EXAMINING THE HOUSING EXPERIENCES OF REFUGEE CLAIMANT FAMILIES IN
THE GREATER TORONTO AND HAMILTON AREA: SERVICE PROVIDERS'
PERSPECTIVES

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**Abstract**

Housing is a key social determinant of health. Further to this, my research will show that it is through housing that all other health determinants are fully actualized. For refugee claimant (RC) families, housing is the most immediate and pressing need upon their arrival in Canada. The objective of this exploratory qualitative study is to examine the housing experiences of refugee claimant (RC) families in the Greater Toronto and Hamilton Area (GTHA) and its impact on the health, well-being, settlement and integration of this population from the perspectives of services providers. Given the increasing inflows of asylum seekers in Canada over the past few years, there is an urgent need to examine their housing experiences and subsequent impacts on health and well-being. Using purposive sampling, seven service providers from five different refugee centres and family shelters in the GTHA were recruited. Individual, semi-structured interviews were conducted, recorded, transcribed, and then analyzed thematically. Findings demonstrate that accessing both emergency and permanent housing upon arrival is particularly difficult for RCs, given that the demand for housing continues to surpass availability in the emergency shelter system and private housing market in the GTHA. In their search for permanent housing, many RCs rely on the private housing market, where discrimination and affordability are common barriers. With an uneven and difficult trajectory towards housing access, many RCs face health issues associated with stress, poverty, and homelessness, which disrupt their settlement and integration in Canada. This research concludes by offering recommendations for policy and program level changes to improve refugee housing access in the GTHA. These recommendations include increasing service provision capacity in shelters, expanding transitional housing options for RCs, increasing investments in subsidized housing, limiting government involvement in REITS and increasing incentives to build more subsidized housing.

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Finally, I would like to acknowledge the hardworking and dedicated individuals working at shelters and refugee centres in the GTHA. These individuals devote their time and passion to the issue of homelessness. Despite being overworked and underfunded, they remain dedicated to addressing one of the biggest crises facing vulnerable populations in the GTHA.

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## Declaration of Academic Achievement

I, Miriam Farooqi, declare this thesis to be my own work. I am the sole author of this document. No part of this work has been published or submitted for publication at another institution. To the best of my knowledge, the content of this document does not infringe on anyone's copyright. I completed all of the research work and thesis writing. My supervisor, Dr. Y. Rachel Zhou, and my second reader, Dr. Stephanie Baker Collins, have provided guidance at various stages of research and thesis writing.

## Definitions of Key Concepts

**Refugee**

According to the 1951 United Nations Commission on the Human Rights of Refugees (UNCHR) Convention, a refugee is "Someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion" (Citizenship and Immigration Canada, 2011).

**Asylum Seeker**

An asylum seeker is someone seeking asylum due to destabilizing factors in their home country. Asylum seekers are not considered a refugee claimant until a decision has been made by the country where they are seeking protection (Canadian Council for Refugees). In Canada, officials at the Canadian Border Services Agency (CBSA) or the Immigration, Refugees and Citizenship Canada (IRCC) office make a decision about whether or not the asylum seeker is eligible to make a refugee claim. Factors determining an individual's eligibility to make a refugee claim include whether the claimant has committed a serious crime, made a previous claim in Canada, or received protection in another country (Immigration, Refugees and Citizenship Canada [IRCC], 2017a).

**Refugee Claimant**

Refugee claimants are individuals who have made a claim for protection as a refugee within Canada. Eligible refugee claimants receive a formal hearing at the Immigration and Refugee Board (IRB), an independent tribunal (IRCC, 2019a). Each case is decided based on the evidence and arguments presented. In making its decisions, the IRB considers whether the claimant meets the United Nations (UN) definition of a Convention refugee, which has been adopted into Canadian law, or is a person in need of protection (IRCC, 2019a).

**Homelessness**

The Canadian Observatory on Homelessness defines homelessness as a situation where individuals, families, or communities are without stable, safe or permanent housing (Gaetz et al., 2012). There are a range of housing circumstances that fall under homelessness: 1) Unsheltered: also known as absolute homelessness, referring to individuals residing on the streets or in places unfit for humans; 2) Emergency Sheltered: referring to individuals who are residing in overnight shelters; 3) Provisionally Accommodated: referring to individuals who reside in temporary accommodations or do not have a secure tenancy, such as transitional housing, or living with friends and family; and 4) At Risk of Homelessness: referring to individuals in precarious or unsafe housing circumstances (Gaetz et al., 2012).

**Affordable Housing**

According to the Canadian Observatory on Homelessness, housing is affordable if it costs less than 30% of a household's after-tax income (Gaetz et al., 2012).

**Subsidized Housing**

Subsidized housing refers to housing that is subsidized. It can include rent-geared-to-income, social housing, public housing, government-assisted housing, non-profit housing, rent supplements, and housing allowances (Statistics Canada, 2011).

**Adequate Housing**

Adequate housing is recognized as an international human right by the Office of the United Nations High Commissioner for Human Rights (OHCHR, 2009). The seven elements of adequate housing are: legal security of tenure, availability of services, materials, facilities and infrastructure, affordability, habitability (adequate space, protection from cold, damp, heat and structural

hazards), accessibility, location, and cultural adequacy (respectful towards expression of cultural identity and ways of life) (OHCHR, 2009).

## Social Determinants of Health

Social determinants of health (SDOH) are conditions that influence the health of people and communities. These conditions are social and/or economic in nature and are shaped by the amount of money and resources people have access to (Centres for Disease Control and Prevention, 2014). There are 14 social determinants of health that exist in Canada: income, housing, social exclusion, social safety network, health services, race, gender, education, unemployment and job security, employment, early childhood development, food insecurity, Indigenous identity and disability (Mikkonen and Raphael, 2010). These SDOH often interact with one another in a complex way to influence the health status of individuals (Raphael, 2009). The most relevant SDOH to the present research study is housing. Research has identified a strong relationship between housing and health, with poor housing conditions leading to health inequalities at the individual and population level (Dunn et al., 2004; Hynie, 2018; Raphael, 2009; Shaw, 2004; Ziersch et al., 2017).

## Integration

Integration is a two-way process whereby new members of a society acquire "civil, social, political, human and cultural rights" (Castles et al., 2003, p. 116). Acquisition of such rights creates "the conditions for greater equality" and includes the right to maintaining social and cultural identities (Castles et al., 2003, p. 116). The key indicators of integration include housing in addition to other factors such as labour force participation, income, wealth, language skills, educational attainment, social connections and physical and mental health (Ager and Strang, 2008; Yu, Ouellet and Warmington, 2007). Canada's established policy on integration follows the multicultural

model. The Canadian Multiculturalism Act outlines the constitutional rights of diverse populations and the government's responsibility in ensuring that they are recognized and promoted to facilitate greater equality (Canadian Multiculturalism Act, 1985).

**Preface**

The idea for this research emerged from my professional experiences working at an emergency shelter for families in the GTHA where 40% of the clientele were refugee claimants. The trends I noticed as a worker in this shelter provided me with the firsthand knowledge and inspiration to further examine housing access issues during my Masters' thesis. This work experience permitted me to gain a better understanding of the factors informing the affordable housing crisis in the GTHA. I also observed firsthand how both a lack of affordable housing, as well as a lack of settlement and housing resources for refugee claimant families in southern Ontario culminated in a very difficult housing trajectory for this population. Working alongside RC families in order to help them navigate their new life in Canada involved a multitude of tasks. On a daily basis, I was responsible for helping families find permanent housing, referring them to Legal Aid clinics, connecting them to social assistance, helping them with work permit applications, booking their immigration medical appointments, finding family doctors, enrolling children in schools and daycares and enrolling parents in English classes. There was never enough time or resources allocated within the emergency housing sector to provide the specialized services that RCs needed to obtain both housing and the other core needs. Working with such few resources was challenging to me as a frontline worker, but even more so to the families residing at the shelter who were being so critically underserved. Seeing few resources allocated to homeless refugees made me feel like this population was being strategically ignored by policy makers and higher levels of government. Despite the difficulties they endured as asylum seekers fleeing violence and persecution in their home countries, they displayed an inspiring amount of optimism. These families were so full of resilience, hope, and gratitude for the opportunity to begin their lives in

Canada. However, enduring difficult housing experiences stalled their settlement and integration. Their stories were a motivating factor for me throughout this research project.

Both affordable housing and refugee rights are timely issues that come head to head when asylum seeking populations arrive in Canada and meet a system that is both difficult to navigate and ill equipped to effectively support spontaneous arrivals. In my role at the family shelter, I noticed that although all families faced barriers to housing, refugee claimants had a particularly challenging housing experience. This was largely because they arrived in Canada with minimal social and economic resources and English language skills to draw upon while trying to navigate their lives in a new environment. In addition to this, they were navigating a high rent, low vacancy housing market where they faced discrimination due to issues related to their race, English language proficiency and immigration status in Canada. It is within this context as a previous frontline worker that I approached my research.

## Chapter 1: Introduction

The number of forcibly displaced individuals worldwide increased by 2.3 million in 2018, making the total number of forcibly displaced individuals 70.8 million - a record high (UNCHRb, 2018). Over the past two years, there has been an increase in asylum seekers arriving in Canada (Government of Canada, 2019). Reports suggest that this increase is in part due to America's shifting policy towards migrants, refugees, and undocumented immigrants (Proctor, 2017). According to *The Safe Third Country Agreement* between Canada and the US, refugee claimants must seek protection in the first safe country in which they arrive (IRCC, 2016). If an individual who first arrived in America tries to seek entry into Canada through a *regular port of entry*, they are turned away and informed they must seek asylum in America as it is still a safe country. If an individual enters Canada through an *irregular port of entry* from America, they may enter in Canada and seek asylum there. Many asylum seekers choose this option because they feel unsafe in America. Amnesty International Canada contests America's status as a "safe third country", citing that its deficiencies in refugee protection places asylum seekers at an increased risk of refoulement (Amnesty International Canada, 2017).

**An Overview of Refugee Protection Programs in Canada**

There are two main parts to the Canadian refugee system. The first is the *Refugee and Humanitarian Resettlement Program*, which applies to individuals residing outside of Canada who are seeking protection within Canada (Government of Canada, 2017). Individuals who seek to arrive in Canada through this program must be Privately Sponsored Refugees (PSRs) or Government Assisted Refugees (GARs). PSRs are either identified by the United Nations Refugee Agency (UNHCR) or by individuals who privately sponsor them (Government of Canada, 2017).

It is important to note that private sponsors have the ability to sponsor refugees identified by the UNHCR or themselves. GARs are identified by the UNHCR and are eligible for the federally funded Resettlement Assistance Program (RAP). Under the RAP, GARs receive income support for up to one year, as well as settlement services such as assistance in finding temporary and permanent housing (Government of Canada, 2017).

The second part of the Canadian Refugee System is the *In-Canada Asylum Program* which applies to individuals who make their refugee claims within Canada. This provides protection to individuals within Canada who "have a well-founded fear of persecution or are at risk of torture, or cruel or unusual punishment in their home countries" (Government of Canada, 2017). Individuals seeking to make an asylum claim within Canada can do so either at a port of entry, at a Canadian Border Services Agency (CBSA) office or at an Immigration, Refugee and Citizenship Canada (IRCC) office (IRCC, 2019a). If individuals are eligible to make a claim, they must fill out an application package and will receive a hearing date which they must attend in order to have their claim assessed. Here, the Immigration and Refugee Board (IRB) will determine whether refugee claimants are eligible for refugee status in Canada (Government of Canada, 2018).

All eligible refugee claimants have a right to a fair trial at the IRB (IRCC, 2019a). While waiting for their trial in Canada, the individual is able to access the following services: social assistance, education, health services, emergency housing and legal aid. With the exception of health services that are funded by the Interim Federal Health Program, it is the responsibility of provinces, territories, and municipalities or non-profit organizations to provide all other supports (IRCC, 2019a). Unlike GARs and PSRs, RCs are not eligible for services covered under the RAP.

Refugee claimants are provided with information about the services they can access through the Red Cross First Contact Program. The Red Cross First Contact Program also connects

individuals to emergency housing services (Canadian Red Cross, 2019). As a first contact program, it only provides the initial information needed upon arrival, and is not an ongoing service.

Under the United Nations 1951 *Convention Relating to the Status of Refugees*, individuals have a right to seek asylum from political instability or persecution. As a signatory to this convention, Canada is obligated to receive refugees and provide them with asylum, the right to a fair hearing and other tools to promote and ensure their welfare such as housing, employment and public education (United Nations High Commissioner for Refugees, 1951).

**Asylum Claims in Canada**

In 2018, the total number of asylum claims made in Canada was 55,020. Almost half were in Ontario, where the number was 22,150 (Government of Canada, 2019). The inflow of refugee claimants has been particularly concentrated in the GTHA. The city of Toronto, in particular, has seen significant inflows of refugee claimants since 2017 (Baxter-Trahair, 2018). Surges in arrivals of refugee claimant populations are generally unpredictable (City of Toronto Social Development, Finance and Administration [SDFA], 2019). However, rates of refugee claims made in the city have steadily increased since 2017, with additional increases projected well into 2019 (Baxter-Trahair, 2018). This is consistent with what has been seen in 2019 so far (City of Toronto SDFA, 2019).

Many refugee claimants arrive in Canada without any funds, without a support network, and without knowledge of the resources available to them. As such, there has been an increasing demand in the emergency shelter system in Toronto, which has reported that refugee claimants occupy 40% of shelter spaces in the city (Baxter-Trahair, 2018). There are no publicly available statistics for other cities in the GTHA. The demand for emergency shelter services is particularly

significant in the family shelter sector, which has been operating at between 92-100% capacity since 2018 (City of Toronto Shelter, Support & Housing Administration, 2018). The number of people served in emergency shelters has increased from 2017 to 2019. Yearly shelter occupancy rates have risen from 5,092 in 2017 to 6,667 as of September 2019, representing an increase of 31% (City of Toronto, 2019a). The average nightly number of refugee claimants in Toronto's shelter system has increased from 643 per night in November 2016 to 2,357 in October 2019, representing an increase of 267% (City of Toronto, 2019b).

**Research Focus**

This thesis explores the housing experiences of refugee claimant families in the Greater Toronto and Hamilton Area (GTHA). Housing is the most immediate need for asylum seeking populations upon their arrival in Canada. For forcibly displaced individuals, finding a safe and secure home after a long journey to the place they have chosen to claim asylum is of the utmost importance. Further, access to permanent, stable housing is a social determinant of health and well-being (WHO, 2012). For refugee claimant (RC) families, housing is also crucial to their settlement and integration in Canada (Francis and Hiebert, 2014). My research project further illustrates that housing is a pathway through which all other determinants of health can be fully actualized, and a prerequisite to integration and settlement.

In Canada, there is a growing number of refugee claimant populations experiencing homelessness (Wright, 2019). There has been a considerable amount of news coverage regarding the inflows of refugee claimant populations in Canada over the past two years. Much of the Canadian news coverage regarding refugee claimants has reported on themes such as their questionable legitimacy as asylum seekers, the resource strain they have on services, the division

of funding responsibility across municipal, provincial and federal levels of governments, the causes surrounding current inflows and the slow processing capacity of the Immigration and Refugee Board (Ballingall & Boutilier, 2018; Paperny, 2018). Absent from this discourse is the acknowledgment that refugee claimants have a right to a fair hearing in Canada as asylum seekers under international law, according to the United Nations High Commissioner for Refugees (1951). Their presence in Canada should be met with adequate services to address their needs, rather than hostility through anti-refugee rhetoric and a shirking of funding responsibilities from various levels of government.

This study aims to understand RC families housing experiences from the perspectives of service providers who work with this population. Specifically, this project explores the following **research questions**: What are the housing experiences of refugee claimant families in the GTHA?; What barriers do they face in obtaining permanent, stable housing?; How do these experiences affect their health and well-being?; and How do these experiences affect their settlement and integration in Canada?

Through these research questions, I also hope to address a few gaps present in the current literature on refugee claimants' housing access in Canada. To date, most research is concentrated in three cities: the General Vancouver Area, Montreal, and Toronto. Yet, many refugee claimants choose to live in areas outside of these cities. My research includes Hamilton as an area of interest, a mid-sized city in southern Ontario with a 2016 population of 536,917 (Statistics Canada, 2017). Hamilton has a substantial number of foreign-born residents. In 2016, it was home to 130,365 immigrants, 24,535 refugees and 6,225 non-permanent residents (including refugee claimants) (Statistics Canada, 2017a). Thus, it is among the top 10 immigrant receiving metropolitan areas in Canada (Statistics Canada, 2017b). While many refugee claimants choose to live in Hamilton, little

is known about RCs' housing experiences within this city. Additionally, few studies have been published within the past two years where there has been an increase in asylum seeking populations arriving in Canada and a rising shortage of affordable housing (City of Toronto SDFA, 2019; Toronto Foundation, 2019).

The data for this study was collected by conducting individual, semi-structured, in-depth interviews with service providers who provide housing services to RCs. As this thesis sought to understand both individual and structural level limitations in place that adversely affect RC housing access, service providers were selected as my target population.

My research will contribute to the existing body of work regarding refugee claimants' housing access in the GTHA. This research has the potential to contribute to the development and improvement of related policies, programs and services for refugee claimant populations, a socio-economically marginalized group.

This thesis consists of seven chapters. Following this Introduction chapter, I first provide a review of the literature regarding refugee claimant housing access in Canada and the associated impacts on health, well-being, integration and settlement. In Chapter Three, I discuss the theoretical frameworks, explaining how critical race theory, refugeeness, and social determinants of health have shaped the research design and data analysis. Chapter Four covers details about the methodological position and methods used. Chapter Five reports the findings revealed in interviews. Chapter Six offers my discussion of the major findings and points out directions for future research as well as limitations of the present study. Chapter Seven presents policy recommendations to improve housing access for RCs, as well as my concluding thoughts.

**Chapter 2: Literature Review**

In this chapter, I review existing literature regarding the housing experiences of newly arrived refugee claimant families in Canada. This literature includes both scholarly, peer-reviewed Canadian studies and non-academic agency reports. Inclusion criteria for these studies and reports were that they include refugee claimant families in their sample, and discuss permanent or emergency housing access for this population either singularly or in conjunction with its effects on health, well-being, integration and settlement. This review synthesizes the most common and salient themes that emerged from the related literature. Although these themes or experiences are presented separately in this paper, the intersections between them are clear. The diagram below summarizes factors that influence RCs housing access and the interrelations between those factors.

Figure 1

*Summary of Factors Described in the Literature That Influence RC Housing Access*
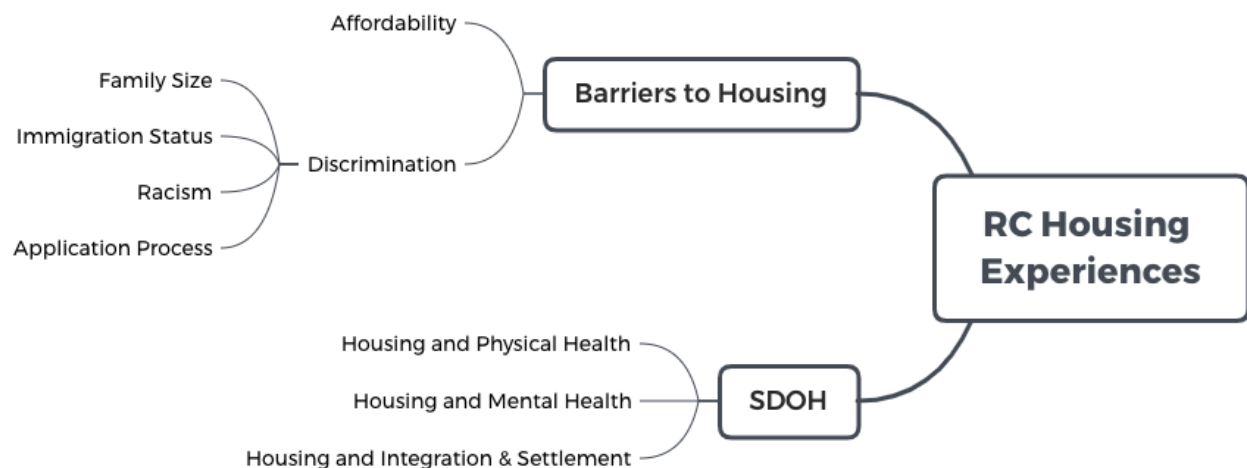
**Housing Access Barriers**

Refugee claimants face many barriers in Canada's housing market. These barriers must be understood in the context in which asylum seekers arrive in Canada (Murdie, 2008). As previously stated, asylum seekers typically arrive in Canada at or between ports of entry and receive information about shelters and refugee centres through the Red Cross First Contact Program. The trajectory that RC families typically follow is being housed at reception centres, shelters or refugee centres until they are able to find more permanent rental accommodations in the private housing market (Heibert et al., 2005). It is during their search for more permanent accommodations that RC families experience housing access barriers that impact their settlement, integration and well-being in Canada. RC families experience significant socio-economic losses upon arrival which create barriers to housing access (Murdie, 2008). This disadvantages them in the Canadian housing market. The most commonly cited barriers to housing seen in the literature are affordability and discrimination (e.g., through the rental application process and due to their race, immigration status and family size).

*Affordability*

There are many context-based factors contributing to the current affordable housing crisis in Canadian metropolitan cities according to the literature. The most significant to note are: fewer investments in affordable housing (new additions to the housing market tend to be on the higher-cost end of the spectrum, while losses from the rental market tend to be from the lower end of the spectrum) and low vacancy rates for existing affordable housing units. Other notable issues contributing to an affordable housing crisis are: a lack of subsidized housing units currently being built, long wait lists for existing subsidized housing units, an expanding population in the GTHA, gentrification, and a "lack of political will" to address affordable housing in Canada's metropolitan

areas (Francis and Heibert, 2014; Miraftab, 2000; Zine, 2009, p. 2). Kissoon (2010) noted that Canada's devolving federal involvement in social housing relegates the responsibility of addressing homelessness to municipalities. These issues affect all populations residing in major cities, including RC families. It is within this context of unaffordability that refugee claimants must navigate the housing market.

Many asylum seekers arrive in Canada at an economic disadvantage (Miraftab, 2000). In addition to this, most have to wait a considerable amount of time before they are able to secure a work permit and enter the job market (Immigrant Serving Society of British Columbia [ISSofBC], 2018). Unable to work, many RC families must rely on social assistance. Literature on the housing access issues faced by refugee claimants overwhelmingly points to affordability as the most significant barrier that families face (Carter et al., 2008; Carter and Osborne, 2009; Heibert, 2017; Kissoon, 2010; Murdie, 2008; Rose and Ray, 2001; Teixeira, 2017). This is primarily due to the fact that refugee claimant families must rely on social assistance which does not provide enough income to afford housing (Teixeira, 2017). Such issues with housing affordability were reported in studies conducted in Winnipeg (Carter et al., 2008; Carter and Osborne, 2009) and Montreal (Rose and Ray, 2001), but most concerning were studies conducted in Vancouver and Toronto. In their 2018 report, the Immigrant Serving Society of British Columbia found that 35% of RCs were spending between 30%-50% of their income on housing, 27% were spending between 51%-75% of their income on housing and 24% were spending over 75% of their income on housing. Similar findings were reported in Teixeira's 2017 study of RCs in Vancouver and the surrounding suburbs of Richmond and Surrey. In this study, almost half of respondents reported spending 50% or more of their income on housing. This was also consistent with findings from Toronto (Heibert, 2017; Murdie, 2008) and reflects the relative high cost of living in Toronto and Vancouver.

Struggling with monthly rental costs leads to difficulty in affording all other basic necessities of life, with little to no money left over for food, clothing or medicine (Hiebert et al., 2005; Mattu, 2002; Teixeira, 2017). For many refugee claimant families, having to balance monthly rental payments with other household expenses causes significant "household stress" and can increase their risk of homelessness (Francis and Heibert, 2014).

*Discrimination*

The Ontario Human Rights Commission (OHRC) through the Ontario Human Rights Code prohibits discrimination in the rental housing market across multiple grounds including race, place of origin, religion, citizenship, disability and receipt of public assistance (OHRC, 2008). The OHRC recognizes housing discrimination in the rental market as occurring through housing provider rental policies that create systemic and institutionalized barriers to housing families and individuals. The impact of such discriminatory policies disproportionately targets vulnerable populations such as low-income individuals, racialized individuals, and individuals with refugee status despite prohibiting discrimination across all of these grounds (OHRC, 2018).

The literature on refugee claimants' experiences with housing access reveals that housing discrimination is a common and pervasive barrier in Canada's private rental market. This creates a significant obstacle to housing access for RC families (Miraftab, 2000). Below is an overview of the most commonly cited themes related to discrimination in the literature.

**Application Process.**

In the private rental market, many property management companies and landlords require prospective tenants to fill out rental applications. The Ontario Human Rights Commission acknowledges that discrimination occurs during the application process when tenants submit their information for consideration by landlords and property management companies (2008). This

application process can act as a screening method in a competitive housing market that ends up disadvantaging individuals who are unable to meet housing application requirements. Refugee claimants face particular difficulty finding and obtaining the necessary documentation for rental applications. As new arrivals to Canada, they do not have local rental references, guarantors or cosigners, and cannot provide current pay stubs/proof of employment or credit rating reports to support their rental applications. Studies have noted that a lack of these application requirements were found to be a significant barrier to housing for many RC families (Francis and Heibert, 2014; Miraftab, 2000). Unable to meet these requirements, RCs are at a significant disadvantage when it comes to obtaining basic shelter necessary for an acceptable quality of life (St. Arnault and Merali, 2018).

**Family Size.**

Many RCs have family sizes that are larger than the average Canadian family, and private and public rental housing units are typically not built with large families in mind (Miraftab, 2000; Murdie and Teixeira, 2001). As such, many families under study in the literature reported living in crowded conditions (Teixeira, 2017).

Large family size was also cited multiple times in the literature as the basis for landlords to deny accommodation to refugee claimant families (Mattu, 2002; Miraftab, 2000; Murdie, 2008; Teixeira, 2017). For example, in Teixeira's mixed method study of 62 immigrants and refugees in Metro Vancouver, refugee claimant families mentioned that landlords were reluctant to rent to larger families with multiple and younger children, citing concerns with noise levels and damage to units (2017). Similarly, another study on the housing experience of refugees in Metro Vancouver found that some families felt compelled to lie about the size of their household in order to secure a unit (Miraftab, 2000).

**Immigration Status.**

Discrimination on the basis of refugee status was a commonly cited barrier to housing in the literature. In Mattu's (2002) report, he collected surveys and conducted focus groups with RCs for the purpose of surveying the extent of housing problems faced by immigrant and refugee populations in lower mainland BC. His findings revealed that many RCs faced discrimination on the basis of their immigration status, which often precluded them from being considered as potential tenants during their housing search. Many landlords cited concerns with RCs' status in particular and were unsure whether they would stay in Canada permanently (Francis and Heibert, 2014). Compared to immigrants who have status upon arrival, non-status migrants are commonly positioned by the public and the media as being "undeserving" of receiving basic necessities such as affordable housing, social services, healthcare and education (De Shalit, Edmonds and Sidhu, 2015). This negative perception further marginalizes RCs and increases their risk of poverty, homelessness and poor health (De Shalit, Edmonds and Sidhu, 2015). Stereotypes regarding the status and legitimacy of RCs in Canada are a common barrier to housing.

**Racism.**

Across the literature, refugee claimant participants revealed experiences that suggest many landlords and property managers are prejudiced against racialized immigrants and refugees (Carter et al., 2008; Francis and Heibert, 2014; Mattu, 2002; Murdie, 2008; Teixeira, 2017; Zine, 2009). Though the racism experienced by RCs in the housing market is often covert and difficult to definitively identify (Carter et al., 2008; Mattu, 2002; Zine, 2009), there is sufficient evidence in the literature to suggest that racial discrimination is a common occurrence. For example, in Zine's (2009) mixed method study of 300 racialized refugee claimants' housing experiences in Toronto, 68% of respondents identified that they had experienced housing discrimination. One participant

in the same study cited that during her housing search, landlords would provide a positive response over the phone, but then reject her application after meeting her in person. Such "unstated policies of racial exclusion" (Zine, 2009, p. 10) are commonly told stories in the qualitative studies conducted on refugee housing experiences. Similar scenarios are seen in qualitative studies conducted in Winnipeg and Vancouver (Carter et al., 2008; Miraftab, 2000). In these studies, many RCs were denied a unit that was initially advertised as available and reported feeling that such refusal was due to racial prejudice. These experiences of housing discrimination in the Canadian housing market show that racism is a persistent problem affecting housing access for RCs. Other discriminatory barriers to housing that were reported in the literature include: language, country of origin, and religion (Francis and Heibert, 2014; Mattu, 2002; Murdie, 2008; Walsh et al., 2015).

**Housing as a Social Determinant of Health**

To date, there has been very little research into how various elements of housing affect the overall well-being of RCs in Canada. The literature that is available acknowledges that poor housing is linked to adverse health outcomes for RCs (Carter and Polevychok, 2004; Dunn et al., 2004; Dunn, 2000; Hynie, 2018; Newbold, 2010; Raphael, 2009; Shaw, 2004; WHO, 2012; Ziersch & Due, 2018). Housing inequality is invariably linked to health inequalities through a range of pathways, and is most severe for populations that are economically disadvantaged, such as RCs (Carter and Polevychok, 2004; Korntheuer et. al., 2017). Housing is a critical pathway for other SDOH to be operationalized. In other words, in order for any social determinant of health (e.g., employment, education, health services, social inclusion) to be fully actualized, housing is a prerequisite (Dunn et al., 2004). This is especially true for asylum seekers and refugees, who arrive in host countries with a history of displacement and require the stability of housing for successful

integration (Ziersch et al., 2017). Further, access to good-quality, suitable, affordable and safe housing is essential for providing refugees with the foundation to build their lives and a sense of well-being, both physical and mental (Murdie, 2008).

Negative health outcomes persist along the continuum of homelessness, with absolute homelessness (being unsheltered) resulting in the most severe health outcomes and being emergency sheltered, precariously housed or inadequately housed resulting in similar but less severe health outcomes (Dunn et al., 2004). Many RCs find themselves homeless upon arrival in Canada, and move from welcome centres to shelters and refugee centres or overflow hotel rooms before securing permanent housing (Murdie, 2008).

Below are the specific findings that reveal how housing and health interact to inform the health outcomes of RCs in three main domains: physical health, mental health and settlement and integration (social inclusion). Due to the scarcity of existing research in the area of social determinants of health (SDOH) and refugees/asylum seekers, this chapter draws upon international literature in addition to Canadian literature.

### *Housing and Physical Health*

Across the literature, housing is identified by refugee claimants themselves as being centrally tied to their health and well-being (Ziersch et al., 2017). The literature has consistently found that for refugees and asylum seekers, the specific aspects of housing that are linked to poor physical health are: housing quality, affordability, instability, and overcrowding (Francis and Heibert, 2014; Sherrell, D'Addario, and Hiebert, 2007; Ziersch and Due, 2018). Residing in overcrowded conditions is a particularly common theme seen in the literature (Carter, Polevychok and Osborne, 2009; Francis and Heibert, 2014; Korntheuer et. al., 2017; Murdie and Teixeira, 2001) which has been associated with an increase in family tension, a higher likelihood of domestic

violence and negative mental health outcomes (Miraftab, 2000; Newbold, 2010; Ziersch et al., 2017). Carter, Polevychok and Osborne's 2009 study examined the housing experiences of recently arrived refugees over a three-year period. They discovered a correlation where respondents who were residing in older, poorer quality and overcrowded accommodations were more likely to experience health problems in their first year of resettlement.

In the literature, affordability was identified as a key pathway in which housing and health interact. As previously mentioned, the literature shows that a lack of affordable housing results in families having to spend a larger percentage of their income on accommodation, leaving very little left over to afford basic needs such as food (Heibert et al., 2005; Sherrell, D'Addario and Heibert, 2007). In the face of competing financial decisions, many families are forced to forgo healthy and nutritious food in favour of food that is inexpensive (Watt, 2003). Food bank usage is high amongst refugee populations and of the same rate as low income Canadians (ISSofBC, 2016). Food insecurity is an SDOH that is directly related to negative health outcomes (Mikkonen and Raphael, 2010) and can impact the health of entire families.

RC families were reportedly struggling to balance housing affordability with housing quality and location. This increases the likelihood for families to reside in poorer neighborhoods with fewer economic resources, compounding their economic marginalization and heightening their risk of adverse health outcomes (Teixeira, 2017; Newbold, 2010; Hiebert et al., 2005).

### *Housing and Mental Health*

Associations between mental health and housing are commonly seen in the literature. The aspects of housing that interact with negative physical health outcomes (housing quality, affordability, instability and overcrowding) were unsurprisingly found to impact mental health and well-being as well. In addition to those aforementioned factors, housing access, housing security

and housing discrimination were also found to negatively impact mental health (Carter and Polevychok, 2004; Carter et al., 2009; Dunn et al., 2004; Ziersch and Due, 2018). Such housing related problems were found to manifest through self-reported mental health symptoms such as stress, anxiety and depression (Carter and Polevychok, 2004; Carter et al., 2009; Francis and Heibert, 2014; Hynie, 2018; Ziersch et al., 2017).

As previously mentioned, housing affordability challenges are particularly salient for refugee claimant families. The financial stresses associated with housing were found to be the most significant source of negative mental health and stress for this population (Carter and Polevychok, 2004; Francis and Heibert, 2014; Murdie 2010; Teixeira, 2017; Ziersch et al., 2017; Ziersch and Due, 2018).

### *Housing and Integration*

Housing is a widely recognized indicator of integration (Ager and Strang, 2008; Murdie 2008; Yu, Ouellet and Warmington, 2007). As housing is the most immediate need that newcomers have upon their arrival in Canada, it provides the necessary foundation for all other factors of settlement and integration (Francis and Heibert, 2014; Ziersch, Due and Duivesteyn, 2017). Francis and Heibert (2014) conceptualize housing access for refugees as the "cornerstone" upon which settlement and integration are built (p. 14). Many other researchers in this area similarly argue that housing is a fundamental first step to settlement in Canada (Carter & Polevychok, 2004; Sherrell, D'Addario and Heibert, 2007). It enables newcomer families to rebuild their lives through creating new formal and informal support networks and a sense of community (Carter & Polevychok, 2004). For asylum seekers particularly, who are arriving in Canada after experiencing displacement, it marks the end point of a journey to finding a new home, and a starting point to obtaining other core needs (Carter and Polevychok, 2008; Ziersch et al., 2017). Permanent housing

also facilitates the emotional and psychological aspects of settlement and integration such as security, well-being and belonging (Murdie, 2008; Phillips, 2006). Further, housing is a stabilizing factor that facilitates the indicators of integration such as employment, income, language skills, education, social connections, and physical and mental health (Ager and Strang, 2008; Murdie, 2008; Yu, Ouellet and Warmington, 2007).

For RCs, barriers to housing create barriers to their settlement and integration, placing them at risk of negative mental health outcomes as they attempt to permanently settle in Canada (Hynie, 2018). Further, Carter and Polevychok identify in their 2004 housing report that refugees and immigrants who are disadvantaged in the housing market are also disadvantaged through multiple social realms that housing facilitates such as support networks, family cohesion, and employment and educational opportunities.

In sum, this literature review reveals the most significant barriers to housing experienced by RC families in Canada as well as the health implications of such barriers. This review also reveals gaps in the literature. There are very few current studies and agency reports published on RC housing access over the past two years. There are four exceptions to this: FCJ Refugee Centre, 2019; ISSofBC, 2018; Hynie, 2018; Ziersch and Due, 2018. Although the latter two scholarly articles were published within the last two years, their research was conducted earlier than this. This is important to note as the data collected does not accurately reflect current trends in Canada's metropolitan cities with respect to RC housing access. Additionally, there is little research on the housing access issues faced by RCs in cities outside of Winnipeg, the Greater Vancouver Area, Toronto, Edmonton and Montreal. Very few news articles and no journal articles examine housing access issues in Hamilton, despite there being a large population of refugee claimants that choose to settle and live in the city (Statistics Canada, 2017). My research hopes to fill some of these gaps

by investigating the current affordability issues faced by RCs in the GTHA, which are considerably more significant in current times due to the worsening housing market and higher inflows of RCs to the GTHA. Research on the links between refugee health and poor housing access is limited, with only two primary research papers in this review explicitly setting out to uncover this connection in their research aims (Hynie, M. [2018] and Newbold, [2010]). In addition, only two review syntheses on this topic exist: *Under-served: Health determinants of Indigenous, inner-city, and migrant populations in Canada* by Akshaya Neil Arya and Thomas Piggott (2018) and *Immigration, Public Policy, and Health: Newcomer Experiences in Developed Nations* by Dennis Raphael (2016). Finally, the longer-term impacts of initial housing barriers for this population is not documented in the literature.

## Chapter 3: Theoretical Frameworks

The theoretical framework of this research project is built upon three theories: critical race theory, refugeeness, and social determinants of health. Collectively they are useful approaches to understand the experiences of individuals who face intersecting oppressions. While critical race theory and the concept of refugeeness can provide insight on how refugee identities and their disadvantages are socially constructed, social determinants of health explains how housing is a compound issue and a key determinant of refugees' well-being and inclusion in Canada.

**Critical Race Theory**

My research draws from the critical paradigm in order to inform its theoretical approach. Historically, critical theory was predominantly concerned with critiquing the social formations of society (economic, political, cultural, ideological) for the purpose of preventing them from becoming oppressive on a large scale (Freeman and Vasconcelos, 2010). In general, critical social theorists are critical of inequalities present in society. They argue that much of the social arrangements that cause societal injustices occur due to man-made constructions that need to be reconstructed. Critical social theory evaluates society for the purpose of advocating for its transformation (Freeman and Vasconcelos, 2010). In the critical paradigm, research interests are influenced by social categories such as race, gender, culture and class, and considerations must be given to issues of exclusion, privilege and marginalization (Scotland, 2012). Critical methods facilitate the critical examination of cultural, historical, and political contexts and ideally, creates an agenda for positive change (Scotland, 2012).

The specific theory within the critical paradigm I will be using for my research is critical race theory (CRT). CRT seeks to highlight the ways in which structural arrangements inhibit and

disadvantage some groups more than others in our society. CRT draws attention to the form and function of dispossession, disenfranchisement, and discrimination across a range of social institutions (Trevino and Wallace, 2008). Although CRT centers race in its analysis, it also acknowledges "the intercentricity of race and racism with other forms of subordination", such as class and ablesim (Solorzano and Yosso, 2002, p. 25). The definition of racism that I find most helpful to draw on to inform my research is that of cultural theorist Stuart Hall. According to Hall (in Satzewich, 1998), racist ideas are:

> Not a set of false pleas which swim around in the head. They're not a set of mistaken perceptions. They have their basis in real material conditions of existence. They arise because of the concrete problems of different classes and groups in society. Racism represents the attempt ideologically to construct those conditions, contradictions and problems in such a way that they can be dealt with and deflected at in the same moment. (p. 43)

Race is a social construction that racism operationalizes for the purpose of subordinating racialized individuals (Ortiz and Jani, 2010). For RCs, an examination of how racism impacts their "real material conditions of existence" can offer insight into the inequalities they face in accessing basic human rights such as shelter. Through critical race theory, RCs difficult access to housing can be understood as, in part, discrimination due to their 'minority' status in Canada as racialized individuals. Racialization is a process, occurring through the context of power relations, and is seen at both micro levels (through everyday encounters) and macro levels (in systemic structures and institutions) (Zaman, 2010). It is important to note how racialization is a process, since many RCs are only racialized when they arrive in Canada and become racial minorities for the first time in their lives.

The racial discrimination experienced by refugee claimants is compounded by their precarious status in Canada, and the lack of resources available for them to draw on in order to access housing and other services that aid in their integration and settlement. Given that all other forms of discrimination faced by RCs can fit into and inform CRT, it is the overarching theoretical perspective used in this research project. Solorzano and Yosso (2002) explain that: "In the intersections of racial oppression, we can use critical race methodology to search for some answers to the theoretical, conceptual, methodological, and pedagogical questions related to the experiences of people of color" (p. 26). In this research project, CRT provides the lens that enables an examination of how the racialization of RCs inform their experiences in Canada, and how other social and political aspects of their identities, such as poverty, religion, culture, skin colour, gender, and most importantly, immigration status, impact their experiences when accessing housing in the GTHA.

**Refugeeness**

It is now widely recognized amongst the existing scholarship of refugee studies that the label of "refugee" is a construct. This construction, while similar to race, differs in that it is largely context-based, temporal in nature and linked to ideas of citizenship (Jackson and Bauder, 2013; Lacroix, 2004; Olsen et al., 2014; Sajjad, 2018). Given that the label of "refugee" is a social construct, the concept of "refugeeness" grapples with how that construction has been formed. At the macro level it is seen through international laws categorizing refugees into definitive labels and the dominant discourses surrounding them in the West. At the meso level it is seen through policies that place restrictions on those who are refugees. These restrictions impact both their entry into countries and access to resources within the country. Such restrictions effectively "Otherize"

refugees, contributing to their social exclusion (Sajjad, 2018). Laws, discourses and policies have impacts on the lives of refugee individuals through the latter's everyday encounters with Canadian refugee policies (Lacroix, 2004). Although there are many ways in which Canadian refugee policy impacts the lives of refugee claimants, this research project particularly explores the issue of housing access for families who have arrived to Canada as asylum seekers.

As previously stated, the concept of refugeeness primarily seeks to examine the discourse and weight around the constructions of the refugee label. The refugee label serves larger political interests to categorize individuals into "a bureaucratically accepted status that reflects state interests for control" (Sajjad, 2018, p. 47). Simultaneously, it strips refugees of their individual identities and the conditions that made them initially seek asylum (Sajjad, 2018). As a heavily weighted label, the term refugee carries certain stereotypes and judgements which further subordinate this population. Li (2003) explains that the term refugee is associated with notions of state dependency and of being a "burden to the state" (p. 47). In a post-9/11 society, refugees are also represented as "threats" to the integrity, safety and security of Western host societies (Beatson, 2016; Malkki, 1995). This can contribute to public mistrust of refugees and create public discourses that are negative and harmful (Li, 2003). Such negative discourses can be pervasive, and impact government decisions to limit access to resources for RCs. For instance, in 2012, the Conservative Government of Canada scaled back the Interim Federal Health Program (IFHP), limiting access to healthcare coverage for refugee claimants, rejected refugee claimants, protected persons and individuals detained under the Immigrant and Refugee Protection Act (Olsen et al., 2014). Such cuts were justified by Canada's former Citizenship and Immigration Minister Jason Kenney who cited that "bogus refugees" and "illegal immigrants" were undeserving of the same access to healthcare as Canadians (Beatson, 2016; Olsen et al., 2014). This negative rhetoric and

subsequent policy delegitimized refugees, effectively Othering them and barring their access to essential healthcare services (Olsen et al., 2014).

Although disrupting dominant discourses regarding refugees is not within the aim or scope of my research project, concepts of Othering are significant to note as they have demarcated refugee claimants as an outsider, and a threat to Western nations (Jackson and Bauder, 2014). This concept is important to consider as it is within this context which refugee claimants must navigate their lives in Canada. Further, this discourse has limited the scope of services available to RCs contributing to their social exclusion.

**Social Determinants of Health**

The link between the health of individuals and populations and the social conditions in which they reside is now a well-known fact amongst health researchers (Commission on Social Determinants of Health, 2008). Social determinants of health are conditions that influence the health of people and communities. These conditions are social and/or economic in nature and are shaped by the amount of money and resources people have access to (Centres for Disease Control and Prevention, 2014). Dennis Raphael, a major contributor to SDOH theory in Canada, identified 14 social determinants of health that exist in Canada. They are: income, housing, social exclusion, social safety network, health services, race, gender, education, unemployment and job security, employment, early childhood development, food insecurity, Indigenous identity and disability (Mikkonen and Raphael, 2010). These SDOH often interact with one another in a complex way to influence the health status of individuals (Raphael, 2009). This research project also considers the WHO Commission on the Social Determinants of Health (CSDH) Conceptual Framework for

Action on the Social Determinants of Health (World Health Organization, 2010), which is shown

below:

Figure 2

*WHO CSDH Framework on the Social Determinants of Health*
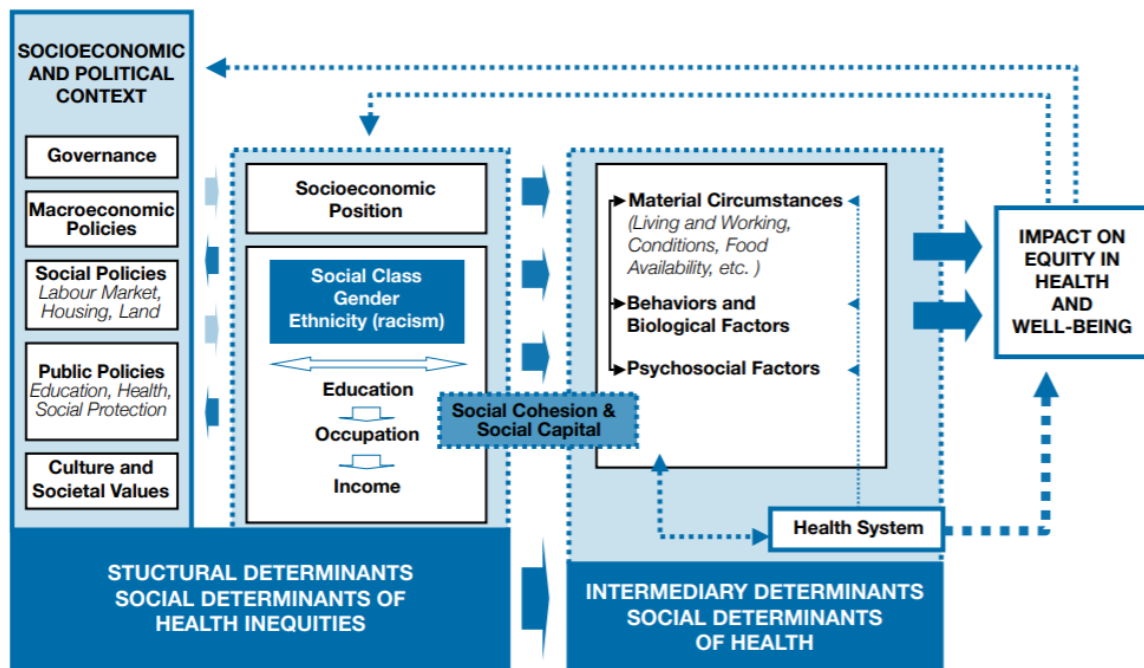


*Note*. This is an action-oriented framework that supports the WHO CSDH in identifying areas of

action in addressing health inequalities and the social determinants of health. From *A Conceptual*

*Framework for Action on the Social Determinants of Health* by WHO, 2010

(https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf).

In the public domain.

This framework describes how social, economic and political structures (i.e. *the*

*socioeconomic and political context*) produce a range of socioeconomic positions, where

populations are disaggregated by income, education, occupation, gender, and race/ethnicity,

among other factors. These socioeconomic positions in turn influence *intermediary determinants*

*of health* (e.g., living and working conditions, and food availability) which are reflective of people's positions within social hierarchies. Based on their respective social position within society, individuals experience differential exposure to poor health and illness. Illness can "feed back" on an individual's social position. For instance, by compromising housing access and reducing income, certain illnesses can "feed back" to effect on an aggregate level, the ability for certain groups to be able to participate in socioeconomic and political institutions, thereby impacting the functioning of these institutions (WHO, 2010, p.5).

Theorists who examine housing as an SDOH largely agree that housing is a nexus through which other SDOH operate (Dunn, 2004; Shaw, 2004; Yan and Anucha, 2017). According to Dunn, housing should be seen as "A crucial lens through which we seek to understand socio-economic geographies of everyday life and their influence upon health" (Dunn, 2000, p. 14). In other words, housing is a compound issue that both contributes to and is the result of other aspects of people's lives (e.g., employment and disability) (Yan and Anucha, 2017). Viewing housing as a "nexus" within the broader framework of social determinants of health allows it to be seen as both an independent SDOH and a "compound" SDOH that informs and enables other determinants to be fully realized in the lives of individuals (Dunn, 2004; Yan and Anucha, 2017). Building upon Dunn's argument, housing is conceptualized in this research study as a core SDOH which all other determinants hinge upon and can be actualized through. For asylum seekers, housing is the most influential determinant of health, central to overall well-being.

## Chapter 4: Methodology

This chapter details the methods used to conduct this study. Here, I discuss the data collection process, the data analysis process, and related ethical considerations. As previously mentioned, this research design was informed by critical theory methodology where "life is determined through social and historical processes and power relations", and my role as the researcher is to uncover these and "question the taken-for-granted" (Mason, 2018, p. 8).

**Data Collection and Analysis**

*Study Sites*

The sites of this study were restricted to the Greater Toronto and Hamilton Area (GTHA) because many refugee claimants choose to live and settle in this location (Statistics Canada, 2017b). Moreover, housing access and housing affordability is an increasingly significant problem in the GTHA. Some GTHA cities, such as Hamilton, have a relatively large population of RCs, and a rising shortage of affordable housing (Social planning and Research Council of Hamilton, 2018; Statistics Canada, 2017b). However, as previously established, much of the literature discussing refugee claimant housing access is situated within the cities of Toronto, Montreal, and the Greater Vancouver Area. One of my research aims is to address this gap by including the city of Hamilton in my study.

*Participants*

There were two groups of participants interviewed: front-line worker and managers/program directors working at refugee centres or family shelters in the Greater Toronto and Hamilton Area. The mix of front-line staff and managers/program directors provides two complimentary perspectives that enhance the richness of the data obtained. Front-line staff were

selected as they work alongside RC families on a daily basis in a case management and housing worker capacity. They are able to provide insights on the most salient and common issues that their clients experience, particularly as it relates to housing access. Moreover, front-line staff have the ability to provide specific examples through individual cases. Program managers/directors have a wealth of knowledge about the structural factors impacting refugee housing access as well as the landscape of services available (or unavailable) for this population. Program directors/managers are acutely aware of funding gaps as they have access to their programs' budget information. Finally, as senior-level members of their organization, they typically possess more years of experience than front-line staff, allowing them to comment on trends in the housing market over time. Refugee claimants were not included in this study, despite their lived experience, for the following reasons: (1) they are a vulnerable population, and difficult to reach through traditional sampling methods, (2) program managers and directors were hesitant for me to gain access to their clients due to their vulnerability, (3) I did not have access to translation services that would allow me to interview a broad population of RCs, and (4) due to budgetary constraints, I could not arrange for child care.

### Selection Criteria

The selection criteria for front-line staff was that they must be must be over 18 years of age, working in their front-line staff role for a minimum of 1 year and have experience providing housing services to refugee claimant clients in the GTHA. For managers and program directors, recruitment criteria were that they must be working in their managerial role for a minimum of 1 year at an organization which provides housing services to refugee claimant clients in the GTHA.

*Participant Recruitment*

A purposive sampling technique was used to recruit participants. Eleven family shelters and refugee centres in three major cities in the GTHA were contacted either via email or over the phone. The websites for these eleven organizations were read thoroughly to identify the phone numbers and/or email contact information of program directors/managers and front-line staff. If the contact information of neither program directors/managers nor front-line staff were available on a website, the general information telephone line for the organization was called to obtain the contact information of a program director/manager. When speaking with potential participants for the first time, a standardized recruitment email (Appendix A) and telephone recruitment script (Appendix B) were used. Individuals who agreed to be interviewed were then asked screening questions to ensure that they met the participant inclusion criteria. Those who met the criteria were then emailed the Letter of Information/Consent Form (Appendix C) and either a Manager or Service Provider Interview Guide (see Appendix D and E, respectively) ahead of time for their reference, and an interview was scheduled. Screening information was not documented, as it could potentially lead to identification of participants.

*Sample*

In total, seven participants from five organizations were recruited for one-on-one interviews. The sample for this study consisted of three program directors, two managers, and two front-line staff. An attempt was made to recruit an equal amount of front-line staff and managers/program directors (3-4 each), however, the final ratio of managers to front-line staff was 5:2. Across all participants, four were racialized individuals, and three were women.

*Interview Design*

Qualitative research uses methods such as interviews, focus groups and case studies to document the narratives of participants (Richardson, 1990). In-depth interviews, in particular, have been shown to provide participants with the space to relay their own experiences and perspectives (Richardson, 1990). As such, for this particular study, in-depth interviews (which were semi-structured in nature), were selected as they would allow participants to provide a nuanced, in-depth description of their experiences of working with refugees, as well as their reflections.

The development of the interview guides (Appendix D and E) were informed by critical methodology and specifically shaped by my research question, previous research, my first-hand experience working at a family shelter, as well as the theoretical frameworks of refugeeness, CRT and SDOH. The specific areas of interest included within the interview guides for both program managers/directors and front-line staff were: (1) organizational strengths and challenges with respect to providing housing services to RC families, (2) needs, barriers and service gaps that RC families experience when accessing housing and housing services, (3) the impacts of such barriers on the resettlement, integration and well-being of RCs and, (4) the strategic interventions needed to improve housing access for RCs.

*Interview Process*

Interviews were conducted between May-June 2019. All interviews took place in-person at the participants' respective place of work (i.e. family shelters or refugee centres). Interviews ranged from approximately 30 minutes to 1.5 hours in length.

Before asking interview questions, I reviewed the Letter of Information/Consent Form (Appendix C) with the participant in-depth. I described the goals of the study, emphasized that participation in the study was voluntary, that all personally identifying information would be kept

confidential, and that no personally identifiable information would be collected during the study. Moreover, participants were informed that they were free to skip questions and withdraw participation from the study at any time during the interview. At this time, I also answered any questions that the participant had. The names and signatures of participants were only collected to obtain a formal record of their authorization to participate in the study. Participants were given a signed copy of the consent form for their own records. After obtaining voluntary, informed consent, I provided the participants with a copy of the interview guide and began the interview. Interviews were recorded and later transcribed. Upon the request of one participant who wished not to be recorded, thorough and detailed written notes were taken instead.

*Data Analysis*

Interviews were audio recorded and then transcribed verbatim by the researcher. During the transcription process, reflective notes were taken in a separate document to capture any emergent concepts, key insights, patterns and contradictions. All transcripts and notes were then thematically analyzed, using the "framework method" (Gale et al., 2013), which involves 6 key stages, after transcription. The first stage, familiarisation, involved immersing myself in the data by reading and re-reading interview transcripts and reflective notes, and tracking recurrent ideas, themes, thoughts and reflections in the margins of the transcript. The second stage, coding, involved reading the transcript line by line and applying a label ("code") to the passage. I first used an inductive, open coding approach where I coded passages from multiple perspectives and angles (Fereday and Muir-Cochrane, 2006). I then used a deductive, selective coding approach where I considered my research questions and a priori concepts embedded within CRT, SDOH and refugeeness when applying codes to passages (Fereday and Muir-Cochrane, 2006). This process was iterative and involved not only reading and re-reading the data, but also coding and re-coding

the data as more appropriate themes were identified and as I became more familiar with the data (Fereday and Muir-Cochrane, 2006). The coding process was conducted using NVivo 12 Qualitative Software. The third stage involved developing a working analytical framework. This step required reviewing all codes generated after the first two transcripts, grouping codes together where it made sense, and establishing a single set of codes that could be applied to subsequent transcripts. The fourth step involved applying the analytical framework to subsequent transcripts using NVivo. The fifth step, charting, involved creating a matrix in NVivo wherein each participant was charted against the emergent themes. Within the matrix, data was summarized ("reduced") to allow for the large volumes of interview material to be condensed into more manageable quantities, while also allowing me to gain greater insights into the data (Gale et al., 2013). In the final phase, interpretation, RC housing experiences, needs and barriers were outlined, variations between different contexts were noted, and policy recommendations were identified.

**Ethical Considerations**

This research study received approval from the McMaster Research Ethics Board (MREB) (See Appendix F). As a former shelter employee in the GTHA, I attempted to mitigate any conflict of interest by recruiting individuals at my previous workplace through email only, highlighting that they are not obligated to participate due to our previous professional connection, thus making it easier for them to decline participation in the study (see Appendix A for Recruitment Email). Participation in this study was voluntary and participants were made aware that they could withdraw from the study up until June 15, 2019. During the duration of the study, Letter of Information/Consent Forms were kept in a locked cabinet that I have sole access to. Upon study completion, these letters of consent were destroyed. With respect to the audio recordings of

interviews, these were recorded on a password-protected device and then promptly transferred and stored on a password-protected computer. They were then deleted from both devices after they were transcribed. Participant names were not included in any audio transcriptions. Rather, in the transcripts, participants were referred to by a unique number ID. Transcripts were also stored on a password-protected computer, in a password-protected file. Upon the conclusion of the study, these audio recordings and raw transcripts were deleted.

## Chapter 5: Findings

This section presents major themes emerging from the analysis of interviews with service providers, who were asked to speak about the housing experiences of refugee claimant families in the GTHA. I first report the observed systemic barriers to housing at the individual level, the service gaps concerning RC families, and then service providers' perspectives on the structural aspects of these issues. Finally, the impacts of a difficult housing trajectory on RCs' health, well-being and settlement are presented.

**Systemic Barriers to Housing Access Experienced at the Individual Level**

*Household Characteristics*

According to the services providers in this study, RC families face multiple barriers to housing access in the GTHA. These barriers include income, larger family sizes, religious and racial discrimination and linguistic discrimination. These barriers, although experienced at the individual level and on a daily basis, have systemic roots in structural racism.

*Income*

All participants highlighted RCs' low-income as being a significant barrier to obtaining permanent housing. One program manager specifically described this barrier as the lack of "adequate income to match housing costs" (Participant 5). Participants reported that their refugee claimant clients are often on Ontario Works (OW), a form of social assistance provided to those in financial need within the province of Ontario. OW rates are dependent on family size and amounts are divided between basic needs and shelter amounts (see Figure 3 below) (City of Toronto, 2019c; Government of Ontario, 2018).

Figure 3

*Government of Ontario Basic Needs and Shelter Amounts*

**Basic Needs Amounts**

| | Number of children/Dependent Adults* | Amount |
|---|---|---|
| **Single Person** | No children | $343 |
| | 1 child 17 years or under | $360 |
| | 1 dependent adult 18 or older | $623 |
| | 2 children 17 years or under | $360 |
| | 1 child 17 years or under, and 1 dependent adult 18 or older | $623 |
| | 2 dependent adults 18 or older | $781 |
| **Couple** | No children | $494 |
| | 1 child 17 years or under | $494 |
| | 1 dependent adult 18 or older | $652 |
| | 2 children 17 years or under | $494 |
| | 1 child 17 years or under, and 1 dependent adult 18 or older | $652 |
| | 2 dependent adults 18 or older | $826 |

For each additional child/dependent adult:

- add $175 if the dependent adult is 18 or older

*Dependent adults are children 18 and older.*

**Monthly Maximum Shelter Allowance Amounts**

| Family Size | Monthly Maximum Shelter Allowance |
|---|---|
| 1 | $390 |
| 2 | $642 |
| 3 | $697 |
| 4 | $756 |
| 5 | $815 |
| 6 or more | $844 |

Note. OW basic needs amounts as well as maximum shelter allowance are dependent on family size. From *Monthly Ontario Works Amounts*, by City of Toronto, 2019 (https://www.toronto.ca/community-people/employment-social-support/employment-support/employment-seekers-in-financial-need/ontario-works-rates/). In the public domain.

Refugee claimants must obtain a work permit before they can be legally employed in Canada. This process can take a few months or even up to a year, and does not guarantee immediate employment (Participant 6). Having OW as a primary source of income is a barrier to housing for many refugee claimants because it does not provide enough to obtain affordable housing. Simply put, "The [OW] income that people are usually earning does not match the price of housing now in the city" (Participant 4).

Another participant revealed that OW recipients are expected to spend a maximum of 60% of their income on housing in the city of Toronto. He explained that this is increasingly uncommon, given the high cost of rent and low assistance rates. He further explained that some clients have to spend 85% of their income on housing, which requires them to subsidize food costs from local food banks (Participant 5). One housing worker in Hamilton observed a similar trend among her clients, who spend 70-80% of their income on rent. She illustrated what this meant for an average family:

> Seventy percent is what OW says is the maximum that someone can spend of their OW earnings toward rent [in the city of Hamilton]. So, for example that would mean a family of 5 on OW currently, that's getting basic needs, shelter amount and Transitional Child Benefit, will make a maximum of $1,999. So, this family of 5 is then positioned to rent somewhere for a maximum of I believe it's $1,400 a month. But then as you can tell, you have about $600 for the entire month left over to feed those 5 people, to get to and from places, to buy clothing, to buy supplies, feminine products, toilet paper, all of the things you might need. Which for 5 people over the course of a month is not a lot of money. (Participant 7)

The health-related impacts of subsisting on such meagre assistance rates are important to note, and will be further reported later in this chapter.

In addition to making it difficult to afford housing, one participant noted that there is a "stigma of being on assistance" (Participant 1) for those who receive Ontario Works. One housing worker pointed out that landlords are often unwilling to rent to her clients who are on OW (Participant 7). Another housing worker corroborated this finding, explaining a common occurrence in her line of work:

> A lot of times when people hear that our clients are social assistance recipients, they don't want to deal with that. And sometimes they actually say that 'I don't want somebody who is on welfare', so we hear that a lot too. (Participant 3)

One worker challenged this commonly held stereotype, arguing that it is rooted in classism and the idea that low-income families are poor tenants:

> I think it's really a fallacy that if people don't have money, they're the ones that are not going to pay. I've seen people not feed their families in order to pay their rent. So that's why it's so flawed. It's so flawed. And just the fact that you have an income that's higher does not mean that you are the best tenant. (Participant 7)

This participant also felt that there was inherent classism within the housing application process itself:

> I feel like there's evidence for that in the way that some landlords or some property management companies have decided to conduct things. For example, asking for a rental deposit with an application, so before a family is approved for a unit, they're asked to put down money. (Participant 7)

Requirements such as rental deposits accompanying applications constitute a barrier to RC families given their limited disposable income.

### *Larger Family Sizes*

All participants identified RCs relatively larger family size as a barrier to their housing access. According to the participants, RC families are typically larger than the average Canadian family, in part because some choose to reside with relatives, as explained below:

> Sometimes we're serving intergenerational families as well. So, it could be one core family but there's grandparents, or a sister, or an uncle, or someone like that and they want to live together because they're all that they have in Canada here together. (Participant 6)

Several participants pointed out that larger units with 3 or 4 bedrooms are difficult to find, and too often, apartments are not built with the needs of larger families in mind. In addition to finding housing that accommodates larger families, the affordability of such housing also adds another layer to this barrier. One participant reported that he has frequently seen larger families choose apartments with smaller bedroom sizes (e.g., a family of 5 residing in a 2-bedroom apartment) due to affordability concerns. This was echoed by another participant:

> Family size plays a big role...Because OW is so limited in its budget, and families are getting so little money, and the housing market is expensive, often times, families larger than what we typically believe could go into a unit, are [still forced to live there]. (Participant 7)

Additionally, many participants reported that landlords often discriminate against large families and are unwilling to rent to refugee claimants who have multiple children:

Sometimes people say 'Oh we don't want children' for example. That's very common and discriminatory and they're not supposed to say that but landlords get away with a lot of things because it's a landlord's market. (Participant 3)

*Discrimination*

Discrimination, at both interpersonal and structural levels, has significant impacts on refugee claimant families' housing access when they navigate the private housing market. All participants reported discrimination from various actors (e.g., landlords, rental companies, and property owners) as commonly experienced by their RC clients. Such discrimination is seen based on RCs' English language proficiency, racial and religious identities, and immigration status.

**Racial and Religious Discrimination.**

Uncovering the experiences that refugee claimant families have with racial discrimination was challenging for the researcher. This is due to two major reasons. The first is that service providers are limited in their ability to comment on the experiences of their clients. Second, the nature of racism in Canada is often covert and difficult to pin down. It can take the form of micro aggressions that are not always easily identifiable. One participant observed how the lack of first-hand experience and often covert nature of discrimination makes it difficult to comment on, although he is certain it occurs:

We don't necessarily see it but of course we know there's racial discrimination…It's not very obvious. They don't necessarily hear it [directly] but you know sometimes people go set up an appointment, they view an apartment and everything seems to be going well and then just never get a call. And a landlord can always say 'oh I had 5 or 6 other stronger applications', but maybe not. (Participant 3)

RC families experience prejudice in the housing market, though landlords and property managers may not explicitly express prejudicial opinions about them. Such housing search experiences, of clients arriving to a viewing for a rental unit and filling out an application but never hearing back, was a commonly identified pattern noted by all participants.

Other participants reported hearing more overt forms of racial discrimination from landlords. One housing worker described an exchange she sometimes has with landlords when she calls them to set up viewings:

> Sometimes when I assist clients in calling landlords, they ask me, where is the client from? And they're not supposed to ask you that. Or some landlords will call and say…I don't want this client from this place cause these people are loud so don't send me those people. (Participant 4)

Another housing worker shared a story about having to discontinue her professional relationship with a landlord she commonly worked alongside to help house families. This was because the landlord expressed prejudicial views against Muslim families, as illustrated below:

> A landlord told me that he did not want to house Muslim families because he could never go into the unit when there's only the women in there. He went on... and said basically people should pick up the customs from around here, and so he doesn't need to house those people...he was basically telling me 'bring me white families' or 'bring me non-Muslim families' and I just wasn't comfortable with that. (Participant 7)

It is clear that in addition to racial prejudice, Muslims RC families also face discrimination based on their religious identity.

**Linguistic Discrimination.**

Almost all participants reported discrimination towards their clients based on their accent and lack of English language proficiency. According to a director of a refugee centre, when the housing worker calls landlords to set up viewings for clients, the landlords have asked discriminatory questions such as "Do they speak English?" or "Do they speak English with a heavy accent?" before agreeing to set up a viewing (Participant 1). This line of questioning is used to vet individuals on the basis of their English language proficiency. Other landlords utilize more covert forms of discrimination. One participant reported that when RC families attempt to set up viewings with landlords: "They'll say 'No the place is taken'. You know and I'll call back and I don't have an accent and suddenly the place is available again" (Participant 2). The injustice of this type of discrimination was aptly captured by one program director: "Even though English might not be your first language or a language that you're comfortable with you still deserve housing…You still have to live" (Participant 6).

**Immigration Status.**

One housing worker indicated that some of her clients reported facing housing discrimination due to their refugee status in Canada. Some clients stated that when they provide their refugee claimant papers as a form of identification for their rental application, the landlord is unwilling to rent to them. She explained: "They [the landlords] feel like the client will not be in Canada for a long time. And they feel like there's other people they can rent to who are more stable." (Participant 4). Similarly, another participant expressed: "There's a lot of misconceptions around newcomers and their status in the country, how long they're gonna stay. Some landlords say 'Oh what happens if they get deported then whose gonna pay my rent', and things like that." (Participant 6). The average length of the determination decision for RCs is 21 months

(Government of Canada, 2019a), necessitating that RC families access permanent forms of housing in the interim.

Two participants explained how having RC status poses a barrier to the housing application process: "A lot of buildings and landlords require credit checks, and employment letters and our clients who are new to Canada don't always have those things yet" (Participant 3). Some landlords and property managers request additional documents such as a SIN number, or local references (Participant 6) which are also difficult for newcomers to procure.

**Service Gaps**

*The Lack of Emergency Housing*

All of the participants acknowledged that immediate housing is a significant need for refugee claimants upon their arrival in Canada. There are six refugee centres in Toronto, and one in Hamilton. When refugee centres are at capacity, many refugee claimants end up in the emergency shelter system.

Emergency shelters and refugee centres play a key role in housing asylum seeking populations. All of the participants in this study stated that initial emergency housing is one of the most critical and high demand services that they offer. In fact, many participants revealed that the demand for emergency shelter is greater than the availability. One director of a refugee centre in Hamilton said:

> The need for [shelters and centres] for refugee claimants is very big. It was a couple years
>
> ago we had to turn away over 500 people who were looking for our service. And then last
>
> year it was just shy of 400 people…that's 400 people that are looking for short-term

housing and assistance, and everything else. So, the need continues to be great. (Participant

1)

This service gap was consistently identified across all interviews. Managers, directors and housing

workers indicated the hardest part of their work is having to turn away clients due to issues of

capacity at their centres. Another participant described a common occurrence when families

physically arrive at the refugee centre in need of space for that night: "Many times, we have had a

family show up, we call central intake, and no house. No place, no bed. So, that's a problem"

(Participant 2). Central intake is the centralized phone line for homeless families and individuals

who require emergency shelter. Sometimes, when emergency shelter space is unavailable, shelters

resort to putting families in extra offices. One director reported:

And for families, [shelter workers] put these people in the board room, or in the meeting

rooms of shelters because they don't have the space. And the children [have to sleep] on

the floor. And so that's what we have. Don't take me wrong, [shelter workers] are doing

their best. But they're doing their best because there is not an investment in this and we

have to develop more, but there are no resources. (Participant 2)

One program manager at a refugee centre in Toronto emphasized the necessity of expanding the

refugee centre in order to accommodate and better serve clients. However, budgetary limitations

make such changes difficult:

If we could, there is such a huge need that we could have operated five or six or more of

these [centres]. But it's all about funding, operational capacity and having enough staff.

(Participant 3)

All of the managers and program directors indicated their centres are consistently reaching

capacity, and being underinvested in during a time of growing need. One program manager at a

family shelter in the GTHA stated: "Because we're the only family shelter in the city our capacity is always at a max. We were over 105% capacity last year and we're consistently full". She further explained that in the same year, 55% of the families served were RC families. This shows how emergency shelters are filling the emergency housing needs of refugee claimant families.

Participants revealed how their organizations serve an important purpose beyond the provision of emergency shelter. Their agencies also function as a site for community building, mutual support, and resource sharing. Multiple participants described how RCs build a sense of community and uplift one another. One housing worker shared the following illustrative story:

> They're helping one another, and people are child minding for each other. There's a mini community in a sense...relationships are built. People are quite helpful to one another...And people are always wanting to give back to one another. It's actually really beautiful to watch those kinds of things unfold. (Participant 7)

### *Lack of Translation Services*

Participants working at emergency shelters revealed that they have a very limited budget to provide interpretation services to their clients. As such, they must use it sparingly and rely largely on online translation applications, such as Google translate. A manager at a shelter explained how such a limited interpretation budget plays out in the provision of everyday necessary services for RCs:

> There's no funding for interpreters to attend lease signings, there's no funding for interpreters to communicate maintenance concerns, or manage tenancy issues so that's sort of like a gap that we consistently try to fill...And if you don't understand the application form that you're signing or you don't understand all of the things that are included in your lease or in your tenancy that's a huge struggle. (Participant 6)

There are many other services that RCs use where interpretation is not provided, resulting in significant consequences to them. OW was cited as one such service. One participant described a situation where one of his clients had their OW cheque cut off because they did not understand that they had an upcoming appointment (Participant 5).

### Lack of Settlement Specific Services for RCs

The interviews also reveal that RCs' settlement specific needs remain unmet due to a lack of investment in such services. One program manager reported: "There are no specifically funded, specialized services for refugee claimants [in the city of Hamilton]". She explained that federally funded settlement services are inaccessible to RCs because this population falls outside of their mandate (Participant 6).

Emergency shelters do not receive additional funding from any level of government for providing specialized settlement services to RCs. This creates a challenge when RCs have settlement specific needs that must be met. One program manager at a family shelter expressed that with such an overburdened system, emergency shelters which are meant to be housing-focused, struggle to balance that organizational mandate on top of meeting the settlement needs of RC residents. She further explained that RCs require specialized services that demand extra staff, training, and funding. For example, RC clients often require assistance with completing work permit applications, booking immigration medical appointments and getting connected to an immigration lawyer which are all essential settlement services. Given RCs' critical need for work permit applications, for example, shelter workers have to expand their skill set in order to assist clients. The same program manager further explained how her staff has adapted to settlement service demands:

So, what we've started to do is we've trained some of our staff to complete work permits

for folks, even though, again, that's above and beyond what a shelter worker would do.

But people need to be able to work so that they can secure more income for themselves.

(Participant 6)

## Structural Barriers

### *A Lack of Access to Affordable Housing*

In the GTHA, finding housing is generally challenging. Participants noted several factors

that create an affordable housing crisis in their respective cities: gentrification, displacement and

rental prices continuing to increase while income levels are not rising to match. These factors

minimize the affordable housing stock available (Participant 6 & Participant 1). All housing

workers, program managers and program directors in this study reported that they rely on the

private housing market to house RC families. This is because across the GTHA, subsidized

housing remains inaccessible due to extremely long wait times.

One housing worker noted that in  Toronto, due to the volume of individuals on the waitlist,

it takes 7-10 years to secure subsidized housing. A housing worker in Hamilton noted that it was

7-9 years in their city. Securing permanent and stable housing for refugee claimant families in the

private rental market is commonly identified by participants as an immense structural challenge.

One program manager at a shelter revealed that it was one of her organization's biggest challenges:

"It's just finding the housing. And housing that is safe and housing that is suitable — housing that

we would live in" (Participant 6). This finding was consistent across all interviews, with all

participants expressing a similar sentiment: "Finding appropriate, safe, affordable housing is very

difficult" (Participant 1).

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### *Precarious Funding at an Agency Level*

The critical need for additional funding for refugee centres and family shelters was mentioned by all Program Managers/Directors and one housing worker (P1, P2, P3, P5, P6). Refugee centres and shelters reported having inconsistent funding streams that affected the quality of services they could provide. One program manager at a family shelter stated:

> We would like to see things funded on a more permanent and ongoing basis so we don't have to worry about whether our programs are going to be refunded in the next programming cycle or whether they're going to meet what the new funding criteria is. (Participant 6)

A program director at a refugee centre mentioned a similar challenge:

> We apply for grants, we do many activities, and because the sectors that we work in are not that attractive to many governments, federal government doesn't give us any help. The provincial government was helping us out but now we don't know [if they will continue doing so]. (Participant 2)

This participant went on to reveal the funding streams that are available to his organization:

> So, the city is also involved with us. You know, private foundations, unions, churches. So, we have diverse sources of money, you know but every year is a challenge. There is extra work because we have to look for the resources to provide the services. (Participant 2)

Searching for funding streams and reapplying for grants results in a lot of staff time being spent on administrative tasks over daily tasks/front line work, straining an already understaffed and overworked sector.

### *Cuts to Social Services*

Participants highlighted that cuts to social services demonstrate the systemic discrimination refugee claimants face at the structural level, through public policy decisions.

Every manager or director from the five refugee centres and shelters interviewed stated that they do not receive federal funding for providing their services. Participants also discussed changes to provincial level legislation, arguing that these changes would impact the lives of refugees.

While conducting this study, two major changes occurred to provincial legislation. These were provincial cuts to legal aid and the proposed cuts to the Transitional Child Benefit. The Transitional Child Benefit (TCB) is a provincial benefit issued to families with children under 18 who are not receiving the maximum amounts of the Ontario Child Benefit or the National Child Benefit. Eligible families can receive up to $230 per child (Government of Ontario, 2019). Interviewees questioned the motives behind these policy decisions made by the current Conservative provincial government as they would adversely impact the lives of refugee claimants.

Almost all participants expressed that the current direction of provincial legislation is oppressive towards refugee claimants and would reinforce RCs' precarious housing situations. One participant asserted that the TCB was crucial for individuals to help support their rent payments which they could not otherwise afford on OW:

> There's a lot of people who receive [TCB] and that's critical...I mean, suppose you're looking at a single parent, who can't get out of the house, can't work. Well that's what the TCB's there for. So now you're taking away his or her means of paying her rent…So how do they make their rent now? They're probably looking at finding new housing. And starting over. It's terrible. (Participant 1)

Another participant speculated that the cuts to TCB would result in individuals being forced to return to the shelter system:

> With TCB being cut this creates extra barriers [to housing]. Many may end up coming back to shelter due to them not being able to afford rent anymore. For example, with TCB, a mother with 4 kids would get $600. Because OW is not enough to fully afford rent, they have to piece together multiple forms of income. There's no way they can afford an $1800 monthly rent at an apartment with just OW. (Participant 5)

Commenting on such policy change as "targeting refugee claimants", one participant further linked such decisions with anti-refugee sentiments in society:

> When legislation comes down it really feels like it's oppressive, and really targeting refugee claimants. Like you know, 'Here's the cause of all our trouble. Let's rally the Canadian citizens to lash out against all newcomers'. It's that kind of rhetoric that's just hurtful and damaging. (Participant 1)

It is evident that participants saw cuts to both TCB and legal aid as public policy decisions that would further the precarity of refugee claimants.

### *The Lack of Federal Government Funding*

Refugee claimant individuals are a growing population in Canada that remain critically underserved. The underinvestment in this population despite their growing numbers is an issue of great concern to service providers interviewed for this study. Service providers had a lot of thoughts on federal funding provision to their organizations as a result of their experiences on the front-line. One program director expressed the following viewpoint regarding funding allocation to his organization: "It seems like the municipal government's on board, but the provincial and federal government is where you hit a wall when it comes to funding" (Participant 1).

Another program director felt that the lack of funding allocated to asylum seeking/refugee claimant populations for housing is a strategic decision made by the Federal government:

To mainstream the issue of non-status people, precarious migrants and refugee claimants…is very complicated. They give money to Convention refugees…[but] we work with another sector of the population that the federal government doesn't want to know exists. (Participant 2)

The lack of the federal government's acknowledgment regarding their funding responsibilities for housing refugee claimants results in municipalities stretching their budgets in order to accommodate the emergency housing needs of this population. The same participant expressed that municipalities in the GTHA are aware that RCs would end up in situations of absolute homelessness, residing on the streets instead of in shelters and refugee centres, if they do not provide services to this population. City budgets are considerably limited compared to federal and provincial revenues. This results in the existing services available being strained beyond their capacity. A program manager at a shelter expressed:

It's just the other systems and sectors that are bearing the burden of that because the federal government isn't putting enough resources there. So, we have an open-door policy and we're letting people into the country and saying 'Yes you can come and claim and seek asylum' but we're not putting enough resources there to make sure that while they're here and, in that process, that they're being treated with dignity. So, you're adding to an already strained system. (Participant 6)

Multiple respondents noted that their organizations were already underfunded for some time, and the current inflows of RCs have not been met with proportionate funding to provide adequate services to this population. The same participant also felt that, in the city of Hamilton, "We're not

receiving additional housing allowances and we're not making refugees a local priority when it comes to housing" (Participant 6). When speculating about why it is that shelter services are so underfunded, one housing worker at a family shelter provided the following insight:

> I think that typically, people don't care about homeless people. And so, there's not a lot of political will to put that funding into it. Not to mention if you do put the funding into it, the criticism that would come from it based on biases, discrimination and classism, would be so great that politicians just fear doing anything about it. (Participant 7)

**The Impacts of Housing Access on RCs' Well-Being and Settlement**

One program director at a refugee centre succinctly articulated how housing is a fundamental, core determinant of health, enabling access to other determinants:

> Housing is everything. It's the concept of an informal hospital. You know even if you provide all the preventions of health, if you don't have a house, you are exposed to any unhealthy circumstances...So for me, to provide housing is crucial. But housing is not just a place to sleep, housing is community...housing is access to a doctor. Housing is where everything is interacting. (Participant 2)

Housing barriers impact the health of refugee claimants through multiple pathways. One participant indicated that the constant rejections RCs face in their housing search processes were incredibly discouraging and even led to her clients' emotional and mental breakdowns (Participant 4). Another participant expressed a similar viewpoint that navigating a difficult housing market while becoming acclimated to a new place is significant stressor in the lives of her clients: "I often hear people say that there's way too much pressure on them. And they feel trapped" (Participant 7). One manager at a shelter added that the short-term nature of the shelter means that they have

to "move people forward", which also generated considerable hardship for the clients (Participant 6).

Having a difficult pathway to housing is not the only stressor on the lives of RCs. Participants identified that RCs are enduring compounding issues which adversely affect their emotional health and well-being. These include: challenges of adapting to a new environment, lack of access to resources, isolation, income insecurity, residing in vulnerable neighborhoods, encountering daily discrimination, and difficulties in navigating the complex, lengthy and rigid refugee hearing process (Participants 1, 5 and 6). One participant indicated that having such a difficult housing trajectory can re-traumatize RCs and, in turn, harm one's mental health and well-being:

> People feel really discouraged, they have fear, there's a shock, there's an increase in trauma and people are triggered I think by some of those experiences and it brings them back to — cause refugees are here for a reason...there's something that's happened in their country of origin that you know, they were not safe or treated with respect or dignity and maybe they were discriminated against. And then to be met with that type of experience in the country that they've worked so hard to come to…it's triggering for people. (Participant 6)

These experiences can cause a decline in health amongst RCs. Participants 1 and 3 reported on the "healthy immigrant effect" among their clients by observing their health and well-being deteriorate over time after their arrival in Canada.

A program director at a refugee centre underscored how negative RC experiences (e.g., stress, discrimination, isolation) adversely impact one's sense of belonging and integration. The participant felt that this is the worst possible outcome for immigrant and refugee individuals.

Feelings of rejection from the host society creates a situation where individuals feel unsettled even when they have had their claim accepted and have technically obtained citizenship. These sentiments were echoed by several other participants (P1, P5 and P3).

**Summary**

In sum, the findings of this study reveal that RC families face multiple individual-level barriers to housing access in the GTHA: income, larger family sizes, religious and racial discrimination and linguistic discrimination. The findings also revealed several structural barriers to housing access: the lack of affordable housing stock, translation services and settlement-specific services for RCs, precarious funding, cuts to social services, and insufficient federal funding for RC specific services. Finally, the impacts of poor housing access on RC health and well-being, as well as overall settlement experiences were uncovered.

**Chapter 6: Discussion**

In this chapter, I will present an analysis of the major findings of this study by situating them in the historical context of discriminatory border and citizenship policies against refugees, the current political context of refugee housing policies in Canada, the theoretical frameworks that underpin this research, as well as the findings of previous literature.

**Barriers to Housing Are Structurally Constructed**

The findings of this study reveal that barriers experienced by refugee claimant populations are structurally constructed and therefore largely beyond the control of individual RC families and service providers. Participants in this study emphasized that that these housing barriers are intrinsically connected to both the inaction of the federal government and current cuts to social services taking place at the provincial government level.

The lack of federal funding allocated to RCs upon arrival was described by one participant as a "moral hypocrisy" and by several other participants as an "indifference". Immigration is a federal issue yet the Canadian government does not provide direct funding to refugee claimant populations. More specifically, although the federal government does honour its commitment to admitting protected persons and individuals through the in-Canada asylum program, it does not fund initial emergency or transitional housing, which are typically supported by municipal governments. The present study shows that there are sobering consequences to this lack of funding. As the number of asylum seekers rise, managers and directors of municipally funded organizations struggle with providing emergency housing to all clients in need. Participants shared that shelters and refugee centres are operating at 100-105% capacity and have had to turn families away as a result. One participant speculated that the federal government does not want to acknowledge or

mainstream the issue of asylum seekers or precarious migrants, so it strategically implements a funding blind spot for this population. These findings are corroborated by Kissoon (2010), who examined asylum seekers' housing and settlement experiences in Toronto. Her findings revealed that national and jurisdictional systems shape the experiences of homelessness and early housing careers of refugee claimants in Canada. Kissoon (2010) also argues that homelessness interventions have devolved from a national responsibility, to the sole responsibility of municipalities, which has removed legislative underpinnings from the issue. Municipalities now respond to homelessness as it arises, with short term solutions such as emergency shelters and out of the cold programs, and struggle to support protective factors which eliminate homelessness altogether.

Using the lens of refugeeness, the underpinnings of these federal funding gaps can be better understood. The concept of refugeeness offers an explanation for how public discourses and ideas about refugees directly affect policies for this population, simultaneously informing their subjective experiences. This notion of asylum seekers as the "undeserving migrant" contributes directly to the lack of federal attention to refugee issues (Beatson, 2016). The historic distrust of migrants in Canada is built upon racist discourses of citizenship and nationalism that situate refugee claimants as unworthy to the full rights of citizenship. A closer examination of Canada's border policies reveals that racist ideas of nationalism have always played a role in migration policies (Arya and Piggot, 2018). From the "head tax" placed on Chinese immigrants in 1885, to the Komagata Maru, a boat with Indian Sikhs from Punjab who tried to dock in 1974 and were left stranded for 2 months after being ordered to leave, concerns about the ethnic composition of arrivals have led to policy-level restrictions on non-European immigrants or those marked as cultural "Others" from coming to Canada (Arya and Piggot, 2018). When Jewish people were

fleeing Nazi Germany between 1933-1939, only five thousand were admitted to Canada (Arya and Piggot, 2018). This is not an exhaustive list of all discriminatory border policies implemented by Canada, such policies are consistently seen throughout history. This historical context can provide insight into how and why asylum-seeking populations are currently marginalized and why their issues are underfunded and defunded in Canada. There is a strategic pattern of discrimination in Canada's refugee policy, rooted in racist ideas, which has continued in recent history. Over time, these discourses have changed, but the effect remains the same: the legitimacy of refugees are questioned. Jackson and Bauder (2014) argue that in the midst of economic recessions (the last financial crisis in Canada took place in 2008), a national refugee discourse rooted in financial costs is used as a policy tool. The "bogus refugee narrative" is intentionally linked to perspectives of economic utility, which characterizes immigrants as either contributing to economic costs or economic benefits (Jackson and Bauder, 2014).

The findings of this study demonstrate that housing barriers experienced by refugees in the GTHA are also structurally constructed at the provincial level, where widespread cuts to social services are shaping the landscape of available resources. Many participants had anxieties around the current political climate under the Conservative provincial government and what it meant for their clients. Ideological shifts have influenced the political climate in Canada, allowing neoliberal policies to shrink the scope of social services, prioritizing corporate interests, privatization and economic growth over government spending and labour market regulation (Wilson, Calhoun and Whitmore, 2011). This neoliberal view has gained traction since the 1990s. A major impact of this view is seen in governments' withdrawal from social programming which has heightened the struggles of social service organizations and service users (Aronson and Smith, 2010).

Participant discussions on the proposed provincial level cuts to the TCB (Transitional Child Benefit) and legal aid reveal that the inflows of RCs have been accompanied by harsh legislative decisions informed by anti-refugee sentiments. Both services are ones that RCs are particularly reliant on. Legal aid is an essential service for RCs seeking legal representation and information during their refugee claim process, and the TCB provides income assistance to RCs who are not eligible for other child tax benefits in Canada. The TCB was initially introduced in 2008 specifically for refugee families with children who do not yet qualify for the Canada Child Benefit (Thompson, 2019). Legislative decisions informed by anti-refugee sentiments demonstrate how negative rhetoric can contribute to oppressive policy decisions. Both of these proposed cuts are thinly veiled attempts to target the livelihood of refugee claimant families. With respect to the current status of these cuts, the federal government has stepped in with temporary legal aid funding to fill in budgetary gaps (Harris, 2019), and the provincial government reversed the plan to cut the transitional child tax benefit by November 1st, so it is still in place for families (including RC families) to access for the time being (Jeffords, 2019). Although these cuts were temporarily filled or postponed, the fact that they were even proposed is concerning. It shows the impermanence and insecurity of funding for services utilized by RC families, since what little is available to them can be so quickly taken away by incoming governments without consideration of how vulnerable populations will sustain themselves without it.

While this study was being conducted, the federal government announced that it would provide the City of Toronto with $17 million to lead an initiative to relieve pressure on its shelter system caused by the increased number of refugee claimants (IRCC, 2019c). This funding, which was announced on August 30, 2019, stipulates that the City of Toronto provide reception and initial shelter to families before bringing them to partner jurisdictions adjacent to the city (IRCC, 2019c).

It is important to acknowledge that this initiative was designed to "relieve pressure" on the shelter system. This funding was not designed to address the long-term housing needs of RCs, such as increasing the affordable and subsidized housing stock, nor does this funding provide specialized settlement services, all of which were identified as priority needs for RC populations in this study.

This study provides strong evidence that the policies impacting refugees in Canada are shaped and constructed by intersecting discourses of anti-refugee sentiment and neoliberalism at both the federal and provincial level.

**Housing as a Key Social Determinant of Health**

This study reveals that housing is a key social determinant of health for refugee claimant families, and that the experiences of homelessness for RCs are unique and deserve specialized attention. RC homelessness differs from the homelessness of populations already residing within Canada. As spontaneous arrivals, RCs do not "become" homeless. Rather, they are homeless (and stateless) upon arrival, making them especially vulnerable. For this reason, one program manager noted how homelessness prevention strategies such as rent supplements for individuals who are at risk of eviction due to non-payment of rent, do not work for asylum seekers.

Interestingly, there is a discrepancy between findings in this study and the existing scholarly literature regarding the percentage of income RCs spend on monthly rental payments. The pre-existing literature found that almost half of refugee claimants were spending 50% or more of their income on housing in Toronto (Heibert, 2017; Murdie, 2008). In the current study, respondents noted all of their clients spend between 70-80% of their income on housing in the GTHA. It is possible that this discrepancy is due to an increasingly higher-rent market since the

above studies were conducted in 2008 and 2017, respectively. Low social assistance rates that are disproportionate to the cost of living can also explain this discrepancy.

There is a lack of structural homeless prevention interventions being utilized in Canada. Such initiatives can address homelessness for all vulnerable populations with the highest rates of homelessness in the city: Indigenous populations, veterans, and refugees (City of Toronto, 2018). Not only are these populations that the federal government has a specific responsibility to, but the structural preventions needed require the large monetary investment and planning only federal governments are able to provide. Recommendations regarding housing specific interventions are discussed in detail in Chapter 7.

The findings of this study demonstrate that affordable housing is the most crucial unmet need for RC families arriving in Canada. Refugees arriving in Canada are searching for a home in place of the one they left, which was either destroyed or unsafe. Such "double displacement", to be homeless and stateless, leads to a physical and emotional feeling of being unsettled. Participants highlighted that that refugees' complex housing trajectory adversely affects their integration and well-being, underscoring their sense of non-belonging. When discussing settlement and integration, the most salient trends shared by participants were RCs feelings of unsettlement, feeling unsafe and experiencing feelings of non-belonging when individuals do not have adequate, safe, permanent and stable housing. Respondents highlighted how critical a welcoming environment is for RC families. They further stated that the safety and security offered by a welcoming environment is a necessary foundation for a long-term sense of belonging. This finding corroborates previous literature that identifies housing as a necessary foundation for all other factors of settlement and integration (Francis and Heibert, 2014; Ziersch, Due and Duivesteyn,

2017). This is especially crucial for RCs who desire a safe space to recover from pre- and post-migration trauma (Yan and Anucha, 2018).

All participants indicated that housing and health interact in a multitude of ways. One participant likened housing to an "informal hospital", underscoring its centrality to the prevention of health problems. Access to housing is the keystone to fully actualizing all other health determinants and enabling access to other services. Although the physical impacts of homelessness are well documented in previous literature, the emotional impacts are of equal importance. Housing holds a greater function apart from providing physical shelter. It provides the safety and stability to feel secure in one's environment. Permanent housing allows RC individuals to feel emotionally settled after a period of emotional turmoil and uprootedness. Participants identified that being homeless was a great source of stress for RC families. Understanding the emotional impacts of homelessness is of critical importance to uncovering the full range of pathways in which housing and health interact. Adequate housing facilitates the healthy circumstances required for individuals to thrive in their environment. If access to housing is critical to health, then barriers to housing adversely affect health. Having a low income is the most significant barrier to housing that RC families face. Second to this is discrimination on the basis of race, refugee status, source of income, family size and religion.

This study establishes a strong link between structural policies and housing experiences and demonstrates how these experiences result in differentially poor health outcomes for refugee claimant families, compared to other population groups in Canada. This finding aligns well with SDOH theory, which argues that governmental policies produce a range of socioeconomic positions (income, unemployment, etc.) which then influence intermediary determinants of health (e.g., housing) that reflect people's positions within social hierarchies (WHO, 2010). Based on

their respective social position within society, individuals experience differential exposure to poor health, leading to health inequalities. When these differences in health status are unfair, unjust and avoidable, they are called "health inequities" rather than "health inequalities" (Pan-Canadian Health Inequalities Data Tool, 2017). This study demonstrates that the health disadvantages experienced by refugee claimants are not only avoidable through changes to public policy, but also unjust as these disadvantages are experienced more severely by RCs compared to non-RC populations across Canada.

**The Material Repercussions of Systemic Racism Experienced at the Individual Level**

The previous sections describe the impact of racist structures and policies on RC housing experiences and health. Equally important is the material impact of individual-level racism on the lives of RC families. The nature of racism and discrimination in Canada is that it is often discreet, subtle, and difficult to pin down. Many participants described both covert and overt racism experienced by their clients at the individual level. Covert racism was also identified in the literature as "unstated policies of racial exclusion" that affected RC housing access in a Toronto study (Zine, 2009, p. 10). The term "covert racism" was first used by Zong (1997) in his study of the racism experienced by mainland Chinese immigrants in Canada. It can be defined as "a contemporary expression of hostility toward racial minorities that goes undetected by conventional measures" (Zong, 2007, p. 123). Covert racism emerges more commonly than overt racism in contemporary times, through attitudes and behaviors that are more disguised, appearing non-discriminatory at a surface level. Racism expressed in more subtle tones is less likely to provoke legal ramifications or moral outrage, allowing perpetrators to escape any direct consequences (Zong, 2007). In the present study, covert racism was commonly observed when clients had

successful apartment viewings and interactions with landlords and property managers who they inexplicably did not hear back from. It was also observed by workers who would receive a more positive response from landlords and property managers over the phone than their clients who had accents. These experiences highlight the subtle encounters with racism that RCs experience, which generate uncertainty about whether it was their race, status, accent or limited English language skills that made the landlord refuse to accept them as an applicant.

Individual-level experiences with overt racism on the basis of refugees' language, religion and refugee status were discovered in both the literature (Francis and Heibert, 2014; Mattu, 2002; Murdie, 2008; Walsh et al., 2015) and the present study. Participants reported that property managers and landlords explicitly voiced their unwillingness to rent to RC families based on their religious identity, racial identity or refugee status. Their decisions were justified by stereotypes and misconceptions about these groups.

Combining CRT and refugeeness allows for a cross-theorization that provides an adequate conceptual framework to analyze the emergent findings on housing discrimination against RCs. Despite the strides Canada has made with respect to multiculturalism and refugee acceptance, overt and covert racism reveal how identities continue to be constructed in alterity (Bhabha, 1994). RCs' identities are used against them in the housing market, racializing them as an Other who is subject to xenophobic stereotypes that encompass anti-refugee sentiments. Critical race theory asserts race is a social construction that exists for the sole purpose of subordinating racialized individuals (Ortiz and Jani, 2010). Relatedly, the concept of refugeeness emphasizes that the identity (including associated disadvantages) experienced by refugees is constructed through social, political and legal institutions within and outside the Canadian refugee system. Together, they construct refugees as external citizens, undeserving of the same rights to citizenship as insiders

(e.g., whites and Canadian citizens). These findings demonstrate how racism at both individual and structural levels coalesce to affect the material lives of RC families through limiting access to adequate and affordable accommodation, contributing to their social exclusion.

**Limitations and Directions for Future Research**

There are several limitations to this study. First, given the hard-to-reach nature of refugee claimant families, as well as the logistical constraints previously discussed in Chapter 4, I was unable to explore their perspectives and first-hand experiences on housing access. Nonetheless, interviews with program managers and housing workers did reveal important insights into not only the experiences of RCs and their overall housing trajectories, but also broader policy contexts that impact the types of services delivered to RCs. A second limitation is that service providers were unable to comment on the nuances and specific nature of discrimination in the housing market experienced by RCs and the health and integration impacts of inaccessible housing. Similarly, nuances related to ethnicity, country of origin, ability, gender, age, sexuality, lone parenthood, and so on, were not specifically captured in the findings, but could have been had I spoken to RC families themselves. Third, the ratio of managers/program directors interviewed over housing workers was 5:2, perhaps in part because managers generally have more flexibility in their schedule to accommodate the researcher. Having more housing workers in this study would have generated more data about the day-to-day experiences of RC clients, given their frontline work within agencies.

There are also issues meriting further consideration for future research. For example, RC families themselves should be interviewed to allow an understanding of the issues from their own perspectives. As the population of interest, their voices on housing access and discrimination in

the rental market are incredibly important for the development of culturally sensitive services and policies. Future research should also collect quantitative data related to RC housing outcomes and related health impacts, to inform broader public policy making. Additionally, it would be beneficial for future research to examine long-term impacts of precarious housing on RC individuals and families. Such longitudinal studies could help examine impacts on settlement outcomes of RCs over the courses of their lives in Canada. Finally, future research should examine the intersections of refugee claimants' identities, capturing nuances that can determine how outcomes differ for refugee subpopulations (e.g. women, older adults, children, etc.).

**Chapter 7: Policy Recommendations and Conclusion**

It is clear that the housing experiences of refugee claimant families are shaped strongly by service gaps and structural factors. New policy interventions are required in order to respond to the housing needs of this vulnerable population. Such interventions must recognize sustainable housing solutions for RCs as not just a cost-saving measure, but more importantly, a human-rights investment. These policies must also use an SDOH lens, recognizing the inextricable link between housing and health (WHO, 2012). Although health-care spending is important, equivalent investments to the housing sector are needed in order to reduce health and social inequities, particularly for RCs. This is important for policy makers to acknowledge, considering that Canada's spending on health is one of highest of all OECD countries, yet its spending on social programming for families and children is of the lowest (Bryant, 2009).

Cooperation from higher levels of government is particularly important considering the limited budgets of municipalities, which are primarily funded by property taxes. As such, municipalities do not have the funding capacity to invest in longer-term solutions such as building transitional or subsidized housing accommodations. Investments in social housing can divert refugee claimants away from emergency shelters and provide more stability and longer-term options while they await their Immigration and Refugee Board hearing. Refugee claimants arriving in Canada are rising yearly and Canada needs to invest in longer-term solutions as front line services are struggling to keep up with the demand (City of Toronto, 2018c).

The federal government's recent introduction of the National Housing Strategy (NHS) is a step in the right direction (Government of Canada, 2017c). This strategy recognizes that newcomers (in particular, immigrant woman) experience housing challenges. However, there are two problems with the strategy. First, the strategy does not consider the unique housing needs and

situations of refugee claimants. Second, the strategy's proposed solution for newcomers, Community-Based Tenant Initiatives, provide services to individuals who are already housed (Government of Canada, 2017c). These tenant initiatives do not offer solutions helpful to individuals who are sheltered or experiencing absolute homelessness, such as RCs. To address this gap, the National Housing Strategy must consider the needs of RCs and include the policy recommendations highlighted in the policy proposal below.

This policy proposal was developed by reviewing the City of Toronto's Refugee Capacity Plan (2019) and by reviewing and considering the findings of the present study. It appeals to both Provincial and Federal funding streams.

1. Increase Service Provision Capacity in Shelters

    To support the ongoing efforts of emergency shelters to meet the needs of RCs, they should be provided with additional funding from both federal and provincial governments. This funding will go towards hiring a settlement worker in every shelter in the GTHA. This worker will help refugee claimant shelter residents with settlement-specific needs such as booking immigration medical appointments, connecting to legal aid for an immigration lawyer, applying for work permits, enrolling in ESL classes and other settlement-related tasks that are beyond the scope of emergency shelter workers. Emergency shelter workers often do not have the time nor specialized training to offer these specific services. Additionally, this funding should be allocated to increase the budget for interpretation services which is a significant need for RC clients residing in emergency shelters.

2. Increase Transitional Housing Options for Refugee Claimants

The strains that are experienced by the emergency shelter system have broader implications for homelessness in the GTHA. The inflows of RCs are not the cause of the housing/shelter crisis now seen in the GTHA, but have added to an already overburdened system. Housing and homeless support systems in the GTHA are facing increasing demands that surpass the availability of both shelter and affordable housing spaces (Canadian Centre for Economic Analysis, 2019). The large number of RCs in the emergency shelter system are significant because they show how immediate shelter is a crucial need for RCs upon their arrival in Canada. Investing in transitional housing can help fulfill the housing needs of RCs while also providing settlement support, filling in settlement service provision gaps to RCs. Transitional housing is an "intermediate step" between emergency shelters and permanent housing (Novac, Brown and Bourbonnais, 2009). It can provide a supportive environment, offering more privacy and long-term, intensive services than a shelter while alleviating the pressures on emergency shelters and the overflow hotel system. Although such a service will result in significant up-front costs, it will result in downstream savings as emergency shelters and hotels are the most costly options for housing individuals over a longer period of time.

3. Increase Investments in Subsidized Housing

Subsidized housing is considered a critical stopgap for low-income families in unaffordable housing markets (Toronto Foundation, 2019). Social housing can either be geared to income or provided at a lower rate than market rent for low-income individuals and families (Toronto Foundation, 2019). The need for subsidized housing is ever-growing. In Toronto, there have not been any new investments in the affordable housing stock since 1996, however, the subsidized housing wait list has grown by 68% over the past 12 years

(Toronto Foundation, 2019). In 2018, the waiting list for subsidized housing in Toronto had 100,515 individuals and families (City of Toronto, 2018c). In Hamilton, the wait list was 6,860 in 2018, up 17% from two years prior (Hamilton Spectator, 2018). In Toronto, refugees represent the most rapidly growing population of homeless individuals, experiencing a 665% increase in homelessness since 2013. This increase coincided with the welcoming of many refugees to the city (Toronto Foundation, 2019). The increasing demands for subsidized housing can be attributed to a number of factors, including the decreased Federal and Provincial investment in subsidized housing (Carter, 1997) and the overall unaffordability of housing in the GTHA. For instance, 87% of Toronto renters spend more than 30% of their incomes on shelter (Canadian Centre for Economic Analysis, 2019).

Building more subsidized housing units will help alleviate the pressure on the emergency housing sector, mitigating the high rates of homelessness in the GTHA. It is a financially responsible and sustainable solution to the dire issue of homelessness in the GTHA. Without new investments in subsidized housing, emergency shelters will continue to face capacity issues, resulting in more upfront costs to municipalities and poorer housing experiences for RCs.

4. Limiting Government Involvement in REITs

The financialization of rental housing is on the rise in the GTHA (August and Walks, 2018). Private equity funds, real estate investment trusts (REITs) and housing investment funds increasingly rely on rental housing supply as an investment outlet (Aalbers, 2017). The commodification of rental housing impacts individual renters by linking their futures to financial markets (August and Walks, 2018). For example, Q

Residential, a property management company, calculated that $2.8 million could be gained in 2012 by raising rents across its portfolio (August and Walks, 2018). Property management companies concurrently decided to implement "energy efficiency and cost control" measures as a means of delivering superior returns. Meanwhile, tenants living within these properties have cited "slum-like" living conditions (e.g., neglected maintenance) and higher rents (August and Walks, 2018). It is clear that profit increasing measures on the part of REITS mean poor housing conditions and unaffordability for tenants. Policies which address the financialization of housing in Canada are necessary to change the housing landscape to be more equitable. Putting housing as a commodity on the market impacts affordability, driving up rental prices and impacting lower income renters. Canada's complacency in this can be seen in how government employee pension plans are tied to stocks in organizations that own property management companies (August and Walks, 2018).

Removing rental companies from pension plans sets a precedent against allowing companies to profit off housing, which is an established human right in Canada (Ontario Human Rights Commission, 2008).

5. More Incentives to Build Affordable Housing

As previously stated, new additions to the rental stock are often on the higher end of the cost spectrum, with losses occurring on the lower end of the spectrum (Zine, 2009). Condominium developments are less risky and more profitable than rental developments, and therefore more appealing to developers (Cote and Tam, 2013). Condominium developments are the single largest source of new housing supply in the city of Toronto (Canadian Centre for Economic Analysis, 2019). Allowing the profit margins of developers

to dictate the housing landscape in the GTHA has implications for low-income families. Condominiums have higher than average rent costs, and only 10% of condos are currently being built with 3 or more bedrooms, putting families at risk of overcrowding (Toronto Foundation, 2019). Policies limiting condominium developments and mandating rental developments can force developers to create housing that meets the needs of the communities they are building for.

6. Addressing Discrimination by Creating Welcoming Communities

The findings of this study indicate that RCs experience discrimination when seeking housing based on their language proficiency, racial and religious identities as well as their immigration status. As such, policy interventions that address discrimination for newcomers and refugees more specifically are important. At the federal level, previous initiatives have recognized the detrimental impacts of racism and discrimination against immigrants and refugees and have sought to address them. The Canadian Action Plan Against Racism (CAPAR), for instance, was a five-year plan launched by the Government of Canada in 2005. It's expressed goal was ensuring that racially and ethnically diverse communities in Canada had a role in society and the economy and that barriers to full and active participation in society were eliminated (Government of Canada, 2011a). One of the programs under CAPAR was the Welcoming Communities Initiative (WCI), a horizontal effort that included a series of initiatives and strategies across 20 federal departments and agencies, including nine funded initiatives under the Action Plan (Government of Canada, 2011b). WCI had a three-pronged approach that focused on creating connections between newcomers and Canadians, eliminating barriers to integration by creating welcoming communities, and educating against racism (Government of Canada, 2011b). Federal

funding was provided to community agencies in order to advance these three goals. Such

federal initiatives require ongoing investments given that discrimination continues to be a

major barrier that RCs experience during their housing, integration and settlement

trajectories in Canada. At the municipal level, cities have begun creating their own

"welcoming communities" initiatives for immigrants in order to grow their populations,

revive economies and promote cultural diversity (Yan and Anucha, 2017). Often, these

welcoming communities initiatives involve the development of civic institutions whose

purpose is to promote diversity, inclusion and cultural competency among not only city

staff, but also the public (Yan and Anucha, 2017). Again, such municipal initiatives need

continued funding and investment to address discrimination for RC populations.

Although the six aforementioned policy recommendations focus on upstream

actions that need to be taken by federal, provincial and municipal levels of government, it

is important to recognize that some meso-level changes to social work practice could also

improve the experiences of refugee claimant families experiencing homelessness. Social

workers can play an important role in creating welcoming environments for RCs to foster

a sense of belonging among them. As mentioned previously in Chapter 5, participants

articulated that creating welcoming environments could improve the overall experience

and housing trajectory of their clients. Second, as demonstrated in this study, program

directors and front-line staff are acutely aware of the systemic and structural gaps in the

refugee housing system and are well placed to engage in meaningful policy advocacy work

to spur changes to upstream housing policies. Third, when working with refugees, social

workers can foster a critical consciousness among clients by linking personal issues (such

as the inability to secure housing) with the systemic root causes that underpin them (Yan

and Anucha, 2017). This structural approach to social work can empower refugees to challenge mainstream narratives and internalized oppression. Social workers also have the capacity to equip RCs with essential knowledge such as information about tenant and landlord rights and responsibilities. Social workers can also engage in consciousness raising at a societal level through challenging popular and discriminatory beliefs held about refugees.

**Conclusion**

In this exploratory qualitative study, I examined refugee claimant families' housing experiences in the Greater Toronto and Hamilton Area from the perspectives of program directors, managers and front-line staff working at refugee centres and family shelters in the GTHA. I used the theoretical lenses of critical race theory, refugeeness and SDOH to inform my data analysis. Findings demonstrate that RC families experience difficulties in accessing emergency and permanent housing upon arrival. In their search for permanent housing, many RCs rely on the private housing market, where discrimination and housing affordability are common barriers. RCs' lack of access to affordable, stable, and sustainable housing has many consequences, including homelessness and reinforced poverty, all of which negatively impact their health, sense of belonging, settlement, and integration in Canada.

This study also elucidates the broader sociopolitical/structural barriers impacting RC housing trajectories. These include the limited funding from all levels of government for organizations that serve RCs, ideological political shifts at the provincial level of government that have resulted in real or potential cuts to services for RC clients, and the lack of federal funding to address affordable housing and homelessness.

Throughout the research process, I discovered the importance of upstream policy interventions in addressing the aforementioned individual-level, systemic and structural barriers to housing for RCs. Considering the results of this study as well as previous policy literature, I argue that federal and provincial governments should implement the following policies to improve RC housing access and experiences: (1) Increase service provision capacity in shelters, (2) Increase transitional and subsidized housing options for refugee claimants, (3) Limit government involvement in REITs, (4) Provide more incentives to build affordable housing, and (5) Address discrimination by creating welcoming communities. Implementing these policies will help ensure a more equitable housing landscape for RCs, who are among the most vulnerable populations in Canada. Additionally, service providers can play a role by creating welcoming environments for RCs and by participating in policy advocacy.

This study demonstrates that RCs possess intersecting identities leaving them vulnerable to discrimination based on race, immigrant status, religion and language proficiency, all while experiencing severe economic disadvantages. Their intersecting oppressions culminate in poor housing access and resultantly, poor health. Study findings demonstrate an inextricable link between RC housing experiences and structural conditions. Upstream policy interventions are needed to improve the housing conditions and experiences for this vulnerable group.

This study makes a unique contribution to the existing literature on RC housing experiences. My research includes the city of Hamilton in the study, which has not been previously included in the related literature. Moreover, my study is the only publication on the topic of refugee claimant housing access in the GTHA in the past two years. Consequently, this work offers a current understanding of the issue, capturing the impacts of recent GTHA housing market trends on refugee housing experiences.

## References

Aalbers, M.B. (2017b). The Variegated Financialization of Housing. I*nternational Journal of*

    *Urban and Regional Research*, *41*(3), 542-554. DOI:10.1111/1468- 2427.12522

Ager, A., and Strang, A. (2008). Understanding Integration: A Conceptual Framework. *Journal*

    *of Refugee Studies*, *21*(2), pp. 166-191.

Aronson, J., and Smith, K. (2009). Managing Restructured Social Services: Expanding the

    Social? *British Journal of Social Work, 40*, pp. 530-547.

Arya, A. N., & Piggot, T. (Eds.). (2018). *Underserved: Health Determinants of Indigenous,*

    *Inner-City, and Migrant Populations in Canada.* Toronto: Canadian Scholars

August, M., & Walks, A. (2018). Gentrification, suburban decline, and the financialization of

    multi-family rental housing: The case of Toronto. *Geoforum, 89*, pp. 124-136.

Bhabha, H. 1994. *The location of culture*. New York: Routledge.

Ballingall, A., & Boutilier, A. (2018, July 21). Is Canada in the midst of a refugee crisis?

    Experts say it's important to keep things in perspective. The Star. Retrieved from

    https://www.thestar.com/news/canada/2018/07/21/is-canada-in-the-midst-of-a-refugee-

    crisis-experts-say-its-important-to-keep-things-in-perspective.html

Baxter-Trahair, E. (2018). Refugee/Asylum Claimant Arrivals to Toronto - Current

    Situation Update. City of Toronto. Retrieved from

    https://www.toronto.ca/legdocs/mmis/2018/cc/bgrd/backgroundfile 117643.pdf

Beatson, J. (2016). The stories we tell about refugee claimants: Contested frames of the health-

    care access question in Canada. *Refuge: Canada's Journal on Refugees*, *32*(3), pp. 125-

    134.

Bryant, T. (2009). Housing and Health: More than Bricks and Mortar. In D. Raphael (ed.). *Social Determinants of Health: Canadian Perspectives* (pp. 235-249). 2nd Edition. Toronto, ON: Canadian Scholars' Press.

Canadian Centre for Economic Analysis. (2019). *Toronto Housing Market Analysis: From Insight to Action*. (PH2.5 Appendix 1). Canadian Centre for Economic Analysis: Toronto, Ontario. Retrieved from The City of Toronto Website: https://www.toronto.ca/legdocs/mmis/2019/ph/bgrd/backgroundfile-124480.pdf

Canadian Council for Refugees. Talking about refugees and immigrants: A glossary of terms. Retrieved from https://ccrweb.ca/sites/ccrweb.ca/files/static-files/eng/media/mediakit/glossary.pdf

Canadian Red Cross. (2019). *First Contact Ontario*. Retrieved from https://www.redcross.ca/how-we-help/migrant-and-refugee-services/first-contact/first-contact-ontario

Carter, T., and Polevychok. (2004). *Housing is Good Social Policy*. Canadian Policy Research Networks Inc. Retrieved from http://www.urbancenter.utoronto.ca/pdfs/elibrary/CPRN_Housing-Good-Soc-Polic.pdf

Carter, T., Polevychok, C., Friesen, A., & Osborne, J. (2008). *The housing circumstances of recently arrived refugees: The Winnipeg experience*. Edmonton, Alberta, Canada: Prairie Metropolis Centre.

Carter, T. S., & Osborne, J. (2009). Housing and neighbourhood challenges of refugee resettlement in declining inner city neighbourhoods: A Winnipeg case study. *Journal of Immigrant & Refugee Studies*, *7*(3), pp. 308-327.

Carter, T.S., Polevychok, C. and Osborne, J. (2009). The role of housing and neighbourhood in

the re-settlement process: a case study of refugee households in Winnipeg. *The Canadian*

*Geographer*, *53*(3), pp. 305–322.

Castles, S., Korac, M., Vasta, E., & Vertovec, S. (2003). Mapping the field: Integration research

in the UK. Home Office, UK.

CBC News. (2018, June 26). *Toronto's mayor says it can't handle more refugee claimants but*

*some say finding housing feels impossible*. Retrieved from

https://www.cbc.ca/news/canada/toronto/mayor-john-tory-refugee-letter-toronto-mps-

1.4722037

Centres for Disease Control and Prevention. (2014). *NCHHSTP Social Determinants of Health*.

U.S. Department of Health & Human Services. Retrieved from

https://www.cdc.gov/nchhstp/socialdeterminants/faq.html

Citizenship and immigration Canada (CIC). (2011). *The Refugee System in Canada*. Citizenship

and Immigration Canada. Retrieved from

http://www.cic.gc.ca/english/refugees/canada.asp

City of Toronto (2018a).  Council issue notes: Refugees. Retrieved from

https://www.toronto.ca/city-government/council/2018-council-issue-notes/torontos-

social-development/growth-areas/

City of Toronto (2018b). Backgrounder: Refugee/Asylum Claimant Arrivals to Toronto

Update. Retrieved from https://www.toronto.ca/home/media-room/backgrounders-other-

resources/backgrounder-refugee-asylum-claimant-arrivals-to-toronto-update/

City of Toronto (2019a). Daily shelter and overnight service usage. Retrieved from

https://www.toronto.ca/city-government/data-research-maps/research-reports/housing-and-homelessness-research-and-reports/shelter-census/

City of Toronto (2019b). Backgrounder: Refugees & Asylum Claimants Experiencing

Homelessness in the City of Toronto. Retrieved from

https://www.toronto.ca/home/media-room/backgrounders-other-resources/backgrounder-refugees-asylum-claimants-experiencing-homelessness-in-the-city-of-toronto/

City of Toronto (2019c). Assistance through Ontario Works. Retrieved from

https://www.toronto.ca/community-people/employment-social-support/support-for-people-in-financial-need/assistance-through-ontario-works/

City of Toronto, Social Development, Finance and Administration (2019). City of Toronto

Refugee Capacity Plan. Retrieved from

https://www.toronto.ca/legdocs/mmis/2019/ec/bgrd/backgroundfile-130946.pdf

City of Toronto, Shelter, Support & Housing Administration (2018). Daily Shelter

Occupancy. Retrieved from https://www.toronto.ca/city-government/data-research-maps/open-data/open-data-catalogue/#711ba031-b32b-3390-ce54-22c15ac6389f

City of Toronto, Housing & Homelessness Research & Reports. (2018b). *Social Housing*

*Waiting List Reports*. Retrieved from https://www.toronto.ca/city-government/data-research-maps/research-reports/housing-and-homelessness-research-and-reports/social-housing-waiting-list-reports/

Côté, A., & Tam, H. (2013). Affordable housing in Ontario: Mobilizing private capital in an era

of public constraint. Institute on Municipal Finance and Governance.

De Shalit, A., Edmonds, S., & Sidhu, N. (2015). Towards public access and inclusion for non-status migrant residents: Research from Social Planning Toronto. *Transnational Social*

*Review*, *5*(1), pp. 69-72.

Dunn, J. R. (2000). Housing and health inequalities: review and prospects for research.

    *Housing studies*, *15*(3), 341-366.

Dunn, J. R. (2002). Housing and inequalities in health: a study of socioeconomic dimensions of

    housing and self-reported health from a survey of Vancouver residents. *Journal of*

    *Epidemiology & Community Health*, *56*(9), 671-681.

Dunn, J.R., Hayes, M.V., Hulchanski, D., Hwang, S.W. & Potvin, L. (2004) Housing as a socio-

    economic determinant of health: A Canadian research framework. In:  Howden-

    Chapman, P. and Carroll, P. (eds.) Housing & Health: Research, Policy and Innovation.

    Wellington, New Zealand: Steele Roberts. pp. 12-39.

Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid

    approach of inductive and deductive coding and theme development. *International*

    *Journal of Qualitative Research*, 5, pp. 80–92.

Fields, D. (2015) Contesting the financialization of urban space: community organizations and

    the struggle to preserve affordable rental housing in New York City. *Journal of Urban*

    *Affairs, 37*(2), pp. 144–65.

Francis, C. & Heibert, D. (2014). Shaky foundations: Refugees in Vancouver's housing

    market. *The Canadian Geographer, 58*(1), pp. 63-78.

Freeman, M. & Vasconcelos E. (2010). Critical Social Theory: Core Concepts, Inherent

    Tensions. *New Directions in Evaluation* 127, pp. 7-19.

Gaetz, S., Barr, C., Friesen, A., Harris, B., Hill, C., Kovacs-Burns, K., Pauly, B., Pearce, B.,

    Turner, A., & Marsolais, A. (2012). *Canadian Definition of Homelessness*. Toronto:

    Canadian Observatory on Homelessness Press.

Gaetz, S., & Dej, E. (2017). *A new direction: A framework for homelessness prevention*.

Toronto, Ontario, Canada: Canadian Observatory on Homelessness Press.

Gale, N. K., Heath, G., Cameron, E., Rashid, S., and Redwood, S. (2013). Using the Framework

Method for the Analysis of Qualitative Data in Multi-Disciplinary Health Research. *BMC

Medical Research Methodology, 13*. pp. 1-8.

Government of Canada (2017a). How Canada's refugee system works. Retrieved from

https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/canada-

role.html

Government of Canada, Immigration, Refugees and Citizenship Canada. (2017b, November 24).

*Canada-Ontario Immigration Agreement – General Provisions 2017.* Retrieved from

https://www.canada.ca/en/immigration-refugees-citizenship/corporate/mandate/policies-

operational-instructions-agreements/agreements/federal-provincial-

territorial/ontario/immigration-agreement-2017.html

Government of Canada. (2017c). *Canada's National Housing Strategy.* Retrieved from

https://www.placetocallhome.ca/pdfs/Canada-National-Housing-Strategy.pdf

Government of Canada (2018). Apply – Refugee status from inside Canada. Retrieved

from https://www.canada.ca/en/immigration-refugees-citizenship.html

Government of Canada (2019a). Asylum claims by year – 2018.

Retrieved from https://www.canada.ca/en/immigration-refugees-

citizenship/services/refugees/asylum-claims/asylum-claims-2018.html

Government of Canada, Immigration, Refugees and Citizenship Canada. (2019b, January

25). *Government of Canada helps Toronto ease shelter pressures for asylum claimants*

[News release]. Retrieved from https://www.canada.ca/en/immigration-refugees-

citizenship/news/2019/01/government-of-canada-helps-toronto-ease-shelter-pressures-for-asylum-claimants.html

Government of Canada, Immigration and Citizenship. (2019c). *My immigration or citizenship application: Check processing times.* Retrieved from https://www.canada.ca/en/immigration-refugees-citizenship/services/application/check-processing-times.html

Government of Ontario, Ministry of Children, Community and Social Services. (2018). *Ontario Works Directives: 6.2: Basic Needs.* Retrieved from https://www.mcss.gov.on.ca/en/mcss/programs/social/directives/ow/6_2_OW_Directives.aspx

Government of Ontario, Ministry of Children, Community and Social Services. (2019). *Ontario Works Directives: 7.6 Transition Child Benefit*. Retrieved from https://www.mcss.gov.on.ca/en/mcss/programs/social/directives/ow/7_6_OW_Directives.aspx

Harris, K. (2019, August 12). Liberals commit almost $26M to offset Ford's legal aid cuts for refugees, immigrants. *CBC News*. Retrieved from https://www.cbc.ca/news/politics/legal-aid-trudeau-ford-cuts-1.5243844

Hiebert, D., D'Addario, S., Sherrell, K., & Chan, S. (2005). The profile of absolute and relative homelessness among immigrants, refugees, and refugee claimants in the GVRD. *Mosaic*, 1-160. Retrieved from https://www.mosaicbc.org/wp-content/uploads/2017/01/The-Profile-of-Absolute-and-Relative-Homelessness.pdf

Hiebert, D. (2017). Immigrants and Refugees in the Housing Markets of Montreal, Toronto and Vancouver, 2011. *Canadian Journal of Urban Research*, *26*(2), 52-78.

Hynie, M. (2018). Social Determinants of Refugee Health in A. N. Arya and T. Piggott (Eds.),

　　　Underserved: *Health Determinants of Indigenous, Inner-City, and Migrant Populations*

　　　*in Canada* (pp. 204-225). Toronto, Ontario: Canadian Scholars.

Immigration, Refugees and Citizenship Canada. (2016). Canada-U.S. Safe Third

　　　Country Agreement Retrieved from https://www.canada.ca/en/immigration-refugees-

　　　citizenship/corporate/mandate/policies-operational-instructions-

　　　agreements/agreements/safe-third-country-agreement.html

IRCC. (2019a). Claiming asylum in Canada – what happens? Retrieved from

　　　https://www.canada.ca/en/immigration-refugees-

　　　citizenship/news/2017/03/claiming_asylum_incanadawhathappens.html

IRCC. (2019b). Government of Canada helps Toronto ease shelter pressures for asylum

　　　claimants. Retrieved from https://www.canada.ca/en/immigration-refugees-

　　　citizenship/news/2019/01/government-of-canada-helps-toronto-ease-shelter-pressures-

　　　for-asylum-claimants.html

IRCC. (2019c). The Government of Canada funds City of Toronto initiative to address

　　　temporary housing for asylum claimants. Retrieved from:

　　　https://www.canada.ca/en/immigration-refugees-citizenship/news/2019/08/the-

　　　government-of-canada-funds-city-of-toronto-initiative-to-address-temporary-housing-for-

　　　asylum-claimants.html

ISSofBC. (2016). *Syrian refugee operation to British Columbia: One year in – A roadmap to*

　　　*integration and citizenship*. Retrieved from https://issbc.org/our-resource/special-reports-

　　　publications-refugees

ISSofBC. (2018). *Refugee Claimants in BC: Understanding Current Irregular Arrival Trends*.

Retrieved from https://issbc.org/our-resource/special-reports-publications-refugees

Jackson, S., & Bauder, H. (2014). Neither temporary, nor permanent: The precarious

employment experiences of refugee claimants in Canada. *Journal of Refugee Studies*,

(*27*)3, pp. 360–381

Jeffords, S. (2019, October 4). Cuts to child benefit reversed while Ontario conducts review.

CTV News. Retrieved from https://toronto.ctvnews.ca/cuts-to-child-benefit-reversed-

while-ontario-conducts-review-1.4622807

Kissoon, P. (2010). From Persecution to Destitution: A Snapshot of Asylum Seekers' Housing

and Settlement Experiences in Canada and the United Kingdom. *Journal of Immigrant &*

*Refugee Studies*, (*8*)4, pp. 1-21.

Korntheuer, A., Pritchard, P., & Maehler, D. B. (2017). Structural context of refugee integration

in Canada and Germany. GESIS: Köln.

Lacroix, M. (2004). Canadian Refugee Policy and the Social Construction of the Refugee

Claimant Subjectivity: Understanding Refugeeness. *Journal of Refugee Studies, (17)*2,

pp. 147-166.

Li, P.S. (2003). *Destination Canada: Immigration debates and issues*. Don Mills, ON: Oxford

University Press.

Malkki, L. H. (1995). Refugees and Exile: From "Refugee Studies" to the National Order of

Things. *Annual Review of Anthropology*, *24*, pp. 495-523.

Mallett, S., Bentley, R., Baker, E., Mason, K., Keys, D., Kolar, V., & Krnjacki, L. (2011).

*Precarious housing and health inequalities: what are the links*. Melbourne: Hanover

Welfare Services, University of Melbourne, University of Adelaide, Melbourne Citymission, Australia.

Mattu, P. (2002). *A survey on the extent of substandard housing problems faced by immigrants and refugees in the lower mainland of British Columbia*. Vancouver, BC: MOSAIC.

Mason, J. (2002).  *Qualitative Researching*, 2nd Edition.  London: Sage Publications.

Miraftab, F. (2000). Sheltering Refugees: The Housing Experience of Refugees in Metropolitan Vancouver, Canada. *Canadian Journal of Urban Research*, (*9*)1, pp. 42-63.

Mikkonen, J., & Raphael, D. (2010). Social Determinants of Health: The Canadian Facts. Toronto: York University School of Health Policy and Management. Retrieved from http://thecanadianfacts.org/The_Canadian_Facts.pdf

Murdie, R. (2008). Pathways to Housing: The Experiences of Sponsored Refugees and Refugee Claimants in Accessing Permanent Housing in Toronto. *International Migration and Integration*, (*9*), pp. 81-101.

Murdie, R. (2010). Precarious beginnings: The housing situation of Canada's refugees. *Canadian Issues*, pp. 47–51.

Murdie, R., and Teixeira, C. (2001). Towards a Comfortable Neighbourhood and Appropriate Housing: Immigrant Experiences in Toronto. *CERIS*, No. 19. Retrieved from http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.195.6010&rep=rep1&type=pdf

Newbold, K. B. (2010). Linking Immigrant Settlement, Health, Housing and Homelessness in Canada. *Canadian Issues*, *28*.

Novac, S., Brown, J., and Bourbonnais, C. Transitional Housing Models in Canada: Options and Outcomes in Hulchanski J.D (Eds.), *Finding Home: Policy Options for Addressing Homelessness in Canada* (pp. 2-71). Toronto: Canadian Observatory on Homelessness

OHCHR. (1966). International Covenant on Economic, Social and Cultural Rights. (Article No.

27). Geneva: United Nations. Retrieved from

https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx

OHCHR. (2009). The Right to Adequate Housing. (Fact Sheet No. 21). Geneva: United Nations.

Retrieved from

https://www.ohchr.org/Documents/Publications/FS21_rev_1_Housing_en.pdf

Olsen, C., El-Bialy, R., Mckelvie, M., Rauman, P., & Brunger, F. (2016). "Other" troubles:

deconstructing perceptions and changing responses to refugees in Canada. *Journal of

immigrant and minority health, 18*(1), pp. 58-66.

Omidvar, R., and Richmond, T. (2003). *Immigrant Settlement and Social Inclusion in Canada.

Toronto*: The Laidlaw Foundation. Retrieved from https://laidlawfdn.org/wp-

content/uploads/2014/08/wpsosi_2003_jan_immigrant-settlement.pdf

Ontario Human Rights Commission. (2008). Right at home: Report on the consultation    on

human rights and rental housing in Ontario. Retrieved from

http://www.ohrc.on.ca/en/right-home-report-consultation-human-rights-and-rental-

housing-ontario

Opoku-Dapaah, E. (1994). Integration of Landed Refugee Claimants in Canada: Toward an

Explanatory Model. *Refuge*, (*13*)9. Pp. 10-15.

Ortiz, L. & Jani, J. (2010). Critical Race Theory: Transformational Model for Teaching

Diversity. *Journal of Social Work Education, (46)*2. pp. 175-193.

Pan - Canadian Health Inequalities Data Tool. (2017). A joint initiative of the Public Health

Agency of Canada, the Pan - Canadian Public Health Network, Statistics Canada, and the

Canadian Institute of Health Information. Retrieved from https://infobase.phac-aspc.gc.ca/health-inequalities/data-tool/

Paperny, A.M. (2018, November 16). Canada set to get most refugee claims in nearly three decades. *Thomson Reuters Foundation News*. Retrieved from http://news.trust.org/item/20181116204448-v9osg

Phillips, D. (2006). Moving Towards Integration: The Housing of Asylum Seekers and Refugees in Britain. *Housing Studies*, (*21*)4. pp. 539-553.

Proctor, B. (2017). Fleeing to Canada on Foot: Reviewing the Canada-U.S. Safe Third Country Agreement. Retrieved from https://www.wilsoncenter.org/article/fleeing-to-canada-foot-reviewing-the-canada-us-safe-third-country-agreement

Raphael, D. (2009). *Social determinants of health: Canadian perspectives*. Toronto: Canadian Scholars' Press.

Raphael, D. (Ed.). (2016). *Immigration, public policy, and health: Newcomer experiences in developed nations*. Canadian Scholars.

Rea, W., Yuen, J., Engeland, J., & Figueroa, R. (2008). The dynamics of housing affordability. *Perspectives on Labour and Income*, *20*(1), 37-48.

Richardson, L. (1990). Narrative and Sociology. *Journal of Contemporary Ethnography*, *19*(1), 116–135. doi:10.1177/089124190019001006

Ritchie, J.; Spencer, L. Qualitative data analysis for applied policy research. In *Analyzing Qualitative Data*; Bryman, A., Burgess, R.G., Eds.; Routledge: London, UK, 1994; pp. 173–194.

Rose, D. T., & Ray, B. (2001). The housing situation of refugees in Montréal three years after arrival: The case of asylum seekers who obtained permanent residence.

*Journal of International Migration and Integration*, 2(4), pp. 493–529.

Ryan, L. & Woodill, J. (2000). A search for home: Refugee voices in the romero house community. Retrieved from

http://atwork.settlement.org/downloads/Refugee_Voices.pdf

Sajjad, T. (2018). What's in a name? 'Refugees', 'migrants' and the politics of labelling. *Race & Class*, *60*(2), 40-62.

Scotland, J. (2012). Exploring the Philosophical Underpinnings of Research: Relating Ontology and Epistemology to the Methodology and Methods of the Scientific, Interpretive, and Critical Research Paradigms. *English Language Teaching, (5)*9, pp. 9-16.

Shaw, M. (2004). Housing and public health. *Annual Review of Public Health*, *25*, pp. 397-418.

Sherrell, K., D'Addario, S. and Hiebert, D. (2007). On the Outside Looking In: The Precarious Housing Situations of Successful Refugee Claimants in the GVRD. *Refuge*, *25*(2), pp. 64-75.

Social Planning and Research Council of Hamilton. (June 2018). *Out of Control: Ontario's acute rental housing crisis – Lessons from Hamilton and Quebec City*. Hamilton, ON. Retrieved from http://www.sprc.hamilton.on.ca/wp-content/uploads/2018/05/SPRC-Out-of-Control-rental-housing-report-June-2018-1.pdf

Solorzano, D. & Yosso, T. (2002). Critical Race Methodology: Counter-Storytelling as an Analytical Framework for Education Research. *Qualitative Inquiry 8*(1), 23-44.

St. Arnault, D., & Merali, N. (2019). Refugee pathways out of homelessness in urban Alberta, Canada: implications for social justice-oriented counselling. *Counselling Psychology Quarterly, 32*(2), pp. 227-245.

Stone, L. (2018, November 4). Toronto stands by data showing almost 40 per cent of people in

    shelters are refugee claimants. *The Globe and Mail.* Retrieved from

    https://www.theglobeandmail.com/canada/toronto/article-toronto-stands-by-data-

    showing-almost-40-per-cent-of-people-in/#comments

Statistics Canada. (2011). Subsidized Housing. Retrieved from https://www12.statcan.gc.ca/nhs-

    enm/2011/ref/dict/dwelling-logements017-eng.cfm

Statistics Canada. (2017a). *Hamilton, Ontario* (table). *Census Profile*. 2016 Census. Statistics

    Canada (Catalogue no. 98-316-X2016001). Ottawa. Released November 29, 2017.

    Retrieved from https://www12.statcan.gc.ca/census-recensement/2016/dp-

    pd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=3525005&Geo2=CD&Code2=3

    525&SearchText=hamilton&SearchType=Begins&SearchPR=01&B1=All&TABID=1&t

    ype=0

Statistics Canada. (2017b). *Immigration and Ethnocultural Diversity Highlight Tables. Census

    Profile.* 2016 Census. Statistics Canada (Catalogue no. 98-316-X2016001). Ottawa.

    Retrieved from https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/hlt-

    fst/imm/Table.cfm?Lang=E&T=12&Geo=00

Teixeira, C. (2017). New Canadians' Settlement Experiences in Vancouver's Suburbs, with

    Suggestions for Policy Directions Regarding Rental Housing and Community Services.

    *Papers in Applied Geography*, (*3*)3-4, pp. 339-354. DOI:

    https://doi.org/10.1080/23754931.2017.1345691

Thompson, S. (2019, September 18). Ford government's child benefit cut 'doesn't make any

    sense': Hamilton anti-poverty advocate. *Global News*. Retrieved from

    https://globalnews.ca/news/5908144/hamilton-anti-poverty-cooper-ford-cut/

Toronto Foundation. (2019). Toronto's Vital Signs Report. Retrieved from

 https://torontofoundation.ca/wp-content/uploads/2019/10/VitalSigns2019.pdf

Trevino, A. J., Harris, M. A., & Wallace, D. (2008). Introduction to Special Issue Review:

 What's so Critical About Critical Race Theory? *Contemporary Justice Review, 11*(1), pp

 7-10.

United Nations High Commissioner for Refugees. (1951). Convention Relating to the Status of

 Refugees, 28 July 1951, United Nations, Treaty Series, vol. 189, p. 137. Retrieved from

 https://www.unhcr.org/3b66c2aa10

UNHCRb. (2018). Global Trends: Forced Displacement in 2018. Retrieved from

 https://www.unhcr.org/statistics/unhcrstats/5d08d7ee7/unhcr-global-trends-

 2018.html?query=canada

Walsh, C. A., Hanley, J., Ives, N., & Hordyk, S. R. (2016). Exploring the experiences of

 newcomer women with insecure housing in Montréal Canada. *Journal of International*

 *Migration and Integration*, *17*(3), pp. 887-904.

Watt, J. (2003). Adequate and affordable housing: A child health issue. An overview of research

 linking children's health status to poor housing. *Child and Youth Health Network for*

 *Eastern Ontario*.

WHO, Commission on Social Determinants of Health. (2008). Closing the Gap in a Generation:

 Health Equity through Action on the Social Determinants of Health. Geneva: World

 Health Organization.

WHO. (2010). "A conceptual framework for action on the social determinants of health". *Social*

 *Determinants of Health Discussion Paper 2 (Policy and Practice)*.

WHO Social determinants of health. (2012). WHO. Retrieved from

http://www.who.int/social_determinants/en/

Wilson, G. M., Calhoun, A., & Whitmore, E. (2011). Contesting the Neoliberal Agenda: Lessons

from Canadian Activists. *Canadian Social Work Review. (28)*1. pp. 25-48.

Wright, T. (2019, August 09). Growing number of newcomers, refugees ending up homeless in

Canada: studies. *CBC News*. Retrieved from https://www.cbc.ca/news/politics/homeless-

newcomers-refugees-canada-studies

1.5242426?fbclid=IwAR3V5dXTt59cisHUSzVRdcKfOSwHSP3XaLGUjWzTyvN3XCD

pcm13hnKSGFU

Yan, C. M., & Anucha, U. (Eds). (2017). Working with Immigrants and Refugee: Issues,

Theories, and Approaches for Social Work and Human Service Practice. Don Mills,

Ontario: Oxford University Press

Ziersch, A., & Due, C. (2018). A mixed methods systemic review of studies examining the

relationship between housing and health for people from refugee and asylum-seeking

backgrounds. *Social Science and Medicine, 213,* pp. 199-219.

Ziersch, A., Walsh, M., Due, C., Duivestyn, E. (2017). Exploring the Relationship between

Housing and Health for Refugees and Asylum Seekers in South Australia: A Qualitative

Study. *Environmental Research and Public Health. 14*(9).

Zine, J. (2009). Living on the ragged edges: Latin Americans and Muslims and the

experience of homelessness in Toronto. *JD Hulchanski, P. Campsie, P., SBY Chau, SW

Hwang, SW, & E. Paradis (Eds.), Finding home: Policy options for addressing

homelessness in Canada*. Retrieved from

https://www.homelesshub.ca/sites/default/files/5.1%20Zine%20-
%20Latin%20Americans%20and%20Muslims.pdf

Yu, S., Ouellet, E., & Warmington, A. (2007). Refugee integration in Canada: A survey of
empirical evidence and existing services. *Refuge: Canada's Journal on Refugees*, *24*(2),
17-34.

Zaman, H. (2010) "Racialization and Marginalization of Immigrants: A New Wave of
Xenophobia in Canada," *Labour/Le Travail, 66*, 163–182.

Zimmerman, F. J.; Katon, W. (2005). Socioeconomic status, depression disparities, and financial
strain: What lies behind the income-depression relationship? *Health Econ*, *14*, pp. 1197–
1215.

Zong, L. (2007). Recent Mainland Chinese Immigrants and Covert Racism in Canada. In S. P.
Hier and B. Singh Bolaria (Eds.), *Race & Racism In 21st Century Canada: Continuity,
Complexity, and Change* (pp. 111-l130). Toronto: Broadview Press.

Zong, Li. 1997. New Racism, Cultural Diversity, and the search for A National Identity. In A.
Cardoza and L. Musto, eds., *The Battle over Multiculturalism: Does It Help or Hinder
Canadian Unity*? Ottawa: Pearson-Shoyoma Institute.

**Appendices**

**Appendix A: Recruitment Email**

**Recruitment Email**
**Miriam Farooqi**
**Masters Candidate in Social Work**
**(School of Social Work — McMaster University)**
**A Study on Refugee Claimant Housing Needs**
_____

**E-mail Subject Line:** A McMaster Study on Refugee Claimant's Housing Needs

My name is Miriam Farooqi and I am a Masters of Social Work (MSW) student at McMaster University. For my MSW thesis, I am conducting a qualitative study on the needs and unmet housing needs of refugee claimant families in the Greater Toronto and Hamilton Area (GTHA) from the perspective of service providers.

If you are interested in getting more information about taking part in this study please read the brief description below and/or **contact Miriam Farooqi directly by telephone (416) 786–2914 or email** faroom3@mcmaster.ca**.**

Would you be interested in participating in a one-on-one interview with me to discuss the housing needs of refugee claimant families? The interview will last approximately one hour. You will be asked about your work with refugee claimant families and the types of service needs and gaps for this population. Through my study, I am hoping to achieve a better understanding about the barriers faced by refugee claimant families in finding permanent, stable housing. I also want to learn more about how their housing experiences affect their settlement, integration and well-being in Canada.

I am familiar with this topic as I am a previous employee at a shelter that services refugee claimant clients in the Greater Toronto and Hamilton Area (GTHA). If we have a previous professional connection, you are in no way obligated to participate in this research. As well, your participation is not expected if we personally know each other.

It is unlikely that there will be any risks involved in this study greater than those experienced in your daily work or life. Your participation in the study is confidential. You can stop being in this study any time during the interview or at any stage of this research up to June 30th, 2019. Please see the attached letter of information about the study that will provide you with full details.

This study has been reviewed and cleared by the McMaster Research Ethics Board. If you any have concerns or questions about your rights as a participant or about the way the study is being conducted you can contact:

> The McMaster Research Ethics Board Secretariat
> Telephone: (905) 525-9140 ext. 23142
> c/o Research Office for Administration, Development and Support (ROADS)
> E-mail: ethicsoffice@mcmaster.ca

I would like to thank you in advance for your time and consideration.

**Miriam Farooqi,** BSW
Masters Candidate in Social Work
School of Social Work
McMaster University, Hamilton Ontario
**Tel: 416-786-2914; Email: faroom3@mcmaster.ca**

**Appendix B: Telephone Recruitment Script**

**Telephone Recruitment Script**
**Miriam Farooqi**
**Masters Candidate in Social Work**
**(School of Social Work – McMaster University)**
**A Study on Refugee Claimant Housing Needs**
_____

Hi there, my name is Miriam Farooqi, how are you doing? The purpose of my call is to ask if you would be willing to participate in a research study. I am working on about the housing needs of Refugee Claimant Families in the Greater Toronto and Hamilton Area (GTHA). Would you like to hear more about my study and me as the researcher?

I am a Masters of Social Work student at McMaster University. For my graduate thesis, I am conducting a study on the needs and unmet housing needs of Refugee Claimant Families in the Greater Toronto and Hamilton Area (GTHA). I am interviewing service providers from the organizations that provide housing services to refugee claimants and obtained your organization's phone number online. Through my study, I am hoping to achieve a better understanding about the barriers this population faces when accessing housing in the GTHA.

I was wondering if you would be willing to participate in a one-on-one interview with me? The interview will last approximately one hour and will ask you about your work with refugee claimant families and the types of service needs and gaps for this population.


Are you interested in participating in this research project?

(If answer is yes: When can we set up an interview? May I have your email to send you more information about the study, such as the interview guide and letter of interest and consent form?)

**Appendix C: Letter of Information/Consent Form**

**LETTER OF INFORMATION / CONSENT**

**A Study of the housing needs of refugee claimant families in the GTHA**

**Student Investigator:**
**Miriam Farooqi**
School of Social Work
McMaster University
Hamilton, Ontario, Canada
**(416) 786 2914**
E-mail: faroom3@mcmaster.ca

**Faculty Supervisor:**
**Dr. Rachel Zhou**
School of Social Work
McMaster University
Hamilton, Ontario, Canada
**(905) 525-9140 ext. 23787**
E-mail: zhoura@mcmaster.ca

*Purpose of the Study:*

My research project explores the housing needs, including unmet housing needs, of refugee claimant families in the Greater Toronto and Hamilton Area (GTHA). It aims to develop a better understanding about the barriers faced by refugee claimant families in finding permanent, stable housing. Further, this study will explore how the unmet housing needs of refugee claimant families impact their settlement, integration and well-being in Canada. In this study I want to learn more about service providers' experiences with providing services to this population. It is my hope that this study will add to the body of work out there that focuses on the housing experiences of refugee claimant families in Canada, and, in turn, will aid in the development of more funding and more positive housing outcomes for refugee claimants to the GTHA.

I am conducting this research for my Masters of Social Work thesis. It is not being conducted on behalf of any organization, and I am the sole researcher for this project. My research may be published in academic journals or disseminated in related conferences if my abstract is accepted for those purposes.

*Procedures involved in the Research:*

You will participate in a one-on-one interview with me, the student investigator. Interviews will be approximately one hour long and will take place at a place that is convenient for you, such as your workplace or a private conference room either downtown Hamilton or on the McMaster campus. With your permission, interviews will be audio recorded. I will also take notes with a notepad while you are being interviewed. If you do not grant me permission to audio record your interview, I will simply take hand-written notes.

I will first ask some background questions, such as your job title and the length of time you have worked at your organization, so as to know the context of your work with the refugee claimant families. I will then ask you questions about your experiences working with this group and your observations as a service provider, such as:

- What are the common needs of refugee claimant families when it comes to housing?
- What are some of the barriers refugee claimant clients face when accessing housing in Hamilton?
- What impacts do these barriers have on the resettlement and integration of refugee claimant families?

***Potential Benefits:***

The research will not benefit you directly. It may benefit you indirectly through helping you communicate to the broader community the service needs and service gaps of the refugee claimant populations that you serve. This could help you articulate the nature of your work and identify the specialized services that refugee claimants need, contributing to a body of work that may be disseminated to policy makers and inform other housing programs. It will also be an opportunity to discuss your experiences in the field.

***Payment or Reimbursement***

If you would like to conduct the interview outside of your workplace, you will be reimbursed for any parking fees you may acquire at the external interview site.

***Potential Risks:***

It is not likely that there will be any harms or discomforts resulting from or associated with the interview process. However, due to the difficulty of the type of work you do, you may feel discomfort when recalling your experiences working with refugee claimant families. However, the amount of risk is minimal compared to what you encounter every day in practice.

If you do decide to participate in an interview, you do not have to answer any questions that you feel uncomfortable to answer. There are potential risks of being identified as there are very few family shelters and organizations that provide specialized services to refugee claimant families in the GTHA. I will describe below the steps I will take to ensure your confidentiality.

***Confidentiality:***

Your participation in this study is confidential. No one but me and my faculty supervisor will know whether you were in the study. Every effort will be made to protect your confidentiality and privacy. Confidentiality and privacy of participants will be honoured in every method of dissemination. No identifying information such as name, organization or the exact city of your workplace will be published. Due to the small scope of my study, and the limited amount of services like yours in the Greater Hamilton and Toronto Area (GTHA), you will be identified as *"front-line workers and managers that provide housing services to refugee claimant families in the GTHA"*. However, we are often identifiable through the stories we tell. Please keep this in mind when deciding what to tell me during our interview. The information you provide will be kept on a computer that is protected by a password, in a document that is also password protected. The interview will be audio recorded, on a password protected device, with your permission. I will also be taking hand written notes on a note pad. The transcription file will not be labeled with any identifying information relating back to you. Once the study is completed in September 2019, an archive of the data will be destroyed.

***Participation and Withdrawal:***

Your participation in this study is voluntary. It is your choice to decide to be part of the study or not. If you decide to take part in the study, you can decide to stop at any time, even after signing the consent form. If you do not want to answer some of the questions you do not have to, but you can still be in the study. You may choose to completely withdraw from the study up until **June 15th, 2019**, when a draft of my thesis will be submitted to my supervisor. Please contact me via email or telephone to request withdrawal from the study. If you decide to withdraw, there will be no consequences to you. If you decide to stop being a part of the study, the data you have provided will be destroyed unless you indicate otherwise.

***Information about the Study Results:***

I expect to have this study completed by September 2019. If you would like a brief summary of the results, please let me know how you would like it sent to you. Please see the consent form below to fill out this information.

**Questions about the Study:** If you have questions or need more information about the study itself, please contact me at:

> Miriam Farooqi
> Phone Number: (416) 786-2914
> Email Address: faroom3@mcmaster.ca

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance. If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

> McMaster Research Ethics Secretariat
> Telephone: (905) 525-9140 ext. 23142
> C/o Research Office for Administrative Development and Support
> E-mail: ethicsoffice@mcmaster.ca

**CONSENT — PARTICIPANT'S COPY**

- I have read the information presented in the information letter about a study being conducted by Miriam Farooqi, of McMaster University.
- I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.
- I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until June 15th, 2019**.**
- I have been given a copy of this form.
- I agree to participate in the study.


Signature: _____ Date: _____


Name of Participant (Printed) _____


1. I agree that the interview can be audio recorded.
[ ] Yes
[ ] No

2. I agree to have my responses from this project used in future related projects.
[ ] yes
[ ] no

3. [ ] Yes, I would like to receive a summary of the study's results.
Please send them to me at this email address _____
Or to this mailing address: _____
_____
_____
[ ] No, I do not want to receive a summary of the study's results.

**Interview Number:** _____

**CONSENT — RESEARCHER'S COPY**
- I have read the information presented in the information letter about a study being conducted by Miriam Farooqi, of McMaster University.
- I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.
- I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until June 15th, 2019.
- I have been given a copy of this form.
- I agree to participate in the study.


Signature: _____ Date: _____


Name of Participant (Printed) _____


1. I agree that the interview can be audio recorded.
[ ] Yes
[ ] No

2. I agree to have my responses from this project used in future related projects.
[ ] yes
[ ] no

3. [ ] Yes, I would like to receive a summary of the study's results.
Please send them to me at this email address _____
Or to this mailing address: _____
_____
_____

[ ] No, I do not want to receive a summary of the study's results.

**Appendix D: Manager Interview Guide**

**Interview Guide: Managers**
**Miriam Farooqi**
**Masters Candidate in Social Work**
**(School of Social Work – McMaster University)**
**A Study on Refugee Claimant Housing Needs**
_____

**Information about these interview questions**:  This interview will be one-on-one and open-ended. Because of this, the exact wording may change a little. Sometimes, I may add other short questions to make sure I understand your response or if I require more information. Please keep in mind that your responses will be kept confidential.

- Before I begin the interview, I would like to get some information about your organization and your role:
    o Tell me a little about your organization and the services that you offer to refugee claimant families
    o What is your role (job title, duties, etc.)?
    o How long have you been in this role (number of years and/or months)?

- What aspects of your work are the most rewarding?

- What aspects of your work are the most challenging?

Now, I want to move onto some questions about providing housing services to the refugee claimant clients you serve.

- What are your organization's strengths when it comes to providing housing services to refugee claimant families?

- What are some of the greatest challenges your organization faces in providing housing services to refugee claimant families?

Now, I am going to move onto some questions about the needs and barriers that refugee claimant families experience with respect to housing services.

- Based on your experience of working with this group, what are the common needs of refugee claimant families when it comes to housing?
    a. How do other factors such as gender, age, family size, family composition, language and religion impact their access to housing?

- What are some of the barriers refugee claimant families face when accessing housing in Hamilton?

- What impacts do these barriers have on the resettlement and integration of refugee claimant families?
  - o What impacts to these barriers have on their overall well-being?

- What are some of the service gaps for refugee claimant families when it comes to housing?

- How does your organization try to address these service gaps?

- Are there any services that your organization provides which you do not receive any funding for? If so, could you explain?

- What strategic interventions are important to improving access to housing in the refugee community (e.g., More supports upon arrival to Canada, Wrap-around supports, municipal housing programs, provincial housing programs, etc.)?

- Are there any additional comments you wish to add?

**Appendix E: Service Provider Interview Guide**


**Interview Guide: Service Providers**
**Miriam Farooqi**
**Masters Candidate in Social Work**
**(School of Social Work – McMaster University)**
**A Study on Refugee Claimant Housing Needs**

_____

**Information about these interview questions**:  This interview will be one-on-one and open-ended. Because of this, the exact wording may change a little. Sometimes, I may add other short questions to make sure I understand your response or if I require more information. Please keep in mind that your responses will be kept confidential.

- Before I begin the interview, I would like to get some information about your organization and your role:
    o Tell me a little about your organization and the services that you offer to refugee claimant families
    o What is your role (job title, duties, etc.)?
    o How long have you been in this role (number of years and/or months)?

- What aspects of your work are the most rewarding?

- What aspects of your work are the most challenging?

Now, I want to move onto some questions about providing housing services to the refugee claimant clients you serve.

- What are your organization's strengths when it comes to providing housing services to refugee claimant families?

- What are some of the greatest challenges your organization faces in providing housing services to refugee claimant families?

Now, I am going to move onto some questions about the needs and barriers that refugee claimant families experience with respect to housing services.

- Based on your experience of working with this group, what are the common needs of refugee claimant families when it comes to housing?
    a. How do other factors such as gender, age, family size, family composition, language and religion impact their access to housing?

- What are some of the barriers refugee claimant families face when accessing housing in Hamilton?

- What impacts do these barriers have on the resettlement and integration of refugee claimant families?
    - What impacts to these barriers have on their overall well-being?

- What are some of the service gaps for refugee claimant families when it comes to housing?

- How does your organization try to address these service gaps?

- What strategic interventions are important to improving access to housing in the refugee community (e.g., More supports upon arrival to Canada, Wrap-around supports, municipal housing programs, provincial housing programs, etc.)?

- Are there any additional comments you wish to add?

M. Farooqi, MSW Thesis                    McMaster University School of Social Work

## Appendix F: Certificate of Ethics Clearance

McMaster | Research Ethics
University | Board

**McMaster University Research Ethics Board (MREB)**
c/o Research Office for Administrative Development and Support
MREB Secretariat, GH-305
1280 Main St. W.
Hamilton, Ontario, L8W 4L8
email: ethicsoffice@mcmaster.ca
Phone: 905-525-9140 ext. 23142

**CERTIFICATE OF ETHICS CLEARANCE TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH**

Today's Date: May/03/2019

**Principal Investigator:**
**Co-Investigator:**
**Research Assistant/Coordinator:**
**Supervisor:** Dr. Rachel Zhou
**Student Principal Investigator:** Ms. Miriam Farooqi
**Applicant:** Miriam Farooqi
**Project Title:** Understanding the Housing Needs of Refugee Claimant Families in the Greater Toronto and Hamilton Area
**MREB#:** 1828

Dear Researcher(s

The ethics application and supporting documents for MREB# 1828 entitled "An Exploratory Study on Refugee Claimant Families Housing Needs" have been reviewed and cleared by the MREB to ensure compliance with the Tri-Council Policy Statement and the McMaster Policies and Guidelines for Research Involving Human Participants.

The application protocol is cleared as revised without questions or requests for modification. The above named study is to be conducted in accordance with the most recent approved versions of the application and supporting documents.

Ongoing clearance is contingent on completing the Annual Report in advance of the yearly anniversary of the original ethics clearance date: May/03/2020. If the Annual Report is not submitted, then ethics clearance will lapse on the expiry date and Research Finance will be notified that ethics clearance is no longer valid (TCPS, Art. 6.14).

An Amendment form must be submitted and cleared before any substantive alterations are made to the approved research protocol and documents (TCPS, Art. 6.16).

Researchers are required to report Adverse Events (i.e. an unanticipated negative consequence or result affecting participants) to the MREB secretariat and the MREB Chair as soon as possible, and no more than 3 days after the event occurs (TCPS, Art. 6.15). A privacy breach affecting participant information should also be reported to the MREB secretariat and the MREB Chair as soon as possible. The Reportable Events form is used to document adverse events, privacy breaches, protocol deviations and participant complaints.

| Document Type | File Name | Date | Version |
|---|---|---|---|
| Recruiting Materials | Screening Questions | Apr/05/2019 | 1 |
| Recruiting Materials | MF_Telephone recruitment script_V2 | Apr/15/2019 | 1 |
| Recruiting Materials | MF_Email thank you letter | Apr/15/2019 | 1 |
| Consent Forms | MF_Letter of Information-Consent Form_V3 | Apr/15/2019 | 1 |
| Recruiting Materials | MF_Email Recruitment Script_V2 | Apr/15/2019 | 1 |
| Response Documents | Summary of Revisions for MREB 1828 | May/02/2019 | 1 |
| Interviews | Manager Interview Guide V2 | May/02/2019 | 2 |
| Interviews | Service Provider Interview Guide V2 | May/02/2019 | 2 |

Dr. Steven Bray

MREB