

Exploring opportunities to enhance social service access among LGBTQ+ refugee claimants in Waterloo Region, Ontario

by

Zana Berisha

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Author's Declaration

This thesis consists of material all of which I authored or co-authored: see Statement of Contributions included in the thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Statement of Contributions

I, Zana Berisha, authored Chapters 1, 2, 3, and 4 under the supervision of Dr. Warren Dodd. These chapters were prepared for this thesis and not for publication.

Dr. Warren Dodd is an Associate Professor at the University of Waterloo and the supervisor of this thesis and research project. He guided this research and has contributed to study design and reviewing and revising of the thesis.

Dr. Laura Jane Brubacher is a Postdoctoral Scholar at the University of Waterloo and has provided guidance on the overall research work as a thesis committee member. She also obtained funding (with Dr. Warren Dodd and Dr. Bree Akesson) to support this research.

Dr. Bree Akesson is a Professor at Wilfrid Laurier University and has provided guidance on the overall research work as a thesis committee member.

Dr. Elena Neiterman is an Associate Professor, Teaching Stream at the University of Waterloo and has provided guidance on the overall research work as a thesis committee member.

Abstract

Background: The number of refugee claimants in Canada is increasing. These individuals have applied for refugee status but have not yet received a decision from Immigration, Refugees and Citizenship Canada [IRCC]. Due to their lack of official status, they encounter significant barriers when accessing Canadian social welfare systems. LGBTQ+ refugee claimants experience additional marginalization. Limited linking social capital, defined as restricted connectivity to formal support structures, represents a key barrier. In response to these challenges and the lack of current research on LGBTQ+ refugee claimants' access to social services, this study seeks to examine: (1) how LGBTQ+ refugee claimants navigate settlement, legal, employment, and health services in Waterloo Region, Ontario; and (2) which strategies may mitigate barriers to social support and strengthen linking social capital for LGBTQ+ claimants in this region.

Methods: A qualitative research design was used, employing snowball sampling to recruit (n=8) refugee claimants. Semi-structured interviews were conducted to examine how claimants navigate social welfare systems and to assess their need for formal social support. The research was grounded in narrative inquiry to capture participants' experiences. Thematic analysis of the transcribed data was performed using an inductive-deductive approach.

Results: Participants faced barriers in accessing and navigating social services. Social identity stressors, such as racism, LGBTQ+ vulnerability, and stigma, impeded service engagement. Institutional challenges included limited information, delayed responses, language barriers, and financial instability. As a result, claimants often self-advocated and relied on informal peer networks. Most participants indicated a strong preference for more robust connections to formal support systems. The study identified five primary strategies to mitigate barriers to social support: (1) utilizing professional referrals as a legitimizing mechanism; (2) positioning caseworkers as trusted navigators; (3) ensuring social support systems acknowledge individuals' identities to reduce stigma and related barriers; (4) fostering trust through consistent professional relationships to address previous exclusion; and (5) implementing proactive social support to minimize wait times and provide timely responses to institutional delays.

Contribution: The study was conducted during a period of significant social change, including the introduction of Bill C-2 and Bill C-12, stricter immigration policies, and unsafe environments for LGBTQ+ individuals in Waterloo Region. It underscores the urgent need for communities to take concrete action in creating solutions that protect the well-being of refugee claimants. By centring LGBTQ+ perspectives, this study fills a critical gap in social service research and supports the development of more inclusive and effective services. The findings urge social service providers to champion proactive efforts to advance inclusion and health equity for LGBTQ+ refugee claimants.

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Statement of Positionality

Research is personal (Yip *et al.*, 2024). My familial experience navigating the emotional, social, and cultural impacts of displacement and refugee identity drew me to this research. I understand the shared confusion many newcomers face when navigating a new language, system, and social environment (Gyan *et al.*, 2023). Correspondingly, my personal experience led me to work with newcomer support services across Hamilton and Waterloo Region, including Spectrum Waterloo Region's Rainbow Community Space, providing me with dual insight into these services from both participant and service-provider perspectives. However, at the same time, Queer and anti-colonial scholarship prompted me to critically examine how lived experience is selectively elevated, regulated, or transformed into authority within institutional research contexts (Muhammad *et al.*, 2015). Therefore, I do not position myself as an “insider” with privileged access or inherent understanding (Yip *et al.*, 2024). My position is characterized by contradiction. Although I have personal experiences of displacement, I am also a Canadian citizen and academic researcher embedded within institutions that frequently surveil refugee and Queer identities. My participation in these structures demonstrates that I am not external to the power relations under analysis but am implicated within them. Acknowledging this, I conducted qualitative interviews using narrative inquiry, not to 'give voice,' as this risks reinforcing colonial assumptions regarding the absence of agency outside academic recognition. Rather, I employed narrative inquiry to analyze how participants' narratives interact with contemporary social service frameworks. This approach emphasized participants' meaning-making as situated, relational, and political (Clandinin & Connelly, 2004; Elbaz-Luwisch, 1997).

My social position deeply influenced how I interviewed participants and analyzed their stories. As a Queer Woman, I often saw reflections of myself in my participants, which sometimes opened the door for them to share intimate and challenging stories about living at the intersection of Queer and newcomer identities. Sharing this identity let me not only empathize but also feel the weight of their fears. Just as often, sharing similar identities also meant that understanding did not require full articulation. Our shared identity created a space where meaning could reside in pauses, in what was left unsaid. However, sharing a Queer identity does not prevent me from unintentionally reproducing hierarchies; in some cases, it may have made them less obvious to me. Given this, I did not treat reflexivity as a final ethical gesture or as a means of insulating myself from critique. Instead, I approached reflexivity as an ongoing and often uncomfortable practice that demands sustained accountability (Olmos-Vega *et al.*, 2023). I systematically documented my assumptions, emotional responses, and analytical decisions before and after each interview (Olmos-Vega *et al.*, 2023). Additionally, I participated in debriefings with my supervisor to evaluate whether my interpretations reinforced deficit frameworks or reduced complex lives to simplified academic narratives (Olmos-Vega *et al.*, 2023). In this context, reflexivity served as a methodological practice for remaining attentive to the limitations, tensions, and potential harms inherent in research, rather than as a resolution. Note that the use of supervisor debriefings to evaluate personal analysis of transcript data also served as a measure to ensure the rigour and credibility of the analysis and findings (Olmos-Vega *et al.*, 2023).

Chapter 1: Introduction

Canada is experiencing a marked rise in the number of refugee claimants; from 2021 to 2024, this population approximately doubled, placing new demands on support services (Immigration and Refugee Board of Canada [IRB], 2025a, 2025b; Statistics Canada, 2025). Many claims originate from individuals affected by religious persecution, political violence, and violations of gender-based or LGBTQ+ human rights (Hasan, 2024; IRB, 2019, 2021, 2025a; LGBTQ Rights in Iran, 2021; Sathyanarayana Rao *et al.*, 2016; United States Department of State, 2024). Given the increase in refugee claimants in Canada and ongoing barriers to accessing social welfare systems, this study aims to: (1) examine how LGBTQ+ refugee claimants access settlement, legal, employment, and health services in Waterloo Region, Ontario; and (2) identify key considerations for improving social support services for LGBTQ+ claimants in this region. By identifying barriers and facilitators to service use and by exploring experiences of linking social capital, this study seeks to inform program development and improve access to social support for LGBTQ+ refugee claimants in Waterloo Region.

1.1 Overview of Refugee Context in Canada

Refugee protection in Canada is provided through two primary pathways (Government of Canada [GC], 2024). The first pathway consists of government-assisted or privately sponsored programs that deliver formal support to individuals experiencing war, violence, human rights violations, and/or threats to safety based on race, religion, ethnicity, political opinion, or membership in a marginalized social group (GC, 2024; IRB, 2021). Refugees admitted via this pathway receive permanent legal protection upon arrival, along with structured settlement services such as housing, food assistance, and income support (GC, 2024). The second pathway involves refugee claimants who arrive in Canada and apply for refugee protection on similar grounds (GC, 2024). Unlike resettled refugees, these individuals do not receive permanent legal status upon arrival and must navigate a complex adjudication process through Immigration, Refugees and Citizenship Canada [IRCC] to determine the validity of their claim (Canadian Council for Refugees [CCR], 2019, 2023; GC, 2024). During this period, refugee claimants often experience prolonged legal uncertainty, limited access to stable employment, and barriers to comprehensive social and health services (Brabant & Raynault, 2012; CCR, 2019, 2023; GC, 2024). Thus, this research study focused on the latter group of refugees in Canada, as the lack of formal and legal protection may contribute to their marginalization from well-being supports (Brabant & Raynault, 2012; CCR, 2019, 2023; GC, 2024).

Recent data show an increase in refugee claimants in Canada, likely attributed to escalating global political instability (Hasan, 2024; IRB, 2019, 2021, 2025a; LGBTQ Rights in Iran, 2021; Sathyanarayana Rao *et al.*, 2016; Statistics Canada, 2025; United States Department of State, 2024). Approximately 3,023,254 non-permanent residents in Canada were classified as refugee claimants and protected persons across 2025 (Statistics Canada, 2025). Of these, about 299,614 (9.9%) are refugee claimants with cases currently under review (IRB, 2025a). Most claims originate from individuals who have migrated from South Asia, West Asia, and West Africa (Hasan, 2024; IRB, 2019, 2021, 2025a; LGBTQ Rights in Iran, 2021; Sathyanarayana Rao *et al.*, 2016; United States Department of State, 2024). These regions experience high rates of religious persecution, political violence, and violations of gender-based and LGBTQ+ human rights (Hasan, 2024; IRB, 2019, 2021, 2025a; LGBTQ Rights in Iran, 2021; Sathyanarayana Rao *et al.*, 2016; United States Department of State, 2024). As instability increases, countries perceived as safe locations, such as Canada, are seeing a corresponding rise in refugee claimants (IRCC, 2025; Statistics Canada, 2025).

1.1.1 LGBTQ+ Refugee Migration in Canada

As mentioned, a substantial proportion of refugee claims from South Asia, West Asia, and West Africa are motivated by religious persecution, political violence, and gender based as well as LGBTQ+ human rights violations (Hasan, 2024; IRB, 2019, 2021, 2025a; IRCC, 2025; LGBTQ Rights in Iran, 2021; Sathyanarayana Rao *et al.*, 2016; United States Department of State, 2024). Violence against LGBTQ+ individuals constitutes a significant share of these violations, primarily resulting from the criminalization of LGBTQ+ identities and relationships in these regions (IRB, 2019; IRCC, 2025; LGBTQ Rights in Iran, 2021; Sathyanarayana Rao *et al.*, 2016). Such criminalization has contributed to legal persecution, violence, death, and familial punishment directed at individuals based on their LGBTQ+ identity (IRB, 2019; IRCC, 2025; LGBTQ Rights in Iran, 2021; Sathyanarayana Rao *et al.*, 2016). Therefore, as anti-LGBTQ+ laws, policies, and global political discourse persist, Canada, a country recognized for its protection of LGBTQ+ rights, may continue to observe high rates of LGBTQ+ refugee claims (IRB, 2019; IRCC, 2025; LGBTQ Rights in Iran, 2021; Sathyanarayana Rao *et al.*, 2016).

1.1.2 Refugee Migration Context in Ontario, Canada

Canada has experienced an increase in refugee migration (IRB, 2025a, 2025b; Statistics Canada, 2025). Ontario, the most populous province, receives a disproportionately large share of refugee migrants, with approximately 45% of all refugee claims in 2025 submitted at Ontario airports (IRB, 2025b; Statistics Canada, 2025). The higher rates of refugee claims submitted in Ontario are likely attributed to established immigrant communities and the availability of employment opportunities in the province (IRB, 2025b; Picot *et al.*, 2023). Within Ontario, the Waterloo Region, located adjacent to the Greater Toronto Area, has become a migration destination for refugee claimants (Region of Waterloo & Waterloo Region Immigration Partnership [RWWIP], 2024). Waterloo Region has experienced rapid population growth, with the number of permanent resident refugees landing in Waterloo Region increasing by 74% from 2018 to 2022 (RWWIP, 2024). The rising number of refugees in Waterloo Region underscores the urgent need to evaluate available support (RWWIP, 2024). Note, the exact numbers of refugee claimants and individuals without permanent residence status living in Waterloo are unavailable at the municipal level (RWWIP, 2024). Nevertheless, recent data indicate an increase in the number of refugee claimants in Canada, suggesting that the municipal figure is likely substantial (IRB, 2025a, 2025b; Statistics Canada, 2025).

1.1.3 A New Migration Policy Climate

Canada is often seen as a safe location for refugees, but recent legislative changes have raised concerns about the health and well-being of refugee claimants (Amnesty International Canada, 2025; CCR, 2025; IRCC, 2025; Public Safety Canada, 2025). Bill C-2 (The Strong Borders Act) is currently in its second reading and, if enacted, could significantly impact the legal and humanitarian rights of those seeking refuge (Bill C-2, 2025; Public Safety Canada, 2025). Bill C-2 is a broad piece of legislation that affects border security in many ways (Department of Justice Canada, 2025; CCR, 2025; Public Safety Canada, 2025). Specifically for refugee claimants and immigrants, it would give authorities the power to cancel, suspend, or impose conditions on temporary migration (Canadian Council for Refugees, 2025; Public Safety Canada, 2025). Proposed restrictions include limiting refugee claims to one year after arrival in Canada and just 14 days for those entering through a land border (CCR, 2025; Public Safety Canada, 2025). Amendments to the Immigration and Refugee Protection Act would also allow officials to halt or pause applications based on public health or national security concerns (CCR, 2025; Public Safety Canada, 2025). These changes could result in increased surveillance, more extensive sharing of sensitive data, and the risk of deportation without a

thorough review (CCR, 2025; Public Safety Canada, 2025). The introduction of Bill C-2 signals a move toward stricter immigration controls and highlights the urgent need for research to safeguard refugee claimants' health and rights (CCR, 2025; Public Safety Canada, 2025).

Meanwhile, Bill C-12, the Strengthening Canada's Immigration and Borders Act, was quickly proposed and became law on March 26, 2026 (Amnesty International Canada, 2025; IRCC, 2026). Bill C-12 closely mirrors Bill C-2, including the same time restrictions for submitting refugee claims and giving authorities similar powers to cancel, suspend, or pause applications on public health or national security grounds (Amnesty International Canada, 2025; IRCC, 2026). Additionally, Bill C-12 allows for greater information sharing among government partners to streamline processes (Amnesty International Canada, 2025; IRCC, 2026). These legislative developments underscore the need for ongoing attention to the challenges faced by refugee claimants in Canada (Amnesty International Canada, 2025; IRCC, 2026).

Notably, the political shift toward stricter immigration controls coincided with a rise in negative public perception of immigration (GC, 2025b). According to data collected by IRCC, public support for immigration has significantly decreased over the years (GC, 2025b). In 2022, IRCC found that 15% of the public said there were too many immigrants in Canada, compared to 54% in 2024 (GC, 2025b). A 39% increase in these negative perceptions is attributed to perceptions of immigrants contributing to a lack of housing and employment opportunities (GC, 2025b). The combination of public and political negative perspectives is conducive to a growing negative cultural perception of immigration, which has the potential to harm newcomers' experiences in Canada (CCR, 2025; GC, 2025b; Public Safety Canada, 2025).

1.2 Refugee Mental Health and Well-Being in Canada

1.2.1 Pre-Migration Mental Health and Well-Being

Numerous studies have established that refugees experience poor mental health outcomes, particularly those who migrate to higher-income regions (Hanafi *et al.*, 2025; Henkelmann *et al.*, 2020; Kronick, 2018; Reavell & Fazil, 2017; Szaflarski & Bauldry, 2019). Henkelmann *et al.* (2020) systematically reviewed 66 articles on refugees resettled in high-income countries, reporting self-reported prevalence rates of 42% for anxiety, 40% for depression, and 37% for post-traumatic stress disorder. The elevated prevalence of mental health disorders among refugees is closely associated with pre-migration experiences such as forced displacement and violence, and persecution (Hanafi *et al.*, 2025; Henkelmann *et al.*, 2020; Kronick, 2018; Reavell & Fazil, 2017; Szaflarski & Bauldry, 2019). Reavell and Fazil (2017) further demonstrated this association by analyzing post-traumatic stress disorder and depression among youth refugees, emphasizing the impact of pre-migration violence on mental health. In addition to pre-migration factors, post-migration experiences also significantly affect refugee mental health and influence well-being across the lifespan (Hanafi *et al.*, 2025; Henkelmann *et al.*, 2020; Kronick, 2018; Reavell & Fazil, 2017; Szaflarski & Bauldry, 2019).

1.2.2 Post-Migration Mental Health and Well-Being

The mental health impacts of post-migration include significant post-resettlement stressors, such as social isolation, discrimination, and uncertainty around refugee status, particularly for refugee claimants (Hanafi *et al.*, 2025; Henkelmann *et al.*, 2020; Kronick, 2018; Lau & Rodgers, 2021; Nguyen *et al.*, 2024; Reavell & Fazil, 2017; Szaflarski & Bauldry, 2019). Limited social connections are strongly associated with poor mental health outcomes following migration, primarily due to reduced support from friends or family and the absence of a supportive environment in the host country (Hanafi *et al.*, 2025; Henkelmann *et al.*, 2020; Kronick, 2018; Nguyen *et al.*, 2024; Reavell & Fazil, 2017; Szaflarski & Bauldry, 2019). The

effects of diminished social connections after migration were highlighted in a systematic review by Nguyen *et al.* (2024), which found that rates of social isolation were higher among refugees than in the general population. This review also demonstrated a relationship between social isolation among refugees and increased rates of mental health conditions such as post-traumatic stress disorder and depression (Nguyen *et al.*, 2024).

Moreover, higher rates of social isolation among refugee populations are closely linked to increased exposure to racial discrimination, which is associated with poorer mental health outcomes among migrants with temporary status (Szaflarski & Bauldry, 2019). Using epidemiological survey data, Szaflarski and Bauldry (2019) analyzed the impact of discrimination on refugees' overall health and well-being in the United States, identifying a negative relationship between high exposure to discrimination and positive mental health. Discrimination occurs both in everyday social interactions and within social services accessed by refugees in host countries (Lau & Rodgers, 2021; Szaflarski & Bauldry, 2019). Elevated rates of mental health disorders resulting from social isolation and its connection to discrimination among refugees in high-income countries, including Canada, underscore the urgent need for targeted mental health interventions (Hanafi *et al.*, 2025; Henkelmann *et al.*, 2020; Kronick, 2018; Nguyen *et al.*, 2024; Lau & Rodgers, 2021; Reavell & Fazil, 2017; Szaflarski & Bauldry, 2019).

Additionally, the lack of permanent refugee status and the resulting limited access to health and well-being services create significant barriers to the post-migration mental health of refugee claimants (Brabant & Raynault, 2012). Studies have reported higher rates of post-traumatic stress disorder, anxiety, and depression among refugees resettling in high-income countries (Henkelmann *et al.*, 2020; Kronick, 2018; Reavell & Fazil, 2017; Szaflarski & Bauldry, 2019). Among refugee claimants, these elevated rates of poor mental health have been linked to prolonged wait times during the refugee claim process, which can involve years of insecure status before a decision is rendered (CCR, 2019, 2023; Hanafi *et al.*, 2025). Extended periods of uncertainty contribute to increased stress, as does limited or restricted access to social services including housing assistance, income support, and health care (Hanafi *et al.*, 2025). Additionally, the process of obtaining legal status can negatively impact mental health, as refugee claimants are often required to recount traumatic experiences to substantiate their claims, potentially exacerbating existing mental health conditions (Hanafi *et al.*, 2025).

1.3 Refugee Physical Health and Well-Being in Canada

In addition to mental health concerns, refugee claimants are more likely to face physical health concerns compared to the general Canadian population (Lane *et al.*, 2018; Mutambudzi *et al.*, 2024; Setareh, 2021). For instance, Setareh (2021) examined chronic disease development among Ontarian refugees and found that, compared to long-term residents, refugee claimants had a higher risk of developing chronic diseases such as diabetes, hypertension, and chronic obstructive pulmonary disease. These findings align with previous research indicating that new refugees are more likely to engage in poor health behaviours, including unhealthy eating habits, which contribute to increased rates of chronic diseases (Lane *et al.*, 2018; Mutambudzi *et al.*, 2024; Setareh, 2021). These poor health behaviours are likely attributable to lower economic stability and social support among refugees; for example, a lack of affordable food choices reduces their ability to engage in healthy eating behaviours (Lane *et al.*, 2018; Mutambudzi *et al.*, 2024; Setareh, 2021).

Moreover, physical health inequalities among temporary status migrants, particularly refugee claimants, became increasingly apparent during the COVID-19 pandemic (El Arab *et al.*, 2023). El Arab *et al.* (2023) examined the health and well-being of refugees and undocumented persons in Canada, finding that these populations were disproportionately affected by negative outcomes from COVID-19 infection. This heightened risk was linked to

limited access to economic resources, health care, and preventive services, as well as the compounding effects of pre-existing poor mental health, which can further worsen physical health outcomes (El Arab *et al.*, 2023). Furthermore, El Arab *et al.* (2023) demonstrated that structural inequalities contributed to poorer physical health among these marginalized groups. Similarly, Yanar *et al.* (2018) analyzed the occupational health of Canadian refugees and found that they were less likely to be aware of occupational rights and consequently experienced higher rates of workplace physical injuries compared to non-refugee workers. Collectively, these studies indicate a higher risk of poor physical health among refugees, underscoring the need to investigate and reduce exposure to structural inequities experienced by this marginalized population (El Arab *et al.*, 2023; Lane *et al.*, 2018; Mutambudzi *et al.*, 2024; Setareh, 2021; Yanar *et al.*, 2018).

1.4 LGBTQ+ Refugee Health and Well-Being in Canada

Violence against LGBTQ+ individuals remains a significant factor contributing to refugee claims in Canada (IRCC, 2025; IRB, 2019; LGBTQ Rights in Iran, 2021; Sathyanarayana Rao *et al.*, 2016). It is therefore necessary to examine how intersecting forms of marginalization, including precarious residence status, ethnicity, race, and sexual and gender identity, influence the health and well-being of refugee claimants in Canada (Comeau *et al.*, 2023; Cox *et al.*, 2022; Fox *et al.*, 2020; Henriquez & Ahmad, 2021; Logie *et al.*, 2016). An LGBTQ+ perspective is critical, as LGBTQ+ individuals in Canada experience disproportionately poor health outcomes compared to non-LGBTQ+ individuals (Comeau *et al.*, 2023; Cox *et al.*, 2022; Fox *et al.*, 2020; Henriquez & Ahmad, 2021; Logie *et al.*, 2016). These disparities are primarily attributed to persistent heteronormativity, homophobia, and transphobia in health care settings, which often reduce engagement with these services (Comeau *et al.*, 2023; Cox *et al.*, 2022; Fox *et al.*, 2020; Henriquez & Ahmad, 2021; Logie *et al.*, 2016). Additionally, health care disparities vary within the LGBTQ+ community, as Trans individuals face disproportionate barriers to accessing health services due to a lack of Trans inclusion across health care services and compounded discrimination and financial barriers (Safer *et al.*, 2016).

However, when these challenges intersect with barriers related to newcomer status, the difficulties faced by this LGBTQ+ population are further intensified (Comeau *et al.*, 2023; Cox *et al.*, 2022; Fox *et al.*, 2020; Henriquez & Ahmad, 2021; Logie *et al.*, 2016). Fox and colleagues (2020) examined the health and well-being of LGBTQ+ refugee claimants, employing the minority stress framework to analyze their experiences in North America. The researchers used quantitative data to investigate the relationships among refugee status, LGBTQ+ identity, and elevated distress levels (Fox *et al.*, 2020). The study identified that LGBTQ+ identity, limited English proficiency, and precarious status were each associated with increased distress (Fox *et al.*, 2020). Data from 308 participants indicated that 80% screened positive for mental distress, and 70.45% expressed interest in receiving mental health services (Fox *et al.*, 2020). These findings underscore the disproportionate burden of poor well-being experienced by this marginalized population (Comeau *et al.*, 2023; Cox *et al.*, 2022; Fox *et al.*, 2020; Henriquez & Ahmad, 2021; Logie *et al.*, 2016).

1.5 Defining Social Services Used by Refugee Claimants

Refugee claimants in Ontario depend on a wide range of social services to support their well-being and meet basic needs while awaiting decisions on their refugee claims (CCR, 2019, 2023). Social services are essential support systems that help vulnerable populations meet fundamental health and well-being needs, such as employment support, health care, housing assistance, and childcare (Kreuter *et al.*, 2021). For refugee claimants, the most frequently accessed services, due to their precarious status, are settlement, legal, employment, and health

services (Immigration Waterloo Region, 2017). This study will therefore focus on these four services as the primary components of social services for this population (Immigration Waterloo Region, 2017). Appendix A, entitled “Mapping Access: A LGBTQ+ Refugee Claimant Journey in Waterloo Region, Ontario”, provides a summary of the social services journey experienced by LGBTQ+ refugee claimants in Waterloo Region.

1.5.1 Settlement Services

Settlement services constitute the primary support system for refugee claimants as they adapt to life in Canada (CCR, 2019, 2023; Immigration Waterloo Region, 2017). In Ontario, these services are generally federally funded and provide newcomers with community orientation, guidance on accessing public resources, and referrals to housing, employment, and language training opportunities (GC, 2025a; Immigration Waterloo Region, 2017). They also assist with completing government forms, which are critical to successful integration (GC, 2025a; Immigration Waterloo Region, 2017). In Waterloo Region, organizations such as the Kitchener-Waterloo Multicultural Centre, YMCA Immigration Services, and Reception House Waterloo Region are key providers of these settlement services (Kitchener-Waterloo Multicultural Center, n.d.; Reception House Waterloo Region, n.d.; YMCA of Three Rivers, n.d.).

1.5.2 Legal Services

Legal services are frequently accessed by refugee claimants and may be provided by government agencies, such as Legal Aid Ontario, or by private lawyers (CCR, 2019, 2023; Legal Aid Ontario, n.d.). The primary function of these services is to offer legal representation for refugee claimants during court proceedings and to assist with legal documentation (CCR, 2019, 2023; Legal Aid Ontario, n.d.). In addition to legal representation, community organizations such as Spectrum Waterloo Region's Rainbow Community Space [Spectrum] can provide letters of support for LGBTQ+ refugees, demonstrating their connection and involvement within the Waterloo Region LGBTQ+ community (Spectrum Waterloo Region's Rainbow Community Space, 2021).

1.5.3 Employment Services

Refugee claimants are often directed or required to engage with employment services (GC, 2025a; Immigration Waterloo Region, 2017). These services include resume development, job search guidance, and workplace culture orientation, to support newcomer integration into the Canadian labour market (GC, 2025a; Immigration Waterloo Region, 2017). In Waterloo Region, local community organizations are the primary providers of these supports (GC, 2025a; Immigration Waterloo Region, 2017). Throughout the refugee claim process, individuals frequently access Ontario Works, which offers guidance on establishing bank accounts, financial support for basic needs such as housing, food, and health, and connections to job search resources (Government of Ontario, 2022).

1.5.4 Health Services

Health services for refugee claimants are provided through the Interim Federal Health Program (IFHP) (GC, 2025c). The IFHP covers care until refugee claimants become eligible for the Ontario Health Insurance Plan, dependent on their legal hearing outcome (GC, 2025c). As of May 1, 2026, IFHP still covers doctor, hospital, and ambulance services in full (GC, 2025c). However, newcomers now pay 30% of the costs for dental care, optometry, and therapist visits, and a \$4 copayment per prescription (GC, 2025c). In Waterloo Region, organizations such as Community Healthcaring Kitchener-Waterloo and Camino Well-being and Mental Health support newcomers by facilitating access to primary care, language-

accessible health information, and mental health services (Camino Well-being + Mental Health, n.d.; Community Healthcaring Kitchener-Waterloo, n.d).

1.6 Barriers to Social Service Access

1.6.1 Barriers Affecting Refugee Claimants

Refugee claimants encounter significant challenges in navigating the Canadian social welfare system, often due to language barriers, a lack of familiarity with available social support and services and a lack of culturally appropriate resources (Brabant & Raynault, 2012; Kaur *et al.*, 2021; Pandey *et al.*, 2021a; 2021b; Sundareswaran *et al.*, 2024). Language barriers constitute a primary obstacle, with many refugee claimants reporting uncertainty about where to seek assistance or whom to approach for necessary services (Brabant & Raynault, 2012; Kaur *et al.*, 2021; Pandey *et al.*, 2021a; 2021b; Sundareswaran *et al.*, 2024). The impact of language barriers on health care access for newcomers was highlighted in a 2021 study conducted by Pandey and colleagues (Pandey *et al.*, 2021a). The study conducted qualitative interviews with newcomers and health care providers in Regina, Saskatchewan to explore the impact of English language proficiency on health care access and use for newcomers (Pandey *et al.*, 2021a). The findings suggest that limited English proficiency restricted communication between health care providers and newcomers, which led to dissatisfaction with care (Pandey *et al.*, 2021a). Language barriers often limit the linking social capital of newcomers in their host country, which in turn may reduce their access to necessary health care (Heidinger, 2023; Pandey *et al.*, 2021a; 2021b).

Limited awareness of social services further discourages claimants from accessing formal support, often resulting in reliance on informal community networks (Brabant & Raynault, 2012; Kaur *et al.*, 2021; Pandey *et al.*, 2021a; 2021b; Sundareswaran *et al.*, 2021). For example, research suggests that refugee claimants experience potential challenges in navigating the Canadian social welfare system due to time consuming referral processes (Pandey *et al.*, 2021a; 2021b). Accessing services requires an extensive application process, eligibility checks, and paperwork, which are often not integrated across multiple services, leading to confusion in navigating and accessing services, especially for persons who are not fluent in the English language (Brabant & Raynault, 2012; Kaur *et al.*, 2021; Pandey *et al.*, 2021a; 2021b; Sundareswaran *et al.*, 2021).

Recent research demonstrates that refugee claimants encounter significant cultural barriers when accessing services, as many providers do not tailor support to claimants' specific cultural needs and contexts (Abood *et al.*, 2021; Lau & Rodgers, 2021). Abood *et al.* (2021), for example, conducted a systematic review of newcomers' use of settlement services, focusing on their knowledge of and engagement with available social services (Abood *et al.*, 2021). Many studies in this review were conducted in Canada, the United States, and Australia (Abood *et al.*, 2021). The review found that cultural barriers, insufficient cultural competency, discrimination, and lack of trust negatively affected the quality-of-service experiences for newcomers in more than half of the studies analyzed (Abood *et al.*, 2021). Insufficient cultural competence within social services remains a substantial obstacle to both service access and retention (Abood *et al.*, 2021). Providers frequently treat claimants as a homogeneous group and overlook diverse cultural needs and intersecting forms of marginalization, including language barriers, discrimination, financial insecurity, and social isolation (Abood *et al.*, 2021; Brabant & Raynault, 2012; Kaur *et al.*, 2021; Lau & Rodgers, 2021; Pandey *et al.*, 2021a; 2021b; Szaflarski & Bauldry, 2019).

1.6.2 Barriers Affecting LGBTQ+ Refugee Claimants

LGBTQ+ individuals may encounter additional barriers when accessing health and social services, primarily resulting from heteronormativity, homophobia, and transphobia

within health care settings. These systemic factors frequently reduce engagement with social services (Comeau *et al.*, 2023; Cox *et al.*, 2022; Fox *et al.*, 2020; Henriquez & Ahmad, 2021; Logie *et al.*, 2016; Safer *et al.*, 2016). The intersection of these barriers with challenges associated with newcomer status further exacerbates the difficulties experienced by this population (Comeau *et al.*, 2023; Cox *et al.*, 2022; Fox *et al.*, 2020; Henriquez & Ahmad, 2021; Logie *et al.*, 2016). For example, Cox *et al.* (2022) investigated the impact of discrimination on the well-being of LGBTQ+ newcomers in Waterloo, Ontario, and identified a lack of intersectional representation as a significant barrier to service access. Study participants reported the need to navigate their sexual, racial, and gender identities when seeking social services (Cox *et al.*, 2022). Additionally, participants described experiences of isolation and discrimination related to their intersectional identities, which further hindered their abilities to obtain support (Cox *et al.*, 2022). Therefore, acknowledging these barriers, there is a critical and immediate need to assess and address the social support needs of LGBTQ+ refugee claimants and improve their access to community services (Comeau *et al.*, 2023; Cox *et al.*, 2022; Fox *et al.*, 2020; Henriquez & Ahmad, 2021; Logie *et al.*, 2016). Proactive action to address these needs may foster security and place-based belonging for LGBTQ+ refugee claimants, acknowledging the connections between feelings of safety and feelings of belonging among relocated and marginalized groups (Comeau *et al.*, 2023; Cox *et al.*, 2022; Fox *et al.*, 2020; Frensch & Akesson, 2022; Henriquez & Ahmad, 2021; Logie *et al.*, 2016).

1.7 Linking Social Capital Theory as an Analytical Framework

1.7.1 Foundations of Social Capital Theory

Social capital theory was initially developed by sociologists Pierre Bourdieu and James Coleman in the 1980s (Bourdieu, 1980; Coleman, 1988). In its origins, social capital theory posits that social networks serve as an asset alongside economic and cultural capital, influencing how social groups enhance health, well-being, and overall community development (Bhandari & Yasunobu, 2009; Bourdieu, 1980; Coleman, 1988; Derosé & Varda, 2009; Stephens, 2008). Specifically, the theory suggests that communities with strong social communication, networks, and relationships can effectively disseminate information necessary to achieve collective action (Bhandari & Yasunobu, 2009; Bourdieu, 1980; Coleman, 1988; Derosé & Varda, 2009; Stephens, 2008). Thus, although social capital theory has distinct sociological origins, its application to social service access is essential for understanding the health and well-being of marginalized groups, including refugee claimants (Bhandari & Yasunobu, 2009; Bourdieu, 1980; Coleman, 1988; Derosé & Varda, 2009; Stephens, 2008). This perspective challenges the notion that newcomers, particularly those marginalized by racialized or precarious status, are inherently predisposed to poor health outcomes (Bhandari & Yasunobu, 2009; Bourdieu, 1980; Coleman, 1988; Derosé & Varda, 2009; Stephens, 2008). Social capital theory posits that enhancing communication about health services and fostering robust social networks can improve access to health resources and opportunities for better health among marginalized populations (Bhandari & Yasunobu, 2009; Bourdieu, 1980; Coleman, 1988; Derosé & Varda, 2009; Stephens, 2008; Tan *et al.*, 2021).

Within the broad framework of social capital theory, there are three subcategories: bonding, bridging, and linking social capital (Chuatico & Haan, 2022; Ehsan *et al.*, 2019). Bonding social capital describes the strength of relationships within homogeneous groups, such as friends and family (Chuatico & Haan, 2022; Ehsan *et al.*, 2019). Among newcomers, peer relations are frequently strong, as shared migration experiences often foster a sense of community (Buckingham *et al.*, 2018; Chuatico & Haan, 2022; Ehsan *et al.*, 2019). Bridging social capital refers to the strength of networks between diverse groups with similar social status (Chuatico & Haan, 2022; Ehsan *et al.*, 2019). Linking social capital, in contrast, concerns

relationships between groups across different power and social hierarchies, involving the exchange of communication and resources beyond immediate social circles (Ehsan *et al.*, 2019; Tan *et al.*, 2021). The present study focuses on linking social capital, as prior research indicates that it may be limited among refugee claimants due to persistent cultural barriers and a lack of trust between service providers and newcomers (Abood *et al.*, 2021; Greene, 2019; Tan *et al.*, 2021).

1.7.2 Linking Social Capital Theory and Refugee Claimants

This study used linking social capital theory as an analytical framework to examine how communication, social connections, and networks shape the navigation of social welfare services among refugee claimants (Stephens, 2008). The analysis of social networks' influence on health service access aimed to evaluate the potential of structured, formal support to address barriers to social service access in Waterloo Region (Ehsan *et al.*, 2019; Greene, 2019; Heidinger *et al.*, 2023; Tan *et al.*, 2021). Linking social capital theory posits that individuals with stronger relationships to social institutions experience improved health and well-being due to their connection to institutional power (Ehsan *et al.*, 2019; Greene, 2019; Tan *et al.*, 2021). Marginalized groups, including refugee claimants, frequently have limited awareness of social services, weaker relationships with service providers, and insufficient knowledge of social service systems, which can impede their use of these services (Abood *et al.*, 2021; Dumke *et al.*, 2024; Ehsan *et al.*, 2019; Greene, 2019; Ho *et al.*, 2025; Tan *et al.*, 2021). This framework was therefore applied to assess these dynamics. Specifically, this analysis examined how individuals navigate accessing social services and how vertical social links may facilitate or hinder claimants' knowledge of available services, their comfort in communicating with service providers, and their ability to navigate the social service system (Abood *et al.*, 2021; Dumke *et al.*, 2024; Ehsan *et al.*, 2019; Greene, 2019; Ho *et al.*, 2025; Tan *et al.*, 2021). Furthermore, the study investigated whether linking individuals to community social services and increasing linking social capital can improve access to social services (Abood *et al.*, 2021; Dumke *et al.*, 2024; Ehsan *et al.*, 2019; Greene, 2019; Ho *et al.*, 2025; Tan *et al.*, 2021).

1.8 Study Purpose

Existing research shows that LGBTQ+ refugee claimants in Canada face extensive and intersecting marginalization when seeking social support. These challenges include limited linking social capital, weak institutional connections, and a lack of information about social services and access procedures. Few studies offer actionable solutions, even though these barriers are well documented. Research often excludes LGBTQ+ newcomers and refugees, leaving significant gaps in the literature. This study addresses those gaps by examining structured, formal support for LGBTQ+ refugee claimants and how individuals might more readily access them. The goal of this research is to demonstrate how social support services can be tailored to the experiences and perspectives of LGBTQ+ newcomers, to prevent further marginalization and ensure responsive interventions. The number of LGBTQ+ refugee claimants in Canada is rising, yet knowledge gaps persist. In response to these gaps, this study aimed to understand: (1) how LGBTQ+ refugee claimants navigate settlement, legal, employment, and health services in Waterloo Region, Ontario; and (2) what strategies can mitigate barriers to social support and enhance linking social capital for LGBTQ+ claimants in this region. Recent restrictive immigration policies make this research timely. There is a need to protect the well-being of LGBTQ+ refugee claimants and understand their experiences to ensure interventions meet their unique needs.

Chapter 2: Methods

2.1 Ethics

This study has obtained ethics approval from the University of Waterloo Office of Research Ethics (#46769). Informed consent was consistently obtained and upheld during the data collection process (Hariri *et al.*, 2022). Confidentiality was central to both research methods and data storage, given the sensitive nature of the study (Turcotte-Tremblay *et al.*, 2018). However, confidentiality extended beyond procedural concerns (Turcotte-Tremblay *et al.*, 2018). It required critical engagement with how norms of visibility, legibility, and risk are constructed (Beagan *et al.*, 2023; Henrickson *et al.*, 2020; Turcotte-Tremblay *et al.*, 2018). For Queer participants, disclosure is never neutral; it is shaped by heteronormative scrutiny and surveillance (Beagan *et al.*, 2023; Henrickson *et al.*, 2020; Turcotte-Tremblay *et al.*, 2018). Therefore, what is considered “identifiable” is not solely a technical matter, but also a political one (Beagan *et al.*, 2023; Henrickson *et al.*, 2020; Turcotte-Tremblay *et al.*, 2018). Some individuals shared information with me that I chose not to include in the presentation of results, due to the potential risk of recognition within small diasporic and LGBTQ+ networks (Beagan *et al.*, 2023; Henrickson *et al.*, 2020; Turcotte-Tremblay *et al.*, 2018). This decision underscores the ethical responsibility to prioritize participants’ safety (Beagan *et al.*, 2023; Henrickson *et al.*, 2020; Turcotte-Tremblay *et al.*, 2018). Simultaneously, this decision illustrates how Queer lives are often rendered hyper-visible, such that even partial details may expose individuals to harm (Beagan *et al.*, 2023; Henrickson *et al.*, 2020; Turcotte-Tremblay *et al.*, 2018). Therefore, to me, confidentiality encompasses more than data storage; it also involves resisting extractive research practices that treat marginalized narratives as consumable knowledge (Beagan *et al.*, 2023; Henrickson *et al.*, 2020; Turcotte-Tremblay *et al.*, 2018).

2.2 Study Location

2.2.1 Waterloo Region

Waterloo Region is a mid-sized municipality located in Southwestern Ontario (Region of Waterloo, 2024). This region includes the cities of Cambridge, Kitchener, and Waterloo as well as the rural townships of North Dumfries, Wellesley, Wilmot, and Woolwich (Region of Waterloo, 2024). At the time of the study, Waterloo Region was home to approximately 630,000 individuals, with its population having grown annually (Region of Waterloo, 2024).

2.3 Recruitment

2.3.1 Spectrum Waterloo Region's Rainbow Community Space

LGBTQ+ refugee claimants were recruited through Spectrum, an organization with which I maintain a volunteer affiliation (Spectrum Waterloo Region's Rainbow Community Space, 2021). Spectrum offers letters of support for LGBTQ+ refugee claimants and hosts monthly gatherings that address LGBTQ+ and newcomer identities alongside sharing available regional resources (Spectrum Waterloo Region's Rainbow Community Space, 2021). As a group facing intersectional marginalization, LGBTQ+ refugee claimants are particularly vulnerable to hate crimes and anti-immigrant, anti-LGBTQ+ rhetoric, making recruitment through an organization with established trust especially important (Brown, 2024; Hutcheson, 2025; Shetty, 2023, 2025). This vulnerability is especially pronounced in Waterloo Region, which has higher hate crime rates than many Canadian cities (Brown, 2024; Hutcheson, 2025). News reports document increased polarization, anti-immigrant sentiment, and a rise in anti-LGBTQ+ attitudes in the region (Brown, 2024; Hutcheson, 2025; Shetty, 2023, 2025). These tensions have had tangible consequences: Police have advised Spectrum to cancel LGBTQ+

events, and a 2023 stabbing during a gender studies course at the University of Waterloo further heightened safety concerns (Brown, 2024; Hutcheson, 2025; Shetty, 2023, 2025). Therefore, given these safety concerns, creating a secure and trusting environment was a critical methodological priority (Foláyan & Haire, 2023).

2.3.2 Recruitment Strategy

Snowball sampling was employed to recruit LGBTQ+ refugee claimants at Spectrum (n=8). This approach was effective because it leveraged existing social networks and trust within the social service sector, which was essential given the potential lack of trust toward the academic institution (Kirchherr & Charles, 2018; Palinkas *et al.*, 2015). Snowball sampling facilitated access to hard-to-reach LGBTQ+ refugee claimants, especially those with intersecting marginalized identities (Kirchherr & Charles, 2018; Palinkas *et al.*, 2015).

Recruitment began with consultations involving Spectrum staff to evaluate their capacity to assist with the research project. After these meetings, recruitment emails were sent to the Spectrum program staff. Spectrum program staff then shared research details and contact information verbally or by email with LGBTQ+ refugee claimants (see Appendix B: Verbal Script; see Appendix C: Email Recruitment). Recruitment ran iteratively for three months, from December 2025 to February 2026, and included email contact from Spectrum facilitators as well as verbal announcements. Spectrum program facilitators also briefly introduced the study and invited participation at the start of each monthly group session, as a regular part of Spectrum's programming (see Appendix B: Verbal Script). Recruitment continued until eight participants were interviewed. Participants received \$65 as compensation for a one-hour interview.

Given the potential for diversity in experiences related to race, ethnicity, gender, language, and socioeconomic background, data saturation was defined prior to data collection as the repetition of themes across participants from both diverse and similar social backgrounds, along with the absence of new themes (Rahimi & Khatooni, 2024; Saunders *et al.*, 2018). Data collection and analysis were conducted iteratively to assess saturation (Rahimi & Khatooni, 2024; Saunders *et al.*, 2018). Although the study aimed to recruit 10 participants, only eight were ultimately enrolled. Data saturation was nonetheless achieved with respect to the research questions, as participants reported consistent experiences regarding the barriers to and benefits of formal social support services. The sensitive nature of the study likely limited broader participation, as some potential participants expressed concerns that sharing information could negatively affect their legal cases, even when a trusted relationship existed between study recruiters, including myself and Spectrum program facilitators, and program participants. As data saturation was reached, data collection concluded after eight interviews.

2.4 Methodology

2.4.1 Narrative Inquiry

Narrative inquiry examines human experience through participants' stories (Clandinin & Connelly, 2004). This approach views experience as temporal, unfolding over time, social, embedded in identity and communities, and spatial, shaped by geographical contexts (Clandinin & Connelly, 2004). In this study, Clandinin and Connelly's principles guided the analysis of stories that span before migration, influence future trajectories, reflect social identity and community, and are shaped by life in Waterloo Region, Ontario (Clandinin & Connelly, 2004).

2.4.2 Applying Narrative Inquiry as a Methodological Framework

This research study used narrative inquiry as the primary methodological framework to

explore how LGBTQ+ refugee claimants navigate social welfare services and construct meaning from their lived experiences (Ballantine, 2022; Clandinin & Connelly, 2004; Rozario *et al.*, 2025; Weiss & Johnson-Koenke, 2023). By examining the narratives of LGBTQ+ refugee claimants within Waterloo Region, I analyzed complex perspectives and identified key considerations for providing effective social support to this marginalized group (Ballantine, 2022; Clandinin & Connelly, 2004; Rozario *et al.*, 2025; Weiss & Johnson-Koenke, 2023). Narrative inquiry was particularly advantageous, as it enabled me to engage participants in discussions about their migration stories and their experiences accessing and connecting to social services in the region. Through questions such as, “Can you describe your experience approaching [] services?”, “Can you describe your experience attending [] services?”, and “Who did you trust to connect you to information and/or support in Waterloo Region?” I collected data on how participants navigated social welfare services, conceptualized opportunities and challenges, and perceived the potential for structured support to enhance linking social capital among LGBTQ+ refugee claimants in Waterloo Region, Ontario. My foundational application of narrative inquiry encouraged participants to share their stories in their own words, highlighting what they considered important and enabling them to discuss sensitive aspects of their past and sexuality without direct prompting.

Additionally, narrative inquiry structured the interviews around temporal dimensions, focusing on life before migration, reasons for migration, and experiences in Canada. This approach enabled participants to reflect on their interactions with social services and propose future improvements (Ballantine, 2022; Clandinin & Connelly, 2004; Rozario *et al.*, 2025; Weiss & Johnson-Koenke, 2023). Centring these narratives facilitated an understanding of how social demographics and marginalized identities influenced identity negotiation in accessing services. This method allowed for in-depth analysis of a small, diverse group of participant stories (n=8); consideration of contextual factors such as gender, sexual identity, race, and ethnicity, which are dimensions often overlooked in research; and inclusion of participants' stories from before their arrival in Canada (Clandinin & Connelly, 2004).

2.5 Study Participants

This study recruited LGBTQ+ refugee claimant participants from Spectrum (n=8). Spectrum, located in Kitchener, Ontario, provides a wide range of social services to LGBTQ+ and newcomer youth and adults across Waterloo Region (Spectrum Waterloo Region's Rainbow Community Space, 2021).

2.5.1 Inclusion Criteria

Eligibility criteria for study participation included: (1) age 18 years or older; (2) self-identification as a refugee claimant (Catherine & Bastien, 2023); (3) current use of social welfare services at Spectrum Waterloo Region's Rainbow Community Space; and (4) ability to provide informed consent. Eligibility was determined through a recruitment screening process, during which program coordinators for newcomer services at Spectrum Waterloo Region's Rainbow Community Space identified and contacted individuals who met these criteria via email.

2.6 Research Design

This qualitative study design employed one-to-one, semi-structured interviews to examine how LGBTQ+ refugee claimants navigate social welfare services and to assess the potential application of structured, formal support to improve settlement, legal, employment, and health service delivery among LGBTQ+ refugee claimants in Waterloo Region, Ontario (DeJonckheere & Vaughn *et al.*, 2019) (See Appendix D: Interview Guide). One-to-one, semi-structured interviews were selected because they enable participants to provide detailed

accounts of their lived experiences and to discuss sensitive topics in a private and confidential setting (Heath *et al.*, 2018). The semi-structured interview format provided flexibility and allowed for iteration based on participants' responses (Kallio *et al.*, 2016). Six interviews were conducted and recorded online via Zoom videoconferencing software, while two interviews were recorded in person, at Spectrum Waterloo Region's Rainbow Community Space and the University of Waterloo campus, using iPhone Voice Memos. The choice between online and in-person interviews was determined by participants' preferences and comfort with each interview format. All interview recordings and transcripts were deleted from personal devices immediately after transfer and were securely stored as password-protected files on OneDrive. All interviews were audio-recorded and transcribed verbatim for analysis. Interview durations ranged from 34 minutes to 1 hour and 23 minutes, with an average of 50 minutes per interview. Transcriptions were completed using Office 365 transcription services through Microsoft Word 365 to accurately represent participants' responses. Voice recordings were uploaded to Microsoft Word 365 and transcribed using the Office 365 AI-powered transcription software. All procedures were conducted in accordance with ethical guidelines to protect participant confidentiality, ensure responsible data handling, and promote responsible use of Office 365 transcription technology.

2.6.1 Interview Guide

Using a semi-structured interview guide (see Appendix D: Interview Guide), I explored several topics with participants: (1) participant backgrounds (journey to Canada); (2) the settlement, legal, employment, and health social services accessed in Waterloo Region; (3) opportunities and challenges encountered when seeking these services; and (4) participant linking social capital; (5) participant demographics (age, gender, ethnicity or race, occupation, education). Following a preliminary analysis of the first two interviews, I added a few additional questions to further investigate participant preferences and needs and assess the relevance of structured, formal support in addressing the barriers to social services experienced by participants (see Appendix D: Interview Guide, questions 16a, 17a, 18-20).

2.7 Data Analysis

2.7.1 Thematic Analysis

Once transcribed, data were analyzed using a hybrid inductive-deductive thematic analysis approach (Azungah, 2018; Naeem *et al.*, 2023). Data analysis began with an inductive approach, followed by a deductive approach. The inductive portion employed the six-step iterative approach for thematic analysis proposed by Braun and Clarke (2006), including: (1) familiarization with data; (2) generating codes; (3) developing themes; (4) revising themes; (5) defining themes; and (6) creating the report. In the first step, familiarization, I re-read each of the eight transcripts to re-immense myself in the raw data (Azungah, 2018; Braun & Clarke, 2006; Naeem *et al.*, 2023). This initial immersion helped to develop a preliminary understanding and overview of the data (Azungah, 2018; Braun & Clarke, 2006; Naeem *et al.*, 2023). After this step, I started creating preliminary codes by using segment-by-segment open coding (Azungah, 2018; Coates *et al.*, 2021). This meant breaking the text into smaller parts, usually one or two sentences, that described similar experiences (Azungah, 2018; Coates *et al.*, 2021). At the same time, I highlighted recurring keywords, concepts, and quotations from participants (Azungah, 2018; Braun & Clarke, 2006; Naeem *et al.*, 2023). I chose keywords, concepts, and quotations based on how often they were raised by participants or how well they helped address the research questions (Azungah, 2018; Braun & Clarke, 2006; Naeem *et al.*, 2023). The keywords, concepts, and key quotations played an important role in creating the first set of inductive codes (Azungah, 2018; Braun & Clarke, 2006; Naeem *et al.*, 2023). After

developing these codes, I sought connections among participant stories (Azungah, 2018; Braun & Clarke, 2006; Naeem *et al.*, 2023).

After completing the initial inductive analysis, I transitioned to a deductive approach. To guide this phase, I first revisited Braun and Clarke's (2006) six steps for thematic analysis and then applied a lens of linking social capital theory. Linking social capital theory examines how social networks influence access to information and resources, and how these networks shape trust in service providers as individuals navigate available services (Bhandari & Yasunobu, 2009; Bourdieu, 1980; Coleman, 1988; Derosé & Varda, 2009; Ehsan *et al.*, 2019; Stephens, 2008). With this framework, I focused on two key aspects: (1) the sources LGBTQ+ refugee claimants trust, such as family, acquaintances, or institutions, and (2) the ways in which LGBTQ+ refugee claimants access information about social services (Bhandari & Yasunobu, 2009; Bourdieu, 1980; Coleman, 1988; Derosé & Varda, 2009; Ehsan *et al.*, 2019; Stephens, 2008). Integrating data, codes, and themes within established theory at this stage enabled a more detailed explanation of participants' linking capital and connectivity to formal institutions (Braun & Clarke, 2006; Naeem *et al.*, 2023). Specifically, drawing on linking social capital theory, I analyzed participants' connectivity to formal support as a potential explanation for barriers to accessing settlement, legal, employment, and health resources identified during the inductive analysis (Bhandari & Yasunobu, 2009; Bourdieu, 1980; Coleman, 1988; Derosé & Varda, 2009; Ehsan *et al.*, 2019; Stephens, 2008). Participant connectivity to formal support offers a foundational basis for understanding what strategies might help bridge the gap between LGBTQ+ refugee claimants and formal support systems.

In summary, linking social capital theory served as the primary framework for interpreting data patterns and for contextualizing how communication, connections, social networks, and relationships influence health outcomes (Bhandari & Yasunobu, 2009; Bourdieu, 1980; Coleman, 1988; Derosé & Varda, 2009; Ehsan *et al.*, 2019; Stephens, 2008). To organize the findings into codes and themes, I applied the conceptual model developed by Naeem and colleagues (2023). This model offers a systematic approach for transforming raw participant quotations into codes, developing sub-themes and overarching themes, and constructing a cohesive results narrative (Naeem *et al.*, 2023). By adapting this framework, I was able to integrate key quotations, codes, and themes from both inductive and deductive analyses, employing the concept of linking social capital to describe recurring phenomena within participant data, as illustrated in Figure 1 (Naeem *et al.*, 2023). This approach facilitated the development of a narrative that highlights participants' experiences in two main areas: (1) how LGBTQ+ refugee claimants navigate settlement, legal, employment, and health services in Waterloo Region, Ontario; and (2) what strategies can mitigate barriers to social support and enhance linking social capital for LGBTQ+ claimants in this region (Naeem *et al.*, 2023).

Figure 1. Thematic Analysis: Sub-Themes, Codes, and Exemplar Quotations

Theme 1: Social Identity Stressors		
Sub-Theme	Codes	Quotations
Experiences of Racism	Exclusion	“I will say that they [teach] inclusion, they let people know that they're included, but they're not practicing it...”
	Racialization	“You see, they will feel that you are not White, because you are Black. You don't need to belong there. You want to sit and someone will feel like you don't need to sit beside [them] because there is a difference between your colour and her colour. So, all those things make people feel that they are not welcomed.”
LGBTQ+ vulnerability	Public harassment	[Describing an incident in public] “He was talking about my lipstick and my appearance and [he was] like, you're a man, why you're wearing lipstick, you should be ashamed of you, this and that, blah, blah, blah, blah, on the bus. And everyone was silent.”
	Fear	“So, for a long time, I avoided Spectrum for that reason... That my friends at school would know where I'm going.”
Experiences of Stigma	Self-stigma	“Barriers [exist], I would say, just in my head... Because [LGBTQ+ social services are] very new to me, and I used to hesitate or hate this kind of stuff”

Note. This figure depicts sub-themes, codes, and exemplar quotations associated with one theme (Social Identity Stressors). See Appendix E for an overview of all quotations, codes, sub-themes, and themes.

Chapter 3: Results

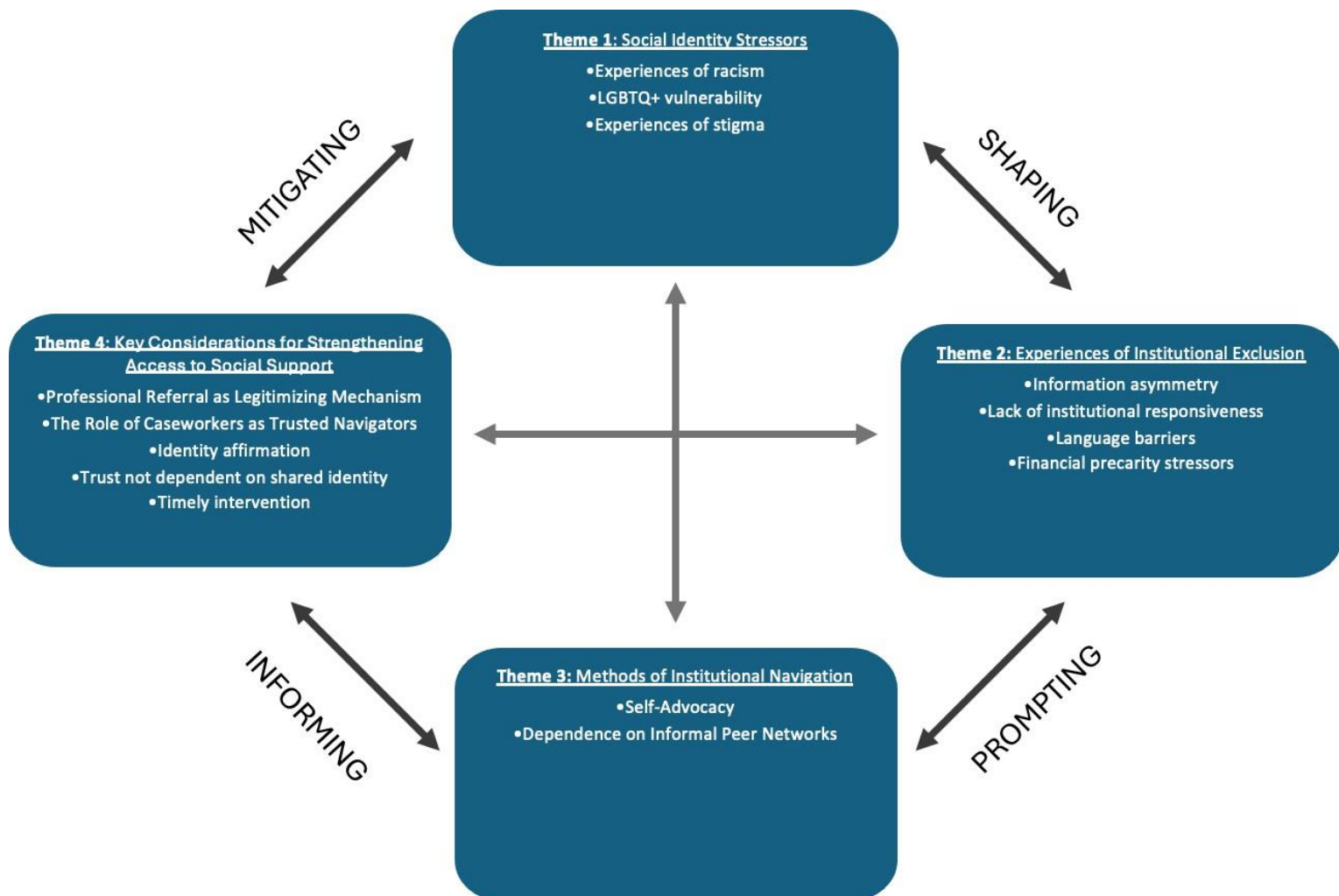
3.1 Participant Demographics

This study collected narratives from 8 participants, aged 23 to 39. Six participants identified as West African, while two identified as South Asian. For racial identification, five described themselves as Black, one as Brown, and two did not specify. Four participants were unemployed, and four were employed. While these demographic details offered valuable context regarding the participants, these categories only partly reflected the full complexity of their identities. During the narrative inquiry interviews, participants shared their Lesbian, Gay, Bisexual, Trans and Queer identities, as well as a sense of fluidity and openness that transcended conventional demographic categories. These nuances were identified through open dialogue and the analysis of participants' personal narratives, particularly in response to questions such as “Tell me about yourself, specifically your journey to Canada” (see Appendix D: Interview Guide). Participants described experiences of persecution related to their LGBTQ+ identities as a primary motivation for migration to Canada. Although no direct demographic question inquired about sexual identity, all but one participant expressed membership in the LGBTQ+ community. Additionally, none of the interview participants requested language interpretation. Therefore, all interviews were conducted in English.

3.2 Overview of Findings

Participants encountered significant challenges that limited their access to, navigation of, and support from settlement, employment, legal, and health social services as defined in this study. Core obstacles included social identity stressors such as racism, LGBTQ+ marginalization, and stigma, which complicated engagement with services. These identity-based stressors intensified institutional exclusion, as individuals' social identities shaped their experiences with support systems. Institutional barriers, including lack of information, slow response times, language barriers, and financial insecurity, further restricted inclusion. In response, participants frequently engaged in self-advocacy and relied on informal peer networks. This reliance demonstrated adaptive strategies when formal systems were inaccessible. Despite these adaptations, most participants preferred stronger formal connections to social services, highlighting the importance of trust and professional referrals. The study identified five primary strategies to mitigate barriers to social service access: (1) professional referrals as a legitimizing process; (2) the potential of caseworkers as trusted guides; (3) recognition of individual identities by support systems to reduce stigma; (4) fostering of trust through reliable professional relationships to address past exclusion; and (5) proactive service delivery to reduce wait times and address delays. These recommendations directly address the institutional exclusion and social stressors identified. Figure 2 provides a visual summary of key results.

Figure 2. Overview of Findings



Note. This visual depicts key themes and findings from thematic analysis

3.3 Social Identity Stressors

3.3.1 Experiences of Racism

Participants described varied experiences of racism as they navigated life in Waterloo Region. Although most participants reported a sense of inclusion within social services, indicating that service workers often provided equitable care and support, some identified racism as a significant issue in daily interactions outside these settings. For example, a 39-year-old parent who recently migrated to Canada to secure safety for their children and themselves in response to LGBTQ+ discrimination in Nigeria, recounted feeling unwelcome in Waterloo-Region because of their race, as demonstrated in the following quotation:

You see, they will feel that you are not White, because you are Black. You don't need to belong there. You want to sit and someone will feel like you don't need to sit beside

[them] because there is a difference between your colour and her colour. So, all those things make people feel that they are not welcomed. (Participant B)

Building on this account, the experience of being racialized, or perceived as othered due to race, was evident in other participants' narratives. This perspective was echoed by a 33-year-old participant who migrated from India to Canada due to mental health concerns and barriers expressing their gender and sexuality in India. This participant reported experiencing racism within the LGBTQ+ community in Waterloo Region, as reflected in the following quotation: "So yeah, that's a different thing when they know that you are Indian. They call you out, they talk about your stinky *** or whatever, So, that, especially that coming from Queer people, that's just hurtful." (Participant D) These accounts illustrated both inter-community racism (racism from outside one's community) and intra-community racism (racism within the LGBTQ+ community).

3.3.2 LGBTQ+ Vulnerability

Participants reported experiences of LGBTQ+ discrimination intersecting with racism, characterized by public harassment and fear. Public harassment was particularly evident in one participant's account. Describing a public incident, the participant stated: "He was talking about my lipstick and my appearance and [he was] like, you're a man, why you're wearing lipstick, you should be ashamed of you, this and that, blah, blah, blah, blah, on the bus. And everyone was silent." (Participant D) This account highlighted not only public harassment but also the absence of social support, which left the participant, an individual with gender diverse expression, vulnerable to ongoing harm. Although this incident did not occur within a social service context, it contributed to the participant's apprehension regarding public engagement, as reflected in the following statement: "So that kind of, you know, broke my heart for a couple of days. And then I was so scared because it was the same time when Spectrum had to cancel one of their events in a brewery." (Participant D) This experience aligned with previous anti-LGBTQ+ sentiment across Waterloo Region, exemplified by police advisories recommending that Spectrum cancel an LGBTQ+ event named Beers with Queers.

The theme of fear was prevalent in the narratives of multiple participants. Participants reported that fear often led to detachment from social connections and support networks. The following quotation demonstrates the relationship between fear and social connection, highlighting one participant's reservation in social settings: "Like I've said, maybe based on where I'm coming from... We are not always welcomed... So, I don't want to greet someone or try to talk to someone or try to mingle with someone." (Participant F) This statement illustrated the vulnerability experienced by a participant who migrated to Canada from Nigeria due to the risk of imprisonment related to their Gay identity. The participant's sense of vulnerability, particularly regarding social connection, stemmed from both previous harms in their country of origin and ongoing fears. This theme of vulnerability was evident throughout participants' accounts. Many described prior experiences of harm in their home countries and explained how these experiences influenced their lives in Waterloo Region. Furthermore, fear contributed to disengagement from social services, as reflected in another participant's statement: "So for a long time, I avoided Spectrum for that reason... That my friends at school would know where I'm going." (Participant D) This account highlighted the individual's apprehension about being identified as Queer and the resulting reluctance to access social services.

3.3.3 Experiences of Stigma

Participants reported experiencing stigma related to their identities, which included both internalized stigma and community-driven stigma. For this analysis, internalized stigma

was defined as negative beliefs about oneself that originate within the individual. Participants described internalized stigma as a significant barrier to accessing LGBTQ+ inclusive support, often rooted in previous difficulties navigating Queer identity in their countries of origin. For example, one participant stated, “You still come here with the stigma, with that brain state.” (Participant C). This participant, who identified as a parent and a widow who migrated to Canada alone, described feelings of depression related to identity, noting that acceptance was lacking in their country of origin. Other participants similarly described internalized stigma as an obstacle to engaging with social services, recalling earlier reluctance and feelings of “hate” toward seeking support, as illustrated by the following quotation: “Barriers [exist], I would say, just in my head... Because [LGBTQ+ social services are] very new to me, and I used to hesitate or hate this kind of stuff.” (Participant D)

3.4 Experiences of Institutional Exclusion

3.4.1 Information Asymmetry

Participants shared experiences of institutional exclusion, defined as systemic barriers within organizations that prevented individuals from fully participating in or benefiting from services. Such exclusion limited individuals’ ability to access, navigate, and obtain support from social services. Information asymmetry, the imbalance in access to relevant information between service providers and users, was described as a primary barrier to accessing social support. Most participants reported insufficient information regarding available services, application procedures, and eligibility criteria, which constituted a significant obstacle. For example, one participant, a 35-year-old self-identifying Woman who migrated from Nigeria due to fear of persecution related to sexual identity, emphasized that newcomers often lacked such knowledge because of limited connections to the new environment and system. This experience was illustrated in the following excerpt: “I don’t think I have fully utilized all the social services available because I didn’t even know that they were available. From this conversation, I am just learning that there are other things that I can get involved in.” (Participant H) This quotation exemplified a common experience among participants, who shared that they were unaware of resources and information, which limited their ability to access services available in Waterloo Region.

Information asymmetry, reflected among participants as a lack of awareness regarding available social services, was a recurring theme. One participant noted that newcomers often remain unaware of these services due to limited social connections in their new environment. This is exemplified by the following statement, in which the participant describes the absence of such resources in Nigeria: “I didn’t even know there were social services because back home we didn’t really have something like that.” (Participant F) This barrier highlights the participant’s limited understanding of available services due to past experiences in Nigeria and their difficulty integrating into life in Waterloo Region.

Additionally, another participant attributed their limited use of services to insufficient knowledge about available resources, as demonstrated in the following statement:

It's been really tough, really tough because most of the time I need a service, and I don't know how to get to it. And sometimes I end up not doing it because I really don't know how to get around it. And I just end up not knowing because I really don't know who to talk to and who to connect with because I came here alone. (Participant A)

Moreover, participants frequently reported confusion regarding the steps required to access social services due to limited information, which impeded their ability to obtain support. Procedural opacity, particularly unclear administrative processes, further obstructed access.

Participants expressed uncertainty about required documentation, as illustrated by the statement: “First of all, I did not know that I had to present certain documents and stuff...” (Participant A) They also indicated that insufficiently explained requirements had prevented them from securing institutional support, as reflected in statements such as: “Yeah, not knowing certain things [were required] because if I had known, then I would have been prepared to go, right?” (Participant A) However, this experience was not universal; some participants eventually learned the procedures through researching independently, peer guidance, or, in some cases, professional advice. These findings underscored the importance of procedural clarity as a critical facilitator of access to social services in this context.

A lack of clarity regarding required processes and documentation led several participants to report confusion about service eligibility. This uncertainty was often attributed to hearsay, as some participants indicated they had heard about others' eligibility but did not share the same experiences. However, lack of clarity around eligibility was not only noted due to hearsay among LGBTQ+ refugee claimants, but also because of professionals not providing clear expectations around what is or is not financially covered for them within a given service. This was particularly relevant for access to health services and support with one participant sharing the following experience:

I was told that she covered part of [the fee], and she did not cover the rest. So, I need to pay. And I don't have money. I don't have a source to pay for [health services] because I depend on what they give me, and I have three kids. So, I make decisions based on that. So, I was like, I don't have money again to pay. They said there's nothing else they can do right now. My prescription is still there. (Participant B)

Information asymmetry regarding procedures, documentation, and eligibility was identified as a barrier to both receiving necessary care and accessing or engaging with social services among participants.

3.4.2 Lack of Institutional Responsiveness

Participants identified inadequate institutional responsiveness as a barrier to accessing social services. In this analysis, institutional responsiveness referred to organizations failing to provide sufficient support. This barrier was reported in accounts of prolonged wait times when attempting to access social services and perceptions of organizational inaccessibility. Participants described enduring extensive waits, especially for critical gender-affirming health care, as captured by one participant: “But they came up with the earliest appointment available on 27th March 2027 [over one year away from the time of the interview].” [laugh] (Participant D) Participants also reported delayed communication from social service providers which further hindered their ability to use social services, as shown below: “The only barrier I have is just getting through or trying to reach [the facility by e-mail]... I need to e-mail a couple of times. Like I keep sending messages like two to three times. That's when I can get a reply.” (Participant F)

Additionally, within the theme of institutional responsiveness, participants described feeling overlooked by support institutions, a phenomenon coded as institutional invisibility. This perceived neglect is illustrated by one participant's account of being harmed and threatened in public, expressing uncertainty about whom to approach for help and believing the police would not view the incident as urgent:

[The individual inciting verbal harm] chased us into a restaurant... And we were scared... And when he entered the restaurant, he took one of the knives on the table, a

butter knife, a dinner knife, and a fork, and he tried to, you know, scare us. Come out, otherwise I'm going to attack you, this and that. And that's when we had to call 911, and they showed up after four hours. (Participant D)

The same participant described verbal harassment on public transportation because of their Gender-diverse appearance and was disappointed the bus driver did not intervene: “But again, I didn't know who to reach out to about that situation. But the least I was expecting at the time was that the driver of the bus should have said something.” (Participant D)

Building on the experience of being targeted in public spaces, participants also described a subtler form of exclusion noting that they were discouraged from seeking help because some believed available services would not help. For example, one participant recounted, when discussing a social service in Waterloo Region: “Somebody actually walked up to me to tell me, ‘Don’t go to that place; they won’t attend to you’.” (Participant C) These accounts suggest that many participants may view institutions as unreliable sources of support, which deepens their sense of exclusion and reluctance to seek assistance.

3.4.3 Language Barriers

Many participants identified language barriers, including limited English proficiency and accent differences, as significant obstacles to accessing social services in Waterloo Region. These barriers hindered communication between participants and service providers, making it challenging for individuals to articulate their needs, as demonstrated in the following quotation: “Language is a major issue for me because if I want to express myself and you are not trying to understand me, it's a big problem, yeah. I don't know how we can solve that.” (Participant F)

Participants reported that limitations in English proficiency created challenges in navigating social services and contributed to experiences of discrimination. One participant recounted being dismissed by phone providers who were unable to understand them, as illustrated in the following quotation:

I think most times when I call or phone, it saddens my heart that if you don't understand my accent or my English at least, you should try to get somebody else. That does not mean you just hang [up] the phone on me like that. (Participant C)

Participants identified language as a significant obstacle to both communication and trust. For example, one participant, a 23-year-old man from India who migrated to Canada with limited English proficiency, reported a greater inclination to trust friends over professionals, defined as social service providers, because of shared language. However, not all linguistic experiences were negative. This same participant described a positive encounter with a facilitator at a social service agency who spoke his language, which fostered continued engagement with that service, as reflected in the following quotation: “I speak Hindi, so there's one person there who understands my language... So that's why I go there, and they're helping me.” (Participant G) Ultimately, language and communication barriers surfaced as a central theme in participants' narratives. Many reported substantial difficulties sharing information, building connections, and accessing assistance when they lacked English proficiency or spoke with a non-English Canadian accent. English proficiency repeatedly was perceived as a determinant for inclusion in formal social services.

3.4.4 Financial Precarity

Financial precarity-related stressors were vocalized as a central theme across participant narratives. Most participants reported significant difficulty meeting their children's needs,

affording health expenses not covered by support programs, and paying for essentials such as food, clothing, and, housing. These challenges were intensified by confusion about financial coverage and benefits, further increasing financial stress, as reflected in the following quotation from a parent who migrated to Canada with their three kids, who shared struggles finding employment in Waterloo Region:

I don't have money. I don't have a source to pay for [eyeglasses] because I depend on what [government support programs] give me, and I have three kids. So, I make decisions based on that. So, I was like, I don't have money again to pay. They said there's nothing else they can do right now. My prescription is still there. (Participant B)

Most participants expressed concern about securing employment in Canada, specifically noting unexpected financial challenges and lack of job security related to migration. One participant described feeling unprepared for these challenges, as reflected in the following:

Getting a job isn't always easy... I don't know why, but getting a job is a bit difficult. So, if you are not mentally prepared, you can't come in and like, because, financially, especially for people from Africa, I can say on their behalf, settling down in Canada is not easy. (Participant F)

Multiple accounts emphasized job-search-related stress stemming from insufficient formal references and limited institutional support. These factors adversely impacted the mental health of participants, as illustrated by the experience of a participant who shared struggles finding employment

Because initially, before I started schooling, I tried to apply for work. They were like, "You don't have experience... They ask you, 'Who is she or who is he?' They will just be asking such questions. And when you don't provide, they will say, sorry, oh, we cannot move on with you [to hire you]. So, all those things make it difficult. And at times you get depressed. (Participant B)

Financial stressors related to migration and unemployment were repeatedly reported as challenges. Participants expressed a need for increased social support in job seeking and emphasized the importance of broader systemic and institutional assistance. These challenges were particularly attributed to the lack of formal recognition of their prior experiences from their home countries upon arrival in Canada.

3.5 Navigation Strategies

3.5.1 Self-advocacy

To navigate institutional barriers, participants highlighted the necessity of self-advocacy through proactive questioning. Several participants indicated that making inquiries was essential for understanding rules and regulations. Doing so enabled them to gain insight into how social welfare systems work from their own perspectives. Participants reported seeking information from both social service workers and informal networks, such as friends, after migrating to Waterloo Region. The following participant narrative illustrates the importance of asking questions to understand the social service system. It also underscores the perception that individuals bear primary responsibility for learning about and accessing

available resources, as demonstrated in the following statement:

Yeah, from my experience, it was kind of easy because I was able to understand how the system works and ask questions. But I find that if you do not ask questions or go to them [social support providers], you might not be able to access those resources. (Participant B)

Participants also reported independently searching online to locate social services in Waterloo Region. Many reported discovering resources, such as Spectrum, through these searches. The following quotation illustrates this process: “Yeah, because when I came, I was looking for social groups to join to help me with my settlement and integration. So, I went online, and I found Spectrum.” (Participant E)

Although participants frequently identified online searching as a convenient navigation strategy, they also expressed concerns about its limitations. For example, one participant noted the risk of encountering misinformation online. Another described potential challenges related to internet access: “I think the con would be not having Internet services. Because sometimes a lot of people cannot pay their phone bills or connect to Wi-Fi to do all of those things.” (Participant F) Additionally, another participant emphasized that their educational background influenced their ability to search online effectively: “I think it would be based on my exposure. Yeah. My education. Yeah. It kind of helps me to be able to access all the services [that I encounter online].” (Participant E) These concerns underscore participants' perspectives on the limitations of online searching.

3.5.2 Dependence on Informal Peer Networks

In response to the identified institutional barriers, participants frequently relied on informal peer networks to access information about social services. Most participants reported learning about available services through word of mouth, particularly from friends, as illustrated by the statement: “Yeah, my friend referred me [to Spectrum], they already joined, so they referred me to go there.” (Participant G) Informal social networks, including friends, church groups, broader newcomer community networks, and LGBTQ+ networks, were noted as significant sources of information. This reliance was often attributed to shared experiences, as reflected in the statement above. However, while individuals depended on informal networks for information, many also questioned their effectiveness. Several participants described limited knowledge resources within these networks, as exemplified by the following: “So you stick to your community people from your backcountry, wherever you came from, because you would feel safe with them for a reason... [But] these people don't know any resources at all.” (Participant D)

These accounts suggest a limited understanding and awareness of social support within these groups. Participants observed that members of their social networks shared similar identities and challenges but often lacked the capacity to provide effective solutions, as illustrated below:

But the people that I lived with when I arrived or when I met, were the people in my circle. We have almost the same problem. So, we are still navigating around. So, I'm telling you my problem, you're telling me your problem too. Not like, okay, I'm telling you a problem, you're solving it for me. (Participant F)

This example illustrates how similar challenges within the group limit their ability to offer effective support and underscore their limited awareness and understanding of the formal social support available to them in their social networks.

3.6 Key Considerations for Strengthening Access to Social Support

3.6.1 Professional Referral as a Legitimizing Mechanism

Participants reported that direct support from professionals, such as program coordinators or social service providers, was a key factor in their efforts to seek support in Waterloo Region. They emphasized that formal referrals, especially from trusted professionals, were highly valued when they encountered barriers to accessing social services, such as unfamiliarity or uncertainty. One participant shared, “I think directly connecting me to the service would be much better because I am new here. There are a lot of things that I don't know how to go about.” (Participant A) Formal referrals also helped reduce fear or stigma when approaching services, as shown in this statement:

There are a bunch of resources, as you know, so many resources out there, and they all give you, you know, pamphlets. But I have them piled up in my home... Because at the end of the day, you would hesitate to reach out by yourself, like, what's going to happen next? How's it going to go? Did they help accept me? All these kinds of thoughts would stop you or delay your process. But if you got connected right away through a middleman or mediator between you and that resource, that's amazing. (Participant D)

In addition to their preference for formal support, participants described positive experiences with professional referrals. For example, one participant shared, “I had my nurse practitioner and my counsellor. They both were amazing. They helped me those two years so gratefully, like amazing. They directed me to all the right resources [such as] a 24-7 suicidal [hotline].” (Participant D) Others valued how referrals provided holistic support, as explained by a participant who recounted help from a service worker while seeking employment: “She gave me the hospitality that I needed at that point. Like, oh, don't waste so much [money] on food, try to go to this place, tell them you need clothing. Because that day I was wearing a very light jacket and it was freezing.” (Participant F) These examples illustrate that, in some cases, referrals enabled participants to access support they might not have found on their own.

Participants' preference for professional support was primarily motivated by perceived expertise. Many indicated a greater willingness to trust advice from professionals rather than friends or informal information networks, attributing this to professionals' specialized knowledge in the social service sector, as depicted in the following quotation:

If it's coming from a professional, yes, I would. Because I am new here, there are a lot of things that I want to learn and a lot that I want to know about. So, getting certain information from a professional or getting a certain education from a professional will really help. It will go a long way. So yes, I'll trust a professional. (Participant A)

However, ongoing barriers to accessing formal assistance frequently compelled participants to continue relying on informal networks. These dynamics highlight the centrality of expertise-based trust. As one participant explained: “It's just so difficult to meet a professional. That's just it. I prefer to tell my problem to a professional than to tell my friend because we might be blind and don't know what to do.” (Participant F) While participants expressed strong trust in professional experience, limited access to formal services and professionals necessitated reliance on informal support, illustrating key tensions between trust and accessibility within social services.

3.6.2 The Role of Caseworkers as Trusted Navigators

Participants identified caseworkers as the professionals they trust most for accessing

information and support. For these study participants, caseworkers were assigned through settlement services after arrival in Waterloo Region. Most participants expressed a strong preference for caseworkers over other social service providers and health professionals, attributing this to the caseworkers' perceived genuine care. As one participant stated, "My caseworker... From my conversation with her, it sounds like she's someone who cares for me... And when you know that someone genuinely cares about you and wants you to succeed, it helps you trust the person more." (Participant H) Additional reasons for this preference included caseworkers' problem-solving abilities and their expertise within the system, as demonstrated by a participant who was able to access health support efficiently after receiving guidance from their caseworker:

Factors that make it easier for me to reach the services. Yeah. Most times I have my case worker I do talk to her if I need something, yeah, I think she's really been of help... Like there was one time I was really sick, and I didn't know what to do. I had to talk to her, and she said oh you can go into any walk-in clinic. (Participant C)

The role of case workers was described as integral in participants' narratives, with several indicating that case workers are typically the initial point of contact when addressing concerns or adapting to life in Canada.

3.6.3 Identity Affirmation

Moreover, when discussing social services, participants shared positive experiences with services that affirmed their identity. In particular, they spoke positively about organizations such as Spectrum, which provide an opportunity for participants to feel safe and empowered in their LGBTQ+ identities, as shared in the following quotation: "[Spectrum provided] assurance based on the phobia I have back home, like, am I going to show my identity, my orientation? But yeah, they give me the kind of courage, like, don't worry, you are safe." (Participant F) The benefit of safe spaces where participants can feel safe to express their identities was partially established in comparison to their experiences back home, as further shared in the following participant quotation discussing Spectrum: "Emotionally, they bring you out of that emotional depression, when you are depressed about who you are and what you are, you know, because back home [my identity] is not accepted and all that." (Participant C) Building on this comparison, inclusion in social services was also perceived as a positive compared to participants' narratives back home, as depicted in the following quotation: "Because where I'm coming from, we have been discriminated against, and we don't get to do a lot... We don't get to do a lot because we are these people, and we dare not even say it out loud, right? So, the fact that I can say this is who I am, and I am still included, it's a huge plus for me." (Participant A) The above quotations illustrate the benefits of identity-affirming support as described in participant narratives navigating LGBTQ+ identity in Canada.

3.6.4 Trust Not Dependent on Shared Identity

Participants identified key qualities that foster trust in social service providers, emphasizing that trust was not dependent on shared identity. Instead, they valued relational competence over identity matching. Integrity was a central quality, exemplified by this participant's description of what they value in a social service provider: "Qualities. Integrity. Because someone who has integrity would do everything... So, integrity in what they do, the fact that they have that responsibility, the sense of responsibility, that integrity, and the genuine willingness to actually do what they do, right?" (Participant A) Another participant shared: "Openness. Yeah. When you meet a professional who is open to letting you know the resources and who has the knowledge of the work they do, it makes things easier for you because they

are going to explain to you in detail.” (Participant B) Because participants had marginalized identities and had experienced discrimination in their home countries, confidentiality was perceived as essential to building trust with social service providers. As one participant shared, they valued: “Training [service providers] on how to keep information, how to keep data and confidentiality.” (Participant F) This emphasis on confidentiality was closely linked to participants’ lived experiences, as many reported fleeing their home countries due to fear of harm. This background may help explain the complexity of trust for these individuals. As one participant observed: “No. Because Canada is a diverse place. I have seen people who, I have seen people who are my race, treat me worse than people who are not my race.” (Participant A) Overall, across interviews, participants’ narratives suggest that trust is not inherently connected to shared racial identity but is instead shaped by individual life experiences and the demonstrated qualities of service providers.

3.6.5 Timely Intervention

Moreover, participants shared another insight: the value of timely intervention regarding access to services. In contrast, however, participants shared narratives of experiencing time delays in accessing information, which limited their ability to access services when needed, as shared in the following quotation:

To get access or information... That would have been more helpful to me as opposed to getting it later on because it took me months, and even almost a year in, I'm still getting new information from this call. If you have the information in the first week, you're going to be better off integrating into the Canadian system than somebody who had that information 10 months later. (Participant H)

Participants consistently indicated a preference for proactive interventions, emphasizing the importance of receiving social service information and access to social services before migration or upon arrival in Canada. As one participant stated: “Like, back home if I was connected to [social services] before I arrived, you know, it would have made my landing and my settling down very easy.” (Participant F) Another participant remarked on the significance of professional assistance throughout an individual's journey migrating and integrating into life in Canada: “I'll say every point [having a professional that directly connects persons to social service is needed], especially for newcomers.” (Participant D) These statements illustrate participants' strong desire for timely and sustained social support. The absence of early intervention further highlights the critical role of proactive support in facilitating successful settlement experiences.

Chapter 4: Discussion

4.1 Synthesis of Findings

4.1.1 Navigating Identity and Institutional Barriers

4.1.1.1 Navigating Racial Identity

Identity, especially racial and ethnic identity, shaped participants' daily experiences and access to social services in Waterloo Region. While many social services and the broader community respected these identities, some participants described experiencing discomfort and discrimination, both in the wider Waterloo Region community and within the LGBTQ+ community. These intersecting identities, therefore, often heightened marginalization. The resulting varied experiences influenced perceptions of safety and directly impacted participants' willingness to engage with social services, sometimes facilitating access but at other times creating barriers. This pattern aligns with research identifying racism and racialization as important social determinants of health for newcomers (Naidu *et al.*, 2023). Supporting this, Kenny *et al.* (2024), using Canadian survey data, found that racialized immigrants experienced discrimination at approximately twice the rate of non-racialized immigrants. Such discrimination was most frequently reported in community spaces, stores, restaurants, during job applications, and in interactions with authorities (Kenny *et al.*, 2024). Taken together, the findings from Kenny and colleagues (2024) and the present study suggest that racial identity may substantially shape access to social services for refugee claimants. However, because participants in this study reported both positive and negative experiences, future research should explore both types of experiences to identify culturally responsive practices and inform more effective interventions for racialized refugee claimants. Moreover, given the rise in negative perspectives and cultural perceptions of immigration reported across Canada, further research is needed to examine how these public attitudes may negatively affect the experiences of refugee claimants in accessing social support (GC, 2025b).

4.1.1.2 Navigating LGBTQ+ Identity

Additionally, the study findings indicate that LGBTQ+ identities among refugee claimants influenced their experiences of stigma and social support. Participants' LGBTQ+ identities were closely linked to their sense of belonging within the LGBTQ+ community. Most participants first articulated this identity in their countries of origin, where fear of prosecution or detention often motivated them to migrate to Canada. These formative experiences shaped subsequent identity development after migration. Some participants continued to experience stigma, particularly internalized stigma rooted in fear, while others reported increased acceptance in Canada. These varied responses affected access to social support, overall well-being, and perceptions of life in Canada, resulting in both positive outcomes, such as increased engagement with LGBTQ+ support, and negative outcomes, such as reluctance to seek support. Importantly, these experiences do not occur in isolation. A growing body of research confirms that LGBTQ+ newcomers face greater trauma and social stigma than their heterosexual and cisgender counterparts (Camp *et al.*, 2020; Haghir-Vijeh & Clark, 2022; Tri & Warria, 2025), and the narratives in this study reflect that reality. A recent Alberta study further demonstrated that LGBTQ+ newcomers encounter discrimination not only from the broader society but also from within their own communities and when attempting to access services intended to support them (Tri & Warria, 2025). Notably, for many LGBTQ+ folks, stigma does not simply diminish with time or relocation; it becomes internalized, limiting self-acceptance in the absence of meaningful community connection (Camp *et al.*, 2020; Tri & Warria, 2025). However, this study did not place Queerness at the forefront of its inquiry and instead treated LGBTQ+

identity as one aspect of a broader refugee experience. Future studies would benefit from making Queer identity the primary lens, exploring how LGBTQ+ newcomers process stigma, form their sense of self, and find or lose connection to community throughout the resettlement journey.

Moreover, this study emphasizes the need to recognize the diversity of LGBTQ+ identities among refugee claimants. Although participants included individuals who identified as Gay, Lesbian, Bisexual, Transgender, and Gender-diverse, Transgender and Gender-diverse participants reported particularly high levels of trauma and discrimination. This observation is consistent with previous research, which documents significant health care disparities for Transgender individuals, who encounter multiple barriers including limited access to Trans-inclusive services, pervasive discrimination, and financial challenges (Safer *et al.*, 2016). Persistent and severe discrimination against Transgender and Gender-diverse individuals is frequently linked to visibility (Tessmer & Worthen, 2025). Research indicates that individuals who are more visibly Gender expansive are at greater risk of victimization (Tessmer & Worthen, 2025). This pattern is evident in the account of a study participant who reported experiencing verbal harassment in public settings as a result of their gender non-conforming appearance. These findings underscore the urgent need for research that specifically examines the experiences of Transgender refugee claimants with social services and for the development of strategies to reduce barriers and enhance support for this group (Tessmer & Worthen, 2025). Furthermore, this study's results indicate considerable diversity among LGBTQ+ refugee claimants regarding LGBTQ+ identity, an area that remains largely understudied within the context of refugee and newcomer research.

4.1.1.3 Navigating Institutional Barriers

Information asymmetry, defined here as an imbalance in knowledge about available resources between service providers and participants, was a central theme across findings. Participants consistently reported limited awareness of available services, eligibility criteria, and application processes, which aligns with previous research (Brabant & Raynault, 2012; Heidinger, 2023; Kaur *et al.*, 2021; Pandey *et al.*, 2021a; 2021b; Sundareswaran *et al.*, 2021). Service access is further complicated by complex applications, eligibility checks, and long wait times, generating additional confusion for service users (Brabant & Raynault, 2012; Heidinger, 2023; Kaur *et al.*, 2021; Pandey *et al.*, 2021a; 2021b; Sundareswaran *et al.*, 2021). This pattern is consistent with Ruiz-Casares *et al.* (2016), who similarly found limited awareness of available support among refugee claimants in Montreal. These information gaps are likely intensified for individuals with limited English proficiency, as language barriers can further restrict access to both services and information (Brabant & Raynault, 2012; Heidinger, 2023; Kaur *et al.*, 2021; Pandey *et al.*, 2021a; 2021b; Sundareswaran *et al.*, 2021). Participants also described how limited English proficiency and accented speech sometimes resulted in negative interactions with service providers. These findings highlight the need to address language barriers more systematically; future research should examine how language functions as a disadvantage and explore inclusive solutions such as translation technologies (Al Shamsi *et al.*, 2020; Heidinger, 2023). Notably, this study also draws attention to accents as a distinct and underexplored barrier, an area largely absent from existing language barrier literature (Al Shamsi *et al.*, 2020; Heidinger, 2023).

Lack of institutional responsiveness presented in participant narratives through experiences of prolonged wait times and perceived institutional invisibility. Participants reported feeling overlooked by institutions, a phenomenon that critical social capital theory elucidates (Bhandari & Yasunobu, 2009; Bourdieu, 1980; Ehsan *et al.*, 2019; Coleman, 1988; Derosé & Varda, 2009; Stephens, 2008). According to Bourdieu's framework, access to institutional resources is unequally distributed, shaped by power relations and the differential

value assigned to specific groups within social fields (Bhandari & Yasunobu, 2009; Bourdieu, 1980; Ehsan *et al.*, 2019; Coleman, 1988; Derosé & Varda, 2009; Stephens, 2008). From this perspective, long wait times and institutional invisibility are not simply administrative shortcomings but reflect the systematic devaluation of marginalized communities, rendering their needs a low priority (Baines *et al.*, 2017; Bhandari & Yasunobu, 2009; Bourdieu, 1980; Ehsan *et al.*, 2019; Coleman, 1988; Derosé & Varda, 2009; Paquin *et al.*, 2025; Stephens, 2008). Prolonged wait times are widespread across social services, which are frequently chronically underfunded, inadequately staffed, and dependent on underpaid or unpaid volunteers (Baines *et al.*, 2017; Paquin *et al.*, 2025). Institutional invisibility is not incidental; rather, it arises from broader societal structures that fail to acknowledge the lived realities of the most marginalized groups (Bhandari & Yasunobu, 2009; Bourdieu, 1980; Ehsan *et al.*, 2019; Coleman, 1988; Derosé & Varda, 2009; Stephens, 2008). This phenomenon is particularly pronounced for disproportionately marginalized groups, such as LGBTQ+ refugee claimants, whose needs are often more unique and whose concerns may constitute a smaller proportion of the overall issues addressed (Bhandari & Yasunobu, 2009; Bourdieu, 1980; Ehsan *et al.*, 2019; Coleman, 1988; Comeau *et al.*, 2023; Cox *et al.*, 2022; Fox *et al.*, 2020; Derosé & Varda, 2009; Henriquez & Ahmad, 2021; Hermaszewska *et al.*, 2022; Logie *et al.*, 2016; Stephens, 2008). Overall, this study provides only a preliminary exploration of institutional invisibility; further intersectional research is necessary to address gaps in this underexplored area and to better support LGBTQ+ refugee claimants.

4.1.1.4 Navigating Financial Precarity

Financial precarity and unemployment, along with the compounded stress they generate, were identified as central themes in participants' narratives. Many identified economic instability as their most significant stressor. This finding aligns with broader literature on displaced populations; for example, a systematic review by Doust Mohammadi and colleagues (2024) documented the pervasive role of poverty and low economic status among individuals who fled environmental disasters, a structural condition that parallels the experiences reported by LGBTQ+ refugee claimants in this study. Importantly, financial precarity cannot be understood in isolation. Early social capital research established that economic marginalization directly constrains access to linking social capital, defined as the institutional ties and vertical networks connecting individuals to resources, services, and opportunity structures (James *et al.*, 2001). This relationship is bidirectional: Strengthening linking social capital has been identified as a mechanism for reducing poverty, yet financial precarity simultaneously undermines the conditions necessary to build such capital, resulting in a self-reinforcing cycle of exclusion (James *et al.*, 2001). This dynamic was evident in participants' accounts, with many describing how the absence of formal credentials, work history, and professional references in the host country rendered them structurally ineligible for employment, thereby perpetuating the financial precarity they sought to escape. Given the prominence of financial precarity, unemployment, and related stress in these narratives, future research should examine how financial precarity and unemployment-related stress affect service navigation and identify key entry points for support among this population. Further investigation is needed to understand employment and work-related stress arising from low social capital, advancing research beyond simply recognizing a lack of financial stability to addressing the underlying causes and potential interventions for this group.

4.1.1.5 Navigating Refugee Claimant Status

Collectively, the experiences described above, including participants' navigation of their identities and institutional barriers, may be understood in relation to their status as refugee claimants. Participants' accounts of eligibility confusion, procedural opacity, and information scarcity illustrate how the asymmetry between service systems and refugee claimants creates

significant challenges in accessing social services. These challenges are closely tied to precarious status: Some participants indicated they did not fully understand what services or supports they were entitled to as individuals with precarious status, while others expressed uncertainty about their long-term well-being in Canada. These experiences are consistent with existing research linking precarious immigration status to poor well-being, as prolonged periods of uncertainty contribute to heightened stress, and insecure status often limits or restricts access to social services (Brabant & Raynault, 2012; Hanafi et al., 2025). This insecurity can restrict access to formal settlement services, including health care, as illustrated in this study by one participant's account of navigating coverage for their eyeglasses. Financial precarity was also a theme connected to precarious status. Many participants suggested that government financial support was insufficient, yet pursuing employment was difficult given their lack of formal connections, references, or documented work experience in Canada. Together, these experiences may contribute to greater reliance on informal peer networks, including other refugee claimants, as a primary source of support. Further research is needed, however, to more explicitly examine the direct role of precarious status, including the extent to which refugee claimants feel a sense of belonging and security in Canada, and how this shapes their access to and experiences within settlement systems.

4.1.2 The Role of Informal Support in the Absence of Vertical Support

Participants navigating race, LGBTQ+ identity, and institutional barriers to social services consistently relied on self-advocacy strategies, including independent information-seeking and peer consultation, as primary means of accessing support. This observation aligns with established scholarship demonstrating that peer networks among newcomers are often robust, as shared migration experiences can foster collective solidarity (Buckingham *et al.*, 2018; Chuatico & Haan, 2022; Ehsan *et al.*, 2019). However, participants frequently expressed ambivalent or negative perceptions toward peer support or bonding social capital. Many preferred professional sources of information, emphasizing the credibility and expertise of professionals over peers, who, as fellow refugee claimants, may lack reliable knowledge and cannot consistently provide accurate guidance. This finding contrasts with prevailing newcomer research, which generally positions peer connection as beneficial (Crookes *et al.*, 2021; Hirani *et al.*, 2024). While these results do not categorically refute the value of peer networks, they warrant further empirical investigation. Existing research that positions peer connection as broadly beneficial (Crookes *et al.*, 2021; Hirani *et al.*, 2024) may implicitly assume that peers share a single, common identity. For LGBTQ+ refugee claimants, however, the concept of a “peer” may be more complex: Individuals may share a broad category such as refugee status while holding diverse intersecting identities, including LGBTQ+ identity. These distinctions may shape whether and how peer support is experienced as meaningful or effective. Collectively, these findings demonstrate that bonding social capital and peer networks may be inadequate for LGBTQ+ refugee claimants, given persistent institutional barriers. Further research may build on these findings to more fully understand the bonding social capital of LGBTQ+ refugee claimants, particularly regarding its potential drawbacks and the extent to which peer support is effective among individuals who share a broad identity category but hold diverse intersecting identities. Additionally, more research is needed on strategies to address limited social capital, as this topic remains underexplored.

4.1.4 Building Vertically: Enhancing Linking Social Capital

4.1.4.1 Professional Referrals as a Legitimizing Mechanism

Participants consistently preferred professional referrals for social services, viewing them as a valuable way to reduce the challenges of navigating fragmented social service systems on their own. This preference reflects a broader trend to promote professional referrals

to improve access to social services for vulnerable populations (Andermann & CLEAR Collaboration, 2016; Bradley & Boulton, 2025; Husk et al., 2019; Mulligan et al., 2023; Nowak & Mulligan, 2023; Turpin et al., 2024; Zhang et al., 2021). A leading example of professional referrals enhancing access to social services is the practice of social prescribing (Andermann & CLEAR Collaboration, 2016; Bradley & Boulton, 2025; Husk et al., 2019; Mulligan et al., 2023; Nowak & Mulligan, 2023; Turpin et al., 2024; Zhang et al., 2021). Social prescribing is a structured process in which professionals, typically healthcare providers, formally connect individuals with community services that suit their needs (Andermann & CLEAR Collaboration, 2016; Bradley & Boulton, 2025; Husk et al., 2019; Mulligan et al., 2023; Nowak & Mulligan, 2023; Turpin et al., 2024; Zhang et al., 2021). Social prescribing connects people with services they might otherwise be unaware of, helping to bridge gaps in access to essential community resources such as income assistance, food programs, health services and social groups (Andermann & CLEAR Collaboration, 2016; Bradley & Boulton, 2025; Brubacher et al., 2024; Husk et al., 2019; Little et al., 2024; Mulligan et al., 2023; Nowak & Mulligan, 2023; Turpin et al., 2024; Zhang et al., 2021). Further research is necessary to determine social prescribing's effectiveness among specific groups including refugee claimants, which is one group that remains underrepresented in social prescribing research (Andermann & CLEAR Collaboration, 2016; Bradley & Boulton, 2025; Husk et al., 2019; Mulligan et al., 2023; Nowak & Mulligan, 2023; Turpin et al., 2024; Zhang et al., 2021).

4.1.4.2 Caseworkers as Trusted Navigators: Trust and Vertical Relationships

A key finding of this study is the central role caseworkers play in helping participants navigate social services in Waterloo Region. Participants reported a strong trust in caseworkers, sometimes even greater than their trust in other professionals, such as physicians. Many also shared positive experiences of caseworkers helping them access the services they needed. However, others identified significant gaps in referral and connection, suggesting that caseworker support is not consistently available across this population. These findings raise important questions about the structural factors that shape differential trust in caseworkers and point to the need for further research to examine, and if necessary, reconfigure their role within service delivery systems. Updating social prescribing frameworks to formalise and clearly define caseworker navigation and referral responsibilities could help address persistent gaps in equitable access to services (Andermann & CLEAR Collaboration, 2016; Nowak & Mulligan, 2023; Turpin *et al.*, 2024). Participant narratives further suggest the need for future research to evaluate and, where necessary, redefine professional best practices to ensure that all individuals receive competent, consistent, and equitable caseworker support, rather than access that depends on individual relationships or institutional chance.

Beyond the role of caseworkers, participants described placing significant trust in vertical service relationships, viewing professionals as more knowledgeable or credible by virtue of their credentials or systemic understanding, in contrast to peers or informal networks. Notably, this trust was grounded not in shared racial identity, but in relational qualities such as confidentiality, integrity, and openness. This finding stands in contrast to prior scholarship on identity coordination, which suggests that shared identity between clients and providers fosters comfort and trust through mutual recognition (Moore *et al.*, 2023). The divergence observed here warrants critical examination. One potential explanation is compassion fatigue wherein service providers who share similar lived experiences with their clients may become emotionally depleted when repeatedly exposed to narratives that mirror their own (Negura *et al.*, 2021). Furthermore, for this population, racial or identity concordance may not necessarily produce a sense of safety, a finding consistent with research in this area (Tri & Warria, 2025). Several participants, for instance, reported encountering homophobia within communities that shared their cultural background, underscoring the limits of assuming intra-group solidarity

(Tri & Warria, 2025). Collectively, these findings challenge the assumption that identity-matching is always an effective strategy for building therapeutic trust, especially for individuals with multiple marginalized identities. The idea of who counts as an identity match, as discussed previously, may assume that an identity match constitutes a single, common identity. However, for LGBTQ+ refugee claimants, the concept of an identity match may be more complex. Therefore, these findings underscore the necessity for additional research to establish evidence-based best practices for fostering trust among diverse client populations.

4.1.4.3 Identity Affirming and Responsive Social Support

Another key finding underscores the critical importance of identity-affirming and responsive social support for LGBTQ+ refugee claimants. Across participant narratives, organizations such as Spectrum were discussed as particularly significant, offering spaces in which participants felt safe, affirmed, and empowered in their LGBTQ+ identities. These experiences of affirmation were frequently articulated in contrast to participants' countries of origin, where access to inclusive services was limited or entirely absent. This pattern both aligns with and extends existing scholarship on the efficacy of LGBTQ+-specific care. Craig *et al.* (2025) found that LGBTQ+-inclusive mental health services were associated with improved hope and the development of long-term coping mechanisms among participants. These findings raise an important question for future research: what are the potential benefits, challenges, and broader implications associated with expanding and establishing LGBTQ+-affirming spaces and social services throughout Ontario? Participant narratives share Spectrum as a space where individuals could safely express their LGBTQ+ identity, an experience often unavailable elsewhere. Expanding such identity-affirming spaces is critical to addressing the security and belonging needs of LGBTQ+ refugee claimants (Comeau *et al.*, 2023; Cox *et al.*, 2022; Fox *et al.*, 2020; Frensch & Akesson, 2022; Henriquez & Ahmad, 2021; Logie *et al.*, 2016). Ultimately, the connection between safety and place-based belonging must be acknowledged and prioritized in the design of services for relocated and sexually marginalized groups (Comeau *et al.*, 2023; Cox *et al.*, 2022; Fox *et al.*, 2020; Frensch & Akesson, 2022; Henriquez & Ahmad, 2021; Logie *et al.*, 2016). Together, these findings underscore the need to rethink social services to offer focused, identity-affirming support for this long-overlooked group.

These findings also highlight the importance of proactive support for LGBTQ+ refugee claimants. Participant data suggests a need for earlier access to settlement services, with many indicating they would have benefited from receiving support prior to or upon arrival in Canada. Early access to information about available services could reduce the time burden on refugee claimants who must independently navigate complex systems. This challenge is compounded by the fact that accessing services already requires extensive applications, eligibility checks, and fragmented paperwork across multiple agencies, systemic barriers that disproportionately affect those with limited English proficiency (Brabant & Raynault, 2012; Kaur *et al.*, 2021; Pandey *et al.*, 2021a; 2021b; Sundareswaran *et al.*, 2021). Collectively, these findings indicate a significant gap in preventative and timely outreach. Early intervention in the settlement process, rather than reactive measures, may substantially reduce institutional barriers encountered by LGBTQ+ refugee claimants. Nevertheless, strategies for developing effective preventative outreach for this population remain largely understudied, highlighting the need for further research.

4.2 Strengths and Limitations

A central strength of this research lies in the depth of stories participants were willing to share, a phenomenon that rarely occurs by chance, especially given the sensitivity of the topic and its consistent neglect in social service research (Johnson *et al.*, 2020). I contend that

this openness is fundamentally rooted in positionality. I am not an external researcher entering this community temporarily; rather, I am an integral part of it. I possess both LGBTQ+ and refugee identities, with my own community shaped by experiences of war-related violence. These aspects are not presented as credentials to assert authority, but as the foundation for the trust that enabled participants to speak candidly. This positionality is further reinforced by years of direct service and advocacy alongside LGBTQ+ individuals and refugee claimants, work that required not only presence but sustained commitment to individuals navigating systems not designed for them. It is from this combined personal and professional history that participants may have been more willing to share such depth of data.

Alternatively, several key limitations of this study warrant careful consideration. First, the recruitment strategy and resulting small sample size ($n=8$), while providing rich, in-depth qualitative stories, may limit the transferability of the findings to the broader population of LGBTQ+ refugee claimants (Malterud et al., 2016). The sensitive nature of the subject matter likely posed a significant barrier to participation. Second, recruiting exclusively from Spectrum may have systematically biased participant recruitment (Chen et al., 2021). Individuals who seek out LGBTQ+-specific refugee services may be more likely to be more open about their sexual orientation and gender identity and may be better equipped to navigate support structures (Chen et al., 2021; Hall & Sajnani, 2015). Recruiting exclusively from Spectrum may have further limited participation, as the organization's association with legal support could have caused some potential participants to fear that the interview might negatively affect their case. This concern may have persisted despite repeated assurances that the interview and research were separate from Spectrum's legal processes. Additionally, some individuals shared information that I chose not to include in the presentation of results, due to the potential risk of recognition within small diasporic and LGBTQ+ networks. This decision underscores the ethical responsibility to prioritize participants' safety, though it may also limit the completeness of the findings (Beagan *et al.*, 2023; Henrickson *et al.*, 2020; Turcotte-Tremblay *et al.*, 2018). Lastly, another potential limitation is that all interviews were conducted in English, and no eligible participants requested language interpretation. This may suggest that the sample of LGBTQ+ refugee claimants accessing services at Spectrum may be more comfortable with English, and therefore, may be less representative of the broader population of LGBTQ+ refugee claimants (Pandey *et al.*, 2021a; 2021b). Future research should recruit beyond LGBTQ+-specific service settings to include refugee claimants who do not use these services, thereby capturing a broader range of experiences.

Despite these limitations, the findings highlight a pressing need for continued research in this area. As this study represents only a single inquiry, future studies should build upon these findings to further understand: (1) how LGBTQ+ refugee claimants navigate settlement, legal, employment, and health services in Waterloo Region, Ontario; and (2) what strategies can mitigate barriers to social support and enhance linking social capital for LGBTQ+ refugee claimants in this region. Specifically, further studies could expand on these questions by taking a Queer-focused approach, such as examining how LGBTQ+ identity, particularly Transgender and Gender-diverse identity, may impact how LGBTQ+ refugee claimants navigate social services. Additionally, given the interconnected nature of participant-provider relationships, future research would benefit from incorporating service providers' perspectives to offer a more complete picture of the relational dynamics in this context.

4.3 Contributions

The study was conducted during a period of significant social change, characterized by the introduction of Bill C-2 and Bill C-12, increasingly restrictive immigration policies, and unsafe environments for LGBTQ+ individuals in the Waterloo Region (Amnesty International Canada, 2025; Brown, 2024; CCR, 2025; Hutcheson, 2025; IRCC, 2026; Public Safety Canada,

2025; Shetty, 2023, 2025). This context highlights the urgent need to implement concrete measures that safeguard the well-being of LGBTQ+ refugee claimants. By centering LGBTQ+ narratives, this research addresses a critical and persistent gap in social service literature. The study contributes new knowledge regarding the unique barriers encountered by LGBTQ+ refugee claimants, particularly the pronounced lack of linking social capital, which serves as a significant obstacle to accessing support and resources. The findings substantiate calls for researchers, social service providers and policymakers to lead sustained efforts toward genuine inclusion and health equity for LGBTQ+ refugee claimants. The findings provide a strong rationale for further research that critically evaluates the necessity for, and potential strategies to enhance, linking social capital among LGBTQ+ refugee claimants, given the reported dissatisfaction with peer networks identified in this study. Further investigation is also required to establish identity-affirming, evidence-based best practices for fostering trust between service providers and marginalized groups and reducing institutional barriers affecting LGBTQ+ refugee claimants, particularly Trans refugee claimants.

These findings will be disseminated to newcomer service organizations in the Waterloo Region, including Spectrum. The findings will be disseminated through a one-page community report. This report will include a brief introduction, an outline of the methods, and a summary of the findings. The purpose of the report is to inform service providers and organizations about the current experiences of LGBTQ+ refugee claimants in accessing support and services in the region (see Appendix F: Community Report).

4.4 Conclusion

This study explored eight participants' lived experiences of fleeing their home countries due to violence and fear tied to their LGBTQ+ identities. As a Queer researcher and advocate, my positionality intensifies my commitment and prompts a key question: Why must those already at the margins bear the responsibility of making marginalized lives visible? When others abstain, Queer individuals, refugees, and racially marginalized communities must generate knowledge about their oppression and confront it, while those who benefit from existing social structures rarely feel obligated to listen. I therefore urge social science and health researchers holding institutional and social privilege to actively interrogate these injustices and center marginalized experiences in their research as a fundamental ethical and political responsibility. Marginalized persons are not inherently susceptible to social harm and poor well-being; rather, they are made vulnerable by complicit inaction (Bhandari & Yasunobu, 2009; Bourdieu, 1980; Coleman, 1988; Derosé & Varda, 2009; Stephens, 2008).

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Appendix A: A LGBTQ+ Refugee Claimant Journey in Waterloo Region Ontario



Appendix B: Verbal Script

Hello, my name is Zana Berisha, and I am a researcher at the University of Waterloo in the School of Public Health Sciences, under the supervision of Dr. Warren Dodd [Associate Professor] and Laura Jane Brubacher [Postdoctoral researcher].

We are requesting your participation in an interview to hear about your experience with accessing social services in Waterloo Region.

If you agree to participate, one of us would follow up with you to arrange for an in-person or Zoom interview, as per your preference. The interview should take approximately 1 hour. Language interpretation services will be available for the interview, when requested, with an interpreter who will have signed a confidentiality agreement.

In appreciation of your participation in an interview, you will receive \$65.

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Board.

Following this verbal announcement, we will be sending a follow-up email with more information about the study and how you can indicate your interest in participation. Thank you for your time and consideration regarding participation.

We hope to connect with you soon!

Appendix C: Email Recruitment

Hello, my name is Zana Berisha, and I am a researcher at the University of Waterloo in the School of Public Health Sciences, under the supervision of Dr. Warren Dodd [Associate Professor] and Laura Jane Brubacher [Postdoctoral researcher]. We are working on a research project that aims to understand how new or existing social services might best meet the needs of newcomers in Waterloo Region.

We are contacting you today to invite you to participate in this study, given your involvement with newcomer support services in the region. There are no other eligibility criteria for participating in this study. If you decide to volunteer for this study, your participation will consist of an interview that will take approximately 60 minutes of your time.

The interview can be conducted in-person or online (using Zoom), depending on your preference. During the interview, you will be asked questions related to your experiences with navigating services and supports in Waterloo Region. With your permission, we would like to audio-record the interview to ensure we have accurate documentation of our conversation.

Language interpretation will be provided, if requested. In appreciation of your time, you will receive \$65. This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Board. Please read the attached Information Letter for more details describing the study. If you would like to participate, please contact Zana (zberisha@uwaterloo.ca)

If you require additional information to assist you in reaching a decision, please contact either Laura Jane (ljbrubacher@uwaterloo.ca) or Warren (wdodd@uwaterloo.ca). If you are interested in participating, please also respond with your availability for an interview at one or more of the following times: [available time slots to be included once interview dates are determined]

We will follow up with confirmation of your interview time and to coordinate with you regarding meeting format and other details.

Thank you for your time and consideration of this request.
Sincerely,

Zana Berisha

Appendix D: Interview Guide

Hello [], thank you for sharing your time today. Your experiences are important and will help us understand the social services journey of TAPS migrants in Waterloo Region. With your permission, this interview will be audio-recorded and later transcribed for analysis. You are free to skip any question you do not feel comfortable answering, and you may also stop the interview at any time.

Section 1: Background

So, to get started, tell me about yourself, specifically your journey to Canada.

1. What country did you migrate from?
2. When did you arrive in Canada?
3. What brought you to Canada?
4. How long have you been living in Waterloo Region?

Section 2: Navigating social welfare services

5. Can you tell me about how you got connected with Spectrum?
6. What social services has Spectrum connected you with? [For this study, social services include programs related to health, settlement, legal support and employment.]
7. Can you describe your experience approaching [] services?
 - a. How did you find out about [] services?
 - b. What steps did you have to take to apply for [] services?
8. Can you describe your experience attending [] services?
 - a. What factors, if any, made it easier for you to reach [] services regularly?
 - b. What factors, if any, made it difficult for you to reach [] services regularly?
 - c. What, if any, social barriers did you experience when using [] services regularly? [for example/ stigma, discrimination, lack of cultural representation]
9. Can you describe your overall experience participating in [] services?
 - a. Did you feel good about continuing to attend [] services?
 - b. In what ways, if any, has your ability to adhere to [] services change over time?

Section 3: Opportunities and Challenges

10. Of the [] social services you have accessed in Waterloo Region, what features of the services did you find the most supportive?
 - a. For example, features can include flexible timing, supportive staff, clear communication, etc.
11. Of the [] social services you have accessed in Waterloo Region, what features of the services did you find the most challenging?
 - a. For example, features can include a lack of flexible timing, unsupportive staff, unclear communication, etc.
12. In your opinion, how can social services be improved to better support you and other Temporary and Precarious Status migrants?
 - a. In your opinion, what makes a social service supportive to Temporary and Precarious Status migrants?

Section 4: Exploring Linking Social Capital

13. Who do you trust to connect you to information and/or support in Waterloo

Region?

14. What have been your experiences getting information and support from organizations/personnel outside of your immediate social networks (i.e., not friends and family)?
15. Think about a time when you looked for support and/or services offered in Waterloo Region.
 - a. How might your experience have been different if a professional, such as a program coordinator or health care provider, had directly shared the information with you?
 - b. How might your experience have been different if a professional, such as a program coordinator or health care provider, had directly connected you to the service themselves?
16. Would you, and other individuals in your similar situation, benefit from a professional outside your immediate social networks who could connect you with information and/or support in Waterloo Region?
 - a. Between these two approaches, which do you think would be the most helpful for you or others in your similar situation? Why?
17. Would you trust an institution/person outside of your close social circle to link you to information?
 - a. What have been your experiences with trusting professionals in the social services you have accessed?
 - b. What helps you build trust with someone outside your close social circle?
 - c. What qualities in a person make you trust them, and why?
18. What training and/ or background knowledge should professionals have for you to trust them to connect you with information and/or support?
 - a. How can professionals better address language barriers and/or cultural differences when connecting you to support?
19. Thinking back on your migration process, at what point would you have most benefited from a professional connecting you to social support?
20. Of the professionals you have worked with, which would you feel most comfortable connecting you to information and/or support (ex/case worker, settlement service worker, doctor)? Why?

Section 5: Demographics

[] Thank you so much for all your answers. Now, to finish off the interview, I will ask some demographic questions. These questions will help the research team and I understand the background of our participants.

21. Can you please tell me your age?
22. How do you describe your gender identity? [Optional: Please provide your pronouns]
23. How would you describe your race and or ethnicity?
24. Are you currently employed? If so, what is your primary employment?

Section 6: Final Thoughts

25. Is there anything else you would like to share?

Appendix E: Thematic Analysis: Sub-Themes, Codes, and Exemplar Quotations

Note. Appendix E presents an overview of the themes, sub-themes, codes, and representative quotations. However, it does not include all quotations used to support the identified themes and codes.

Theme 1: Social Identity Stressors		
Sub-Theme	Codes	Quotations
Experiences of Racism	Exclusion	"I will say that they [teach] inclusion, they let people know that they're included, but they're not practicing it..."
	Racialization	"You see, they will feel that you are not White, because you are Black. You don't need to belong there. You want to sit and someone will feel like you don't need to sit beside [them] because there is a difference between your colour and her colour. So, all those things make people feel that they are not welcomed."
LGBTQ+ vulnerability	Public harassment	[Describing an incident in public] "He was talking about my lipstick and my appearance and [he was] like, you're a man, why you're wearing lipstick, you should be ashamed of you, this and that, blah, blah, blah, on the bus. And everyone was silent."
	Fear	"So, for a long time, I avoided Spectrum for that reason... That my friends at school would know where I'm going."
Experiences of Stigma	Self-stigma	"Barriers [exist], I would say, just in my head... Because [LGBTQ+ social services are] very new to me, and I used to hesitate or hate this kind of stuff"
Theme 2: Experiences of Institutional Exclusion		
Information Asymmetry <i>Sub-theme Definition:</i> Perceived Information imbalance between social supports and participants	Eligibility confusion	"I just hear, "Oh, you're not eligible for now", but I really want to know why it is at that period of time that I am not eligible?"
	Procedural opacity	"First of all, I did not know that I had to present certain documents and stuff..."
	Information scarcity	"I don't know any people. I didn't see any campaign. I have to navigate myself. I didn't even know there were social services because back home we didn't really have something like that."
Lack of institutional responsiveness	Wait times	"But they came up with the earliest appointment available on 27th March 2027 [over one year away from the time of the interview]."
	Institutional invisibility <i>Code Definition:</i> Participants feel unseen/excluded by institutions	"Somebody actually walked up to me to tell me, 'Don't go to that place; they won't attend to you'."
Language Barriers	Limited English	"Language is like a major one to me because if I want to express myself and you are not trying to understand me it's a big problem..."

	Misunderstood	“I think most times when I call or phone, it saddens my heart that if you don't understand my accent or my English at least, you should try to get somebody else that does, you just hang the phone on me like that.”
	Translators as facilitators	“I speak Hindi, so there's one person there, they understand my language and they tell me in my language. So that's why I go there and they're helping me.”
Financial Precarity Stressors	Coverage gaps	“I was told that she covered part of it, and she did not cover the rest.... I don't have a source to pay for it because I depend on what they give me, and I have three kids... My prescription is still there.”
	Job searching stress	“Because initially, before I started schooling, I tried to apply for work. They were like you don't have experience... They ask you, who is she or who is he? And at times you get like depressed”
Theme 3: Methods of Institutional Navigation		
Self-Advocacy	Asking questions	“Yeah, from my experience, it was kind of easy because I was able to understand how the system works and ask questions. But I find that if you do not ask questions or go to them [social support providers], you might not be able to access those resources.” (Participant B)
	Online searching	“I did my research on ChatGPT.”
Dependence on Informal Peer Networks	Word-of-mouth	“I have so many friends, Trans friends, who recently started their journey... So, I got connected to them very closely.”
	Limited knowledge resources among informal networks	“So, you stick to your community people from your backcountry, wherever you came from, because you would feel safe with them for a reason... [but] these people don't know any resources at all”
Theme 4: Key Considerations for Strengthening Access to Social Support		
Professional Referral as Legitimizing Mechanism	Expertise-based trust	“Oh my God, that's very important because people without training or without knowledge could connect you to the wrong resources”
	Authority legitimacy	“Getting certain information from a professional or getting a certain education from a professional will really help. It will go a long way. So yes, I'll trust a professional.”
	Preference for formal referral	“I think directly connecting me to the service would be much better because I am new here. There are a lot of things that I don't know how to go about.” “So that's just it. will have been so easy. Like, I've said, I love things coming easy for me. So, oh, do you have a problem with this? Go to this place... It will have been so fun. I love that”
	Positive Experience with Professional Referrals	“I had my nurse practitioner and my counselor. They both were amazing. They helped me those two years so gratefully, like amazing. They directed me to all the right resources, 24 by 7, suicidal alert call.”
The Role of Caseworkers as Trusted	Trust	[Answer to question 20] “A caseworker... I think they listen and help you solve your problems... Yeah, case workers usually care, show more care.”

Navigators	System expertise	[Discussing friend receiving GRT pass through their case worker] “She even gave her this card, this paper card for GRT. Like, she was a nice case worker. I was like, wow, you have a caseworker that was so nice and even told you things to do.”
Identity Affirmation	Empowerment	“Emotionally, they bring you out of that emotional depression, when you are depressed about who you are and what you are, you know, because back home is not accepted and all that.”
	Inclusion	“Because where I'm coming from, we have been discriminated against, and we don't get to do a lot... So, the fact that I can say this is who I am, and I am still included, it's a huge plus for me.”
Trust Not Dependent on Shared Identity	Relational competence over identity matching	“I really don't use that [race] as a tool to see who I want to work with or not, because it's just genuinely about the person, not about where they are coming from or how we feel about certain things.”
	Confidentiality	“The major training, I don't know, maybe... Training [service providers] how to keep information, how to keep data and confidentiality.”
Timely Intervention	Proactive	“Like, back home if I was connected to those things before I arrived, you know, it would have made my landing and my settling down very easy.”

Appendix F: Community Report

Exploring opportunities to enhance social service access among LGBTQ+ refugee claimants in Waterloo Region, Ontario

Background: More and more people are seeking refugee status in Canada (1,2). Without official status, many struggle to access basic services and support (3). One key challenge is having limited connections to formal social support services (3).

Study Questions

- 1) How do LGBTQ+ refugee claimants find and use health, legal, and employment services in Waterloo Region, Ontario?
- 2) What can be done to reduce barriers and better connect LGBTQ+ claimants to support in this region?

How It Was Done: In-depth interviews were conducted with 8 LGBTQ+ refugee claimants recruited through Spectrum Waterloo Region's Rainbow Community Space. Participants were asked about their experiences accessing services and what kinds of support they needed.

Why This Matters: By focusing on LGBTQ+ experiences, this study helps fill an important gap and points toward more inclusive, effective services. This study calls on social service providers to build stronger connections with LGBTQ+ refugee claimants and take proactive steps toward inclusion and health equity.

Key Findings

Participants faced many challenges when trying to access services. Racism, stigma, and LGBTQ+-related discrimination made it harder to engage with service providers.

System-level barriers like a lack of clear information, slow response times, language differences, and financial hardship added to these difficulties.

Many participants had to advocate for themselves or rely on friends and community members for help. Most said they wanted stronger connections to formal services and professional support.

The study identified five key strategies to reduce these barriers:

- (1) Using referrals from trusted professionals to help claimants access services more easily;
- (2) Having caseworkers serve as trusted guides through the system;
- (3) Making sure services recognize and respect people's identities to reduce stigma and discrimination;
- (4) Building trust through ongoing, consistent relationships with service providers, especially for those who have faced exclusion in the past.

A key finding was the extent to which participants valued their caseworkers. They also placed significant trust in professionals more broadly, not because of shared backgrounds, but because of qualities like honesty, confidentiality, and openness.

- (5) Offering proactive support to reduce wait times and respond quickly to people's needs.

¹ Immigration and Refugee Board of Canada (IRB). (2025b). Asylum claimants by year – January to June 2025. <https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/asylum-claims/asylum-claims-2025.html>

² Statistics Canada. (2025). Estimates of the number of non-permanent residents by type, quarterly. <https://www150.statcan.gc.ca/t1/196/en/tv.action?pid=17000210>

³ Brabant, Z., & Raynault, M.F. (2012). Health situation of migrants with precarious status: Review of the literature and implications for the Canadian context—Part A. *Social Work in Public Health, 27*(4), 330–344. <https://doi.org/10.1080/19371918.2011.593079>