WOODGREEN

Settlement Integration and the Path to Wellbeing

NEWCOMER WELLBEING MODEL

Contents

Holistic Care   Newcomers

> "I think the strong commitment to improvement really made it an effective process."

– WoodGreen Primary Counsellor

Funded by: Financé par :

Immigration, Refugees and Citizenship Canada   Immigration, Réfugiés et Citoyenneté Canada

Partners

Crescent Town Health Centre

MICHAEL GARRON HOSPITAL
TORONTO EAST HEALTH NETWORK

About WoodGreen Community Services

A United Way Anchor Agency, WoodGreen combines significant scale and a proven track record with an entrepreneurial mindset, continuously seeking and developing innovative solutions to critical social needs. With a rich history spanning more than 80 years, WoodGreen is one of the largest social service agencies in Toronto, serving 37,000 people each year from 36 locations. Together we help people find safe, affordable housing, seniors live independently, internationally-trained professionals enter the job market, parents access childcare, children and youth access after-school programs, newcomers settle in to Canadian life, homeless and marginalized people get off the streets, youth find meaningful employment and training and provide a wide range of mental health supports.

For many economic immigrants or refugee new-comers, arrival in Canada is a time of great joy and opportunity, with profound enthusiasm and hope for the future. However, as newcomers begin the process of settling, the reality is often different. Establishing the basic needs of life and confronting the bureaucratic processes associated with them are often described as overwhelming.

Access to supports has a large impact on overall wellbeing of newcomers. The concept of wellbeing takes a holistic view of newcomers' needs. Integration and coordination of services can significantly reduce the stress for newcomers and promote better overall wellbeing.

Settlement programs and services play a critical role in facilitating the social and economic integration of newcomers to Canada. The success of these programs and services in turn impacts newcomers' wellbeing.

While these programs are essential for many newcomers, there are also a wide range of services that many newcomers do not access due to their lack of awareness of the services, understanding how to access them, and the challenges of service coordination.

On February 16, 2018 WoodGreen submitted an application to Immigration, Refugees and Citizenship Canada (IRCC) to develop an innovative **community service coordination model (CSCM)** based on human-centred design methodologies and community collaboration. The project was entitled: ***Settlement Integration and the Path to Well-being***. This project was funded under IRCC's Service Delivery Improvements (SDI) funding process.

The primary intended outcome of the project was to connect newcomers to a range of community services to improve their wellbeing. The project built on the sector's practice and knowledge of user-designed research and evaluation. The effectiveness of the model to meet the wellbeing needs of newcomers was seen to depend on all of the steps required to build it, from design through implementation to delivery.

The project featured three phases (**Discovery, Ideate, and Pilot**) that deployed different techniques and practices to achieve the objective of creating and implementing settlement services integration model and promoting client wellbeing.

A **Primary Counsellor** is a service navigator who helps clients assess their needs, jointly plans the services they require, and helps them successfully attach to programs, resources and services that they need to achieve their goals.

Key elements considered in the creation of the model centred around the introduction of a Primary Counsellor, where:

- There is an understanding that newcomers have many needs across different systems. These systems can be complicated and difficult to navigate

- Clients (and their families) should be assigned a primary counsellor as service navigator, who:
- is the main point of contact for clients, responsible for enabling their navigation through various systems
- is not responsible for providing all services, but will provide some settlement related services and will provide general information in some service areas
- will support clients and their families in identifying their needs, to connect them to the appropriate information, program, or service, and to follow-up with them to ensure that the connection was appropriate and successful, reducing instances of clients facing dead ends or falling through the cracks
- will trouble-shoot with their client any challenges that arise, even when the client is receiving services from other WG program areas or external programs/services

The key features of the Newcomer Wellbeing Service Navigation Model include:

- Common intake tool
- Linkage to Primary Counsellor
- Comprehensive needs assessment
- Detailed service planning
- Service Navigation
- Case / Relationship Management

So what is different about this approach?

From the client perspective…	From staff's perspective…
✓ Single relationship manager (primary counsellor), connecting clients to services across the CPU	✓ Assessment will identify client's needs and goals, across CPU programs
✓ 360° assessment completed - the onus is not on the client to identify all needs	✓ New standardized service planning protocol and tool – training will be provided
✓ Detailed service plan created jointly with primary counsellor, including short and long term goals	✓ Service plan will be collaborative and integrated. Primary counsellor and CPU staff will coordinate services and collaborate to support clients in meeting their goals
✓ Primary counsellor will be responsible for managing the overall relationship with client, regardless of what program(s) the client is currently accessing	✓ Client's primary counsellor will maintain accountability for service navigation, including when client is receiving services from other programs

WoodGreen

With a rich history spanning more than 80 years, WoodGreen is one of the largest social service agencies in Toronto, serving 37,000 people each year from 36 locations. The organization helps people find safe, affordable housing, seniors live independently, internationally-trained professionals enter the job market, parents access childcare, children and youth access after-school programs, newcomers settle in to Canadian life, homeless and marginalized people get off the streets, youth find meaningful employment and training, and provides a wide range of mental health supports. WoodGreen Community Services is a United Way Anchor Agency.

WoodGreen's Road Map to 2025[1] describes:

"Our Strategic Priorities will continue to advance our vision of a Toronto where everyone has the opportunity to thrive by focusing on:

- *Driving Innovation*
- *Sector Leadership*
- *Intensifying our Impact*
- *High Performance*

Driving Innovation	Sector Leadership
Intensifying our Impact	High Performance

We will continue to lead deep engagement with our staff and clients, ensuring the people we serve are at the core of our collective decision-making.

Our strategy will be underpinned by new investments and actions to strengthen Team WoodGreen, so that we remain Toronto's leading community agency, best-positioned to meet the complex needs of our community."

WoodGreen combines significant scale and a proven track record with an entrepreneurial mindset, continuously seeking and developing innovative solutions to critical social needs.

- *Designing and delivering innovative models*
- *Collaborating with other organizations to meet community needs*
- *Conducting human-centred design research*
- *Implementing rigorous process and outcome evaluations*

Our Strategy and Innovation Unit has capacity in two key areas:

- *Design Research*, with experience conducting co-design sessions with academics, government and community
- *Impact and Evaluation*, with experience evaluating projects on a national scale

Our collaborative efforts:

- **Crescent Town Health & Michael Garron Hospital**
  Embedding case counsellors in primary care settings to support newcomers
- **Schools, Libraries, Ontario Early Year Centres**
  Delivering settlement services in new settings
- **Immigration, Refugees & Citizenship Canada Settlement Design Challenge**
- **Employment & Social Development Canada Innovation Lab**
  Human-centred design research to better understand the challenges & solutions with the Canada Learning Bond.
- **Scaling our Homeward Bound Program**
  Partnering with 11 communities across Ontario
- **Government of Ontario Conducting Local Poverty Reduction Strategy**
  Two multi-year evaluations

Newcomer Wellbeing

For many economic immigrants or refugee newcomers, arrival in Canada is a time of great joy and opportunity, with profound enthusiasm and hope for the future. However, as newcomers begin the process of settling, the reality is often different. Establishing the basic needs of life and confronting the bureaucratic processes associated with them are often described as overwhelming.

For many, this is further complicated by limited language skills. The ability to function in English or French, Canada's official languages, is critical. New arrivals frequently have no family or community connections. There are no established networks upon which they can rely.

To add to these difficulties there are systemic barriers that include racism and an unwillingness to recognize foreign credentials of education, training and professional designations. May newcomers face a "lack of Canadian experience" when seeking jobs.

Access to supports has a large impact on overall wellbeing of newcomers. The concept of wellbeing takes a holistic view of newcomers' needs. Exhibits on the following pages outline a number of ways wellbeing is described. Integration and coordination of services can significantly reduce the stress for newcomers and promote better overall wellbeing.

Organizations like WoodGreen that play a critical role in the settlement process and facilitating the social and economic integration of newcomers can have a large impact on newcomers' wellbeing by bringing awareness and facilitating more seamless access to services.

CANADIAN INDEX OF WELLBEING

Community Vitality

Time Use

Democratic Engagement

Living Standards

Canadian Index of Wellbeing

Education

Leisure and Culture

Environment

Healthy Populations
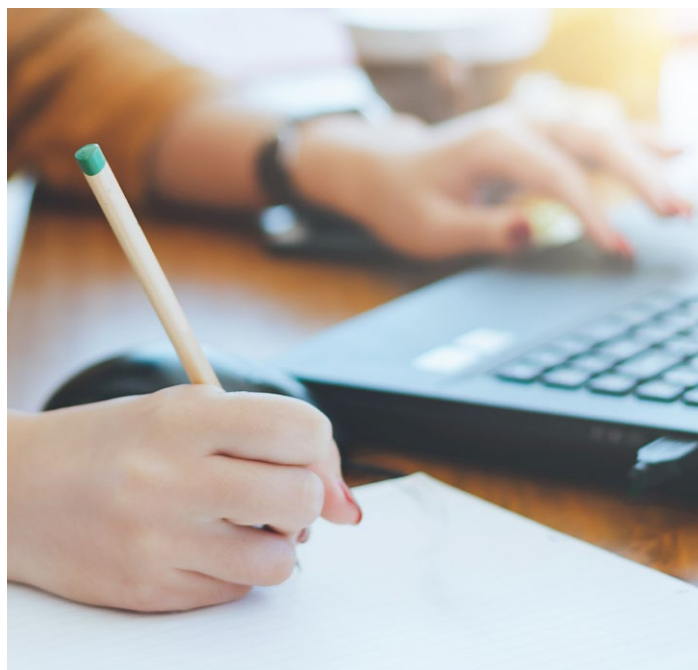
WHAT IS WELLBEING?

1) **Wellbeing is broadly defined as, "the quality and state of a person's life"**

   - subjective wellbeing –emotions and how people see their lives

   - health & wellbeing – physical, mental & social well-being, not just absence of disease

   - how to measure – multidimensional: positive, negative, subjective, objective

   Linton, J., Dieppe, P., Medina-Lara, A. (2016) *Review of 99 self-report measures for assessing well-being in adults: exploring dimensions of well-being and developments over time*

2) **WHO's definition emphasizes three dimensions: physical, mental and social health**

   - wellness is an integrated whole with multiple dimensions: mind, body, and spirit

   Bart, R., Ishak, W., Ganjian, S., Jaffer, K., Abdelmesseh, M., Danovitch, I (2018) *The Assessment and Measurement of Wellness in the Clinical Medical Setting: A Systematic Review*

3) **Canadian Index of Wellbeing (CIW) tracks changes in 8 quality of life categories or domains**

   - 8 quality of life domains (see graphic above)

4) **Mental health and wellness**

   - most im/migrants draw strength from religion, having support networks, being goal- oriented, having caring & supportive services (see graphic in the Appendix)

   Immigrant Services Association of Nova Scotia (2014) Newcomer Community Wellness Project: *Im/Migrants' Perspective of their Mental Health and Wellness*

5) **The Five Domains of Wellbeing: Definitions and Key Aspects (fullframeinitiative.org)**

   (see graphic in the Appendix)

Research

A prerequisite in projects of this nature is to conduct some preliminary research to inform and guide the process of developing, exploring and implementing a new model of service. This provides an opportunity to identify any similar work that has already been undertaken in the areas being considered

- to gain a deeper understanding of issues and considerations

- to avoid duplication of effort, and

- to take advantage of any learnings from prior work

This was accomplished in two ways for this project:

1. through a review of the literature

2. by conducting key informant interviews

Literature Review

A literature review surveys what has been discussed among leading thinkers in the field. It can be used as a general foundation to determine key aspects related to the project. This is often more generalized and require some adaptation to local circumstances.

Issues related to newcomer wellbeing have been well documented in the literature.

- Simich et al (2005)[2] break the settlement journey into three main stages:

  1. Initial reception

  2. Long term access to appropriate employment, housing and education

  3. Developing a sense of attachment or belonging to Canada without losing identity or sense of heritage

Challenges affecting the provision of social supports include:

- The multiplicity of policies and providers

- Capacity of providers to respond with appropriate services in a culturally competent manner

Berry et al (2016)[3] refer to four acculturation states, illustrated here:

Sense of Belonging:		In Canada	
		⊖ Low	⊕ High
To Source Country	⊖ Low	Marginalization	Assimilation
	⊕ High	Separation	Integration

Engagement with the society in Canada is seen as a necessity for immigrant wellbeing. Engagement with society of origin promotes positive mental health (maintaining bonds).

A 2018 article in *Child Adolescent Social Work*[4] explores factors to make the home environment more support, particularly in relation to youth integration. Significant issues include self-esteem and perceived discrimination. Establishing a level of autonomy and balancing cultural and ethnic identities can be stabilizers.

Schleifer and Ngo (2005)[5] found that service providers often do not know where to refer immigrant youth because of their complex needs, and whether existing services are equipped to handle those issues. Not surprisingly, translation / interpretation is a basic challenge. Cultural competency should be integrated in all practices.

A number of integrated service delivery strategies have been developed that could provide guidance:[6]

- Shift to a client-centred approach
- Coordinated service delivery
- Use of an electronic client record
- Single point of entry
- Single assessment tool
- Individualized case management and service planning
- Co-location of services
- Enhanced teamwork through coaching
- Collaboration among providers

CERIS[7] is "a collaborative project governed by a Management Board that encompasses Ryerson University, the University of Toronto, York University, the Ontario Council of Agencies Serving Immigrants (OCASI), the Social Planning Council of Metropolitan Toronto, and the United Way of Greater Toronto." CERIS-Toronto's goals are:

1. To promote research about the impact of immigration on the Greater Toronto Area and on the integration of immigrants into Canadian society
2. To provide training opportunities
3. To disseminate policy and program relevant research information

A number of reports speak to the myriad barriers that exist for newcomers in relation to housing, employment, education, language training and seeking healthcare. One report[8] states that settlement services have a role in promoting health by:

- Supporting one's capacity to overcome challenges and tell their stories
- Assisting women [and by extension all newcomers] to find meaning in work and being able to claim their identity
- Addressing barriers to accessing health and mental health services
- Accessing citizenship status which helps support newcomers feel a sense of belonging and security

The biggest strength among immigrants is their resiliency.

Engagement

As a complement to a literature review, engagement with key informants can enrich the understanding of local issues that may affect how the project may proceed and provide some guidance around specific concerns that may exist in the environment in which the project is being undertaken.

Interview and focus groups were undertaken as part of the Discovery Phase of the project:

- To develop personas based on newcomers' needs, and
- To highlight existing service coordination challenges

This establishes specifics related to the context in which the new model will operate.

Staff Perceptions

Early in the project, staff were asked **what they thought was most important for newcomers' wellbeing:**

- "I need a job."
- "A place to live, kids in school, employment, enough information for whatever they need."
- Providing them with a safe and open environment where they feel comfortable to express their concerns, talk about their past and ask for help.
- It's not about getting money or a job or anything of that sort. One's health, family, education of my children, self-development all contribute to one's wellbeing.
- Well-being needs are to establish the same things they had back home – "they always compare."

Staff were also asked to describe **what they felt were challenges faced by clients in service delivery and access:**

- Lack of resources for refugee claimants - (e.g., financial assistance, mental health support)
- "They don't know where to go, where to search or how to find WoodGreen"
- Clients cannot trust staff on first visit so clients don't open up
- "We don't offer tokens or childcare, which is sometimes a challenge"
- Unclear or incorrect information provided by other organizations on the types of services provided

Correspondingly, staff described **the challenges they perceived in delivering services:**

- "I may have to serve them many, many times before they give me ID."
- "We provide the information, but we can't provide the solution. They may already have the information and say that we can't help."
- Challenges in making referrals; nobody is available immediately and then you have to leave a message. Sometimes you are lost because you receive no feedback about the client and the client doesn't call back.
- Need more details of the other services available - can't just refer them without having more detailed information.
- "I wish didn't have to do CTMS and iCARE. It's double work. I wonder if we can save one part, just to have more time to work on something important."
- "When I have back to back appointments, I won't sleep properly that night because I know I haven't finished my data entry. If it's too many people it's sometimes hard to enter accurately, especially during busy periods."
- "I have my own sheet for follow up."
- "I am not able as a frontline worker to access certain information on CTMS. I am only given certain capabilities so I am doing another Excel spreadsheet to pull off information. I wish we could put everything on CTMS and import and export information."

"I may have to serve them many, many times before they give me ID."

Some insights gained from these discussions are mainly related to:

1. inconsistency of referrals amongst staff
2. the nature of the relationship with Employment Services, the top referral destination, seen as inefficient
3. lack of standardized tools, in particular for assessments
4. process inefficiency where data entry is required multiple times and has become personalized and fragmented by staff

Some insights were provided to how the wellbeing program could be structured to reduce these challenges:

- There is no single definition of wellbeing.
- Wellbeing should be viewed through a holistic, family lens.
- Newcomers are looking for support in navigating services throughout their settlement journey, including services that are outside of traditional "settlement".
- There are opportunities to streamline intake and assessment processes to ensure clients' wellbeing needs and goals are identified and addressed.
- Some clients have said that they wished they heard about more of WoodGreen's services earlier.
- There are opportunities to strengthen connection processes to ensure that clients are being linked to appropriate resources, and not falling through the cracks.

Settlement programs and services play a critical role in facilitating the social and economic integration of newcomers to Canada. The success of these programs and services in turn impacts newcomers' wellbeing.

While these programs are essential for many newcomers, there are also a wide range of services that many newcomers do not access due to their lack of awareness of the services, understanding how to access them, and the challenges of service coordination.

In recent years, health, social and community service providers have given much consideration to create a *"wraparound"* process intended to improve clients' overall settlement experience. *The Community Services Coordination Network (CSCN)* describes this as a process that: *"exists to improve the lives of individuals, children and families with complex multiple needs"* and is *"a team-based planning process intended to provide individualized, coordinated, family-driven care that will meet the complex needs of children and their families."*[9]

The Community Development Council Durham[10] described integrated delivery as *"any model of delivering programs and services to clients wherein two or more organizations collaborate by coordinating their knowledge, skills, and service delivery goals. [This] can be as simple as sharing information between agencies or as complex as joint programming or co-location. The purpose of this approach is to improve efficiency and effectiveness in service delivery, to the benefit of clients and front-line workers alike."*

This definition is based on the Council's experience as a community hub with many service providers. Newcomer Wellbeing in this context seeks to expand on that model.

Circumstances affecting newcomer wellbeing place a great deal of responsibility on settlement service organizations to provide guidance and to help navigate a complex array of supports and services that are available to help the settlement process.

The Wraparound Initiative Diversity Project (2005) in London, Ontario identified *"numerous barriers that are associated with individual, community and systemic factors, [which] demonstrate the need for a service system that addresses the person as a whole within a broader system."*[11]

In 2000, the Integrated Settlement Planning Consortium in Toronto stated "There is presently no "seamless service delivery system" that responds to the needs of people in an intentional way. Instead, service is compartmentalized and fragmented across different "delivery outlets", and participants feel they are unnecessarily shuttled back and forth across the system with so many confusing and artificial program boundaries."[12]

The insights gathered from these experiences indicate a problem with how services are structured to respond to the needs of newcomers. The system currently lacks a focus on the person as a whole and does not provide a comprehensive and seamless way to respond to their needs.

In an effort to improve the settlement experience and to lead to better overall outcomes of wellbeing for newcomers settling in Toronto, WoodGreen applied to Immigration, Refugee and Citizenship Canada (IRCC) in 2018 to design a new approach to delivering the services and programs that it offers to its clients. The process included a co-design approach that sought to integrate empathy toward clients and create a streamlined process to assess and respond to their needs in an effort to simplify and improve the experience of settlement.

The graphic on the following page lays out IRCC's view of the settlement program in Canada. The challenge is to create a service response model within that framework that will comprehensively deliver services, will remove currently existing barriers, and will take into account the whole person.

The insights gathered from these experiences indicate a problem with how services are structured to respond to the needs of newcomers.

IRCC Settlement Program Logic Model

	Management & Engagement	Program Delivery						
Activities	**Departmental Services**	**Enabling Services** →		**Direct Services** ←				**Indirect Services**
	Program Management and Engagement	Provision of support services	Assessment of needs and referrals	Provision of information	Provision of language services	Provision of employment-related services	Building community connections	Sector capacity building

Outputs	• Accountability Framework
	• Policies
	• Program design and implementation strategies
	• Pilot projects (includes SDI)
	• Communication products
	• Calls for Proposals
	• Contribution Agreements
	• Project monitoring
	• Performance reports
	• Functional guidance
	• Private sector engagement
	• OGD engagement
	• PT partnerships
	• Grant to Quebec
	• International engagement
		• Care for Newcomer Children
		• Transportation
		• Translation
		• Interpretation
		• Crisis counselling
		• Provisions for disabilities
			• Needs assessments
			• Settlement plans
			• Referrals to IRCC and non-IRCC settlement services
			• Linkages in information & Orientation and Employment-Related Services
			• Language assessments and referrals
				• Group, individual & family orientation
				• Provision of information in Language Training
				• Provisions of information in Community Connections activities
					• Formal language training classes
					  • French/English
					  • Literacy
					  • General
					  • Finding a job
					  • Citizenship focused
					• Informal language learning sessions
						• Work placements
						• Networking
						• Mentoring
						• Employment counselling
						• Resume matching/ screening
						• Preparation for licensure
						• Employment-specific language training
							• Targeted matching with established newcomers of Canadians
							• Cross-cultural interactions and related activities
								• Individual Canadians' engagement
								• Private sector support delivery of settlement services
								• Community partnerships
								• Employment partnerships
								• Other public institutions (schools, police, etc.)
									• Tool development
									• Competency development training
									• Umbrella organizations
									• Conferences
									• Best practice activities
									• Outcome measurement capacity

Outcomes

Immediate Settlement

Consistent and responsive Settlement program delivery	Access to IRCC-funded settlement services is facilitated	Increase understanding of client settlement needs and appropriate linkages to other services	Clients increase knowlege of life in Canada	Clients improve official language skills	Clients acquire knowldge, skills, and connections to prepare for the Canadian labour market	Clients increase participation in communities and social networks	Partners deliver responsive and coordinated settlement and community services

Intermediate Early & Late Adaptation

	Clients access services that meet their needs		Clients make informed decisions about life in Canada	Clients use an official language to function in Canadian society	Clients participate in the Canadian labour market	Clients are connected to communities and institutions	Communities foster welcoming environment for immigrants

Ultimate integration

Successfully integrated and settled clients benefit Canada

On February 16, 2018 WoodGreen submitted an application to Immigration, Refugees and Citizenship Canada (IRCC) to develop an innovative **community service coordination model (CSCM)** based on human-centred design methodologies and community collaboration. The project was entitled: **Settlement Integration and the Path to Well-being**. This project was funded under IRCC's *Service Delivery Improvements (SDI)* funding process.

In its approach, WoodGreen designed this initiative to be of benefit to a number of stakeholders. The primary beneficiaries of this work were to be newcomers in need of individualized wellbeing services. As a model created through collaboration, the secondary beneficiaries were to be organizational stakeholders (providers, IRCC, etc.) who were involved in the design and implementation of the project or participated in knowledge transfer activities.

WoodGreen leveraged existing partnerships with *Crescent Town Health Centre*, a provider of primary care services, and *Michael Garron Hospital*, a large urban hospital in Toronto, to *pilot a new model in three different settings*. Together the partners utilized their network of providers to enhance connections and create robust service coordination mechanisms to improve the wellbeing of newcomers.

The primary intended outcome of the project was to connect newcomers to a range of community services to improve their wellbeing. The project built on the sector's practice and knowledge of user-designed research and evaluation. The effectiveness of the model to meet the wellbeing needs of newcomers was seen to depend on all of the steps required to build it, from design through implementation to delivery.

The project featured three phases (**Discovery, Ideate, and Pilot**) that deployed different techniques and practices to achieve the objective of creating and implementing settlement services integration model and promoting client wellbeing.

NEWCOMER WELLBEING PROJECT

- 3 year project funded by Immigration, Refugees and Citizenship Canada (IRCC) in the Service Delivery Improvement Stream
- Use human-centered design and community engagement to design a community service coordination model prototype
- Pilot the model in three locations to test the approach with newcomer clients
- Goal is to develop an innovative community service coordination model that supports clients' wellbeing throughout their settlement journey

1) Discovery Phase Goals

- Develop a **process evaluation framework** that measures the effectiveness of the collaborative co-design process.

- Increase knowledge of client populations and their needs by developing 4-5 **personas** that articulate differentiated newcomer wellbeing needs.

- Increase knowledge of **service coordination** challenges by developing service provider personas.

- Build better community service partnerships by developing **co-design working group** (members include newcomers, service providers and other stakeholders e.g. IRCC).

- Map service coordination **pain and touch points** within the system related to client needs through the development of service journey maps and blueprint anatomy.

- Create **systems thinking map** to identify service intersections and opportunities.

- Build capacity for innovation by transferring findings of the discovery phase with key stakeholders in the **community and newcomer service field.**

2) Ideation Phase Goals

- Design a **more effective CSCM** by working with stakeholders (end-users, providers, etc.) to develop and test prototypes of innovative service coordination models with associated tools that could be piloted in three different service delivery settings.

- Increase **capacity** and build better partnerships by **transferring knowledge from ideation phase** with key stakeholders in the field (hold roundtable meeting after prototypes are developed and refined)

3) Piloting Phase Goals

- Pilot CSCM and tools at three sites with a goal to provide wellbeing service referrals to wellbeing services for 300 newcomers.

- The onset of the COVID-19 pandemic had an impact on the ability of the affiliated hospital and community health centre to support these referrals. With public health restrictions, 221 newcomers were referred.

- Build on the sector's body of knowledge by evaluating the pilots and by producing recommendations based on the project findings and stakeholder feedback.

- Strengthen capacity by transferring knowledge from the project findings with key stakeholders (hold a webinar and roundtable with service providers).

DEFINITIONS

- **Human-centered Design** is a creative approach to problem solving, one that starts with the people and ends with innovative solutions tailored to meet their needs.

- **Service Coordination Model** is based on the assumption that collaborative activity can facilitate access to services, reduce unnecessary duplication of effort, and produce more effective and efficient access to multiple services that address newcomer wellbeing.

- **Wellbeing** is based on research and learnings from the co-design model, we've learned that newcomer well-being should be viewed through the family lens and involves interrelated domains.

The Discovery Phase of the project consisted of interviews and focus groups with stakeholders to develop a deeper understanding of the key issues facing newcomers seeking settlement services and those providing and coordinating the services from the agency perspective. A critical element of this phase was co-creation with participants.
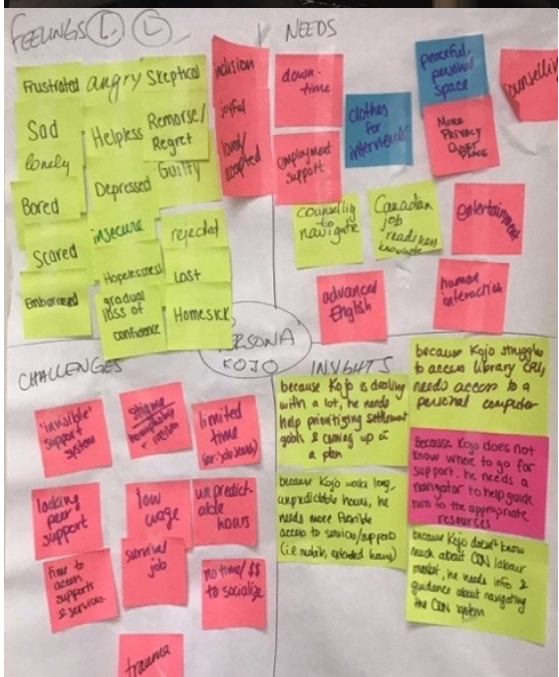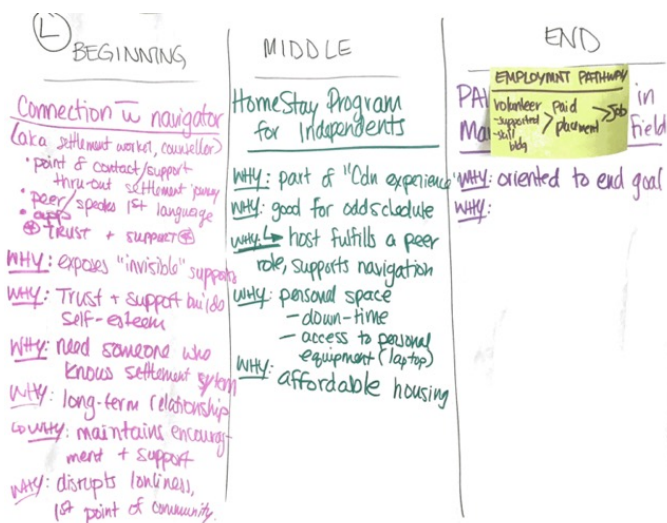
WoodGreen adopted a human-centred approach to design a community service coordination model (CSCM) aimed at connecting clients to a broad range of services to meet their wellbeing needs. In the Discovery phase of the process:

- Interviews and focus groups were conducted to develop **client personas** based on newcomers' needs.
- Focus groups were held with service providers to develop personas to highlight **service coordination challenges**.

Through the work of the Discovery phase and having developed a deeper understanding of wellbeing and service coordination challenges, the project moved into the Ideation phase. A co-design working group of newcomers, service providers, and other key stakeholders convened to design a CSCM.

The work focussed on:

- Identification of touch / pain points in service coordination by developing service journey and blueprint anatomy maps.
- Creating a systems thinking map to align with broader actions in service delivery.
- Brainstorming to generate ideas and solutions to address service coordination gaps.
- Storyboarding and wireframing activities to draft a CSCM.
- Developing and testing low-fidelity prototypes in a controlled setting.

LOW-FIDELITY PROTOTYPE

A low-fidelity prototype is a quick translation of a high-level design concept into a more tangible and testable model. A low-fidelity prototype can be used to check some levels of functionality of the approach being considered.

"After the group came to some sort of consensus, they [design team staff] would go out, field test it, get feedback, and then they would come back and say 'this is what we found, maybe we need to redo it, what does everyone think?' So, I think the strong commitment to improvement really made it an effective process."

"It was very helpful in a way that I felt that I was listened to."
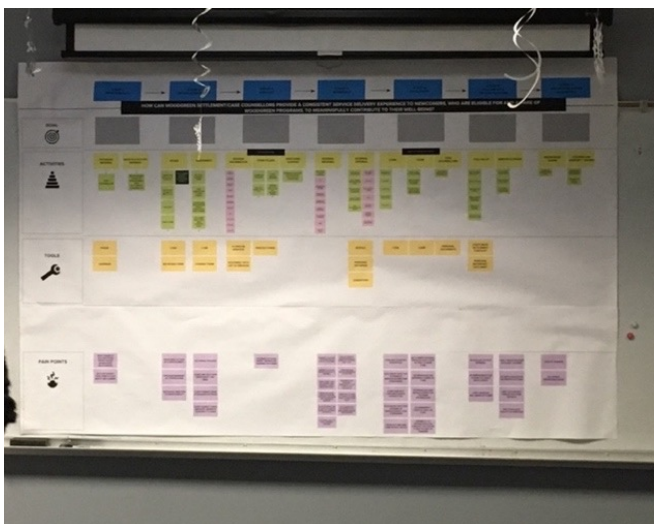
"She [primary counsellor] is everything. She is the one I ask for what I want. She is who I talk to when I am confused. I am not alone because she is a good support for me."

"She was very patient. She listened to me. She gave me options…"

Once the low-fidelity prototypes were developed, the next step was to conduct pilot tests in the field.

This involved:

- Refining the low-fidelity prototypes.
- Developing and implementing hi-fidelity models that could be implemented in real-life setting.
- The three partners involved in this project provided three settings to test the models.
- An evaluation framework (process and outcome) was designed in order to determine whether the models were effective and successful in improving the wellness of clients being served.

HIGH-FIDELITY MODEL

A high-fidelity model moves toward simulating the conditions that would exist in real-life settings, that would function as might be expected in actual client service delivery situations.

	YEAR 1				YEAR 2				YEAR 3			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Discovery	Initiation, Resourcing	Research, Environmental Scan, Personas	Co-Design CSCM	Service Journey, Systems Map								
Ideation				Body-storming	Storyboard, Wire-framing, Journey Map	Low-fidelity prototypes						
Piloting							Hi-fidelity models, implementation, tracking	situational refinements			221 clients served	
Evaluate	Process + Outcomes Evaluation →											

Discovery

YEAR 1, Q1.

WoodGreen adhered to a results-based project management framework to ensure that specified activities were conducted, deliverables were met, and outcomes were achieved. Project initiation activities took place during the first quarter of the first year including: developing a project charter, workplan and strategic communications, budgeting, staffing (lead co-designer, outreach coordinator, and the research database analyst), formalization of partnerships, partner and stakeholder management, and ongoing performance tracking and reporting. Project management was maintained throughout the project.

YEAR 1, Q2.

Implementation of **co-design and research** enhanced the understanding of newcomers' wellbeing needs, service coordination challenges, and systems level insights, forming the basis for the ideation process.

- Conducted an **environmental scan** on coordination practices.
- Created a **framework** for selecting different types of newcomers to illuminate differentiated wellbeing needs.
- Conducted **outreach** activities through internal and partner organizations services to recruit newcomers and provide honorariums.
- Conducted interviews and focus groups with **newcomers**, leading to the development and validation of the **personas**.
- Engaged service providers through two focus groups for the development of **provider personas** highlighting coordination challenges.

YEAR 1, Q3.

- Formed a co-design working group (CWG) with newcomers, providers and IRCC staff to create the **community service coordination model (CSCM)**.

YEAR 1, Q3-Q4.

- Held three (3) co-design sessions with CWG to design a **service journey, blueprint anatomy, and systems map**. Each session was facilitated by WoodGreen's human-centred co-design specialist.
- Collated findings from the Discovery phase and presented to IRCC and other stakeholders in the settlement sector.

OUTREACH

Various tactics were used to engage different stakeholders to participate in the project:

- WoodGreen (WG) leveraged partners to approach newcomers, by releasing information materials, such as fliers, and by offering honoraria to participants.
- Service providers were engaged through the release of information materials and through an outreach coordinator to contact providers directly.
- Existing provider networks were also leveraged: 15 organizations with current involvement in the Crescent Town project, involvement in the Toronto South LIP (over 25 community service members), CASIP (3 colleges and 7 employment providers) and other community connections.

Ideation

Building on the Discovery phase and using an experimental co-design approach, the CWG structured an ideation process where WG held workshops to brainstorm, sketch out possible solutions.

YEAR 1, Q4.

- Facilitated an interactive brainstorming session where CWG members rapidly generated ideas, tested assumptions and discussed solutions, arriving at 2-3 model solutions based on group consensus. WG's Manager of Design Research facilitated this activity creating spaces for co-creation.

YEAR 2, Q1.

- Based on these solutions, the group used **storyboard** methods and **wireframing** activities to design service coordination models, tools, and processes.
- The facilitator worked with the CWG to create **journey map** solutions and scenarios of how end users would interact with the models.

BODYSTORMING

Bodystorming is a way of subjecting a researcher's own body to physically experience a situation in order to ideate. A combination of role-play and simulation, bodystorming takes place in a physical environment, instilling a feeling of empathy for the users. Bodystorming is also a form of brainstorming using the body i.e. by acting out stories or simulating something very close to reality with the objective of generating ideas.

https://think.design/user-design-research/bodystorming/

- Bodystorming was used to refine the service coordination model. Implementation of the technique involved creating the physical path in the office space.
- CWG members brought their own experiences to the different scenarios to create a wireframe including layers, processes, and tools at a granular level to articulate models that were prototyped.

YEAR 2, Q2.

- Based on the wireframes WG developed **low-fidelity CSCM prototypes** and tools.
- CWG members and participant end users tested the prototypes in a controlled setting and gathered feedback.

WIREFRAME

A wireframe is a schematic or skeleton model lacking finer detail that is used to assist with a design process.

Pilot and Refine

YEAR 2, Q3.

Building on the low-fidelity prototypes and based on feedback hi-fidelity models were created and implemented at three (3) pilot sites.

- Models included: information guides, handouts, referral and coordination assessment tools, operating procedures, data collection system and tools, etc.
- Model, delivery mechanisms, and tools were defined during the ideation process.
- Resources were set aside to make tools and resources available in commonly used languages (e.g. Urdu and Bengali).
- An implementation plan was developed to gradually phase in the pilots in three sites.
- An emerging learning framework was used to implement each pilot site sequentially and to gather rapid feedback from end-users. This approach facilitated model improvements to be incorporated into successive pilots.

YEAR 2, Q3-Q4.

- Pilots made situational refinements as well to align with existing service delivery structures; these were captured in the process evaluation.
- Each pilot was planned to be implemented within a month of each other. Some modification was required due to the onset of the COVID-19 pandemic.

YEAR 2, Q3 – YEAR3, Q3.

A target of 300 newcomer clients was set to be served through this new CSCM model. Due to factors related to the COVID-19 pandemic, 221 clients were served, mainly through the WoodGreen site.

- Quarterly meetings with the CWG were held to share findings.

Evaluate

YEAR 1, Q3 – YEAR 3, Q4.

The effectiveness of the pilots was evaluated through the process and outcome evaluation, structured around the project's two guiding research questions:

1. To what extent is the experimental co-design process effective in designing a scalable CSCM?

2. To what extent is the service coordination effective in meeting the differentiated wellbeing needs of newcomers?

- A process evaluation was conducted to assess the co-design process: including an evaluation framework, developing tools and surveying the CWG to assess the co-design process.
- CWG members were surveyed during each stage of the design process and participated in a final project summation feedback session to shed light on the effectiveness of co-design activities, as well as the overall approach and outcomes of the process.

- A process and outcome evaluation framework was developed to measure the effectiveness of the service coordination model, including the development of quantitative data collection tools and instruments to measure uptake, outputs and outcomes, and to gather qualitative information about the quality of the services.
- The tools and surveys were developed concurrently with the high fidelity prototypes.
- Surveys were created to gather feedback from service providers to assess the quality and viability of the model, tools, and processes.
- Referrals were tracked, including uptake with community partners.
- 90 clients were surveyed randomly to achieve a 75% confidence level in the assessment of outcomes.
- Data were summarized and a project evaluation report was prepared.

It was learned from stakeholder interviews that a counsellor's approach differs depending on a client's background and current circumstances.

With this in mind, Personas were developed to help guide a process to create a new community service coordination model. The Personas provided realistic representations of the people who would be involved in the settlement process.

Four client stories are presented here in an abbreviated format. These stories were not intended to and do not represent all newcomers, but simply provide a cross-section of snapshots to focus conversation and the design process. These Personas were considered when sharing activities and processes as a settlement counsellor during the journey mapping exercise.

More complete Persona descriptions appear in the Appendix.

Client Stories

KOJO
32 years old, LGBTQ

Home: Accra, Ghana

Time in Canada: 3 ½ years

English: Intermediate / Advanced

Education: University Degree in Marketing

Access to social networks: Medium

Experience: Lives in shared room in Regent Park. Needs "Canadian" experience.

Employment: Subway

YU YAN
50 years old

Home: Beijing, China

Time in Canada: 4 months

English: Beginner

Education: High School

Access to social networks: Low

Experience: Lives in friend's living room in east end.

Employment: Beginner's English keeping her at home, preventing her from finding work & housing, Available for caregiving in Chinese community. Lonely. Needs support.
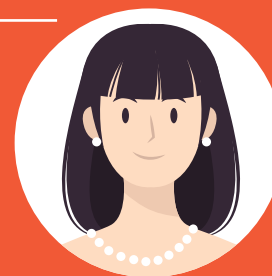
NIMA (40) **& NEDA** (35),
TWO KIDS (8 & 4)

Home: Tehran, Iran

Time in Canada: 6 months

English: Intermediate / Advanced

Education: College: Nima (Journalism), Neda (Nursing)

Access to social networks: Medium

Experience: Lives in 1-bedroom apartment in Scarborough. Nima stays at home to mind children and arrange schooling. Navigating system/seeking Nursing accreditation. Need "Canadian" experience.

Employment: Neda: Part-time (alteration store). Nima looking for freelance and full-time job.

MAGDA (28) **AND CHRISTOPHER** (5)

Home: Patras, Greece

Time in Canada: 2 Months

English: Beginner

Education: High School

Access to social networks: Low

Experience: Live in a shelter. Christopher not socializing. Magda is depressed & anxious, missing family. Language barrier.

Employment: Looking for house cleaning work, but cannot afford childcare.

SERVICE NAVIGATION			
TRANSACTIONAL			
Linkage to Primary Counsellor (Registration)	Intake	Needs Assessment	Service Plan
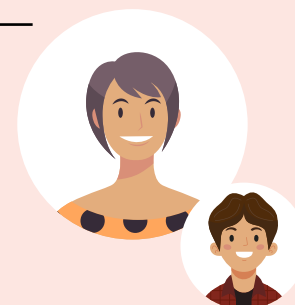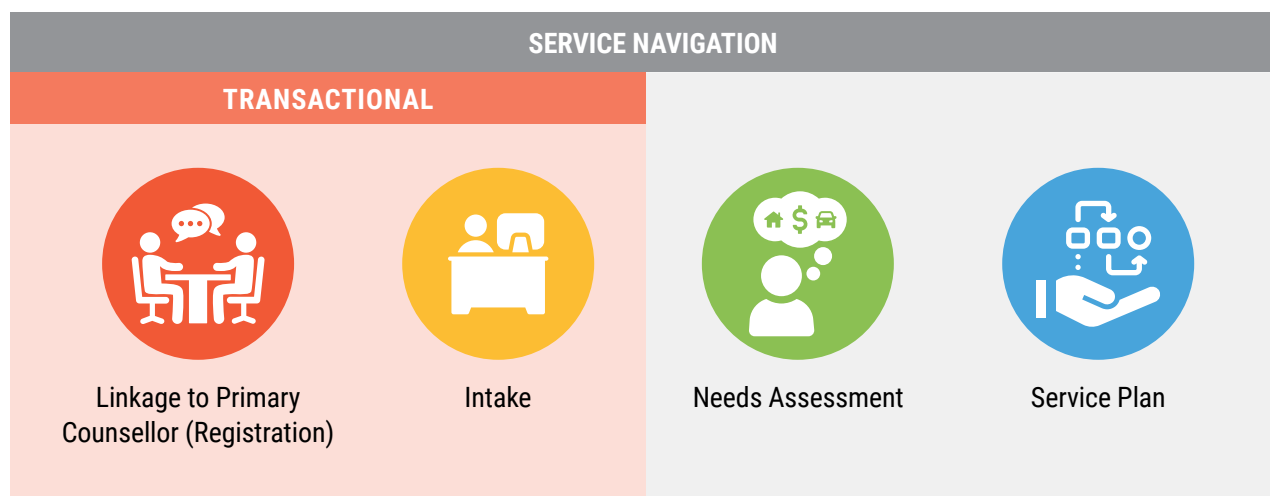
Facilitated by the creation of client Personas, the Client Working Group mapped out the client journey that would help to formulate the new community service coordination model.

The co-design process brought forward comments that helped to map this client's journey, and would ultimately help share the design of the model:

- Large number of Newcomer Services' clients are transactional, often accessing services only once.
- Clients must repeat their story when they access different programs in the CPU.
- There is no standard follow-up system for referrals. Staff do not know what happens to a client after they are connected to other programs, or if they access other programs.
- Service offerings are siloed. Staff focus client support on services offered in Newcomer Services, with support often ending after connections are made to other CPU programs.
- Clients report not being offered timely information on other WoodGreen programs that would be of benefit to them.

Mapping the client journey involved the consideration of detailed aspects of the process. The first graphic (on page 26)

works stage by stage, considering activities required, tools used to respond to service needs, where pain points exist and recognizing that the feelings of clients and counsellors are integral to the process. This image conveys a technical perspective as might be seen in an evaluation framework.

The second graphic adopts a more narrative approach to describe the process.

FULL CLIENT JOURNEY MAP: COMPONENTS

STAGE 1: FIRST CONTACT	STAGE 2: INTAKE/ASSESSMENT	STAGE 3: SERVICES	STAGE 4: REFERRALS	STAGE 5: DATA ENTRY	STAGE 6: FOLLOW-UP & SERVICE CLOSURE	STAGE 7: KNOWLEDGE SHARE & SUPPORT

HOW CAN WOODGREEN SETTLEMENT/CASE COUNSELLORS PROVIDE A CONSISTENT SERVICE DELIVERY EXPERIENCE TO NEWCOMERS, WHO ARE ELIGIBLE FOR AND AWARE OF WOODGREEN PROGRAMS, TO MEANINGFULLY CONTRIBUTE TO THEIR WELL-BEING?

GOAL

ACTIVITIES

- PHYSICIAN REFERRAL → CASE COUNSELLOR
- WALK-IN & ELT/LINC REFERRAL → RECEPTIONIST BOOKS AN APPOINTMENT WITH SETTLEMENT COUNSELLOR
- INTAKE → CHECK FOR STATUS OR CLIENT ID → CHECK FOR ELIGIBILITY (PR, CR, L/C) → CALL IRCC → CHECK CTMS
- ASSESSMENT → FILL OUT CONSENT FORM → GIVE ORIENTATION TO NEW CLIENTS → UNDERSTAND BACKGROUND (FAMILY, LANDED DATE, EMPLOYMENT) → ASK CLIENT WHAT THEY NEED SUPPORT WITH
- PROVIDE INFORMATION
- FORM FILLING → IF ENGLISH SPEAKING → IF NOT ENOUGH SPEAKING → PROVIDE SUPPORT WITH FILLING OUT RELEVANT FORMS → PRINT OUT FORMS TO FILL OUT
- EMOTIONAL SUPPORT → DEPENDING ON CLIENT CIRCUMSTANCE, PROVIDE GRIEF COUNSELLING
- INTERNAL REFERRAL → ELT → HOMEWARD BOUND → KNOWLEDGE PRAMOTION → SENIOR PROGRAMS → VOLUNTEER PROGRAM → LINC → HEALTH CLINIC
- EXTERNAL REFERRAL → USE PERSONAL CONNECTIONS → CALL TO MAKE APPOINTMENT FOR CLIENT → PROVIDE CLIENT WITH CONTACT INFORMATION → CALLS TO CHECK CLIENT ELIGIBILITY AND GIVE INFORMATION OR ADVICE
- CTMS
- iCARE
- CASE COUNSELLORS
- FOLLOW-UP
- SERVICE CLOSURE
- KNOWLEDGE SHARE
- COUNSELLOR SUPPORT + REVIEW

TOOLS

- PHONE
- CALENDAR
- CTMS / WG INTAKE FORM
- CTMS / CONSENT FORM
- FLYERS ON SERVICES / DOCUMENT WITH LIST OF SERVICES
- PRINTED FORMS
- GOOGLE / PERSONAL DATABASE / SHAREPOINT
- CTMS
- iCARE
- PERSONAL DOCUMENTS
- STAFF MADE SETTLEMENT CHECKLIST / PERSONAL NOTEBOOK/DOCUMENT

PAIN POINTS

- WON'T SHARE W/ DOCTOR OTHER ISSUES UNLESS ESTABLISHED RELATIONSHIP
- DOCTOR DOESN'T HAVE TIME TO TALK ABOUT SETTLEMENT
- RESISTANCE TO GIVE PR & DATE OF BIRTH
- LANGUAGE BARRIERS + NO TRANSLATORS
- EMOTIONAL REACTION TO NON-ELIGIBILITY
- NO FORMAL PROCESS
- CLIENT MAY NOT EVEN KNOW WHAT THEY NEED
- CLIENT DOESN'T OPEN UP BECAUSE NO TRUST
- CLIENT DOESN'T KNOW SERVICES / BENEFITS AVAILABLE TO THEM
- COUNSELLOR NEED MORE + REFRESHER TRAINING ON FORMS
- BARRIERS TO ACCESS PROGRAMS DUE TO LACK OF CHILDCARE
- BARRIER TO ACCESS TRANSPORTATION TO REFERRAL
- EMPLOYMENT AND SETTLEMENT KEEP REFERRAL CLIENTS BACK AND FORTH
- SERVICES HAVE A LENGTHY PROCESS FOR ENTRY, AND SOME NEED IMMEDIATE SUPPORT
- NO WG INTERNAL LIST OF PEOPLE TO MAKE IT EASIER FOR INTERNAL REFERRALS
- NO FORMAL WAY TO TRACK REFERRAL SUCCESS
- LACK OF SERVICE WHEN REFERRAL IS MADE (E.G. HOUSING WAITLIST)
- MORE SERVICES REQUIRE REFERRALS BY DOCTOR
- REFERRALS NOT AVAILABLE IMMEDIATELY - LOSE CLIENT IF NO FOLLOW-UP
- LARGE LIST OF ORGS IN TORONTO TO KEEP TRACK OF WHO DOES WHAT
- ELT CLIENTS NOT APPLICABLE TO ALL NEWCOMERS SEEKING EMPLOYMENT
- CTMS AND iCARE NOT INTEGRATED
- DATA ENTRY INTO TWO SYSTEMS IS REPETATIVE AND TIME CONSUMING
- iCARE DOESN'T CAPTURE CLIENTS WITHOUT DS
- DATA ENTRY INTO TWO SYSTEMS REPETATIVE AND TIME CONSUMING
- FIELDS IN CTMS AND iCARE DO NOT MATCH
- SETTLEMENT INTERNAL SERVICES DIDN'T HAVE ACCESS TO SOME CTMS
- WG BRANCHES USE DIFFERENT FORMS OR CTMS
- WG BRANCHES KEEP ASKING CLIENTS FOR THE SAME INFORMATION
- NO EMERGENCY CONTACT INFO ON CTMS
- CAPABILITY TO UPLOAD DATA ON iCARE BUT NOT DOING IT DUE TO LACK OF TRAINING
- NO FOLLOW-UP POST REFERRAL
- NO REMINDERS IN THE SYSTEM TO CHECK WITH CLIENTS
- CAN'T MONITOR WELL-BEING OF CLIENT
- CAN'T TRACK SUCCESS OF CLIENT JOURNEY
- NO DATA COLLECTION ON SERVICE SUCCESS
- CAN'T ACCURATELY CREATE OUTCOME REPORTS
- CAN'T EVALUATE QUALITY OF SERVICES
- LACK OF TRAINING
- NO FORMAL KNOWLEDGE SHARE

COUNSELLOR FEELINGS

CLIENT FEELINGS

WOODGREEN CLIENT JOURNEY MAP

AWARENESS

Clients will often hear about WoodGreen through word of mouth (from friends/family) or a referral from another service/agency (i.e. YMCA). Outreach flyers and the presence of WG counsellors at off-site locations is another way clients become aware of WG. Focus groups and interviews indicated that clients feel there is a greater need for WG presence, some mentioned that had they known about WG when they first arrived in Canada (at the airport) or earlier on in their settlement journey, that awareness could have made their settlement process faster and easier. Some clients mentioned that even when they became aware of WoodGreen's presence, they didn't have full insight into all the programs and services that were available to them.

NON-RETURNING CLIENTS

After the first appointment, clients may never return to WoodGreen. This may be due to the fact that they don't require further assistance from WG, or don't enroll in any of the internal programs offered by WG. For some, it could be due to busy schedules, lack of childcare and location/distance of WG centers. Although clients may never return, their file/data will remain in the WG system (CTMS) indefinitely. In contrast, some clients may return years after their first appointment. How often clients return to WG (if at all) is highly dependent on their needs, some clients only engage with WG when issues arise and they need external support to navigate a question/problem/situation.

SERVICES / PROGRAMS

A variety of services and programs are offered to clients through WG and external agencies. Services include but are no limited to, language classes, employment training/support, financial literacy, city services, banking, education, housing and government services. After the first or second appointment, clients may enroll/apply for services/programs. While some folks remain in and complete programs, others are maybe engaged longer term (i.e. language classes) or have a fragmented experience in a program (i.e. due to travel). While in WG programs, clients have an opportunity to informally engage with case counsellors--while external programs/services may mean clients don't return to WG or see their counsellor again.

FIRST CONTACT

Once clients are aware of WoodGreen, whether referred by a friend/family member, physician or another service/agency, they may call reception, or go to a WG location where the receptionist will support them in scheduling an appointment with a settlement counsellor. If they've been referred by a physician or agency and have the contact information of a counsellor, they may email or phone the counsellor directly to schedule their first appointment.

FIRST APPOINTMENT

During their first appointment, clients will meet with a counsellor and go through an informal intake and assessment process, which includes walking through a settlement check-list (created by the counsellor). The counsellor will provide them with information and resources on internal and external services and programs available to them. A this time client's may not know exactly what they need, and most are not aware of what is offered.

Depending on their length of time in Canada, clients will have different needs, while some are looking for information on how to find housing, obtain a health card, register their kids in school, open a bank account or find a family doctor, many need support with finding employment in their field, connecting to professional networks and/or a social community. It's important to note that although clients may not come to WG to receive emotional support, the settlement experience can be a stressful, frustrating and anxiety-inducing process--often times the counsellor will provide emotional support to the client (and their family) during the first appointment and subsequent appointments.

During the first appointment, clients are also made aware of recreational programs available to them, and are encouraged to return or connect with their counsellor if they have additional questions or need additional support with filling out forms or enrolling in programs.

SECOND CONTACT

Clients may return to see their counsellor for a second (and/or subsequent) appointments if they need additional information, are interested in enrolling in/applying for a program or service and/or need support with filling out forms. Some internal service referrals include: ELT, Homeward Bound, Community Connections, Volunteer Programs, Health Clinic, Senior Programs, LINC (and more). External service referrals include: Employment Ontario, Legal Aid, Adult Learning Centre, YMCA, Toronto Community Housing (and more). Clients will determine their needs with support from counsellors, who will refer them to the various services--sometimes by just providing contact information, other times by supporting with scheduling an appointment with the program assistant on their behalf. The level of engagement/support varies based on the clients needs and language level.

FOLLOW-UP

Although there is no formal follow-up process used by WG counsellors, some clients may receive follow-up calls/emails from their counsellors. Clients are encouraged to follow up with their counsellor via phone/email or additional appointments should they need more support. Clients who enroll in WG programs sometimes connect with counsellors in between LINC (language) classes for brief and informal conversation. In cases where counsellors have made an effort to follow up or send additional information (i.e. upcoming recreational programming), clients reported feeling cared for and supported.

Diagram nodes: Referrals, Word of Mouth, Outreach Flyers, Off-site Presence, AWARENESS, FIRST CONTACT, CLIENT MAY NOT RETURN, Walk-in, Call Reception, Call / Email Settlement Counsellor, FIRST APPOINTMENT, Intake, Orientation, Assessment, Services ++, Emotional Support, IN SERVICE / PROGRAM, SECOND CONTACT, External Referral, Internal Referral, Second Appointment, FOLLOW-UP, NO FORMAL SERVICE CLOSURE

CORE MODEL FEATURES

Attachment
vs. Referrals

Multi-sectoral
Context/Setting

Service Navigation
vs. Case Management

Partnerships

So, what might a new approach look like?

- Significantly improve the ease with which clients can move across and inside systems – take a more proactive role.
- Significantly improve attachment to the right service.
- Deepen client relationship so to be able to focus on longer term results .
- Reach more clients with cost effective approaches that leverage key strengths (multi service agency, links to health care, cohort models, etc.].

What barriers need to be overcome?

- There is a limited culture of collaboration and no joint problem solving.
- Staff are most strongly focused is on meeting targets for their own program or service, as opposed to sharing responsibility.
- There is an imperative to generate growth (i.e., to increase revenues for the organization) and achieving greater operating efficiencies.
- The view that it is not possible to take a "client centric view" – uncertainty about where clients come from, or where they go and what happens to them.
- With the breadth and complexity of the organization's portfolio, the referrals process does not work.

In response, the new service model has been constructed around key elements. Some features may already have been in place, but have been enhanced to align with the wellbeing program. Other features have been added to provide a more comprehensive and integrated service offering.

These key elements were considered in the creation of the model:

- There is an understanding that newcomers have many needs across different systems. These systems can be complicated and difficult to navigate.
- Clients (and their families) should be assigned a primary counsellor as service navigator:
- is the main point of contact for clients, responsible for enabling their navigation through various systems.
- is not responsible for providing all services, but will provide some settlement related services and will provide general information in some service areas.
- will support clients and their families in identifying their needs, to connect them to the appropriate information, program, or service, and to follow-up with them to ensure that the connection was appropriate and successful, reducing instances of clients facing dead ends or falling through the cracks.
- will trouble-shoot with their client any challenges that arise, even when the client is receiving services from other WG program areas or external programs/services.

The flow into WoodGreen would see clients undergoing a registration step, followed by an intake assessment. If the client agrees, the wellbeing process is initiated. A **primary counsellor** is assigned, an **enhanced intake assessment** and **service planning** process is applied. Additional supports will be coordinated through the primary counsellor, with more intensive follow-up and accountability processes implemented.

If the client does not agree to participate in the wellbeing process, they are considered "transactional", and offered single service supports within or external to WoodGreen.

The follow-up and accountability processes would also be implemented for transactional clients to ensure that those who may require additional supports and services at a later stage would be able to receive that assistance.

To facilitate the process and maintain quality control, a series of forms (in the Tool Box; forms are in the Appendix) was developed for the Newcomer Wellbeing Program, including:

PRIMARY COUNSELLOR

A Primary Counsellor is a service navigator who helps clients assess their needs, jointly plans the services they require, and helps them successfully attach to programs, resources and services that they need to achieve their goals.

1. Intake Form
2. Needs Assessment
3. Service Plan

A series of graphics has been provided on the following pages to illustrate:

- the main stages of the model and the associated tools related to services,
- a formalized newcomer process flow, with new enhanced components designed to ensure the client's needs are more comprehensively met.

TOOL BOX

| Registration Script | Intake Form | Needs Assessment | Service Plan |

NEWCOMER WELLBEING SERVICE NAVIGATION MODEL FEATURES

Intake	• New intake tool captures data common to several program areas, reducing client's need to tell their story more than once
Linkage to Primary Counsellor	• Primary Counsellor becomes the case/relationship manager for the client and is responsible for client's outcomes
Needs Assessment	• Comprehensive assessment tool covers needs across several domains • Based on the outcomes of the assessment, the client and the Primary Counsellor will create a detailed service plan
Service Planning	• New service planning protocol and tool • Primary Counsellor creates service plan jointly with client • Service plan will cover goals outside of the settlement domain
Service Navigation	• Primary Counsellor will be responsible for enabling the client's navigation to programs within and outside of WoodGreen • Primary Counsellor will maintain accountability for service navigation, including when client is receiving services from other programs
Case / Relationship Management	• Primary Counsellor continues to monitor client's progress as per their service plan, intervene and support where required, and follow up until the client is discharged • Primary Counsellor will be responsible for managing the overall relationship with the client, enabling a longer-term relationship

Community Service Coordination Model: Process Flow

So what is different about this approach?

From the client perspective…	From staff's perspective…
✓ Single relationship manager (primary counsellor), connecting clients to services across the CPU	✓ Assessment will identify client's needs and goals, across CPU programs
✓ 360° assessment completed - the onus is not on the client to identify all needs	✓ New standardized service planning protocol and tool - training will be provided
✓ Detailed service plan created jointly with primary counsellor, including short and long term goals	✓ Service plan will be collaborative and integrated. Primary counsellor and CPU staff will coordinate services and collaborate to support clients in meeting their goals
✓ Primary counsellor will be responsible for managing the overall relationship with client, regardless of what program(s) the client is currently accessing	✓ Client's primary counsellor will maintain accountability for service navigation, including when client is receiving services from other programs

"We used to have an employment counsellor within the settlement team. We used to refer to them. But now, we don't. Although we will say refer them to EO, it is still different because you give them the phone number, but you don't know what happens."

As an integral part of the Wellbeing project, WoodGreen engaged an independent consulting group (CAP Consultants) to conduct process and outcomes evaluation.

The involvement of an independent evaluator was meant to ensure an objective appraisal of the piloting project.

Process Evaluation

WoodGreen's leadership entered this into this project with an awareness of the fragmented nature of service provision, where support teams were operating in isolation resulting in duplication of effort and gaps in services. There was a perceived need to transition from a "many door" approach to a "one door" approach. In the initial process evaluation there was a focus on identifying early wins and laying a strong foundation.

The evaluation applied a mixed methods approach, including interviews and surveys with client and staff surveys and referral and tracking data.

Details of the process evaluation can be found in the document, WoodGreen Community Programs Unit: Service Integration Evaluation Report, by Judit Alcalde and Karen Hayward, CAP Consulting (October 2020).

One of the signature elements of the Wellbeing Model is the ongoing modification of the model based on client and staff feedback. Processes and forms can be revised on a continual basis to better meet client needs.

The process evaluation reported on what was working well and where things could be improved.

Key Learnings

- The NWB pilot project was successful in achieving WoodGreen's goal of improved client service.
- Greater service integration and collaboration was achieved; more is required.

- There is no "one-size-fits-all" to meet clients' needs. Closer connection to and relationship building with the client as an individual is necessary.
- Key elements of successful service integration and collaboration were identified: fully understanding of the client journey and client needs, joint service planning, relationship building with clients and across service teams, adequate infrastructure and services colocation.

The evaluators recommend continued leadership in this work, consistent and ongoing staff training and support, and greater use of technology, where possible.

Outcomes Evaluation

CAP Consulting was engaged to conduct the outcomes evaluation process as well. Details of the final evaluation can be found in the document, WoodGreen Programs Unit: Newcomer Wellbeing Program Evaluation Report, by Karen Hayward, CAP Consulting (August 2021).

The outcomes evaluation was tailored to measure clients' success across some of the IRCC proposed outcomes as laid out in their logic model.

The outcomes evaluation was designed to test the hypothesis that the NWB model was a more effective method for providing services to newcomers over the existing approach. The evaluation was conducted through a combination of online surveying, interviews and organizational tracking data.

The findings in the evaluation report have been organized into six areas:

- Program design and development
- Program implementation
- Client satisfaction
- Primary Counsellors' satisfaction
- Partner satisfaction
- Service effectiveness

This stage of the evaluation sought to identify and measure success of the program in effectively meeting clients' needs. Based on NWB and comparator service clients provided ratings across five key elements:

- Identifying needs
- Connecting to services
- Developing service/settlement plans
- Researching services or resources online
- Locating services in their communities

Findings

The ability to achieve statistical significance proved too difficult to demonstrate in this evaluation process. There are a number of reasons for this: limited ability to achieve large enough sample sizes, even though the evaluation was extended to gather more responses; the amount of time for the new service navigation process to mature; standard measurement tools may not be sensitive enough to capture real change; and broadly, demonstrating statistical evidence of change for new service model implementations of this type is a challenge in general.

As such, it is important to view the results more broadly for indications of improvement. This is where a balance of qualitative and quantitative results are often used to strengthen evaluations.

- Client responses to the survey asking to rate these items indicated that NWB clients consistently reported higher satisfaction across these five dimensions in relation to clients in the comparison group, shown below.
- Clients rated an improvement in their ease of access to services.
- Clients reported that their need to repeat their story beyond the first time was greatly reduced.
- Client satisfaction with wait times to connect with their counsellor:

Appointments	NWB	Comparison Group
First	73%	59%
Followup	65%	59%

With respect to barriers:

- **66.7%** of NWB clients reported they "absolutely" felt that their counsellors helped to identify their needs compared to 42.5% of the comparison group.
- **61.5%** of NWB clients reported they "absolutely" could approach their counsellor if they were experiencing any challenges compared to 40.0%.
- Client attachment to services increased 13-fold; 64% or NWB Service Navigation clients were attached to at least one additional, internal WoodGreen service, averaging 1.7 per client.

One notable area of weakness was found where clients were asked to rate progress on achieving their goals in service / settlement plans. NWB service navigation clients responded significantly lower progress than the comparison group: 7.2 versus 8.2.
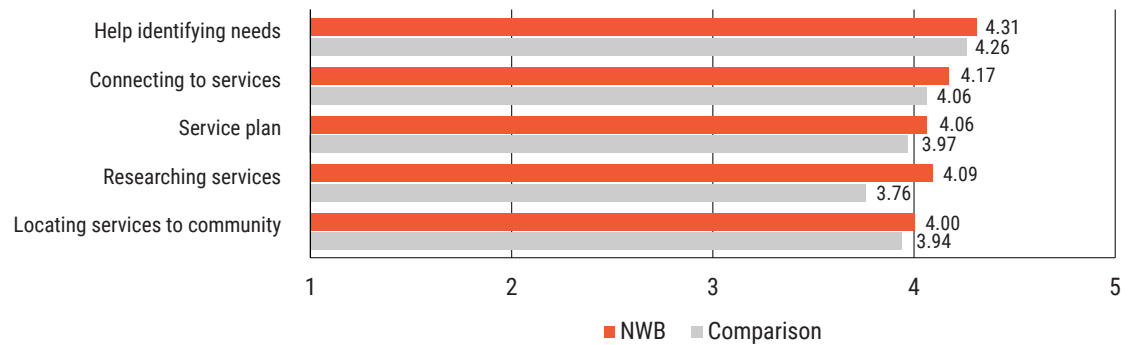
As funding for this project was provided by IRCC, a key consideration for this project was the achievement of IRCC's short-term goals. Survey results show that NWB transactional clients (TR) reported higher ratings than the NWB service navigation (SN) and comparison groups, with little difference between those two. Most of these differences were not statistically significant and some of the differences were quite small.

Results on key indicators have been provided in the following exhibits, related to service plan and delivery and clients' achievement of short-term goals. Most show improvements with the NWB model.
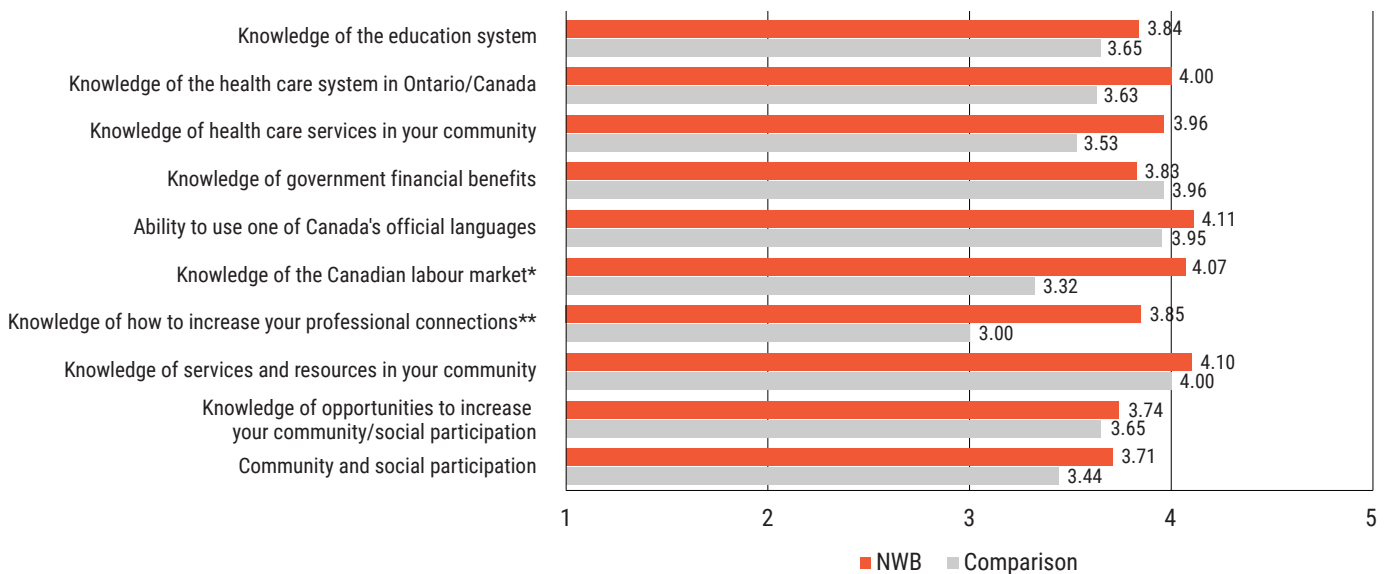
Service Plan and Delivery		
	NWB	Comparison
Goals are achievable	4.00	3.82
Actively involved in developing service plan	4.00	4.06
Set own goals	4.11	4.11
Can talk to counsellor if needs change	4.31	4.23
Info provided to decide next steps	4.36	4.26
Needs were fully understood	4.44	4.33
Help in connecting to services	4.43	4.23
Talk to counsellor if experiencing challenges	4.44	4.17
Help identify your needs**	4.63	4.22

Client Ratings of Key Components of Services Provided

Component	NWB	Comparison
Help identifying needs	4.31	4.26
Connecting to services	4.17	4.06
Service plan	4.06	3.97
Researching services	4.09	3.76
Locating services to community	4.00	3.94

■ NWB □ Comparison

Achievement of IRCC Short-Term Goals

Goal	NWB	Comparison
Knowledge of the education system	3.84	3.65
Knowledge of the health care system in Ontario/Canada	4.00	3.63
Knowledge of health care services in your community	3.96	3.53
Knowledge of government financial benefits	3.83	3.96
Ability to use one of Canada's official languages	4.11	3.95
Knowledge of the Canadian labour market*	4.07	3.32
Knowledge of how to increase your professional connections**	3.85	3.00
Knowledge of services and resources in your community	4.10	4.00
Knowledge of opportunities to increase your community/social participation	3.74	3.65
Community and social participation	3.71	3.44

■ NWB □ Comparison

Key Learnings from the Evaluation

PROGRAM DESIGN, IMPLEMENTATION & DELIVERY

- Co-design process was successful, created better service definitions
- Service navigation pathway better informs and connects clients to appropriate services
- Agreement on model's key components
- Program implementation was successful
- Better support needed for Primary Counsellors
- Model is sustainable; resources required for roll-out to Settlement Services
- 84% of respondents reported that their counsellors had referred them to other services

CLIENT SATISFACTION & OUTCOMES WITH NWB

- Higher client satisfaction
- Transactional clients were very satisfied
- Somewhat higher levels of benefit
- Accessed more services, internally and externally.

The following are key takeaways from this project:

- This initiative involved a partnership of three agencies: WoodGreen, Crescent Town Health & Michael Garron Hospital
  - For the first time in the settlement sector, settlement services were embedded in the Emergency Department of a hospital
  - It was a testament to the strength of the relationship and the merit of the undertaking that the partners remained united in the project through the entire process over three years
- This was a collaborative, co-design process from conceptualization through design to implementation
- The process incorporated a mapping of the client journey to understand how a client experiences the settlement process
- The key features of the Newcomer Wellbeing Service Navigation Model include:
  - Common intake tool
  - Linkage to Primary Counsellor
  - Comprehensive needs assessment
  - Detailed service planning
  - Service Navigation
  - Case / Relationship Management
  - Access to a transactional pathway for those not in need of more complex supports

- NWB tools helps:
  - Coordinate integrated services
  - Create central registry of clients' needs
  - Responsive to urgent matters
  - Flexible model (allows client to choose plan)
  - Enhance relationships across the programs/system
- The Newcomer Wellbeing Service Navigation Model helps:
  - Engage staff, service recipient and stakeholder input and feedback throughout all phases
  - Allows for a system wide approach to planning, considering the entirety of the client journey
  - Enables collaborative activity to facilitate access to services and reduce unnecessary duplication

As a multi-service agency, WoodGreen enables seamless service delivery, coordination, access, and makes resources available for fulsome support.

Endnotes

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11   Wraparound Initiative Diversity Project. (2005). Building inclusive and accessible family services in London: Final report phase1. London: Llobet, R.

12   Integrated Settlement Planning Consortium (2000). Re-visioning the newcomer settlement support system. Toronto: Integrated Settlement Planning Research Project.

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