

Beyond Positive Intentions

SEEKING WELL-BEING & EQUITY FOR LGBTQ+ NEWCOMER WOMEN
AND OTHER TRANS & GENDER NON-CONFORMING NEWCOMERS



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Executive Summary

This report provides information to support the social services sector in pursuing well-being and equity for LGBTQ+ newcomer women and other trans and gender non-conforming newcomers.

Research Data

The data for this report includes interviews/focus groups with LGBTQ+ newcomer women and other trans and gender non-conforming newcomers, and a diversity of professionals who work with them.

Findings

Systemic Barriers:

- Injustice in the refugee claim process
- Economic deprivation/insecurity
- Negative health & compromised access to healthcare
- Insufficient & inadequate shelter services
- Unaffordable housing & housing discrimination
- Social isolation & exclusion

Service Barriers:

- Embedded assumptions about the 'typical' client
- Staff apathy & neglect
- Failure to advocate against injustice
- Failure to recognize client strength
- Austerity & the diminishment of the social safety net

Recommendations

Government Level:

- Actualize economic justice
- Restore the social safety net
- Actualize migrant justice

Service Level:

- Reframe responsibility
- Diversify staff & challenge structural employment discrimination
- Invest in decent work & fair wages
- Structurally integrate client perspectives into service delivery
- Unpack assumptions & undo service barriers
- Expand (unofficial) service
- Prioritize the systematically under-served
- Explicitly indicate allyship & safety
- Enable service users to self-organize & provide exclusive spaces
- Engage in, and empower, advocacy work
- Practice humility

Conclusion

The LGBTQ+ newcomer women and other trans and gender non-conforming newcomers interviewed for this project exhibited strength, intelligence, adaptability, creativity, and resilience in the context of migration, displacement, isolation, and poverty. Ultimately, well-being for them demands social justice – dismantling systems of exclusion and denial, to enable their safety and security. As social service providers, we not only need to be concerned about the services we deliver within our organizations, but we also need to understand, and be responsive to, the broader context of their experience.

Introduction

Report Objectives

This report translates Access Alliance-conducted research into information, analysis and recommendations intended to facilitate well-being and justice for LGBTQ+ newcomer women and other trans and gender non-conforming newcomers. The research was conducted during 2017-2018, and took place in Toronto, Canada. Specifically, this report hopes to provide:

- **Front-line service providers:** recommendations for improving their professional practice approach – through direct service and advocacy – to more appropriately and relevantly serve all clients, particularly but not exclusively LGBTQ+ newcomer women and other trans and gender non-conforming newcomers.
- **Service provider management/leadership:** recommendations for structuring organizational policies and priorities to more appropriately and relevantly serve all clients, particularly but not exclusively LGBTQ+ newcomer women and other trans and gender non-conforming newcomers.
- **All interested parties:** information about the broader social, economic, and political context – historically and today – that produce LGBTQ+ newcomers, engender their marginalization in society at large, and erect barriers to their access of relevant and appropriate service.

Instructions for Use

Please refer to the hyperlinked Table of Contents to facilitate your navigation of this report. We don't suggest, however, that you only refer to the section with recommendations for your practice. We are concerned that doing so will lead to an unhelpful disjointing of this issue, one that will perpetuate the very problems we are trying to overcome.

Indeed, much of what we hope to communicate through this report is a sense of deeply-entrenched structural injustice : the global economic, political and cultural systems and beliefs that collectively deprive and dispossess the vast majority of the world's people, and that disproportionately bear upon those marginalized by race, ethnicity, geography, class, gender, sexuality, ability, and age. It is our belief that, ultimately, well-being for LGBTQ+ newcomer women and other trans and gender non-conforming newcomers requires dismantling these systems of oppression, and rebuilding our communities to prioritize the material, social, and psychological security of all people. This requires transformations at all levels of society, both individually and collectively.

As such, we hope you will adopt a holistic approach to this report and issue – recognizing that the change required is global in scope, and that operating in our professional silos is inadequate to the task at hand.

We therefore ask that, as you read, you consider how:

- your work is shaped by the broader context in which LGBTQ+ newcomers are disadvantaged.
- you may unintentionally be complicit in the forms of oppression impacting LGBTQ+ newcomers.
- how you can engage inside and outside of your professional realm to advocate for justice.

Terminology (alphabetical)

Asylum-seeker: a newcomer who is in the process of pursuing 'refugee' status in Canada,

Cis: someone who identifies with the gender/sex they were assigned to at birth

Femme: someone who situates themselves on the feminine end of the gender continuum, but who does not necessarily identify as a 'woman'

Gender non-conforming: someone who does not identify with either of the binary gender options available (i.e. 'woman' or 'man') and/or who identifies as transgressing the socially-mandated 'acceptable' standards for gender embodiment and performance.

LGBTQ+: the constituent letters stand for 'lesbian, gay, bisexual, trans, queer'. The '+' represents all of those other identity categories not included within the acronym, but which are subscribed to by those with non-normative gender and sexualities (e.g., asexual, pansexual). LGBTQ+ is often used to shorthand the population of people who deviate from heterosexuality or cis-gender binary embodiment and expression.

LGBTQ+ asylum-seeker/refugee: someone who is either in the process of pursuing, or who has been granted, asylum in Canada, based on persecution of their non-normative gender and sexuality. Canada has recognized the legitimacy of LGBTQ+ refugees since 1991.

LGBTQ+ women and other trans and gender non-conforming newcomers: this is the group of people about whom this research and report is concerned. It refers to all those LGBTQ+ newcomers who are marginalized by gender.

Masc: someone who situates themselves on the masculine end of the gender continuum, but who does not necessarily identify as a 'man'.

Newcomer: for the purposes of research subject eligibility criteria, this was defined as someone who had entered Canada within the previous 7 years.

Normative: the implicit standard against which we measure people. For example, 'heterosexuality' is normative because it is the default assumption about any given person – meaning that someone generally has to 'come out' in order to be recognized as queer. LGBTQ+ newcomers are not normative with respect to their gender, race, sexuality, immigration status, and linguistic background.

Refugee: a newcomer who has been recognized by the Canadian government as a 'refugee', defined in international law as *"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."*

Queer: a common catch-all term used to describe persons, communities, spaces, objects, opinions, politics, and behaviours that deviate from cis-binary gender, heterosexuality, and other normative standards. It was historically used as a slur against gay and trans people – and while many people against whom it has been used have re-appropriated it, many others still feel uncomfortable and prefer to not adopt it themselves.

Trans: someone who does not identify with the gender/sex they were assigned to at birth. A trans person may or may not pursue medical intervention in order to reconcile their physical characteristics/appearances with their gender identity. A trans person may or may not identify as either 'man' or 'woman'.

Research Overview

The Research/Report Team

Access Alliance conducts its research projects according to principles and practices of community-based research (explicated in a following section). As such, the research team was comprised of stakeholders with diverse interests and expertise in the subject matter, and authority and experience in conducting research.

Lead Investigators:

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Methodology & Data

The data for this report includes:

- **Primary Research:** interviews and focus groups conducted by Access Alliance, between 2017 and 2018
- **Secondary Research:** Academic and media data and analysis on histories and presents of colonialism and neo-colonialism; the intersections of race, immigrant status, gender, sexuality, and class; the Canadian refugee system; domestic policies and practices that produce material, social, and emotional precarity at large; and exclusions, biases and limitations within the social service sectors.

Primary Research: Key Informant Interviews, Focus Groups, Individual Interviews & Data Analysis Techniques

Key Informant Interviews

The research team completed 16 individual interviews with professionals who work with LGBTQ+ newcomers. Collectively, we reached front-line providers and management working in: community education, community support/engagement, legal support, refugee/settlement support, services liaising, shelters, primary health care, counselling, and drop-in services; as well as those involved in advocacy for LGBTQ+ children, seniors, immigrants and racial minorities. These interviews offered insight into the challenges pertaining to specific service sectors; as well as the more general structural barriers to LGBTQ+ newcomer well-being, based on the understandings of those who work with them.

LGBTQ+ Newcomer Women & Other Trans and Gender-Non-Conforming Newcomer Focus Groups & Individual Interviews

The research team completed four focus groups with LGBTQ+ newcomer women and other trans and gender non-conforming newcomers. Participants were asked to share their experiences of settling in Canada, including those related to accessing services.

One focus group was dedicated exclusively to trans and gender non-conforming participants. This was in recognition of the unique experiences of gender minorities – ones which might not have been given adequate attention and sensitivity in a broader group of LGBTQ+ newcomers.

All focus group participants were given the option of speaking one-on-one with the focus group facilitator after the conclusion of the focus group, to divulge experiences and sentiments they did not feel safe or comfortable sharing in the broader group. Those who accepted this offer primarily spoke about their challenges in the immigration/refugee process.



The team additionally ran four one-on-one interviews with LGBTQ+ newcomer women and other trans and gender non-conforming newcomers, to allow for more sensitive and detailed knowledge-sharing that may not have been possible within the context of a focus group.

These focus groups and interviews offered a first-hand account of the experiences, needs, and challenges facing LGBTQ+ newcomer women and other trans and gender non-conforming newcomers, ones that could obviously not be communicated exclusively by the service providers who work with them. The focus groups and interviews additionally showcased the unique strengths, resiliencies, creativities, and intelligences of LGBTQ+ newcomer women and other trans and gender non-conforming newcomers. Indeed, what is often minimized within conversation about under-served and oppressed groups is their resistance. We wish to highlight and celebrate this.

While we will not offer a detailed demographic breakdown of those who participated in the focus groups and individual interviews, we feel it is important to mention that the vast majority had immigrated to Canada through the refugee stream, based on the transphobic or homophobic persecution they experienced in their country of origin. The asylum-seeking/refugee process is unique within immigration – legally, but also materially, socially, emotionally, and psychologically. This report is therefore particularly focused on the refugee immigration stream, even as the majority of findings and recommendations pertain to all LGBTQ+ newcomer women and other trans and gender non-conforming newcomers.

Data Analysis

All interview and focus group data was processed through nVivo software, which facilitates the categorization of data according to themes. The findings and recommendations in this report are derived from those nVivo-generated themes. We were conscious to pay particular attention to the data from the focus groups and interviews with LGBTQ+ newcomer women and other trans and gender non-conforming newcomers, since their first-hand accounts are more authoritative than those of the service providers who work with them.

Secondary Research: Academic & Media Literature

Academic and media research was conducted in order to furnish, and provide context to, the primary data. For example, as multiple focus group participants identified the pursuit of adequate accommodation as a key challenge, further research allowed us to situate this phenomenon within that of the affordable housing crisis in Toronto.

These two data sources were combined to offer unique information and analysis about the inequities of opportunity and outcome affecting LGBTQ+ newcomer women and trans and gender-non-conforming newcomers in Canada.

Community-Based Research: Principles & Practices

Historically, research has been a tool of oppression. In various colonial contexts, research on dominated communities both 'proved' their inferiority, and provided knowledge that would support their domination.

Today, mainstream research does not generally have this sinister aim – and, on the contrary, research is often used to document, and hence address, social inequities. Yet, even social justice research can reinforce status quo power dynamics, because: those conducting research are often not from the communities being researched; research tactics can be invasive and insensitive to community dynamics; and research norms validate only certain Western-generated methodologies as 'authoritative'. Put otherwise, even in the very act of producing knowledge on social injustice, mainstream research can perpetuate inequitable relations of power – by reproducing the exclusive epistemological authority of Western systems of knowledge production, and enforcing a unidirectional gaze on marginalized communities. This maintains the distinction between those who study and those who are studied, a distinction overlapping with that between those in power and those oppressed.

It is the creation of trusted relationships with communities of interest and involving communities of interest in leadership capacity as collaborators in knowledge production that distinguishes CBR from top-down models of research. There is now growing evidence that in doing so, CBR can potentially produce richer, more rigorous and more relevant evidence compared to research projects that are not inclusive or collaborative.

- [Access Alliance's Community-Based Research Toolkit. 2012](#)

Community-based research (CBR) is a philosophy and practice that seeks to overcome these common negative impacts associated with dominant research. It does this by incorporating, at every stage of the research process, the perspectives of the community in question and providing to its members opportunities for economic, social, and professional gain. Community-based research is premised on the beliefs that:

- oppressed peoples are excluded from the process of knowledge-creation not because they are incompetent but because their intelligence and knowledge forms have been historically discounted in order to justify their marginalization;
- that the people best positioned to produce knowledge about an issue are those personally impacted by it;
- that research should not negatively disturb community infrastructure and relations;
- and that the investigated community should receive direct benefits from the research process.

Access Alliance established a community-based research program in 2004 – its own research is conducted within a CBR framework; and it has developed tools to support other researchers in integrating CBR practices. Please see, for example, Access Alliance's comprehensive '[Community-Based Research Toolkit: Resources and Tools for Doing Research with Community for Social Change](#)'.

Access Alliance's approach to CBR is underpinned by four pedagogical principles:

1. **Transformative accessibility:** available to those outside of exclusive academic institutions
2. **Equity:** particularly oriented towards use by marginalized stakeholders
3. **Engagement:** made to be interesting, so that the research process is not just accessible but enjoyable
4. **Rigour:** concerned with meeting standards of quality research, since participatory and collaborative approaches should not undermine, but actually strengthen, the veracity of research.

To that end, the research coordinator/lead researcher for this project was selected not only for her academic credentials but also her self-identification as a queer woman of colour and her work with those who are similarly marginalized. The project also on-boarded two Peer Researchers – self-identified LGBTQ+ newcomer women, one of whom was trans, who advised and assisted with the project.

As expected, the involvement of Peer Researchers improved and advanced the research. For example, during one research interview with a manager in a women's shelter, one of the Peer Researchers, who had spent time living in a shelter, was able to nuance and challenge some of the service provider's comments about shelter realities. This critical perspective would not have entered the project had we not had access to the lived experience of this Peer Researcher.

There were, however, also limitations to this community-based research approach. Due to limited project funding, the Peer Researcher role was insufficient to allow for their comprehensive involvement. The research team had to strategically allocate limited Peer Researcher energy and time – which, ultimately, meant they focused primarily on supporting the interview process, but were less able to contribute to the review of literature or data analysis. Undoubtedly, the project would have benefited from their robust involvement in these elements. Further, despite the aim within community-based research to challenge conventional research norms and protocols in favour of a more democratic process, the legitimacy of this research was derived from meeting university research standards, which are highly standardized, bureaucratic, and limited to certain validated methodologies. This is a foundational contradiction within community-based research: even as it includes the perspectives of those traditionally excluded from the research process, these contributions are integrated only to the extent to which they do not conflict with conventional research norms.

None of this discounts the efforts at community-based research or undermines its value. Rather, this speaks to the complications and contradictions involved in any research; and the need for ongoing and active negotiation, compromise, advocacy, and creativity to ensure that community-based research is meeting its stated aims.

Research Challenge: Inclusion Criteria

The original subject group for this project, based on the parameters of the research grant, was 'LGBTQ+ newcomer women'. As the research progressed, however, this category was deemed problematically limiting. Specifically, we identified an inherent contradiction in adopting a queer analysis framework – one which denaturalizes identity categories – while relying on 'women' as a legitimate and coherent category of being. Put otherwise, how could we both contest the socially-imposed gender binary that restricts and harms so many, while also reproducing the legitimacy of it in our research project?

This was more than a philosophical concern, however, but a practical one. As we learnt in our research, one of the harms associated with homeless shelters is that they are gender-restrictive. For example, shelters are often specific to either 'men' or 'women', which can be harmful to those who do not identify with, or conform to the norms associated with, either of these gender options. Further, many of the protocols and provisions in homeless shelters unintentionally discriminate against trans and gender-non-conforming people – razor blades are usually prohibited but these are often necessary for trans women/femmes to actualize their gender identity; chest binders and hormones are not usually made available, even though trans men/mascs may rely on them to feel safe in their bodies. By concerning our research only with 'LGBTQ+ newcomer women', we would be excluding the narratives of trans men and gender-non-conforming people – even though they, too, experience gender-based discrimination. Further, we would be reproducing the same gendered restrictions we identified in shelters, ones that we found problematic and in need of redress.

Thus, the team decided that our research interest extended beyond the experiences and needs of 'LGBTQ+ newcomer women', but instead, included the experiences and needs of all of those newcomers who are marginalized by virtue of their gender and sexuality. As such, our research subject group was expanded to include LGBTQ+ newcomer women and other trans and gender-non-conforming newcomers.

Our research subject group was expanded to include LGBTQ+ newcomer women and other trans and gender-non-conforming newcomers.

Our research materials were amended to reflect this expansion in eligibility criteria, and our research focus groups and interviews with LGBTQ+ newcomers included women, trans people, and gender-non-conforming people.

The project was temporarily put on hiatus, given insufficient funding to complete Knowledge Mobilization. Once the project was resumed, the team was expanded, and a new member (not present during the discussion on inclusion criteria) expressed concern that the research methodology effectively misgendered research participants – specifically, by including trans men and other non-women into a project concerned with the experiences and needs of 'LGBTQ+ newcomer women'. As rationalized above, however, other research team members did not believe this to be the case, since the research was effectively re-organized to be inclusive of all newcomers marginalized by gender and sexuality.

We have decided to go forward with the publication of the data findings in this report, while being transparent about who was included in the project and why. We do so after having consulted with trans/

queer communities, and engaging in critical self-reflection, about the legitimacy of the research methodology. We believe this research offers important analysis to those concerned with the well-being of LGBTQ+ newcomers and other trans and gender-non-conforming newcomers -we wish to honour the time and energy of those who contributed to it, and we want to centre and advance a discourse that seeks equity for them.

We offer this section to you to remind you of:

- a) **human fallibility:** While this research was conducted within a community-based research framework, and was grounded in principles of anti-oppressive practice, this did not immunize us from the production of harm. Even as we are documenting the injustices committed against a particular group of people, this research is not beyond inflicting damage ourselves.
- b) **the benefits of widespread consultation in the primary stages of research:** even as this can cause delays and create additional costs, a more exhaustive consultation process could have clarified for us the eligibility criteria and research methodology from the outset – and hence, in all likelihood, avoided these difficulties.

We hope to continue to learn and grow in our understanding of those who are impacted by this research.



Why are there LGBTQ+ Refugees?

Our research is particularly concerned with LGBTQ+ newcomer women and other trans and gender-non-conforming newcomers who have arrived in Canada through the refugee stream. We refer to this group of people as 'LGBTQ+ asylum-seekers' or 'LGBTQ+ refugees', depending upon their progress within the refugee process.

We dedicate this section to exploring the broader social, political, and economic context within which LGBTQ+ asylum-seekers/refugees are produced. Put otherwise – this section helps to answer the question: *why* are there LGBTQ+ asylum-seekers/refugees?

The Importance of Context

It may appear tangential to the task of better-serving LGBTQ+ asylum-seekers/refugees to dissect the reasons for their existence. However, we believe that including this is important – it helps to situate the work we do within the broader context of that work; a context that we both influence and are influenced by. If we are not aware of this broader context, we may have the opposite impact we wish to.

A historical analogy provided by Indigenous and Jewish scholar Professor Roland Chrisjohn is useful towards explaining this. As he writes:

During the Nightmare Years (1933 to 1945), the suicide rate of German Jews is conservatively estimated to have been at least two or three times higher than the rate for German citizens in general...As appalling as these figures are, we don't consider that they tax the limits of human understanding. "Yes, the facts are horrifying," we say, "but completely understandable given what was going on."

As he explains, a failure to situate this reality within context would have been dangerous. If, for example, social workers who were concerned with the well-being of Jewish populations assumed this suicidality was a result of 'self-esteem' issues or another psychological deficiency, then those practitioners would have been guilty of obscuring the violence of Nazi Germany and contributing to the very discourse of Jewish inferiority that was used to justify their oppression.

Similarly, those of us working with LGBTQ+ asylum seeking/refugee populations should not locate the origins of their dispossession in any individual, social or cultural shortcomings. Indeed, LGBTQ+ asylum-seekers/refugees are not inherently vulnerable, they are oppressed; their ultimate well-being is located not in their individual/collective improvement, but in their liberation; the work required is not their burden, but ours – those of us who benefit in some capacity from the status quo.

Any intervention we make – as front-line workers, social service management, policy-makers, government officials, and people – should contribute to dismantling oppressive systems and, at the very least, should not justify or advance them.

The Origins of Global Sexual & Gender Regulation

The transphobic and homophobic discrimination prevalent across the so-called developing world – that which LGBTQ+ asylum-seekers come to Canada to escape from – locates its historical origins in European colonialism, and particularly, in those colonial projects of the British.

As Alok Gupta writes in a report for Human Rights Watch: “Colonizers saw indigenous cultures as sexually corrupt.” Because non-European populations did not conform to British standards of binary gender, heterosexuality, and monogamy, they were deemed ‘queer’ – rendered perverse in terms of their gender and sexual configurations and behaviours.

This ‘queering’ was useful for the colonial project because it: dehumanized colonized subjects; made their colonial domination seem ‘natural’; manufactured innate distinctions between colonizer versus colonized; justified surveillance and regulation; and reframed oppressive domination as ‘altruistic civilizing’.

Law was implemented to support this colonial queering mission.

The first British colonial law criminalizing same-gender sexual contact was implemented in 1861 into Section 377 of the Indian Penal Code, which enforced punishment for anyone engaging in “*carnal intercourse against the order or nature*”. As Alok Gupta describes, this law’s “*influence stretched across Asia, the Pacific islands, and Africa, almost everywhere the British imperial flag flew.*”

As Gupta clarifies: “Sodomy laws throughout Asia and sub-Saharan Africa have consistently been colonial impositions. No “native” ever participated in their making”. Yet, despite the foreign nature of their introduction, they retain influence. A 2014 study by researchers Enze Han & Joseph O’Mahoney found that a majority of former British colonies continue to criminalize homosexual conduct; and the majority of states that criminalize homosexual conduct, are former British colonies.

Put otherwise, the landscape of (in)tolerance for sexual and gender diversity around the world has, largely, been sketched out of the global imprint of British colonial rule.

Modern-Day Contributors

It is, of course, inadequate to explain modern-day transphobia/homophobia exclusively according to historical forces.

However, even the contemporary propellants can be attributed to the aftermath of colonialism – specifically, the economic and political power imbalances they established. Indeed, years after the withdrawal of official colonial presence, the material excesses of the West are still financed through the deprivation of the non-West.

A 2017 report, for example, calculated that sub-Saharan Africa is actually a net creditor to the rest of the world, with billions more leaving the region each year – through dodged taxes, repatriated profits, illegal logging/fishing/trade in wildlife – than entering via loans, remittances, and aid. Of course, none of this debt is actually collectible by sub-Saharan African countries. One way that our global economic and political systems ensure the perpetual reproduction of disparities between Global North and Global South is by recognizing only certain forms of ‘debt’, disadvantaging the claims of Global South countries to having their wealth restored to them. As one commentator puts it succinctly: “*Africa is rich, but we steal its wealth*”.

What does this have to do with ongoing transphobia and homophobia?

A 2014 study by CityLab (based on data from a 2012 Gallup World Poll) found an inverse correlation between homophobia and economic development – i.e. the more widespread and significant was poverty in a region, the more evidence of intolerance towards sexual minorities. This can be explained logically – material deprivation breeds strife between those made to vie over meagre resources; and one mechanism through which people justify material and other discrimination is through the exploitation of ‘difference’, in this case sexual and gender differences.

From his research in Barbados, professor of anthropology David Murray suggests that class politics is intertwined with that of sexuality/gender. Firstly, the social acceptability of sexual and gender minorities is a function of their ‘respectability’ – the perception that they conform to middle/upper-class norms of dress, job, income and language. Secondly, “socio-economic position ... has a direct impact on one’s ability to maintain privacy and anonymity in relation to sexual partners and social activities, which in turn impacts one’s ability to safeguard against potential discrimination and harassment”. In other words, occupying a privileged income/socio-economic position helps to mitigate or deflect transphobic and homophobic violence.

Even beyond a direct relationship between poverty and LGBTQ+ discrimination, all sexual and gender minorities exist in bodies, and those bodies have material needs. It is therefore arbitrary to limit our concern with LGBTQ+ wellbeing to the persecution of queers as queers. Instead, we must consider all of the sources of violence impacting them.

Indeed, consider that Sub-Saharan Africa is the fastest migrant-producing region in the world – some are casualties of poverty resulting from Western economic exploitation; others are sexual and gender minorities suffering the legacy of Western-imported transphobia and homophobia; many are both. Regardless of the specific impetus for their migrancy, their homes cannot accommodate them.

LGBTQ+ Refugees & Us

None of the above excuses the violence perpetrated against sexual and gender minorities in the Global South – violence that often results in LGBTQ+ asylum-seekers and refugees. However, what we hope to make clear through this section is that:

- What is commonly identified as an irrational hatred against sexual and gender minorities in the Global South is, in fact, a very logical by-product of centuries of intervention and exploitation by Western forces.
- Understanding and addressing the phenomenon of LGBTQ+ asylum seekers and refugees involves more than recuperating an appreciation for sexual and gender diversity around the world but, rather, rectifying, holistically, the *“asymmetrical relations of global power ... [that result in] the mass displacement of impoverished and colonized communities”* (Lawyer, migrant justice activist and author, Harsha Walia).
- And finally, as residents of the Western nations that are responsible for these conditions, and as those who benefit from the ongoing material exploitation of the Global South, we are responsible for correcting the unjust systems that produce displaced people. As journalist Anders Lustgarten puts it quite aptly: *“Refugees don’t need our tears. They need us to stop making them refugees.”*

Research Findings

Systemic Barriers

Race, Gender, Sexuality, Immigration: Overview

Evidence suggests that sexual orientation, gender, race and immigration status are relevant predictors of well-being. Indeed, those who are marginalized by these factors experience negative disparities in material status (i.e. poverty, food insecurity, homelessness/housing precarity); mental health; and physical health, as compared to their non-marginalized counterparts.

Our study was concerned with the realities of those who are simultaneously marginalized through these systems – i.e. LGBTQ+ newcomer women and other trans and gender non-conforming newcomers.

Through our research, we found that these communities experience their marginalization as both compounding and intersecting. Our research also clarified the importance of a gendered approach to analyzing the experiences of LGBTQ+ newcomers.

Compounding

One of the focus-group participants – an African-origin lesbian-identified asylum-seeker – relayed an incident of harassment she experienced while in a homeless shelter from another resident. As she described, she could not be certain whether she was being targeted because of her sexuality, her race, or both. In this way, LGBTQ+ newcomer women and other trans and gender non-conforming newcomers are made vulnerable to bigotry on multiple fronts, since their marginalized sexual, gender, racial, and ethnic identities multiply their exposure to bullying of transphobic, homophobic and racial varieties.

Intersecting

Fully understanding the experiences of LGBTQ+ newcomer women and other trans and gender non-conforming newcomers, however, also requires an intersectional approach. Intersectionality is an analytical approach which considers an individual's various social categorizations – via race, gender, sexuality, immigrant status, ability, age, and a host of other factors – in combination with one another rather than discretely. In other words, a person's total experience of oppression/privilege is greater than, and different from, the sum of their individual marginalized/privileged identity variables.

For instance, as one service liaison worker explained, there are multiple levels of precarity she must account for with her queer refugee clients – having been forced to flee their home countries as refugees, they often enter Canada without family, living arrangements, and little money; and must then contend with the challenges of attaining stable housing and employment in a racist, homophobic, transphobic and unfamiliar society that does not recognize their education; while also dealing with trauma, and exclusion from the LGBTQ+ and ethnic community infrastructures that could support them in their settlement process. The experience of being an LGBTQ+ refugee is one that is unique – it is a reality that can only be understood in its complexity and magnitude when race and immigration status are considered in conjunction with, rather than separately from, sexuality and gender identity.

Gender

Our research also affirmed the necessity of accounting for gender in our analysis. Many of the queer cis-women newcomers in our research, for example, had been in heterosexual marriages in their countries of origin, and thus entered into Canada as single parents with children. This is a consideration that we would have not been likely to discover had our focus group participants primarily been queer cis-men. As we also discovered, trans women, trans men and gender non-conforming newcomers experience particular challenges and disadvantages – many services are specific to gender, making them uncomfortable and unsafe spaces for those who do not visibly conform to either binary option. Further, while there are social service spaces designated specifically for LGBTQ+ newcomers, the needs and experiences of cis-men are prioritized, making them irrelevant or inaccessible for women and other trans and gender non-conforming people. Gender is often not considered within the limited research that exists on LGBTQ+ newcomers – this both reflects and reproduces the marginalization of LGBTQ+ newcomers who are woman, trans and/or gender non-conforming.

The Refugee System

As mentioned previously, the majority of LGBTQ+ newcomer women and other trans and gender non-conforming newcomers that were spoken to for this project arrived to Canada as asylum-seekers. In 1991, Canada became one of the first Western nations to grant refugee status to persecuted sexual/gender minorities; and, every year, an increasing number and proportion of LGBTQ+-related asylum claims are submitted for review – between 2013–2015, 2,000 (13%) of the 18,000 refugee claims were made on this basis. While Canada’s ‘welcoming’ attitude toward refugees has been its “business card for the world” – as put by Nadia Abu-Zahra, associate professor of International Development and Global Studies at the University of Ottawa – international perceptions of Canada’s refugee system do not fully accord with reality. There are numerous and profound injustices. These impact all asylum seekers, but have additional negative implications for those who are LGBTQ+.

Processing Wait Times

The processing of refugee claims is often severely backlogged, and the timeline for having one’s asylum application reviewed is constantly in flux. According to the Immigration and Refugee Board of Canada, the average wait time for a refugee hearing reached 20 months in 2018. While this had improved recently, the realities of Covid reintroduced delays and uncertainties. The LGBTQ+ asylum-seekers in our focus groups described the hardships of the waiting process – which include restrictions on their ability to work and to access settlement services. Additionally, they contend with the logistical and emotional turmoil of waiting for a determination on their fate, planning for an uncertain future, and often, being subject to mandated check-ins with the Canadian Border Services Agency (CBSA).

*The average wait time for a refugee hearing reached **20 months** in 2018.*

Detention

Canada’s practice of detaining asylum-seekers has been condemned by the United Nations Working Group on Arbitrary Detentions, and the United Nations Human Rights Committee. Indeed, unlike citizens, refugee claimants and other non-citizen migrants – including children – can be incarcerated indefinitely without criminal charge or conviction. In fact, the overwhelming majority are detained because of immigration irregularities, not because of a perceived public safety risk. Between 2012–2017, for example, the CBSA detained an average of more than 7,000 migrants a year, who each spent an average of 19.5 days behind bars.

These spaces are 'black holes' of accountability – they do not generally have lawyers on site, and there is no independent watchdog providing oversight and transparency. In fact, there is no record of what happens to migrants in detention centres – whether they are released, deported or otherwise fated. While none of those interviewed for this project disclosed time in detention, LGBTQ+ refugee claimants who do are additionally burdened by unique dangers to their safety. As explained in the International Detention Coalition's report on 'LGBTI Persons in Immigration Detention': *"All people are susceptible to human rights abuses in detention. However, LGBTI persons are at a heightened risk of abuse and exploitation, including: physical and sexual violence; verbal and psychological abuse; physical isolation and solitary confinement; lack of legal recognition of LGBTI persons' identity; inadequate vulnerability screening; non-gender appropriate searches or forced nudity lack of access to medical care"*.

*Between 2012-2017, CBSA detained an average of more than **7,000 migrants a year** who each spent an average of **19.5 days** behind bars.*

The dangers associated with imprisonment have been heightened under Covid, as the combination of enclosed space and lack of access to sanitation has increased the number and spread of outbreak. As a result of years-long advocacy and pandemic pressures, migrant detainees are being released at an accelerated pace – the conditions of which include an electronic monitoring anklet. As previous pilot projects have found, this strategy is 'disastrous' – malfunctioning technology in public spaces creates stigmatizing situations; and, for those who have fled dangerous conditions, they are retraumatized through this new act of being surveilled.

The Refugee Hearing

The asylum hearing is the primary hurdle that claimants must overcome, and one that does not guarantee a just outcome for those seeking safety. Given that 70% of claims made on the basis of persecuted sexual and/or gender identity are granted in Canada – as compared to 62% in general – LGBTQ+ refugee applications are more promising than others. However, the burden for 'proving' LGBTQ+ identity is problematic and onerous – reflecting the institutionalization of Western-centric conceptions of how trans and queer people think, feel and behave. As Sharalyn Jordan – an organizer with Vancouver's Rainbow Refugee, which assists LGBTQ claimants – explains: *"It is not a case of board members being overtly homophobic or transphobic but ... of ethnocentric criteria being applied. Assumptions that Canadians have about lesbian, gay, bi, or trans identities and the 'coming out' model – that people will be in relationships and seek out community as soon as they arrive – these myths and stereotypes don't fit" for many in non-Western contexts".* Further, the very reason for their claim – i.e. fear of persecution and violence – often precludes the kinds of 'evidence' implicitly asked for by refugee boards: *"when they reach Canadian soil, gay refugees fleeing repressive, homophobic regimes face a maddening challenge. Fearing being beaten, jailed, tortured or killed in their home countries, they hide their sexual orientation all their lives. In Canada, they face a 180: to secure status as a persecuted minority, they are asked to prove their sexuality on the spot."*

Trans and queer refugees often endure severe trauma prior to their arrival in Canada. As Soofia Mahmood – a spokesperson for the 519, which runs support programs for LGBTQ+ refugees – has said: *"many of our program participants report of deep trauma – emotional and/or physical – after which they take the big step of leaving everything behind and starting over"*. Studies demonstrate that the refugee claim process can contribute to a re-triggering, and further emotional distress.

Activists have applauded Canada's recently instituted guidelines for decision-makers sitting on refugee boards – which include warning against stereotyping and applying Western-normative standards for queer performance/presentation; and encouraging consideration of context when evaluating evidence. However, the requirement to 'evaluate' another's transness/queerness is, still, fundamentally problematic.

The vast majority of LGBTQ+ asylum seekers who spoke to us for this project expressed fear and anxiety about the refugee hearing – turmoils that impacted upon every aspect of their social and emotional lives. These fears and anxieties were about the hearing experience and the preparation process. They were also about the outcome of the hearing – as Canada has a practice of deporting failed refugee claimants. In 2018/2019, for example, Canada removed a total of 9,500 non-citizens/non-permanent residents, including failed refugee claimants. While Canada had temporarily halted deportations in response to the pandemic, they were resumed in December 2020 – adding the risks of Covid transmission to the list of injustices associated with deportation.

As with claims made on all bases, Canada's anxiety about authenticating the legitimacy of LGBTQ+ refugee claims is a reflection of the unjust restrictions on refugee status. Globally, a refugee is defined as someone with a "well-founded fear of death, torture or persecution based on race, nationality, religion or social or political affiliation". As immigration lawyer, Stéphane Handfield, has noted: "If you fear only ... the economic crisis in your country, you will not get refugee status for those

problems". Put otherwise, the criteria for a 'real refugee' fails to acknowledge the threats associated with life under a perpetually depressed economy. By the end of 2017, for example, Canada had deported more than 500 asylum-seekers back to Haiti – even as 35% of Haitians suffer from chronic malnutrition, a full half are malnourished, and food availability and economic prosperity is worsening with the progression of climate change. These conditions are no less life or death than those faced by those labelled 'refugees'.

While the hypocritical recognition of refugees is illogical on moral grounds, it makes perfect sense within the logics of global capitalism. The maintenance of Western economic supremacy requires the active production of extreme global poverty and environmental chaos. For instance, Canada helped to implement a "destructive neoliberal economic restructuring program" in Haiti, following the 2004 coup. Furthermore, Canada contributes more per capita to climate change than any other G20 economy—and while Haiti is responsible for just a fraction of one percent of global carbon emissions, it will suffer its effects more than almost any other nation. Western states simply can't afford—either morally or practically—to recognize their own victims as refugees.

LGBTQ+ claimants are seemingly advantaged by Canada's recognition that persecuted sexuality/gender is a legitimate basis for a refugee claim – but they, too, are negatively impacted by the refusal to recognize economic and climate victims as refugees. . Indeed, to achieve asylum, LGBTQ+ claimants must be processed through a system designed to ruthlessly eliminate those who do not meet its stringent criteria; and, in order to be successful, they are forced to perform their most intimate traumas, and make themselves legible for a Western audience that is authorized to assess their transness/queerness and the accuracy of their narrative. Thus, their own hardships in the system – even if they are ultimately successful – are attributable to a relentless pursuit to identify and eliminate 'bogus' refugees which is, itself, a function of the unjustly-limited grounds upon which a refugee claim can be filed. Further, the problematic refugee criteria informs not only the personal experience of claimants but, also, the social/collective one. As we found during focus groups, LGBTQ+ asylum-seekers are made to be distrustful of one another – they doubt the 'authenticity' of their fellow LGBTQ+ asylum-seeking peers, worried that people 'faking' queerness in order to achieve residency in Canada will compromise their own chances of a successful claim. This manufactured distrust – an inevitability of a refugee system that forces people into competition with one another – undermines community infrastructure and solidarity.

*In 2018 & 2019, Canada removed a total of **9,500** non-citizens/ non-permanent residents, including failed refugee claimants.*

Legal & Other Claimant Support

Accessing adequate legal representation and other supports for the refugee process is an additional challenge. In 2019, Ontario's 30% cut to Legal Aid Ontario was felt particularly acutely by refugee claimants, 70% of whom rely on legal aid for assistance with their asylum applications. Indeed, The Immigration and Refugee Board (IRB) issued a notice that legal aid cuts would affect the board's operations – resulting in longer hearings, and more postponements and adjournments – due to the increasing number of claimants without lawyers.

Pandemic conditions have only exacerbated the impacts of Legal Aid cuts – smaller offices have imposed restrictions on office occupancy numbers, and the legal support process has been further delayed and otherwise compromised.

LGBTQ+ claimants face the further hurdle of ensuring their lawyers and translators are respectful of their queer identity. To mitigate this, LGBTQ+ asylum-seekers often rely on referrals and, ultimately, tap into a small pool of lawyers. This creates the conditions for legal neglect and abuse. During focus groups, several participants spoke to us about their own challenges, or those of friends, in working with LGBTQ+ refugee-specializing lawyers (those funded by legal aid as well as privately) who they described as sloppy, unreliable, and inconsistent. Lack of legal funding, combined with the sensitive and stigmatized nature of transness/queerness, forces LGBTQ+ asylum-seekers to accept inappropriate and/or inadequate legal services.

Often unacknowledged about the refugee process is the number of professionals required to actualize a successful claim. Indeed, refugee boards increasingly expect claimants to produce professional psychiatric verification that they have endured 'trauma', since one's own claim of a "*fear of persecution*" is insufficient for application success. As Fassin & Rechtman explain in 'Empire of Trauma: An Inquiry into the Condition of Victimhood', this trend reflects and reproduces the undercutting of refugee rights: firstly, trauma and persecution are not meant to be pre-requisites of refugee status – rather, fear of persecution is sufficient, according to international law. Secondly, the demand for professional 'proof' reflects the mistrust of asylum claimants and the dismissal of their own narratives. As explained by a primary care provider we interviewed, there are a limited number of psychiatrists who are able and willing to producing testimonials for the asylum process, thus creating additional delays and hardships for claimants. Further, the demand to have psychiatric authentication imposes one more forum in which refugee claimants must recount their trauma in their pursuit of safety – in this case, in order to convince a psychiatric professional to supply a testimony for their refugee claim.

Beyond the legal and psychiatric services required of the asylum process, the LGBTQ+ asylum seekers in our focus groups spoke more broadly about the lack of support available for refugee claimants in navigating society and the particularities of being a claimant – the shelters where they mostly stayed upon arrival were generally not equipped to offer information or guidance on the claims process; and the housing workers, therapists, doctors, and other social service sector workers they interacted with were either similarly ill-informed, or otherwise overworked, negligent and uncaring. One focus group participant spoke about the trauma of their arrival in Canada – during their first interaction with an airport official, they experienced transphobia and racism, and received misinformation about their right to claim refugee status by airport officials. LGBTQ+ asylum claimants contend with multiple obstacles to receiving adequate support – explicit discrimination due to their marginalized racial, sexual and gender identities; the underfunding of social support services; general misinformation about the entitlements of asylum seekers and the process of asylum; and xenophobic apathy and mistrust of those fleeing for their lives.

In 2019, Ontario's 30% cut to Legal Aid Ontario was felt particularly acutely by refugee claimants, 70% of whom rely on legal aid for assistance with their asylum applications.

Economic Security

Economic security is elusive for many in Canada, with 11% of the population living in poverty in 2018. Those residing in Toronto (this research project's geography of focus) are made particularly vulnerable – a recent study identified the city as the country's "working-age poverty capital", because it has the highest rate of poverty for those between 18 and retirement age. With millions of jobs lost, and health negatively affected, as a result of the pandemic, these conditions have only worsened. The vast majority of focus group and interview participants for this project (all spoken to prior to the pandemic) experienced material uncertainty and hardship. LGBTQ+ newcomer women and other trans and gender non-conforming newcomers contend with the economic difficulties impacting all Canadians, but experience additional burdens that further undermine their likelihood of financial well-being.

LGBTQ+ newcomers who have entered the country as refugees do not usually have the privilege of advance economic and logistical planning available to those who have migrated here willingly. Indeed, as one service provider noted, many of her LGBTQ+ asylum-seeking clients fled their origin countries in a hurry, as a result of an incident that undermined their safety. Several focus group participants also detailed the conditions of their departure – after a frightening or violent situation, they drove themselves straight to the airports, without packing more than a small bag. As a result, they entered into Canada without having pre-arranged their finances, scoping out employment opportunities, developing connections, or ensuring they were arriving somewhere that could accommodate for their material needs.

*Economic security is elusive for many in Canada, with **11%** of the population living in poverty in 2018.*

LGBTQ+ refugee claimants often arrive to Canada without the connections that are generally forged in advance by their non-refugee counterparts. All trans/queer newcomers are then further undermined in cultivating these connections because they do not have the same unmitigated access to community that most singular-minorities do. As both focus group participants and service providers noted, LGBTQ+ newcomers experience exile upon arrival – their dominant ethnic diasporic communities are (perceived as) unwelcoming to gender and sexual minorities, and dominant LGBTQ+ communities are (perceived as) unwelcoming to racial and linguistic minorities. This does more than deny LGBTQ+ newcomers the social and emotional safety and support available to others, it also undermines their employment opportunities and financial security. Studies have shown that as many as 80% of jobs are secured through personal or professional connections. The isolation of LGBTQ+ newcomers from those in a position to hire, significantly undermines their capacity to find employment.

Beyond their lack of personal connections, LGBTQ+ newcomers are also disadvantaged in finding work – and hence economic security – as a result of explicit and implicit discrimination. Focus group participants recounted experiences of being treated dismissively or even cruelly, in employment situations and otherwise, as a result of their accents, skin colour, immigration status, and gender/sexual expressions. However, this form of discrimination was rarer than that of the implicit variety. While many LGBTQ+ newcomers had post-secondary educational qualifications and job experience in their home countries, they were met with credentialism – i.e. the failure to recognize skills cultivated outside of Canada and in non-Western contexts. Ultimately, their robust resumes did not serve them in their pursuit of Canadian employment.

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Interpersonal discrimination and workplace credentialism are exacerbated by the restrictions and delays imposed upon various classes of immigrants. Refugee claimants, for example, are not entitled to work until their claims have been referred to the Refugee Protection Division of the Immigration and Refugee Board. They must then apply for a work permit – which requires undergoing a medical examination and proving that they are unable to pay for their basic needs without public assistance. Those who have entered the country under other immigration streams, such as temporary work programs, may be entitled to work but are, depending on the (official and unofficial) terms of their permit, denied the scope of protections and guarantees – such as the right to unionize, quit, move, demand minimum wage – that is available to Permanent Resident and Citizen workers. Together, these conditions limit all non-citizens' full and prosperous participation in the workforce. The LGBTQ+ newcomers who participated in this research project experienced these economic limitations – materially, as well as socially, emotionally, and psychologically. As one focus group participant explained: they were happy and grateful to be in Canada but they were disappointed that they could not fully contribute to life here.

As summarized in a report by the Ontario Human Rights Commission (2013): *“Immigrant groups identify many barriers to finding jobs that correspond to their education, skills and experience. These include: employers not recognizing foreign credentials and experience; language and communication difficulties (particularly relating to “occupational jargon”); employers not helping them integrate into the workplace and not providing job-related learning opportunities; being rejected for positions because they are thought to be “overqualified”; arbitrary requirements for “Canadian experience”; outright discrimination”*. As a result of these various obstacles to employment, LGBTQ+ newcomers – and others marginalized by virtue of their immigration status, race, sexuality, and gender – are disproportionately represented in ‘bad jobs’: those that are minimum wage, precarious, non-unionized, and/or dangerous.

These various societal and institutionalized injustices interact to produce particularly negative material outcomes for LGBTQ+ newcomers. For example, the increased likelihood that marginalized groups will work at minimum wage combines with the statistically-proven inadequacy of minimum wage levels, to increase income inequality and further expose racial/gender/sexual minorities to economic deprivation. Many LGBTQ+ newcomers interviewed for the project were in heterosexual reproductive unions prior to their immigration and therefore came to the country as single parents with children. The lack of national childcare multiplies the deprivation experienced by LGBTQ+ newcomer women and other trans/gender non conforming newcomers – not only are they more likely to live in poverty, they are further disadvantaged because the social safety net does not provide for many of the material supports that they would disproportionately avail of.

The pandemic has brought into focus how our most ‘essential’ jobs are also those filled by our society’s most marginalized, and under conditions that do not guarantee their physical, emotional, or financial security. The LGBTQ+ newcomer women and other trans and gender non-conforming newcomers we interviewed for this project are some of the casualties of this – under pandemic conditions and beyond.

Health & Access to Healthcare

Race, gender, and class are considered 'social determinants of health' because those who are marginalized by these factors experience worse physical outcomes, as a result of overt and structural discrimination. This is, often, self-reproductive – in that poor health undermines employability, and hence, imposes barriers to overcoming the very conditions of poverty that contribute to poor health.

LGBTQ+ newcomer women and other trans and gender non-conforming newcomers additionally experience barriers to adequate and appropriate healthcare.

LGBTQ+ refugee claimants and other newcomers do not receive all of the health services available to Canadian citizens. Currently, most non-refugee-claimant immigrants are not eligible to receive OHIP coverage within their first three months of living in the province. For refugee claimants, their coverage under the Interim Federal Health Program (IFHP) theoretically provides them with hospital and medical care coverage, and supplementary coverage similar to that received by low income Canadians. However, this does not always translate into adequate access to healthcare. As a primary care physician interviewed for this research explained, many providers refuse to offer services through IFHP because they are confused about what is covered, and they are unwilling to complete the additional registration process required to receive reimbursement for the small number of asylum-seeking clients. Several focus group participants corroborated this reality of IFHP coverage. In one encounter with the reception team of a health care provider, a focus group participant described how the staff's treatment of her changed entirely after she disclosed that she was a refugee claimant, and she was eventually denied service.

Undocumented immigrants face even greater barriers to accessing health services from mainstream providers – not only does their lack of OHIP/IFHP coverage deny them free service, but the threat of being reported to immigration services accompanies them on every visit to a health professional.

Those without OHIP/IFHP, or whose IFHP documentation is not recognized by the primary care space, must pay themselves out of pocket. This creates opportunities for financial extortion, as hospitals and clinics are not limited in what they can charge non-insured clients and can therefore bill them in excess of what the government reimburses them for the exact same service.

Canada is the only industrialized country with a universal healthcare system but without a national pharmacare policy. The LGBTQ+ newcomers included in this project relayed the financial strains of compensating for this incomplete coverage – which, in addition to pharmaceuticals, requires that most Canadians pay out of pocket for dental and eye care, and mental health services. Access can often be life or death – indeed, 10% of Canadians can't afford their pharmaceutical drugs, and hundreds die every year as a result. That LGBTQ+ newcomers are statistically more likely to experience poverty means that they are disproportionately exposed to this limitation in our healthcare system – as a result of their marginalization, they are both more likely to require non-insured services, and less capable of paying for them. LGBTQ+ newcomers are also more likely to require access to specific non-insured services – for example, trans newcomers often need hormone medication in order to actualize their gender identity; and LGBTQ+ refugees often need ongoing mental health support to function in world in which they've experienced significant historical and ongoing trauma.

10% of Canadians can't afford their pharmaceutical drugs, and hundreds die every year as a result.

Beyond non-insured services, accessing covered services is not even a guarantee – given that, for example, 10% of Ontarians do not have a primary care physician. Yet LGBTQ+ newcomer women and other trans and gender non-conforming newcomers are even more deprived than the population at large in retaining appropriate and adequate primary health care services. As studies have shown, LGBTQ+ populations – and particularly trans populations – are medically-underserved, with issues ranging from health care provider ignorance and incompetence, to overt discrimination and refusal of care. As Rainbow Health Ontario has noted, this LGBTQ+-incompetence is reflected and perpetuated in medical training – many med schools do not have content specific to caring for trans and queer populations; and the most readily available and authoritative education for medical professionals is provided by community organizations (like Rainbow Health Ontario) but is not mandatory for providers. Those who are additionally marginalized by race and immigration status are multiply exposed to a denial of care – subject to explicit racist discrimination on the part of providers; as well as implicit discrimination, such as the failure to incorporate their needs into service delivery through, for example, readily-available translation services or systems navigation supports.

Housing

Housing is a concern for many Canadians, and particularly for those in Toronto (this research project's geography of focus) – which is notorious for its exorbitant rental and ownership prices, significant homeless population, over-extended shelter system, and massive wait list for subsidized housing. Covid-19 has further strained housing situations, and exposed the extent of housing precarity among those in this city. LGBTQ+ newcomer women and other trans and gender non-conforming newcomers are particularly disadvantaged in their pursuit of safe and affordable accommodation and, unsurprisingly, this was a common area of concern among those we spoke to for this project.

Shelters

All focus group participants who had entered this country as an asylum-seeker had lived in a shelter as their first place of Canadian residence. Indeed, in Toronto, refugee claimants comprise approximately 40% of the shelter population; and, because there is insufficient space in refugee-designated shelters, claimants must often access the non-specified system. Thus, limitations and issues within the general shelter system disproportionately affect refugee claimants. Focus group participants spoke of multiple barriers to achieving adequate care in shelters.

Firstly, shelters are extended well beyond capacity. Indeed, the pandemic has revealed the extent of shelter overcrowding, and how the failure to ensure accommodation for the unhoused is a public health issue that impacts us all. Overcrowding has specific implications for minority groups' exposure to discrimination. Indeed, focus group participants cited experiences of racist, xenophobic, homophobic and/or transphobic abuse – the inability to avoid shared space in the tight quarters of an overcrowded shelter extended the reach and impact of this bullying. While shelter staff did not participate in overt or necessarily intentional acts of discrimination themselves, they nonetheless reproduced the harm – by failing to intervene, and/or by demonstrating a lack of empathy or concern.

Beyond overt acts of discrimination, LGBTQ+ newcomers are subject to the structural prejudices and limitations of the shelter system. Most shelters are gender-specific – i.e., for either ‘men’ or ‘women’ – and with a limited number that are gender-mixed and reserved for families. As a non-binary focus group participant noted, this feature makes them uncomfortable and often unsafe spaces for trans and gender non-conforming people, who may not visibly conform to one of the two gender options and are therefore exposed to gender policing in the basic act of survival. Other seemingly-neutral shelter protocols effectively discriminate against minority groups. As one service provider interviewed for the project noted, shelters commonly ban razor blades from their premises for safety reasons – a ‘common-sense’ policy that ultimately disadvantages trans-femmes who may need to shave in order to actualize their gender identity.

These policies and practices reflect dominant assumptions about the shelter population: specifically, these spaces are designed to accommodate cis, straight, able-bodied, White men. Shelter residents whose needs diverge from those of this dominant group are less likely to have them met. For example, one focus group participant complained that the shelter she stayed in upon arrival was not able to offer her information or support with her refugee claim process, which delayed and compromised her application.

This failure is not an individual instance of neglect by a shelter staff but, rather, an expression of structural failures in the shelter system. The overcrowding of shelters and the over-extension of shelter staff undermine the well-being of all of those who are homeless/under-housed – but it additionally inflicts upon marginalized groups, as shelters stretched beyond capacity are not able to respond to their specific needs or protect them from targeted violence.

Private Housing

Ultimately, shelters are intended to be a stop-gap measure, and the fact of their overcrowding reflects the broader issue of a lack of affordable housing in Toronto. According to a recent Demographia International Housing Affordability Survey, Toronto has the 6th least affordable housing market in the world; and a 2018 study by the Advocacy Centre for Tenants Ontario found that nearly half in the province struggle to pay rent.

Public housing is an inadequate respite – given years-long wait lists that ultimately match residents with housing in disrepair. As a result of this and the overcrowding of shelters, approximately 10,000 in this city are homeless on any given night – a number that is climbing as the pandemic has pushed many more into poverty, and the City has ended its moratorium on evictions.

Those marginalized by immigration status, gender, race, and sexuality are more likely than their non-marginalized counterparts to be unemployed, underemployed, precariously occupied, non-unionized and/or work at minimum wage – meaning that LGBTQ+ newcomer women and other trans and gender non-conforming newcomers are disproportionately subject to conditions of housing unaffordability. Indeed, a 2019 report by the Canadian Centre for Policy Alternatives report found that someone paid minimum wage would need to work 79 hours a week to afford rent in a one-bedroom apartment in Toronto. This is double the average working day and, given that such jobs are often physical in nature, minimum-wage workers are forced to significantly over-extend their bodies for the basics of accommodation.

*As a result of inadequate public housing and the overcrowding of shelters, approximately **10,000** in Toronto are homeless on any given night.*

The LGBTQ+ newcomers we spoke to for this project encountered additional difficulties in accessing affordable housing – specifically, explicit and implicit discrimination from landlords. One focus group participant – who self-identified as a lesbian refugee – explained the frustration of calling potential landlords for housing: as soon as they hear her accent, she said, they ask if she is a refugee and refuse to meet with her. Beyond overt xenophobia, however, rental housing norms and the immense power afforded to landlords erect other barriers to LGBTQ+ newcomers. For example, it is common for landlords to demand housing references before offering accommodation – impossible for those who are new to this country and hence first-time renters. Since many living in poverty do not have the privilege of single-occupancy housing, their exposure to prejudice extends beyond the landlord and to their co-tenants. As one housing worker interviewed for the project explained, some of her clients have been rendered homeless as a result of violence by roommates: one, for example, had the locks changed on her when she disclosed her sexuality to her co-habitant.

While LGBTQ+ newcomer women and other trans and gender non-conforming newcomers are disadvantaged in finding affordable Toronto housing, the stakes are particularly high for those who come to Canada with children, since the challenges of homelessness are exacerbated with dependents. Leaving the downtown core is often not an option, either, given that the specified social services they rely upon are clustered in the region. In fact, a housing worker interviewed for this project found that many of her clients choose to be homeless or live precariously (e.g., on a friend's couch), rather than relocate to a geography with greater housing affordability but less service access. Moreover, for many marginalized people, living downtown is more than a matter of convenience but basic safety. Focus group participants – particularly racialized trans femmes – described episodes of verbal harassment and physical intimidation, based on their divergence from gender norms. While this violence is endemic in city areas, it is often even more pronounced in suburban or rural ones – where there are fewer people, finding community is more difficult, and gender and racial diversity is less likely. While LGBTQ+ newcomers are more tethered to the city centre, they are also less capable of affording the city centre – making their living situations particularly fraught, even as compared to others struggling to make ends meet.

*Focus group participants – particularly racialized trans femmes – described episodes of **verbal harassment** and **physical intimidation**, based on their divergence from gender norms.*

All newcomers – including those who are trans and queer – are disadvantaged by their lack of familiarity with Canadian bureaucracy, specifically in relation to housing. The above-mentioned renter who was effectively evicted from her housing by a homophobic roommate was victimized not only by her co-tenant but also by her lack of familiarity with rental law: because her name was not on her lease, she had little or no recourse. Housing specialists and activists note the myriad of ways that landlords both loophole the law – such as through the phenomenon of ‘renovictions’ – and violate and transgress it. This poses difficulties for all who rent in Toronto but particularly for newcomers who often lack full comfort in English, as well as familiarity with their rights and the available forums in which to advocate for them.

Social Isolation & Exclusion

As compared to the many strains on their material survival, the reality of social isolation and exclusion among LGBTQ+ newcomer women and other trans and gender non-conforming newcomers might seem relatively trivial. Social connection, however, is important towards holistic well-being, and support networks can offer material, emotional, logistical, social, and psychological sustenance – including access to employment opportunities, systems navigation support, service referrals, testimonial for housing/work/refugee applications, interest-free loans, childcare, transportation, bulk-purchasing, resource exchange, the opportunity to collectively commiserate over shared struggle, and, of course, the joys of connecting. Indeed, evidence shows that social isolation and loneliness may be as detrimental to one's life span and physical well-being as is smoking.

Studies show that many Canadians are increasingly lonely and socially-isolated – a reality further exposed and exacerbated by the pandemic. LGBTQ+ newcomers, however, are made disproportionately vulnerable to these realities.

By definition, all newcomers to Canada are geographically-removed from the communities of their origin. For LGBTQ+ newcomers – particularly asylum-claimants – they may also be socially and emotionally severed from these communities, given the conditions of unsafety that precipitated their migration. Upon arriving to Canada, they do not have the same unmitigated access to diasporic ethnic communities or to trans/queer ones –the former are generally organized around the assumption of cis-ness and heterosexuality, while the latter are primarily catered to White, English-speaking, Western non-immigrants. As a result, these social spaces may be deemed inhospitable and/or unsafe. Further, as one service provider explained, cis men tend to dominate in any space they are in – and thus, even those communities organized around the shared experience of being LGBTQ+ newcomer are often exclusionary or non-responsive to the needs of cis and trans women, femmes, and those who are gender non-conforming.

These social dynamics are replicated in the provision of social services, which also function as community spaces for those who avail of them – newcomer, LGBTQ+, and even newcomer LGBTQ+ services are not catered to the socializing (and other needs) of LGBTQ+ newcomer women and other trans and gender non-conforming newcomers.

As one report describes succinctly: *“The link between social isolation and poverty is an obvious one – and a catch-22. Social isolation can lead to missed economic opportunity, and poverty often means that social resources are inaccessible”*. LGBTQ+ newcomer women and other trans and gender non-conforming newcomers are disproportionately subject to conditions of poverty and financial stress. Focus group participants described the strains resulting from low-income status – ones that undermined all aspects of life, including their social lives. Indeed, forging and cultivating relationships generally requires time and energy to dedicate to socializing, as well as discretionary income to allocate to physical transportation (or, under Covid, an Internet connection) and the right to congregate in private space (such as in a coffee shop or restaurant).

LGBTQ+ newcomer women and other trans and gender non-conforming newcomers are thus doubly arrested in their pursuit of sustained social connection – community spaces are often not inclusive of them or responsive to their needs; and, even when they are, they face barriers to participation.

Our focus groups with LGBTQ+ newcomer women and other trans and gender non-conforming newcomers confirmed the desire for social connection. Even though these were isolated sessions designed for research purposes, several of the participants asked at the end of the group when our next meeting was! Further, the focus groups exemplified the synergy of community-specific social spaces – while the focus group facilitators were there as the ‘authorities’, and the primary intent was to gather data, the participants generated significant supplementary value, quickly developing connections among themselves, and exchanging advice, resources, and reassurance. These focus groups also attested to human resourcefulness, in overcoming obstacles to pursue social connection. For research purposes, we defined ‘newcomer’ as anyone who had been in the country for 7 years or less – and yet, the majority of participants had been there only a few months and, in that time, had managed to connect themselves sufficiently to their context so as to participate in this focus group.

Service Barriers

The deprivations that LGBTQ+ newcomer women and other trans and gender non-conforming newcomers experience in society at large are replicated in the very social services they access to compensate for these denials. In this way, their barriers to well-being are multiplied, and their capacity to overcome them are diminished.

Structural Normativity

Mainstream social services are generally organized around ‘normative’ standards – their clients are presumed to be cis, straight, male, White, non-immigrant, English-speaking, able-bodied, or to otherwise approximate the needs, values, and behaviours of those who are. As mentioned in a previous section, the shelter system exemplifies this – that they are usually designated to serve ‘women’ or ‘men’ reflects the normative assumption that shelter-users conform to one of the two binary gender options; and that shelters are not generally equipped to support the refugee application process or to provide translation services reflects the normative assumption that those who access them are English-speaking permanent residents or citizens.

LGBTQ+ newcomer women and other trans and gender non-conforming newcomers are disadvantaged by the normative operations of social services because, by definition, their minority experiences are non-normative, and their needs thus unaccounted for.



Further, they are additionally disadvantaged by virtue of their *multiple* minority status – in that even those services catering to a particular aspect of their marginalized subjectivity tend to be normative with respect to others. Put otherwise, as one service provider interviewed for the project explained, clients are allowed to be ‘LGBTQ+’ or ‘newcomer’ – but not both. Newcomer and settlement services, for example, were critiqued by service providers and focus group participants for assuming their clients to be heterosexual and cis-gender – revealed as early on as the intake process, during which queer newcomer women are asked about their ‘husbands’. This not only delegitimizes the sexual orientation of non-straight immigrants, it also compromises the quality of support they receive. For example, settlement services often facilitate community between those of similar linguistic/ethnic backgrounds, without taking into account the fact that queer newcomers often do not feel safe in these spaces and therefore require programming exclusive to those with a shared non-heterosexual/cis-gender identity. Similarly, mainstream LGBTQ+-serving organizations were critiqued for their orientation around Western norms of trans/queer life. For example, a dominant perception of queer people who access social services is that they do not have children – since, in Canada, queer reproduction is often exclusive to middle/upper-class monogamous and domesticated couples. Many LGBTQ+ newcomer women, however, were in heterosexual reproductive unions in their home countries and have therefore come to Canada as single parents with children. The failure to make childcare reliably available in LGBTQ+ social service spaces is a significant barrier to participation

While there are programs designed specifically for LGBTQ+ newcomer populations, these, too, tend to prioritize the interests and experiences of the most privileged – in this case, cis gay newcomer men. One service provider interviewed for the project remarked on such a program and the safe sex workshop it offered – which was promoted to all of their LGBTQ+ newcomer clients but was, in the event, only relevant to cis men who have sex with cis men.

The problem, however, can’t be reduced to a dearth of programming specific to LGBTQ+ newcomer women and other trans and gender non-conforming newcomers. A primary care provider interviewed for the project, for example, explained how doctors will assume that English-as-a-second-language patients are straight, which then compromises the quality of physical health care they receive. Thus, merely escalating the extent of population-specific programming is insufficient, given the normativity underlying general services – like healthcare – that everyone requires access to for their health and prosperity.

Interpersonal Discrimination

Structural normativity at the level of service design is paralleled by interpersonal discrimination at the level of service practitioner.

While our research did uncover instances of explicit bigotry by staff, discrimination manifested more routinely through neglect, apathy, ignorance, and non-responsiveness. These expressions are more normalized, difficult to identify and, often, unintentional – while being equally harmful. This is precisely why they demand attention and redress.

For example, focus group participants who had spent time in shelters described verbal harassment and physical intimidation from other shelter inhabitants, either implicitly or explicitly directed at their racial, sexual and/or gender non-normativity. While shelter staff did not participate themselves, they also did not sufficiently intervene to stop the abuse or express empathy or concern for those targeted by it. The failure to intervene, however, is not always as overt. As one service provider interviewed for the project commented – wherever there are cis-men, they tend to dominate. Thus, even in spaces exclusively designated for LGBTQ+ newcomers, those who are women, trans, and/or gender non-conforming are not given equal consideration for their needs.

Staff tend to be unaware/unsure of, disinterested in, or unable to dedicate resources to, rectifying this. Thus, through the withdrawal of their attention, social service staff multiply the harm against LGBTQ+ newcomer women and other trans and gender non-conforming newcomers – enabling the perpetuation of abuse and/or inequitable dynamics, while also providing tacit approval for them.

Social service practitioners' inadequacies are not limited to their mis-management of intra-client dynamics. One lesbian newcomer research participant described the stresses of the refugee claim process - made worse by her case worker, who expressed irritation at her presence, dismissed her concerns, and refused to answer or return her calls. While the case worker may have been performing all of the duties of her job, she demonstrated a lack of recognition or concern for the emotional experience of the refugee claim process; she refused to legitimize, or seek to allay, the client's understandable fears and anxieties by being responsive, providing updates, detailing next steps, and/or offering reassurances and kind words. Support workers who dutifully perform the technical requirements of their position can still contribute to the effective dehumanization of their clients - by treating them as 'jobs' to be done, and refusing to consider their entire humanity.

While the above situation was a more overt example, dehumanizing harm is perpetrated more regularly as a result of social norms rooted in White, Western, hetero, and cis normativity. As one trans focus group participant noted, being mis-gendered is disturbing and destabilizing, and can trigger a painful psychological experience. Yet, it is automatic social practice to make assumptions about a person's gender based on appearance, and to communicate these assumptions through language (i.e. by referring to someone as 'he' or 'her'). Social service staff who are ill-informed about gender diversity unintentionally traumatize their clients through the seemingly innocuous act of referring to them according to their presumed gender.

*Even when social service staff are fulfilling their job responsibilities thoughtfully and with the standard awareness of anti-oppressive principles, they are still **prone to fail** in anticipating the diversity of their clients' needs.*

Even when social service staff are fulfilling their job responsibilities thoughtfully and with the standard awareness of anti-oppressive principles, they are still prone to fail in anticipating the diversity of their clients' needs. For example, one service provider commented on the importance of settlement services visibly articulating their welcoming stance towards LGBTQ+ newcomers (such as through posters or rainbow insignia). Even while practitioners may very well embrace sexual and gender diversity, LGBTQ+ newcomers, particularly refugees, are understandably sensitive to the possibility of intolerance, and thus require explicit and active acceptance in order to experience safety. Similarly, as one service provider working in primary care described, many undocumented immigrants live in fear of being reported, detained and/or deported – an anxiety multiplied while accessing health care services, where documentation is often required, and Canadian Border Services Agency (CBSA) officials are known to inquire about the immigration status of clients. Thus, adequately serving non-status clients involves not just foregoing the requirement for OHIP/other documentation, but making *explicit* (through signage and other means) that the health service does not communicate with or entertain requests from immigration officials. The non-normative needs of LGBTQ+ newcomers are more than emotional but informational and logistical – as previously described, shelter staff are typically ill-equipped to provide guidance on the refugee claims process, despite a significant portion of the shelter population in the midst of an asylum application. In this way, neglect is an unavoidable consequence of the structural distance between service provider and service user – those administering programs do not have similar life experience to those for whom they are administering programs, and thus are not equipped to predict and hence respond to their needs.

It is important to note that the problems identified here do not always, or even usually, reflect the personal incompetency of those who work on the front lines in social service agencies – many of whom are overworked and lacking resources, and yet remain dedicated to service. The issue is, instead, a combination of structural features endemic to the sector – i.e. hiring practices that discount lived experience, hierarchical organizational structures, lack of professional development opportunities, minimal resources, poor remuneration, precarious work terms, and excessive caseloads – that preclude the maximization of well-being for both clients and staff.

Failure to Recognize Client Strength

Our services exist because of client need – and so, understandably, this context informs how social service agencies and practitioners conceive of, and interact with, their clients. However, there is a common tendency to collapse the *structural* with the *personal* – to categorize *clients* as being ‘needy’, instead of recognizing the *system* as systematically producing need.

A group of researchers analyzed this phenomenon, by interrogating the way ‘vulnerable’ is deployed in public health literature as a descriptor for oppressed populations. As they found, the term functions “to conceal the structural nature of public health problems....Evidence is clear that inter-related structural factors such as colonization, racism and economic exploitation are responsible for health inequities ... vague or euphemistic language and unarticulated assumptions can serve to obscure this reality”. Thus, according to their findings, the language of ‘vulnerability’ is often used to re-orient critique away from the structures and forces that oppress, and onto those who are oppressed – and, in so doing, imply pre-existing shortcomings among these populations. In this way, ‘vulnerability’ discourse reproduces the intellectual weaknesses and political cruelties of scientific racism, which posited inherent limitations among non-White populations – ones that, ultimately, justified their domination and colonization under the pretense of altruism. Whether or not we describe clients as ‘vulnerable’, the issue is not the word but, rather, the analytical approach it reflects – one which locates ‘deficiency’ in people rather than societies.

As we learnt through this research, LGBTQ+ newcomer women and other trans and gender non-conforming newcomers are *not* inherently ‘needy’. On the contrary, they manage to survive – and often, thrive – in a world organized to exclude them. Service providers described how their trans/queer, racialized and immigrant clients engaged in informal organizing and strategic navigation of space (i.e. determining when to disclose queer/trans identity and when to not), and confronted challenges with resourcefulness, resilience, and independence. These are assets that more privileged people do not deploy to the same extent and with the same regularity. Findings from the focus groups aligned with these service provider anecdotes. For example, while the focus group call-out defined ‘newcomer’ as a person who has been in Canada for 7 years or less, the majority of participants had been in Canada for less than three months – and yet, in that time, had connected themselves to services, formed meaningful peer relationships, and taken steps towards finding permanent housing, employment, education, and stabilizing their immigration status. As one focus group participant – a trans Latinx woman – commented wryly: while the verbal harassment she suffers on the streets used to stop her from going out during daylight, she’s now used to it, and it no longer affects her movements. The experience of oppression doesn’t only *not* preclude strength – it actually cultivates it.

The discourse of 'neediness' is problematic for the way it reflects and perpetuates misguided social service priorities and practices.

Firstly, it justifies the general exclusion of service users from the process of service design, by failing to account for the skills they are forced to cultivate and deploy in their regular course of life. Instead, it is 'experts' who envision and execute the programming they administer to others - others whose life experiences do not necessarily overlap with their own, and whose needs they are not intimately aware of.

Secondly, and relatedly, LGBTQ+ newcomer women and other trans and gender non-conforming newcomers are under-represented among social service staff - who, in general, do not proportionately represent the diversity among service users. This is, in part, because employment norms discount lived experience as a legitimate occupational asset, while inflating the importance of (Canadian) post-secondary qualifications and (Canadian) work history - credentials that new immigrants are less likely to possess.

Thirdly, the construction of clients as 'needy' informs the content of social service programming - which is generally occupied with 'fixing' marginalized populations rather than a society that creates problems in need of fixing. This is why, for example, we dedicate significant resources towards financial literacy programs rather than organizing against the economic injustice that engenders financial precarity among our clients.

Ultimately, this acts in the service of injustice - ensuring that our approach to serving oppressed populations perpetuates the very conditions that engender their oppression.

Austerity

Over the past few decades, austerity discourse has overseen the progressive reduction in tax revenues in relation to national wealth. In general, at all levels of government, this has resulted in the diminishment of the social safety net - the policies and practices that redistribute wealth in order to actualize equal opportunity of well-being; and which include public funding for income supports, public transit, health care, education, housing, shelters, addictions services, domestic violence services, legal aid, mental wellness services, community programming, settlement services, and others.

These trends impact the functioning of government-funded social services - specifically, by forcing them to operate beyond capacity, given that austerity simultaneously escalates service demand while undermining service supply. Indeed, the only shared complaint among every one of the 16 service providers spoken to for this project was the fact that they - as individuals and as organizations - were not sufficiently resourced to serve all those who needed it. In fact, a handful of the service providers we hoped to include in this project were not able to accommodate our request because of their over-booked work schedules.

LGBTQ+ newcomer women and other trans and gender non-conforming newcomers are subject to these limitations of the social safety net, but are often disproportionately impacted by them.



Indeed, depending upon their immigration status, LGBTQ+ newcomer women and other trans and gender non-conforming newcomers are not eligible for government-funded care. Registered asylum claimants, for example, are not entitled to federal settlement services – meaning they can wait months before having access to the language, skills and employment trainings that such programs offer. Further, as this project’s research participants attested, the Interim Federal Health Program (IFHP) to which asylum claimants are subscribed, does not, in practice, offer the same guarantees of adequate healthcare as does OHIP – primary care spaces do not always register themselves as IFHP providers and therefore will not accept refugee-seeking clients. Newcomers on student visas or other temporary stays may be entirely omitted from government-provided healthcare (and other) services; while non-status newcomers are not only denied service but risk detention and deportation for even attempting access of government-administered spaces. Those who are homeless or precariously housed are often also similarly excluded, given that their lack of stable housing often precludes the retention of an ID card. The austerity-engendered strain on social services exacerbates the effects of this denial because it encourages service providers to enforce these restrictions – as this is one way that providers whittle down untenable demands on their services.

When qualification is not an issue, the strain on services disproportionately compromises the well-being of LGBTQ+ newcomer women and other trans and gender non-conforming newcomers. Long wait lists, particularly for therapeutic support, make psychological wellness elusive – LGBTQ+ asylum seekers/refugees and others who have endured significant trauma cannot conveniently suspend their needs to accommodate service delays. The fact of overcrowded services undermines the quality of care for all, but particularly those (like LGBTQ+ newcomer women and other trans and gender non-conforming newcomers) whose needs deviate from the norm, given insufficient resources to provide for their accommodations.

Government funding is not only diminishing in quantity but, also, increasingly subject to qualifications and forms of oversight that undermine the quality of care and the extent of reach.

As a service provider working in youth community and educational programming told us, government (and other) grants are relatively over-concentrated in serving the aged 29 and under (ie. ‘youth’) and 60+ (i.e. ‘senior’) populations. In a context of over-extended and scarce social services, this age-restrictive feature of the social services landscape further denies access to those who fall between these age parameters. The rationale for age-specific services reflects normative expectations about life trajectory and experience – ones that don’t often apply to LGBTQ+ newcomer women and other trans and gender non-conforming newcomers. For example, the disproportionate administration of sexual health, mental wellness, employment training, and community programming content to ‘youth’ assumes that those who have graduated from this chronological age category have already received sufficient support around these aspects of physical, psychological, educational, economic and social wellness. Those who are new to this country, however, have not been exposed to these supports as they relate to the Canadian context. Further, ‘coming out’ as queer activates a whole new development process – and therefore ‘queer age’ does not necessarily correlate with ‘chronological age’ in many respects. Many LGBTQ+ newcomers (aged 30-60) are thus denied ‘youth’ programming that they could benefit from, because of misguided conceptions about the relationship between age and experience/need.

*Government funding is not only **diminishing in quantity** but, also, increasingly subject to qualifications and forms of oversight that undermine the quality of care and the extent of reach.*

Government funding has increasingly shifted from organization-specific to program-specific, meaning that it is administered to resource a particular offering rather than to generally finance the institution. As non-profit administrators have noted, this contributes to organizational precarity and hence undermines service quality. General organizational funding provides stability, and facilitates long-term capacity-building and growth. Ad-hoc program funding, however, encourages the development of limited programs for which short-term contract staff is recruited. Program quality suffers as a result – precarious staff are not as capable of cultivating familiarity with their work and nurturing meaningful relationships with their participants; ad-hoc programming delivered over the course of just several weeks or months denies participants the benefits and assurances of long-term support; and organizations unsure of renewed funding cannot adequately plan for the future. This disadvantages all those who access social services but, naturally, disproportionately impacts upon those who, by virtue of their marginalization, disproportionately rely on social services – including LGBTQ+ newcomer women and other trans and gender non-conforming newcomers.

A corollary of this trend towards program-specific grants is program-specific reporting requirements. Most program-specific funding is administered on the condition that a minimum number of people will be served, the benefits of this programming will be measurable, and that a report submitted at the conclusion of the program will attest to this. Of course, maximizing service is always a primary aim – but the features of quality programming often contradict with the features of reporting requirements: numbers served and quantitative outcomes achieved don't adequately or accurately capture the benefits of a program, and a focus on producing reportable results re-orient staff and management priority and thus compromises programming quality. This contradictory priority disproportionately undermines the service of marginalized populations. For example, LGBTQ+ newcomer women and other trans and gender non-conforming newcomers benefit from programming specific to them – so that their needs are fully accounted for, and so that their safety among co-participants is maximized – but the requirement to maximize numbers served encourages organizations to expand eligibility.

The trends exemplary of austerity attest to the compounding effects of oppression – those who, by virtue of their marginalization, are most denied well-being in an (austere) society, are also those most alienated from the (austere) resources designed to compensate for this denial.



Recommendations

This section translates the findings of this report into actions, designed to actualize well-being for LGBTQ+ newcomer women and other trans and gender non-conforming newcomers. The recommendations are directed at two tiers of responsibility/activity – government & service.

Government Level

We (the authors) are not policy-makers, politicians, public servants, or otherwise empowered to direct government practice – nor do we expect our readers to be. However, we offer these recommendations because, while they technically fall under the purview of elected officials, realizing them demands knowledge and advocacy efforts on our part. Through this section, we hope to support you in that – a task we feel is indispensable to the work we do.

Actualizing our mandates of adequate and appropriate service requires political change beyond our organizations. For example, financing the accommodations that make our services accessible requires more than good will and effort on our part but, also, a restoration of government funding. Further, well-being for our clients is more than a matter of quality service but justice – the broader conditions that enable equality of opportunity and outcome. Our clients are, often, in *need* of service precisely because they are denied justice – indeed, the safety and adequacy of shelters is only a concern in the context of unaffordable housing and mass homelessness. Our service interventions will *always* be insufficient to compensate for this denial. For example, making our career support services accessible to LGBTQ+ newcomer clients will not actually address their unemployment if there simply aren't enough good jobs available. As practitioners, we act as mops wiping up a wet floor – when the hole in the ceiling guarantees that people will continue to slip, and that our jobs will never be done.

As such, we cannot be neutral to the broader context of systemic injustice in which our work and institutions exist. We caution our readers against an exclusive focus on the service-level solutions presented in the following section. Justice is a long-term and, often, uncomfortable pursuit – but we hope you do not lose sight of this ultimate aim in the midst of your everyday work. Conversely, we encourage you to not internalize all of the inadequacies of your social service practice – these limitations do not necessarily reflect your own shortcomings but, primarily, those of the circumstances in which you practice.

As such, this report would be incomplete and inadequate without government-oriented recommendations, because our work, our lives, and the lives of our clients – LGBTQ+ newcomer women, trans and gender non-conforming newcomers, and others – are thoroughly informed by government (in) action. That said, we also have the power to influence the priorities and pursuits of those we elect.

Rather than offer detailed explanations for each recommendation, we instead direct you to some groups/organizations already doing this work, to help deepen your understanding and facilitate your advocacy efforts.

Recommendation: Actualize Economic Justice

Areas requiring attention:

- Livable minimum wage
- Worker rights and union protections
- Affordable housing and tenant rights
- Employment opportunities & green jobs
- Food security
- Safe, reliable and affordable public transit
- Post-secondary education

To learn more/become involved:

- [\\$15/Fairness Campaign Network](#)
- [Canadian Centre for Policy Alternatives](#)
- [Ontario Coalition Against Poverty](#)
- [Canadian Labour Congress](#)
- [Food Secure Canada](#)
- [Toronto Youth Food Policy Council](#)
- [Canadian Federation of Students](#)
- [Homeless Hub](#)
- [ACORN Canada](#)
- [Advocacy Centre for Tenants Ontario](#)
- [TTCRiders](#)

Recommendation: Restore the Social Safety Net

Areas requiring attention:

- Income supports (disability, welfare, old age etc.)
- Healthcare gaps – eye care, dental, pharmaceuticals
- Underfunded healthcare – lack of family physicians for all, overburdened emergency services
- Legal aid
- Public space (eg. libraries)
- Public housing and shelters
- Social/community/recreational programming
- Crisis supports (i.e. mental health, addictions, anti-domestic violence)
- Language & settlement services
- Funding & reporting requirements for government grants
- Population-specific programming, staff competency training, and accommodations
-

To learn more/become involved:

- [Canadian Centre for Policy Alternatives](#)
- [Ontario Coalition Against Poverty](#)
- [Canadian Labour Congress](#)
- [Homeless Hub](#)
- [ACORN Canada](#)
- [Ontario Health Coalition](#)
- [Stop Legal Aid Cuts](#)
- [Rainbow Health Ontario](#)
- [Canadian Medical Association](#)

Recommendation: Actualize Migrant Justice

Areas requiring attention:

- Criminalization of migrants (i.e. detention)
- Access to healthcare, social services, employment, worker rights/protections, legal recourse
- Access to credentials/skills upgrades
- Access to legal aid and translation services
- Immigration enforcement in social services
- Asylum rights (i.e. 'Safe Third Country Agreement'; undue burden of proof)

To learn more/become involved:

- [Migrant Rights Network](#)
- [Stop Legal Aid Cuts](#)
- [Canadian Council for Refugees](#)
- [Canadian Association of Refugee Lawyers](#)

Service Level

This section contains recommendations for social service policy and practice, directed at individual practitioners as well as management. They are intended to facilitate the appropriate and adequate service of LGBTQ+ newcomer women and other trans and gender non-conforming newcomers – but, also, all others we serve, in their diversity of experience and need. Of course – shelters operate very differently from doctors' offices and, therefore, the general relevance of these recommendations simultaneously precludes their sectoral specificity. However, we believe these recommendations can provide a framework for, and inspire, change in all service areas. Indeed, we do not intend these as a comprehensive 'how-to' – they should be the beginning, not the end, of an ongoing process to make services more responsive and accountable to the needs of all of those entitled to access them.

We also suggest that you refer to the **Positive Spaces Initiative of OCASI (Ontario Council of Agencies Serving Immigrants)** – which offers a range of resources to enhance service for LGBTQ+ newcomers: <http://positivespaces.ca/>

Recommendation: Reframe Responsibility

We encourage service practitioners at all levels of the organizational hierarchy to reframe the task at hand. Firstly, enhancing the safety and relevance of services for LGBTQ+ newcomer women and other trans and gender non-conforming newcomers is not a 'favour' – it is a basic responsibility, given our mandates to serve all of those who come to our door. Secondly, what is required to do this is not so much a matter of learning but, rather, unlearning – identifying and overcoming the premises that underpin our current practices, ones that are primarily responsive to the needs of 'normative' (i.e. cis, White, English-speaking, non-parent, citizen, able-bodied, straight, male) clients. LGBTQ+ newcomer women and other trans and gender non-conforming newcomers are not 'needy' – their needs are just not generally accounted for within service design and delivery. Thus, rather than trying to 'know' our LGBTQ+ newcomer women and other trans and gender non-conforming newcomer clients, we should strive to know ourselves – by constantly reflecting on the assumptions we make about our clients, and whether those assumptions advance or hinder our capacity to support them.

Recommendation: Diversify Staff & Challenge Employment Discrimination

Our services are more responsive, creative, thoughtful, intuitive, interesting, welcoming, and safe when staff at all levels represent those we serve, in terms of race, gender, linguistic/geographic background, education, ability, immigration trajectory, sexuality, and class.

While many organizations proactively integrate superficial diversity into their employee base, seemingly-neutral HR norms still preclude the recruitment of staff who more substantively represent our clients. Studies show that those from low-income families are less likely to pursue post-secondary education – and yet, undergraduate and master’s degrees are increasingly a basic requirement of many positions. Similarly, educational credentials and employment experience attained outside of Canada are often entirely disregarded in a candidate’s resume – which, for newcomers, can reduce their resume to nil. Evidence suggests that a majority of jobs are not posted publicly but are circulated through informal social networks, disadvantaging those who aren’t connected to hiring power – like newcomers, lower-income people, and the socially-isolated. Finally, the emphasis on covering letters presents another barrier – in that employees are being evaluated on English language skills that may not be relevant to the applied-for position. While organizations often do on-board candidates with ‘lived experience’, the positions made available to them are as volunteers or in ‘peer support’ – which are generally on a lower pay scale, and void of authority.

Ensuring that our organizations are staffed by those who share meaningful life experience with the people we serve requires that we re-organize hiring practices to prioritize consideration of non-Canadian credentials/experience, volunteerism, and life journey. It also requires that jobs be published publicly and that all applications be considered in the evaluation process. Further, it demands a greater emphasis on the interview as a screening metric, so that employers can assess relevant qualities and characteristics (such as empathy, patience, creativity, ingenuity) that can’t be meaningfully assessed in an application.

Recommendation: Invest in Decent Work

According to the Social Planning Network of Ontario, approximately 1 million Ontarians work in the non-profit community sector. While contributing significantly to provincial employment, however, non-profits disproportionately rely on temporary and part-time working arrangements, as compared to their for-profit counterparts.

While seemingly unrelated, the precarity of non-profit employees undermines the adequate and appropriate service and well-being of LGBTQ+ newcomer women and other trans and gender non-conforming newcomers.

Indeed, all service users benefit when those who are tasked with their care are intimately familiar with their roles and have the capacity to engage in long-term relationship-building. Conversely, all service users are disadvantaged when providers are over-burdened and operating beyond capacity. Temporary and part-time work contradicts these pre-requisites of conscious and dedicated service – which particularly impacts upon clients whose needs and experiences diverge from the norm, including but not limited to LGBTQ+ newcomer women and other trans and gender non-conforming newcomers.

Furthermore, LGBTQ+ newcomer women and other trans and gender non-conforming newcomers are not only service users but, also, non-profit employees. As mentioned previously, those who are marginalized by race, gender, sexuality, and immigrant status are over-represented in poverty and precarious jobs, a reality that contributes to their deprivation and dispossession. Those who are dedicated to their well-being and justice should not only seek to provide for them better service but, even more importantly, to challenge the conditions that make them in *need* of service. This includes expanding the availability of jobs that contribute to, rather than detract from, material stability and psychological well-being.

Ultimately, actualizing justice is a holistic pursuit, one that demands a comprehensive transformation of all levels of society – including within the social services sector.

Recommendation: Structurally Integrate Client Perspectives

Structurally integrating client perspective and feedback into organizational practice requires more than representative hiring. Indeed, ‘clients’ have a fundamentally different experience of the organization than do ‘staff’, as they are situated on opposite sides of the service arrangement. Service providers interviewed for this project recommended Client Advisory Boards – committee(s) of current and former clients, representing a diversity of backgrounds and needs, who are responsible for advising on problems, considering possible projects, and making recommendations on organizational policy and practice. Service providers suggested several important facets of a productive Client Advisory Board. Firstly, that they offer honoraria or other material expressions of gratitude, in recognition of the financial barriers to volunteer participation and the benefits that this role provides to the organization in terms of service improvement. Secondly, that these boards should account for participant safety and, specifically, the fear of repercussion that service users might have for engaging in criticism. This can be achieved through the option of anonymity and/or by administering the advisory board independently from the organization (such as through a third-party consultant who communicates the findings). Thirdly, that these boards should have a clearly-defined, transparent, and accountable process for having their feedback integrated by management – to ensure their advisement does not become a ‘feel-good’ but substantively meaningless endeavour.

Recommendation: Unpack Assumptions & Undo Service Barriers

As previously mentioned, services are generally organized around normative assumptions – i.e. that those we are serving are, or approximate the needs of, a White, cis, male, straight, English-speaking, childless, able-bodied, citizen. Making services accessible and relevant to all requires undoing the policies and practices that emanate from these assumptions, and that disproportionately impose service barriers to LGBTQ+ newcomer women, other trans and gender non-conforming newcomers, and other non-normative clients.

In the following table we list a normative assumption, the ensuing normative practice, the resulting service barrier to non-normative clients, and options for addressing it. This list is partial and does not apply to every sector or organization. Rather than a comprehensive ‘how-to’, it provides a framework for considering the biases and exclusions built into your service practice and how to challenge them. It further dismantles the notion that marginalized clients have excessive ‘need’ – rather, it demonstrates how certain needs have *already* been accounted for in service design and, thus, why addressing service barriers is a requirement of equitable access.

Normative Assumption	Ensuing Normative Practice	Resulting Service Barrier	Solutions
Cis-gender client	Gendered washrooms, shelters, and other spaces (i.e. designated for either 'men' or 'women')	Those who do not identify with, or visibly conform to, either of the binary genders are uncomfortable and/or unsafe when forced to choose between options that do not reflect their identities.	Make provisions for gender-neutral spaces – i.e. where people of all genders are welcome.
Cis-gender client	Presuming a person's pronouns (i.e. referring to someone as a 'him' or 'her' without asking first)	Being referred to by pronouns that they do not identify with – i.e. being misgendered – can be a traumatizing and destabilizing experience that undermines a person's gender identity.	Normalize the practice of asking people for their pronouns along with their name, and refrain from applying pronouns to someone before asking.
Cis-gender client	Failing to provide, or even prohibiting, materials that are necessary for actualizing gender identity – such as razer blades, chest binders, hormone medication – within the service space	Not having the capacity to actualize one's gender identity can be traumatizing and destabilizing, and exacerbates gender dysphoria.	<p>Make budgetary provisions to provide for gender-actualizing materials upon request.</p> <p>Make exceptions for the usage of razer blades or other items deemed 'dangerous'.</p>
Heterosexual client	Using opposite-gender pronouns to refer to spouses/partners	Expressing assumptions that a client is heterosexual can make more difficult the process of disclosing queer identity. The failure to know our client's sexuality can compromise quality of care, particularly sexual health care.	Normalize the practice of asking people about their sexual behaviours and issues before expressing assumptions about them. Don't conflate sexual orientation with sexual practice – men who have sex with men don't always identify as 'gay', and their sex doesn't always include penile penetration (often particularly for trans men). Thus, providing appropriate sexual health services requires focusing on practice.
Citizen client	Requiring government-issued identification as a condition of service	Clients who are undocumented, on temporary stays, or of otherwise precarious status, may not have the requisite identification and hence are denied service. Further, they may feel endangered by the request to provide it, given the possibility of immigration officials infiltrating social services to enforce detention and deportation orders.	When possible (i.e. if funding allows), do not require identification as a pre-condition. If identification is the basis for funding, make referrals to community health centres and other places that do not require identification; and expressly assure clients that information is never exchanged with border officials.
Childless client	Offering programs during typical school pick-up times and failing to provide childcare	Clients who have children cannot participate in programming	Offer on-site child care upon request, and make this provision widely-known. Survey program participants to learn what time is most convenient for their participation.

Normative Assumption	Ensuing Normative Practice	Resulting Service Barrier	Solutions
Able-bodied client	Failing to provide ramps, elevators, wheelchair-accessible washrooms, or ASL translation services	Clients who rely on ASL translation, mobility devices and other physical accessibility supports cannot participate in programming	Ensure that elevators are regularly serviced, there is access to on-call ASL services, and that ramps are routinely cleared from obstruction (such as from snow).
English-speaking client	Offering programs, outreach and informational materials exclusively in English	Clients lacking complete fluency in English cannot participate in programming or avail of information and support.	Translate outreach and information materials into the non-English languages commonly spoken in that region. Ensure that translation services are available on-call.
Economically-stable client	Failing to provide tokens, honoraria, food and/or other material supports for program participation	Clients who are geographically distant, and who live in economic precarity or poverty, cannot afford the financial cost of program participation – including transportation and time spent.	Provide tokens, honoraria, food, and other material supports for program participation.

Recommendation: Expand (Unofficial) Service

A common phrase within social work discourse is: ‘every door is the right one’. In other words, no one should be turned away in a request for support, even when their need does not align with our particular area of expertise. In whatever capacity we are involved in serving LGBTQ+ newcomer women and other trans and gender non-conforming newcomers (and others), adequately supporting our clients requires a holistic approach to service. As noted previously, mainstream shelters’ inability to provide information and guidance on the asylum process can undermine an asylum-seeker’s refugee application timeline, and likelihood of application success. In this way, temporary housing services can prove less than hospitable for some of their residents – even when they are technically fulfilling their role of providing a bed. Being responsive to the totality of our clients’ needs requires particular commitments and competencies, at both the organizational and individual practitioner levels. Firstly, a basic understanding of the landscape of available social supports – so that, for example, an ESL service is able to offer referrals to LGBTQ+ community spaces, mental wellness supports, and refugee legal services. This requires practitioner knowledge and proactivity, in accessing available resource databases (such as that provided by [LGBT Youth Line](#)), and the knowledge of our peers and clients. Secondly, a recognition that we are serving an entire person – one who has social and emotional needs that are inseparable from their material and logistical ones. As mentioned in a previous section, an interviewed LGBTQ+ newcomer woman described the trauma of a case worker who may have been fulfilling her job duties but who treated her dismissively and disrespectfully. Being able to attend to the humanity of those we are serving requires more than good will on the part of individual practitioners, but also the time and energy to do so. This requires that managers make employee caseloads manageable – which, in turn, demands that funding for such positions be made sufficient. Thirdly, a willingness to creatively expand our offerings in response to need.

Examples: newcomers are disadvantaged in retaining rental housing and work because they lack local references – are we able to facilitate or provide these?; trans people living in poverty are undermined in actualizing their gender identity, given the costs associated with doing so – can we offer clothing exchanges, haircuts, or make-up within a drop-in context? It is not always obvious to us the breadth of our clients’ needs – which range from substantive to cosmetic, but which all contribute to well-being. Responding to these needs therefore requires a commitment, at all levels of the organization, to knowing our clients and to expanding our offerings in response to this knowledge.

Recommendation: Prioritize the Systematically Under-Served

It is a sad fact that systemic underfunding denies timely and fulsome social services to all those who need them. In the context of these limitations, the principle of equity demands that resources be distributed with the intent of compensating for societal neglect – specifically, by prioritizing those who are most marginalized in society.

One option is to establish a ‘priority client’ – someone who is eligible for expedited or special service. The criteria is dependent upon service area – for example, primary care services might prioritize undocumented and precarious immigrants, and trans people, given that these groups of people are systematically denied access to adequate and appropriate healthcare; while therapeutic services might prioritize asylum claimants, refugees, and survivors of violence for mental health supports. There should be an official procedure for actualizing the prioritization of these ‘priority clients’ – such as reserving ‘fast-track’ spots so that they are not subject to the general waitlist.

Prioritization does not only happen through such official mechanisms. For example, as one interviewed service provider noted, marginalized populations are excluded right from the outreach phase – as their social exclusion, geographic isolation, and/or material limitations deny them access to information about programming. Thus, being comprehensive and thoughtful about outreach efforts – incentivizing word-of-mouth, advertising in non-English media, hiring peer outreach workers, using both in-person and online methods, being present in population-specific social media spaces etc. – can help to overcome this. Further, prioritization happens not just in the distribution of care, but in the administration of care. LGBTQ+ newcomer women and other trans and gender non-conforming newcomers are subject to bullying/abuse and lack of consideration in many community spaces. A Code of Conduct – one which stipulates the expectation of respect for all – particularly benefits those who are systematically silenced and denied as a result of their multiple marginalizations, ones that make them minorities in most spaces they inhabit. Further, staff should be conscious of actively soliciting and encouraging feedback from marginalized clients, and making space for their perspectives within larger groups. In other words, the principle of equity – and its attendant requirement to ‘prioritize’ – should inform all service aspects, at the individual and organizational levels.

Recommendation: Explicitly Indicate Allyship & Safety

Merely expressing our willingness to accept clients of diverse non-normative identities, needs, and experiences is, of course, insufficient towards adequately serving them – but it is, nonetheless, an important step. LGBTQ+ newcomer women and other trans and gender non-conforming newcomers exist in a world of multiple exclusions – i.e., from Canadian society at large, mainstream LGBTQ+ spaces, mainstream newcomer spaces, and even LGBTQ+ newcomer spaces. For many, appropriate service is not an expectation but a privilege. As such, one step towards fulfilling our responsibility of service is making explicit our commitment to doing so. These indications of safe and adequate service can happen through:

- **signage** – e.g.) naming the organization as a ‘positive space’ for LGBTQ+ clients; making clear that ID is not required and there is no communication with border officials, so that non-status clients do not self-exclude from fear of immigration enforcement; a Code of Conduct to stipulate the expectation of respect.
- **posters** – e.g.) the representation of racial/sexual/gender minorities on posters, and posters written in multiple languages, to indicate the acceptance and celebration of clientele from non-normative backgrounds.
- **staff** – e.g.) those that, even cosmetically, represent those served, in terms of race, gender, sexuality, ability, and class.
- **outreach** – e.g.) promotions and other outreach efforts in services that cater to linguistic, ethnic, racial, sexual and gender minorities – from Pride parades to immigrant legal clinics, to non-English media.

Importantly, if these cosmetic indications do not align with practice, they undermine the legitimacy of the service. When they do, however, they facilitate a positive experience from the first interaction.

Recommendation: Enable Self-Organized Programming & Exclusive Space

As one service provider interviewed for the project told us: “*just give them space*”. Most people have the capacity to organize among themselves and to take care of each other – their prohibiting factor in doing so is, primarily, financial and logistical. Social services should support users in overcoming these constraints, by resourcing them to develop their own community programming – for example, by offering meeting rooms, food, tokens, child care, translation services, outreach tools etc. Authorising LGBTQ+ newcomer women, other trans and gender non-conforming newcomers, and other marginalized groups to envision, coordinate and execute some of the programming that they participate in engenders multiple benefits – relevant and safe programming; skills development; increased programming capacity; and more opportunities for peer support and its attendant social/emotional/material/psychological benefits.

Beyond this, and more generally, social services should recognize the value of dedicated space – i.e. those designated specifically for particular sub-sets of the population, including but not limited to LGBTQ+ newcomer women and other trans and gender non-conforming newcomers. Despite provisions to undo barriers to generalized services, there is no substitute – in terms of safety, synergy and relevance – for community space that is organized exclusively around salient shared experience.

Recommendation: Engage in, and Empower, Advocacy Work

As mentioned throughout this report, well-being for LGBTQ+ newcomer women and other trans and gender non-conforming newcomers is, ultimately, a matter of justice – a re-arrangement of our societal norms, values, priorities, and practices to ensure equal access to opportunity for all. Our responsibility towards our clients is, therefore, not just to appropriately administer our service mandate but, rather, to participate in changing the broader conditions that make them in need of our services.

Helping to transform the broader contexts of our clients' lives can take many forms – such as lending our authority and resources to grassroots social justice activity; allying with other organizations to advance policy recommendations; and recruiting staff members with experience and expertise in advocacy and connections to activist movements. It should also always include empowering our clients to advocate for themselves – by offering educational and emotional support, and logistically and financially facilitating their activism (eg. providing rooms, administration services, outreach lists etc.)

Recommendation: Practice Humility

Counter-intuitively, an indispensable feature of a safe and relevant service is the acceptance that we can, do and will make mistakes. By relinquishing the impossible expectation of perfection, we can – as individual practitioners and as organizations – instead nurture a desire for growth, and for receiving ongoing honest feedback from service users. Ultimately, this ensures that our services are responsive to client needs, that unintentional harm is attended to, and that clients are reaffirmed in their right to adequate service. Creating an atmosphere in which service users are empowered to express discontent, and practitioners/organizations are empowered to *respond* to this discontent, is a comprehensive organizational exercise. Firstly front-line staff must feel and be secure in their employment, and be rewarded for eliciting feedback – including criticism that reflects their own mis-steps. Too often, our mistakes are tallied against us as proof of our ineptitude. But receiving honest commentary about how we have unintentionally created harm is, in fact, evidence of trust – and, hence, a reflection of our *strengths* as practitioners. Secondly, organizations must have the resources and mechanisms in place to institutionalize client perspectives – for example, via a committee dedicated to doing so (as mentioned in a previous Recommendation). Thirdly, clients must be feel safe and assured of their entitlement to register discontent. Allowing for anonymity (such as through comment boxes); conducting systematic program evaluations that prioritize the perspectives of service users; reminding service users of their Client Rights; soliciting comments/critiques at regular intervals; and, more generally, having a warm and receptive staff at all levels of the organization – these contribute to an environment in which we can be informed of and by our inevitable mistakes.

Conclusion

The LGBTQ+ newcomer women and other trans and gender non-conforming newcomers we met through this project exhibited strength, intelligence, adaptability, creativity, and resilience in the context of migration, displacement, isolation, and poverty.

Their heightened susceptibility to bullying and hate, poverty, homelessness, unemployment, poor health, exclusion, and other negative outcomes, testifies to the nature of the world we live in – one that distributes well-being according to hierarchies of race, sexuality, gender, class, linguistic background, and geography.

If nothing else, we hope this report communicates the structural nature of the problems impacting them – ones that reflect upon our society's shortcomings, and not their own.

We equally hope to impart that we are not separate from the society we critique. In this report, we have included reflection on the mistakes that we made during the research process. Despite our own commitment to well-being and equity for LGBTQ+ newcomer women and other trans and gender non-conforming newcomers, we are not immune from reproducing the very denials and exclusions we critique. We recognize as professionals within the social service sector, we need to be committed to ongoing learning and reflection, and this process will continue as this report is shared and discussed.

We offer this example as a closing reminder to ourselves and you: we are challenging the oppressive forces of a world that has socialized us, and the learning and growth required for this is never complete. Challenging ourselves and others to do better is not always comfortable, but it is indispensable towards fulfilling our responsibility – as practitioners and as people. We hope this report is one useful step on your journey.

