	-	4.56	0.73	-	-	-	-0.00	0.06	-0.04	-0.00	0.97	
Readiness to Navigate Community Services Independently	4.04	0.93	-	-	4.05	0.94	-	-	-	-0.00	0.08	-0.05	-0.00	0.96	

Note: Very satisfied =1, Satisfied =2, Moderate=3, Satisfied=4, Very Satisfied=5

Almost all clients recommend case management services to other newcomers (Original Model, Exit n=306, 97.1%; Enhanced Model Entry n=784, 97.4% vs. Exit n=343, 98.6%,  $p=0.28$ ). Most remarkable was the statistically significant positive change in client

outcomes from entry to exit of case management services in the Enhanced Model: have access to a family doctor (Entry 32.6% vs. Exit 68.8%,  $p<0.001$ ), have access to basic income (Entry 61.3% vs. Exit 80.3%,  $p<0.001$ ), have secure and stable housing (Entry 66.3% vs. Exit 78.7%,  $p<0.001$ ), and have enough food for self and family (Entry 75% vs. Exit 86.3%,  $p<0.001$ ); as well as, the statistically significant reduction in: negative impacts to physical health over the past month (Entry 30.0% vs. Exit 15.0%,  $p<0.001$ ), negative impacts to mental health over the past month (Entry 25.9% vs. Exit 12.8%,  $p<0.001$ ), and run out of money for basic needs over the past month (Entry 48.0% vs. 31.8%,  $p<0.001$ ). This supports the statistically significant findings in the service provider evaluation of client domains of identified need at entry versus exit of case management services.

**Table 13. Client Reported Outcomes**

	Original Model		Enhanced Model				$\chi^2$	$p$
	Post Only		Pre		Post			
	n	%	n	%	n	%		
Recommends Case Management to Newcomers	306	97.1	784	97.4	343	98.6	1.51	0.28
Have Access to a Family Doctor	160	64.8	233	32.6	220	68.8	117.46	<0.001
Experienced Significant Negative Impacts to Physical Health Over the Past Month	28	11.2	214	30.0	48	15.0	26.18	<0.001
Experienced Significant Negative Impacts to Mental Health Over the Past Month	20	8.0	185	25.9	41	12.8	22.20	<0.001
Have Access to Basic Income	191	77.6	439	61.3	257	80.3	36.20	<0.001
Have Secure and Stable Housing	194	77.6	475	66.3	251	78.7	16.05	<0.001
Have Enough Food for Self and Family	233	93.2	537	75.0	276	86.3	16.57	<0.001
Have Run Out of Money for Basic Needs Over the Past Month	69	27.6	343	48.0	101	31.8	23.60	<0.001

The survey results were echoed by service users who participated in the focus group at the end of the project. Many participants indicated that they did not have a clear idea of what they could expect from the program. When they exited from the program, most of the participants were satisfied with the services and glad that the program was helpful in their and their family's initial settlement. Generally, they found the case managers were helpful and supportive although some did mention their case managers did not respond to their needs and call. In sum, three use components of case management were particularly highlighted by the participants:

1. The service helped fill out forms, update documentation, and information on the direction of different government programs and services that are eligible;
2. Language-matched service was appreciated as translation of documents was crucial, particularly in the beginning;
3. Accompaniment service with interpretation function was helpful, particularly in banking and medical service.

However, many participants also pointed out that case management service was not helpful to them in terms of securing tangible resources for their needs such as affordability housing,

medical services, and employment. These are larger structural issues beyond the control of their case managers.

## SECTION 4: RECOMMENDATIONS AND LIMITATIONS

The findings of the evaluative study have shown that the case management service is effective in supporting service users to overcome some major barriers in the early phase of their settlement process. The Enhanced Model tested in this Project has empirically proven to be effective in terms of service outcomes and accountability.

### Recommendations

Learning from the results of this evaluative study and insights generated from this Project, there are several recommendations for further development of this Enhanced Model and improvement of case management service in the settlement field:

1. The current funding model does not encourage intensive collaboration among SSOs. Instead, it leads to duplication and redundancy in service and waste of resources. The individual-based funding system also discourages SSOs from adopting a family-as-an-intake-unit practice. Newcomers from the same household experience many challenges requiring concerted effort among its members. However, the current model tends to fracture the family into individual units. Culturally, this “Western” individualistic approach may not suit newcomers from cultures favouring a more familial approach. We recommend that IRCC consider the current funding model to address these two issues.

3. The current iCare system, the design of which is only for a limited set of data for administrative purposes, is the only standardized tracking system. It is not useful for documentation purposes, which is critical to a successful case management process. The lack of a centralized documentation system among all SSOs has made referral and transferal complicated. Meanwhile, although several large SSOs can afford to develop their documentation system, small organizations still rely on very primitive systems, which are not friendly to the workers and inconvenient for case transfers. Developing at least a provincial system like medical records will be useful. This system can standardize the services, tracking system, and program evaluation.

3. The language skills of case managers have been the strength of case management services for newcomers who do not have English skills. However, at least among these nine SSOs, most case managers were not formally trained in human service. A successful case management service demands the practitioners to have certainly technical skills and knowledge in working with people. So far, there are no standardized competence requirements for case managers in settlement service. Most in-service training is ad hoc and short-term (half to two days), depending on budget and availability. Throughout the process, case managers and supervisors have repeatedly put training as a high priority. We strongly recommend having a systematic in-service training program for new and current case managers. In the long run, a certified qualification should be considered.

4. Many also point out that the job requirements and compensation do not match. Case management is far more intensive than regular settlement service and has a higher requirement in skills and knowledge of the worker. They should also be paid at a reasonably matched salary level. A good indicator is the high turnover rate among case managers, which directly and negatively affects the quality and outcome of the service.

5. As all participating SSOs suggested, this Enhanced Model should be scaled to a national level for newcomers who experience multiple challenges in the settlement process. The case management process employed in this Enhanced Model and the accountability system embedded in this process are both applicable to other SSOs across the country. The scaling is important in standardizing the service and practice, the consistency of which is vital to ensure the quality of case management support to newcomers. Based on the results of the evaluative study, the Research Team concurs with the SSOs and recommends this Enhanced Model as a best practice to be shared with all SSOs in Canada.

6. To successfully scale up to other SSOs at a national level, it is imperative to develop a robust yet flexible implementation plan so agencies can adapt and deliver the Enhanced Model based on their localized context. The concurrent evaluation and regular Working Group meetings provided contextual understanding of agency needs (e.g., additional training, checklists, monitoring systems, etc) in order to offer timely and actionable changes to pivot and adapt to the presenting needs. Agencies need to be supportive of the changes by facilitating structural shifts in policies and practices. There also needs to be champions and leaders to serve as a catalyst to further mobilize change throughout the agency.

7. This project offered the first systematic evaluation study on the effectiveness of case management services. The findings of this evaluative study are useful but not sufficient. A national-level study on the effectiveness of case management services for newcomers is needed. Also, so far, most case managers are not professionally trained in human service. To ensure the quality of the service, a study is imminent to examine what kinds of skill and knowledge and what kinds of preparation and support these paraprofessional human service practitioners need. Given the heavy demands on case management, future research may also need to focus on case manager burnout, case manager support, workload management, and other support needs.

## Limitations

The major limitations of this evaluative study are two follows:

1. Their participation rate in the project-end online survey was lower than expected due to the resource intensiveness of delivering case management services heavy caseload and the required paperwork.
2. Service users' participation rates in focus groups and pre- and post-client questionnaire surveys were low. The main reasons were that a) they were not digitally capable of filling out the online survey or joining Zoom meetings, b) they were unfamiliar and skeptical with formal research activities and processes, and c) they did not have English language skills.

3. Due to technical challenges, the A-Team and the R-Team were not able to have the total number of case managers and service users of all the participating SSOs.

Measures to address these limitations were taken:

1. Regarding the participation of case managers/supervisors, the administrative team worked with the agency representatives to send invitations and reminders to all case managers/supervisors.

2. Due to the ethics protocol of the University of British Columbia, of which the Research Team is affiliated, service users' participation in the surveys and focus groups were self-selected. Through the participating agencies, invitations and reminders were sent to their service users.

3. Several agencies also indicated their lack of human resources to follow up with the service users. The administrative team has organized and trained a group of volunteers to provide support to these agencies' service users who were willing to participate in the surveys.

4. To resolve the language issues, the focus groups for service users were offered in English and three other languages with an interpreter, as suggested by the Working Group representatives. Meanwhile, the English pre- and post-client questionnaire surveys for service users were translated into 13 different languages, as suggested by the Working Group representatives.

5. The sample sizes of service user's surveys at the program start (n=873) and at the program end (n=607), and the Agency/case manager questionnaire at the program end (n=1013) were large enough for meaningful and rigorous statistical analysis at an aggregated level, i.e., all nine participating SSOs as one unit.

## Conclusion

The Innovative BC Settlement Case Management Service project was to develop an evidence-informed and outcome-based settlement case management model by investigating existing interventions as well as enhancing the effectiveness and accountability of the current model. In twenty-four months, the nine participating SSOs and the research team conducted a baseline study and developed and experimented with an Enhanced Model. The findings of the evaluating study, the first of its kind in Canada, which employed a mixed-method approach and involved multiple stakeholders, showed encouraging results in the improvement of service outcomes and accountability. As an evidence-informed best practice, the Enhanced Model is recommended to be scaled up geographically at a national level to ensure a high quality of case management service being delivered to newcomers who face multiple barriers in their settlement in Canada.

## Appendixes

### Appendix A: Project Activities

Date	Activities	Participants
<b>Cross-Sector Collaboration</b>		
December 2021 to February 2023  1 <sup>st</sup> December 16, 2021 2 <sup>nd</sup> January 27, 2022 3 <sup>rd</sup> February 17, 2022 4 <sup>th</sup> March 31, 2022 5 <sup>th</sup> June 23, 2022 6 <sup>th</sup> September 22, 2022 7 <sup>th</sup> November 3, 2022 8 <sup>th</sup> February 16, 2023 9 <sup>th</sup> April 14, 2023 10 <sup>th</sup> June 23, 2023 11 <sup>th</sup> November 6, 2023 12 <sup>th</sup> February 23, 2024	Working Group Meeting	Agency representatives (Supervisors and/or case managers)
<b>Baseline and Model Development Phase</b>		
February 23 – March 10, 2022	Agency Interviews	Case managers/supervisors (N=16 from 9 agencies)
June 20-27, 2022	Client focus groups	Service users in four languages: English, Spanish, Swahili, and Arabic (N=23 from 9 agencies)
May to September 2022	Agency documentation Review	Participating agencies (N=8)
September 22, 2022	Publication of the Baseline Report	All participating agencies and other interested organizations
<b>Implementation Phase: Enhanced Model</b>		
October 5, 2022	Workshop (Verification of the Enhanced Model)	Case Managers (N=6) Supervisors (N=8) Others (N=4) Total= 18
October 25, 2022	Present the Enhanced Model at the Alliance Supervisor Meeting	Supervisors (N=10)
November 7, 2022	Workshop (Training on the Enhanced Model)	Case managers (N=60) Supervisors (N=2) Unknown / others (N=12) Total= 74



November 9, 2022	Issuing Agency Implementation Plan – Guidelines	Case managers/supervisors	
November 17, 2022	Present the Enhanced Model at the Alliance Senior Executive Meeting	6 agencies	
December 2022 to January 2023	Organization-specific meeting (Individual meeting with each organization to support their model implementation)	Participating agencies (N=8) 9 meetings (one agency met twice) Director / Service Head (N=3) Supervisor (N=6) Case manager (N=10) Total (N=19)	
February 15, 2023	Training Workshop on Family Systems; Intake & Assessment	74 registrants, 25 survey responses.	
February 28, 2023	Present the Enhanced Model at the National Case Management Conference organized by MOSAIC	Case managers, supervisors, and IRCC representatives	
March 15, 2023	Training Workshop on Case Documentation	Case managers	
May 23, 2023	Publish Q&As regarding the Enhanced Model	Case managers/ supervisors	
April to May 2023	Organization-specific meeting (Individual meeting with organizations to support their model implementation)	Participating agencies (N=8); 8 meetings (one organization opt-out) Director / Service Head (N=3) Supervisor (N=7) Case manager (N=6) Total (N=16)	
September 12, 2023	Workshop (Training new case managers and refresh course for case managers/supervisors)	Case managers/supervisors (N=22)	
October 2023	Case Management Infographic Development	14 languages (English, Arabic, French, Kurdish, Pashto, Persian (Farsi), Dari, Somali, Spanish, Swahili, Tigrigna, Hindi, Punjabi and Ukrainian)	

	March 27, 2024	Training Workshop on culturally safe and trauma-informed interview skills	Case managers
<b>Evaluation Phase</b>			
	April 2023	Client pre and post-surveys, and case manager surveys Started	Service users and case managers
	June 2023	Surveys (Feedback on the implementation of the Enhanced Model)	Case managers/supervisors (N=31)
	June 2023	Agency Modification Plan (for Jan to May 2023)	Participating agencies (N=8)
	November 27 - December 31, 2023	Worker Survey (End of Project)	Case managers/supervisors (N=29)
	December 12 & 19, 2023	Client focus groups	Service users in four languages: English, Arabic, Dari, and Tigrinya (N=14)
	December 2023	Agency Modification Plan (for June to November 2023)	Participating agencies (N=9)
	February 29, 2024	All Data Collection Ended	

## Appendix B:

### SDI Project: The BC Settlement Collaborative Case Management Service Model

#### Agency Implementation Plan Checklist

The Collaborative Case Management Service Model is different from the current practice in four major areas. To make this Model work, each participating agency will need to make corresponding changes in their current system, policy and practice. In this document, we provide a checklist for participating agencies to develop an implementation plan as a preparation to put this Enhanced Model in place in January 2023.

Before we list our suggestions, it is important for us to revisit the four key changes that this Enhanced Model made.

- 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 purposive 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.

**Checklists:**

1. Has the case management team had a conversation to discuss:
  - a. the collective understanding of the Collaborative Model?
  - b. the potential challenges in putting it in practice?
  - c. the supports that are needed from your agency to make this work?
  
2. Regarding the change in intake by using “household as intake unit”:
  - a. Does your agency have any pre-intake events/materials?
    - a. If not will you consider organizing regular information session or using other media to ensure potential service users understand the nature and process case management before they enter the intake process?
  - b. How will it be different from your current intake process?
  - c. Who will do intake?
  - d. Will current documentation/reporting system, such as intake form, be able to support this change?
  - e. What needs to be modified in your system and policy?
  
3. Regarding professional accountability:
  - a. How possible to follow the suggested timeline? If not, then what will be a more realistic one for your own agency?
  - b. Have you discussed the expectations of what should be included in the intake file and in the assessment/plan for the supervisor to review?
  - c. Have you scheduled monthly team meeting?
  - d. Have you schedule quarterly professional supervision meeting?
    - a. If your agency has more than one level of supervisor, who should conduct the professional supervision?
  
4. Regarding evidence informed practice (or the evaluation research):
  - a. Have you included the information of pre-service survey in the first assessment planning meeting with your service user?
    - a. Does the service user need your help to fill out the survey online?
  - b. Have you included the information of the post-service survey in the exit meeting?
    - a. What if the service user exits the service without a meeting, how will you ensure the service user will fill out the survey?
  - c. What will be needed to ensure case manager to fill out the Agency Questionnaire each service user after their case is closed?
  
5. Regarding interagency collaboration:
  - a. What and how can your agency share with other agencies in terms of pre-intake information section and information-based online workshops?
  - b. What do your agency expect other agencies to share with you in terms of pre-intake information section and information-based online workshops?
  - c. What is needed to make inter-agency referral more effective?

6. Regarding documentation:

- a. What, if any, changes need to be made to ensure your agency include the forms and items suggested in the Final Report of the Collaborative Case Management Model?
- b. If there is new information to be collected as suggested by the Final Report, will your current database be able to capture them?

Prepared by UBC Research Team

**Appendix C:**

**SDI Project – Collaborative Case Management Model (CCMM) – Model Modification**

**This information will be provided to the UBC research team to understand how much the agency follows the CCMM, the modifications made, and why. Each agency only needs to submit one form.**

Name of Organization:

Title:

Model Kickoff Date:

**Period:**

Jan – May 2023 (Completed by Jun 9, 2023)

Jun – Nov 2023 (Completed by Dec 8, 2023)

**I. CCMM Process:**

<b>Process</b>	<b>From 0% to 100%, how much did your organization follow this process of CCMM? <sup>1</sup></b>	<b>What modification did your organization make?</b>	<b>Why was such a modification made?</b>
Pre- intake			
Intake			
Assessment & Planning			
Collaborative Implementation & Monitoring			
Exit			
Follow up			
Other			

II. From 0% to 100%, how much did your agency follow the overall CCMM? <sup>2</sup>

III. Was there any staff turnover during the reporting period? If yes, how many?

IV. Collaboration workshops: How many CM clients did your agency refer to other agencies' workshops during this reporting period?

V. Collaboration workshops: How many CM clients from other agencies attended your agency's workshops during this reporting period?

VI. Any other additional information

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<sup>1</sup> The percentage is based on your general idea rather than being completely accurate.

<sup>2</sup> The percentage is based on your general idea rather than being completely accurate.

## CCMM Process and Suggestions

<b>Case Management Process</b>	<b>Suggestions for Case Manager</b>	<b>Suggestions for Supervisor</b>
Pre-intake	<ul style="list-style-type: none"> <li>▪ Client received pre-intake information</li> </ul>	<ul style="list-style-type: none"> <li>▪ CMs have access and can use different pre-intake materials for clients</li> </ul>
Intake	<ul style="list-style-type: none"> <li>▪ Intake as a family / household</li> <li>▪ Recommend case to be opened as a family or individually</li> <li>▪ Provide a rationale, if individual case opening for specific family members is recommended</li> <li>▪ Intake documentation completed within 2 working days</li> </ul>	<ul style="list-style-type: none"> <li>▪ Intake as a family / household</li> <li>▪ If individual case opening is recommended, a clearly documented rationale is provided</li> <li>▪ Intake documentation sent for supervisory approval within 2 working days of meeting with client</li> <li>▪ 4 out of 10 domains are identified for service eligibility</li> <li>▪ Review and assign case within 2 days</li> <li>▪ Assign cases from the same household to the same case manager</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>▪ Meet with client within 5 working days after case assignment</li> <li>▪ Complete client assessments and service plan within 15 working days after case assignment</li> <li>▪ Send assessments and service plan for supervisory approval</li> <li>▪ Client completes the Client Questionnaire at Program Start</li> </ul>	<ul style="list-style-type: none"> <li>▪ CM met with client within 5 working days after case assignment</li> <li>▪ CM complete client assessments and service plan within 15 working days after case assignment</li> <li>▪ Review and approve the assessment and service plan within 5 working days after submission</li> <li>▪ CM ensured client complete the Client Questionnaire at Program Start</li> </ul>
Collaborative Implementation & Monitoring	<ul style="list-style-type: none"> <li>▪ Meet with client at least once a month</li> <li>▪ Document reasons for depart from this practice recommendation</li> <li>▪ Case note each contact with client</li> <li>▪ Attend monthly supervision</li> <li>▪ Document supervision notes</li> </ul>	<ul style="list-style-type: none"> <li>▪ CM met with client at least once a month or documented reasons for depart from this practice recommendation</li> <li>▪ Monthly team meeting with all CMs to discuss cases</li> <li>▪ Professional supervision with individual CM every 3-months</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Complete a 3-month Summary</li> <li>▪ Submit 3-month Summary 3 days before quarterly supervision</li> <li>▪ Review case plan with client on a periodic basis</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review 3-month Case Summary</li> </ul>
Exit	<ul style="list-style-type: none"> <li>▪ Give client advance notice of service end</li> <li>▪ Meet with the client at least one month before the planned end date</li> <li>▪ Review and evaluate the service and expected outcomes</li> <li>▪ Provide information and referrals as necessary</li> <li>▪ Obtain consent of information sharing with other agencies if applicable</li> <li>▪ Client completes the Client Questionnaire at Program End</li> <li>▪ CM completes the Agency/ Case Manager Questionnaire</li> </ul>	<ul style="list-style-type: none"> <li>▪ CM ensured client complete the Client Questionnaire at Program End</li> <li>▪ CM completed the Agency/ Case Manager Questionnaire</li> <li>▪ Conduct File Audit (1 out of 5 cases closed)</li> </ul>
Follow Up	<ul style="list-style-type: none"> <li>▪ Conduct 3-month follow-up with client</li> <li>▪ If new needs are identified:</li> <li>▪ Provide information</li> <li>▪ Make referrals</li> <li>▪ Return to intake to determine eligibility for service</li> </ul>	<ul style="list-style-type: none"> <li>▪ CM conducted 3-month follow-up with client</li> </ul>



## Appendix D: Infographic of BC Settlement Case Management Program

# BC Settlement Case Management Program

Free services for refugees and other immigrants facing challenges settling in Canada



We will provide



A case manager for one-on-one support



A plan on how to achieve your goals



Interpretation in your own language



Information on your rights and responsibilities in Canada



Connections to a community



Home visits and company for certain appointments



Practical assistance and referrals to services and resources



Workshops on settling in Canada



Social and emotional support



Open a bank account and manage your money



Find a job and schooling



Help with how to:



Apply for government programs and community resources



Receive important documentation



## You must be

Facing many complex challenges adjusting to life in Canada.  
These may include:



Housing concerns



Family issues



Trauma



Loneliness



Financial problems



Domestic violence



Medical and mental health concerns



Language and communication barriers



Digital literacy and job readiness challenges



Difficulty receiving social benefits or government support

And



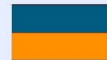
A permanent resident, or



Selected to be a permanent resident with a letter from Immigration, Refugees, and Citizenship, Canada (IRCC), or



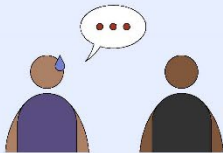
A refugee or protected person (as per S.95 of IRPA), or



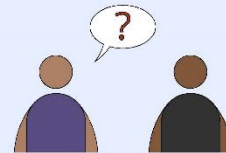
Have Canada-Ukraine authorization for emergency travel (CUAET/AVUCU)

## We want you to

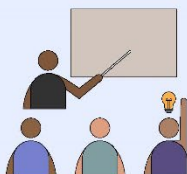
Be honest about the challenges you have



Ask questions



Participate in our workshops

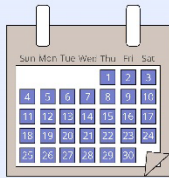


Work with us to do the tasks in your plan



Grow your skills to become independent





Depending on your situation, you may receive services for 12 to 18 months

We provide services in Metro Vancouver, the Fraser Valley, Greater Victoria, the Regional District of Nanaimo, and central Okanagan



We offer our services in 40+ languages

Funded by:

Financé par :



Immigration, Refugees and Citizenship Canada

Immigration, Réfugiés et Citoyenneté Canada

### Contact us

If you have questions or want to apply, please call or email any of the following agencies:



**Archway Community Services - Moving Ahead Program**

Phone number: 778 809 4411 | Email: [map@archway.ca](mailto:map@archway.ca) | Location: Abbotsford | Website: <https://archway.ca/program/moving-ahead/>



**Burnaby Family Life - Moving Ahead Program**

Phone number: 604 659 2205 | Email: [bfi\\_info@burnabyfamilylife.org](mailto:bfi_info@burnabyfamilylife.org) | Location: Burnaby | Website: <https://www.burnabyfamilylife.org/moving-ahead>



**Central Vancouver Island Multicultural Society - Case Management Program**

Phone number: 250 753 6911 | Email: [cm@cvims.org](mailto:cm@cvims.org) | Location: Nanaimo | Website: <https://www.cvims.org>



**DIVERSEcity Community Resource Society - R.I.S.E. Program**

Phone number: 604 954 4001 | Email: [risereferrals@dcrs.ca](mailto:risereferrals@dcrs.ca) | Location: Surrey | Website: <https://www.dcrs.ca/our-services/programs-for-refugees/rise-program/>



**Immigrant Service Society of BC (I.S.S. of B.C.) – Moving Ahead Program**

Phone number: 604 522 5902 | Email: MAP@issbc.org | Locations: Burnaby, Maple Ridge, Richmond, New Westminster, Vancouver, Langley, Coquitlam (Cottonwood; Lincoln) | Website: <https://issbc.org/our-programs-and-services/moving-ahead-program-map/>



**KCR Community Resources – Immigrant Services – Case Management Program**

Phone number: 250 763 8008 | Email: immigrantservices@kcr.ca | Location: Kelowna | Website: <https://kcr.ca/immigrant-services/settlement-integration-services/>



Langley Community Services Society

**Langley Community Services Society – Family Support Worker – Case Management**

Phone number: 604 534 7921 | Email: settlement@lcss.ca | Location: Langley | Website: <https://www.lcss.ca/programs-and-services/settlement-integration-services/>



**M.O.S.A.I.C. – Moving Ahead Program**

Phone number: 604 636 4712 | Email: movingahead@mosaicbc.org | Locations: Burnaby, Surrey | Website: <https://mosaicbc.org/our-programs/settlement-services-for-newcomers-to-canada/>



**Options Community Services – Moving Ahead Program**

Phone number: 604 501 6850 ext. 61130 | Email: gina.kim@options.bc.ca | Location: Surrey | Website: <https://www.options.bc.ca/program/moving-ahead-program>



**Pacific Community Resources Society – R.E.A.C.H. Program**

Phone number: 604 592 6200 | Email: nyh@pcrs.ca | Locations: Surrey, Langley, Delta | Website: <https://pcrs.ca/our-programs/reach-program-recreation-engagement-action-connection-hub/>



**S.U.C.C.E.S.S. – A.C.T. Program**

Phone number: 604 408 7274 ext. 2086 | Email: act@successbc.ca | Locations: Vancouver, Coquitlam | Website: <https://act.successbc.ca>



**Victoria Immigrant and Refugee Center Society – Newcomer Wraparound Support Program**

Phone number: 250 361 9433 | Email: nwsp@vircs.bc.ca | Location: Victoria | Website: <https://www.vircs.bc.ca/newcomer-wraparound-support-program>