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Balancing Resettlement, Protection and Rapport on the Front Lline: Delivering the Resettlement Assistance Program during COVID-19

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Saba Abbas

ABSTRACT

Drawing on my experience as a general counsellor in the Resettlement Assistance Program (RAP), I explore the impact COVID-19 has had on the initial resettlement services provided for government-assisted refugees (GARs) and on frontline workers in the field. Balancing the requirement to enforce protection measures and the need to establish rapport was one of the major challenges the pandemic posed to GAR support practices. To unpack the particularities of this challenge, I give the example of two resettlement services GARs receive upon arrival: namely, resettlement orientations and children's education. I argue that using an intersectional lens demonstrates the pandemic's unequal effects and how they exacerbate the vulnerabilities of GARs embarking on their resettlement journey. I hold that developing COVID-19 responses informed by intersectionality opens a space for services and policies that mitigate these effects.

KEYWORDS

Resettlement Assistance Program (RAP); resettlement; COVID-19; intersectionality; remote services; government assisted refugees (GARs)

RESUMÉ

Puisant dans mon expérience comme conseillère générale au sein du Programme d'aide à la réinstallation (PAR), j'explore l'impact qu'a eu la COVID-19 sur les services de réinstallation initiaux offerts aux réfugiés parrainés par le gouvernement (RPG) et sur les travailleurs de première ligne dans ce domaine. La recherche d'un équilibre entre l'exigence d'appliquer les mesures de protection et le besoin d'établir un rapport était l'un des défis importants posés par la pandémie aux pratiques de soutien du PAR. Afin d'éclaircir les particularités de ce défi, je donne l'exemple de deux services de réinstallation que les RPGs reçoivent à leur arrivée, soit les services d'orientation à la réinstallation et l'éducation des enfants. Je soutiens que l'emploi d'une approche intersectionnelle démontre les effets inégaux de la pandémie et la manière dont ils exacerbent les vulnérabilités des RPGs qui débutent leur parcours de réinstallation. Je considère que le développement de réponses à la COVID-19 fondées sur l'intersectionnalité ouvre la voie à des services et des politiques qui atténuent ces effets.

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INTRODUCTION

By restricting movement and frontline services, the pandemic significantly impacted refugees. In this paper, I draw on my experience as a general counsellor (GC) in the Resettlement Assistance Program (RAP), at the time of writing, to explore the impact the first wave of COVID-19 had on the resettlement of government-assisted refugees (GARs). Balancing the requirement to enforce protection and establish rapport remotely was one of the major challenges the pandemic posed to the RAP. To unpack this challenge, I give the example of two resettlement services GARs receive upon arrival: namely, resettlement orientations for adults and children's education. By reading the changes these services underwent intersectionally, I demonstrate how the pandemic's unequal effects exacerbated GARs' vulnerabilities. I argue that service providers and policy-makers can mitigate these effects by developing COVID-19 responses informed by intersectionality.

I begin by introducing the RAP and the intersectional framework of the analysis. I then discuss COVID-19's impact on RAP orientations, highlighting the challenges of establishing rapport remotely. Next, I examine the changes GAR children's education underwent and the intersectional oversight of the COVID-19 e-learning policy. I conclude by discussing practical implications and policy recommendations that could improve responses to future waves.

METHODOLOGY

This paper explores the resettlement of the GARs that arrived at COSTI's Ralph Chiodo Family Immigrant Reception Centre (hereafter CRCFIRC), the Toronto-based RAP service provider organization where I worked as a GC at the time of writing, during the first three months of the pandemic. CRCFIRC provides initial settlement services to GARs through a staff composed of intake counsellors, GCs, housing counsellors, and life skills workers. In 2020–2021, the centre served 2,331 GAR cases (COSTI, 2021).

Conducting interviews with CRCFIRC GARs during this period was unfortunately unfeasible. The perspectives I share draw on a desk review of academic and non-academic literature, policies, and open-data resources, and they are grounded in my experience providing frontline support during this time. My standpoint necessarily delineates the knowledge I produce; while I am an immigrant and I shared clients' risks on the front line, unlike them, I was sheltered by the privilege of being an established citizen and a service provider. My analysis is informed by, and accountable to, this positionality.

THE RESETTLEMENT ASSISTANCE PROGRAM

Through the RAP, Immigration, Refugees and Citizenship Canada (IRCC) provides GARs, outside of Quebec,[1] with initial resettlement services through designated service provider organizations (RAP SPOs). These are nonprofit organizations that offer settlement services enabled by government funding (Rose and Charrette, 2020, p. 199). There are 36 communities, each with a RAP SPO, across Canada (Government of Canada, 2017). RAP services include financial support, accommodation, orientations, links to federal/provincial programs, and housing searches (IRCC, 2019, pp. 6, 9, 37).

The particularity of GARs stems from their profiles. They are selected in accordance

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[1] Quebec's program is called Programme Réussir L'Intégration and is administered by the Ministère de L'Immigration, de la Francisation et de l'Intégration (2020, pp. 19–23).

with the Immigration and Refugee Protection Act based on protection needed (Esses et al., 2021, p. 60; IRCC, 2019, p. 8). Most have high needs pertaining to health, literacy, and traumas and receive nonclinical supportive counselling and trauma-informed services upon arrival (IRCC, 2019, pp. 14–16).

APPROACHING COVID-19 INTERSECTIONALLY

Identities and social relationships are shaped through a multitude of overlapping dimensions of difference (Crenshaw, 1991). Building on a long history of Black feminist work, Kimberlé Crenshaw coined the term **intersectionality** to name the theoretical and political limitations of single-axis analytical frameworks that ignore this complexity of lived experience (Collins, 1990; Combahee River Collective, 1983; Crenshaw, 1989; Lorde, 1984). Intersectionality draws attention to the formation of structural inequalities at the convergence of multiple axes of power (Fraser, 2003, p. 75; May, 2014, p. 98). Rather than taking a linear cumulative approach to identity, it illustrates how individuals are placed differently within systems of power and how the convergence of their locations shapes experiences of oppression (Collins, 2015, p. 14; Crenshaw, 1991).

Using intersectionality as a framework for analysis can engender anti-oppressive policies that expose layered forms of marginalization otherwise invisible (Hankivsky and Mussell, 2018, p. 304; Lee and Brotman, 2013, p. 171). Refugees' identities and experiences, for example, are shaped by a number of overlapping systems. Conceptually, however, they do not seem to be codified intersectionally. The 1951 Convention on the Status of Refugees, for one, defines refugees as individuals who are compelled to leave their countries of origin for fear of persecution (United Nations High Commissioner for Refugees [UNHCR], 1951). This definition seems to primarily conceptualize refugees' experiences through a single-axis outlook on displacement (Hayes, 2018, p. 69). In practice, the latter is often multi-layered, however, and is lived differently according to a refugee's class, dis/ability, age, gender, and sexual orientation, among other social positions, and according to the salient points at which these positions converge (Taha, 2019).

The advent of COVID-19 made the impact of these intersecting positions on refugees' experiences of displacement all the more salient, especially as they navigated the Canadian health and education systems. The GARs who arrived at CRCFIRC shortly before and during the pandemic, for example, varied in age, abilities, literacy levels, and trauma levels, among other social positions, and this heavily informed their responses to the new COVID-19 service delivery measures that CRCFIRC implemented. In the following analysis, I illustrate how COVID-19 quarantine and education policies often failed to consider the intersectionality of GARs' experiences, and I discuss the challenges this posed to SPOs such as CRCFIRC. By reading RAP responses and COVID-19 related policies intersectionally, I aim to contribute to the growing literature on COVID-19's impact on refugees (Christie and Ballot, 2020; Dempster et al., 2020; Esses et al., 2021; Flood et al., 2020; Hoagland and Randrianarisoa, 2021; Lang, 2020; Selmeczki and Ghaly, 2020; Shields and Abu Alrob, 2020). I also seek to add to the policy lessons that could improve responses to future waves.

COVID-19'S IMPACT ON RAP: MAPPING OUT MAJOR CHANGES

Most resettlement travel was suspended by mid-March 2020 (United Nations, 2020a).

Seven GARs who were en route to Canada when the borders closed on March 16 were admitted, however, and CRCFIRC hosted them in its hotel-based location (CRCFIRC, 2020, p. 2). CRCFIRC was among few RAP SPOs that continued to receive GAR arrivals between April and May 2020. In fact, only RAP SPOs in Ontario did. Arrivals resumed in June in Alberta and British Colombia and in July in Manitoba, New Brunswick, Nova Scotia, and Saskatchewan (Government of Canada, 2021). To put the impact in perspective, RAP SPOs in Ontario welcomed 15 new GARs between April and May 2020, compared with 745 for the same period in 2019 (Government of Canada, 2021). The drop in numbers in other provinces was equally significant. Arrivals in Alberta, Manitoba, Nova Scotia, and Saskatchewan, for example, dropped from 290, 95, 65, and 100, respectively, to 0 in this period (Government of Canada, 2021).

When the pandemic hit, each RAP SPO developed its safety protocol. By late March 2020, IRCC and leaders in the sector formed a RAP COVID-19 task team to streamline best practices (National Settlement and Integration Council, 2020a, 2020b). CRCFIRC's protocol used the guidelines of the Public Health Agency of Canada (PHAC) and the Toronto Shelter, Support and Housing Administration. Similar to other RAP SPOs' protocols, it stipulated personal protective equipment (PPE) use for workers, providing arrivals with PPE and translated PHAC guidelines, quarantining them and delivering necessities to their rooms, using plexiglass barriers, rotating work schedules, and completing regular disinfection (Al-Astrabadi, 2021; CRCFIRC, 2020; Helou, 2021; Immigrant Services Society of British Columbia [ISS of BC], 2020b; Multicultural Association of Fredericton Inc, 2021).

To accommodate GARs' intersecting differences to the extent possible, CRCFIRC maintained an individualized response to COVID-19 by customizing quarantine and RAP services to meet clients' needs. For example, a female GAR who had complex medical needs was quarantined on site, not at the hotel like other GARs, to keep her close to medical services. While staff delivered services remotely and over the phone to other GARs in quarantine, they delivered her services in person while wearing PPE and maintaining distance. In the case of another family with high levels of trauma that were exacerbated by age and health, CRCFIRC staff revised the timeline of RAP services to be delivered during quarantine to meet their needs.

ESTABLISHING RAPPORT REMOTELY: THE EXAMPLE OF RAP ORIENTATIONS

RAP orientations introduce GARs to the terms of RAP and Canadian systems, among other topics (IRCC, 2019, pp. 40–70). They also prepare GARs for an IRCC interview, after which they receive their first income support cheque.

Establishing rapport is a prerequisite to successful orientations. A first step towards fostering connection and trust (Bronstein et al., 2012; Reinharz, 1992), the process is complex in the case of refugees as past traumas often affect their ability to establish trust (Kyriakides et al., 2019). In my experience, in-person connection gradually eases GARs' mistrust, but with COVID-19, this was increasingly difficult to establish. Nonverbal communication is in fact as important as verbal communication in enhancing rapport (Tickle-Degnen & Rosenthal, 1990, p. 288). Moreover, it is often through face-to-face encounters that individuals develop a sense of each other as un/trustworthy (Ahmed,

2000). Smiling, shaking a client's hand, noticing their body language, and helping them identify documents goes a long way in building a connection. Such simple practices were often lost with remote service delivery.

While delivering services remotely constituted an important layer of protection, it simultaneously reified a layer of separation that complicated rapport building. On the one hand, remote services were a welcome alternative for skilled and equipped individuals, as many stakeholders in Canada, Sweden, and the United Kingdom reported (Esses et al., 2021, p. 63; Hoagland & Randrianarisoa, 2021, pp. 20, 32). Moreover, virtual counselling helped ease pandemic-related anxieties in many cases (International Organization for Migration [IOM], 2020). However, some of the limitations of virtual counselling only become clear when read intersectionally. For example, the needs of one GAR who had high trauma levels, complex medical needs, and little digital literacy and who arrived in Canada as part of a large family impacted how she managed remote disclosures. Her virtual counselling experience was determined by her layered identity and how each aspect of the later intersected with the isolating, mobility-restricting, and triggering effects of quarantine. For example, while some SPOs provided clients with tablets or cellphones to enhance remote rapport building with video communication in similar cases (Al-Astrabadi, 2021; Helou, 2021), this solution left intact limitations such as having no space to process one's feelings after sessions during lockdown and quarantine (Campana, M. (Host), 2020b), especially when one has a big family in close proximity.

Prioritizing trainings on the intricacies and limitations of remote service delivery (Esses et al., 2021, pp. 64–65) may mitigate such intersectional oversights. I suggest that envisioning alternative quarantine formats is equally important, as some RAP SPOs have been unable to secure video-enabled devices to enhance remote connections (Shields & Abu Alrob, 2020, p. 24). CRCFIRC clients, for example, used landlines to communicate with staff. In this context, I had to depend on verbal cues exclusively to establish rapport. I prioritized gauging how self-isolation was affecting clients' traumas by contacting them regularly, asking about their well-being, and following their lead regarding the pace of our connection. Through the budding rapport, I then determined their triggers and proceeded to orientations.

The particularities involved varied according to clients' needs. For example, one family I oriented remotely had a history of war-induced trauma, and the more we spoke, the more I realized they would not benefit from orientations immediately. The couple's confinement-related trauma resulted in heightened anxiety that was compounded by the requirement to quarantine for 14 days with multiple children. The quarantine policy in place hardly considered the nuances that resulted from the intersectionality of the clients' histories of trauma, gender roles, and health needs. Self-isolation often exacerbates GARs' traumas and triggers feelings of being back in prison (Geisler, 2020). Additionally, in the case of this family, gender dynamics further complicated the experience of quarantine as the wife had to manage childcare while dealing with confinement-induced triggers and the intensifying symptoms of a war injury. To mitigate this oversight, I tailored a service plan that addressed these layers not as mutually exclusive but as intersectional reciprocally constitutive points (Collins, 2015, p. 2) that made up the client's experience. I prioritized supportive counselling over orientations and relied on active listening to enable the couple to make sensitive disclosures remotely. I then helped them

develop coping strategies that addressed their overlapping needs. I placed all emphasis on their immediate mental and medical health and coordinated to have their medication delivered. Only then could we tentatively consider starting orientations.

MANAGING PROXIMITY SAFELY: FACILITATING GARS' EDUCATION

As COVID-19 took hold, GARs residing at CRCFIRC were advised not to step out of CRCFIRC except for necessities. By late March 2020, community partners had cancelled children's programs (CRCFIRC, 2020, p. 4), and access to playgrounds was restricted (Declerq, 2020). After one refugee was fined for using a closed park (Johnstone, 2020), staff had to be doubly vigilant to preempt risks.

Reading these measures intersectionally underscores their disproportionate impact on younger GARs and their parents. Closed parks primarily affected lower-income residents whose accommodations lacked backyards (Dewis, 2020; González, 2020). Similarly, community programs' cancellations especially affected underprivileged children with no recreational alternatives. To mitigate some of this oversight, my colleagues and I distributed age-appropriate colouring and educational sheets daily to keep the children entertained and their days structured.

When schools in Toronto closed after the 2020 March break, the Toronto District School Board provided students in need with loaned laptops to facilitate e-learning (Teotonio & Rushowy, 2020). While seemingly inclusive, the underlying policy overlooked how socio-economic disadvantages intersected. For example, in addition to not having devices, the GAR children I worked with had no knowledge of English. Their mother had a cellphone but did not understand English and was not familiar with emails. In this context, teachers emailed me all worksheets to print out, explain, collect when finished, and send back. When the laptops arrived, bridging the gap between the children's digital illiteracy and the requirement to use Google Classroom was equally challenging. Having grown up in a refugee camp, the children had never used computers, let alone managed to use software in a foreign language.

In addition to providing access, policies should target digital illiteracy and the socio-economic factors exacerbating it (Esses et al., 2021, p. 62; IOM, 2020, pp. 5, 10; Settlement Council of Australia, 2020, pp. 7, 13). More importantly, they should approach such factors as mutually constitutive categories that shape context-specific inequalities (Collins, 2015, p. 14). One step towards this is funding targeted e-learning initiatives (Esses et al., 2021, pp. 35, 62). IOM Brazil, for example, addressed the intersectionality of linguistic and digital illiteracy by complementing e-learning with in-language books (IOM, 2020, p. 11). IOM Indonesia in turn provided trainings to enable educators to support e-learning (IOM, 2020, p. 3). In Canada, one RAP SPO developed a digital literacy curriculum tailored for newcomers (ISS of BC, n.d., p. 3, 2020a), while another developed video tutorials about computer functions (Al-Astrabadi, 2021).

Learning about such initiatives at the height of the pandemic would have spared RAP workers like myself duplicating efforts. There is in fact a need for more sector-wide knowledge sharing (Campana, 2020a) and, I would argue, for enabling systematic learning about international initiatives. Compiling, and regularly updating, a database of inter/national initiatives may pave the way to developing more informed e-learning policies and practices.

DISCUSSION

The above analysis underscores the intersectional way through which GARs experienced the policies that were introduced to manage COVID-19, for example, the way their health needs, gender, literacy, and family composition, among other factors, converged to shape the impact that policies had on them. The question that follows is: How can we lay the ground for future responses that are more informed by GARs' intersectional needs?

Teasing out the material aspect of remote services may provide a starting point. Managing virtual contexts often draws the attention away from the body (Penny, 1993, p. 20); however, in practice, experiences remain necessarily anchored in it (Csordas, 1990, 1994; Stone, 1992). Policies that recognize this nuance may go beyond funding virtual venues in their response to COVID-19. When RAP switched to remote service delivery, the connections GARs and I established became virtual, but our relationships continued to revolve around our embodied experiences. GARs' medical needs and physical discomfort intersected with inhabiting an unfamiliar restricting space and, for GARs who arrived in winter, managing gloomy weather. All of this informed our phone-based interactions. Our interactions were similarly shaped by the physical and mental discomfort that came with my being unable to read their bodily signs and assess the material traces of my interventions. Taking such material effects into account may produce policies that do not envision quarantine as a one-size-fits-all mandate. Alternative options such as quarantining GARs in detached rental units (Helou, 2021) may only work in cities that have no housing crises. I suggest that alternative quarantine formats instead systematically enable in-person services and outdoor breaks through a more stringent use of PPE and disinfection protocols. Quarantine policies should also address quarantined GARs' sense of estrangement. Virtual connections often draw on cultural repositories to manage missing details and approximate suitable in-person reactions (Walter, 2020, pp. 137, 139). Helping GARs grasp new frames of reference through cultural interpretation may ease the material effects that come with deciphering a new culture virtually. This is especially important in e-learning as many GAR children's experiences were complicated by their estrangement from the process and the devices.

CONCLUSION

I would like to conclude by highlighting additional policy recommendations that could improve responses to future waves. As discussed, introducing trauma-informed quarantine policies that are conscious of the process's material implications is important. In the meantime, it is equally important to identify and update digital literacy baselines (United Nations, 2020b, p. 7). In practice, SPOs can do that by revising needs assessment tools and developing intersectional capacity-building plans. This could include developing tools and plans that identify the particularity of each GARs' digital literacy needs, for example, and how these are shaped by educational histories, health needs, and so on, and build GARs' skills accordingly. Policies, in turn, should ensure sustained funding (Campana, 2020a; Christie & Ballot, 2020, p. 22; Esses et al., 2021, pp. 59, 62) and collaboration between SPOs.

Last but not least, e-learning policies should address the social exclusion that came with school closures. Just as a multi-level

plan is needed to remedy digital exclusion (Esses et al., 2021, p. 62), addressing social isolation requires targeted funding that enables schools to provide intersectionally informed alternatives. For example, this could include programs that account for the way e-learning-induced social isolation's effects are amplified by the social isolation that some GARs children experience because of their limited past schooling experiences, limited literacy, and layered traumas and that impacts their experiences of schooling in Canada.

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