

Beyond Positive Intentions

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



Research Summary

The full report ***Beyond Positive Intentions: Seeking Well-Being & Equity for LGBTQ+ Newcomer Women and other Trans and Gender Non-Conforming Newcomers*** (March 2021) is available online at <https://accessalliance.ca/wp-content/uploads/2021/09/Beyond-Positive-Intentions.pdf>.

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This community-based research project explored the barriers to health and well-being experienced by LGBTQ+ newcomer women and other trans and gender non-conforming newcomers. It examined how LGBTQ+ newcomer women and other trans/gender non-conforming newcomers are marginalized simultaneously because of sexual orientation, gender, race, and immigration status. The research revealed numerous systemic and service barriers, leading to specific recommendations for government and service providers.¹

Systemic Barriers

Canada was one of the first Western nations to grant refugee status to persecuted sexual/gender minorities, yet the system has many shortcomings. Claims processing, for example, is very slow and the timelines are constantly in flux. While waiting, asylum-seekers are restricted from formal employment and accessing many services, and they face logistical and emotional turmoil.

Queer and trans refugees often experience severe trauma before arriving to Canada. The refugee system is designed to eliminate those who do not meet stringent criteria and can inflict further trauma. At the asylum hearing, **claimants must prove their LGBTQ+ identity** – a burdensome requirement. The very reason for the asylum claim (i.e., fear of persecution and violence) often precludes the kind of evidence they need. Most of the asylum-seekers we spoke with for this project expressed **fear and anxiety about the hearing**.

Obtaining competent and professional legal representation is another hurdle. Refugee boards often expect professional applications and psychiatric verification of trauma. **Few supports are available to assist LGBTQ+ claimants to navigate the claims process or life as a refugee claimant**. LGBTQ+ asylum-seekers deal with multiple obstacles while accessing social and other services: discrimination due to their racial,

¹ Please see the full report for methodology and further discussion.

sexual and gender identities; underfunding of social support services; general misinformation about rights and process; and xenophobic mistrust.

Most focus group participants experienced financial uncertainty and hardship. Often having left quickly, they came with only a small suitcase, and without having pre-arranged their finances, employment or accommodations. In Canada, they find ethnic diasporic communities that seem unwelcoming to gender and sexual minorities, and LGBTQ+ communities seem unwelcoming to racial and linguistic minorities. This means LGBTQ+ newcomers **lack emotional safety and support, as well as the personal and professional connections needed to access employment opportunities.** Conditions of poverty and financial stress exacerbate social isolation; there is no time, energy or money for socializing, transportation, or an internet connection.

For those focus group participants who were able to secure employment, they reported experiences of being treated poorly. Their post-secondary education and job experience from their home countries are not recognized. **They are disproportionately represented in minimum wage, precarious, non-unionized and/or dangerous jobs.** The lack of accessible, affordable childcare also contributes to poverty as many LGBTQ+ newcomer women and other trans/gender non-conforming newcomers came to Canada as single parents.

Refugee claimants and other newcomers do not receive all of the health services available to Canadian citizens. Most immigrants who are not refugee-claimants are not eligible for OHIP coverage in their first three months of living in Ontario. The Interim Federal Health Program (IFHP), which covers refugee claimants, is not accepted by all healthcare providers. Undocumented immigrants lack health coverage and fear being reported to immigration services when accessing services. Yet access to medical care and prescription drugs can be life or death. Moreover, LGBTQ+ populations, particularly trans populations, are medically underserved, and face issues ranging from provider ignorance and incompetence to overt discrimination and refusal of care.

All focus group participants who entered the country as asylum-seekers had lived in a shelter. They spoke of **multiple barriers to achieving adequate care in shelters that are extended well beyond capacity.** The inability to avoid shared space exacerbated their experiences of racist, xenophobic, homophobic and/or transphobic abuse.

Most shelters are gender-specific (i.e., either for “men” or “women”), making them uncomfortable and often unsafe spaces for trans and gender non-conforming people. Other protocols, such as banning razors for safety reasons, impede LGBTQ+ people from actualizing their gender identity. **Shelter residents whose needs differ from the dominant group are less likely to have their needs met.**

Housing affordability is a major problem in Toronto. Those marginalized by immigration status, gender, race, and sexuality are more likely to be **unable to afford rent**. The LGBTQ+ newcomers we spoke with encountered **explicit and implicit discrimination from landlords and co-tenants**. Practices such as requiring letters of reference also impedes access for those who are new to the country. Living in the downtown core may be necessary to access services and feel safer, however it is even more expensive. Lack of knowledge of Ontario rental law, forums that advocate for tenants, and comfort with English compound the challenges.

Service Barriers

The deprivations that LGBTQ+ newcomer women and other trans and gender non-conforming newcomers experience in society at large are replicated in social services. **Services that cater to a particular aspect of their identity tend to be inadequate for all of their needs.** For example, settlement agencies often facilitate connections between clients and communities of similar linguistic/ethnic backgrounds, without considering the safety of queer newcomers in those spaces. Similarly, mainstream LGBTQ+ serving organizations may assume that clients do not have children.

Our research did not uncover explicit bigotry by staff of social service organizations, but we did hear of **neglect, apathy, ignorance, and non-responsiveness**. For example, participants described the lack of staff intervention or concern about verbal harassment from other shelter residents. They described stressful situations made worse, such as by a case worker who expressed irritation at questions about the refugee process. Another example was mis-gendering trans clients.

Even when staff are fulfilling their job responsibilities thoughtfully, they may still **fail to anticipate the diversity of their clients' needs**. For example, they may embrace sexual and gender diversity, but not realize that LGBTQ+ newcomers require explicit and active acceptance to feel safe. Similarly, adequately serving non-status clients requires explicitly stating that the agency does not communicate with immigration officials.

There is a tendency to characterize clients as "needy." Yet, as was clearly demonstrated through this research, **LGBTQ+ newcomer women and other trans and gender non-conforming newcomers manage to survive, and often thrive, in a world organized to exclude them**. Service providers described how they engaged in informal organizing and confronted challenges with resourcefulness, resilience and independence.

Every service provider interviewed for this project noted that they were not sufficiently resourced to serve all of those who need them. Government funding has been reduced and is also increasingly subject to strict qualification requirements. Funding has shifted towards program-specific grants, which results in greater instability, short-term programs and more short-term contract staff.

Solutions and Recommendations

Actualizing our mandates of adequate and appropriate service requires political change beyond our organizations. The well-being of our clients is a matter of justice – requiring rearranging of our societal norms, values, priorities and practices to ensure equal access to opportunity for all. Our clients are often in need of service precisely because they are denied justice.

We cannot be neutral to the broader context of systemic injustice in which our work and institutions exist. Justice is our long-term pursuit.

At the government level

Actualize economic justice: Implement a livable minimum wage; worker rights and union protections; affordable housing and tenant rights; employment opportunities and green jobs; food security; public transit; and post-secondary education.

Restore the social safety net: Bolster income supports. Mitigate healthcare gaps (i.e., eye care, dental, pharmaceuticals). Address underfunded healthcare (e.g., lack of family physicians). Provide legal aid; public space; public housing and shelters; social/community/recreational programming; crisis supports; language and settlement services; and staff training.

Actualize migrant justice: Reduce the criminalization of migrants (e.g., detention) and improve refugee rights. Increase access to healthcare; social services; employment; worker rights/protections; credentials/skills upgrades; and legal aid and translation services.

At the service level

Reframe accountability: It is the responsibility of service providers to enhance the safety and relevance of services for LGBTQ+ newcomer women and other trans and gender non-conforming newcomers.

Diversify staff and challenge employment discrimination: Recruit staff who are representative of clients. Change hiring practices to recognize non-Canadian credentials/experience, post all positions publicly, and interview candidates.

Invest in decent work: Reduce temporary and part-time contracts in the not-for-profit sector.

Structurally integrate client perspectives: Establish Client Advisory Boards representing a diversity of backgrounds and needs to advise on problems, consider possible projects, and recommend organizational policy.

Unpack assumptions and undo service barriers: Identify assumptions about client needs, practises and barriers that result from them, and develop alternatives.

Expand (unofficial) service: Take a holistic approach to service. Proactively learn the landscape of supports available, make case loads manageable, and expand offerings in response to need.

Prioritize the systematically under-served: The principle of equity demands that the most marginalized be prioritized. Provide expedited and special services to priority clients.

Explicitly indicate allyship and safety: Make explicit the organizations' commitment to providing safe and adequate services through signage, posters, staff who reflect clients, and targeted outreach.

Enable self-organized programming and exclusive space: Support clients to develop their own dedicated spaces and community programming.

Engage in advocacy work: Participate in changing the broader conditions that make the clients need our services and empower clients to advocate for themselves.

Practice humility: Accept that we make mistakes and be responsive to feedback from service users.

To view more information on this project, including additional knowledge mobilization products, please visit: <https://accessalliance.ca/research-blog/building-positive-spaces-for-newcomer-lgbtq-women> or contact research@accessalliance.ca.

