



Webinar: Best Practices in Program of Initial Resettlement (PIR) Implementation

September 16, 2026

Transcript

Introduction

Kristen Allen (K.A.): Hi everyone, and thank you for joining our training today. My name is Kristen Allen, and I am a training officer with Switchboard. My hope is that today you leave this training with new ideas for implementing the program of Initial Resettlement that help engage clients and create a smoother settlement journey. I'm very excited that Ana Maria has joined us today to share her expertise in implementing PIR. Ana Maria, please introduce yourself.

Ana Maria Teixeira (A.T.): Good afternoon, everybody. My name is Ana Maria Teixeira, and I'm the Director for National Resettlement with the International Rescue Committee. I'm very... Excited to share with you my knowledge today.

KA: Thanks! Alright, let's go ahead and get started. So, we're going to start by reviewing our learning objectives for this session together today. By the end of our time together, you'll be able to describe how key pre-arrival activities create a smooth resettlement journey for clients. Explain how to engage clients in required services that support their resettlement while managing their expectations, and apply two best practices in developing the client-caseworker relationship and delivering cultural orientation. So, we love to get started with a Slido. Go ahead and get out your cell phones, or please join us online. You're going to find that throughout today's webinar, we'll be using Slido in order to engage you all as participants. So either scan the QR code there on your screen, or you can go to slido.com and enter 28...66898 to join. We just want to know, have you supported a client under the PIR program? Looks like we have about, 18 people who've responded so far. Well, it just jumped up to 26. And actually, it looks like almost half of you, a little more than half, have not supported a client under the PIR program. So, you've come to a great webinar to start learning about it. For those of you that have already served clients under the program for Initial Resettlement, I think you're going to find some helpful tips as well. You'll notice that throughout the webinar today, we'll add in some links in the, Chat, so you have reference materials for later, but welcome to everyone who's here today.

1. Describe how key pre-arrival activities help create a smooth resettlement journey for clients

KA: Let's go ahead and move on, and we're going to learn about how key pre-arrival activities help create a smooth resettlement journey for clients. There are two important



new terms to know under PIR. The first is Initial Resettlement provider. We previously called these Resettlement agencies, or RAs for short. These are the national agencies that conduct case placement, training, and oversight for PIR. And the second term is local Resettlement provider. These are the local agencies that provide resettlement services directly to clients. So, we're going to do a quick overview of the different activities to complete during pre-arrival. So, the first we have is the weekly case distributions that initial Resettlement providers receive for Resettlement cases for placement. Next is determining case placement. Then we have confirming case placement, housing selection, and other activities that prepare for a client's arrival. In this section, we're going to focus on two of these activities, preparing for arrival of cases with medical needs and determining case placement. So I'm going to go ahead and pass it over to Ana Maria to take us into determining case placement.

AT: Thank you, Kristen. Case placement is the process where an IRP determines where a case should be referred for resettlement, and the LRP determines that they can accept the case. I acknowledge that the work of engaging new refugees in systems that are in significant transition is challenging, and defining capacity is crucial. There are two broad elements of case placement that the LRP is concerned with.

First, each year, LRPs provide their IRP an idea of their local capacity. This will include the information gathered through quarterly community consultations, like how many clients can complete a refugee health screening in a year, to what type of specialized services for medical cases, or medical needs a case may have. Local Resettlement provider capacity also includes factors like staffing and operational capacity. When deciding local capacity, the overall community capacity should also be considered. If important factors like schools and housing are maxed out, that impacts local capacity and the appropriateness of case placement. Remember that there is likely more than one local Resettlement provider in your local context, and the local capacity means that community's ability to support all newcomers, not just those of your agency. Providing the best information to the initial Resettlement provider means a client can enter the community and receive services from the local Resettlement provider that is best equipped to meet their needs.

Next, we have the client's needs. You'll see in the following slides the type of information to consider for placing a specific case, including when they have U.S. ties. But the goal is to be right at the center of this diagram, where all client needs are considered and balanced.

Let's dive deeper into how a local Resettlement provider can provide information on local capacity to their initial resettlement provider. This information can be gathered during quarterly consultations, and also by reviewing available information about your community. There are several things to consider as you ensure new arrivals have access to the needed services within the local community.

First, you can look at community data to determine housing availability and affordability. Think about the range of case sizes your office serves. Then look at rental costs using data from the American Community Survey. The direct financial assistance a case receives is limited. Think about what rental is possible during the PIR service period and beyond.



Employment is another important consideration. Think of the clients you will serve and what work opportunities fit their past experience and language level. Use available data, like the unemployment rate, to see how readily available work is for clients. Employment and affordable housing are two main conduits for successful case outcomes.

Next, you'll want to think about specialized services a case might need. Cases can arrive with a wide range of medical needs, and it's important to know what type of care your community can support. Your initial resettlement provider might ask about specific services, like kidney dialysis, as a way to determine what cases can be sent to your community. You can look up what specific services exist in your community through a basic internet search, and also by asking about available medical services during quarterly consultations. This helps determine what providers can support. By identifying what resources are available and what are missing, cases with medical needs are more likely to end up in a community that can support those needs.

Think about what services are available to children ages 0 to 18 in your community. School can play an important role in resettlement. We want to ask community partners in education about the local capacity of the education system. Does the community have specialized English instruction for refugee children? Has a district previously participated in the Refugee School Impact grant? If so, these communities are likely to have strong resources for cases placed there. You'll need to confirm the capacity of local schools during quarterly consultation. You'll also want to consider how other services, like early childhood education, can support younger children in a newly arrived family.

As you can see, knowing your community capacity is crucial for determining case placement. This information is developed through community consultations, where stakeholders come together to discuss refugee resettlement issues and capacity. Make sure your office participates in quarterly consultations, so you're familiar with the community capacity. In Part 3, we'll cover how creating relationships with community partners can also support various clients' needs.

Now, let's talk about client needs and case placements. These are things that LRPs should consider as they think about where in the community they can place a specific case. Sometimes, cases identify U.S. ties as part of the resettlement process. If a client identified a family member or a friend who lives in your community, prioritize the placement near the family to reduce out-migration risk, even when the U.S. tie is a recent arrival. Remember that the LRP remains responsible for all service delivery.

When thinking about housing availability and affordability, consider the case size and the number of employable adults to determine which living arrangement may be a best match for the case. For example, if a case of 5 has 4 employable adults, they may be able to afford a higher rent than perhaps a case of 5 with only 2 employable adults.

Sometimes, cases will have medical needs or other vulnerabilities identified as part of their biodata. If you have questions, you should reach out to your IRP or ORR. These needs can



impact housing placement and planning for other pre-arrival services, such as ground transportation for those with mobility aids. If a case has school-aged children, think about the local school system and what district or area a client should be placed in to make sure educational needs are met.

Funding work is a key factor to successful integration. You will need to consider if employment opportunities are available in your community, and what job training might be available to support newcomers. Depending on the population you serve, adults may have common work experience in certain fields. After building a career or trade, client may wish to continue to work that work after arriving in the U.S. Consider if your community offers any recertification programs that assist clients with that goal.

Finally, think about the available transportation when considering case placement. If a case has no friends or family, you should think about how the client can travel around the community to get where they need to go. Is the bus line the only available in certain areas of your community? Can the client reach important places like the grocery store? These are all questions to think about when considering what communities can best serve refugees.

Now let's talk about preparing for the arrival of cases with known medical needs. These cases need additional support and coordination. There are three health-related stakeholders to consider for these cases. First, the State Refugee Health Coordinator. Some states may not have a State Refugee Coordinator, or the State Refugee Coordinator may fulfill that role. In the chat is a link that are our key contact list to help you identify the right person to contact. The next stakeholders are the county or local health agencies. Finally, we also have local healthcare providers. So, who does what to prepare for cases with known medical needs?

The SRHCs should receive pre-arrival medical information for cases with known medical needs, and also coordinate with providers on issues of public health. That... County or local health agencies providers will coordinate on issues of public health and work to make sure proper treatment is received. And the local healthcare providers will receive pre-arrival medical information and work with the state refugee health coordinator and the local Resettlement provider to make sure that the client receives the treatment they need.

Having strong partnerships with medical providers will help address medical needs, and it's important to clarify roles and the chain of command before a client arrives, so the system is responsive to client needs. First, we identify a champion for each medical provider or health agency.

This will help get the information to the right person and actions lined up for when the client arrives. Next, you'll see... next, you'll develop a chain of command. This includes who to contact, a timeline for action, and how to escalate urgent medical needs. With limited medical insurance available, time is of the essence when a need is identified. Responsive systems also help build trust with clients. There are a number of resources for you and the medical providers you partner with that are part of Getting Started Guide that Kristen has placed in the chat. Now I'm going to pass it over to Kristen for our next slide item.



KA: Thanks, Ana Maria. So, I'm gonna go ahead and start us off with a case study. Vincent, if you can go ahead and... perfect. So, let me read this aloud, it'll also appear in the chat for you. So, Annie has been assigned as the caseworker for Willem, a 44-year-old refugee who will arrive in the U.S. in 2 weeks. Upon reviewing the biodata, Annie learns that Willem has diabetes, another disease that is a public health concern. Willem's diabetes is controlled by medicine. Annie's unfamiliar with the disease of public health concern listed in Willem's biodata.

So we're gonna go ahead and move into a Slido. And I would like to know how might preparations for Willem's medical needs Help Annie ensure a smooth resettlement journey for him. So, go ahead and start to enter your ideas of what Annie can do to make sure Willem has his medical needs met, and that he has a smooth resettlement journey.

No lapse in prescription medication, that's a great one, especially we know his diabetes is controlled by that prescription medication. I like this one, reach out to the SRHC for guidance, right? We already talked about the importance of involving your state refugee health coordinator when doing coordination for cases with known medical needs. Research, I'd love to know maybe a little bit more about that, if that's you, like, learning, about, like, what the needs are, or who you need to reach out to. Avoiding medical emergencies. I see a few more that are, like, communicating with refugee health providers, or consulting with a local public health department.

So some really great, things coming through here. It sounds like you guys have several ideas of how you're going to be able to support Willem and his medical needs. I like seeing consent forms in there, too. That's another great one. So... All right, all records with them, proper communication, coordinating the appropriate treatment. So, the importance, in, you know, collaborating with health professionals is really being stressed in your answers, too, which is great.

So, in the interest of time, we'll go ahead and move on, but really great responses, everyone.

2. Explain how to engage clients in required services that support their resettlement while managing their expectations

KA: So, now let's move on to engaging clients and required services that support the Resettlement while managing their expectations. So, we'll head right into another Slido, and I just would love to hear, in your experience, what's one strategy to effectively engage clients in a required service while still managing their expectations?

I see a couple of you are starting to type, thank you. One ma- okay, so stipends. Expectation setting during intake. Yeah, looks like we've got a few more responses coming in. I like the expectation setting during intake, because intake, again, is one of those like, first initial interactions with a client, you're getting to know them, and you're helping them understand what's available in PIR, letting them know, like, what to expect, Be very clear about what



you can do and what you cannot do from the beginning. Describing the benefits and the duration of services. Setting clear boundaries and responsibilities at intake. See a lot of, like, regular check-ins, letting them know what to expect. There's elements of cultural orientation in here explaining how things are different here in the United States. Clear and concise expectation setting. And service delivery timeframes. These are a lot of really great things you guys already have in practice.

And, you know, see a few more coming in here. The service plan, another great one we're getting ready to talk about. Building rapport, that's another thing we'll be covering today. So, some really great responses, everyone. It's great to see that you already have a few ideas. I'm gonna, transition back over to Ana Maria, so she can talk a little bit more about the required services for post-arrival.

AT: Thanks, Kristen. Let's go ahead and do a quick overview of the post-arrival services. First, we have airport reception. Within 72 hours, the home visit occurs. By the end of the 7th business day, you will complete a needs assessment and service plan. Throughout the first 30 days, you will offer various types of material support, depending on the client's needs.

Direct assistance supports the client's needs throughout the first 90 days, and there are various resettlement services. Documentation of all of this work happens throughout the service period. Today, we'll discuss some of the best practices in client engagement and managing client expectations throughout the PIR service period, including the needs assessment, service planning, housing, direct assistance, resettlement services of medical needs, and documenting of all these cases. But first, we'll start with the needs assessment and plan... and service planning.

One of the earliest steps to support a client is the needs assessment and service planning. These are required for each member of the case. This is the time when caseworkers identify the needs, the barriers to employment, and resettlement goals of the case. Remember that the self-sufficiency plan is a tool for service planning and continuity of care that can link refugees to other ORR programs like RSS and TANF workforce programs. So coordination between state and local Resettlement providers is starting at day one using this model.

One of the things to keep in mind when completing the needs assessment and service plan is that clients may highly value self-reliance and be reluctant to share any concerns. Instead of framing the service plans as a list of needs, frame the services as program components of PIR. This will help the clients be more accepting of services offered to support the resettlement.

Remember that low vulnerability does not mean no vulnerability. Clients who speak English and are eager to become self-sufficient can still have vulnerabilities like lack of food assistance and undisclosed medical needs. Uncover vulnerabilities through thorough screening. Finally, start with the client's strengths to help create a service plan that meets their needs. Identifying strengths like work readiness and problem solving as positive clients can use to address their needs in their needs assessment.



Housing is a key form of support a CASE must be providing with during PIR, and one of the most challenging service requirements that local Resettlement providers manage as housing costs continue to rise, sites have fewer staff to expand housing options, and clients arrive with certain expectations as to where they might live. Here's some important things to consider.

First, you need to help manage the client's expectations for housing. Clients may be arriving from very different living situations, and how... and have housing ideas that do not match local realities. Some clients may desire multi-generational housing or stand-alone homes instead of apartments. Helping clients understand the types of housing available now, and the options for future housing selection aligned with their needs can help manage these expectations.

Clients may also expect crime-free neighborhoods and associate safety with gated communities or bars on doors and windows. Acknowledge the safety concerns and how no neighborhood is truly crime-free. Share what safety plans are in place, like lock on doors and windows, or apartment complex patrols. Remind clients that housing placement depends on both affordability and availability.

Clients may also be unfamiliar with long-term leases and reluctant to sign. Help clients understand the purpose of a rental agreement to protect them as a tenant, the limited options for signing shorter leases, and the expense of breaking a lease can help a newer arrival understand housing better. Connect a strong rental history in the U.S. with building credit, which can open up different housing opportunities in the future.

Remind clients early on that the first housing situation may not be long-term. Some sites have... some sites report having successes in finding shorter-term leases for clients, so they are less reluctant to sign for permanent housing and feel that they have more choice in their housing. Help clients understand their responsibilities for both rent and utilities, and build this into the budget so clients can see how housing expenses make up a large part of the income in the U.S., and why options may be limited as they start over.

There are a number of clients facing resources related to housing that can help caseworkers explain housing. Settle Inn's Housing in the U.S. can help explain the basics of housing options and managing expectations for first-time renters in the U.S. Refugees Housing Solutions Tenant Toolkit can help clients understand applying for housing, rental agreements, and their licensed tenants. Helping clients understand housing realities early on can lead to a better resettlement experience with fewer misunderstandings.

Let clients know that direct assistance is provided on a per-client basis and designed to support basic needs like rent, utilities, food, and other material needs. Direct assistance can be paid in two ways. One is paying for initial resettlement material goods, such as apartments rent or furniture, on behalf of the client using direct assistance funds. The other option is providing funds directly to the client.



Let clients know that a lump sum payment is not typical, as the client usually incurs some expenses before their arrival, but reassure them that they will sign for all expenses so they can see where the money is going. So what are some best practices for direct assistance? Develop a budget early in the case so clients can best understand where the money is going. The amount of money available is finite, and this helps refugees seize what resources they have and what is required living expenses they have.

Pocket money is a requirement under the case. It is designed to give refugees some agency over spending. We recommend all initial resettlement providers develop a policy for pocket money that includes provision to all adults on the case. We also recommend that pocket money be provided early in the case. Resources added to the chat include a collection of various financial empowerment resources and a budget template.

Clients will likely have questions about their documentation and worry if they do not have a social security card or EAD right away. Let's discuss how you can manage these concerns. First, explain realistic timelines for the receipt of these documents. If other clients in your community typically see the Social Security cards arrive 45 days after arrival, let the client know so that they can know what to expect.

Let clients know that there are steps that you can take together if documents are delayed. Let them know that you always have... they always have ways to raise concerns if the time comes, so the client understands that you are prepared for various challenges that impact their case. Client concerns may stem from worries about various resettlement services. Let them know that employment, school enrollment, and home rental is all possible without having those documents on hand. This can help alleviate some of the concerns by showing the client that key activities to becoming self-sufficient are still possible.

Clients may arrive with identified medical needs, as well as exposure to medical systems that are different to the U.S. Help clients manage their medical needs in responsible ways by explaining important elements of the U.S. healthcare system. Kristen is adding a helpful resource about coaching clients through the U.S. through the U.S. healthcare system in the chat.

First, we must explain the differences between standard medical care, like that access through a doctor's office with an appointment is different from emergency medical care, like those accessed through an emergency room. Clients need to know that all Medicare care is billed for, and the clients are not transferred to free public care if they don't have insurance. Explain the importance of maximizing care while refugee medical assistance is available. This will include screening for chronic conditions. Let the client know the importance of sharing concerns early on with you or their medical provider so that they can be addressed in a timely manner while covered under RMA.

Documentation is not only required, but helps explain what supports have been provided to the case should concerns arise. Here are the types of information that you should document. Services, referrals, assistance, follow-up, and direct assistance spent. By documenting all elements of a case, you're better able to identify gaps, manage services, and address client



concerns. Without documentation, you have no way of showing how a case was supported should concerns arise. We know that documentation can take time away from serving clients, so here are a few resources in the chat for you to review. Now I'll turn it over to Kristen again for our next case study.

KA: Ana Maria, so I'm gonna read this case study off to you all, and it will also appear in the chat for you to be able to read on your own and refer back to. So, Willem arrived 2 weeks ago and is living on the ground floor of an apartment building his resettlement agency secured before his arrival. He contacted Annie several times to express his desire to move from his apartment because he's concerned about crime. Willem told Annie his home in South Africa had bars on the windows to stop people from breaking in, and he doesn't trust his neighbors.

Alright, we're gonna go ahead and go into Slido again, and I'd love to hear from you all how my Annie helped Willem understand housing options within his community while still managing his expectations. We know housing can be one of the most challenging aspects of resettlement, helping people understand responsibilities, their options, what it means to break a lease, so, I look forward to hearing your ideas.

So, first idea is to give him resources and sharing options. Exactly. Let him know, more about housing. Let him know kind of the different types of housing, right? What is available in his community? What's in his budget? Make it clear that there won't be bars on the windows anywhere, and he cannot add them. So that's a good point, right? That, like, something he's used to, but if it's not there, he probably can't modify, the house that he's in.

Provide resources and understand exactly what his needs are. I really love that. That's framing the importance of, like, really knowing what Willem is expecting, what his needs are, and trying to have the conversation start from that information. Remind him of the lease agreement he signed, right? Yeah, so we have clients that move into housing, they sign leases, and sometimes they... you know, may not understand what it means that they're wanting to break a lease, so being able to go back over that document, very helpful. Look at the budget and review housing to help him know what he wants to feel safe.

I see several people talking about budgeting, planning for, you know, the money needed for rent. This is one that I haven't read yet, and these are kind of coming in fast, so I apologize if I missed it earlier, but another one is give him 911 and explain to him who to contact in case something happens. So, that's acknowledging to Willem he may feel unsafe. But he does have something that he can do if he thinks that, you know, his safety, needs to be addressed by law enforcement.

Explain and provide safety orientation. Really great. Discuss local crime rates versus crime rates that the client may be accustomed to, so that, again, is a really great culture orientation point. Maybe what they, you know, expect, or what clients have experienced before is really different, but because they don't know about their new community yet, you can provide that, information. Let's see here. Provide useful resources in psychoeducation about the housing, system.



Make them understand we can afford right now. Yeah, so this is just a starter home. I love that framing of, like, you know, this is the first place, but not the only place you're going to live in the United States. More about housing orientation, connecting to resources on safety, helping him look at, like, his next home as a goal, so something where, you know, he's kind of saying, I'd really love to live in this community, because it's where I work, or something. So, kind of that scaffolding of housing again.

All right. Oh, another really great reminder. You guys have so many great ideas today. Do the AR-11 every time you move. Yeah! Reminding Willem that, you know, if he moves, you've got to make sure that you're notifying the federal government. That is really important. Talk to the client and assure him that the community is safe, and explain to him the hardship of budget management versus size of the case. So we've talked a little bit about that, that, you know, depending on the size of the case, the employability of the adults, you may be able to afford a different size of house, or a house in a different location, an apartment in a different location.

Make sure he knows to lock everything in normal safety measures. It's another great point, that, like, you know, just because there aren't bars on the window like he's used to, that there are things that are helping to keep him safe in his apartment, making sure he understands all of that, so the home safety orientation. This is another really good one, don't remove smoke detector batteries. So that goes a little bit more into cultural orientation related to housing. Here's another really great idea. Help him introduce himself to neighbors so he can trust them. So I really like that idea, too, that you're connecting with neighbors.

You're helping him, you know, to meet people around him, because then he can start to have that familiarity, he can maybe start to feel a little bit safer. So, really great responses, everyone. I love seeing all these ideas and kind of how you all are thinking about, Annie helping Willem understand these options, and what can really be done while still managing expectations. So we'll go ahead and move on.

3. Apply two best practices for developing the client-caseworker relationship and delivering cultural orientation

KA: And we are headed into our last section, where we're going to review two best practices you can use in your PIR work. So, the two best practices we'll review are developing the client-caseworker relationship and delivering cultural orientation. Alright, so, I think maybe one more. Thanks.

So, let's discuss some of these best practices and building your client-caseworker relationship. So, to help a caseworker towards self-sufficiency during the PIR period, it's important to start with building rapport, and this starts as early as the airport pickup and initial home visit. So local Resettlement providers can build the client relationship by emphasizing the importance of the following.



First, using a handshake when meeting with clients. So, current populations really expect handshakes in professional settings, and this cultural cue can help build rapport from the beginning of each interaction. Caseworkers can listen, or actively listen, so they are, you know, really listening to what the clients are saying, and then they can reflect client concerns back to them, and use open-ended questions. All of these together can help build rapport.

Clients are looking for support that's customized to their specific needs, and that means a caseworker will orient services by listening to what strengths and concerns that clients have, which is something you guys really reflected in that, last Slido. Asking reflective, open-ended questions is especially important when discussing sensitive topics.

Caseworkers need to set clear expectations with clients in PIR. This means clearly communicating the program goals, the role of the caseworker, and the client's role in the resettlement process. It's important that caseworkers share early and clearly with a case how long assistance is available, and how much direct assistance the case will receive.

Clients need to be aware of when they can expect a caseworker to be available. Let clients know your working hours, how they can try to reach you during those hours, and your standard response time, and what to do in case of an emergency. You should also review which tasks would require caseworker involvement. Clients often arrive with their own ideas of resettlement, and it's important caseworkers clearly state what is possible and available during the PIR service period.

Finally, be consistent in communication. Communication needs to be ongoing and proactive. This can help the client understand what to expect next, and also allow the caseworker to connect services to community and cultural orientation. With proactive communication practices, local resettlement providers may be able to minimize client complaints. However, if negative feedback does arrive, it's important that local resettlement providers and the initial resettlement providers have escalation and resolution practices in place to handle complaints.

We want you to try to end each conversation letting your client know when and how they will hear from you next. It's helpful to describe the mode or type of communication, so maybe at the end of your interaction, you say, I'm going to send you a WhatsApp message to provide you an update on this application you put in.

We're going to go ahead and move into cultural orientation now. So there's no required cultural orientation curriculum under PIR. However, cultural orientation is still an important consideration for local resettlement providers. Throughout the PIR service period, local resettlement providers will want to support a refugee's cultural orientation. This helps a refugee integrate into their community and understand life in the U.S. and can help mitigate frustrations or grievances on the part of the client.

So, start to think about how you can share cultural orientation during natural points in your workflow. We're going to go ahead and highlight Settle In as a tool to supplement your



cultural orientation work. Settle In is a client-facing resource with a website, an app, and live events to help newcomers understand life in the U.S. Content includes information on filing taxes, job searching online, enrolling kids in school, housing in the US, and much more. Settle-in also offers two-way communication should a client have questions and need support. This resource is free to all ORR-eligible populations.

I'm gonna highlight a couple of key topics your clients may be interested in. First, Settle In has a number of resources about U.S. labor laws and employment scenarios to help your clients understand what to expect for employment in the U.S. Second, there are resources on the role of law enforcement in the U.S. We recognize clients may have had negative interactions with law enforcement before arriving to the U.S. and need to understand how law enforcement is performed in their new community. And we'll go ahead and add in the chat as well the link to the Settle In website, so you have that for future reference.

Alright, let's go ahead and move on, and we're going to talk about putting cultural orientation into practice with an example about employment information. So, when you try to, like, I want you to start thinking, when should you try and introduce or emphasize certain topics? When you are interacting with your clients, so think of these like, natural touchpoints in your workflow.

During the service plan, you could highlight the importance of work in the United States, and that it's important to achieve self-sufficiency. You could also highlight some of these resources when you're making a referral to Employment Services, so your client knows that they can learn a little bit on their own, and they're also going to be supported through Employment Services in their job search.

You can also, provide information when a client starts work, so you can remind them of Settle-in's, work-related content, and also provide the two-way messaging as a resource if they have questions about new concepts like payroll or employment taxes. And finally, you could highlight Settle In at the end of the service period as a reminder that they can refresh their memory on different cultural orientation topics, or reach out to Settle In through two-way messaging if they come across something and have a question after their PIR service period is over.

So, we're gonna move into our final Slido, and we're gonna think about some natural points in the PRR workflow. Where Annie can share cultural orientation. Information with Willem. So, what are these points when Annie is working with Willem? We already know they have to occur, and when can she start to do, like, little, you know, mini culture orientation? So maybe she's touching on one topic because they're doing this one activity during... during PIR.

I see a number of you are starting to, share... let's see here, intake and enrollment, yeah, so... right from the very beginning, cultural orientation can start. It's not a one-time thing, so as they're meeting, enrolling them in PIR, home visits is another great way, because some of the things you may want to describe really are best described when you're sitting in the



person's home, and you can point out those safety features. You can, you know, show them maybe, like, other things that they need to know about their apartment.

Employment orientation, really important thing for our clients to understand work as part of their life in the United States. I see... oh, it's coming in really fast now! Start from the airport during their education intake, Work eligibility, yes, as you're describing different things. When they move into their home.

So that would be one. When they take, paperwork that's completed, someone's introducing them to their cultural orientation teacher. I see another idea that's every time there's communication, so that really shows this possibility of anytime that you're interacting with your client, you're able to go ahead and say, hey, let me teach you about this thing. Referrals... employment authorization document and social security, yeah, those are two things we know we have to do during the PIR service period, so we can go ahead and, you know, explain those things. And ESL, another great time.

Intakes... Dedicated cultural orientation sessions, and any events such as job readiness and workshops, so these are a lot of different times, right, that we're seeing that people are able to share this. Here's another one that's really, great to point out. I haven't seen this one yet, but the transition out of PIR services period. So we know you have, like, a set amount of time to work with clients. And this is pointing out that even up until the very end, we can be doing cultural orientation, and you're passing on information, as the service period ends, maybe as a refresher. I like that.

During periodic follow-ups, really important to continue having interactions with your clients. Infuse information related to current situation or question at hand. That's really great. Another great practice is during school enrollment for kids, so right, like. school in the United States may be very different. You have resources, you have little, teaching points you could provide during that service that you know you have to provide during PIR. But again, it becomes this little cultural orientation teaching moment. I'll do one more before we move on. I see a couple more people are still typing.

Oh, last one that made it in was health screening with the Department of Health. Yeah, we've got a lot of like, health-related information, ways that healthcare is different in the United States from maybe what our clients have experienced before, so another really great, learning point. You know you have to make a referral for the health screening, you could be explaining why. Explaining what the role of the health department is versus maybe their primary care provider. So there are some really great ideas in here. Thanks, everyone, for participating.

Q&A Panel

KA: We are going to go ahead and move into our question and answer period. I've seen a number of questions come in. I'll invite, Ana Maria to join me so she can help gain some in... or share her insights, I should say. So, let's see here. I am going to pull this up, Yeah, I see a few comments, about... Let's see here... I see a few comments about links not working. We



realize that some of the links we shared aren't working. We'll make sure that when we send out the recap, those are all in there. I know that the, Switchboard website had a few, issues recently.

KA: So, Ana Maria, here's... here's one I'd love for you to, share some insight for.

How can local Resettlement providers support clients who need to purchase medications before their health insurance coverage becomes active?

AT: That is a... that's a great question, and this is definitely something that the direct assistance policy would inform your ask, because medication, especially needed medication, is actually an approved and allowable cost that we're able to use the client's direct decisions funds to help them purchase it. At the same time, having partnerships with your local pharmacies or low-income cost medical providers would also help expedite getting those prescriptions refilled while Medicaid is activated.

KA: Thank you. We've got another health-related one. Let me just dive right into that one, too. So this, participant wants to know, let's hear, their question is.

Many South African clients generally feel they don't need the initial health orientation to learn about the U.S. healthcare system. If this is their attitude, how do you approach this with them?

AT: So, as somebody rightly pointed out during the Slido, like, consistent communication and reinforcement of messaging is truly what has helped, in kind of inform clients about the changes, even if it's a minimal touchpoint, informing them kind of the differences that already exist, asking them what they actually understand of the U.S. health system and you course-correcting it is actually a viable form. It also allows further engagement with the client to better educate them on the new systems, and of course. We link them to resources such as Settle In or other providers, so they can actually do some self-learning as well, and come back to us with questions if they have them.

KA: Thank you. Alright, here's one about, direct assistance and pocket money, and I realize we want to kind of, like, share best practices, but compliance can also be an issue that you need to, you know, check with your local office. But I wonder, do you have any best practices when it comes to distributing pocket money? Someone's saying, like, does it have to be cash? Can it be a gift card? Can you give them a check? Like, what... what do you recommend when.

What are some best practices when it comes to distributing pocket money? Does it have to be cash, or can it be a gift card or a check?



AT: Yes!

KA: Good, strong pocket money policies and offices.

AT: So, definitely start with the policy. This is actually something that is required under PIR, having an Initial Resettlement provider direct assistance policy. This policy informs on how you will be spending out the direct assistance, and also the modality in which you're going to be actually giving that... the assistance to the client. While pocket cash assistance is an allowed use, you also have to think through, kind of, the additional documentation requirements tied to it, right? You want to be able to have some form of backup information that informs the... that allows the client to sign an acknowledgement that states on this specific date. This specific amount of money was issued in cash and hiding that. Because should any compliance issue arise, you will need to have supporting documentation to backstop all of those direct assistance expenditures.

KA: Thank you. All right, I think we have time for one more, and, let's see here. Someone is asking about, like, really good integration practices and how they can engage different, community groups. Maybe, like, faith leaders, how they can, like, engage different groups in the community in really effective integration, for clients.

What are some good integration practices for engaging different community groups, such as faith leaders, in effective integration for clients?

AT: So, I will always default to having... inviting them to the quarterly consultations, right? Quarterly consultations is not just for providers, it's literally everybody in the community that's going to be in support of playing a supportive role in active resettlement. So, this is when extending an invitation to come to these meetings to learn about what resettlement is, what capacity constraints there may be, and how they can actually become meaningful thought partners in supporting the community comes into play.

KA: Thank you. So, we are out of time, but I see a few questions. I just want to point out that there are some resources on Switchboards. Someone's asking about different, things to help supplement clients' food needs. So I know we have got some really great resources on Switchboard for that. There was another one that was asking about any cultural taboos or different things that they really want to be culturally aware when working with clients from South Africa. I think it was a month or two ago that Switchboard actually updated the cultural backgrounder for, Afrikaners, so that would be a really great resource to go and pull. But thank you so much for all of your really thoughtful questions. I know we weren't able to get to all of them today, but really appreciate your willingness to let us know, kind of, like, where you still want to learn. This is our very first public webinar on PIR. It will not be the last. So we'll have more opportunities for you to be able to learn. Vincent, do you want to go ahead and pull up our learning objectives, and we'll go ahead and kind of, share those again.

Conclusion



Reviewing Learning Objectives

KA: Wonderful. Alright, so we're here at the end of our session together. Really appreciate all of you. Just a few more slides to chat through. So first, you are now able to describe how key pre-arrival activities help create a smooth resettlement journey for clients. Explain how to engage clients in required services that support their resettlement while managing expectations, and apply two best practices for developing the client and caseworker relationship and delivering cultural orientation.

All right, we have some recommended resources listing, some very, like, you know, just the very beginning of what we've provided for the program of Initial Resettlement. We are going to be sending these out in our wrap-up email. We've got two different tip sheets. One is full of resources to help you in the pre-arrival process for PIR. The other is to help you with anything that comes up after arrival, so there's some things we didn't get to today, but you have resources available from Switchboard.

For those of you that haven't participated in the program or settled anyone before, we also have a resource that we'll be sharing that's just, like, the very basic overview of the PIR program. We think you'll find that to be really helpful as you're getting started. And another plug for, using Settle In for cultural orientation. So, you know, you have resources already you can be using as you're doing your culture orientation Practice with your clients.

We want you to know that, like, Switchboard is here to help you, and one of the reasons that we are able to bring you content that you're interested in and think is important is people that are part of our, sessions take this really quick survey. So, I want to ask, there's one more thing of you before you log off, and that's to go ahead and complete the survey, you've got a QR code there. It's gonna take you about 60 seconds, and this helps us understand what we can improve for future training and technical assistance that Switchboard offers, so if you'll go ahead and make sure that you do that as you're wrapping up, the webinar today, we really appreciate that. That's very helpful as we continue to bring you content that's helpful to your practice there in the field.

Alright. give you a couple more seconds to be able to grab that QR code. Very quick and easy, it's completely anonymous, but your feedback really helps us to deliver, the type of training that you want to see in the future, so I appreciate you taking the time today to do that.

And finally, I'm going to do one last plug for Switchboard resources. You will be receiving an email with this recording, with the different resources that we've provided. If you ever need to get in touch with Switchboard, you know, you can send us an email, you can go to our website, and we've got the content in a lot of different ways. We're going to be doing a lot of PIR content as we move into this new fiscal year, and I look forward to bringing you different resources to help you as you are serving new clients that are new arrivals to the United States. I want to thank you, or say thank you to Ana Maria for joining me today. It's really great to hear from someone who is doing this work and helping to lead a program for PIR, and also thank you to Vincent, who served as the behind-the-scenes magician to make



everything you know, flow well and move forward, and I really appreciate you all joining us today. So thank you, and have a great day, everyone. Bye!

The IRC received competitive funding through the U.S. Department of Health and Human Services, Administration for Children and Families, Grant #90RB0053. The project is 100% financed by federal funds. The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Administration for Children and Families.