

invisible WOMEN ♀ CONCRETE BARRIERS

Conference Report and Update
June 30th, 2010



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This report has been prepared for:

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Atlantic Council for International Cooperation
210-2099 Gottingen Street
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The Salvation Army ARIS Project
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Many thanks to the planning committee, volunteers and to all conference participants for their contributions. Thank you to the IWK Health Centre for their funding contribution.

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1. Introduction to the Project

Invisible Women, Concrete Barriers was inspired by focus groups conducted by Eva Osorio-Nieto and Catherine Baillie Abidi¹ in 2008 to study the needs of refugee women in Nova Scotia. There were ten women in total, aged 23 to 45, from various countries of origin. The refugees were of varying marital status, family structure and education level. The women in these focus groups identified key barriers, which fell into three categories: education and employment; settlement and support; medical and health.

The Atlantic Council for International Cooperation (ACIC), The Atlantic Centre of Excellence for Women's Health, the Canadian Red Cross, the Halifax Refugee Clinic and the Salvation Army - ARIS Project collaborated to organize *Invisible Women, Concrete Barriers*, which aimed to bring the key barriers from the focus groups to policy makers and community members who, in turn, could make changes and spread awareness of the issues faced by refugee women in Nova Scotia.

The focus group was followed by two policy roundtables in 2008 which brought together refugee women, policy makers, researchers and community organizations working in the fields of health, education and employment, and settlement and support in order to raise awareness of, and action for, the particular issues facing refugee women within our province.

The goal of the 2010 Conference was to attempt to integrate frontline workers and community leaders with past policy round table participants to address the challenges and opportunities in policy and service delivery to Refugee Claimant Women living in the HRM.

¹ Eva Osorio-Nieto is the former Coordinator of the Halifax Refugee Clinic & Catherine Baillie Abidi is the Coordinator of the Humanitarian Issues Program for the Canadian Red Cross.

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2. Summary of Key Recommendations & Actions Taken

Based on the presentations by women from the refugee community, the participants of the *Invisible Women, Concrete Barriers* March 6th, 2008 Policy Roundtable recommended the following eight priorities for consideration which have guided the actions taken by the planning team:

1. Ensure that all babies born in Canada receive immediate **health coverage**.
2. **Educate Nova Scotia's health professionals** on the services guaranteed to refugee claimants by the Federal Health papers.
3. Provide refugee claimants with information about and access to **affordable housing**.
4. Provide free, province-wide **ESL classes** for refugee claimants.
5. Create a provincially funded **support centre** to provide legal aid and informational resources for refugee claimants.
6. Work to build **programs and services** for refugee claimants through the Department of Community Service, and provide **funding for a refugee survival guide**.
7. Ensure **access to culturally appropriate mental health services** for refugee claimants.
8. Create a **partnership between Status of Women Canada and the Department of Immigration** to gather stakeholders to make policy changes that will help refugee women.

The *Invisible Women, Concrete Barriers* planning committee took action on some of the key recommendations that arose from the original Policy Roundtable. There was a second Policy Roundtable later in 2008, which recommended several clusters of possible actions on the recommendations. The following is a summary of the actions taken since the creation of the Invisible Women, Concrete Barriers project in 2008.

- Ensure that all babies born in Canada receive immediate **health coverage**.
 - All members of our planning committee sent a letter to the Minister of Health, the Minister of Immigration, and the Minister responsible for the NS Advisory Council on the Status of Women to explore this issue further (see Appendix A).

- **Educate Nova Scotia's health professionals** on the services guaranteed to refugee claimants by the Interim Federal Health Certificate.
 - The planning committee created an article explaining the coverage afforded to refugee claimants under the Interim Federal Health program and the process for health professionals to seek reimbursement for services (see Appendix B). The article has been disseminated to:
 - Doctors Nova Scotia
 - Pharmacists - Lawton's Drug stores & Sobey's
 - QEII Emergency Administration Management team
 - NS Nurses Union is awaiting a modified version to distribute
 - Members of the planning committee co-hosted a workshop with ISIS for health professionals on the topic of refugee health and improving services for the refugee community.

- Provide free, province-wide **ESL classes** for refugee claimants.
 - Free ESL classes are now offered at the Halifax Refugee Clinic and the option is available for services to be offered through the Salvation Army ARIS Project.

- Work to build **programs and services** for refugee claimants through the Department of Community Service, and provide **funding for a refugee survival guide**.
 - Members of the planning committee have facilitated workshops with regional directors at the Department of Community Services to discuss the barriers identified by refugee women in Nova Scotia.
 - With funding support from the IWK, the planning team has developed a resource guide for claimants to navigate available programs and services within the HRM.

- The Canadian Red Cross, the Halifax Refugee Clinic, the Salvation Army ARIS Project and ISIS, in partnership with the Halifax Public Libraries have created a public outreach and engagement program to highlight the experiences of refugees in Nova Scotia. The program, "A story to tell... a place for the telling" is a four part series of story telling and panel discussion on a variety of issues pertaining to refugees experiences in Nova Scotia. The program began in October 2008.

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June 2010 Conference

The planning for the June 2010 Conference built on the foundations laid by the previous project. The focus of the conference was to reflect on what we know from the previous project, the existing issues facing refugee women, and to identify some of the priority issues that would be relevant to policy makers and community organizations, as well as the refugee women who contributed to these discussions. There were presentations by women who are most affected and by service organizations, followed by small group discussion to review and prioritize actions. The results will go back to the organizing committee for the Invisible Women Concrete Barriers and to all conference participants.

3. Presentations on Priority Issues

Rafida Toma, Ivonne & Paola Rodriguez, Julie Chamagne, and Blanca Lopez participated in a panel to share as to how the community could improve the experiences of refugee women. All panellists were asked to share the difficulties they have experienced or witnessed; any improvements they have seen over time; what they felt the most important issues are to be addressed; and share suggestions for improving the experiences of refugee women.

In general the panellists all highlighted that the difference between refugee claimants and other immigrants is the need to be in Canada versus the choice to choose Canada as a destination. All panellists reiterated that each refugee woman's experience is unique and thus there are different solutions required. The main issues shared by the panellists explored many social challenges including a feeling of isolation; feeling stigmatized and labelled, and has little or no voice to create change. Other concerns shared focused on economic challenges including the cost of medicine, lack of equitable employment, and the lack of acceptance of foreign credentials. The lack of affordable housing in a safe environment was a top concern among panellists.

Each panellist offered solutions to the presented challenges. The solutions were diverse and included providing increased opportunity for refugees to share their stories and meet other refugees to create support networks and social engagement. A focus on youth engagement and youth leadership development was discussed as an avenue requiring the attention of the community. Clearer processes for accessing papers and more coordination among immigrant servicing organizations was suggested to improve refugee

experiences. Increased employment opportunities, being considered a priority for subsidized housing and support for family reunification were all suggested as key areas of focus for improving the quality of life of refugees in Nova Scotia.

4. Identifying Action Items

Following the panel discussion, participants at the 2010 Conference were invited to participate in group discussions to identify what resources are available in the community to improve the experiences of refugee women and what resources are needed? Participants also identified areas of focus for future planning including:

- Coordination of Services & Advocacy
- Youth Engagement & Youth Leadership Development
- Increased Education about the Experiences of Refugees

The following ideas for action are a compilation of recommendations from two policy roundtables as well as the 2010 Conference discussion groups.

Coordination of Services & Advocacy

| ACTION | |
|---------------|---|
| 1 | Develop a coalition to focus on refugee rights. |
| 2 | Learn more about services available in other parts of Canada to work toward a basic level of services nationally. |
| 3 | Contact MP's & MLA's about the concerns shared by women in the refugee community. |
| 4 | Link to the Federal maternal-child health initiative. |
| 5 | Create case studies about women's experiences to use for advocacy and policy development. |
| 6 | Link to the Federal maternal-child health initiative. |
| 7 | Conduct a literature review on issues pertaining to refugee women in Canada and Nova Scotia. |
| 8 | Lobby the Department of Justice for funding for legal assistance for refugee claimants. |
| 9 | Lobby the Department of Community Services to prioritize refugee claimants for subsidized housing. |
| 10 | Advocate for long-term sustainable funding for ESL services. |

Medical & Health

| | ACTION |
|----------|--|
| 1 | Gather costs associated with prenatal care, delivery and post natal care for 'pre-residency' period for babies born to non-status women. Also check with the Department of Health regarding coverage for physicians' services for babies born to non-status women. |
| 2 | Follow up with MSI and ask for a meeting about the lack of provincial coverage afforded to babies born to non-status women. Explore what is happening nationally with regard to provincial coverage for babies born to non-status women. |
| 3 | Follow up on the letter sent to the Ministers to ask for a meeting about the lack of coverage for babies born to non-status women. Circulate the original letter to the Ministers to the network. |
| 4 | Create a poster targeting health professionals in administration and registration, on the coverage afforded in the Interim Federal Health Certificate. |
| 5 | Organize professional development opportunities with registration and administration staff at the IWK on the Interim Federal Health program. |
| 6 | Research the availability of culturally competent free mental health support for refugee claimants. |

Education & Employment

| ACTION | |
|---------------|--|
| 1 | Locate the policy indicating the accessibility for claimants to apply for student loans and ensure the student loans office is clear on the process. |
| 2 | Create an information piece on what services are available across the Province within the Department of Education for refugees. |
| 3 | Share the resource package created by the HRSB on services available for newcomers (including refugees) with the Invisible Women, Concrete Barriers Network. Plan a Lunch & Learn session for principals on refugee needs. |
| 4 | Create educational workshops and newsletters for legal, medical and educational professionals about the experiences of refugee claimants in Nova Scotia. |
| 5 | Follow up with Department of Education about fees associated for children of refugee claimant to attend public school. |
| 6 | Explore the possibility of creating welcoming committees at schools to provide support within the educational system for young refugees. And engage young refugees in professional development sessions for educators to ensure a proper understanding of the barriers faced by young refugees in schools. |

Settlement & Support

| | ACTION |
|----------|---|
| 1 | Plan an annual workshop with the Department of Community Services (Regional Directors) on the barriers experienced by refugee women in Nova Scotia. |
| 2 | Explore the possibility of creating a youth-led leadership development program to encourage peer-mentorship with the young refugee community. |
| 3 | Include the barriers faced by refugee women in all discussion on policy aimed at women's development. |

5. Next Steps & Annual Meeting

The Planning Committee for the *Invisible Women, Concrete Barriers* project is in the process of completing a grant from the IWK Health Centre. The IWK Health Centre funding supported the planning team to host the 2010 Conference, create a resource guide for refugee claimants living in the HRM, and host monthly socials for women claimants. The Planning Committee endeavors to seek more funding to continue to elevate the voices of refugee women in our community. Our aim is to create three working groups to focus on the priority actions created during the last phase of the project. The three working groups will focus on Medical & Health; Education & Employment, and Social & Settlement support. The Social & Settlement working group will also explore the experiences of young refugees in Nova Scotia.

The Planning Committee will maintain contact with the members of the *Invisible Women, Concrete Barriers* network and will endeavor to plan an annual roundtable around **World Refugee Day** to maintain continual contact and collaboration. The next network meeting is tentatively booked for **June, 2011**.

Appendix A

Honourable Len Goucher, Nova Scotia Office of Immigration;
Honourable Chris d'Entremont, Nova Scotia Department of Health; &
Honourable Judy Streach, Acting Minister Responsible for the Nova Scotia Advisory
Council on the Status of Women

May 28, 2008

Dear Ministers,

The Canadian Red Cross draws your attention to a gap in medical coverage for infants born to refugee claimants in Nova Scotia, and requests your assistance in ensuring this small group of the newest Nova Scotians receives the best possible start in life.

Despite the fact that that an infant born to a refugee claimant in Canada is automatically a Canadian citizen, such infants born in Nova Scotia are not covered by Medical Services Insurance. These newborns are not protected under the Interim Federal Health Certificate issued to a claimant mother because in the view of Citizenship and Immigration Canada, such coverage is not required since the infant is Canadian. Provincial coverage is provided in other provinces.

This Catch-22 situation results in a lack of health coverage to a small number of infants born in Nova Scotia and appears to be in contravention of Canada's obligation under the *Convention of the Rights of the Child*, in particular provisions under Article 24 relating to access to health care services.

This gap in coverage in Nova Scotia is potentially harmful to Canadian newborns. It raises humanitarian concerns that the Canadian Red Cross urges you to address as a priority so these infants are eligible for immediate health coverage, including well-baby and post-natal care.

Your review of this policy in light of the aforementioned is very much appreciated.

Sincerely,

Appendix B

Health Coverage & Refugee Claimants

When Yolanda*, a young refugee woman, walked up to the reception desk in a crowded medical waiting room, the receptionist asked for her MSI card. Yolanda produced the only form of medical coverage she had, a certificate from the Interim Federal Health (IFH) program. When she didn't recognize the paper, the receptionist called across the bustling office to her co-worker, "do you know what this is?" "It's for refugees," the co-worker responded. Yolanda felt like everyone in the waiting room turned their heads. "It made me feel embarrassed," she recalls. "The word 'refugee' is associated with people who can't do anything for themselves."

Inspired by the voices of refugee women in Nova Scotia, the Canadian Red Cross, the Atlantic Council for International Cooperation, and the Atlantic Centre of Excellence for Women's Health collaborated to organize a project entitled, *Invisible Women, Concrete Barriers*, to study the needs of refugee women in Nova Scotia.

The goal of the *Invisible Women, Concrete Barriers* project is to bring the key barriers identified by refugee women to policy makers and community members who could make changes and spread awareness of the issues faced by refugee women in Nova Scotia.

In response to Yolanda's story and others, one of the key recommendations that arose from the voices of refugee women in Nova Scotia was to enhance the awareness among health professionals about the services covered with the Interim Federal Health (IFH) Certificate (see attached). The services covered by Citizenship and Immigration Canada through the Interim Federal Health program are outlined in the table below.

| Services covered through IFH | How to use the IFH Certificate |
|---|---|
| <ul style="list-style-type: none"> - essential health services only for the treatment and prevention of serious medical conditions; - contraception, prenatal and obstetrical care; - essential CPS prescription medications (or life supporting over-the-counter drugs such as insulin or nitro). Only drugs featured on the IFH medication list found at www.fasadmin.com are covered without prior approval; - professional fees as per applicable provincial health care plan. Fee codes (where applicable) must be supplied. Invoices must be submitted within six months of service; - the Immigration Medical Examination is performed by an authorized Designated Medical Practitioner – reimbursed only for IFH eligible individuals who cannot afford the costs. | <p>Additional services can be covered with Citizenship and Immigration Canada pre-approval. Requests for prior approval must be submitted by mail or fax to:</p> <p><i>Medical Director, IFH/CIC</i> <i>219 Laurier Ave. West, 3rd Floor</i> <i>Ottawa, Ontario K1A 1L1</i> <i>Fax: 1-800-362-75456</i></p> <p>Invoices must be sent by the health care providers only:</p> <p><i>FAS Benefit Administrators Ltd.</i> <i>9707-110 Street, 9th floor</i> <i>Edmonton, Alberta T5K 3T4</i> <i>Fax: 780-452-5388</i> <i>Email : info@fasadmin.com</i></p> <p>NOTE: If FAS does not already possess patient's eligibility, you must send a copy of the eligibility document. The health provider can check this by telephone at 1-800-770-2998.</p> |

* Name has been changed to protect privacy.



IMMIGRATION

[Redacted box]

REFUGEE PROTECTION CLAIMANT DOCUMENT / DOCUMENT NO. :

THIS IS TO CERTIFY THAT THE PERSON HEREIN IS A REFUGEE PROTECTION CLAIMANT WITHIN THE MEANING OF THE IMMIGRATION AND REFUGEE PROTECTION ACT.

PURSUANT TO SUBSECTION 100.(1) OF THE IMMIGRATION AND REFUGEE PROTECTION ACT, THE REFUGEE PROTECTION CLAIM HAS BEEN DETERMINED TO BE ELIGIBLE FOR DECISION BY THE REFUGEE PROTECTION DIVISION.

| | | |
|--|---------------------------------|-------------------------------------|
| SURNAME, GIVEN NAMES - NOM DE FAMILLE, PRÉNOMS | | |
| BIRTH DATE - DATE DE NAISSANCE | | SEX - SEXE |
| COUNTRY OF BIRTH - PAYS DE NAISSANCE | | COUNTRY OF CITIZENSHIP - CITOYEN DE |
| OFF. FILE NO. - N° DE RÉF. DU BUREAU | | CLIENT ID. - ID DU CLIENT |
| DATE SIGNED - SIGNÉ LE | VALID UNTIL - DATE D'EXPIRATION | EXT. NO. - CODE PROG. |

CONSEQUENTLY, PURSUANT TO SUBSECTION 100.(3), THE REFUGEE PROTECTION CLAIM IS REFERRED TO THE REFUGEE PROTECTION DIVISION OF THE IMMIGRATION AND REFUGEE BOARD.

THE ABOVE-NAMED QUALIFIES FOR THE INTERIM FEDERAL HEALTH (IFH) PROGRAM UNTIL 29 APR 2007. CIC MAY CANCEL ELIGIBILITY SHOULD HIS/HER IMMIGRATION OR FINANCIAL STATUS CHANGE (HEALTH CARE PROVIDERS: VERIFY ELIGIBILITY WITH IFH ADMINISTRATION).

I, THE UNDERSIGNED, DECLARE THAT I REQUIRE ASSISTANCE FOR HEALTH CARE. I WILL NOTIFY YOU IMMEDIATELY OF ANY CHANGES TO MY IMMIGRATION OR FINANCIAL STATUS, OR IF I QUALIFY FOR OTHER HEALTH INSURANCE.

I HEREBY CONSENT TO THE SHARING OF LIMITED MEDICAL AND PERSONAL INFORMATION CONCERNING MY PERSON WITH APPROPRIATE THIRD PARTIES TO THE EXTENT THAT SUCH SHARING IS REQUIRED FOR THE ADMINISTRATION OF THE IFH PROGRAM AND FOR NO OTHER PURPOSE.

SCHOOL AGE CHILDREN DO NOT NEED STUDENT AUTHORIZATION TO ATTEND PRIMARY OR SECONDARY SCHOOLS



NOT VALID FOR TRAVEL

NAME, RELATIONSHIP AND SIGNATURE OF ACCOMPANYING DUPLICATE

SIGNATURE OF PERSON CONCERNED

MONEY IN POSSESSION

MINISTER

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PART - 1 / PARTIE - 1