





Report: Policy Roundtable on Issues Facing Refugee Women

invisible WOMEN +CONCRETE BARRIERS

March 6, 2008



This report has been prepared for:

The Atlantic Centre of Excellence for Women's Health 502 - 1465 Brenton St. Halifax, Nova Scotia B3J 3T4 www.acewh.dal.ca

Canadian Red Cross 133 Troop Avenue (Burnside) Dartmouth, NS B3B 2A7 www.redcross.ca

Atlantic Council for International Cooperation 210-2099 Gottingen Street Halifax, NS, Canada, B3K 3B2 www.acic-caci.org

Many thanks to the planning committee, volunteers and to all roundtable participants for their contributions.



Participant List

Members of the Refugee Women's Community

Brigitte Chimene Zimbabwe Marta Ilena Yanes Cuba Valerie Kebirungi Amgbu Uganda Maria Vasileva Romania

Members of the Round table

Cathy Kay Department of Community Services

Monique Auffrey Nova Scotia Association of Social Workers

Anne Cogdon Primary Health, IWK

Kathy Condy Citizenship and Immigration Canada

Heather Chandler Halifax Regional School Board

Dr. Barbara Clow Atlantic Centre of Excellence for Women's Health

Sharon Davis Murdoch Nova Scotia Department of Health

Pamela Harrison Transition House Association of Nova Scotia

Natasha Jackson Office of African Nova Scotian Affairs

Maureen O'Connell Nova Scotia Advisory Council on the Status of Women

Yvonne Pothier Catholic Church Association

Dr. Christine Saulnier
Dr. Evie Tastoglou
Dr. Madine VanderPlaat

Canadian Centre for Policy Alternatives, NS Office
Department of Sociology and Criminology, SMU
Department of Sociology and Criminology, SMU

Planning committee members

Catherine Baillie Abidi Canadian Red Cross

Erika Burger Atlantic Centre of Excellence for Women's Health
Emily Connell Atlantic Centre of Excellence for Women's Health
Jessica Dubelaar Atlantic Centre for International Cooperation
Louise Hanavan Atlantic Council for International Cooperation
Eva Osorio-Nieto Halifax Refugee Clinic/Atlantic Refugee and

Immigrant Services Society



Table of Contents

Participant List	3
Table of Contents	4
1. Introduction to the Project	5
2. Background Information	6
3. Presentations by Refugee Women	10
4. Action Planning for Priority Issues	13
5. Key Recommendations	15



1. Introduction to the Project

Invisible Women, Concrete Barriers was inspired by focus groups conducted by Eva Osorio-Nieto and Catherine Baillie Abidi¹ 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, and the Canadian Red Cross 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 could make changes and spread awareness of the issues faced by refugee women in Nova Scotia.

In the first part of the roundtable, Joanne Macrae from the Atlantic Refugee and Immigrant Settlement Society presented an overview of the Refugee Determination Process. The presentation was followed by the refugee women sharing their personal experiences as well as a summary of the key barriers identified by the participants in the focus groups. The roundtable concluded with the attendees identifying action plans for priority issues to break down barriers for refugee women.

_

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.



2. Background Information

According to the *2006 Statistics Canada Census*, there are 913,462 residents of Nova Scotia, including 45,190 immigrants, and 3,400 non-permanent residents². The non-permanent residents section includes those persons on work or study permits as well as refugee claimants. Citizenship and Immigration Canada provides a further statistical analysis of the number of refugee claimants in Nova Scotia in the *Facts and Figures 2006 Immigration Overview: Temporary Residents* documents³. Although the analysis only captures adult refugee claimants (persons over the age of 18 years) it does provide further perspective on the prevalence of refugee claims in the province. Between 1997 and 2006, there have been as few as 163 to as many as 332 adult refugee claimants in Nova Scotia, with majority of the claimants settling in Halifax. Although research exists on the socioeconomic and demographic profiles of immigrants in Nova Scotia, the research does not include refugee claimants.

2.1 Refugee Process

This is a basic overview of the refugee process in Canada, with information stemming from two main sources: Amnesty International Canada and the Immigration and Refugee Board of Canada. Many participants invited to the *Invisible Women, Concrete Barriers* policy roundtable discussion have voiced concern that they were not familiar with the refugee determination process in Canada. Therefore this brief background paper was prepared to provide context for this discussion.

For more information about the Canadian Refugee System, you can visit the Government of Canada website: http://www.amnesty.ca
Or you can visit Amnesty International Canada: http://www.amnesty.ca

2.2 Who is a Refugee?

Refugees are people who are forced to leave their home country to seek protection in another country. The term "refugee" is commonly used to describe a person seeking protection from harm. However, the legal definition of a refugee (the definition that is used by countries to decide if they will offer protection to the individual) is narrower.

² The *Statistics Canada 2006 Census*, Nova Scotia community profile can be retrieved from: www.statscana.ca/english/census06/data/profiles/community.

³ The Citizenship and Immigration *Facts and Figures 2006 Immigration Overview: Temporary Residents* document can be retrieved from: www.cic.gc.ca/english/resources/statistics/facts2006/temporary/25.asp

Most countries, including Canada, use the definition from the 1951 Geneva Convention relating to the status of refugees, commonly known as the "Refugee Convention".

- A refugee is a person who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country..."
 - o The 1951 Geneva Convention relating to the Status of Refugees

According to Amnesty International Canada, there are limitations of this definition:

"If we look closely, we see that the Refugee Convention definition of a refugee can be interpreted narrowly. It does not always adequately reflect today's reality. The Refugee Convention focuses on persecution aimed at the individual, not at groups of vulnerable people. According to the definition, a person fleeing from war or civil unrest is not a refugee, even if their life is in danger. Unless they are persecuted because of race, religion, nationality, membership in a particular social group or political opinion, they don't count as a "true" refugee.

Some governments have chosen to interpret the Convention as offering protection only to refugees fleeing persecution by government agents - even though the Convention does not explicitly say this. As a result, refugees fleeing from "non-state agents" - such as paramilitary groups or private individuals -- are denied protection.

Another serious limit of the Refugee Convention is the lack of explicit protection for women. The drafters of the Convention did not consider the different forms of discrimination and persecution aimed at women and men. The Convention says nothing about women fleeing societies that regulate and control women's lives, or fail to protect them from abusive situations. Canada was one of the first countries to recognize the unique forms of gender-based persecution experienced by women. Canada remains a world leader in this regard as many countries fail to recognize gender-based persecution. http://www.amnesty.ca/Refugee/who.php

2.3 Refugee Protection in Canada

There are two means by which Canada provides protection to refugees: Inland Refugee Claims and Overseas Refugee Claims.

Inland Claims are made when refugees flee directly to Canada and claim refugee status here. Overseas claims are when refugees are selected overseas (in a refugee camp or temporary country of refuge) by the Canadian government.

2.3.1 Inland Refugee Claims

A refugee can claim Canada's protection at a border point (i.e. at an airport or border crossing) or from within Canada. An officer of Citizenship and Immigration Canada (CIC) determines whether or not the claim is eligible to be heard by the Immigration and Refugee Board. A claim is not eligible to be heard if the person:

- has already been recognized as a Convention refugee by another country
- has already been rejected as a refugee by Canada, or has withdrawn or abandoned a previous claim in Canada
- came to Canada from or through a designated "safe third country" where refugee protection could have been claimed
- is deemed "inadmissible" because of serious criminality or security concerns, or the person is a violator of human rights.

If the claim is found to be eligible to be heard, it must be referred within three days to the Immigration and Refugee Board (IRB), a quasi-judicial tribunal that is independent of Citizenship and Immigration Canada. This does not mean that the case will be heard or that the case will be handled within three days; it merely means that the case will be transferred to the IRB from Citizenship and Immigration Canada. The complete processing of a refugee claim usually takes months, or even years.

Hearing before the IRB:

A refugee claimant may undergo an expedited process or a full hearing. If a claim appears to be very well-founded, it may be accepted under an expedited process; or if not, it proceeds to a full hearing.

In a full hearing, a claim is heard before a single IRB Member. Every claimant has the right to be represented by legal counsel, although legal aid is not available in all parts of Canada. An interpreter is provided by the IRB where necessary.

The IRB Member can render his/her decision orally at the end of the hearing or send it in writing later by mail. If the decision is negative, it must include the reasons in writing. If the decision is positive, written reasons are not given and the refugee claimant is given the status of "protected person".

No Right to Appeal an IRB Decision

There is no appeal of a negative IRB decision. Although the new Immigration and Refugee Protection Act does contain a Refugee Appeal Division, its creation has been delayed indefinitely by the Minister of Citizenship and Immigration Canada.

It is possible to request that the Federal Court conduct a "judicial review" of the negative IRB decision. However, this review is restricted to very serious legal errors and a lawyer is needed to prepare and argue the judicial review. The success rate for cases judicially reviewed is very low.

After Determination

A person who has "protected person" status can apply to be a Permanent Resident (also known as "landed immigrant status"). Applicants are charged a processing fee and must produce a "satisfactory identity document" in order to receive Permanent Residence status.

Pre Removal Risk Assessment

A claimant who is found not to be a "protected person" faces removal from Canada. Immediately prior to the removal the Immigration Department conducts a risk assessment to review conditions in the country to which the claimant will be returned.

Humanitarian and Compassionate Review

The only other recourse for an unsuccessful refugee claimant is to apply to Immigration Canada for permission to stay on humanitarian and compassionate grounds. This can be an expensive process (after paying processing and legal fees).

2.3.2 Overseas Refugee Claims

A small number of refugees living overseas in a country of asylum (e.g. in a refugee camp or in a country where they cannot settle permanently) are sponsored for resettlement to Canada, either as government assisted or privately sponsored refugees. In both cases, they must first be determined to be "persons in need of protection" by the Canadian Government.

Government-assisted refugees:

Each year the Canadian government undertakes to directly sponsor a limited number of refugees for resettlement to Canada.

Privately sponsored refugees:

Private groups can also sponsor refugees to be resettled to Canada. They are responsible for those they sponsor for the first year of their arrival, and must ensure that the refugee is both socially and economically supported

2.4 Settling in Canada

The government of Canada has a number of programs

(http://www.cic.gc.ca/english/newcomer/index.html) available to refugees once they arrive in Canada. These include loan programs, health insurance and language assistance programs.

Privately sponsored refugees are financially supported by the sponsoring parties for the first year. Those undertaking a sponsorship must ensure that the sponsored refugee is adequately supported in their new home.



3. Presentations by Refugee Women

Brigitte Chimene, Valerie Kebirungi, Maria Vasileva, and Marta Ilenia Yanes shared their experiences and barriers they have encountered as well as presented the summary of the focus group findings.

3.1 Medical and Healthcare

Refugee women identified the following barriers:

In spite of the fact that a baby born to a refugee claimant woman in Canada is a Canadian citizen, the baby has no medical coverage until they receive the Interim Federal Health coverage from Immigration. However, babies born to parents with protected refugee status do receive medical coverage. Babies born to refugee claimant mothers in Nova Scotia are not covered by MSI. Although they are eventually able to receive Federal Health papers, it is difficult for mothers to get a photograph of the baby right away in order to file an application. The application takes three to four weeks. During this process, the baby is not covered for well-baby and postnatal care.

- 3.1.2 There is a lack of appropriate counseling and mental health care for refugees who often come to Canada from traumatic situations.
- 3.1.3 Although Refugee claimants do receive Interim Federal Health coverage, they do not receive the health coverage right away. In one instance, one of the participants waited over 2 weeks before her son could be treated for a broken arm when her family first arrived in Canada.
- 3.1.4 Health care providers are often unfamiliar with the Federal Health Paper issued to refugee claimants. Due to the lack of understanding of this policy, refugee claimants are often asked to pay for services that are covered by the Federal Health Paper. They are also subject to being publicly identified as a refugee in health care settings as staff attempt to orient themselves with the procedure.
- 3.1.5 There are additional cultural factors to consider when providing care for refugee claimants. For example, it could be traumatizing to put a claimant from a conflict situation into the care of a military doctor.

3.2 Education and Employment

Refugee women identified the following barriers:

- 3.2.1 Refugee claimants wishing to complete high school are asked to pay \$8,000.00 to attend school. The financial barrier can prevent claimants from obtaining an education. Also the age limit for attending high school is 21 which can be an additional barrier for refugee claimants who have not had the opportunity to attend school in their country of origin.
- 3.2.2 Foreign credentials are often not recognized. For the professions where equivalency procedures are in place, there are different standards of assessment for Newcomers to Canada and Permanent Residents or Canadian Citizens, resulting in highly qualified refugee claimants doing unskilled labour.
- 3.2.3 Refugee claimants wait too long to receive work permits. Capable workers rely on social assistance while they wait for their permits.
- 3.2.4 Refugees are often paid less than their Canadian coworkers in the same position.
- 3.2.5 English as a Second Language (ESL) classes are no longer offered to refugee claimants in Nova Scotia. ESL classes provide not only language skills, but also a sense of solidarity and support between classmates.
- 3.2.6 When applying for university, academic transcripts and diplomas are often not recognized in Canada and are difficult for refugees to obtain from their country of origin.
- 3.2.7 Even though Convention refugees are entitled to access student loans, they are often denied due to a lack of understanding of procedures and policy within the student loans office. Receipt of social assistance also cuts funding to refugee claimants who receive student loans.

3.3 Settlement and Support

- 3.3.1 The service received from the Department of Community Services can vary depending on the case worker. Some claimants are not informed about all of the services for which they are entitled to such as access to financial support for necessities like a bus pass, a telephone, or furniture.
- 3.3.2 There is a lack of information among refugees on subsidized daycare and housing. Daycare providers also need to strengthen the cultural competency of the services.
- 3.3.3 There are no support groups for refugee women.

- 3.3.4 The money provided by social assistance is often not enough to cover basic expenses, especially considering the ever-rising cost of rent.
- 3.3.5 The costs of applying for permanent residency, especially for large families, creates a financial strain for refugees who often work in low-wage jobs and are expected to pay the fees associated to residency within a six month timeframe. Because of the length of the processes involved, families can be separated for long periods of time. One participant shared that she hasn't seen her children in two years.
- 3.3.6 The Housing Authority does not accept applications from students, which means that refugee claimants who go back to school because their credentials are not recognized are ineligible.
- 3.3.7 There is limited free legal support for refugee claimants in Nova Scotia.

3.4 Rural Perspective

- 3.4.1 A refugee claimant in New Glasgow found the Department of Community Services very supportive. They helped her get her foreign credentials recognized, provided money for transportation, explained her rights, and gave her furniture and clothes.
- 3.4.2 She preferred the schools in New Glasgow to city schools.
- 3.4.3 Unemployment is a problem for refugee claimants in rural areas.
- 3.4.4 There is limited ESL training for refugee claimants in rural areas.
- 3.4.5 There is a lack of diversity in rural Nova Scotia.



4. Action Planning for Priority Issues

Considering the barriers presented by the refugee women, participants contributed suggestions by identifying potential actions within the four main themes: Settlement & Support; Education & Employment; Health & Well-Being; and the Rural Perspective. After discussing all recommendations as a large group, each participant was invited to prioritize their top five actions among all suggestions offered. Actions that were identified by the participants are listed below.

4.1 Priority Action Items: Settlement and Support

Priority:

- Legal aid needs to be provincially funded and available for all refugees.
- Department of Community Services needs to work on building and improving information on programs and services that are available to claimants.
- Work to create space and get resources to support refugee claimants at the community level (one centre that can provide referrals for all needs identified by refugees, i.e. legal support, settlement support....).

Additional Suggestions:

- Everyone can fill out the online poverty reduction strategy questionnaire and offer refugee claimant recommendations.
- Change/recognize rights of refugee claimant children born in Canada

4.2 Priority Action Items: Rural Perspective

Priority:

- Affordable housing for refugees
- Information about the Interim Federal Health papers should go to the medical field (pharmacies, medical clinics, doctors, etc.)
- Rural jurisdictions should give priority in hiring refugees settled in their communities (especially medical professionals)

Additional Suggestions:

- Arrange meetings between Invisible Women, Concrete Barriers project and regional development organizations in rural areas to look for opportunities to collaborate/support refugee claimants
- Reinstate welcome wagon for refugees through churches, community organizations
- Subsidies to encourage refugees to settle in rural areas

4.3 Priority Action Items: Education and Employment

Priority:

- More ESL training across the province
- Identify Status of Women and Department of Immigration as provincial leads to bring together stakeholders to recommend specifics across government

Additional Suggestions:

- Address discrimination (sex, race, etc.) in employment hiring practices, work conditions and pay
- Increase focus on refugee claimants in the Fem JEPP Status of Women Canada "Career Seek" support and education program.
- Take to the Standing Committee on Social Services legislature information session
- Political pressure on government, universities, and professional associations to establish a fair and transparent system of credential recognition (or set up an independent evaluation system)
- Facilitate high school equivalency for refugee students who are over the age limit of twenty-one
- Special attention to gender issues in the settlement process

4.4 Priority Action Items: Medical and Health

Priority:

- Find out why all Canadian babies aren't automatically covered for healthcare and advocate for change
 - o Charter?
 - o Canadian Health Act
 - o MS
 - o Immigration Canada and province
- Develop a poster for GPs, hospitals, pharmacies, etc. about federal health paper
 - Link with professional associations to give them information so they can distribute to members re federal health paper (Doctors of Nova Scotia, Pharmacist Association, etc.)
- Culturally appropriate mental health services (Health Districts, Canadian Mental Health Association)
 - Accessibility for claimants
 - o Issue regarding mental health support-free-bring to Capital Health Mental Health Services and Department of Health
- Funding for ARISS refugee survival guide (with input from refugee women)

Additional Suggestions:

- Delivery of specific health information targeted to refugee claimants (i.e. opportunity to link with mental health services)
- Refugee claimants should not have to pay for health services
- Link with Public Health Services to discuss postnatal, well baby care for refugee families
- Outreach of medical residents (doctors, nurses, Allied Health)
 - o Training for culturally competent care



5. Key Recommendations

Invisible Women, Concrete Barriers recommends the following actions:

- 5.1 Ensure that all babies born in Canada receive immediate health coverage.
- 5.2 Educate Nova Scotia's health professionals on the services guaranteed to refugee claimants by the Federal Health papers.
- 5.3 Provide refugee claimants with information about and access to **affordable** housing.
- 5.4 Provide free, province-wide ESL classes for refugee claimants.
- 5.5 Create a provincially funded support centre to provide legal aid and informational resources for refugee claimants.
- 5.6 Work to build **programs and services** for refugee claimants through the Department of Community Service, and provide **funding for a refugee survival guide**.
- 5.7 Ensure access to culturally appropriate mental health services for refugee claimants.
- 5.8 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.