

CCIS Centre for Refugee Resilience *Youth-Family Therapy Evaluation*

DRAFT October 2023





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Acknowledgements

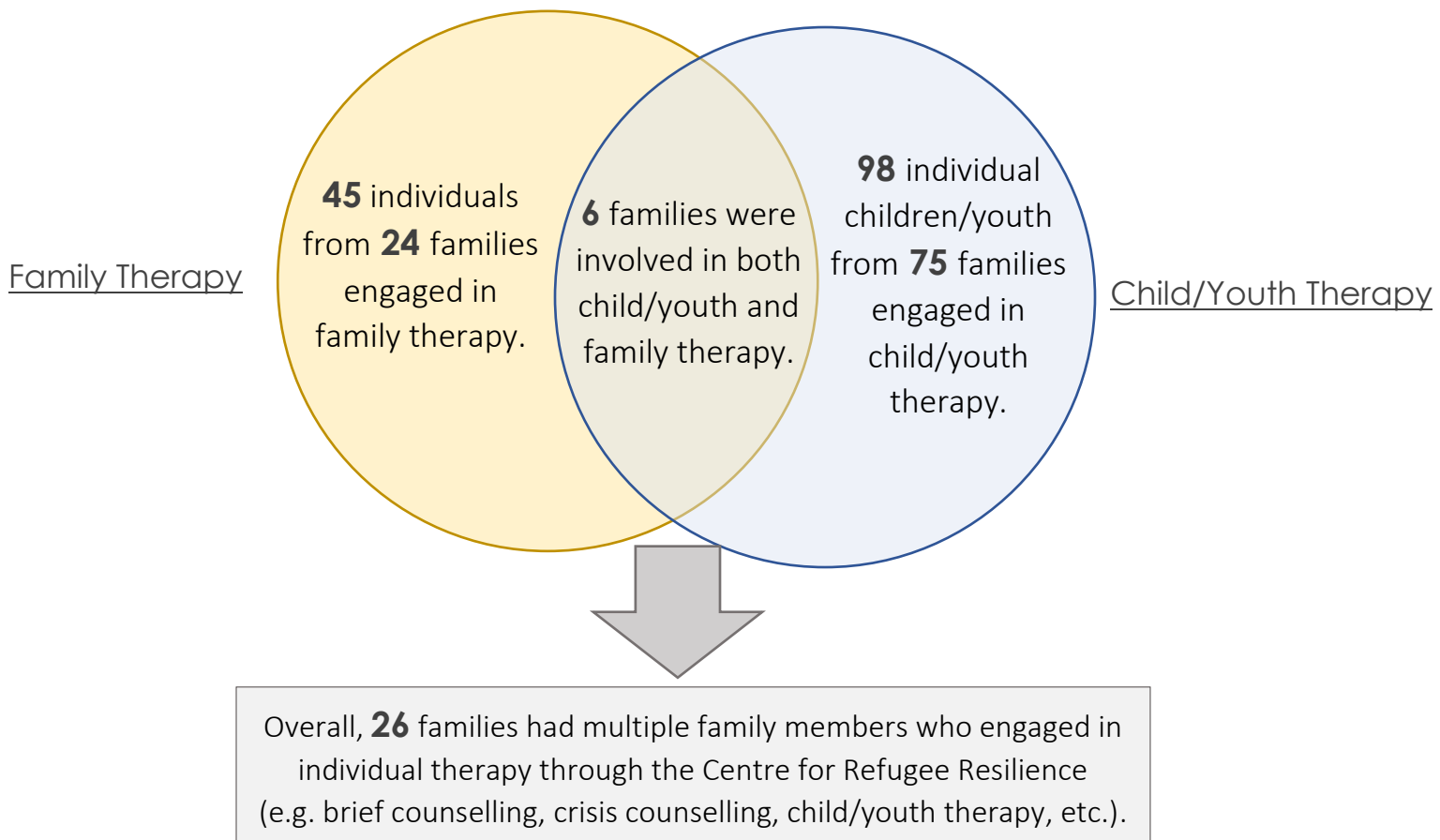
We would like to sincerely thank all of the clients, partners, and staff who participated in the evaluation of youth and family therapy provided through the CCIS Centre for Refugee Resilience. We appreciate the time you took to share your experiences and value the perspectives you shared as part of this evaluation.

Executive Summary

Calgary Catholic Immigration Society (CCIS) is a non-profit organization with expertise in providing settlement and integration services to immigrants and refugees. With many newcomer families in Calgary having experienced trauma related to home-country, migration, and/or resettlement experiences, support provided through the CCIS Centre for Refugee Resilience provides an important opportunity for families seeking to advance wellness and healing. Beyond therapeutic counselling for refugee children and youth, which has been available through CCIS since 2009/2010, the Centre for Refugee Resilience has, in recent years, moved towards an increasingly integrated and coordinated family support model with a goal of fostering whole-family healing.

While staff have observed the benefits of this unique integrated approach, formal summative assessment of results has not yet taken place. With learning, reflection, and growth as central values at the Centre for Refugee Resilience, external evaluation experts at Constellation Consulting Group were hired to evaluate the impact of connected child/youth and family therapy and support over the last two years.

The evaluation revealed that from March 2021 to March 2023, numerous families and individual family members have engaged in therapy through the Centre for Refugee Resilience. In total:



For child/youth therapy clients, many positive outcomes were measured, including:

- **94%** of parents of child/youth therapy clients observed clinically significant decreases in trauma symptomology for their child after several counselling sessions.
- **93%** of children/youth experienced a good connection with their therapist.
- **93%** of children/youth had learned new strategies for managing their feelings and emotions through therapy.

For family therapy clients, self-reflection revealed positive results, including:

- **100%** of families said they felt better because of the family therapy they received.
- **100%** of families reported that they experienced a good connection with their family therapist.
- **100%** of families said they learned new strategies for managing their feelings and emotions through family therapy.

Similarly, for adult family member clients reflecting on the impact of therapy, positive changes were also reported, including:

- **92%** of adult family members said they felt better because of the therapy they received.
- **100%** of adult family members reported that they experienced a good connection with their therapist.
- **100%** of adult family members said they learned new strategies for managing their feelings and emotions through their therapy sessions.

Beyond therapeutic counselling outcomes for individual family members (including children/youth), the impact of a coordinated approach to working with families revealed very positive results, including:

- **100%** of parents of children/youth engaging in therapy felt that update meetings with their child's therapist were helpful.
- **92%** of families felt that their Case Coordinator was responsive to their needs.
- **83%** of families felt that they had been connected to the 'right' supports through their Case Coordinator. The remaining 17% of families somewhat felt this way.
- **72%** of families felt that their case coordinator helped them learn new problem-solving strategies. And another 4% of families somewhat felt this way.

Reflecting on the impact of the coordinated services received, clients and staff had very positive things to say. In their own words, they said:

[The therapist] helped my daughter learn things and she has changed some behaviours... She tells me she feels better and [the therapist] helped with teaching her how to do that for her emotions.

-Parent of Child/Youth Therapy Client

After following [the therapist's] advice I feel most of my issues have resolved and she made me feel welcome to contact her again if I needed.

-Youth Therapy Client

I was having trouble managing the kids but I learned a lot from [the therapist]. It made a huge difference. The kids are changed. When they have a problem, they talk about it and try to find a solution.

-Family Therapy Client

The sessions helped me quite a bit in learning coping strategies and learning how to deal with my emotions. It left a really positive impact on me mental health wise.

-Adult Family Member Therapy Client

My family had a lot of great achievements because of [the therapist]. Thank you to the team at CCIS – I'm thankful they helped us to start on our feet. Now we are able to survive in Canada.

-Family Therapy Client

[After therapy] I felt much better and learned a few things about my personality. I am more aware of the connection between my emotions and issues. I am better able to problem solve.

- Adult Family Member Therapy Client

You feel like you have someone at your back supporting you. Maybe they can't resolve all the problems, but they can show they way, like a light in the tunnel.

-Coordinated Family Support Client

The best thing was not feeling alone in a country where we have no family supports. Having that helping hand, guiding us as newcomers was good for our families. The integration piece was helpful in terms of child discipline and culture differences.

-Coordinated Family Support Client

As a therapist I wouldn't be able to do half of what I'm doing without the case coordination support, especially because the demographic we're working with are so high risk and vulnerable.

-Staff Member (Therapist)

With numerous positive outcomes and learnings emerging from the evaluation, the following recommendations are put forward:

1. Continue to offer coordinated therapy and support for refugee youth, children, and families, and seek opportunities for expansion.
2. Create a formal program design to enable others to learn about the details of the coordinated family support model.
3. Continue using high quality interpreters to ensure clients have access to therapy in the language in which they are most comfortable.
4. Continue to evaluate the model and seek opportunities for implementation of evaluation tools that are designed specifically for refugee populations.

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1.0 Introduction & Background

Calgary Catholic Immigration Society (CCIS) is a non-profit organization with expertise in providing settlement and integration services to immigrants and refugees. With a vision of a society where immigrants and refugees can reach their potential, CCIS' mission is to effectively partner within the community to empower immigrants and refugees to successfully resettle and integrate.

CCIS has been a leader in the field of providing support to survivors of torture and trauma since the mid 1990's. To advance this work, in 2017 CCIS launched the Centre for Refugee Resilience. The Centre offers a holistic array of mental health, resettlement, and coordination services to support the unique needs of refugees as they heal from trauma and adjust to life in Canada.

Through CCIS, therapeutic counselling has been available specifically to youth since 2009/2010. Over the last several years under the Centre for Refugee Resilience, however, a recognition of the importance of whole-family healing has led to increasingly integrated therapy and family support options for youth along with their families. Focusing on wellness, normalization, and healing using professional treatment techniques combined with connections to appropriate community supports, therapists and coordinators at the Centre for Refugee Resilience work to ensure families have the supports and resources they need (incl. family therapy) as individual family members address their own personal experiences and reactions to trauma. Specifically, the model offers families a choice to engage with any or all of the following services:

1. Individual therapy sessions for refugee children and youth under the age of 18.
2. Family therapy for refugee families.
3. Individual therapy for refugee parents and other adult family members.
4. Coordinated family support and parent support sessions, providing connections to resources, family healing planning, support for integration, connections to schools, etc.

While staff have observed the benefits of this unique integrated approach, formal summative assessment of results has not yet taken place. With learning, reflection, and growth as central values at the Centre for Refugee Resilience, external evaluation experts at Constellation Consulting Group were hired to evaluate the impact of connected child/youth and family therapy and support over the last two years. The current report presents findings from the two-year evaluation and makes recommendations for future programming directions.

2.0 Evaluation Methods

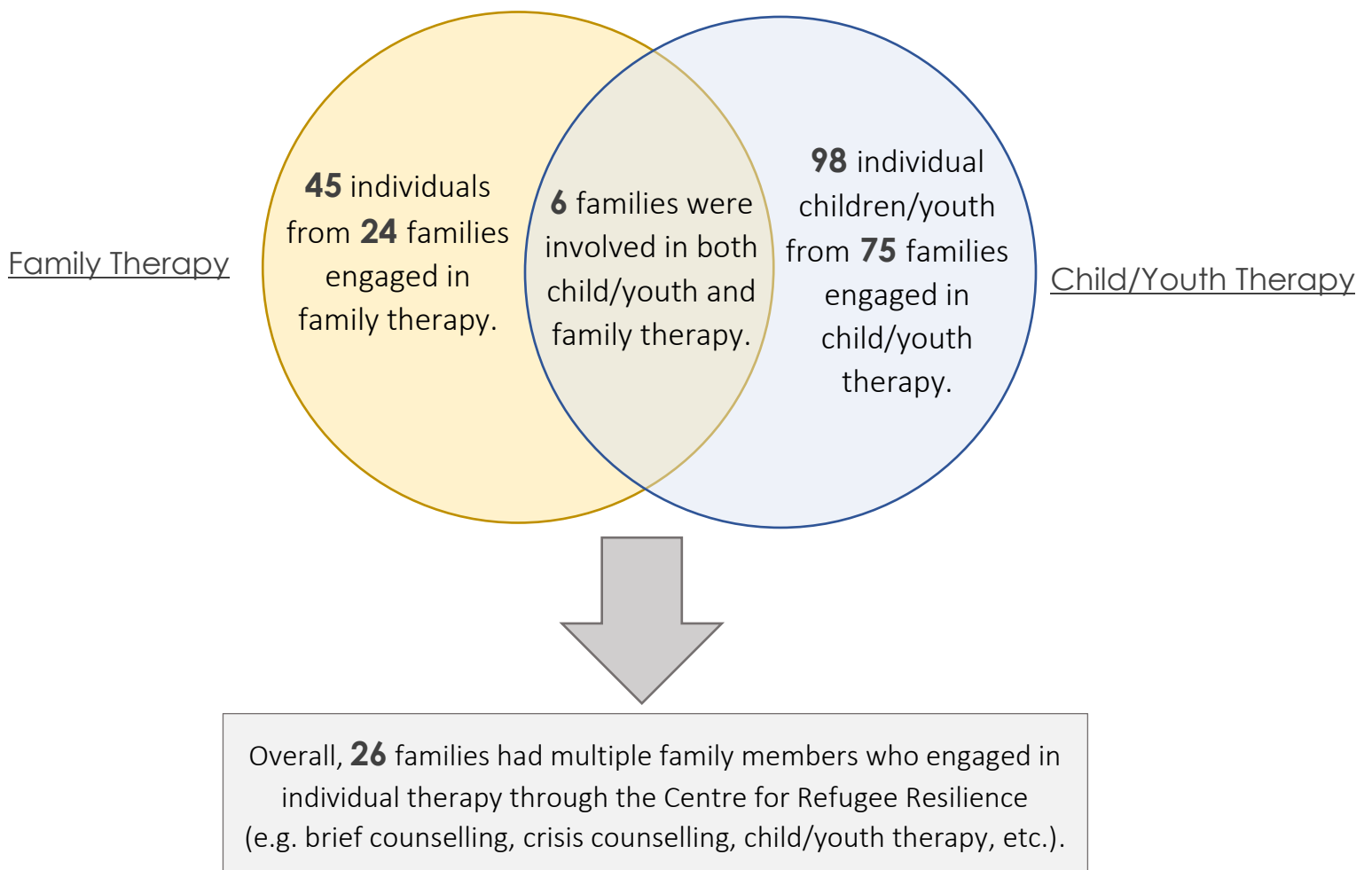
The two-year evaluation of child/youth/family therapy and support offered through the Centre for Refugee Resilience examined outputs and outcomes from March 2021-March 2023. A mix of qualitative and quantitative methods were employed to garner robust results. Evaluation methods included:

- The standardized Child Report of Post Traumatic Stress Symptoms (CROPS) clinical assessment tool developed by Dr. Ricky Greenwald to measure trauma symptom severity in children. In total, **38** child/youth clients completed a baseline CROPS assessment and had at least one matched pre to post CROPS assessment in the two-year evaluation period.
- The standardized Parent Report of Post Traumatic Stress Symptoms (PROPS) clinical assessment tool developed by Dr. Ricky Greenwald to measure parent perspectives on trauma symptom severity in children. In total, **32** parents completed a baseline PROPS assessment and had at least one matched pre to post PROPS assessment in the two-year evaluation period.
- A post Service Evaluation Survey for clients, capturing perspectives on outcomes, connections, and areas for improvement. In the two-year evaluation period, **17** parents or youth completed a Service Evaluation Survey about their experience with child/youth therapy, **5** families completed a Service Evaluation Survey about their experience with family therapy, and **15** individual adult family members completed a Service Evaluation Survey about their experience with individual counselling through the Centre for Refugee Resilience.
- Post-therapy interviews with parents of child/youth clients, capturing deeper understanding of outcomes and areas for improvement. In total, **5** parents participated in interviews.
- A focus group with program staff to understand the model and perspectives on client outcomes. In total, **6** staff participated in the focus group.
- Program records of client demographics and outputs. In total, **143** client records were assessed as part of the evaluation.

3.0 Child/Youth/Family Therapy and Support Outputs and Client Demographics

3.1 Outputs

Over the last two years from March 2021 to March 2023, numerous families and individual family members have engaged in therapy through the Centre for Refugee Resilience. In total:

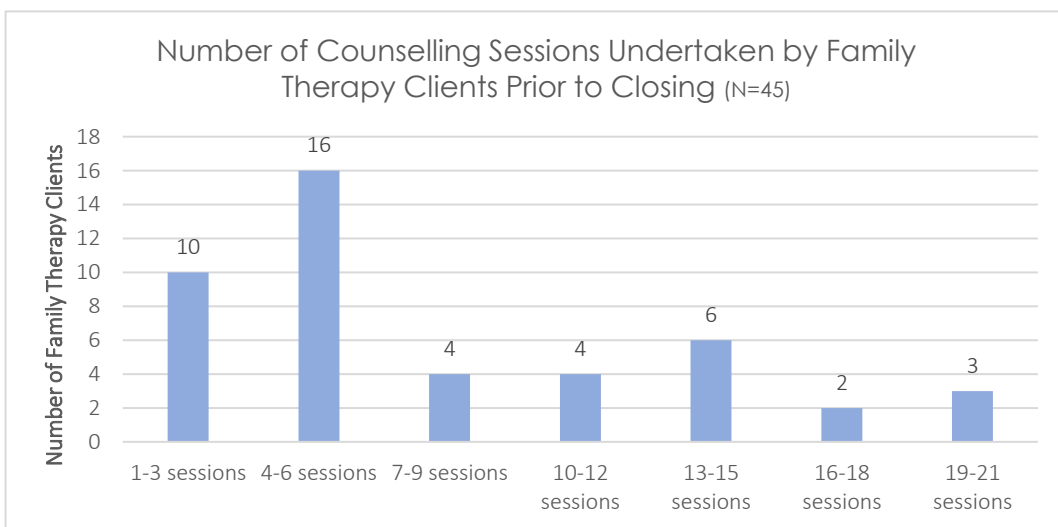
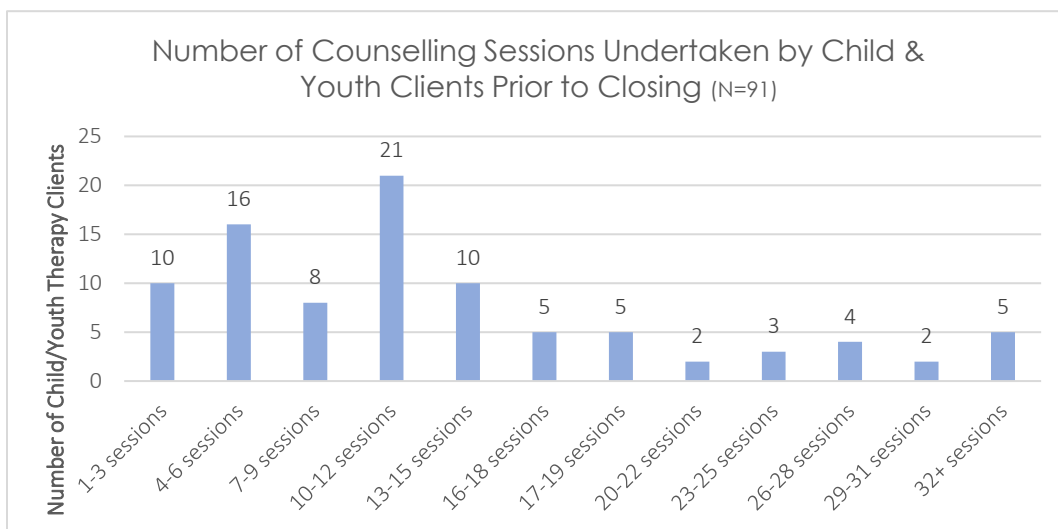


The most common referral sources for both child/youth therapy clients and family therapy clients were other CCIS programs (including the Government Assisted Refugee program facilitated through CCIS) and schools.

Exploring the trajectory of individual family members from families with multiple family members engaging in therapy, it appears that children and youth are often the first to begin engaging with therapy, followed by adult family members. This could suggest that parents are

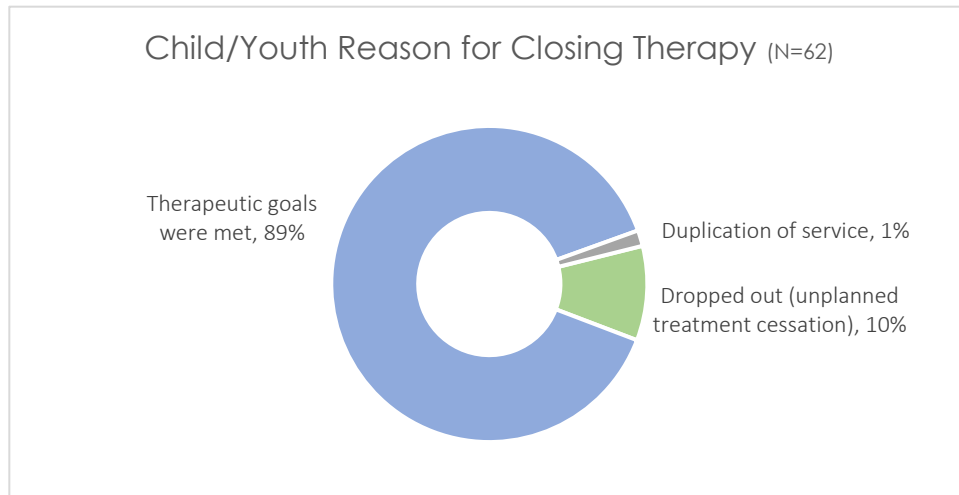
initially prioritizing healing for their children and then working towards their own healing, or that, based on the positive experiences children are having with therapy at the Centre for Refugee Resilience, adult family members are subsequently becoming more interested in engaging in their own individual therapy (see Appendix A for details).

Turning to the number of counselling sessions undertaken prior to closing, the data suggests that therapeutic work with children/youth is a more lengthy process than therapeutic work with families. While **67%** of family therapy clients close their engagement in under 10 sessions, only **37%** of children and youth clients do the same. This suggests that addressing the trauma experienced by refugee children and youth is a more lengthy process than building healing and wellness within families. ¹

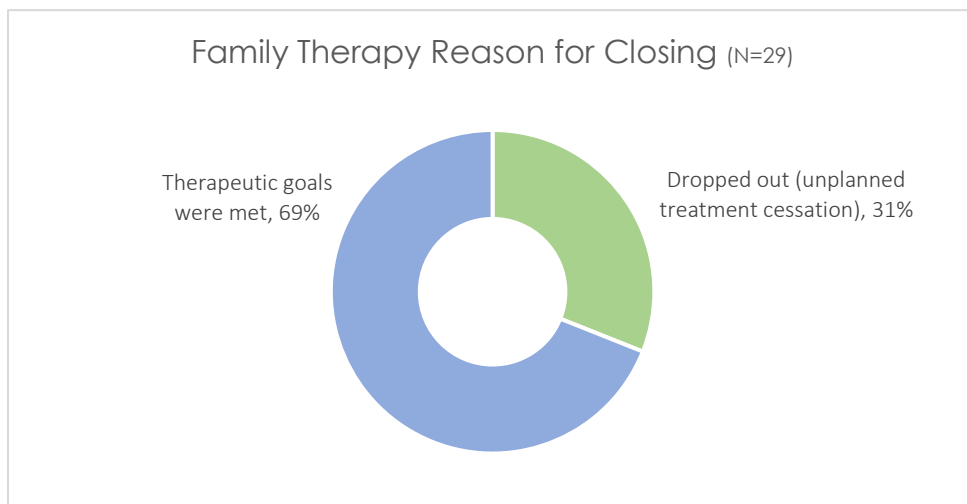


¹ N=91; N=45

Examining the reasons for closing therapy, of those children/youth proceeding with counselling after their initial intake, **89%** ultimately closed their service having met their goals. Another **10%** stopped their engagement with counselling without planning ahead with their therapist (dropped out of service), and **2%** stopped their engagement due to duplication with other services they were accessing.² This suggests that child/youth therapy offered through the Centre for Refugee Resilience is highly effective in supporting refugee children/youth towards their therapeutic treatment goals.



For families proceeding with family therapy after their initial intake, a higher drop out rate is observed, with **31%** of families discontinuing service without a plan in place to do so. At the same time, no families closed their treatment due to duplication with other services, suggesting that the family therapy provided through the Centre for Refugee Resilience is a unique offering for refugee families in Calgary.³



² N=62 children/youth who engaged with and closed therapy beyond initial intake.

³ N=29 families who engaged with and closed therapy beyond initial intake.

3.2 Client Demographics



While an equal gender breakdown for participants in child/youth therapy was observed (**49%** male and **51%** female) only **38%** of family members involved in family therapy identified as male, while **62%** identified as female.⁴ This difference is likely due to the composition of families involved in family therapy, with **50%** of family therapy clients indicating their family composition was a single-parent family headed by a mother.⁵



In total, **74%** of child/youth therapy clients were between the ages of 12 and 19, with another **24%** between the ages of 3 and 11 and **1%** between the ages of 20 and 29.⁶ Among family therapy clients, **31%** were children, **7%** were youth or young parents ages 20 to 29, and **62%** were parents or grandparents over the age of 30.⁷



Among both child/youth therapy clients and family members involved in family therapy, the most common immigration categories were Government Assisted Refugees (**65%** of child/youth therapy clients and **36%** of family therapy clients) and Refugee Claimants (**12%** of child/youth therapy clients and **36%** of family therapy clients).⁸ While child/youth clients had, on average, been in Canada for approximately **3** years when they first engaged in therapy, family members involved in family therapy had been in Canada approximately **4.5** years. This may indicate the same trend observed via engagement outputs, wherein child/youth family members are the first family members to engage in therapy, followed by ongoing family therapy work and individual support for other family members.



Child/youth and family therapy clients arrived in Canada from numerous different countries.⁹ For child/youth therapy clients the most common countries of origin were:¹⁰

1. Iraq (26%)
2. Syria (24%)
3. Afghanistan (12%)

Other countries of origin among child/youth clients included: Azerbaijan, China, Costa Rica, Côte D'Ivoire, Democratic Republic of Congo, El Salvador, Eritrea, Ethiopia, Mexico, Nicaragua, Nigeria, Norway, Pakistan, Peru, Philippines, Somalia, Sudan, and Ukraine.

⁴ N=98; N=45

⁵ N=14; In total, 43% of families involved in family therapy were two-parent families, 50% were one-parent families headed by a mother, and 7% were one-parent families headed by a father.

⁶ N=98

⁷ N=45

⁸ N=98 for youth therapy clients and N=45 for family therapy clients. Other immigration categories included Canadian Citizen, Group or Church Sponsored Refugees, Convention Refugees, Family Classes, Temporary Workers, and Independent Immigrants.

⁹ Note: Since clients are refugees their country of origin may be different than their cultural background.

¹⁰ N=98



For family members involved in family therapy the most common countries of origin were:¹¹

1. Syria (18%)
2. Mexico (16%)
3. Iraq (9%); Nicaragua (9%)

Other countries of origin among family therapy clients included: Afghanistan, Angola, China, Democratic Republic of Congo, Ethiopia, India, Jordan, Peru, Philippines, Sri Lanka, Sudan, Venezuela, and Yemen.



Child/youth therapy clients reported speaking **15** different languages besides English at home. Family therapy clients reported speaking **11** different languages at home, with no families reporting they spoke English at home.

The most common languages besides English spoken by child/youth therapy clients at home were:¹²

1. Arabic (32%)
2. Kurmanji (26%)
3. Spanish (11%)

Other languages spoken at home included: Amharic, Dari, Farsi, French, Mandarin, Pashto, Swahili, Tagalog, Tigrinya, Turkish, Ukrainian, and Urdu.

The most common languages spoken by family therapy clients at home were:¹³

1. Arabic (36%)
2. Spanish (31%)
3. Urdu (7%)

Other languages spoken by family therapy clients at home included: Amharic, Farsi, French, Kurmanji, Mandarin, Portuguese, Swahili, and Tagalog.



When clients are not comfortable engaging in therapy in English, trained interpreters are involved to facilitate communication during sessions. In total, **28%** of child/youth therapy clients required an interpreter.¹⁴ Of those using interpreters, the most common languages interpreted were Dari (32%), Arabic (21%), Spanish (11%), and Kurmanji (11%).¹⁵

¹¹ N=45

¹² N=88 (a total of 10 children/youth indicated they spoke English at home).

¹³ N=45.

¹⁴ N=98

¹⁵ N=28



For family therapy clients, **51%** required an interpreter.¹⁶ Of those using interpreters, the most common languages interpreted were Spanish (48%), Arabic (16%), Farsi (9%), Amharic (9%), and Kurmanji (4%).¹⁷

¹⁶ N=45

¹⁷ N=23

4.0 Outcomes from Child/Youth and Family Therapy

Beyond tracking program activities/outputs and participant demographics, clinical and non-clinical methods were used to evaluate the outcomes (or *change*) experienced by individual clients and families to due their involvement with the Centre for Refugee Resilience.

4.1 Child/Youth Therapy Outcomes

Child/youth therapeutic outcomes are measured using the standardized Child Report of Post Traumatic Stress Symptoms (CROPS) clinical assessment tool. The tool is completed by child/youth clients when starting their therapy journey, at different points during their engagement with counselling and after closing their treatment. Parents are also consulted as a key stakeholder with intimate knowledge of the changes their child(ren) may have experienced due to therapy using the standardized Parent Report of Post Traumatic Stress Symptoms (PROPS) clinical assessment tool, which measures trauma symptom severity in children from the parent's perspective.

Results from CROPS assessments completed by children and youth engaged in therapy through the Centre for Refugee Resilience from March 2021 to March 2023 indicate that therapeutic engagement resulted in clinically significant decreased trauma symptomology for **71%** of child/youth clients.¹⁸ Examining the results based on length of time in service, clients with more CROPS assessments due to longer engagement with therapy were more likely to experience clinically significant change, with **84%** of clients with two or more CROPS assessments experiencing clinically significant decreases in trauma symptomology.¹⁹ These results suggest that the child/youth therapy provided through the Centre for Refugee Resilience is effective in decreasing the negative impacts of trauma for refugee children and youth, which can ultimately support them in moving towards greater resilience and thriving post-migration.

Results from PROPS assessments completed by parents of children and youth engaged in therapy further confirm the conclusions emerging from the CROPS assessment results. In total, **81%** of parents observed clinically significant decreases in their child's trauma symptomology.²⁰ Examining the results based on length of time in service, clients with more PROPS assessments due to longer engagement with therapy were again observed to be more likely to experience clinically significant change, with **94%** of clients with two or more PROPS assessments experiencing clinically significant decreases in trauma symptomology.²¹

¹⁸ N=34 child/youth clients meeting initial clinical cut off for CROPS assessment.

¹⁹ N=29 child/youth clients meeting initial clinical cut off for CROPS assessment and having completed more than two assessments.

²⁰ N=31 parent ratings meeting initial clinical cut off for PROPS assessment.

²¹ N=17 parent ratings meeting initial clinical cut off for PROPS assessment and having completed more than two assessments.

For children, youth, and parents self-reflecting on the impact created by child/youth therapy, positive experiences and outcomes were articulated. Based on Service Evaluation Survey results from parents and youth:²²



87% of children/youth felt better because of the therapy they received.



89% of children/youth felt comfortable when a language interpreter was involved in their therapy sessions.



93% of children/youth experienced a good connection with their therapist.



93% of children/youth had learned new strategies for managing their feelings and emotions through therapy.

Reflecting on the impact of counselling, children/youth and/or their parents indicated that trauma symptomology had decreased in many cases and that children/youth had learned new strategies and techniques for self-regulation, reframing, and processing of traumatic experiences. In their own words, children/youth and/or their parents said:

My daughter learned how to deal with her emotions and the consistency the therapist provided really helped her and I am thankful for that.

-Parent of Child/Youth Client

The counsellor was a caring person and never felt like a stranger. I felt like the support I received was from family. They respected my culture, understand my situation and really know how to work with immigrants.

-Youth Client

Before I was depressed because of family separation. After counselling I felt better, still there is concern for my father but not as much depressed.

-Youth Client

I feel that my son grew up with [the therapist's] support. He used to be angry a lot but he has calmed down.

-Parent of Child/Youth Client

²² N=15; N=9; N=15; N=15

[The therapist] helped my daughter learn things and she has changed some behaviours... She tells me she feels better and [the therapist] helped with teaching her how to do that for her emotions.

-Parent of Child/Youth Client

After following [the therapist's] advice I feel most of my issues have resolved and she made me feel welcome to contact her again if I needed.

-Youth Client

I see changes in my son and I see that he feels better and he told me himself he feels he understands a bit more on how to help himself.

-Parent of Child/Youth Client

I feel like the program has been really helpful in supporting my son because he was having a lot of struggles in schools, constantly crying, had anxiety about going to school. And he has overcome that and no longer has fear about school. It has had a tremendous positive impact on him.

-Parent of Child/Youth Client

4.2 Family Therapy Outcomes

Family therapy outcomes are measured through self-reflection via the Service Evaluation Survey completed by families after closing their counselling sessions. Overall, numerous positive experiences and outcomes were articulated by families, including:²³



100% of families said they felt better because of the family therapy they received.



100% of families said they felt comfortable when a language interpreter was involved in their family therapy sessions.



100% of families reported that they experienced a good connection with their family therapist.

²³ N=5



100% of families said they learned new strategies for managing their feelings and emotions through family therapy.

Reflecting on the impact of family therapy, clients indicated that their family therapy sessions had helped reduce conflict, increase communication, and enhance wellness within their families. In their own words, family therapy participants said:

My wife's depression has seen great improvement.
-Family Therapy Client

I was having trouble managing the kids but I learned a lot from [the therapist]. It made a huge difference. The kids are changed. When they have a problem, they talk about it and try to find a solution.
-Family Therapy Client

We were heard, we knew how to express our feelings, and it was great to connect with [the therapist].
-Family Therapy Client

My family had a lot of great achievements because of [the therapist]. Thank you to the team at CCIS – I'm thankful they helped us to start on our feet. Now we are able to survive in Canada.
-Family Therapy Client

4.3 Outcomes Experienced by Adult Family Members

Therapy outcomes experienced by individual adult family members are also measured through self-reflection using the Service Evaluation Survey after counselling is closed. Numerous positive experiences and outcomes were also articulated by individual adult family members, including:²⁴



92% of adult family members said they felt better because of the therapy they received.



100% of adult family members said they felt comfortable when a language interpreter was involved in their therapy sessions.

²⁴ N=13; N=6; N=14; N=14



100% of adult family members reported that they experienced a good connection with their therapist.



100% of adult family members said they learned new strategies for managing their feelings and emotions through their therapy sessions.

Reflecting on the impact of therapy, individual adult family members felt that their counselling sessions had helped them develop coping strategies and learn about emotional regulation and management. Some clients also indicated that the therapy they received through the Centre for Refugee Resilience helped increase their confidence, hope, and overall mental health. In their own words, adult family members participating in therapy said:

The sessions helped me quite a bit in learning coping strategies and learning how to deal with my emotions. It left a really positive impact on me mental health wise.
-Adult Family Member Client

It was a great program – it helped my mental health a lot. I was crying when I said bye on my last session because I realized how helpful it was for me and it is good to know that I can reconnect if I need to.
- Adult Family Member Client

I had never tried counselling before but I'm glad I did because it was very helpful.
- Adult Family Member Client

I changed a lot and learned ways to cope a bit better. She helped me remember how to prioritize my emotions. [The therapist] helped me focus on my well being and remind me how to take care of myself even while being a mom.
- Adult Family Member Client

[After therapy] I felt much better and learned a few things about my personality. I am more aware of the connection between my emotions and issues. I am better able to problem solve.
- Adult Family Member Client

I became stronger and better at interacting with people and gained more self-confidence.
- Adult Family Member Client

4.4 Perspectives on Coordinated Family Supports

Beyond therapeutic counselling support for individual family members (including children/youth), the Centre for Refugee Resilience pursues a flexible, dynamic, and holistic approach to wellness by offering support to families via non-clinical Case Coordinators. Case Coordinators support families in reducing their stress and crisis by connecting them to services, resources, programs, and other supports (e.g. basic needs supports) based on identified needs. This often allows family members to concentrate on their therapeutic healing with reduced stress in other areas of their lives. Coordinated family support at the Centre for Refugee Resilience also means that, if children/youth are receiving therapy, their parents can connect with their child’s therapist to ensure the whole family is working towards the same therapeutic goal(s) for the child. Reflecting on the impact of this coordinated approach to working with families:²⁵



92% of families felt that their Case Coordinator was responsive to their needs.



83% of families felt that they had been connected to the ‘right’ supports through their Case Coordinator. The remaining 17% of families somewhat felt this way.



72% of families felt that their case coordinator helped them learn new problem-solving strategies. And another 4% of families somewhat felt this way.



100% of parents of children/youth engaging in therapy felt that update meetings with their child’s therapist were helpful.

In their own words, families said:

The best thing was not feeling alone in a country where we have no family supports. Having that helping hand, guiding us as newcomers was good for our families. The integration piece was helpful in terms of child discipline and culture differences.

You feel like you have someone at your back supporting you. Maybe they can't resolve all the problems, but they can show they way, like a light in the tunnel.

²⁵ N=26; N=24; N=25

I didn't expect so much help. I appreciated it. We had support around benefits and advocacy. The kids were so excited to go to summer programs and this was because of [the case coordinator].

I just wanted to say that this program is great for any family to have. Especially if they are new immigrants to this country. I am really grateful for [the therapist and case coordinator]. And I don't know where we would be without this support.

In their own words, parents engaging in update meetings with their child's therapist said:

I learned as well as [the therapist] showed me things in a different way. The kids were able to talk in a different way about certain things. [The therapist] was open to hear me and listen to me. Every time I talked to her I felt a weight lift from my body. I felt reassured that I was doing good and thought of things I could do different.

[The therapist] updated me and it was a very good process because it helped me stay connected.

4.5 Staff Perspectives on Outcomes

Overall, in discussions between staff and the evaluator, the team indicated that they feel a coordinated family-centered approach to supporting refugee children/youth and their families is working well. While a formal program design process was not undertaken in the development of the model, ongoing learning and fine-tuning has led to an increasingly refined and standardized approach to supporting the therapeutic goals of families in a holistic and coordinated way.

Reflecting on the impact of coordinated mental health and systems navigation support for families, staff highlighted numerous positive outcomes, including:

- Clients build greater trust and connection with the Centre for Refugee Resilience team.
- Clients stay engaged in therapy longer, until their therapeutic goals are met (reduced drop-out and unplanned dis-engagement ending service).
- Clients are more connected to other supports provided through CCIS (e.g. employment supports).
- There is increased capacity within families to recognize trauma and the impacts of trauma.

- Families are better able to support the therapeutic goals of their child(ren).
- There is reduced stigma surrounding mental health support leading to greater uptake of service by multiple family members.
- There is an increased ability for therapists to understand the contextual factors impacting family wellbeing (i.e. a more 'systemic' view of family situations; a 'bigger picture' understanding of what is going on for any one family member).

Staff also indicated that they had been positively impacted by the move towards increasingly coordinated family support. Specifically, staff indicated that:

- They are better able to problem solve and find suitable solutions for families.
- They feel more supported within the team (both coordinators and therapists).
- There is less burnout on the team due to increased feelings of support, understanding, and backup.

While staff indicated that, overall, the move towards greater coordination of support for refugee families has been a positive thing, they also warned that, due to the increased trust and referrals generated by the approach, wait times for service have been increasing and caseloads have been getting higher. Staff cautioned that this high demand for service could ultimately lead to staff burnout and less timely service delivery.

In their own words, staff said:

With more parent meetings and consultations, they felt more and more trusting – it's not just a therapist to see a kid at school – the family gets a better understanding of what's going on. Reducing stigma in these communities, and helping people feel safe in sharing more details of trauma that helps not only the youth's functioning, but the whole family's functioning.

As a therapist I wouldn't be able to do half of what I'm doing without the case coordination support, especially because the demographic we're working with are so high risk and vulnerable.

It has really sparked the healing journey within families

The biggest thing I've noticed is the de-stigmatizing of mental health – after trust is built, families are that much more likely to ask for help if trauma does manifest later on.

For a family with more complex situation – chances are it would be pretty overwhelming for us to support them individually. We can rely on one another to figure out how to best support every family member.

It's really nice knowing there's a whole team behind me when I'm working with a family or an individual within a family.

5.0 Opportunities for Improvement

5.1 Client Perspectives on Opportunities for Improvement

While most clients indicated a very high degree of satisfaction with the service received through the Centre for Refugee Resilience, there are nevertheless opportunities to improve. Clients kindly shared their perspectives on opportunities for improvement, suggesting:

- Enabling greater connection to career counselling, employment supports and basic needs supports, since families are often stressed by constrained resources.
- Using interpreters that speak the same dialect of languages spoke by clients to increase accuracy of understanding.
- Providing a clear end-point for therapeutic counselling.
- Obligatory therapy for perpetrators of domestic violence.
- Prioritizing support for single mothers who are struggling.
- Additional connection to activities and resources for children/youth involved in therapy (e.g. academic support, additional mental health support, etc.).
- Continuing to maintain a team with multi-lingual team members.

5.2 Staff Perspectives on Opportunities for Improvement

Overall, staff felt that continuing to provide coordinated support for families was very important and suggested that this support could be further advanced by:

- Having more resources/funding to hire a larger team (both therapists and coordinators).
- Helping funders understand the uniqueness of the model and the additional work involved in providing holistic support for refugee families.
- Having a therapist capable of working in ASL for deaf/mute clients.
- Having specific supports for families facing difficulties related to children's special needs.
- Having more privacy or a separate dedicated space (not in the CCIS building) for therapeutic work.
- Having access to additional supports or resources for families struggling with the high cost of living (families struggling with housing in particular).

6.0 Conclusions and Recommendations

With many newcomer families in Calgary having experienced trauma related to home-country, migration, and/or resettlement experiences, support provided through the CCIS Centre for Refugee Resilience provides an important opportunity for families seeking to advance wellness and healing. Beyond therapeutic counselling for refugee children and youth, which has been available through CCIS since 2009/2010, the Centre for Refugee Resilience has, in recent years, moved towards an increasingly integrated and coordinated family support model with a goal of fostering whole-family healing.

Evaluation over the last two years of this shift towards coordinated family supports revealed that providing professional therapy along with connections to community resources for families enables individual family members address their own personal experiences and reactions to trauma in the context of increasingly stable family situations. This has led to positive clinical outcomes for children/youth (i.e. clinically significant decreases in trauma symptomology), a trusting relationship between families and CCIS, and involvement of different family members in the healing process. Reflections from both clients and staff (coordinators and therapists) suggest that the model not only creates positive outcomes, but also builds a context in which family wellbeing is maximized alongside staff wellbeing.

With numerous positive outcomes and learnings emerging from the evaluation, the following recommendations are put forward:

- 1. Continue to offer coordinated therapy and support for refugee youth, children, and families, and seek opportunities for expansion.** Results from the evaluation suggest that a coordinated approach to service delivery with refugee families results in positive experiences, deeper engagement with therapy, and movement towards increased wellbeing for family members. Continuing a coordinated approach can support the advancement of positive outcomes, ultimately enabling the emergence of a more thriving and integrated community. At the same time, as families become more deeply involved in therapeutic healing and coordinated supports, an expanded team may be needed to meet demand and ensure families can receive the depth of support they need.
- 2. Create a formal program design to enable others to learn about the details of the coordinated family support model.** Based on the positive evaluation results, it is recommended that a formal program design document be developed so the coordinated family support model can be shared with other service providers seeking to offer effective and efficient support for refugee children, youth, and families.

- 3.** Continue using high quality interpreters to ensure clients have access to therapy in the language in which they are most comfortable. Most clients and staff indicated that they felt interpreters were very helpful for engaging with therapy and that the interpreters employed by the Centre for Refugee Resilience were highly professional. Continued use of high-quality interpreters will help ensure ongoing effectiveness of services for families. Moving forward, it may be beneficial to seek interpreters that can support with ASL and interpreters with experience in specific regional dialects spoken by clients.
- 4.** Continue to evaluate the model and seek opportunities for implementation of evaluation tools that are designed specifically for refugee populations. Ongoing evaluation of the coordinated family therapy and support model advanced by the Centre for Refugee Resilience can help ensure learnings are captured and the model is fine-tuned over time. As the model is evaluated it is recommended that clinical assessment tools specifically designed for refugee populations are sought to ensure therapeutic baselines and outcomes are accurately and appropriately determined.

Appendix A: Case Examples of Timeline for Multiple Family Members Engaging in Therapy

