

Systems of Inequity: Representations of Immigrants, Refugees, and Newcomers in Canada's
National Housing Strategy
by

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Abstract

Housing insecurity and homelessness in Canada have significant implications in the lived experiences of people. It is estimated that on any given night in Canada, approximately 35,000 people experience homelessness; further, estimates of 235,000 people experience homelessness in a given year (Gaetz, DeJ, Richter & Redman, 2016). In addition, it has been estimated that 1.5 million people in Canada do not meet stable housing requirements. These estimates of housing insecurity and homelessness are impacted by myriad factors including economics, accessibility, politics, race and historical implications; conversely, housing directly influences many other social determinants including, health, access to services and social inclusion. Research has demonstrated that immigrants, refugees, and newcomers to Canada often find themselves in precarious housing circumstances. This precarity is magnified for a variety of reasons such as immigration status, access to social services, employment security, and discrimination.

Another factor, which directly influences housing security and homelessness are current political climates. In this case, the most recent federal government promised and delivered on commitments to establish a National Housing Strategy (NHS). The purpose of housing strategies are to provide plans, goals, and financial commitments to addressing housing issues. Because housing is embedded in larger contextual milieus, it is critical to examine how individuals and circumstances are addressed in federal policies such as the National Housing Strategy (NHS).

Research that addresses the complex experiences of immigrants, refugees, and newcomers can help to create policies that are inclusive. The purpose of this research was to examine how Canada's National Housing Strategy reflected the unique housing needs of immigrants, refugees, and newcomers. The research question was answered using a version of intersectionality-based critical policy analysis (IBCPA) developed by Hankivsky et al. (2012);

data collection and analysis was divided into two data sets and two phases. The first stage of analysis and data set focussed on the NHS document specifically. Using a set of critical questions outlined by the method, the NHS was examined, revealing three main themes related to immigrants, refugees, and newcomers: problematic representations, conceptualizations of power, and how context impacts housing for immigrants, refugees, and newcomers. Using intersectionality as the theoretical perspective, these themes are discussed in relation to each other and current hegemonic ideologies in Canadian society. The second phase of the research uses the second data set: interview data I collected from four policy stakeholders. In this phase, I presented interview participants with the results from the first phase of the project. Using semi-structured interviews, I explored with them the history of housing policy in Canada, how the current NHS was generally received, and how they thought it would impact immigrants, refugees, and newcomers given housing precarity in a segment of this population. Again, using intersectionality to frame the results, four themes emerged: the absence of lived experiences related to housing insecurity and homelessness among immigrants, refugees, and newcomers, the impact policies have on housing issues, overall neo-colonial and racist representations of immigrants, refugees, and newcomers in the NHS, and solutions to the problem of housing insecurity and homelessness among immigrants, refugees, and newcomers. These results are discussed in relation to each other. Further, they assist in identifying and challenging power differentials to examine hegemonic ideologies which emerged in the data.

In addition to the results from the research study, this dissertation explores several other areas of inquiry. One of the chapters explores my positionality as a researcher and how this positionality relates to research projects, while taking a critical and personal examination about how I am connected to this work. Another area of exploration is to describe the methodological

processes and implications of using intersectionality-based critical policy analysis. Finally, I present a discussion paper in which the implications of using intersectionality as a theoretical proposition in nursing can be used to foster leadership for nurses aiming to impact social policy issues.

Preface

This thesis is an original work by Jennifer Bell. Dr Sarah Stahlke and Dr Solina Richter made significant contributions to Chapters 2, 3, and 4 by assisting in their development and execution. Dr Martin Guardado guided my thinking and paper development for Chapter 1 and 2. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta from the Research Ethics Board, Titled: Immigrant, refugee, and newcomer representation in Canada's National Housing Strategy: A critical policy analysis, Approval number: PRO 00086639, January 4, 2019.

Dedication

This dissertation is dedicated to my family. Without you and the journey we have been on together, I would likely not be where I am today. To my parents, thank you for encouraging my curiosity, compassion, love of the world, and for supporting me in my dreams and goals. Mum, thanks for showing me what a strong feminist woman looks like and for loving me unconditionally. Gord, I hope you have found peace and love. Randy, thanks for completing our family. To my siblings, we have shared a lifetime of ebbs and flows and I treasure all of the memories. I love being the big sister to all three of you and am so proud of each of you. To all of my nieces and nephews. You have given me countless hours of joy and love. Remember to keep asking questions and challenging the status quo. To Reg. Thanks for being there through the great, the good and all of the ugly. You are the eternal optimist that I need. I can't wait for many more journeys together. ILY, IK. To all of my friends who tolerated cancelled plans and the distance both emotional and physical that completing a feat of doctoral work requires, I thank you. To all of those I've met in grad school, thank you for the afternoon writing sessions, endless cups of caffeine, and bottles of wine consumed. Without the support of each of you, this journey would not have been possible nor bearable. Most importantly, to all who find themselves in a new, unfamiliar place, I hope that kindness, compassion, and acceptance greet you there. To those who find themselves in difficult life circumstances, I also dedicate this work to you and will continue to strive to help people amplify their voices so we all can be heard. To all of you who are misfits, keep being misfits and don't try to fit in...you will find others like you.

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This research work would not have been possible without the support from my supervisors, Solina Richter and Sarah Stahlke. Thank you for tolerating my many trips down rabbit holes, helping to guide my research interests, and fostering my research potential. You both offered thoughtful challenges to my work, meaningful conversations, contributions to the growth of my scholarship, and held an unwavering confidence in my abilities as a researcher. Finally, thank you for fostering my misfit mentality and the steadfast belief that my work is important. Thank you also to Martin Guardado and Bukola Salami, my supervisory committee members. The important and constructive feedback was instrumental in developing my work and advancing my critical thinking.

I would also like to take the opportunity to thank ARNET for scholarship support in 2016 and 2018. This funding assisted me in focusing on my academic work and volunteer activities. In addition, this recognition for my work was an important part of the graduate school experience.

Finally, I would like to acknowledge the role the Faculty of Nursing has had in my graduate school experience. Thank you for granting me a spot in the masters program, and then the doctoral program when I was not an ideal student. The opportunity graduate school offered was a way to discover a love of research and deeper connection to my community. Thank you also for matching the funding provided by ARNET and the multiple other funding grants.

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Abbreviations

CARNA: College and Association of Registered Nurses of Alberta

CMHC: Canadian Mortgage and Housing Corporation

CNA: Canadian Nurses Association

CPA: Critical Policy Analysis

FASD: Fetal Alcohol Spectrum Disorder

GBA+: Gender Based Analysis Plus

IBPA: Intersectionality-Based Policy Analysis

IBCPA: Intersectionality-Based Critical Policy Analysis

KT: Knowledge Translation

NHS: National Housing Strategy

NP: Nurse Practitioner

P1: Participant One

P2: Participant Two

P3: Participant Three

P4: Participant Four

SDOH: Social Determinants of Health

UN: United Nations

UNHCR: United Nations High Commissioner for Refugees

WHO: World Health Organization

Broad Dissertation Introduction

This body of work represents the culmination of six years of idea development, conceptual organization and ultimately my doctoral research work. This is a paper-based dissertation consisting of five papers; they are all related yet each present an individual purpose and scope. The organization of the dissertation is intended to guide the reader through my personal connections to the research, how I developed and answered my research questions, what I discovered, and the ways in which I anticipate the research will impact the discipline of nursing.

Background

Housing security and homelessness generally are embedded in larger political and social contexts. Politically, Canada has been identified as a country that had not committed to a national housing strategy and was singled out by the United Nations in 2009 for lacking such a strategy, in addition to deficiencies in commitments to long-term, sustainable funding for adequate and affordable housing development. Despite this censure, prior to 2017, there was little done to address this void. However, the current federal government published a National Housing Strategy (Canadian Mortgage and Housing Corporation (CMHC), 2017); strategies such as these are intended to guide financial commitments for housing, and to assist policy makers in adequately addressing housing inequities.

Housing insecurity and homelessness in Canada have significant implications in the lived experiences of people. The most recent major report on homelessness in Canada documents that on any given night, there are approximately 35,000 people homeless (Gaetz, DeJ & Richter, 2016). Consider that housing status is impacted by myriad factors including economics, accessibility, politics, race and historical implications; conversely, housing directly influences

health, access to services and social inclusion. Further, research has demonstrated that immigrants, refugees, and newcomers to Canada often find themselves in precarious housing circumstances. This precarity is magnified for a variety of reasons such as immigration status, access to social services, employment security, and discrimination. Because housing is embedded in larger contextual milieus, it is critical to examine how individuals and circumstances are addressed in federal policies such as the National Housing Strategy (NHS).

Purpose

Portrayals and conceptions of homelessness and housing security influence how we think about this social problem, and consequently how institutions and governments prioritize and respond to it. In Canada, the general public tends to associate homelessness and housing security as an individual deficit, whereas researchers and social scientists have examined the multi-factorial nature of housing instability. Homelessness and housing security are often presented to the public as a problem of individual personal failure as opposed to one that is directly affected by larger social, political and economic influences (Calder, Richter, Kovacs Burns & Mao, 2011; Clapham, 2003; Cronley, 2010; Schneider & Remillard, 2013; Sylvestre & Ballot, 2014; Willse, 2010). In part, the aim of an NHS is to address these complexities and to provide guidance on future housing policy initiatives.

Concurrent to discussions about national housing strategies, is a global discourse about the migration of people in the world. Specifically, in the last four years, there has been a significant uptake of public awareness and debate surrounding immigrants, refugees, and newcomers. Research that addresses these complex experiences can help to create policies that are inclusive. The purpose of this research was to examine how Canada's National Housing Strategy reflected the unique housing needs of immigrants, refugees, and newcomers. This

research was developed on a backdrop of increasing global discourse about the migration of people throughout the world and multiple concurrent refugee crises. Many of the secondary research questions include examinations of current portrayals and assumptions of people who are housing insecure or homeless, how people are represented in the NHS, and the dominant discourses in the NHS.

These research questions were answered in two ways. The first phase of the data analysis focused specifically on analysis of the NHS using a version of policy analysis based on Hankivsky et al., (2012) called intersectionality-based policy analysis. The second phase of the research is centered on the analysis of interview data with policy stakeholders. In this phase, I presented interview participants with the preliminary results from the first phase of the project. Using semi-structured interviews, I explored with them the history of housing policy in Canada, how the current NHS was generally received, and how they thought it would impact immigrants, refugees, and newcomers given their housing precarity. Overlaid on this is the use of intersectionality as a theoretical perspective to help address the complexities and identification of power differentials in the NHS. Intersectionality was instrumental in providing a complex analysis and way of challenging current ideologies.

Papers

This dissertation is comprised of five papers that are intended to build on each other, while maintaining individual scope and aims. The first paper, “Positionality: An exploration of the relationship between research and researcher,” presents my personal and professional development, and the reasons for undertaking this work. The paper takes a critical perspective of how a person like me (a white middle-class woman) can ask critical questions about the relationship between housing stability of immigrants, refugees, and newcomers, when I have

neither experience nor an intimate understanding about housing security or international migration. The paper is intended to provide some needed background about who I am as a person and how this individuality relates to my work; the paper reveals my worldview. The supervisory committee has provided significant feedback about how to reframe the paper in a way that limits the deeply personal stories, to one that offers constructive scholarship which contributes to this line of inquiry. My publication goal for this paper redevelopment is to focus on critical analysis of how intersectionality can be used to examine a persons' positionality and relationship to their research. It is my aim to submit this paper to a journal with a philosophical scope.

The aims of the second paper, "New methodological implications for intersectionality-based critical policy analysis" are to explain the method of intersectionality-based critical policy analysis (IBCPA), and to offer further methodological development and insights for other researchers using IBCPA. It proposes an argument that by using intersectionality as a theoretical perspective is an inclusive way to examine the social determinants of health. Further, it provides insights to some challenges of using the method, how these were overcome, and suggestions about its use for future researchers. My aim for publishing this paper is submission to a qualitative research journal.

"Representations of immigrants, refugees, and newcomers in the Canadian National Housing Strategy" is the third paper of the dissertation and presents the results from the first phase of the study. This phase relied on IBCPA to conduct an in depth analysis of the Canada's National Housing Strategy. This examination revealed three main themes: representation, conceptualizations of power, and how context impacts housing for immigrants, refugees, and newcomers. These themes are discussed in relation to each other and hegemonic ideologies in contemporary Canadian society. The paper also examines how using intersectionality in policy

development could yield policies that are more representative of marginalized peoples. Further, the theoretical tenets of intersectionality were used throughout the paper to provide more detailed and nuanced understanding of the results, and why issues of representation are so important in institutional documents. It is my aim to publish this paper in a national housing journal or social science journal.

The second phase of the study is presented in the fourth paper “Challenges to the Canadian National Housing Strategy: An intersectionality-based critical policy analysis.” In an effort to adhere to the fidelity of intersectionality and IBCPA, I engaged with community housing and policy advocates, housing policy experts, and government officials with close knowledge of the NHS. In this phase, participants were asked about their knowledge and impressions of the NHS, how representative it was of the communities in which they worked, and how the results from the first phase of the study connected to their understanding of issues related to housing, and immigrants, refugees, and newcomers. There was a general consensus among participants that there are already meaningful solutions available to the issue of housing security and homelessness among immigrants, refugees, and newcomers in Canada, but that there is a lack of political willingness to do so. Further, these results supported that poverty and the direct impacts of poverty perpetuate the cycle of housing insecurity and homelessness in Canada. My publication goal for this paper is a policy focused journal.

The final chapter of the dissertation, “The implications of intersectionality for nursing practice and health research” is a discussion paper about how intersectionality as a theoretical perspective can be used in nursing research and practice. This paper discusses how intersectionality can be used in the discipline to enact change and participate in leadership that

relates to policy issues. Further, it explores some novel ways of knowledge translation that are resonant with intersectionality.

Conclusion

Immigrants, refugees, and newcomers have unique housing needs that are often addressed incompletely by governmental and institutional policies, in part because, the SDOH are often addressed in isolation from each other. It is my position that we cannot address these social issues as individual phenomena, but require an approach to solutions that address the lived complexities of peoples' lives, as opposed to solutions currently on offer. IBCPA offers a timely and unique perspective. This research will help to address some of the inequities that exist in housing policy and has produced recommendations that can be implemented on multiple levels, including further iterations of the NHS, social service and community organizations, institutional policies, and by the federal government. My intent is to promote a critical analysis of policy development in the future.

This research began with a meaningful need to understand how the SDOH impact people. It later evolved to reveal my interest and personal connections to questions of housing insecurity and homelessness, and how these complicated social issues impact immigrants, refugees, and newcomers. Coupled with this, I sought to understand how governmental institutions responded to these issues and whether it was meaningful in the lived experiences of people. Conducting this research and grappling with the results has, in the end, created more questions and inspired me to work with local community organizations that directly influence housing policy. It is my hope that through this grassroots work, larger policy making institutions will create more equitable policies.

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Chapter One: Positionality: An Exploration of the Relationship Between Research and Researcher

Abstract

The complexity of the relationship between all researchers and their research is a topic that is rarely critically discussed, yet it has significant influence on our work. It is worthy of exploration and this article attempts to untangle and address a researcher's positionality in a meaningful way. Its purpose is threefold. First, using intersectionality as a theoretical basis, this paper explores the concept of personal positioning in academic research and makes the argument that this an area of inquiry necessary for all researchers. Second, it provides an example of how to pursue this line of questioning for other researchers. It presents my personal research journey and examines my various intersectionalities as a person and researcher, and how they relate to my work. Third, it attempts to make the case for how using intersectionality and positionality gives research further credibility.

Keywords: positionality, intersectionality, critical policy analysis, intersectionality-based critical policy analysis, power, equity, social determinants of health

Positionality: An Exploration of the Relationship Between Research and Researcher

Being honest can backfire. It goes against all of our methodological training. Being dishonest is easier, but it is a greater sin in terms of the integrity of the research endeavor.

(McCorkel & Myers, 2003, p. 225)

Transformative experiences: they sound like they are to be serious things, undertaken with intention to deepen the connection to self or those around us or perhaps to the world. I have always assumed that the action of transforming oneself is to make purposeful, lasting change that will carry a person to their next experience. Historically, I have been proven wrong about some of my beliefs and assumptions; this was repeated again in the spring of 2018. It was during this time that I was struggling to move forward with my doctoral research. I was paralyzed with fear of being ‘found out,’ that the academic community I so wanted to be a part of would realize I had no business being there. I was reeling from the death of a father whom I knew little of and who left behind many regrets, and a deep, dark, suffocating sadness. My partner and I were struggling with infertility; the uncertainty, guilt, and my barrenness felt like a dark, heavy rock in my gut. This time in my life left me questioning the why of everything and left me thinking about my journey thus far, my present situation, my academic future, and my life purpose. As I moved through this deep exploration, I began tentatively to link and understand the influence of my personal experiences on my academic pursuits. Inevitably, this intimate questioning led me to reflect on the influence of these personal experiences on my research and their impact on my future. It was later during this reflective process that I began to intellectually connect this thinking to my research and its theoretical basis.

It seems then, that my period of questioning, reframing and transformation came at just the right time. While it would be easy to become mired in the complexities of the relationship

between researcher and their work, this article attempts to untangle and address it in a meaningful way. As Bourke (2014) states, “such is positionality...we have to acknowledge who we are as individuals, and as members of groups, and as resting in and moving within social positions” (p. 3). My purpose in writing this article is threefold. First, using intersectionality as a theoretical basis, it explores the concept of personal positioning in academic research. Second, it presents my personal research journey and examines my intersectionalities as a person and researcher, and how they relate to my work. Third, it attempts to make the case for how using intersectionality and positionality gives research further credibility. This article is not meant to be self-indulgent, yet I believe it is important to indulge the stories of researchers and their personal perspectives to understand where the researcher fits in their work.

Intersectionality

My doctoral research focuses on Canadian housing policy and the representation of the needs of immigrants, refugees, and newcomers in these policies. I addressed my research questions using an intersectionality-based critical policy analysis (IBCPA); as the method implies, the theoretical perspective used to ground the research is intersectionality. It is commonly thought that intersectionality was initially identified by Crenshaw (1989) who described the “marginalization of Black women within not only antidiscrimination law but also in feminist and antiracist theory and politics” (Carbado, Crenshaw, Mays, & Tomlinson, 2013, p. 303). There are however, various arguments about who the foremothers of intersectionality are; for example, Hancock (2016) outlines the complex forethought of intersectionality and suggests that both “[Patricia Hill] Collins and [Kimberlé] Crenshaw were likely preparing specifically Black Feminist analyses using very similar intersectional logic simultaneously” (p. 29). Despite these still-debated beginnings, intersectionality has been further developed by scholars in a

variety of disciplines. It has been taken up by researchers to describe the complexities of a person's competing socially constructed categories and aims to describe how these categories influence an individual's identity and well-being.

The method IBCPA utilizes a framework of 12 guiding questions when analysing policy; the method is intended to be flexible and allows researchers to focus on particular questions and omit those with little or no relevance, with one exception. The first question in this analytical task asks researchers to reflect on their personal positioning in relation to the proposed analysis and asks about the importance of “personal experiences relate[d] to social and structural locations and processes” and what a researcher's “personal values, experiences, interests, beliefs and political commitments” contribute to the research (Hankivsky et al., 2012, p. 39). Though it is not a ‘requirement’ per se, in my view, critically reflecting on these questions is important for two reasons. First, undertaking this line of inquiry is an effort to maintain fidelity to intersectionality in that when I am critiquing how others are conceptualized in public policy, I must endeavour to account for how my social locations impact the analysis. In other words, this is my way of answering the initial question proposed by IBCPA: “How are personal interests and positions related to my professional ones?” Second, reflecting on, interrogating positionalities, and providing thoughtful self-evaluation (Parmar, 1998) is necessary if we are to develop new ways to conceptualize research and connections to the larger community.

Writing about my particular positionality, privilege and inequality has been (and remains) a personally uncomfortable thing to do. Exposing and articulating advantages and disadvantages compels a deeper confrontation of hidden assumptions. It also exposes unbalanced personal perspectives, allowing for deeper reflection of these influences on research. Exploring my positionality not only advances my research but may encourage other researchers or readers to

confront the way positionality extends beyond the researcher. The only thing that seems clear is that this line of inquiry is fraught with potential for misunderstandings, misinterpretations, and further marginalization of socially vulnerable people. It is my aim to answer some persistent questions:

What are my claimed and assigned identities and how do they influence my work and my thinking?

What are my preconceptions about immigrants, refugees, and newcomers?

Do I have the right to do this research?

What does this tell me about how my positionalities and intersectionalities impact my research?

By questioning how my personal histories have influenced my “master narratives [to] shape the problematic to be studied and the direction of the researcher’s gaze” (McCorkel & Myers, 2003, p. 208) will help to answer these queries.

Family History and Tentative Beginnings

My life has not always been predictable; I often characterize it as a journey with twists and turns, many happy accidents, and good timing. Beginning my doctoral studies, as it turns out, resulted from unpredictable good timing. I found myself at a juncture at which I could have easily left nursing, but also one in which I could make positive change in a different way. Being a nurse is often described as a calling (Kroning, 2017) and framed as a selfless act to help others in their times of greatest need. Indeed, Florence Nightingale did describe it as a calling and dedicated much of her life ministering to the sick, developing nursing guidelines, making statistical models, and advocating for medical and social reforms. I became a nurse for two reasons. First, I was burdened by severe childhood illness in which hospitals and interactions

with nurses became a regular part of my life for many years. I had a unique (though child-like) understanding of the daily work of nurses, which I knew would suit me well. Second, starting a career in nursing seemed to ‘fit’ my life at the time. Though being a nurse has never been a calling for me, nor have I ever seen myself as a selfless handmaid ministering to the sick, I do admittedly see the noble value of nursing and get personal satisfaction from ‘helping’ people. In other words, I’m a nurse who doesn’t conform to the traditional conceptualizations of what it means to nurse or to be a nurse.

My awareness of social justice has seemingly always been there, because I don’t really remember it not being there. My younger sister and I were raised most of my early life by a single mother in Edmonton. One of the core values she instilled in us was a sense of social justice, meaning that we were raised to believe that equality and equity for all people was right and fair. I remember my early years with mostly happy memories, occasionally marked with uncertainty and sadness. The happy memories come as a result of feeling loved at home, being in an environment that fostered creativity, and being surrounded with people who cared about my growth and development. Some of the insecurities I experienced were a result of understanding that although we always had a safe comfortable home with good nutritious food, we were not affluent by any means. I understood that there was not money in the budget for new clothes, or dinners out, or any of the extras I saw some of my friends had. I have memories of conversations with my mother about why some people were poor and why some people didn’t have homes to live in. I also remember feeling that this was unfathomably unfair and felt some sense of responsibility to ‘help’. I even remember once asking my mother if we could make sandwiches to give to ‘homeless people’ and wanting to offer our extra blankets. We never ended up doing this, but you could say this was a kernel of an idea growing within me about equality and equity.

My biological father was born a first-generation Canadian to parents of immigrants, my grandfather from Lebanon and my grandmother from Ireland. Throughout his life, my father was plagued with a variety of addictions as a result of childhood trauma that was never addressed or discussed. For much of his adult life, he struggled to find secure work or housing, and experienced episodic homelessness. He died as a result of complications from liver failure and bowel cancer. My mother was born to parents who were born in Canada and had a fairly typical middle-class childhood. She grew up with love and security at home. She became successful in a variety of ways, first working in a bank and later at a not for profit organization, and then at the school board, and in the midst, taking time out to stay at home and raise her children. She was a social organizer and community advocate. My mother wed my step-father when I was 11 years-old. He contributed to the stability I felt at home during my early and late teen years.

Critical Care and Beginning Critiques

When I was 21 years old, I uprooted my life and moved from Edmonton to Toronto. This was a particularly formative experience for me. I applied and was accepted into an undergraduate nursing program at a respected university and loved my career for many years. Toronto had exposed me to new ideas; it was a true metropolitan immersion complete with discovery of new cultures, cultural references, languages, a variety of socioeconomic classes, and an extraordinary diversity of human experiences. For the first time in my life I had friends who were different than me; many were not born in Canada, spoke languages other than English, subscribed to faiths with which I was unfamiliar, ate food to which I was unaccustomed, and came from a wide variety of socioeconomic backgrounds. Toronto made me appreciate the cadence and beauty of other languages, the complexity (and necessity) of acknowledging differing opinions and life experiences, and the richness a diverse group of friends and colleagues brought to my life.

Indeed, the ‘small fish / big pond’ metaphor applied to my life in Toronto and reinforced the cliché that one thing I knew for sure was that I still had a lot to learn.

Many of these ideas and experiences informed my understanding of the human condition and set in motion my passion for wanting to learn more about others, exciting a deep desire to travel. My career in nursing provided me the financial and temporal privilege to do so. I have had a number of intrepid travel experiences, which have taken me to five continents and numerous countries. Some of the most important lessons I’ve gleaned revolve around some basic observations: human dignity and compassion can be found most anywhere, the need for human contact and love is universal, and parents want a better life for their children than their own. In other words, I believe there are more similarities among people than differences, regardless of background. These beliefs and observations have been reinforced by my nursing experiences.

Most of my clinical work has been in critical care areas and I have also held a variety of positions in locations across Canada and the United States. I have had a wide exposure to a variety of patients from diverse backgrounds and have always had an affinity for those who would generally be considered socially vulnerable. I have taken care of people who were admitted to the intensive care unit because they didn’t have access to basic necessities including housing, adequate nutrition, suitable health care, and community support. I remember a man telling me – as I changed the dressings on his ulcerated legs, teeming with maggots – about the pigeons he shared his apartment with because his windows were broken, and his landlord refused to repair them. I have also cared for a woman who had multiple critical care admissions due to suicide attempts. On her last admission and recovery, I was instructed to discharge her home; this was, however, problematic as she did not have a home. I let her stay as long as I possibly

could, while scrambling to secure that night's housing for her. She ended up leaving and truthfully, I'm not really sure that she actually had a place to go. I think of her often.

Sometimes, working as a nurse at the bedside can feel like a powerless place to be. We are constrained by a specific scope of practice, spend our working hours in highly structured institutions with little room for autonomous decision making, and yet are exposed to extraordinarily complex lives of patients that often do not fall into neat and tidy care pathways or standardized care plans. Partially, it was these constraints that compelled me to seek graduate education, specifically a nurse practitioner (NP) designation. I wanted to be more involved in community care and move from my bedside practice in critical care to one of primary care. I thought that expanding my scope of practice would offer opportunities to make changes in how health care services were delivered, and to focus my practice on working with socially vulnerable people.

Graduate Studies and Academic Beginnings

I began this second part of my career after making a difficult decision to leave a city and friends that I loved, move back to my hometown of Edmonton to pursue graduate studies in the NP program. Soon after moving back, I started my studies in earnest. To financially support myself during my studies, I secured a position in another critical care unit in Edmonton.

While I was working in this new clinical setting, I began to experience it as problematic. I was only a few months into my academic program and new clinical environment when I realized I was burnt out. I began to dread going to work, would often not sleep before shifts, and felt intense negative feelings towards my patients and colleagues. Patients that I was supposed to be caring for were the source of physical and mental harm. I had had enough with being sworn at, hit, kicked and spat at. I was tired of being talked down to by team members and feeling like I

did not have a voice in patient care. I had almost constant feelings of being unsupported by colleagues, administration and the larger institution. I felt like what I was doing as a front-line nurse was not making a difference, nor did it feel worth sacrificing my mental and physical health for it. The irony of this tension was not lost on me: I was in graduate school with the aim of working with socially vulnerable people, yet I was finding it overwhelming and disheartening to do the actual work I had set out to.

I began to wonder how I could be a nurse and yet not be a practicing nurse. I also questioned what being a nurse actually meant and whether it was still something I wanted to do. I withdrew from the NP program, decided to complete my already started master's degree and evaluate my career options in the coming year. It was during this transition that I was asked by two professors (who ended up being my supervisors) if I would consider the doctoral program in nursing. Truthfully, this option had never occurred to me and I found myself again at a crossroads. I was considering leaving a profession that for years I had loved, versus deciding to pursue further studies in a field I wasn't sure felt fulfilling to me. A period of deep reflection and contemplation followed in which I was reminded of how my past experiences and decisions had brought me to this moment. I reflected on how the tenets of social justice are embedded into nursing ethics and nursing practice (Canadian Nurses Association [CNA], 2010), how nursing could be a platform from which to explore these ideas about social justice, how the result of my clinical experiences shaped my thinking to understand the profession of nursing as more than being present at the bedside, and how my personal life experiences kept bringing the focus back to social inequities and their impact on people's lives. As a sum of all these experiences, I decided that this opportunity would uniquely position me to concretely address nursing's responsibility to social justice and housing issues.

This tour through some of my history provides exemplars of varying identities of myself as an individual and my perceptions of how these identities have transformed over time. As Weeks (1998) states:

Identities are not neutral. Behind the quest for identity are different, and often conflicting values. By saying who we are, we are also striving to express what we are, what we believe and what we desire. The problem is that these beliefs, needs and desires are often patently in conflict, not only between different communities but within individuals themselves. (p. 89)

It is true that my identities and positionalities are fluid and at times in conflict with each other. In the sections that follow, I use intersectionality to examine my positionality, both personal and professional, as it relates to my research and to my work.

Intersectionalities

When I began exploring possible research topics, my interest kept being pulled back to issues surrounding the migration of people and issues related to homelessness. I could not read a newspaper without feeling compelled to read articles discussing either of these two topics; I implicitly understood that these subjects were important to me, yet the salience of this was not exposed until later. As I moved through the process of developing my research proposal and preparing for my candidacy exam, the connections between my personal and professional interests began to slowly reveal themselves. It became important to answer some of these lingering questions, and to explore the tensions associated with conducting research on a topic that from the outside didn't seem like I'd had any personal experience with.

In writing about positionality and ethnographic research, McCorkel and Myers (2003) contend that researchers must “put her taken-for-granted assumptions, beliefs, and stereotypes on

the table for dissection” and “to consider how she reproduces her own privilege through the analyses she produces” (p. 205). It has taken some serious consideration about how to begin to address and navigate these tensions without reproducing dominant forms of subordination when discussing policy and associated interventions. In an attempt to mitigate this at the outset, I need to acknowledge my personal advantages and critically address how they may influence my work, so not to further subordinate (Crenshaw, 1997) or suppress the voices of immigrants, refugees, and newcomers. These forms of hegemony occur within the context of the person who is speaking. In other words, I am acutely aware that my personal position comes with a generally unquestioned set of advantages, such as stable citizenship, stable housing, having English as my first language, and my work in an academic institution. What I am left with however, is an internal struggle with the reality that I will be conducting research from a particular background that does not include a lived experience of being an immigrant, refugee, or newcomer to Canada or having lived through housing instability issues.

Tensions Revealed

In my case, the tensions identified in these questions were initially revealed as a result of two completely separate incidents. I have two supervisors; one identifies as a white Canadian woman, although she was born in and immigrated from the United States as a young child, and the other as a white woman who was born and raised in South Africa and immigrated to Canada as an adult. The first revelation was the product of an interaction between one of my supervisors and a long-time colleague of hers. Given my interest in housing security among immigrants, refugees, and newcomers, this supervisor asked her colleague, who has expertise in critical race theory, if she would be willing to talk to me about my research. Her request was declined; her colleague wished to protect her time, having been asked often in the past to contribute her

perspective as a woman of colour to other people's work. My supervisor was initially surprised and disappointed but was reminded through this to reflect on how her colleague's time was likely often undervalued. From my perspective, I was perplexed at the response. After all, I thought an a priori critical discussion about the work I intended to do was a logical first step at preventing further marginalization of already socially vulnerable people. As one can imagine, this interaction was cause for many conversations and created a feeling of uncertainty around my work, and concerns that discussions about race are unpopular (Gillborn, 2015). This was my first inkling that I was wading into territory fraught with assumptions that required significant personal reflection.

The second incident was a result of two friends travelling to India who asked me about my impressions of the country and for any helpful travel suggestions. These requests prompted me to reflect on my prior travel experiences, as seven years prior, I had travelled through the country for a month. Although I have had many adventurous experiences in a wide variety of places, India was by far the most difficult country for me to connect with and to understand. Retrospectively, I have realized that it was where I was blatantly confronted with my lived experience of white privilege. I was granted access to things and places as a result of my relative financial affluence and the colour of my skin. For the most part, I was given the freedom to go where I pleased when it suited me and to talk to whomever would talk with me. This is not the reality for many people living there. It has taken me years to understand why this particular travel experience impacted me so deeply and why I still feel unsettled when I think or talk about it. I took for granted how my country of origin, my race, financial advantage, and educational status (among others) impacted my experiences.

Personal Intersectionalities

I have consistently experienced stable housing situations throughout my life. I was born with Canadian citizenship that is unlikely to be threatened or revoked. I have not experienced the displacement of my home or country due to war, famine or environmental impact, as many immigrants, refugees, and newcomers have. I identify (and am perceived) as white and have not experienced the personal or social impact of racism on my life. I am provided with opportunities that others, because of the colour of their skin or socioeconomic status are not. I have been educated in a school system based on English comprehension and communication. I have the privilege of being educated in renowned Canadian universities.

There is no doubt that my family histories have influenced my researcher gaze and positionality. The experiences of my father have impacted my drive to research this topic, however it is poignant to note, that until his death, I did not see these direct connections to my work. His death came six weeks before my oral examination of my dissertation research proposal, so while I was preparing for this exam and planning his funeral, I found myself in deep reflection about his life and our family history. As a child, the concept of him being a first-generation Canadian or having parents that immigrated to Canada didn't ever really surface in my consciousness. I later learned that my grandparents' inter-racial marriage was a contentious issue and a source of tension that led to conflict among his immediate and extended family. My father used a variety of substances to cope with challenging life circumstances, eventually leading to the divorce from my mother, unstable work patterns, worsening addictions, and ultimately years of intermittent homelessness. I do not know why it took me so long to connect his personal history to my research, but it did. I suspect my research interests are in part, a way of trying to understand his experiences and to connect with a part of him that was hidden from

me for years. I wonder too, if it is a way to help give voice to a man who, if he were still alive, would be considered socially vulnerable.

My mother's commitment to social justice and her community involvement demonstrated the need to act on issues related to the social determinants of health. My parents taught me the tenets of social justice, ensured I had access to a variety of role models, and allowed me exposure to a range of experiences which have contributed to my worldview. My experiences of living in a metropolitan city is one of the reasons I have a diverse group of friends and colleagues. Through sharing personal experiences, I realized however, that the way my friends and colleagues (who were not white) were perceived and treated in the world were different than mine. They described overt and covert racism. Some questioned and challenged why they were passed over for jobs and promotions, and others yet described scenarios in which their race or accent was overtly identified and left them feeling angry and disempowered.

My intent here is to call attention to an awareness of my privilege and differing experiences than another, rather than to absolve me of the need for further understanding and critical reflection of the tensions that are inevitable in this work. What follows is a deeper reflection of how my positionality has influenced my research.

Researcher and Research

At its core, the question of how my positionality influences my research interests, questions, analysis, and how I present my findings is under scrutiny. I return to my initial questions and am still troubled by the last one: do I have the right to do this research? Superficial responses could be that I want to help people or that I believe in equity for everyone or even that this work fulfills a professional mandate. Though these may be true, they identify my power and privilege, which requires deeper consideration. McCorkel and Myers (2003) suggest that

critiquing personal master narratives may provide answers to this question and I will do so in two ways: first by revisiting my initial response regarding the critical race theorist, and second, by examining my primary research question for my doctoral work.

Challenged Power

In returning to the instance where my request to discuss my work with my supervisor's colleague was denied, it revealed to me some assumptions I brought to the project and the lack of experiential understanding that I had regarding racial marginalization. Following this incident, "whiteness" became a topic upon which my supervisors and I reflected. Our initial discussions were centered around how my work would almost certainly require that we consider the race-based reasons that representation of immigrants, refugees, and newcomers in federal policies have largely been ignored in Canadian public discourse. It also exposed the uncomfortable and sticky issue about who was allowed to do this work. Most importantly though, further discussions made it apparent that I held assumptions about who immigrants, refugees, and newcomers were. These embedded assumptions are illustrated by the fact that despite both of my supervisors being white and immigrants to Canada, it didn't register with me that they would also have fallen into the wide category of immigrant, refugee, or newcomer. It revealed an unarticulated master narrative that, as a white person in a position of power, I assumed that it was people of colour who were immigrants, refugees, and newcomers. In trying to understand this, Gillborn (2015), when discussing the relationship between critical race theory and intersectionality, states "minoritized groups are subject to a range of different (and changing) stereotypes" (p. 271). The social constructions of race (Gillborn, 2015; Tochluk, 2008) I have been exposed to throughout my life reinforced my conceptualizations of who falls into the categories of immigrant, refugee, or newcomer. As I moved forward with my research, I

consistently returned to one of the tenets of intersectionality: to expose that which was previously invisible (Hancock, 2016). I have managed to do this, in part, by asking myself if what I am saying is true, or if it is only true for me. Further, by asking this question and engaging with those who have direct experiences, it helps to expose the previously unseen. In thinking back to my ‘perplexed’ reaction to being rejected by my supervisor’s colleague, when access was not granted, my tacit position of power was being challenged. This challenge to my power led to a chain of events through which I have come to a deeper understanding that articulating positions of power is critical when undertaking work in this field.

Questioning the Research Question

The second way I seek to challenge my master narratives is by returning to my original doctoral research question: “How does the Canadian National Housing Strategy reflect the unique needs of immigrants, refugees, and newcomers?” There are assumptions embedded in this question, which is a reflection of my thinking. First, it assumes that this is a question that requires asking. I did not directly consult with any person in my population of focus whether this was a topic of merit. I developed the question based on my perception that it was worthy of inquiry, and it was a means to connect two areas of interest. Though my final aim in asking the question was to help guide future policy making, it is possible that a more pertinent question could have been developed had I consulted people in these circumstances. Second, the question assumes that there are unique needs of immigrants, refugees, and newcomers, but does not specify what those needs may be. Although the literature makes it clear that immigrants, refugees, and newcomers experience marginalization with regard to housing, I may have presumed aspects of a colonial perspective in that I assumed a particular type of person would have requirements beyond their own agency, further reproducing my position of power.

Conclusion

From early on in my academic career, I developed an inescapable need to understand the relationship between personal experiences and their impact on professional interests. Our personal identities, experiences, and ideologies influence the way we perceive the world and also impact the way we approach our research (Bourke, 2014). I am now even more fundamental in my belief that as researchers, it is imperative that we discover the answers to these questions as they drive the why of what we do. Put another way, if we can answer “I do!” to the “so what, who cares?” question, not only does it give our research credibility, but it makes it more relatable to others. McCorkel and Myers (2003) reinforce that knowledge, arguably an extension of research, is “socially situated and requires researchers to specify the locations in which their knowledge is produced” (p. 202). The method of IBPA strongly encourages researchers to ask these difficult questions, I suggest that all researchers should be critically reflecting on their connections to their research in some way. I agree with Gray (2008), when she states, “the positioning and location of the researcher, the technical practice of research, the object of study, the academic and the political, the reflexive and emotional are all questions of relationality as these terms interact” (p. 949).

Despite these assertions however, I have reached the tentative conclusion that there will likely never be a time when I am completely comfortable with this work and the representations of this work. I will strive to continue questioning my positionality and conclusions, with the understanding that I should encourage challenges to what I am doing in an effort to come to a richer comprehension of this work, and what it means for the larger community. As another committee member pointed out, this work is important and so what if my work is criticised and my mind changes along the way? After all, how do we come to deeper understandings and

connections with people than by challenging ideas, discussing uncomfortable things, and not seeking unanimity, but sharing differing experiences? Perhaps most importantly though, complex problems require multiple perspectives and solutions that, based on my positionality, I can in part provide a perspective that in tandem with others, will contribute to understanding the nuances of the policy problem and the associated solutions.

This being said, I have struggled writing this. When something is said, it cannot be unsaid; when something is read, it cannot be unread. There were many discussions and deep contemplation about how much to share of myself and how much to keep to myself. In my call for all researchers to critically reflect on their relationships to their work, I recognize that there are likely few who would feel comfortable (or as compelled) to disclose what I have. My aim here is to initiate conversations about where we are, and who we are in relation to our work. It is up to you, reader, to decide if those conversations happen inside your head, or with a trusted colleague or friend, or if you choose to publicly share it; the important part is that you do it.

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Chapter Two: New Methodological Implications for Intersectionality-Based Critical Policy

Analysis

Abstract

Methodologically, traditional policy analysis is epistemologically positivistic in an effort to conduct ‘unbiased’ research and analysis of existing policies. Currently, policies are often developed with broad applications in mind and target large populations. This article discusses the application of a unique method to address policy problems, called Intersectionality-Based Critical Policy Analysis (IBCPA), and proposes that it is useful for addressing policy-related research questions embedded in nuanced environments. Intersectionality as a theoretical perspective has been useful in examining the complexities of competing social categories and how these categories influence a person’s identity and well-being. IBCPA centers on the use of intersectionality embedded throughout the research process. To explain this and associated methodological implications of using IBCPA, research questions examining housing security and homelessness among immigrants, refugees, and newcomers in the Canadian National Housing Strategy will be offered as an example. Using research examples, methodological challenges and insights for researchers considering the method are offered. IBCPA proposes a critical perspective for examining complex policy problems and suggests that we can develop a transformative, comprehensive, and more nuanced perspective to social issues such as homelessness.

Keywords: intersectionality, intersectionality-based policy analysis, intersectionality-based critical policy analysis, critical policy analysis, social determinants of health, homelessness, housing insecurity

New Methodological Implications for Intersectionality-Based Critical Policy Analysis

Intersectional approaches are essential to developing policies that respond to the multiplicity of social locations and lived experiences.

(Hankivsky & Christoffersen, 2008, p. 279).

Public policy is created and often reflective of hegemonies, including homogenized and overly simplistic descriptions of social issues. Policy discourse can be particularly reinforcing of negative stereotypes (Edge & Newbold, 2013; Teixeira, 2009; Zerger et al., 2014), and when policies are developed, they are often done so with a “one size fits all” approach rather than allowing for unique solutions. As a counterbalance to these standard policy approaches, this article discusses the application of a unique method to address policy problems, called Intersectionality-Based Critical Policy Analysis (IBCPA), and proposes that it is useful for addressing research questions in a complex environment.

In this article, I argue that using intersectionality as a theoretical basis for policy research related to the social determinants of health brings nuance and inclusivity to policy analysis. To explain this and associated methodological implications of using IBCPA, research questions examining housing security and homelessness among immigrants, refugees, and newcomers in the Canadian National Housing Strategy will be offered as an example. This version of policy analysis aims to “provide a new and effective method for understanding the varied equity-relevant implications of policy and for promoting equity-based improvements and social justice within an increasingly diverse and complex population base” (Hankivsky et al., 2012, p. 33). The aim of this type of analysis is to “assist with the identification of alternative policy responses and solutions specifically aimed at social and structural change that reduce inequities and promote social justice” (Hankivsky et al., 2012, p. 34). This article contributes to the methodological

development of IBCPA by offering unique insights gained during the process of researching questions related to housing security and homelessness among immigrants, refugees, and newcomers to Canada.

Critical Policy Analysis

Historically, there has been a tendency to rely on limited methods and frameworks for exploring policy issues rather than applying a broader lens to policy questions (Diem, Young, Welton, Mansfield, & Lee, 2014). Methodologically, traditional policy analysis has taken a particularly narrow view and has espoused positivistic epistemologies, relying on ‘unbiased’ perspectives, while using statistical and analytical methods to evaluate data in an effort to maintain traditional ‘value-free’ studies (Diem et al., 2014). This traditional method of policy analysis tends to be linear, beginning with a problem definition, a solution analysis, and communication strategy for the analysis (Weimer & Vining, 2011). Notably, Harold Lasswell (1970), a pioneer of traditional policy analysis, proposed that the method was in fact not linear nor positivistic, but instead should be based on contextuality.

Critical policy analysis (CPA) offers an alternative to conventional analysis techniques for policy questions. CPA typically centers on five areas: first, the contrast between what the policy states and what is practiced in real life; second, the origin and development of the policy; third, how “the distribution of power, resources, and knowledge” (p. 1072) are arranged; fourth, how policy replicates inequities and privileges; and fifth, how the subordinated group resists the dominant hegemony (Diem et al., 2014). CPA moves beyond the traditional methods of analysis by examining contextual issues embedded in policy development and deployment. CPA involves “some sort of textual analysis, ideology critique or deconstruction to highlight the constitutive practices texts use” in policies (Taylor, 1997, p. 27). Further, this method offers researchers the

opportunity to open discussions about traditionally uncomfortable topics such as power, the role of race and racism in institutional policies, social justice, and inequities (Diem et al., 2014).

These power and knowledge relationships are worthy of critical analysis and must be analyzed in the larger context in which they are created and enacted.

Intersectionality-Based Policy Analysis

Intersectionality as a concept and theoretical approach has been taken up by researchers to describe the complexities of competing social categories and how these categories influence a person's identity and well-being. The foundation of intersectional thought is the relationship between race and gender (MacKinnon, 2013) which allows us to “unveil the processes of subordination and the various ways those processes are experienced by people who are subordinated and people who are privileged by them” (Crenshaw, 1991, p. 1297). It is frequently stated that intersectionality was identified by Kimberlé Crenshaw (1989) while problematizing the “marginalization of Black women within not only antidiscrimination law but also in feminist and antiracist theory and politics” (Carbado, Crenshaw, Mays, & Tomlinson, 2013, p. 303). While this is true, Patricia Hill Collins was developing similar scholarship about intersectionality around the same time (Hancock, 2016). Since this initial knowledge development, intersectionality has evolved from the primary underpinnings of race, gender, and class categorizations, to one that offers researchers a way to examine “the complex relationships and interactions between the aforementioned trinity and other social locations and identities, such as Indigeneity, sexuality, gender expression, immigration status, age, ability and religion” (Hankivsky, et al., 2012, p. 18). According to Collins (2015), intersectionality provides “critical insight” about how “race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn

shape social inequalities” (p. 2). Further, intersectionality aims to interrogate those unarticulated conditions that influence people and aims to influence these conditions for social change (Carbado et al., 2013). Finally, intersectionality identifies connected power structures (Roberts & Jesudason, 2013; Valentine, 2007) and critically challenges dominant ways of thinking (MacKinnon, 2013).

Despite the value of incorporating intersectionality into policy analysis, there are limited examples from which to draw. Notwithstanding, Hankivsky et al. (2012) offer a collection of seven exemplars using intersectionality-based policy analysis (IBPA) evaluating diverse public policies. In this collection for example, Grace (2012) used intersectionality as the theoretical lens with which to examine the “interplay between medical technologies and legal problems” (p. 163) as it related to early HIV testing diagnosis and the increasing frequency of criminal prosecutions of purported HIV non-disclosure. This study reflected on the relationship between the complexities of an individual and their connections to dominant medical and legal responses. From the same collection, Hunting (2012) employed intersectionality to examine the discourses in Fetal Alcohol Spectrum Disorder (FASD) policy and how “constructions [have] positioned people that experience intersecting processes of disadvantage, and Aboriginal women in particular” (p. 95). In a case example provided by McGibbon and McPherson (2011), intersectionality was used to highlight the constraints of current health care policies in addressing the needs of a child with chronic health problems; they contended that “the typical policy cycle requires a rigidity that does not match the reality of social issues” (p. 75), but that incorporating intersectionality into health policy could help to ameliorate these limitations. In their examination of how children with social, emotional, and behavioural difficulties are addressed in student policies, Laisidou (2016) used IBPA to examine how these policies have historically

been produced in simplistic one-dimensional ways. This method allowed them to reconceptualize how behavioural management policies could be used as a tool to reconsider the ways in which systems reinforce constraints when addressing these difficulties with students (Liasidou, 2016). Wiebe (2019) used the same method to explore the process of public engagement with Indigenous peoples on the further development of the Trans Mountain pipeline expansion project in Canada. Relying on the tenets of intersectionality, they revealed that the engagement process was problematic in that it favoured non-Indigenous contributions to the debate, and highlighted how Indigenous influences were marginalized and silenced throughout the process (Wiebe, 2019).

These examples inform this research because theoretical perspectives that attach understanding about individual intersections are key in studying and creating equitable public policies. Further, the relationship between a critical approach to policy analysis and intersectionality are reflected in their similar aims. They both broadly seek to examine the relationships between policy, power, practice, and marginalization, while examining the nebulous relationships between competing social categories. These revelations lead to more complex understandings of how policies and institutions have normative understandings of marginalization, are often narrow in scope, and reinforce dominant hegemonies. In short, intersectionality acknowledges the multitude of social, historical, political, and legal influences on a person, while offering a way to critically explore how these influences impact a person individually. This critical approach provides the opportunity to make previously unseen identities visible.

Intersectionality-Based Critical Policy Analysis

IBPA was designed as a “method for understanding the varied equity-relevant implications of policy and for promoting equity-based improvements and social justice within an increasingly diverse and complex population base” (Hankivsky et al., 2012, p. 33). This design consists of two main parts¹: a) the guiding principles that ground the b) guiding questions. There is however, a caveat to using this design. Using a critical perspective is a salient part of this research. However, Hankivsky et al.’s (2012) particular version of policy analysis is not explicit in either its name or its definition as having a critical perspective, although it decidedly does. The implications of not including ‘critical’ in the naming of the method is problematic in that it does not identify its critical theoretical origins or implicate that power is a central component in the methodology. Intersectionality is inherently critical in its foundations and is based on multiple critical theories including (but not limited to) critical feminist theory, black feminist theory, and critical race theory (Hancock, 2016). A close reading of the eight guiding principles offered by Hankivsky et al. (2012) directly relate to power, time and space, diverse knowledges, and social justice and equity, all pointing to a critical perspective. Finally, a close examination of the framework’s guiding questions suggest that they are categorically critical. For example, many of these questions ask researchers to identify inequities as they relate to the identified policy issue and ask researchers to examine how proposed policy interventions contribute to or prevent inequities. From this perspective, it is necessary for researchers to be explicit in their rationale for their methodological choices. Thus, it is for these reasons that I made a methodological decision to add “critical” in the title of this method: intersectionality-based critical policy analysis (IBCPA). Identifying a critical perspective explicitly in the title of the methodology

¹ See Appendix at the end of Chapter Two for a full description of the guiding principles and guiding questions outlined by Hankivsky et al. (2012).

brings attention not only to intersectionality's theoretical roots but reinforces throughout the research process questions of power and power differentials.

Guiding Principles

The framework is informed by eight guiding principles, based on the tenets of intersectionality that assist researchers in the analysis (for in-depth description of these principles see Hankivsky et al., 2012). First, people have intersecting social categories and thus, people themselves are uniquely socially positioned. Second, the analysis consists of “understanding the effects between and across various levels in society” (Hankivsky et al., 2012, p. 37), the implications of which are discovered during the analysis. Third, power is fundamental in this examination, and inquiry about how power differentials are constructed, reproduced and resisted, are key to understanding inequities. Fourth, researchers must understand that reflexivity is a key component of the analysis and address their relationship with the work. Fifth, time and space are dynamic entities that influence how people experience the world. In other words, people who find an advantage in one circumstance may find the same characteristic a disadvantage in another. Sixth, dominant ideologies and epistemologies are frequently replicated in knowledge production, as well as the dismissal and exclusion of diverse knowledge. As a result, there is the necessity of incorporating previously excluded knowledge into the policy process. Seventh, social justice perspectives primarily focused on issues of equity are used to challenge identified power structures and to rebalance inequities through social transformation. Last, examining policy from an equity perspective identifies the effects the “intersections of multiple positions of privilege and oppression” (Hankivsky et al., 2012, p. 38) have on an individual. The intent of these principles is to ground the analysis securely in intersectionality and to provide a lens through which to ask a suggested set of questions that frame the analysis.

IBCPA Questions

The method's analytical framework is intended for use in a variety of policy settings and for a wide range of policy concerns. There are 12 broad questions used in IBCPA (each with a variety of sub-questions) and are divided into two categories: descriptive and transformative (for details of individual questions, see Hankivsky et al., 2012). The descriptive questions address background information and analysis of the problem under study. These questions require researchers to examine representations of the policy problem by inquiring about who specifically is impacted by these representations, and to identify how they are impacted. For example, a descriptive question asks researchers to examine "How representations of the 'problem' come about" (Hankivsky et al., 2012, p. 39). The transformative line of inquiry pertains to the ability of IBCPA to offer alternate resolutions to policy issues and are specifically aimed at addressing identified social inequities. We are asked to examine these policy inequities and suggest solutions to the problem identified. Further, the focus of these questions is intended to centre on equitable resolutions to the policy problem, and to assist policy makers in determining if these inequities have been rectified (Hankivsky et al., 2012; Hankivsky et al., 2014). For instance, a transformative question suggests that researchers explore how "proposed policy responses reduce inequities" (Hankivsky et al., 2012, p. 41).

It is suggested that two sets of questions are to be used with "simplicity and flexibility" (Hankivsky et al., 2012, p. 34) in mind. The authors clearly state that researchers are encouraged to ask the questions that are most pertinent to their research, be it all 12 or a select few. Additionally, researchers are encouraged to modify the questions to focus on the specific policy issue and dependent on the policy context (Hankivsky et al., 2012).

The theoretical roots of IBCPA are grounded in intersectionality, making this method particularly reflexive throughout, and though flexibility is a valuable aspect of this method there are two exceptions to this dynamic approach. Researchers are asked to consider the first descriptive question in depth by examining personal knowledge, values, and experience that they bring to the area of policy analysis (Hankivsky et al., 2012)². By identifying and considering these areas, the researcher is asked to consider their positionality as they related to the policy area under consideration. The last question that requires reflection is the way in which IBCPA has influenced thinking as it relates to how researchers engage with the creation and implementation of policy. Perhaps most importantly, these questions require considerations about how personal perceptions of equity, inequity, and power relations have changed through the process.

IBCPA of the Canadian National Housing Strategy

As identified, a challenge in using this method is the limited number of exemplars on which to draw a comprehensive understanding of how to actually conduct an IBCPA. There is limited literature explicating the ‘how-to’ of critical policy analysis. As a response to concerns (Hankivsky et al., 2014) about the need for further substantive contributions to the existing methodological literature of IBCPA, my reflections on using this method to examine Canada’s National Housing Strategy (NHS) illuminates the details of how research questions were developed and answered using this method.

Research Problem and Research Questions

The overall aim of this research was to examine how immigrants, refugees, and newcomers to Canada are portrayed in the NHS. This research problem is embedded in

² A detailed, reflective response to these questions of positionality, personal knowledge, values, life experiences, and the impact of using IBCPA have been addressed in Chapter One of my dissertation.

hegemonic conceptualizations of housing security and homelessness, and the international migration of people. For the last five decades, issues about housing security and homelessness in Canada have been discussed in a variety of ways in the public domain (Brushett, 2007; Calder, Richter, Burns, & Mao, 2011; Gaetz, Dej, & Richter, 2016; Kingfisher, 2007; Reutter et al., 2009; Reutter et al., 2005; Richter et al., 2011; Schneider, Chamberlain, & Hodgetts, 2010). Dominant ideologies are often reflected in institutional policies. Public policy, including housing policies, are created and embedded in often competing contexts, reflecting general public, governmental and institutional discourses; the Canadian National Housing Strategy (NHS) is one such example. The NHS is intended to provide a plan and commitment to housing standards and policy approaches to ensure all citizens have access to affordable, quality housing. Additionally, it is intended to aid all levels of governments, various institutions, and social services in planning and service provision.

Concurrent to the development of the NHS was a global discourse surrounding migration of people and its impact. The global refugee crisis gave rise to public debate in Canada about governmental responses to the mass movement of people and has forced the federal government to institute new policies around settlement programs. In 2016, almost 300,000 immigrants and refugees were admitted to Canada (Government of Canada, 2017a). For a maximum of one year, government-assisted refugees are provided federal financial support for basic necessities, after which they are expected to be financially viable and have secured stable housing (Government of Canada, 2017b). Financial and social supports for privately sponsored refugees are the sole responsibility of volunteers who are private Canadian citizens or members of sponsorship groups (Government of Canada, 2018a).

There is a distinct domain of literature that describes the housing status of immigrants, refugees, and newcomers as precarious (Gaetz et al., 2016; Hiebert, 2009; Kissoon, 2010; Preston et al., 2009; Shier, Graham, Fukuda, & Turner, 2016; Teixeira, 2009; Walsh, Hanley, Ives, & Hordyk, 2016). Research has shown that, “visible minorities, immigrants and refugees...are especially vulnerable to becoming homeless” (Zerger et al., 2014, p. 355) for complex reasons including limited employment opportunities, language barriers, and restrictive housing options (Hiebert, 2009; Kissoon, 2015; Shier, Graham, Fukuda, & Turner, 2016; Walsh, Hanley, Ives, & Hordyk, 2016). This has been echoed in local Alberta-based research where housing stability among these groups was influenced by inadequate incomes, credentialing barriers, and racism (Tanasescu & Smart, 2010). Qualitative research with immigrants, refugees, and newcomers to Canada who were residing in homeless shelters described a range of reasons for homelessness from poor housing conditions, to problems with affordability, and the necessity to leave unsafe intimate partnerships (Paradis, Novac, Sarty, & Hulchanski, 2010). Other Canadian-based research has demonstrated that newcomer women endure a heavier burden of housing insecurity related to traditional gender roles, child-care responsibilities, and financial remittances to their home countries (Ives, Hanley, Walsh, & Este, 2014).

The primary aim of this research was to examine how the heterogenous needs of immigrants, refugees, and newcomers to Canada are portrayed in governmental policies. Specifically, through this work, I sought an understanding of how the NHS portrays the housing needs of immigrants, refugees, and newcomers in the current context of mass migration of people, forced or otherwise. It follows that the NHS should or could be used to address some of these concerns, considering Canada’s purported commitment to immigration, housing, and social

justice. The secondary aim of this research was to analyze and critique the NHS with the intention of making structured recommendations for future housing policy in Canada.

To address these aims, my research questions were developed using a Foucauldian approach of problematization (Alvesson & Sandberg, 2013; Frederiksen, Lomborg, & Beedholm, 2015). Developing research questions in this way forces one to consider the assumptions upon which issues are based and “to question these assumptions to generate new ideas, ways of being, doing and thinking” (Alvesson & Sandberg, 2013, p. 52). This means of problematization permits the researcher to consider how previous questions (and research) have been thought about, conceptualized and resolved (Frederiksen et al., 2015). Further, researchers are asked to articulate and challenge assumptions the literature and prior research presents (Alvesson & Sandberg, 2013). This approach to developing research questions was particularly valuable to me, in that I was able to explore new ideas, and develop scholarship that examined a critical analysis of compelling social issues, such as the relationship between housing policy and immigrants, refugees, and newcomers.

My principal research question was “How does the Canadian National Housing Strategy (NHS) reflect the unique needs of immigrants, refugees, and newcomers?” There were several secondary questions to consider that focused on issues around further marginalization of these socially vulnerable groups, assumptions related to the housing needs of immigrants, refugees, and newcomers, and concerns related to the representation of these groups.³ Specifically, they were:

- How do housing policies further marginalize socially vulnerable groups in Canada?

³ Please see Chapter Three and Four in my dissertation for detailed results papers.

- What is assumed in the NHS as it relates to accessing housing services, understanding and communicating in English or French, and an existing knowledge of resources?
- Whose voice is being exercised in the NHS?
- How are immigrants, refugees and newcomers represented in the NHS?
- What are the philosophical assumptions the NHS makes as they relate to this unique group?
- What are the discourses presented in the NHS?
- How are the experiences of homelessness and housing security portrayed in the NHS?
- What is suppressed (or left unsaid) in the NHS?
- Is the NHS politicized for the dominant class?
- Is the NHS exclusionary?

These research questions provided structure for my inquiry into the complexities of housing experiences of immigrants, refugees, and newcomers, and how governmental policy has responded to the convergences of housing status and the migration of people to Canada.

Data

Aside from having a specific policy or program related to policy to analyse, the method of IBCPA does not specify what to use as data sources, instead allowing researchers the flexibility to choose what would be the most appropriate. In other words, the data collection points for IBCPA permit the use of unique sources of data, in addition to policies. For example, some researchers have used governmental reports, published health care guidelines, key informant interviews, academic papers, online news reports, case studies, technologies, legal proceedings and funding audits (see Hankivsky et al., 2012 for further details). Specific to this study, there were two data sources: the Canadian NHS and policy stakeholder interviews. While

determining how to answer my research questions, there were limited exemplars in the literature to draw from, and no research that used my two-step process, the analysis of a policy document and critical analysis of interview data. Methodologically, this aligns with a critical perspective in that exploring differing perspectives is fundamental in addressing inequities in policy. Further, critical analysis of power is a central tenet to intersectionality, and knowledge production itself is an example of reproducing power differentials. By engaging with policy stakeholders to critique the results from the first phase of the study aligns with a critical perspective in that a more nuanced understanding of policy related issues of housing security and homelessness among immigrants, refugees, and newcomers was understood.

National Housing Strategy.

Housing strategies are intended to provide guidance and structure for future policy making. In fact, the NHS states that it “sets ambitious targets to ensure that unprecedented investments and new programming deliver results” and that the “plan will promote diverse communities” (CMHC, 2017, p. 4). Considering aims such as these, I expected that answers to my research questions would be addressed and using this document aligned with my research aims. In other words, I anticipated that the NHS would provide tangible strategies to address housing needs of immigrants, refugees, and newcomers.

As the principle data source for this research was the NHS, a word about the difference between policy and strategy is required. Policy has been more widely defined as “a chosen course of action within a particular context that is intended to achieve valued goals” (O'Connor & Netting, 2011, p. 11). Policies tend to be based on broad ideas or statements (Surbhi, 2015) and are contextual in their nature (O'Connor & Netting, 2011). Dahlgren and Whitehead (1991) are clear in their understanding of policy and strategy, in that strategies are specific actionable

items that are guided by policies. Despite these understandings, the literature is not clear about specific delineations between the terms and they tend to be used interchangeably.

Specific to this research and the use of the word “strategy” in the title, the NHS has been identified variously as an “action plan,” a “policy resolution,” and a “housing strategy” (Liberal Party of Canada, 2015). Varied language such as this contributes to definitional confusion. To attend to this incoherence and provide clarity to my research, I have conceptualized the term “strategy” in the NHS as a clear set of actionable items intended to address housing security and homelessness in Canada. Because the NHS is embedded within a larger federal housing policy initiative, the NHS can be understood as a piece of overarching housing policy initiatives in Canada.

Policy stakeholder interviews.

The second data source for this research were interviews with policy stakeholders. The purpose of using these interviews as part of the data is that they contributed to a deeper understanding of the topic at hand (Kvale & Brinkmann, 2008). Purposive sampling was used, and an open-ended interview guide (see Appendix A) was developed based on the preliminary results from the analysis of the NHS itself. I conducted semi-structured interviews with experts in the fields of public policy, immigration and newcomer settlement issues, community advocacy, and federal policy development. The interviews augmented the initial analysis by contributing to a deeper understanding of how the strategy addresses or does not address inequities and power differentials for immigrants, refugees, and newcomers and their housing security issues. The intent of these interviews was congruent with IBCPA as they led to open, critical discussions in the community about broad policy implications (Hankivksy et al., 2014). These interviews gave insights to my research in that in some cases it challenged my results, but

also confirmed the preliminary conclusions. As a result of this, I gained important insights about how the NHS has been interpreted and how it potentially impacts community groups and strategy stakeholders. This second method of data collection and subsequent analysis have contributed to a richer understanding of how the NHS impacts immigrants, refugees, and newcomers, but also provided a basis on which to structure future policy recommendations.

Addressing the Research Questions

The analytical steps involved in using IBCPA to address the research questions, followed a concurrent and iterative course. Initially, two close readings of the NHS were done. The first allowed me to become familiar with general language and layout of the strategy and to understand the aims. Using an intersectional perspective, the eight guiding principles of IBCPA framed my approach to the second close reading. This stage of the analysis focused on identifying power differentials, the ideologies reflected in the NHS, and how social categories such as race and gender were represented (Hankivsky et al., 2012).

The descriptive and transformative questions guided the analysis. Hankivsky et al., (2012) suggest altering these questions as they pertain to the specific needs of the research. In this case, they were adapted to address the specific research questions pertaining to the needs of immigrants, refugees, and newcomers in Canadian housing policy. In this case, the descriptive questions focused on the historical and current policy responses to homelessness and housing security, and current representations of housing and homelessness among immigrants, refugees, and newcomers. These descriptive questions grounded understandings of the descriptions related to homelessness, housing security, and immigrants, refugees, and newcomers. On the other hand, the transformative questions offered me a way to consider critically current inequities related to homelessness and housing security among immigrants, refugees, and newcomers, and whether

the NHS sought to remedy this, and allowed me to make specific recommendations for future housing policy development related to this group. In other words, this second set of questions provided a space to critique the NHS as it reflects the issue of homelessness and housing security for immigrants, refugees, and newcomers. Further, the intent of this part of the analysis is to “generate new perspectives and insights about policy issues and affected populations, [and]...to disrupt and challenge the status quo” (Hankivksy et al., 2014, p. 122).

Initially, I began the analysis by answering the descriptive and transformative questions individually; however, it soon became apparent that themes were emerging in an iterative way. Put another way, as I found myself studying the question of general problem representation, it also required a similar consideration and response to questions regarding how specific groups were represented in policy. At the outset, I thought that the method allowed for straightforward answers to both the descriptive and transformative questions, however an iterative approach was more amenable to the process. An outcome of this progression was that the responses were collated in a narrative account and I then analyzed these responses to identify emergent themes. This part of the analysis consisted of several readings of this narrative text using the guiding principles outlined by Hankivsky et al. (2012). In general, the NHS revealed neo-liberal ideologies and political rhetoric. Specific to this research, it was found that immigrants, refugees, and newcomers to Canada were presented in stereotypical ways, and additionally, this group and their needs were not well represented. From an intersectional perspective, immigrants, refugees, and newcomers were presented as one-dimensional, with little attention paid to diverse backgrounds or needs.

The second phase of the research was to engage with four policy stakeholders from across disciplines and places in Canada. I began the interviews with a general discussion of the

NHS, followed by a presentation of preliminary study results. Following that, I asked questions directly related to immigrants, refugees, and newcomers, inquired about homelessness and housing security, the unique needs in this group, and how the NHS could impact their lived experiences. I ended each interview by asking for each participant's specific recommendations for future policy development. Using inductive analytical techniques, the interview data was coded, categorized, and thematically organized to draw conclusions about the IBCPA analysis and implications in the community (Mayan, 2009)⁴. Specifically, the interviews were read several times and the audio recordings listened to. After this process, I took detailed notes of each individual interview which ultimately helped to identify commonalities and differences among participants. The interviews were coded using line by line analysis, and were compiled into a coding framework, which was then examined for themes.

Rigour

The rigour of the study relied on principles offered by Morse, Barrett, Mayan, Olson and Spiers (2002). These authors assert that it is necessary to incorporate reliability and validity in qualitative research by employing verification strategies throughout the research process, rather than applying post-hoc evaluation methods (Morse et al., 2002). These verification strategies include: methodological coherence, appropriate sample participants, collecting and analyzing data concurrently, thinking theoretically, and contribution to theory development (Morse et al., 2002, p. 18). In both phases of the research study, all of these verification strategies were incorporated. Methodological coherence was attended to by selecting the appropriate method to answer the research question, and incorporating an iterative process in the analysis, and by using multiple data sources. Appropriate sampling was used in both phases of the study, the first being

⁴ Please see Chapter Three and Four of this dissertation for detailed results of the phases of the study.

the NHS specifically, and the second phase of the study in which interviews were conducted. Collection and analysis of the data did in fact proceed concurrently, with several revisitations to prior coding and reflecting on emergent themes. This data collection in both phases was verified and checked with research team members, and with participants themselves. When required, reevaluation was done and incorporated back into the analysis. Morse et al. (2002) further suggest that thinking theoretically and contribution to theory development is necessary to ensure rigour in a study. This study did so by attending to the theoretical tenets of intersectionality and its application to this research. There were new ideas developed as a result of this, specifically regarding conceptualizations around the impact of multiple SDOH. Using intersectionality assisted in developing new ideas related to this theoretical perspective, but also as a way to confirm the tenets associated with intersectionality. As Morse et al. (2002) state “all of these verification strategies incrementally and interactively contribute to and build reliability and validity, thus ensuring rigour” (p. 19).

Methodological Considerations for IBCPA

Though intersectionality as a theoretical position has been under examination and development for many years, as a method, IBCPA is new to the research agenda. This newness presents unique opportunities and challenges in its application and development. This section presents methodological considerations for researchers using IBCPA.

Examinations of the SDOH

A primary methodological consideration is that IBCPA can effectively be used to examine the complexities of the social determinants of health (SDOH). In fact, there have been multiple calls from health and policy researchers to conduct SDOH research using theoretical positions that account for social complexities in a society dominated by neo-liberal ideologies. In

his analysis on healthy public policy and the SDOH, Raphael (2015b) recommends that using a critical lens to examine how power relations influence public policy, such as housing, will assist in understanding how to bypass barriers to equitable policies. This call is further echoed in a proposed public policy research agenda, stipulating that inquiry should be focused on understanding “the sources of health inequalities [as being] structural in origin. [It] is necessary for population health researchers and public health workers to gain an understanding of them” (Raphael, 2015b, p. S21). In work examining the influence of select SDOH on the future health of people, Kunitz (2007) states we do not have the ability to accurately predict health outcomes for people without understanding an individual’s context, as there are “different meanings and different consequences for health in different settings” (p. 9). Campbell (2016) suggests that by incorporating intersectionality into public and health policy analysis, those whose interests are actually being served in current policies are revealed. In fact, the Ontario Human Rights Commission (2001) purports to use intersectionality in evaluating complaints related to discrimination. In cases where there are multiple grounds of discrimination, applying an intersectional approach to adjudication can lead to more equitable and fair evaluations of the complaint (Ontario Human Rights Commission, 2001).

Despite these recommendations to incorporate intersectionality into research on the SDOH, there has been limited empirical work in this vein. IBCPA allows researchers to identify and examine the interconnectedness of multiple SDOH while concurrently examining heterogenous needs in various groups. This method allows researchers to conduct multilevel analyses so that the SDOH are not examined nor presented as one dimensional. In my research context, housing security and homelessness among immigrants, refugees, and newcomers were initially identified as key SDOH under examination. IBCPA offered a methodological

background to examine the intersectional impact of other SDOH. For example, housing status impacts many other SDOH such as food security, health care services, social inclusion, and social safety net (Bryant et al., 2011; Mikkonen & Raphael, 2010; Sylvestre et al., 2018). My research revealed that in relation to the NHS, the complexities of the SDOH were largely ignored and were addressed in superficial ways. As such, the conclusions reached offer future recommendations for improvement to equity-related housing policy development.

Broad Considerations

IBCPA presented some unique methodological challenges during the research process. As identified, there are no specific guidelines in the IBCPA framework about what types of data to use in the analysis, so at the outset of the research, I was challenged to decide exactly what to examine. Because my research centred around the NHS, that served as the primary source of data for the analysis. However, I was left with questions about how this particular document was perceived by experts in the housing domains and if my analysis results would be supported or challenged by these experts. A resolution to these concerns was achieved by accessing these experts and presenting the initial results. This accomplished two goals. First, using multiple points of analysis and accessing more than one type of data contributed to methodological rigour in this research. I found that the addition of the policy stakeholder interviews after the initial phase was completed provided invaluable support and challenges to the work. The policy stakeholder interviews required that some of my preliminary conclusions be reconsidered from different perspectives, and in some respects, they challenged initial results. Accessing alternative perspectives, while not only invaluable, are complementary to the intersectional tenets of IBCPA; conducting multiple levels of analysis are key to complex understanding of the social issues under study. The second goal of these interviews was to begin to address ongoing

discussions about the quality of evidence in research. There have been questions raised about what “counts” as evidence in qualitative research (see Forbes et al., 1999), and the framework provided by Hankivsky et al. (2012) does not address concerns about the quality of evidence. The critical nature of IBCPA does however, require researchers to continually be reflective about the results and how they were claimed. Some of my preliminary results were questioned, obliging me to revisit my initial analysis. From my perspective as a qualitative researcher, the interviews with policy stakeholders provided rigor and trustworthiness to the study in addressing the quality of the results.

Another methodological consideration that required attention was to consistently return to questions about power. A central tenet of intersectionality is that power is directly related to knowledge (Hancock, 2016) and necessitates critically questioning these relationships. Intersectionality aims to interrogate and deconstruct issues related to power: who holds power, how power is constructed and maintained, and how these constructions can be dismantled. When using IBCPA, it is essential that the researcher continually return to this central tenet and focus their research around questions related to this. For example, my research continued to inquire about whose voice was being exercised in the NHS, for what purpose, and how socially vulnerable populations were represented in neo-liberal social policies.

Methodological Development

Largely, IBCPA requires further methodological clarity in its application; there is a general gap in understanding the ‘how-to’ use of the method. Hankivsky et al. (2012) offer a selection of examples of research using IBCPA and their associated research conclusions, but they require readers to infer the steps that were taken to reach these conclusions. As with any method in its infancy, further conceptual work is required along with specific exemplars to

provide users of the method a base for their analysis. The majority of the examples that are available appear to use narrative steps. However, Grace (2012) has provided a table in which the two concerns of their research is outlined. This technique was useful as a reader and could assist researchers in presenting their analysis in a structured way.

Conversely, some researchers would assert that this methodological flexibility and how results are presented are useful in its application and aligns with the tenets of intersectionality. In other words, intersectionality as a theoretical perspective recognizes complexity, so it could be argued that a nuanced approach to this type of research is necessary. The caution here is that further work is required to develop the method, and without this progression, IBCPA runs the risk of being a “catch-all” method with little methodological coherence.

It was my experience that the steps I took in the research presented in this article were particularly useful. The first phase of the analysis allowed the space and time for critical consideration. It was in this phase that researchers are offered the opportunity to examine their personal perspectives on the research and consider the potential impact on their work. The second phase, the policy stakeholder interviews were of significant value, in that they provided not only another perspective to incorporate into the work, but also one that challenged some of my results. This is not a swift research method, yet one that yields rich results and offers a way for researchers to provide constructive critiques of policies with the aim to improve social justice initiatives.

A second consideration related to methodological development is directly related to intersectionality itself. There are divergent understandings of what intersectionality actually is and how to apply it in research. It is likely that without further clarification of this theoretical position as it relates to policy analysis, intersectionality will be used in one-dimensional ways.

Research using intersectionality requires reflection and attention to complex interactions. There are unintended consequences of applying an intersectionality-based method superficially; researchers risk further marginalization of socially vulnerable groups.

Conclusion

Policies are a manifestation of the current political climate (Taylor, 1997). IBCPA contributes to the research landscape by offering a timely and unique way of addressing policy responses to complex social problems. Research focused on the SDOH, is limited by conventional research methods because interconnections between and within the determinants are often not addressed in a comprehensive way. As Crenshaw (1989) states, there are “conceptual limitations of the single-issue analysis that intersectionality challenges” (p. 149). To this point, intersectionality allows researchers to recognize this diversity and examine, on an individual level, how people are impacted by a variety of influences while challenging assumptions implicit in institutional and governmental policies (and our personal assumptions). Also, it offers a way to question dominant perceptions and to critique their genesis. Reconsidering the SDOH from an intersectional perspective will contribute to deeper understandings about how to address homelessness and housing security among immigrants, refugees, and newcomers to Canada. If we reconceptualize housing issues using an intersectional perspective, we can develop a transformative, comprehensive, and more nuanced perspective to social issues such as homelessness. These new perspectives have the potential to stimulate social change and to enhance social justice (Hankivsky et al., 2012).

Critical methods of analysing policy provide a method for researchers in “critiqu[ing] traditional approaches to policy analysis, exposing power and rhetoric, facilitating empowerment and emancipation, and connecting their research to practice and activism” (Diem et al., 2014, p.

1085). Not only does IBCPA offer a way to examine the SDOH, but this method has broad applications to other areas of policy analysis and social policy analysis. Researchers whose work focuses on examination of ideological texts and ideological policies (Taylor, 1997) will find IBCPA useful as critical tool to do so. For example, policies related to governmental or institutional organizations are often reflective of current hegemony; IBCPA provides a methodological way to analyze questions of power using multi-level analysis to reveal these inequities. This method could also be used to examine how a particular group or groups of people are conceptualized or categorized in a policy document, as is allows for a nuanced examination of the impacts of policy on an persons social location, and aids in understanding how the meaning of policy is translated into an individual's life (Taylor, 1997). In other words, IBCPA has the methodological potential to meaningfully address the complexity of people's lives by admitting there is not a unified experience of all people, but instead, intersectionality can be used to address the complexity of lived experiences (Hancock, 2007).

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Appendix

IBCPA Guiding Principles and Guiding Questions⁵

Guiding Principles for IBPA

It is essential that any and all questions of the IBPA Framework are informed by the guiding principles detailed below, which advance the central tenets of intersectionality.

Intersecting Categories

From an intersectionality perspective, human lives cannot be reduced to singular and distinct categories, and policy analysis cannot assume the primary importance of any one social category for understanding people's needs and experiences. Nor does intersectionality promote an additive approach – e.g., examining the collective impact of gender, 'race,' sexuality, age and class – as the sum of their independent effects (e.g., gender+class+race) (Hancock, 2007). Instead, intersectionality conceptualizes social categories as interacting with and co-constituting one another to create unique social locations that vary according to time and place. It is these intersections and their effects that are of concern in an intersectionality analysis (Hankivsky & Cormier, 2009).

Multi-level Analysis

Intersectionality is concerned with understanding the effects between and across various levels in society, including macro (global and national-level institutions and policies), meso or intermediate (provincial and regional-level institutions and policies) and micro levels (community-level, grassroots institutions and policies as well as the individual or 'self').

Attending to this multi-level dimension of intersectionality also requires addressing processes of inequity and differentiation across levels of structure, identity and representation (Dhamoon &

⁵ Duplicated from Hankivsky et al., (2012, p. 35-42).

Hankivisky, 2011; Winker & Degele, 2011). The significance of and relationship between these various levels of structure and social location are not predetermined in an IBPA, but rather reveal themselves through the process of research and discovery.

Power

Attention to power – a central concept in intersectionality – highlights that: i) power operates at discursive and structural levels to exclude particular knowledges and experiences (Foucault, 1977); ii) subject positions and categories (e.g., ‘race’) are constructed and shaped by processes and systems of power (e.g. racialization and racism); and iii) these processes operate together to shape experiences of privilege and penalty between and among groups (Collins, 2000). It is important to recognize the relational nature of power – i.e., that a person can simultaneously experience both power and oppression in varying contexts and at varying times (Collins, 1990). These relations of power include experiences of power over others, but also that of power with others (power that involves people working together as collective actors) (Guinier & Torres, 2003). In recognizing the shifting intersections in which power operates, intersectionality moves beyond what Martinez (1993) terms the “Oppression Olympics,” which occur when groups compete for the title of ‘most oppressed’ in order to gain political support, economic resources, and recognition. Intersectionality thus rejects an additive model of oppression that leaves the systems that create power differentials unchanged (Hancock, 2007). Within an IBPA, the focus is not just on domination or marginalization, but on the intersecting processes by which power and inequity are produced, reproduced and actively resisted (Dhamoon, 2011).

Reflexivity

One way that intersectionality attends to power is through reflexivity. Reflexivity acknowledges the importance of power at the micro level of the self and our relationships with others, as well

as at the macro levels of society. Reflexive practice recognizes multiple truths and a diversity of perspectives, while privileging those voices typically excluded from policy ‘expert’ roles (Bolzan, Heycox, & Hughes, 2001). Practicing reflexivity when conducting an IBPA requires researchers, policy actors and stakeholders to commit to ongoing dialogue and deconstruction of “tacit, personal, professional or organizational knowledges” and their influences on policy (Parken, 2010, p. 85). The transformative potential of reflexivity is found within practices that bring critical self-awareness, role-awareness, interrogation of power and privilege, and the questioning of assumptions and ‘truths’ in policy processes (Clark, 2012). For example, it is important to utilize reflexive practices that consider individual connections to colonization and facilitate the interrogation of policy and practices in the colonization of Indigenous peoples in Canada (Blackstock, 2005).

Time and Space

Intersectionality emphasizes the importance of time and space in any analysis. Experiences and understandings of time and space are highly dependent upon when and where people live and interact in addition to their epistemological frames, or ways of knowing, and the cultural frames of meaning they use to make sense of the world (Warf, 2008). Importantly, it is within these dimensions of time and space that knowledges are situated, our understandings of the world constructed, and social orders of meaning made (Saraga, 1998). Moreover, privileges and disadvantages, including intersecting identities and the processes that determine their value, change over time and place (Hulko, 2009). Thus, time and space are not static, fixed or objective dimensions and/or processes, but are fluid, changeable and experienced through our interpretations, senses and feelings, which are, in turn, heavily conditioned by our social positioning/location, among other factors (Tuan, 1977).

Diverse Knowledges

Intersectionality is concerned with epistemologies (theories of knowledge) and power, and in particular, with the relationship between power and knowledge production. Including the perspectives and worldviews of people who are typically marginalized or excluded in the production of knowledge can work towards disrupting forces of power that are activated through the production of knowledge (Dhamoon, 2011). For example, the inclusion of colonized peoples' traditional knowledges in the production of knowledge generated by policy analysis can work to shift dominant colonial or racialized discourses in policy and can thus have decolonizing effects (Fredericks, Adams, & Edwards, 2011). Given IBPA's focus on addressing inequities and power, knowledge generated through IBPA can and should include the perspectives and knowledges of peoples who are typically excluded in policy analysis. IBPA expands understandings of what is typically constituted as "evidence" by recognizing a diversity of knowledges, paradigms and theoretical perspectives that can be included in policy analysis, such as knowledge generated from qualitative or quantitative research; empirical or interpretive data; and Indigenous knowledges. Users of the IBPA Framework must consider how power influences the privileging of certain knowledge traditions to the exclusion of others, and reflect on how diverse knowledges are taken up in policy analysis and the implications this uptake has for different groups of people.

Social Justice

Intersectionality places an emphasis on social justice (Grace, 2011). Approaches to social justice differ based in their focus on the redistribution of goods (Rawls, 1971) or on social processes (Young, 1990); however, all approaches share a concern with achieving equity (Sen, 2006). Theories of social justice frequently challenge inequities at their source and require the

interrogation of complex social and power relations. For example, according to Potts and Brown (2005) social justice is about: “transforming the way resources and relationships are produced and distributed so that all can live dignified lives in a way that is ecologically sustainable. It is also about creating new ways of thinking and being and not only criticizing the status quo” (p. 284). A social justice approach to health equity has the potential to transform social structures, which is essential in addressing the root causes of inequities (Farmer, 2005).

Equity

Closely tied to the social justice principle of intersectionality, equity is concerned with fairness. As expressed by Braveman and Gruskin (2003), equity in public policy exists when social systems are designed to equalize outcomes between more and less advantaged groups. The term equity is not to be confused with equality. For example, where inequality may refer to any measurable difference in outcomes of interest, inequities exist where those differences are unfair or unjust. This principle should be familiar to many policy actors; sex and gender based analysis (SGBA), which asks analysts to consider policy through a gender equity lens, is commonly applied to many areas of Canadian policy (Hankivsky et al., 2012). The IBPA Framework extends this practice by prompting analysts to consider policy issues through an intersectional lens, looking not only at gender equity, but also at the impacts of the intersections of multiple positions of privilege and oppression.

IBPA Questions

Descriptive

1. What knowledge, values and experiences do you bring to this area of policy analysis?

- What is your experience with policy and policy analysis? What type of policy areas have you worked in?

- What are your personal values, experiences, interests, beliefs and political commitments?
 - How do these personal experiences relate to social and structural locations and processes (e.g., gender, 'race' and ethnicity, socio-economic status, sexuality, gender expression and age; patriarchy, colonialism, capitalism, racism and heterosexism) in this policy area?
2. What is the policy 'problem' under consideration?
- What assumptions (e.g., beliefs about what causes the problem and which population(s) is/are most affected) underlie this representation of the 'problem'?
3. How have representations of the 'problem' come about?
- What was the process in framing the 'problem' this way?
 - Who was involved and why was the 'problem' defined in this way?
 - What types of evidence were used?
 - How has the framing of the 'problem' changed over time (e.g., historically) or across different places (e.g., geographically)?
4. How are groups differentially affected by this representation of the 'problem'?
- Who is considered the most advantaged and who is the least advantaged within this representation? Why and how?
 - How do the current representations shape understandings of different groups of people?
 - What differences, variations and similarities are considered to exist between and among relevant groups?
5. What are the current policy responses to the 'problem'?

- Who has responded to the ‘problem’ and how? For example, how have governments and affected populations and communities responded to the framing of the ‘problem’?
- What are the current policy responses trying to achieve?
- Do current policies focus on target groups? If so, are they seen as homogenous or heterogeneous? Are they stigmatized by existing policy responses?
- How do existing policies address, maintain or create inequities between different groups?
- Do existing responses create competition for resources and political attention among differently situated groups?
- What levels or combination of levels of analysis exist (e.g., micro, meso, macro) in relation to the policy ‘problem’?

Transformative

6. What inequities actually exist in relation to the problem?

- Which are the important intersecting social locations and systems? For example, how do ‘race’, ethnicity, class, sexuality and other social locations and systems of inequality (racism, colonialism, classism, heterosexism) interact in relation to this policy problem?
- Where will you look to find necessary information to help you answer this question (e.g., evidence from academic sources, grey literature and policy reports focusing on intersectionality-informed analyses)?
- What potential approaches can be used to promote discussion of the problem across differently affected groups (e.g., Parken’s (2010) Multi-Strand Method, which lays out a process for understanding intersecting inequities in the evidence gathering phase of policy)?

- What are the knowledge/evidence gaps about this problem across the diversity of the population?

7. Where and how can interventions be made to improve the problem?

- What are the logical entry points? What are the available policy levers (e.g., research/data, political champions/allies, laws/regulations/conventions, resources)?
- What are other examples of successes? How could policy interventions build on these examples?
- Who is part of the proposed intervention? Who is positioned to influence and implement the intervention?
- What role can diverse communities play in these interventions? How will they be meaningfully engaged and supported in providing input?
- At what level or combination of levels (e.g., micro, meso, macro) can interventions be made?

8. What are feasible short, medium and long-term solutions?

- How can solutions be pragmatically positioned and promoted in relation to government policy priorities (e.g., budget allocations, ministerial priorities and departmental plans)?
- How can proposed solutions be synthesized into a clear and persuasive message?

9. How will proposed policy responses reduce inequities?

- How will proposed options address intersectional inequities and promote social justice?
How will you ensure that the proposed options do not reinforce existing stereotypes and biases or produce further inequities for some populations?
- How will the solutions interact with other existing policies?
- What might be the challenges and opportunities for proposed policy solutions?

10. How will implementation and uptake be assured?

- Who will be responsible (and who is best positioned) to ensure the implementation of the policy recommendations?
- What time frames and accountability mechanisms are identified for implementation?
- How do the policy solutions encourage solidarity and coalition building across divergent interests and groups?

11. How will you know if inequities have been reduced?

- How will you measure policy implementation and outcomes?
- What intersectional factors will be measured in the evaluation process? How will they be measured?
- How will affected communities be meaningfully engaged in assessing the reduction of inequities?
- What will be the measure of success?

12. How has the process of engaging in an intersectionality- based policy analysis transformed the following:

- Your thinking about relations and structures of power and inequity?
- The ways in which you and others engage in the work of policy development, implementation and evaluation?
- Broader conceptualizations, relations and effects of power asymmetry in the everyday world?

* The IBPA questions have been informed by a diverse range of sources, including Abelson & Giacomini (2003), Bacchi (1999), Hancock (2007), Hankivsky & Cormier (2009), Harris, Harris-

Roxas, Harris & Kemp (2007), Parken (2010), Parken & Young (2007), Signal et al. (2008), Urbanek (2009) and Weber & Parra-Medina (2003).

Retrieved from: Hankivsky, O., Grace, D., Hunting, G., Ferlatte, O., Clark, N., Fridkin, A., Giesbrecht, M., Rudrum, S., & Laviolette, T. (2012). Intersectionality-based policy analysis. In O. Hankivsky (Ed.). *An Intersectionality-Based Policy Analysis Framework* (pp. 33-42). Vancouver, BC: Institute for Intersectionality Research and Policy, Simon Fraser University. (p. 33-42).

Chapter Three: Representations of Immigrants, Refugees, and Newcomers in the Canadian National Housing Strategy

Abstract

Housing security and homelessness in Canada are problematic and have direct impacts in people's lives. In 1996, the federal government transferred responsibility for social housing to the provincial and territorial governments, while focusing fiscal efforts towards a balanced national budget. This shift to neo-liberal economics contributed to a surge in rates of homelessness in Canada (Collins, 2010; Gaetz, 2012). The most recent federal election saw the promise and publication of the first ever Canadian National Housing Strategy (NHS). Concurrent with discussions and work on the NHS is a global discourse about human migration taking place. Specifically, in the last two years, there has been increasing public awareness and debate surrounding immigrants, refugees, and newcomers. Immigrants, refugees, and newcomers encounter unique challenges not necessarily experienced by other groups, which are not well-addressed in current housing discourse. To examine this, an Intersectionality-Based Critical Policy Analysis method was used to examine the Canadian NHS as it related to immigrants, refugees, and newcomers. The results of the research demonstrated that the representations of these groups were superficial and stereotypical. Further analysis also revealed that representations and power imbalances were present in the NHS, as were a general lack of contextuality about the current housing market and its impact on socially vulnerable populations. The discussion in this paper focuses on how intersectionality as a theoretical perspective could yield richer and more nuanced policies in Canada. Intersectionality was used throughout the paper to provide more detailed and nuanced understanding of the results, and why issues of representation matter in institutional documents.

Keywords: national housing strategy, intersectionality, intersectionality-based critical policy analysis, policy analysis, immigrants, refugees, newcomers, Canada, housing policy

Representations of Immigrants, Refugees, and Newcomers in the Canadian National Housing Strategy

Policy Problem Background

Canada has a housing problem. At last report, approximately 35,000 people are homeless in Canada on any given night (Gaetz et al., 2016). Housing security and homelessness in Canada are problematic and have direct impacts in people's lives. This article presents the results of research examining Canada's National Housing Strategy (NHS) and the representation of immigrants, refugees, and newcomers within it. Using Intersectionality-Based Critical Policy Analysis, it was discovered that the NHS represents people in stereotypical ways that serve to further marginalize this group.

The social determinants of health (SDOH)⁶ “are the economic and social conditions that shape the health of individuals, communities and jurisdictions as a whole” (Raphael, 2016, p. 3). These determinants have long been identified as having a direct and significant impact on the health of people (Bryant, Raphael, Schrecker & Labonte, 2011; Mikkonen & Raphael, 2010; World Health Organization, 2019). Further, they are a reflection of “how a society organizes and distributes economic and social resources, [directing] attention to public policies as means for improving health” (Raphael, 2016, p. 3). Housing is a key determinant in SDOH frameworks. In a review of 36 SDOH models, housing was consistently recognized as a fundamental component in these models (Canadian Council on the Social Determinants of Health, 2015), in part because

⁶ There are other conceptualizations of the SDOH (see Centres for Disease Control, 2005; Dahlgren & Whitehead, 1992; World Health Organization, (1986) (Bryant et al., 2011). For the purposes of this study, I will use Raphael's (2016) categorization of the SDOH as they were developed from a Canadian perspective at the York University conference on SDOH in the early 2000s. They have been consistently updated to reflect research findings and further insights (Raphael, 2016). The SDOH in this framework are: Aboriginal status, disability, early life, education, employment and working conditions, food insecurity, gender, geography, health care services, housing, immigrant status, income and income distribution, race, social exclusion, social safety net, and unemployment and job security.

housing constitutes a sizeable amount in most household income. Considering this, when people are required to spend large proportions of their income on housing, there are fewer resources for other necessities (Bryant et al., 2011; Sylvestre et al., 2018).

Politically, housing security and associated social supports for housing in Canada have been influenced by neoliberal economic policies and shifting political foci starting in the 1980s. The federal government, as a way to increase global competitiveness (Bryant et al., 2011), rationalized these policies. The 1980s and 1990s saw a shift in spending on social services, where decreases in budget allocations for housing were implemented, and use of emergency shelters increased (Gaetz, 2010). This change is also reflected in the number of federally supported residential construction projects; in 1982, there were over 20,000 federally funded residential construction projects compared with approximately 1000 projects in 1995 (Shapcott, 2008). Further, in 1996, the federal government transferred all responsibility for social housing to the provincial governments, while focusing efforts to balance the national budget. This disengagement in subsidized spending on housing contributed to a striking increase in the number of homeless people (Collins, 2010). This neoliberal approach to economics came at the expense of socially vulnerable people as Canada experienced “a growth in extreme poverty” (Gaetz, 2010, p. 23). The federal government decrease in social spending, while prioritizing balanced budgets came at the cost to Canada’s public housing initiatives and socially vulnerable people.

In 1976, Canada recognized housing as a human right by being a signatory on the United Nation’s non-binding Declaration of Human Rights, requiring governmental support (Porter & Jackman, 2014). However, since then, international human rights organizations have expressed concern about Canada’s growing income disparity, poverty and housing insecurity (Porter &

Jackman, 2014). Further, the United Nations (Kothari, 2009) produced a report about the state of housing in Canada and stated that as a nation it was imperative that Canada aim to:

a) recognize the right to adequate housing by all levels of Government; (b) to adopt or amend legislation to protect the right to adequate housing; (c) *to commit to a comprehensive national housing strategy with stable and long-term funding*; (d) to adopt *a comprehensive and coordinated national strategy* for the reduction of homelessness and poverty... (p. 2) (emphasis added).

Aimed to address complex housing issues, national housing strategies are developed and used across several countries to direct policy making. Until 2017, Canada was the only G8⁷ country not to have a national housing policy. The Canadian federal Liberal Party (2015) promised an NHS as part of their election platform. After the Liberal party won the election, public consultations were held in which Canadians were invited to provide feedback about human-rights based approaches to housing in Canada. As a result, consultants and government departments coordinated to develop Canada's first NHS (CMHC, 2017). The purpose of the strategy is to secure financial commitments for housing, to set investment and programming targets for affordable and sustainable housing, and to "prioritize the most vulnerable Canadians[']" housing needs (CMHC, 2017, p. 4) in these programs.

Homelessness and Housing Security in Canada

Representations of homelessness and housing security in Canada are problematic, commonly presented as a problem of individual failure as opposed to one that is directly influenced by the existing social, political and economic milieu (Calder, Richter, Kovacs Burns & Mao, 2011; Clapham, 2003; Cronley, 2010; Schneider & Remillard, 2013; Sylvestre & Ballot,

⁷ The G8 countries include: France, United States, United Kingdom, Russia (suspended in 2014), Germany, Japan, Italy, and Canada.

2014; Willse, 2010). When cast as a personal moral failing for which the individual is solely responsible (Clapham, 2003; Cronley, 2010; Leggatt-Cook & Chamberlain, 2015; Marston, 2000; Reutter & Kushner, 2010; Willse, 2010), it is presented as the individual's inability (or unwillingness) to secure housing (Clapham, 2013). Often, homelessness and housing security issues are situated as ahistorical or the homeless are presented as aberrant individuals, reinforcing 'us' versus 'them' rhetoric of what is considered 'normal' (Calder et al., 2011; Kingfisher, 2007; Reutter et al., 2009; Willse, 2010). The emphasis on individual characteristics like "physical/mental illness, addictions, post-release offenders, and broken relationships" (Kingfisher, 2007, p. 100) fails to consider the social and historical realities in which these characteristics are situated. These particular ideas reinforce the stereotype that homelessness is a personal failing, the result of being an amoral person (Raphael, 2011; Sylvestre & Bellot, 2014).

Historically, the term "the homeless" reflected assumptions about who is included in this group. In Canada, during the late 1980s, primarily a small group of single men experiencing chronic homelessness comprised this group (Gaetz, Dej, Richter & Redman, 2016). In recent years, however, those experiencing homelessness are a diverse group of individuals including single-parent headed households, the elderly, youth, and newcomers to Canada (Gaetz et al., 2016). The Canadian Observatory on Homelessness (Gaetz et al., 2012) offers a definition of homelessness, which reflects diverse experiences:

an individual or family without stable, permanent, appropriate housing... [which] is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual / household's financial, mental, cognitive, behavioural or physical challenges, and / or racism and discrimination. Most people do not choose to be homeless, and the

experience is generally negative, unpleasant, unhealthy, unsafe, stressful and distressing.
(p. 1).

Though seemingly inclusive, this definition presents ideas for further consideration. Housing status is a deep reflection of social inclusion (or exclusion). The realities of homelessness and housing security are often related to larger systemic inequities rather than individual characteristics. As Huckin (2002) points out, there are many structural and socio-political causes that are left out of public and media discourse, leading to myopic views of homelessness and the people experiencing homelessness. These representations contribute to the public discourse, which is replete with inaccurate conceptualizations. For example, media coverage sometimes conflates homelessness with addiction to illegal substances (Calder et al., 2011), when in reality they do not always co-exist (Peressini, 2007). Further, these representations are often understood in the public discourse as deviancy, for example, the “substance abusing homeless man or [the] mentally ill homeless woman” (Lyon-Callo, 2008, p. 17).

Notions of ‘deserving’ poor and ‘undeserving’ poor are represented in public discourse with considerable frequency (Leggatt-Cook & Chamberlain, 2015; Marston, 2000). These representations fail to convey the entanglements of homelessness and housing security in that they neglect the influence of multiple social locations, casting homelessness as an individual problem void of complexity. For example, when opinions or statements such as “get a job” and “get a place to live” are reproduced, they fail to reflect the person’s family history, their support systems, individual coping mechanisms, educational level, access to resources, and health status. If we critically view an individual’s circumstances as a reflection of socio-political and structural constructs, we begin to see the person and their housing status as a culmination of external influences. Further to this, research has demonstrated that homelessness is normalized in

contemporary Canadian society, reinforced by hegemonic ideology presenting homelessness as a “normal” and a seemingly natural part of society (Lyon-Callo, 2008). This idea of the inevitability of poverty in the Canadian context is seen as a “part of progress and globalisation” (Reutter et al., 2005, p. 520). From a critical perspective, we can reject this notion of normality and challenge assumptions we have of homelessness and housing security.

Additionally, this definition presents the need for a deeper understanding about who constitutes “the homeless.” In Canada, a person is considered to have stable housing if it meets adequacy, suitability and affordability standards⁸ (CMHC, 2018). According to the Canada Mortgage and Housing Corporation (CMHC) (2018), in urban centres, over 1.5 million⁹ households did not meet stable housing requirements. These housing needs are represented in a variety of heterogeneous ways. In other words, when examining the issue of homelessness and housing security, we need to conceptualize it as being on a spectrum. It can range from someone sleeping out in the open (sleeping rough), to a person living in a precarious housing situation such as ‘couch surfing,’ to a person who is at risk of becoming homeless due to economic and or social conditions (Canadian Observatory on Homelessness, 2012; Collins, 2010).

This brief examination of definitional issues raises an interesting point about the implications of institutional practices and public ideologies in shaping representations of social

⁸ A household is in core housing need if its housing is below one or more of the adequacy, suitability and affordability standards, and it would have to spend 30% or more of its before-tax household income to access local housing that meets all three standards. Adequate housing does not require any major repairs, according to residents. Suitable housing has enough bedrooms for the size and makeup of resident households, according to National Occupancy Standard (NOS) requirements. Affordable housing costs less than 30% of before-tax household income.

⁹ These data from the Canadian Income Survey include all individuals in Canada except residents of Yukon, the Northwest Territories and Nunavut, residents of institutions, persons living on reserves and other Aboriginal settlements in the provinces and members of the Canadian Forces living in military camps. Overall, these exclusions amount to less than 3 percent of the population.

issues. The following section outlines considerations necessary when examining the housing needs of immigrants, refugees, and newcomers to Canada.

Immigrant, Refugee, and Newcomer Housing in Canada

Concurrent with discussions about the NHS is a global discourse about human migration. Specifically, in the last four years, there has been increasing public awareness and debate surrounding immigrants, refugees, and newcomers. Historically, Canada has been identified as a welcoming country for people not born here, though some would argue the validity of this, noting that our immigration policies are not substantially inclusive. There have, however, been periods in which Canada mobilized politically and socially to welcome immigrants, refugees, and newcomers. For example, in 1979, Canada accepted 50,000 refugees from Vietnam (Fine, 2015) and more recently increased the number of refugees from Syria for resettlement. Though there has been global migration for generations and many simultaneous refugee crises (DePillis, 2015; UNHCR, 2018), the Syrian refugee crisis, in particular, seemed to capture the world's attention (Lucassen, 2018).

After arriving in Canada, immigrants, refugees, and newcomers are at notable risk of deficiencies related to the SDOH including homelessness and housing insecurity. The reasons for homelessness in foreign-born individuals are similar to those for people who are Canadian born; however, for those who are new to Canada, “additional levels of stress and challenge” (Klodawsky, Aubry, & Nemiroff, 2010, p. 45) are present. Housing status is influenced by multiple factors that disadvantage immigrant groups such as income inequality, increasing housing costs, and geography of settlement locations (Preston et al., 2009; Teixeira, 2009). Affordability is the biggest barrier to housing in the immigrant population in Canada (Chiu, Redelmeier, Tolomiczenko, Kiss & Hwang, 2009; Shier et al., 2016); research shows immigrant

owners and renters typically pay more than 30% of their income for housing, but more frequently pay over 50% of their income for housing (Kissoon, 2015; Preston et al., 2009; Teixeira, 2009). This disproportionate spending on housing leads some to compromise on other important areas of their lives such as health care, transportation needs, and nutritional sustenance (Kissoon, 2015).

Consider that government sponsored refugees are provided with financial support by the federal Immigration Loans Program (Government of Canada, 2018). These loans are intended to assist in securing housing, food, clothing, employment assistance, and per capita transportation costs from the country of origin to Canada (Government of Canada, 2017). After one year in Canada, refugees are expected to be financially viable and to have secured stable housing. In addition to these expectations, they are expected to begin repayment to the loans program (Government of Canada, 2018). For all other people immigrating to Canada, there are limited or no financial or housing support services offered. Refugees in particular tend to experience the most difficulty in finding affordable housing, while also representing a large portion of newcomer lone-parent families (Heibert, 2009); this group is generally not well housed in Canada regardless of country of origin. Research has shown that immigrants are often discriminated against by selective landlords (Preston et al., 2009; Teixeira, 2009). In low-vacancy rate housing markets, finding appropriate housing is more difficult, leading to precarious housing status in some areas with fewer resources as compared to larger centers with more resources (Teixeira, 2009).

‘Hidden homelessness’ often manifests as living in overcrowded housing or being in housing that puts one at risk of homelessness (Kissoon, 2013). Because of the concealed nature of this type of high-risk housing, reliable statistics are generally unavailable and in combination

with the nature of such housing, are difficult to study. However, some research has demonstrated that hidden homelessness among immigrants, refugees, and newcomers contributes to unstable housing conditions (Zerger et al., 2014). Insecure housing in these groups is often related to mobility and overcrowding. People often move several times before finding appropriate housing for themselves and their families (Preston et al., 2009). In one study, it was demonstrated that newcomers represented 25% of crowded housing and that refugees were at particular risk of living in these conditions (Hiebert, 2009), related to the high proportion of rent relative to incomes (Heibert, 2009; Newbold, 2010).

Legal and employment status have direct impacts on housing precarity for these groups. The process of seeking legal citizenship status in Canada via refugee claims or claims based on humanitarian and compassionate applications have been shown to “disadvantage the most vulnerable migrants, including single women with children” (Kissoon, 2010, p. 65), among others. While the process of making legal status claims can lead to accessibility of larger social support systems (for example, entrance and acceptance to social housing), it can also be a stressful experience fraught with difficulty (Kissoon, 2010). Services for immigrants that were historically provided by the Government of Canada to foster integration have decreased significantly in recent years (Shier et al., 2016). As well, employment status directly affects the housing security of immigrants, refugees, and newcomers, they are often overqualified for the positions they hold in the Canadian job market (Preston et al., 2009; Shier et al., 2016) and are frequently working multiple low-paying jobs to meet basic living expenses (Teixeira, 2009). Research has shown that the nature of these types of unstable work conditions contribute to housing insecurity for immigrants by limiting income and thus housing options (Shier et al.,

2016). The influence of these legal and employment considerations has direct consequences on immigrants, refugees, and newcomers when seeking stable housing in Canada.

These unique lived experiences are often not addressed in housing policy, presenting us with an opportunity to interrogate assumptions, and to question the influence of said policies in individual lives. Some municipalities and provinces have initiated leadership in this area committing to strategies intended to more fully address issues of homelessness and housing security in local communities (see, for example: Alberta Secretariat for Action on Homelessness, 2008; Edmonton's Plan to End Homelessness, 2017; Medicine Hat Poverty Reduction Leadership Group, 2017). Though these local commitments are somewhat successful, there has been a lack of national leadership in addressing housing inequities in Canada. National systemic inequities reflect ideologies of societal inclusion and exclusion, and by examining these ideologies and their representation, we can critically reflect on questions of representation in Canadian housing policy. The policy problem under consideration is founded on assumptions about who is homeless in Canada, and how these assumptions impact issues of the representation of immigrants, refugees, and newcomers to Canada in policies.

Intersectionality-Based Critical Policy Analysis

The purpose of this research was to examine how the unique housing needs of immigrants, refugees, and newcomers to Canada were represented in the NHS. Specifically, the primary research question was "How does the Canadian National Housing Strategy (NHS) reflect the unique needs of immigrants, refugees, and newcomers?" A variety of secondary research questions were also examined focusing on representation, discourse, and inclusion / exclusion. To address these questions, I used Intersectionality-Based Critical Policy Analysis

(IBCPA)¹⁰. This is a version of critical policy analysis developed by Hankivsky et al. (2012) using the theoretical tenets of intersectionality in exploring policy related research questions. Intersectionality as a theoretical proposition offers researchers a way to examine complex social problems as the basis for investigation. It allows researchers to identify inequities, attend to questions of power, and attempt to rectify identified problems in policies. IBCPA accomplishes this by using descriptive and transformative lines of inquiry. Specifically, in this research context, IBCPA offered me the opportunity to examine the representation of housing needs among immigrants, refugees, and newcomers using an inclusive and complex perspective. For the purposes of this research, the terms “immigrants, refugees, and newcomers,” refers to broad groups of people, including persons without status, refugee claimants, economic migrants, international students and temporary foreign workers¹¹ in Canada. An early critique of this research revealed the tensions (and potential connotations) of conceptualizing widely heterogeneous populations into one loose category. After critical reflection, I made a methodological decision to group immigrants, refugees, and newcomers in this comprehensive way to ensure that an overly narrow view not compromise the recognition of important nuances during the analytical phase. IBCPA is unique in its theoretical perspective, in that the analysis allowed for questioning these conceptualizations.

This study was divided into two phases and data sets. The results presented in this article are from the first part of the study. The initial phase and data set were conducted by using the

¹⁰ Please see Chapter Two of my dissertation for details of the method and analysis of the methodology.

¹¹ Person without status is a term referring to a person who remains in Canada without official permission from the government; refugee claimants are people who have left their home country and are seeking protection in another; economic migrants are those who leave their countries for a better economic future in another one; international students and temporary foreign workers refers to people who are granted temporary permission to stay in a country for a specific purpose. For further details and definitions, please see the Canadian Council on Refugees: <http://ccrweb.ca/en/glossary>

framework provided by Hankivsky et al., (2012) to critically examine the NHS. Often, SDOH such as housing, are examined individually and unrelated to each other. However, this method offered a comprehensive way to examine them in the first phase. At the beginning of the analysis, I had thought that the individual questions the IBCPA framework suggested could be answered narratively, in turn. However, it soon became apparent that themes were emerging in the narrative responses and were similar in many ways to each other. As a solution to this, I collated this data into one document and analyzed them using the guiding principles offered by the method.

Findings - Representation, Power, and Contextuality

Drawing on current research related to housing and housing security among immigrants, refugees, and newcomers, it is apparent that there is a paucity of research specific to housing policy in Canada. Immigrants, refugees, and newcomers encounter unique challenges not necessarily experienced by other groups, which are not well-addressed in current housing discourse. Despite this, portrayals of inclusion and diversity have helped to frame discourse about the composition of Canada, so critically analyzing how immigrants, refugees, and newcomers and their housing needs are incorporated into policy is necessary.

Intersectionality can be used to demonstrate how policies intentionally or unintentionally marginalize people, identify problematic discourse, and provide constructive critique for future policy planning. The findings of this research focus on three themes: representation, power, and contextuality. Issues of representation are identified throughout the document, both generally and specifically related to immigrants, refugees, and newcomers. The theme of power is also seen throughout the document, but specifically, my analysis focuses on power differentials between governmental bodies and the lived experiences of immigrants, refugees, and newcomers. The last

theme of contextuality explores contextual issues related to the current housing climate and the impact on immigrants, refugees, and newcomers.

Representation

The theme of representation arises in several areas of the NHS. Notably, the NHS does not define the terms homelessness or housing security. The NHS is intended to be a guiding document for specific policy development, and when taking a critical view this omission is problematic. Public policies should be explicit about whom and what is intended to be included in such a document. It seems improbable that a clear NHS could be developed without defining the very problem it is supposed to be solving. Further, definitional coherence is crucial when multiple agencies and departments are tasked with carrying out the aims of the NHS; in other words, agreement on identification of the problem and who the target(s) is, helps to ensure consistency in problem solving. In lieu of an operational definition, the NHS leaves gaps in clarifying the social problem at issue.

In general, representations of homelessness and housing security in the NHS attempt to cast a wide net of inclusivity. Specific target groups in the NHS are ostensibly diverse; those specifically identified in the NHS as populations that face housing barriers include members of “the LGBTQ2 community, homeless women, women and children fleeing family violence, seniors, Indigenous peoples, people with disabilities, those dealing with mental health and addiction issues, veterans and young adults” (CMHC, 2017, p. 18). Among these, Indigeneity and gender are two specific areas to which the NHS draws attention. First Nations people feature highly in the NHS. It reiterates federal government support for housing and infrastructure by proposing the development of a “First Nations National Housing and Infrastructure Strategy to ensure the future of housing and infrastructure reform is envisioned from a First Nations

perspective” (CMHC, 2017, p. 19). Homelessness and housing security among First Nations people is a considerable issue, as this group constitutes approximately 30% of the emergency shelter population in Canada (Gaetz et al., 2016), while accounting for only 4.9% of Canada’s total population (Government of Canada, 2017).

The second area that the NHS focuses on is gender. The NHS allocated a considerable amount of space presenting the concept of Gender-Based Analysis Plus (GBA+)¹², and outlined the process and rationale for doing so. There is a noticeable focus on the relationship between gender and housing, which recognizes that gender and housing influence each other, especially in securing and maintaining appropriate accommodations (Government of Canada, 2017). They state :

across the country, women face unique barriers to housing because they are more likely to have low incomes, engage in part-time and precarious work, take on more caregiving responsibilities, and may be dependent on a partner for income...Intersections of identities...create unique experiences among women including unique experiences of housing instability and homelessness (CMHC, 2017, p. 24).

In this GBA+ chapter, the NHS identifies specific “vulnerable populations” (p. 24) who require additional supports in securing housing including survivors leaving violent family situations, people in remote and Northern Canadian areas, newcomers, aging individuals and people living with disabilities (CMHC, 2017).

¹² The Government of Canada states that “GBA+ is an intersectional analytical process for examining how various intersecting identity factors impact the effectiveness of government initiatives.” (Government of Canada, 2018)

Representation of immigrants, refugees, and newcomers.

The most recent housing statistics related to housing and immigrants are from 2011 and show that almost 500,000 immigrant households are in core housing need (CMHC, 2014), providing support for claims that immigrants, refugees and newcomers experience higher than average incidences of housing need. Refugees in particular are at risk for housing related instability. None of the complexities of the lived experience of immigrants, refugees, or newcomers, nor any of the research reviewed above are addressed in the NHS. What becomes apparent in the analysis is that representations of immigrants, refugees, and newcomers are problematic and stereotypical. Immigrant women are included in a list of specifically “vulnerable populations” (CMHC, 2017, p. 26), and are explicitly noted three times in the document, twice of which when referring to women fleeing family violence or are presented as having no option than to stay in an “abusive or otherwise” (CMHC, 2017, p. 25) situation in order to maintain her immigration status. “Immigrant and refugee women” (p. 26) are cast as being especially vulnerable to “cultural and racial discrimination from landlords” (CMHC, 2017, p. 26). Further, the NHS claims to ameliorate housing needs by employing the Canada Housing Benefit starting in 2020. It is unclear how this benefit will impact immigrants, refugees, or newcomers, as there are few details about its delivery and a person’s eligibility. The other way the NHS claims to assist “immigrant and refugee women” (p. 26) is via the Community-Based Tenant Initiative. This initiative provides \$10 million (CAD) over five years for local organizations whose:

purpose, objectives or related programming must promote access to information and housing related capacity building resources for tenants. Funding can be used to cover costs relating to information and awareness on tenants’ rights, obligations and housing

options. It can also be used to support financial literacy and financial management information and training. (CMHC, 2018)

The NHS assumes this initiative will have the ability to specifically assist immigrant and refugee women in housing need, stating that the initiative “is expected to aid immigrant and refugee women in the search for suitable housing and provide them with more information to negotiate tenancy agreements” (CMHC, 2017, p. 25). It assumes that these women will be able to access and use resources, however a closer examination of recent program explanations reveals that the program does not specify which populations are the target audience (CMHC, 2018).

The refugee population and “racialized women” are specifically identified, stating there are “significant gaps in housing data and research” (CMHC, 2017, p. 27) that the government needs to fill. Regarding access to raw data in general about sub-sets of those who are housing insecure or homeless in Canada are problematic, however, as demonstrated above, there is a large body of literature that outlines the housing needs of immigrants, refugees, and newcomers. The NHS has little specificity about how to clearly address these needs.

Power

Themes of power and power differentials are evident throughout the NHS. The presentation of the human-rights based approach to housing is one example. Specifically, the NHS mentions the International Covenant on Economic, Social and Cultural Rights (CMHC, 2017, p. 8) developed by the UNHCR (1966). There is however, a lack of commitment in the NHS which states in a limited way only that the NHS will “affirm this agreement” (CMHC, 2017, p. 8), as opposed to using stronger language indicating that there are concrete ways to address this. In addition to this hedging language, the NHS is especially notable in the statement it is “the right of every Canadian to access adequate housing” (CMHC, 2017, p. 8). This is

significant because the NHS does not go as far to state unequivocally that housing is a human-right, rather that *Canadians should* be able to access adequate housing. By avoiding specifics, they are not in fact committing to anything tangible, but instead stating that citizens should have access to housing. Another important aspect of this statement is that rather than specify *all people in Canada* should have access to or have the right to adequate housing, they state that *Canadians* should have access to adequate housing. This distinction is key in that it would automatically disqualify some immigrants, refugees, and newcomers the right to housing. This is a clear power differential in that only a certain kind of person is eligible for adequate housing. It is in opposition to the UNHCR Right to Adequate Housing (2009) which outlines that *all people* have the right to adequate housing. The NHS does not commit nor state explicitly that all people in Canada (regardless of their background or country of origin or how they arrived in Canada) have the right to housing (CMHC, 2017). The power of non-inclusive language such as this, neglects to address housing for all people in Canada and reaffirms that there is a certain type of person that should have access to housing.

The power differentials are also on display in that there is little accounting for the lived experiences of immigrants, refugees, and newcomers. Instead, there is an assumption that experiences are similar among people experiencing housing security and homelessness. As has been demonstrated, this is not true nor attended to in the NHS. There is an assumption of the experiences of housing security and homelessness among this group and it is demonstrated in the lack of a nuanced approach to housing among diverse people. Research has demonstrated specific needs of immigrants, refugees, and newcomers, and that often, there is: income inequality, racism in housing markets, housing mobility, overcrowding in housing, lengthy and expensive processes in seeking legal citizenship, and overall poorer employment prospects. The

NHS does not address any of these unique needs in a meaningful way. Rather, it states that there are data gaps and calls for more research about the “needs of...refugees...[and] knowledge gaps relating to discrimination and housing security of racialized women” (CMHC, 2017, p. 27).

There is a body of research that has answered these questions, but it is not recognized in the NHS.

Contextuality

Context is fundamental in analysing policy (Taylor, 1997), so addressing the current milieu around homelessness and housing security issues in Canada developed as a key theme in the results of this research. Overall, housing costs in Canada have been increasing. According to a Royal Bank of Canada report, the average cost of purchasing housing in Canada has increased by 42% since 1985, and in today’s market, the average household cost in Canada to own a home is 51.9% of a household’s total income (Wright & Hogue, 2019). The most unaffordable place in Canada is Vancouver, with an average of 84.7% of household income required to own a home, while the most affordable is Saint John, New Brunswick at 26.5% (Wright & Hogue, 2019). These averages include both condominium and single detached housing purchases. While these are concerning purchase prices, the cost of rent in Canada has also become unaffordable in some markets. For example, in British Columbia and Ontario, 21% of renters pay more than 50% of their income for housing, while in Alberta, 16% of people pay over 50% of their income on rental housing (Canadian Rental Housing Index, 2019). Further, for those in the lowest income bracket in British Columbia, households spend more than 66% of income on rental housing; in Ontario 60% and in Alberta, 55%. These are socially vulnerable people who are surviving on low incomes in high priced housing markets.

There is much dedicated in the NHS concerning home ownership. For example, one chapter is dedicated to “addressing housing needs across the entire housing continuum” (CMHC, 2017, p. 22). One of the highlighted changes identified in the NHS address mortgage-loan insurance, stating that mortgage-loan insurance will still be required for down-payments less than 20% of the housing price and that insurance will not be available for “properties over one million dollars” (CMHC, 2017, p. 22). While at first glance, this may seem a prudent step to take in securing financial stability in the housing market, it neglects to address the increasing expense of housing overall in Canada. In other words, if a person finds themselves in an exorbitant housing market such as Vancouver or Toronto, there are limited options for low-income people to achieve housing ownership and disregards the unaffordability of rental properties for the most vulnerable Canadians.

The NHS clearly states that community housing is a key priority by stating, the “federal government is re-engaging in affordable housing by investing in the growth of liveable communities and the resilience of the community housing sector” (CMHC, 2017, p. 10). However, in order to access this funding support for these initiatives, provinces and territories “will be required to cost-match this funding” (CMHS, 2017, p. 13). In other words, part of the \$40 billion promised by the NHS is contingent on the participation of other actors.

Increasing housing costs, both to purchase and to rent, the geography of settlement, general housing affordability, and lack of appropriate housing all contribute to the context of housing instability and homelessness in Canada. The most current statistics demonstrate that recent immigrants (the only group there is data on) from 2006-2011 are in some of the most urgent housing need, at 37.6% of renters and 16.3% of owners (CMHC, 2014). As it relates to immigrants, refugees, and newcomers, there is research that demonstrates that these issues are

more acute for this population. It is clear however, that the NHS does little to address these concerns. Consider that the NHS specifies that it is the aim of the strategy to have affordable housing for all Canadians, but ostensibly neglects to include all people residing in Canada, regardless of legal status. This is of concern and has implications for the health and well-being of immigrants, refugees, and newcomers.

Discussion

The analysis of the NHS provides a unique opportunity to examine themes using intersectionality. What became evident in the analysis however, is that there are groups of people who are left wanting for representation in the NHS, notably, immigrants, refugees, and newcomers. Intersectionality offers a way to examine the complex and diverse experiences of immigrants, refugees, and newcomers when securing housing, and how they are represented in the NHS. For example, the experiences of an undocumented person in Canada trying to access suitable and affordable housing is likely to be much different than an economic migrant with previously established financial means and a planned relocation to Canada. Another example is the difference between a male and female refugee of colour. In addition to having race as an outwardly defining characteristic, women are faced with patriarchal binds in our contemporary society to which men in a similar position would not be exposed. Women have added complexities that relate to gender. In a traditional sense of intersectionality, this is what Crenshaw (1989, 1991) was referring to: the relationship between gender and race, and how these two parts of identity inherently marginalize women in a society dominated by white patriarchy.

Key issues of representation were identified and overall, stereotypes were present throughout the document. Intersectionality allows us to think beyond this and advocate for

measures that are more critical and inclusive. For example, immigrant women are identified as being at higher risk for housing insecurity, and though there is research to support this, the NHS casts all of these women in this same category. There are no allowances or understanding that it is not only immigrant women who find themselves in precarious housing, but also many immigrants, refugees, and newcomers of diverse genders. Further, the NHS is presented as an inclusive document in which the housing needs of all people in Canada are addressed. However, from an intersectional perspective, if immigrants, refugees, and newcomers were presented meaningfully, the document would reflect that. There is little in the way of critical language and inclusion for diverse groups, which could begin to explain how the federal government perceives immigrants, refugees, and newcomers. The stereotypes perpetuated in the NHS have the potential to do further harm to an already socially vulnerable group. Related, this research reveals hegemonic ideologies that immigrants, refugees, and newcomers are responsible for their own solutions to housing security regardless of the circumstances. The NHS does little to assuage these types of assumptions and in fact propagates notions of who has access to adequate housing in Canada. It is likely that at its root, our systems are based on colonial ideas of what it means to be a newcomer to this country. Particularly, the NHS lacks inclusive language and has little advocacy for immigrants, refugees, or newcomers and housing needs.

Related to conceptual representations are the power differentials in the NHS. The NHS stops short of explicitly stating that housing is a human right, despite the federal government signing on to several UN declarations¹³ that protect a person's right to adequate housing and

¹³ “The right to adequate housing, along with many other economic and social rights, is protected in the International Covenant on Economic, Social and Cultural Rights, specifically [Article 11](#) which details the right to an adequate standard of living and the continuous improvement of living conditions. The same rights are articulated in [Article 25 \(1\)](#) of the non-legally binding Universal Declaration of Human Rights. There are many other examples of the right to adequate housing in other international treaties, such as the Convention on the Rights of the Child ([Article 16 and 27](#)), the Convention on the Rights of Persons with Disabilities ([Article 9 and 28](#)), the Convention on

basic standards of living. Even though Canada has signed these non-legally binding agreements (Canada Without Poverty, n.d.), Canada has yet to declare that housing is a human right. Recently however, the federal government has taken steps to declare housing a human right via Bill C-97 (2019). This is a budget bill in its first reading, but it again stops short of actually declaring housing as a human right. Instead, it specifies that the NHS shall take “into account key principles of a human rights-based approach to housing” (Bill C-97, 2019). Many poverty and housing advocates have taken a cautious approach to the wording, while pressing the government to include specific language stating that housing is a human right. The lack of assertion and commitment on the part of the federal government to explicitly declare housing as a human right, serves to protect the current status quo and does not offer socially vulnerable people evidence of commitments, nor a way to challenge existing policies.

If the NHS were truly inclusive and representative of all people living in Canada there should be a mechanism for people to identify how systems are discriminatory, especially if the country espouses a human rights-based approach to housing. We know that housing can be discriminatory, even for Canadian-born people, but the NHS is lacking in addressing this. We could speculate as to why this is and I suspect that it is because the NHS was not written as a way to impact real change, but instead to satisfy a political agenda. In other words, it is more rhetoric than real impact. It seems that the Canadian government is more concerned with addressing a political issue rather than true lived experiences or the known unique needs of immigrants, refugees, and newcomers.

the Elimination of All Forms of Discrimination against Women (Article 14 and 15), among others.” (Retrieved from: Canada Without Poverty: <http://www.cwp-csp.ca/poverty/a-human-rights-violation/the-right-to-housing/>)

As stated previously, research has shown that people in this group tend to require for example, living spaces to accommodate larger families, community integration, and ready access to services. This analysis aligns with the NHS in that the descriptions of data gaps in understanding where people are settling and which groups are settling where are missing. This becomes important as it relates to policy in that to understand how to better serve immigrant, refugee, and newcomer populations, understanding local housing needs is important, and could better inform policies by providing valuable input when creating future housing policy. However, the NHS does not provide a plan nor seemingly coordinated effort to understand what is missing and what type of information would be the most valuable to collect, methods of collection, or what could be done with the information.

Finally, there is much discussion about “vulnerable populations” throughout the document however, they are conceptualized differently in different sections. The idea of vulnerability seems arbitrary in that all people have the potential to be vulnerable when it comes to housing. That is not to say that some people are not more vulnerable than others are, but if we treated housing as a necessity regardless of background, we could move the housing agenda forward in an inclusive and representational manner. At present, it seems that the NHS is not focussed on everyone, but rather on specific groups. From an intersectional perspective, it seems then that the issue of representation of this underrepresented group has been forgotten or ignored. Is this because the NHS is focused on the experiences of Canadian-born people? It is also notable that the NHS does little to document or reveal the leading causes of housing insecurity and homelessness generally. This is problematic because intersectionality reveals that organized systems are often the causes of oppression and marginalization of socially vulnerable people.

The NHS offers little in the way of considering how the historical implications of race, class and gender have impacted housing security and homelessness.

Limitations

This work is intended to assist future policy makers in understanding the unique housing needs of immigrants, refugees, and newcomers, however there are some limitations to the results. First, because there is a lack of definitional coherence between strategy versus policy, it lends itself to questioning the scope of the work. In other words, if policies are intended to be guided by the NHS, then there is potential for the results of this work to have a direct impact on immigrants, refugees, and newcomers. However, if the NHS is intended to stand in for future policy work, then the results will have little impact. Second, there were inferences that required consideration throughout the analysis as immigrants, refugees, and newcomers were not identified specifically as a priority group. It is possible that there were assumptions inherent in the document that I could not identify.

Conclusion

Local municipalities and provinces have led the way in addressing housing security because concrete manifestations of homelessness are enacted within cities and towns in Canada, making it necessary to examine how federal policies impact local initiatives. Using an IBCPA method allows researchers to address the reciprocal relationship between the larger contextual milieu such as history, economic systems, political influences, social systems, and the SDOH such as housing security and homelessness. The results of this research have demonstrated existing tensions between the NHS, immigration policies, and institutional discourse. Conceptual shifts are necessary to implement in addressing any social policy analysis (Hankivsky et al., 2014). In other words, given the manner in which immigrants, refugees, and

newcomers are represented in the NHS, it will be necessary for future policy makers to address nuances and differences within groups, and to allow for individuality. Ultimately, this multi-level analysis provides a good example of how nuances among individuals could be considered, as opposed to the current ambiguities and contradictions contained in the NHS.

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Chapter Four: Challenges to the Canadian National Housing Strategy: An Intersectionality-Based

Critical Policy Analysis:

Housing Security and Homelessness Among Immigrants, Refugees, And Newcomers

Abstract

Research has demonstrated that immigrants, refugees, and newcomers to Canada can experience problematic housing needs. The aim of this paper is to present research, which examined the representation of these housing needs in Canada's National Housing Strategy. As the second part of a larger research study, the method of intersectionality-based critical policy analysis was used to examine the issue. Intersectionality as a theoretical perspective, was applied to semi-structured interviews conducted with four policy stakeholders from across Canada. Themes that arose from the interviews included identification of the lived experiences of immigrants, refugees, and newcomers had of housing insecurity and homelessness, concepts of how policy impacts people, how systems are not made to account for individuality, and what solutions could be applied to address housing security and homelessness among immigrants, refugees, and newcomers to Canada. The discussion centers on these themes and their relationship to housing security issues for immigrants, refugees, and newcomers. Last, they are discussed in relation to the tenets of intersectionality.

Keywords: intersectionality-based critical policy analysis, intersectionality-based policy analysis, critical policy analysis, intersectionality, housing insecurity, homelessness, National Housing Strategy, immigrants, refugees, newcomers, policy, Canada,

Challenges to the Canadian National Housing Strategy: An Intersectionality-Based Critical
Policy Analysis:

Housing Security and Homelessness Among Immigrants, Refugees, And Newcomers

There's actually not even much interest to figure us out...It's almost like we're an afterthought.

(Participant 1)

Housing security and homelessness among immigrants, refugees, and newcomers to Canada are problematic for many reasons. Housing policy in Canada has been evolving since the 1950s combined with a significant decrease in social spending during the 1990s has led to significant impacts on social spending in Canada. Further, global discussions and changes to policy and views on the migration of people has contributed to the perpetuation of neo-liberal views on both migration and immigration to Canada. Changing social views on 'responsibility' for the housing needs of immigrants, refugees, and newcomers has been contentious. A combination of these views and an interest in exploring how housing policy impacts immigrants, refugees, and newcomers is the subject of this article. This article presents the results of the second phase of a research study using intersectionality-based critical policy analysis (IBCPA). This part of the study consisted of interviews with policy stakeholders in which the results from the initial study phase were presented and discussed in depth. The participant interviews aided in the examination of Canada's National Housing Strategy (NHS), a constructive critique of the document, and identification of ways to improve forthcoming iterations. Themes that arose from the interviews included identification of the lived experiences of immigrants, refugees, and newcomers had of housing insecurity and homelessness, concepts of how policy impacts people, how systems are not made to account for individuality, and what solutions could be applied to

address housing security and homelessness among immigrants, refugees, and newcomers to Canada.

Housing and Homelessness of Immigrants, Refugees, and Newcomers

Housing security and homelessness in Canada is a major social problem, notwithstanding Canada's economic status as high-income nation that is frequently identified as being a place where there is high quality of life. Despite this, it is estimated that in any given year, 235,000 people experience homelessness, and on a daily basis, 35,000 people (Gaetz, Dej, Richter & Redman, 2016). Canada Without Poverty (n.d.) estimates that approximately 3 million people in Canada experience housing insecurity. These rates of housing insecurity and homelessness in Canada are reflective of a diverse group of people, and include immigrants, refugees, and newcomers. Further, recent housing statistics demonstrate that almost 500,000 immigrant households in Canada are in core housing need¹⁴ (CMHC, 2014). These figures are indicative of systemic failures in addressing housing problems in Canada.

Housing needs that are unique to immigrants, refugees, and newcomers have been identified in research (Hiebert, 2009; Kissoon, 2015; Shier, Graham, Fukuda, & Turner, 2016; Walsh, Hanley, Ives, & Hordyk, 2016). Hiebert (2009) for example, outlines potential barriers to housing security for people in this group including: problematic access to affordable rental housing, appropriate size and space of housing, discrimination based on language or cultural background, income sources, religious beliefs, and immigration status. Further, refugees in particular "experience the greatest challenge in the housing market" (Hiebert, 2009, p. 284).

¹⁴ A household is in core housing need if its housing is below one or more of the adequacy, suitability and affordability standards, and it would have to spend 30% or more of its before-tax household income to access local housing that meets all three standards. Adequate housing does not require any major repairs, according to residents. Suitable housing has enough bedrooms for the size and makeup of resident households, according to National Occupancy Standard (NOS) requirements. Affordable housing costs less than 30% of before-tax household income (CMHC, 2108).

Kissoon (2015) specifically identified refugees to Canada as being especially vulnerable to homelessness or hidden homelessness. A study conducted by Preston et al., (2009) found that immigrants living in a suburb of a large Ontario city were more likely than their Canadian-born counterparts to be living in precarious housing because of generally lower incomes. An Alberta-based study found that immigrant housing stability was affected by generally lower incomes, systemic obstacles to obtain foreign credentialing, language barriers, incomplete or no governmental documentation, and discrimination based on race or language (Tanasescu & Smart, 2010). Other research has found that there are several reasons immigrants, refugees, and newcomers may experience housing insecurity or homelessness including factors related to inadequate housing conditions, affordability issues, and conflict or violence in the family partnerships (Paradis, Novac, Sarty, & Hulchanski, 2010). These needs are often not reflected in Canadian public policy and can lead to further marginalization.

Canadian Housing Policy

Related to these problematic rates of housing insecurity and homelessness among immigrant, refugee, and newcomer populations are the effects that national and local housing initiatives have. Neo-liberal economic policy changes starting in the 1980s have had a significant impact on social spending in Canada, with substantial decreases in rates of public spending which supported social policies (Bryant et al., 2011). Included in this were federal government shifts from the building of and provision of financial assistance to support residential construction projects (Shapcott, 2008). By 1996, the federal government had downloaded all financial responsibility and building of government funded housing to provincial jurisdictions (Collins, 2010; Shapcott, 2008). Concurrent to this constriction of funding was a notable increase

in the incidence of emergency shelter use (Gaetz, 2010). These shifts in spending mandates significantly impacted rising rates of housing insecurity and homelessness in Canada.

These issues are frequently brought to the forefront of public debate during election cycles and are often used as campaign fodder to gain political space on the public agenda. As an example, the issue of housing policy and housing mandates in Canada were reignited mid-way through 2015 when political campaigning started for the fall federal election. In response to a critique received from the United Nations about concerns of Canada's lack of any national housing plan (Kothari, M., 2009), the Liberal Party of Canada (2015) made a campaign promise to create Canada's first ever National Housing Strategy (NHS). After their successful federal election run, the federal government sought to fulfill the promise of devising and publishing the strategy. In the fall of 2017, the federal government published Canada's first NHS. The aim of the NHS is to provide a plan and financial commitments to develop, maintain and support housing initiatives in Canada, specifically "to help ensure that Canadians have access to housing that meets their needs and that they can afford" (CMHC, 2017, p. 3).

Intersectionality-Based Critical Policy Analysis

The main subject of concern in this research was how the housing needs of immigrants, refugees, and newcomers to Canada are addressed in the National Housing Strategy. Included in this group for the purposes of this research, are: people without legal citizenship status, refugee claimants, economic migrants, international students and temporary foreign workers¹⁵. My research recognizes that this is a broad way of categorizing people, however, it was done

¹⁵ Person without status is a term referring to a person who remains in Canada without official permission from the government; refugee claimants are people who have left their home country and are seeking protection in another; economic migrants are those who leave their countries for a better economic future in another one; international students and temporary foreign workers refers to people who are granted temporary permission to stay in a country for a specific purpose. For further details and definitions, please see the Canadian Council on Refugees: <http://ccrweb.ca/en/glossary>

intentionally as I had concerns that by *not* doing so, it would limit the analysis. I recognize the potential friction this could cause, however as will be presented, the methodology chosen to examine the issue allows for the exploration of this decision. It is not my intention to perpetuate this way of thinking, but to recognize that by “ignoring difference *within* groups contributes to tension *among* groups” (Crenshaw et al., 1997, p. 178).

As reviewed, there is research examining general housing statuses and exploring the unique housing needs of immigrants, refugees, and newcomers. In this study specifically, the principal research question was “How does the Canadian National Housing Strategy (NHS) reflect the unique needs of immigrants, refugees, and newcomers?” Other areas of inquiry in this study focused on questions of equity, dominant representations in the NHS, portrayals of socially marginalized groups, and overall discourse. To answer these research questions, I used an intersectionality-based critical policy analysis (IBCPA) method developed by Hankivsky et al., (2012)¹⁶. This method of critical policy analysis was developed and refined based on the theoretical principles of intersectionality, which provides a way of examining the complex social locations of people. Collins (2015) defines intersectionality as “the critical insight that race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape complex social inequalities” (Collins, 2015, p. 2). IBCPA incorporates these tenets in two ways. First, there are eight guiding principles directly related to intersectionality that inform researchers when using the method. Second, the method outlines two lines of questioning: descriptive and transformative examinations. The descriptive questions help to ground the analysis by addressing historical responses to the policy issues, and questions about how past policy problems have been

¹⁶ Please see Chapter Two of my dissertation for details of the method and analysis of the methodology.

represented. The transformative line of questions asks researchers to address policy problems by identifying inequities and how these inequities could be addressed.

This method allows researchers to use flexible sources of data, specifically the NHS document and follow-up interviews with policy stakeholders. Additionally, IBCPA offers a way for researchers to move beyond traditional policy analysis in that community engagement is encouraged. The first phase¹⁷ of the analysis focused specifically on the NHS and used both the descriptive and transformative questions to guide the examination (Hankivsky et al., 2012). The second phase of the study, which is the subject of this article, were interviews with policy stakeholders. Four participants from across Canada, were selected using purposive sampling, and consisted of a community housing and policy advocate, a director of a cultural outreach program, a national housing policy expert, and a government official with direct knowledge of the NHS. These participants were selected based on their knowledge of housing policies in Canada, policy advocacy work, and understanding of how institutional policies are created. In these semi-structured interviews, the preliminary results from phase one were presented, and questions focused on the participants' critique of the NHS, the initial results of my analysis, and challenges to my conclusions.

After the interviews were transcribed and cleaned, Mayan's (2009) method of qualitative analysis was used to code and thematically organize the results. Specifically, the interviews were read, and the audio listened to, for content and to familiarize myself with their responses. After reading and listening to each interview several times, I took notes about my initial impressions, words and phrases that participants emphasized, and commonalities among the interviews. Next, a line-by-line reading revealed several codes, which were developed into a coding framework.

¹⁷ Please see Chapter Three of my dissertation for a complete analysis of the first phase of the study.

The coding framework was examined for threads and themes that connected the interviews, resulting in finding four main themes. This study required and received ethics approval from the Research Ethics and Management Office at the University of Alberta (Pro00086639) (See Appendix B for the Information Letter and Consent Form).

Findings

Intersectionality as a theoretical perspective is valuable in examining complex social issues such as these. Research has demonstrated that housing security and homelessness is problematic in some of the immigrant, refugee and newcomer populations in Canada. There however is a disconnect between current policy responses to housing security and homelessness specific to this population. As noted previously, IBCPA was used in the first phase of the study to examine the unique needs of immigrants, refugees, and newcomers¹⁸. The findings from the first phase identified three main themes. Problematic *representations* of housing insecurity and homelessness overall and also specifically for immigrants, refugees, and newcomers. Next, themes of systemic *power* imbalances were notable throughout the NHS, as there was a lack of nuance to describe or to understand the experiences of housing security and homelessness among this population. Last, the theme of *contextuality* in the current Canadian housing market was noticeably absent throughout the NHS. This absence is problematic, as these contextual issues are concerning for many in this group, as housing affordability among immigrants, refugees, and newcomers are often in precarious housing circumstances.

In the second phase of the study, I presented these themes and asked questions directly related to the interviewees' understandings of the NHS and how my results were related or how they could be challenged. Questions were asked that explored participants' understandings of

¹⁸ Please see Chapter Three of this dissertation for further details of the first phase of the analysis.

how policies impact people with lived experience, how they think the NHS will impact people directly, how policies including those written for the NHS can be more effective, and what solutions are appropriate for housing security and homelessness among the immigrant, refugee, and newcomer population. The results of the interviews identified four main themes: what the *lived experiences* of housing insecurity and homelessness means and how it is experienced; the *impact of policies*, associated deficits, and areas for improvement; overarching *systems issues*; and finally, *solutions* to the problem of housing security and homelessness among immigrants, refugees, and newcomers.

Lived Experience of Housing Insecurity and Homelessness

Participants, in multiple ways, consistently identified this theme. All of the participants identified in some way the lived experiences of housing insecurity and homelessness related to immigrants, refugees, and newcomers to Canada. The concept of visibility and invisibility related to housing needs arose in that participants expressed that immigrant, refugee, and newcomer populations to Canada are not often recognized nor considered. As one participant said:

There's actually not even much interest to figure us out and then therefore, it's a population often overlooked, only episodically mentioned, because someone in the department said what about the immigrants or how about the refugees. It's almost like we're an afterthought and then we're added...just to be "inclusive", there's no deep understanding of who we are where we are at in terms of our social integration and inclusion. (P1)

This sentiment was echoed in another interview, who when asked about the process of development of the NHS's inclusion of socially vulnerable people stated that "recent immigrants

are some of those that were not necessarily in the groups” (P2). Other participants also expressed concern about the visibility of this population in that most of these families are well housed in Canada, but there tend to be extremes, with one person stating that most are securely housed, but “that [the] averages, when you try to raise concern about immigrant housing don’t look all that alarming, but a third are in...really difficult situations and it’s like there’s two extremes amongst newcomers, not much of a middle” (P3). The lack of recognition of the varying degrees of income and wealth among immigrants, refugees, and newcomers is problematic in that they are often not recognized as a vulnerable population as it relates to housing issues in Canada.

Related to general (in)visibility, is the lack of understanding about how housing instability and poverty-related issues influence the mental health of immigrants, refugees, and newcomers. One participant described it this way: “we’re noticing the chronicity and the depth of poverty since the boom and bust...you know marital breakdown, mental health issues...it really seems like it’s connected to poverty and the stress of poverty” (P1). Another described housing among refugees as particularly precarious and that “mental health issues around refugee people are at the base of almost all the reasons they end up with housing problems” (P3).

Connected to concerns about overall mental health was the impact of trauma on mental health. In general, references to the ripple effect trauma has on mental health, were poverty and housing security issues. For example, one participant noted, that “the magnitude of refugee trauma is totally ignored by the Canadian government” (P3), and another stated “we can see the [impact] of transgenerational marginalization” (P1) on the community.

Questions of identity were identified among some participants. One participant relayed their experience in working with immigrant, refugee, and newcomer families and described how seeking personal identity in a new environment including housing was challenging: “every child

that enters the first time into a formal environment like daycare or school, they immediately question their identity...[an] identity crisis can lead to intergenerational conflict and then a sense of needing to find identity somewhere” (P1).

Last, participants described other examples of the lived experiences of housing insecurity and homelessness among immigrants, refugees, and newcomers that are not well acknowledged generally in housing policy nor the NHS. For example, some described the disproportionate ratios of income to housing costs, the diverse needs of people, the role that social capital plays in a person’s housing status in Canada, general distrust of larger systemic processes, the lack of lived experience related to poverty or housing insecurity by policy makers, and finally how fostering community among diverse immigrants, refugee, and newcomers living in precarious housing can have a positive long term impact.

Policy Impact

Participants expressed the second theme, policy impact in notable ways. Overall housing policy on immigrants, refugees, and newcomers is impacted by historical precedents such as out of date financial assessment processes, inadequate social supports for low income people, and problematic prior housing policies that have led to further marginalization of socially vulnerable people. For example, a participant noted that current rates of social financial support from the government is similar to what people were receiving in the 1980s, that it is “way out of sync”, and that this “income itself is not enough to align with housing” (P1) needs nor with the current financial strains on low-income people. Neo-liberal economic policies instituted in the 1990s ended federal financial support of social housing, and as a result, homelessness “just got worse in the 90s and has continued to get worse right across the country...and that’s when the housing was downloaded to the provinces” (P4). In relation to policy impact on immigrants, refugees,

and newcomers, one participant noted that problematic Canadian immigration policies contribute to housing insecurity and homelessness, expressing it in the following way:

immigration policy [is] very mechanical, it's about *who* gets to come in, how long settlement will be funded and *when we think people are now citizens*, if they pass [a] citizenship test. There's no deep understanding of the whole process of settlement, adaption, integration to true social inclusion [emphasis added] (P1).

This participant further stated that government sponsored refugees in particular are at risk for housing insecurity and homelessness related to per capita transportation loans of up to \$7000 (CAD) they are responsible to pay; this additional financial stress contributes to “harm and deepen[s] poverty and therefore housing insecurity” (P1).

Expressions of NHS policy impact were particularly critical of the document in its aim, scope, and language. For example, one participant stated: “I’ve been doing this since the 70s...and it’s totally confusing to me. I can’t offer you a quick summary of the five key things that they’re really going to do” and that “it looks more like a public relations document rather than any housing document” (P4). Another stated that the NHS is a “well-crafted piece of political speak...[rather than] a well-developed attempt to say what is actually needed to address housing insecurity in Canada” (P3). In contrast, another stated that “we’re quite happy with the result” (P2). Additionally, there were concerns expressed about the financial commitment of \$40 billion (CAD) allocated to be spent over ten years, as outlined in the NHS; in the words of one participant, the federal government:

has a \$330 billion (CAD) budget, so they’re spending very little of it on housing...so we have homelessness, we have people getting evicted, people paying outrageous rent...in

the backdrop is growing inequality and loss of the middle-income group...it doesn't add up to anything. (P4)

Diverging from this, one participant stated that they were “very happy; \$40 billion (CAD) over ten years” (P2). Other critiques of the NHS centered around concerns that the NHS was more of a rhetorical document rather than a specific strategy to alleviate housing insecurity, especially among immigrants, refugees, and newcomers.

In contrast to the negative critique of the NHS, there were some encouraging critiques of the NHS. One participant noted that they thought the release of the NHS had reintroduced “a chance to really get this issue talked about again. For a few weeks it did seem to, you know, there was more news coverage about housing things” (P3). When asked what kind of impact the NHS will have on the everyday lives of people, one participant stated, “some people will be better off, but not too many, frankly” (P4).

One aspect of the NHS all participants agreed upon was the lack of definitional coherence about housing security and homelessness, though the perspectives were different. When one participant was asked about the absence of a definition of housing insecurity and homelessness, they indicated that not having a definition for housing insecurity was problematic, but that the NHS was written specifically not to have a definition for homelessness because “the scope of the strategy was really [about] flexibility and [was] community based, we didn't want to impose or limit people to anything as we think they know best how to address homelessness in their communities” (P2). Other participants agreed in a differing way about definitional issues in the NHS with one participant stating, “there's no clear definition, therefore there's no shared language to even engage us as members of the community in a real dialogue” (P1). In other

words, there was concern that without a common language, it would be difficult to collaborate in problem solving initiatives.

Finally, all participants noted data deficits both in current available data and in the NHS, though again in differing ways. There was general agreement that there were knowledge gaps related to accurate data on housing needs and homelessness rates for specific populations. As one participant stated, “we have no known number” (P1) when asked about how many immigrants, refugees, or newcomers who may be experiencing housing insecurity or homeless. This was echoed by another participant who said that this issue had “never been looked at especially” (P3). Another interesting point that was made was that it seems there is a lack of information sharing and foundational dialogue between community service providers and government institutions in the creation of national housing policies. Consider that one participant said, “that’s the big problem with government, is [that] we only learn about the impact...in the following mandate” (P2). Another participant echoed this in expressing concern about how policy decisions were made with limited access to data and stating that, “when the money comes, it’s put toward what’s not going to make change significantly” (P1). As previously identified, other data deficits related to the need for common language in policies related to housing, recognition and incorporation of the lived experiences of immigrants, refugees, and newcomers, and the need for foundational dialogue between community service providers and institutions.

Systemic Implications

All participants reflected on systemic issues related to a variety of processes. Many of the current systemic implications were identified as being contingent on the political climate. For example, one participant noted that the federal government committed to several initiatives in the

most recent election campaign cycle, but that the NHS is lacking the action piece on housing issues:

My conclusion is that they're not serious, because we judge people by what they do, not by what they say, or not by what they write, and I judge them as not being serious...they are throwing up lots of smoke and mirrors to make it seem like they're doing something, but they're just not willing to get back in the business of the, frankly, minor expense of building social housing. (P4)

Another participant stated that “even when policy priorities are aligned, then all of a sudden its election [time] again, everything stops and it's a new government” (P1). This was expressed in a different way by one participant in that previous federal governments had “been moving out of the field the previous 10 years” and that there is now “relationship building that we need to renew” (P2) with people and organizations. Other political implications involved the collaboration between provinces or territories, and the federal government, which by all participants was seen as being problematic. Two participants were skeptical of the likelihood of this collaboration from all provinces and territories, stating “if you don't really want to do it you say...the provinces have to put up their half...lots of luck, right” (P4), and that “as soon as you try to get federal-provincial agreements, especially that involve money, your chance of things working goes down again” (P3). Finally, some participants also articulated concerns that the NHS was in response to federal election promises, as opposed to a guiding document to address housing issues. For example, one person described it as a “leftover promise...one of the things to tick off the list” (P3) and another reflected on the last federal campaign, saying “they [the Federal Liberal Party] promised all kinds of stuff on housing...they're carefully worded, so

there's not a lot [about] specifics... a lot was promised including this National Housing Strategy, so then they had to do it" (P4).

A significant systemic implication related to the NHS, and its influence on housing for immigrants, refugees, and newcomers was perceptions that systems were not created for people, but for institutions and the systems themselves. As one participant described it:

one of the biggest risk factors actually come from systems and when almost all systems are like this, we see how powerfully negative it is on the lives of families...we could literally do an analysis of systems ways of deciding, ways of behaving, its own culture...across all of these central systems, it really magnify[ies] the inherent harm of systems supposedly taking care of people. (P1)

In addition to the identification of the potential systems have to harm individuals, was a notable connection between the inherent racism in Canadian institutions and systems, and the impact on immigrants, refugees, and newcomer housing stability. Most participants identified racism as a fraught subject to broach, with one person stating, "we immediately shift away from talking about racism" (P3) and identified that systemic issues related to racism are more covert than overt. For example, one person said, "in our polite society, most of the racism is disguised...an unconscious racism, it's internal...racism is so diluted that you'd have hard time pointing it out as racism" (P3). Despite systemic attempts to shift away from having critical discussion of the impact of racism and discrimination, it emerged that indeed systems disadvantage immigrants, refugees, and newcomers with significant consequences. As one participant described when the subject of changing racial demographics came up:

They change and racism and discrimination are real, and there's housing discrimination. There is employment discrimination, education discrimination. They all meet each other,

so some people are being systemically left behind...there's nothing really in the National Housing Strategy, like that doesn't exist. It's not just a federal responsibility of course, it's all level[s] of government, but they don't even talk about it. (P4)

This reveals some tensions and absence of constructive discussion about the housing policy implications for immigrants, refugees, and newcomers. Finally, when participants identified various types of discrimination, they noted that it was not addressed in critically in the NHS.

Last, effective and ineffective systemic processes related to collaboration and communication between government agencies and community organizations were identified, again in differing ways. One participant felt that relying on government interventions to address the housing needs for immigrants, refugees, and newcomers was inadequate in that these systems “move so slow” (P1) whereas relying on community-based solutions would better address unique housing needs. This was echoed by another participant who stated, “there would be all kinds of organizations and groups that would have ideas for housing what would prove itself to be successful for newcomers and refugees if there was just money to do it” (P3). More than one participant suggested that there should be better collaboration between community agencies related to mandates and program aims, to better serve socially vulnerable communities.

Solutions

In addition to critiques offered by participants were suggestions for solutions to housing instability and homelessness among immigrants, refugees, and newcomers. Participants were in agreement and recommended the provision of support services that would be extremely valuable for immigrants, refugees, and newcomers. For example, one participant noted that “the coupling of support services with housing” (P3) is necessary, as is fostering a sense of community among people is necessary for housing stability. Another participant put it this way: “homelessness is

not just housing, but it's always housing, but it is more than housing" (P4). Specifically, supportive housing that intersects with the "health care system and mental health...and income support" (P4) arose. Related to supportive services, was the idea that community mobilization was necessary to both support communities and to move the housing agenda forward with governments. As one participant stated, "we need some mobilizing of the right groups in the community...[we need to] pull up the collective energy" (P1).

Practical issues of the types of housing available for immigrants, refugees, and newcomers was evident. Participants expressed the need for larger physical spaces specifically for refugees, stating that there is a need for "much larger...housing units for families" (P3), and that housing requires "redesign" (P1), allowing space for several family members to be housed together. Other applied suggestions included repairing and maintaining the current affordable housing stock (P3; P4).

The overwhelming solution agreed upon by all participants was the need make affordable housing more accessible to *all* people in Canada. This was identified as commitments to build more long-term affordable and suitable housing in Canada, or to provide rent supplements. Rental supplements were identified as being important in both social and market housing. In referring to the current commitment of 35,000 units across Canada to be built over the next four years, one participant said, "that's going to help right now...but the worst-case parts of the social housing waiting list right across the country" (P4) is immediate.

Discussion

The findings presented here reflect the expert participant's perspectives on the complex experiences of immigrants, refugees, and newcomers to Canada in relation to housing status. This research indicates that policy makers are required to recognize that housing insecurity and

homelessness among immigrants, refugees, and newcomers are generally problematic and that attention to this is required in policy initiatives. There is little in the NHS that addresses the intersections between migration, settlement, housing and poverty in Canada. Intersectionality allows a way to examine nuanced experiences in a way that is comprehensive and addresses these complexities. As Rogers and Kelly (2011) state, “avoid[ing] comparative science based on homogeneous groupings... can help to clarify the complex processes that occur at the intersections of race, class, ethnicity and health” (p. 402).

The cumulative social impact of this lack of recognition in policies has negative implications for immigrants, refugees, and newcomers. Intersectionality provides a way to examine this exclusion in a way that identifies dominant ideologies within social policies. In this case, the exclusion of the unique housing needs of immigrants, refugees, and newcomers, related to housing stability and homelessness, reflects the lack of understanding from a systemic perspective of these lived experiences. As previous research reflects, for some in these groups, there are complex lived experiences and barriers to securing adequate and affordable housing in Canada such as legal citizenship status, discrimination and poverty. As the results show, there is an income differential in this group that is not generally well recognized. This diversity among immigrants, refugees, and newcomers is reflective of intersectionality as a basis for understanding the individual lived experiences. Using intersectionality assists researchers to “analyse all aspects of subjectivity because the combination generates experiences that exceed the sum of several aspects or characteristics of an individual” (Choby & Clark, 2013, p. 97). In other words, this theoretical perspective can help to elucidate these individual experiences and provide a way forward for policy makers to take into consideration these diverse lived experiences.

Notably, there were differing perspectives about how the NHS addressed financial commitments to socially vulnerable groups; in other words, some perceived that the financial commitments were indeed sufficient, whereas others expressed opposition to this notion. From an intersectional perspective, it could be said that depending on your position of power and influence, the NHS did not meet or exceeded expectations. For example, some participants expressed satisfaction with the financial commitment the NHS agreed to, but others indicated that it fell short of what was required to impact the lives of people. The results indicate that those individuals who were closest to the development of the NHS suggested that there would be a significant impact on people's lives due to financial commitment. On the other hand, those most distal to the development of the NHS disagreed with the concept that the financial investment would make an insignificant impact. Intersectionality allows us to consider the power differentials that are on display in this result. By that, I mean that people who are most removed from the direct lived experiences of immigrants, refugees, and newcomers had the most influence on how the NHS was structured, and the housing policies that follow. Oppositely, those who held the least amount of power to influence policy, indicated that the promises in the NHS were inadequate. Further, those who were again involved in the development of policies related to the NHS thought it was an inclusive document, while those most removed from the development were critical of the impact it would have on the lived experiences of immigrants, refugees, and newcomers. Again, this reflects power differentials among policy stakeholders and reflects that intersectionality can be used to identify these imbalances.

Intersectionality can also be used to frame the financial commitments in the NHS as deficient. Again, depending on the positions of power, meaning that those in power felt the financial commitments were adequate and those more removed from such power indicated that

these commitments were inadequate, indicates the disconnect between various levels of power. In addition, the results indicated that the NHS was more of a rhetorical document in that it favored certain conceptions of housing insecurity and homelessness. Immigrants, refugees, and newcomers were not represented in nuanced ways in the NHS, and that became problematic in that they were represented in one-dimensional ways. Specific to refugees, there was ample evidence to support (both in prior research and in this research), that financial hardship among refugees was problematic. Prior research has supported this and has borne this out, however, there is a notable lack of addressing this in the NHS. Intersectionality could tell us that this relates to who holds power in contemporary society and who does not.

As some participants noted, there is a lack of attention to the mental health status of refugees, which has a direct impact on their housing security and homelessness. In the current iteration of the NHS, there is a shortage of fully understanding the relationship between the need for mental health services and the refugee population. From an intersectional perspective, it would make sense to address the historical implications of a person's history in their housing status. The NHS is inadequate in assisting with the confluence of mental health related to housing security in general. In addition, there was little in the NHS to address setting refugees up for housing success in Canada, despite their identified vulnerabilities. Further, the results support that this group requires more attention to poverty and housing issues in general.

Suggestions from participants included involving immigrants, refugees, and newcomers in decision-making and in the development of policy. In this case, it was expressed that members of this community are not involved in any substantial decision-making and that they are included when politically relevant to do so. One of the tenets of intersectionality is to assist in dismantling these pillars of power as a way to include traditionally marginalized people in decision-making.

From a systemic perspective, this research indicates when election promises translate into policy responses, it tends to favour the perspectives of those in power. The result is that those in power have amplified voices and agency. For example, some participants in this research indicated that before the NHS was released, they were asked to provide feedback. Their criticisms were not addressed in subsequent NHS iterations. From an intersectional perspective, one could draw the conclusion that they were not the ones in power, and therefore their contributions were minimized.

Last, intersectionality also suggests that we identify colonial structures that marginalize people. In this case, marginalization is evident in that the NHS espouses home ownership as the benchmark of successful housing in Canada. In fact, the CMHC was created to provide loans at low interest rates for people who otherwise could not afford to purchase a home. This rhetoric related to housing is continued in the NHS, despite growing income and housing inequality in Canada. These neo-liberal conceptions of housing contribute to the further marginalization of immigrants, refugees, and newcomers to Canada. Depending on documents, credit history, and income, many in this group would be precluded from qualifying or even applying for a mortgage in Canada. Intersectionality suggests that this type of marginalization and exclusion are embedded not only in the NHS, but also in systemic social structures. Without a critical discussion nor critical view of how these structures impact immigrants, refugees, and newcomers, there is likely to be continued marginalization of socially vulnerable groups. The convergence of these systems is likely to maintain exclusion of immigrants, refugees, and newcomers in housing policy if not adequately and critically analysed. This research has also offered the opportunity to consider how neo-colonialism and racism are embedded in institutional and governmental systems. In not recognizing needs of diverse populations, this

contributes to further marginalization and also further embeds this marginalization of concepts into public policy. The research also demonstrates however, that by including and creating environments that are more inclusive of diverse populations are key to developing inclusive housing policies for all, including immigrants, refugees, and newcomers. Though there was a general agreement among participants that immigrants, refugees, and newcomers have unique housing needs, the NHS offered little in the way of solutions, and the ones that were offered were particularly one-dimensional. Recognizing that individuals require individual solutions to housing insecurity and homelessness in Canada can help to provide policies and frameworks that incorporate this diversity.

Limitations

There are some limitations to this research. Primarily, there was a small research sample size. The results presented here are the second part of a larger doctoral research project. In the interest of time and scope of the research, I made a methodological decision to limit the interviews to four participants. Though there were common themes among the participants, there were divergent ways of thinking about housing security and homelessness among immigrants, refugees, and newcomers. Another limitation to this research could be related to local understandings and manifestations of housing insecurity and homelessness among immigrants, refugees, and newcomers. Though the participants were located in different cities in Canada, housing advocates from all of the large newcomer receiving cities in Canada may have different perspectives. As such, for a future program of research it would be beneficial and within the auspices of intersectionality theory to include those with lived experiences throughout the research process. In retrospect, it will be valuable to continue to work with immigrants, refugees, and newcomers in the community to better understand these issues.

Conclusion

The confluence of systems that continue to isolate immigrants, refugees, and newcomers require critical analysis and continual evaluation. This research supports that wherever there are stereotypes of people, there should be questions and analyses about representation. These analyses should lead to questions about who is in power and how hegemonic discourses are used to influence the creation and enactment of public policy. This is cyclical and responses to these inquiries will inform the other, as they are self-perpetuating and self-fulfilling representations of policy. The general conclusion of this research is that if we want to address housing insecurity and homelessness among immigrants, refugees, and newcomers, a reconsideration of how people are portrayed in policies will be necessary. Further, a critical analysis of hegemonic ideologies must be reconceptualized in our institutions and governmental policies. Last, we require the political will and financial commitment to offer integrative and concrete solutions to housing insecurity and homelessness in Canada.

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Chapter Five: The Implications of Intersectionality for Nursing Practice and Health Research

Abstract

There have been numerous calls for nursing to be more involved in policy development and advocacy for the social determinants of health (SDOH). This article provides a brief overview of intersectionality and describes the value of this theoretical perspective to nursing. In addition to a summary of health care and nursing research using intersectionality, this article provides an exemplar of research conducted in the discipline of nursing addressing both the SDOH and intersectionality. Specifically, I offer the example of using intersectionality-based critical policy analysis as a method to examine inequities related to housing security as one determinant of health and its relationship to immigrants, refugees, and newcomers to Canada. The aim of this article is to assist nurses in developing critical research related to policy development from an intersectional perspective, and to demonstrate how the discipline can be more involved in the policy process. In addition, using my research as an illustration, this article provides a discussion and examples for nurses to translate the results of our research knowledge into policies and translate the work into communities.

Keywords: nursing research, intersectionality, intersectionality-based critical policy analysis, knowledge translation, social determinants of health, housing insecurity, homelessness

The Implications of Intersectionality for Nursing Practice and Health Research

Incorporating an intersectionality paradigm would be a progressive step forward to help nurses better attend and respond to issues of oppression and privilege and continue to our social justice ideals.

(Van Herk, Smith & Andrew, 2011, p. 30)

Historically, nurses have been directly involved in addressing a variety of social determinants of health and in directing public policy (Lathrop, 2013). In recent years, there have been further calls for nursing to be more involved in policy development, advocacy, and leadership in responding to the complexities of the social determinants of health (SDOH) (Lathrop, 2013). This is echoed by the Canadian Nurses Association in their explicit position statement on the SDOH, arguing that it is directly under the auspices of the discipline to address them in our “assessments and interventions with individuals, families and communities” and that inequities related to the SDOH cannot be just addressed in “the narrow domain of the health-care sector and policies” (CNA, 2018, p.1). Thinking about the SDOH as encompassing all aspects of a person’s life compels policy makers to think about the implications of such policy outside of traditional conceptualizations of health. In addition, assertions from nursing leaders have concluded that knowledge development must take into account lived experiences of people and challenge current thinking by offering constructive criticisms (Spenceley, 2004).

Intersectionality offers a way for researchers and nurses to examine the SDOH in complex ways (Hankivsky & Christofferson, 2008; Lathrop, 2013; McGibbon & McPherson, 2011). It aims to examine and challenge power differentials in systems and provides language and action to address the marginalization of socially vulnerable people. In relation to nursing, intersectionality has the potential to benefit all areas of practice in significant ways by

recognizing that health is not solely based in the current biomedical model, but that poor health outcomes are often the result of multiple intersections of the SDOH. The aim of this article is to review intersectionality as a theoretical perspective, discuss current health care research examples that have used intersectionality to examine complex social issues, and provide my own research as an exemplar of incorporating intersectionality into policy related research. Further, I aim to explore the implications of using intersectionality in nursing, and how this perspective can be incorporated into knowledge translation.

Theoretical Overview and SDOH

Theoretically, intersectionality has its roots firmly placed in critical race theory, Black feminist theory, and social activism (Collins, 2015; Hancock, 2016). In the United States, Black feminism theorists were exploring ideas and setting the stage for intersectionality in the 1960s and 1970s (Collins, 2015). Further:

African American women were part of broader social movements of which Chicanas and other Latinas, indigenous women, and Asian American women (who subsequently became redefined as women of color) were at the forefront, raising claims about the interconnectedness of race, class, gender, and sexuality in their everyday lived experience (Collins, 2015, p. 7).

This is to say that the development of intersectionality is often credited to Crenshaw's (1989, 1991) conceptualizations, however there were multiple actors working to advance understanding both in academia and in society previous to this. This is not to diminish Crenshaw's significant contributions, as her fundamental writing provided well-reasoned arguments and excellent specific examples of how intersectionality impacted Black women in the legal system in the United States. Instead, I highlight this to reinforce the nature of the evolution of intersectionality

as a theoretical position, and that its historical precursors provide a well nuanced way of examining social and policy issues.

Many definitions of intersectionality abound, and for my purposes here, I will rely on the definition provided by Collins (2015), that it “references the critical insight that race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape complex social inequalities” (Collins, 2015, p. 2). In addition, in my research, I rely on Raphael’s (2016) conceptualizations of the SDOH, as the “economic and social conditions that shape the health of individuals, communities and jurisdictions as a whole” (p. 3). He specifies that the SDOH include the following: Aboriginal status, disability, early life, education, employment and working conditions, food insecurity, gender, geography, health care services, housing, immigrant status, income and income distribution, race, social exclusion, social safety net, and unemployment and job security (Raphael, 2016). Intersectionality is useful in examining the SDOH and related health care issues, because it addresses the multiplicity of social locations and social constructions of identity that are so closely tied to these determinants.

Intersectionality helps to identify hegemonic ideologies in health policy and seeks to challenge traditionally held assumptions about people and their health. The critique and identification of these ideologies represent challenges to inequities in health care related policies, and aid in dismantling how social structures influence the SDOH (Ion, DeSouza, & Kerin, 2018). The aggregate impact of these social locations is often represented in health policy related to the SDOH. Last, intersectionality assists us in identifying how the roles of these social constructions directly impact a person’s “internal sense of self, one’s external material resources, and participation in and regard for one’s health” (Rogers & Kelly, 2011, p. 399).

Current Intersectional Research

Intersectionality has been used in a multitude of health care practices and in the discipline of nursing to conduct research that challenges current practice and explores new ideas for health care-related policy. It has been used in a variety of interesting ways and showcases the variability and flexibility the theory has to offer.

A scoping review by Koehn, Neysmith, Kobayashi and Khamisa (2013) demonstrated that intersectionality can be used to uncover unintended assumptions about heterogeneous groups. Specifically, they sought to review literature on how ethnocultural minorities' health and access to health care were presented in the literature and found that "categories, although useful and necessary for organising complex phenomena, hide important differences even as they highlight others" (Koehn et al., 2013, 455). Further, this review used intersectionality to identify problematic homogenized representations of a diverse group and helped to reveal the complexities of health care experiences by socially vulnerable people (Koehn et al., 2013)

Specific to nursing, Kellett and Fitton (2011) have advocated for the use and increase uptake of incorporating intersectionality into nursing curriculum related to transgendered peoples, stating that:

as nurses working within larger biomedical and bureaucratic health systems, we must ask ourselves whether our own practices are pathologizing those who identify outside the gender binary, and whether we are willing to disrupt systemic practices that position trans-persons as an abnormal "other" within a fixed binary conceptualization of gender (p. 3).

Their work outlines how the absence of intersectionality related to gender in nursing education and practice can lead to further marginalization and call on educators to utilize more

comprehensive materials in an effort to be inclusive of diverse genders (Kellett & Fitton, 2016). In other words, by using intersectionality, nursing education inequities and ultimately health care for transgendered peoples could be improved using this perspective. Research by Chulach and Gagnon (2013) examines how using intersectionality at micro-, meso-, and macro-levels provides insight to pregnancy care to refugee women who are HIV positive. They state that intersectionality is:

important to nursing practice because it shifts the focus away from a biomedical approach onto the needs of refugee women who face significant challenges in navigating complex socioeconomic, cultural, political, and institutional structures and whose pregnancy is simultaneously constructed as natural and disease-like through interactions with health care providers. (Chulach & Gagnon, 2013, p. 241).

This is to say that the discipline of nursing can effectively use intersectionality to understand not only how individuals are impacted by the health care system, but also that nursing care must be provided that is reflective the individual woman's perspective on health care (Chulach & Gagnon, 2013). Further, they concluded that using intersectionality in nursing practice proposes a way of considering the larger contextual and social locations women experience that directly impact their health. Though this research was specific to refugee women who are HIV positive, this type of thinking could be used in myriad ways for nurses to identify inequities throughout the health care system.

Other research incorporating nurses as co-researchers uses intersectionality to explore how traditional health care settings can further marginalize end-of-life care for people who are homeless (Giesbrecht et al., 2018). The purpose of this research was to consider how palliative health care experiences among homeless people were impacted by their individual lived

experiences (Giesbrecht et al., 2018). The results of this study demonstrated the tacit and explicit power health care systems have in reproducing health inequities among people who are homeless (Giesbrecht et al., 2018). This research using intersectionality as a theoretical perspective is valuable for several reasons including the identification of health inequities and to provide suggestions about how to counteract these imbalances.

Nursing researchers Choby and Clark (2013) provide a strong argument as to why using feminist intersectionality is valuable in intervention research. They suggest that many health care interventions aim to change the behaviors of individuals but neglect to address overarching systemic configurations that contribute to the health of a person (Choby & Clark, 2013). By using intersectionality to target social determinants and larger systemic oppressions, nursing and health care interventions may be more successful than the majority of those that espouse an individualistic background.

As a researcher who is a registered nurse and still clinically practicing, it was important to purposively incorporate intersectionality into my research work. I tacitly (and eventually overtly) understood that intersectionality was a way to examine the links between the SDOH. My current research¹⁹ uses intersectionality-based critical policy analysis (IBCPA) to address the interconnectedness of housing security and homelessness among immigrants, refugees, and newcomers to Canada in the National Housing Strategy (NHS). The study was divided into two phases and included a critical analysis of the NHS document and interviews with policy stakeholders. I examined how the unique needs of immigrants, refugees, and newcomers were addressed in the NHS. Based on a research method proposed by Hankivsky et al. (2012), the theoretical proposition of intersectionality helped to reveal a multitude of inequities among these

¹⁹ Please see Chapters Two, Three, and Four in my dissertation for further details. If published or submitted for publication, I will include this citation here.

social determinants. The results of the study supported the tenets of intersectionality. For example, the first phase of the study results demonstrated that power differentials were exercised in the NHS in ways that favour some groups over others related to specialized housing needs. Also, this theoretical lens reinforced the need for attention to contextuality. The NHS lacked significant attention to current housing market issues in Canada, these market impacts on people who rent housing, and the significant increases in housing costs in Canada. Specifically, this acontextual presentation of housing security and homelessness in Canada failed to address housing needs for immigrants, refugees, and newcomers. Finally, intersectionality assisted in identifying problematic representations of immigrants, refugees, and newcomers, specifically women. The second phase of the study used intersectionality to understand how the lived experiences of immigrants, refugees, and newcomers were not well represented in either the NHS or generally in institutional documents. Problematic representations in policy were recognized a source of remarginalization of socially vulnerable people in housing policy. Further, intersectionality assisted in identifying how neo-colonial structures of systems were organized in a way that did not accurately represent or adequately the unique housing needs of some immigrants, refugees, and newcomers.

Implications of Intersectionality for Nursing

The discipline of nursing has been plagued with the issue of policy involvement and development for years. As reviewed, there have been multiple calls and suggestions that the discipline of nursing has had limited involvement in housing policy development and critique. In fact, the question that remains is why are nurses still the silent majority in policy development? This is problematic, however, I argue that intersectionality as a theoretical perspective offers nursing a way forward. As Van Herk et al. (2011) stated:

nursing needs a theoretical perspective that accounts for the multiple social locations of individuals and the social, historical, political, and economical contexts of health and illness, while being attuned to how power, particularly oppression, can cause marginalized populations to have inequitable access and care outcomes (p. 32).

The structure of the Canadian health care system allows nurses to spend considerably more time with patients, and their families than any other health care provider. This intimate access to patients' lives, experiences of health and illness, life and family experiences, and time provides us with a deep understanding of how policy impacts patients in their everyday lives. Using intersectionality in all aspects of nursing care, and its administration can lead to more nuanced delivery of care and provide the kind of road map to assist the discipline in exercising the collective voice to impact policy development, its implementation, appropriate use, and administration in the lives of people.

The tenets of intersectionality are seen in all aspects of nursing practice, from perceptions of what constitutes basic patient care to those that are seen as the most complex. Reconceptualizing how we participate in health care can more accurately address complexities of the lived experiences of our patients. Health care professionals possess knowledge that inherently create power differentials between themselves and patients (Van Herk et al., 2011). This form of knowledge as power is addressed by intersectionality in that it requires “nurses to enact the principle of social justice, ... to actively examine marginalization at the micro and macro levels and to determine how to effectively disrupt it” (Wesp et al., 2018, p. 319). These challenges to power are essential to disrupt not only conventional health care delivery, but also to critique policies that may be marginalizing or retrenching of harmful discourse. It allows us to

challenge institutional constraints in which most of us practice and to advocate for complex solutions to complex problems.

Further, the Canadian Nurses Association (2018) identifies that responding to the SDOH in practice are professional and ethical responsibilities of nursing. Other researchers (Lathrop, 2013; Reutter & Kushner, 2010) have echoed this position. It seems reasonable to accept the claim that nursing has a professional (and perhaps moral) obligation to attend to these issues. Intersectionality frames the concept of “otherness” as one that requires closer examination of our personal privileges and offers the opportunity to bridge the chasm as opposed to widening the divide between “us” and “them” (Fawcett & Hearn, 2004). By applying a critical lens our work, there is fulfillment of a mandate of nursing to advocate for our patients and to reflect on how our personal experiences influence patient care.

Using intersectionality in nursing research has the potential to provide rich data, intricate analysis, and solutions to complex social issues. In other words, if we view nursing research from an intersectional lens, it provides a way to consider the interconnectedness of health determinants from a systemic perspective (Rogers & Kelly, 2011). In referring back to the example of my research about the NHS, housing security, and immigrants, refugees, and newcomers, highlights the importance of these junctions and begins to form a critical response to policy inequities. For example, there is significant empirical evidence that demonstrates the causality of homelessness and housing security to that of health status (Mikkonen & Raphael, 2010; Reutter & Kushner, 2010) but less focus on the critical examination of the intersections of housing status and immigration status. Nursing practice is rife with anecdotal experiences of patients who have experienced complicated and adverse conditions, but less so with those stories where migration and insecure housing meet. Because housing and migration status have a direct

impact on the health of people, then it should be under the auspices of the discipline of nursing to direct attention to them in meaningful ways. As such, nurses can conduct or participate in research that addresses gaps in public policy by challenging housing policy and its development by “accepting that social policies are not pre-existing givens, reflecting an underlying reality, means that what constitutes a policy problem is historically, socially and culturally significant” (Marston, 2000, p. 350).

Intersectional Knowledge Translation

In another quest to convey the importance of intersectionality to the discipline of nursing, I will briefly review how I used it to frame the knowledge translation (KT) practices for this particular research. I have participated in traditional methods of knowledge translation such as presenting my research results at academic research conferences²⁰. A concern associated with this traditional type of KT practice is that the majority of audience members are professional colleagues. Further, many of these members who would attend a talk or read a paper of mine are likely to have similar views or understanding of housing security and homelessness issues. Another traditional way of KT is to publish research results in various academic peer-reviewed journals²¹. Unless journals are open-access (meaning that anyone can access the articles), they are often only available to academic or government institutions. Academic journals that use a publication fee system are often not financially feasible nor accessible unless you have institutional affiliations. Conversely, open-access journals provide a way for community members to access research, they are often prohibitively expensive for many social science

²⁰ I have presented various parts of this research at the Qualitative Health Research Conferences hosted by the International Institute for Qualitative Methodology October 2017 in Quebec City, Canada, and October 2018 in Halifax, Canada.

²¹ If published or submitted for publication in a peer-reviewed journal, I will include the citation here.

researchers, community-based researchers, and doctoral students. Though both conference and industry publications are excellent opportunities to network and connect with various policy actors and other researchers, it often leaves out research participants or community members who may benefit from such research. The reasons for this exclusion include: prohibitive costs of conferences or publications, a general lack of engagement into the community, the absence of inclusion from the outset of a research project, and deficiencies related to opportunities to participate in research. From an intersectional perspective, this lack of inclusion of those with lived experiences is problematic and this is far from a demonstration of commitment to intersectionality.

Alternatively, there are unique and unconventional ways to present research results that is not in line with traditional KT methods. The challenge for researchers who espouse an intersectional perspective is to be inclusionary and not to further marginalize community members in this process. A method of engaging with community members was to offer the interview participants a final research report. This report includes a summary of the reason for the research, the aims, how I answered the questions, and the results of the research. Though a research report may not seem ground-breaking, it is something that is seldom done at the end of a research project. Additionally, when I was conducting my research, I connected with not-for-profit organizations that serve immigrants, refugees, and newcomers, and others who are directly involved in grassroots housing advocacy, and policy development actors. In some cases, community members of these organizations were interested in my research and I have been invited to speak to them about my results. I have actively participated in these invitations, specifically because it is an opportunity to reach community members who could accurately critique the research and contribute to meaningful discussions around the topic. Though these

examples may seem like basic KT exercises, I would argue that it goes beyond the traditional scope of KT. Some research projects have minimal interactions with community members beyond the data collection phase, creating a significant power imbalance. Not only does intersectionality seek to disturb these power imbalances, but also pushes researchers to engage at the community level with those who have lived experiences of the particular research subject.

Conclusion

The SDOH have a direct impact on health and well-being in patients lives. Because of our unique place in the systemic organization of health care, nursing is adequately equipped to address how these determinants are represented and attended to in public policy. After all, the discipline “has an opportunity to achieve a social justice agenda through an emancipatory approach when we intentionally address the historically dominant ideologies and sociostructural processes that have shaped health inequities for centuries and continue to exacerbate inequalities today” (Wesp et al., 2018, p. 324). One of the mandates of nursing is to support and act on social justice initiatives; intersectionality provides the opportunity for nurses in all areas of practice to incorporate these tenets with the aim to provide equitable health care. In addition to practice experiences, our communities are the places we live our daily lives and where social and health inequities are the most obvious. In gaining a deeper understanding of how policies impact our personal environments, it makes understanding and using intersectionality more likely.

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Appendix A
Interview Guide

National Housing Strategy:

1. What are your general impressions of the NHS?
2. What are the strengths and weaknesses of the NHS?
3. What assumptions are being made in the NHS?
4. How do you see the NHS impacting people's everyday lives?
5. How do you think it represents marginalized people? Is it reflective of what you understand about housing security and homelessness?
6. Can you help me to sort out the numbers in this document? It seems like it's the same money with different labels on it. As you understand it, is there any extra spending?
7. The NHS talks about the "preservation of affordability" and seems to assume that by offering incentives to builders and landlords, a trickle down effect will make housing more accessible and affordable in general. What do you think about this?
8. From your perspective, whose voice is being exercised in the NHS?
9. What assumptions are being made in the NHS about housing security and homelessness?

Housing related to immigrants, refugees, and newcomers:

1. In your experience, what are the unique needs of IRNs related to housing?
2. What kinds of housing do IRNs need?
3. What do you think people assume the housing needs of IRNs are?
4. Does systemic racism impact housing for IRNs? If so, what does systemic racism look like as it relates to housing? Do you have any examples of this?

5. In your experience, have you seen a change in the affordability and quality of housing generally and in relation to IRNs?
6. What can we be doing differently to address the housing security and homelessness problems in this group?
7. What specific recommendations would you suggest to policy makers to address the housing needs of IRNs?

National Housing Strategy and Immigrants, Refugees, and Newcomers:

1. How do you think the NHS represents IRNs accurately?
2. Are there strengths and weaknesses in the NHS directly related to IRNs?
3. Do you think the NHS addresses inequities experienced by IRNs?
4. How does the NHS contribute to critical discourse about IRNs in Canada? IOW, what do you think the NHS says about IRNs in general?
5. Does the NHS further marginalize IRNs?
6. What specific recommendations would you suggest to policy makers and writers of the NHS to address the needs of IRNs?
7. What are the knowledge / evidence gaps related to housing security and homelessness among IRNs?

Institutional and Governmental Policies:

1. How do housing policies further marginalize socially vulnerable groups in Canada?
2. How can the NHS be used to direct housing policy related to IRNs?
3. What are the immigration policies that impact housing status for IRNs?

4. What housing related questions can researchers ask about housing that would be beneficial to individuals and communities? What are the important research questions to ask in relation to IRNs and housing?
5. What policy recommendations would you suggest for policy makers moving forward to focus on or to suggest to better meet the housing needs of IRNs?

Appendix B

INFORMATION LETTER and CONSENT FORM**Study Title: Immigrant, refugee and newcomer representation in Canada's national housing strategy: A critical policy analysis****Research Investigator:**

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Supervisors:

Dr Solina Richter & Dr Sarah Stahlke
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Background

- You are being asked to participate in this research study because you have expertise or experience in dealing with homelessness and or housing security issues in Canada.
- Previous research has demonstrated that immigrants, refugees, and newcomers to Canada are at risk for homelessness and or housing security issues.
- I am doing this research to better understand how the unique needs of immigrants, refugees, and newcomers to Canada are reflected in the National Housing Strategy.
- The results of this study will be used in support of my dissertation work for my PhD in Nursing.
- It is unlikely that the results of this research will be used for commercial purposes.

Purpose

- The purpose of this research is to better understand how the Canadian National Housing Strategy reflects the unique housing needs of immigrants, refugees, and newcomers to Canada. It is hoped that the results of this research will help to make practical recommendations to housing policy makers and those who are responsible for implementing the housing strategy initiatives.
- The benefits of research like this can help to shape how governments and institutions address housing security issues in these specific populations. In addition, completing this study fulfills the research requirements for my PhD work.

Study Procedures

- Your participation in this research project will consist of one interview, in-person or via telephone / Skype. In this interview, I will present the results of my critical analysis and ask you questions about your perceptions of the results, the housing strategy itself, and any recommendations or critique you think may be pertinent.
- Your only responsibility in participating in this study is to be willing to engage in a discussion about the national housing strategy, provide an honest response to the presented results, and to make suggestions you see necessary.
- I anticipate the study to be completed by September 2019. If you would like, I will provide you with a final research report.

- The data to be collected is:
 - One in-person or telephone interview.
 - I anticipate the interview to last 45 – 60 min.
- The interview will be:
 - Transcribed and all identifying characteristics (such as names or organizations) removed from the transcript.
 - The interview will be analyzed by me to identify common themes in the interviews.
 - The results of the interview data will be included in future publications related to the study.

Benefits

- Your participation might not directly benefit you individually but may help influence recommendations that arise because of the study.
- There are no direct costs to you for your involvement in the study. The only cost to you will be your time to participate in an interview.
- There is no compensation or reimbursement to participate in this study.

Risk

- There are no anticipated risks to you if you participate in this study.

Voluntary Participation

- You are under no obligation to participate in this study. Participation is completely voluntary.
- During the interview, you may choose to only answer questions you are comfortable with.
- You will have two weeks after the interview to completely withdraw from the study.
- When data analysis has started, you will not be able to withdraw from the study.
- If you agree to participate in the study, you will be asked to sign the consent form at the end of this document.

Confidentiality & Anonymity

- There are two intended uses for this data. First, it will be used to fulfill the requirements for my Doctoral Degree in Nursing. Second, the data will contribute to the writing of publications to disseminate the results of the study. This may include publications, conference presentations, public presentations, and policy briefs
- I will not personally identify any of the participants.
- Data will be kept confidential. I will have access to the data, as will my doctoral supervisors.
- Anonymity cannot be guaranteed, however every effort will be made to do so. All identifying characteristics and names will be removed from the data and real names will not be used in the subsequent publications.
- The data will be saved on a password protected computer and an encrypted memory stick. Any printed data will be secured in a locked cabinet for a minimum of 5 years following completion of research project. After this time, it will be destroyed.
- If you wish to receive a copy of the research report, please complete the consent to contact box with an email address to send the report to and interest in receiving such materials.
- There is a possibility that this information may be used in future research projects. We may use the data we get from this study in future research, but if we do this it will have to be approved by a Research Ethics Board.

Further Information

- If you have any further questions regarding this study, please do not hesitate to contact:

- a. Jennifer Bell (Primary investigator)

jbell2@ualberta.ca

416-884-9758

OR

- b. Dr Solina Richter (Supervisor)

mrichter@ualberta.ca

780-492-7953

Dr Sarah Stahlke (Supervisor)

sarah.stahlke@ualberta.ca

780-492-3801

- The plan for this study has been reviewed for its adherence to ethical guidelines by the Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

Consent Statement:

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form. I will receive a copy of this consent form after I sign it.

Participant's Name (printed) and Signature

Date

Name (printed) and Signature of Person Obtaining Consent

Date

I wish to receive a final copy of the research report. By signing and checking the box below, I give the researcher permission to contact me with this information.

Email address

Participant's Name (printed) and Signature

Date