

Testing the Effectiveness of Asset-Based Community Development (ABCD) as a Tool for Non-Governmental Organizations (NGOs) to Increase Supports for Refugee Claimant Integration: A Case Study of the Halifax Refugee Clinic (HRC).

by

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Signature of Author

Acknowledgements

This study was conducted in Kjiptuk, Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. This territory is covered by the Treaties of Peace and Friendship, which Mi'kmaq Wəlastəkwiyik and Passamaquoddy Peoples first signed with the British Crown in 1726. The treaties did not deal with the surrender of lands and resources, but in fact recognized Mi'kmaq and Wəlastəkwiyik title and established the rules for what was to be an ongoing relationship between nations.

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Abstract

Non-Governmental Organizations (NGOs) are the main service providers for refugee claimant integration in Canada. However, these NGOs often have limited internal capacities and there is an increasing number of refugee claimants relying upon their services. There is concern if NGOs can support the growing demand for their services, with the current government supports and their limited internal capacities. This study considers the potential for Asset-Based Community Development (ABCD) to help NGOs increase their internal capacities to improve the services they offer. The research uses Participatory Action Research (PAR) methods to conduct a case study with the Halifax Refugee Clinic (HRC). A focus group and key informant interviews informed a Strengths, Opportunities, Weaknesses and Threats (SWOT) analysis of the HRC. The results of the SWOT analysis were used to determine the effectiveness of ABCD in helping NGOs increase their internal capacities. Results indicate that NGOs supporting refugee claimant integration already operationalize ABCD, however, it is not an effective methodology for increasing their services at this time. The results may differ with the study of a different NGO. The data collection and analysis methods were developed to be able to be easily transferable to other organizations. Further study on the policies and practices of refugee integration in Canada and refugee determination procedures, amendments to the definition of a refugee in the 1951 *Convention Relating to the Status of Refugees*, and public education are recommended as future actions. The HRC is already working to catalyze action within the organization based on the research findings.

Key words: asset-based community development, non-governmental organizations, participatory action research, refugee claimant, refugee integration, ABCD, NGOs, PAR.

List of Abbreviations

ABCD: Asset-Based Community Development

CCR: Canadian Council for Refugees

GHGs: Greenhouse Gases

HCR: Halifax Refugee Clinic

IOM: International Organization for Migration

IRCC: Immigration, Refugees and Citizenship Canada (IRCC)

IRPA: Immigration and Refugee Protection Act

NGOs: Non-Governmental Organizations

NPOs: Non-Profit Organizations

HCR: Halifax Refugee Clinic

PAR: Participatory Action Research

SWOT: Strengths, Opportunities, Weaknesses and Threats

UN: United Nations

UNHCR: United Nations High Commissioner for Refugees

1.0 Introduction

1.1 Background

Global Displacement Trends

In 2017, the global number of displaced peoples surpassed annual records for the sixth consecutive year, including 25.4 million refugees and 3.1 million refugee claimants (UNHCR, 2017). The number of displaced peoples is predicted to continue increasing due to numerous factors, including climate change (Feltmate, 2017; IOM, 2018b; The World Bank, 2018; UN, n.d.). Countries that neighbour the common origin countries of refugees, such as Turkey and Uganda, are the main countries that provide asylum to displaced peoples due to geographic proximity (UNHCR, 2017; HRC, 2009). However, countries, such as Canada, have also been providing asylum to an increasing number of refugees and refugee claimants in recent years (Julian, 2018; Puzic, 2018). Thus, the current global displacement of peoples is of unprecedented magnitude and is being felt around the world.

Who is a ‘Refugee’?

The definition and rights of refugees are described in the 1951 *Convention Relating to the Status of Refugees* and its Protocol from 1967 (1951 Convention, 1967 Protocol) (UNHCR, n.d.). Article 1 of the 1951 Convention defines refugees as those who are “*unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion.*” (UNHCR, 2010, p. 3). Individuals who meet these criteria qualify for status as a

refugee and are then able to access protection in a host country (UNHCR, n.d.). Individuals granted refugee status from outside of a country of asylum are usually brought to a host country by Sponsorship Agreement Holders, such as governments or private sponsors (Government of Canada, 2017b; IOM, 2018a). These refugees are referred to as sponsored-refugees, as seen in Figure 1. Refugee claimants differ from sponsored-refugees, as they lack refugee status prior to reaching a country of asylum (Figure 1) (CCR, n.d.; Government of Canada, 2017a; IOM, 2018a).

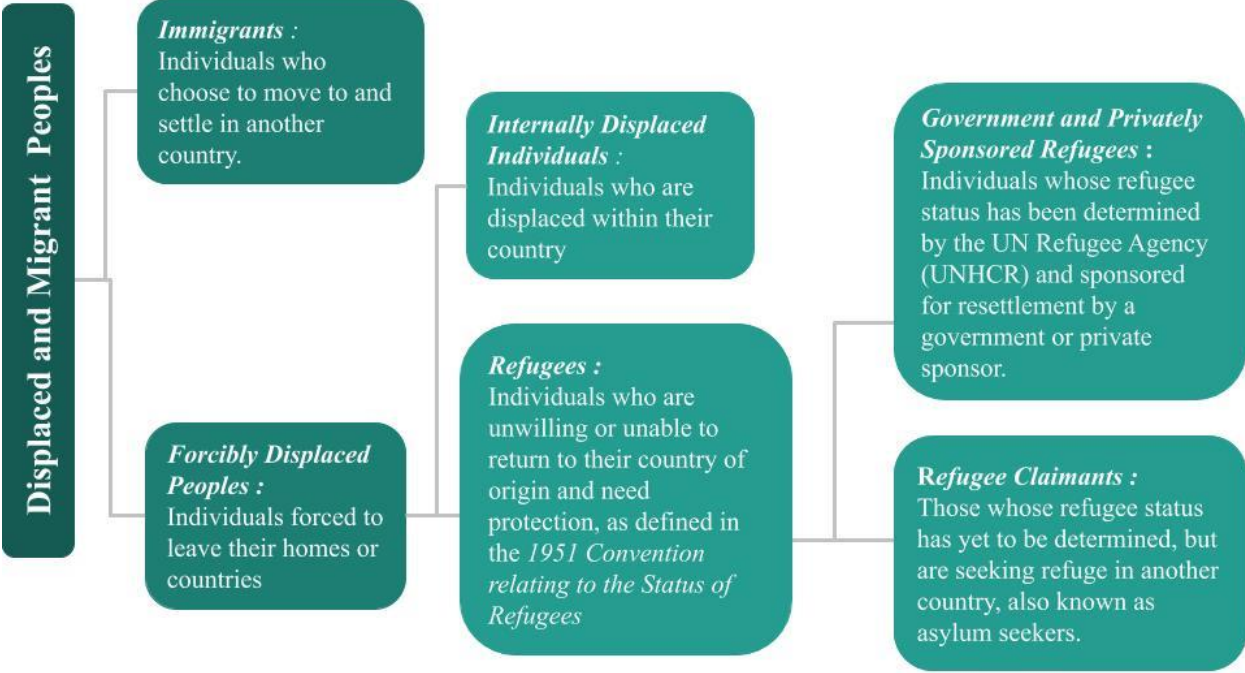


Figure 1: Displaced and Migrant Peoples. Flow chart showing the different classifications of migrant and displaced peoples.

Refugee Claimants

Refugee claimants are often referred to as asylum seekers. However, the adoption of the term asylum seekers for refugee claimants is not universally accepted as it can lead to misconceptions about, and the vilification of, refugee claimants (CCR, n.d.; Leach, 2003; Tseng,

2018). The term asylum seeker is often used by the media and governments to criticize and dehumanize refugee claimants who use irregular migration tactics, such as crossing borders between points of entry (CCR, n.d.; Government of Canada, 2018a; Leach, 2003; UNHCR, 2010). Refugee claimants use irregular migration tactics for many reasons, such as to reach their desired country of asylum, rather than claim refugee status in the first country they arrive at, and to avoid having to navigate the refugee determination process without proper legal representation at a border (HRC personal communications, October, 2018; Julian, 2018). As per the 1951 Convention's 'Duty to Protect', refugee claimants have the right to protection even if irregular migration tactics are used to arrive at a country of asylum (UNHCR, n.d.; UNHCR, 2010). The legal term in Canada is refugee claimant, and thus, for the purpose of this study the term refugee claimant will be used (CCR, n.d.).

Once refugee claimants arrive in a host country, the host country is responsible for determining their refugee status (UNHCR, 2010; UNHCR, n.d.). This is known as the refugee determination process, and is determined by individual countries (UNHCR, 2010; UNHCR, n.d.). Host countries also have the authority to determine the rights of refugee claimants within their borders. However, the rights and determination procedures must adhere to international law, namely the 1951 Convention, the 1867 Protocol, and the Universal Declaration of Human Rights (UN General Assembly, 1948; UNHCR, 2010; UNHCR, n.d.). If an individual qualifies for refugee status under the 'Convention Refugee' definition, they are granted refugee status within the host country (CCR, 2018a; UNHCR, 2010; UNHCR, n.d.). If an individual does not qualify, they are returned to their country of origin (CCR, 2018a; Government of Canada, 2019; UNHCR, n.d.). Canadian Legislation defines the rights of refugees and the country's refugee determination procedures in the *Immigration and Refugee Protection Act (IRPA)*. More

specifically, Section 133 of the *IRPA* describes the rights of refugee claimants who are intercepted at the Canadian border (CCR, 2018a; Government of Canada, 2018a).

Refugee Claimant Integration

Upon arriving in a country of asylum, refugees and refugee claimants often endeavour to integrate within their host country (Ager & Strang, 2010). There are many definitions of refugee integration, as explored in the literature review. For the purpose of this study, refugee integration is defined as a two-way process between host communities and refugees, that works to ensure that refugees have equal rights and freedoms, equitable access to resources, and are able to be healthy and participate fully in their host communities, as seen in Figures 2 and 3 (Ager & Strang, 2008; Ager & Strang, 2010; Drolet, Shields & Valenzuela; Hyndman & Hynie, 2016; IOM, 2018c; Korntheurer, Maehler & Pritchard, 2017). Services supporting integrations are sometimes referred to as settlement services (HRC, 2012a). Integration should not be misinterpreted as assimilation, which is a one-way process that works to adapt, replace, and erase the culture of a person with a new one (IOM, 2018a; Ouellet, Warmington, & Yu, 2007).

A Conceptual Framework Defining Core Domains of Integration

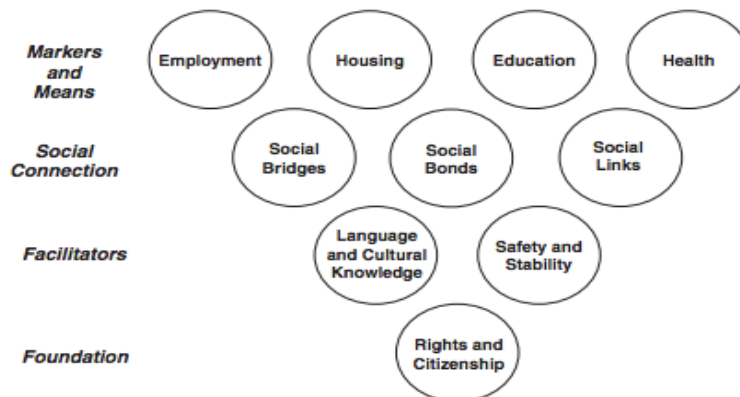


Figure 2: Conceptual Framework of Successful Integration. This figure outlines the core domains of successful refugee integration, as stated by Ager and Strang (2008).

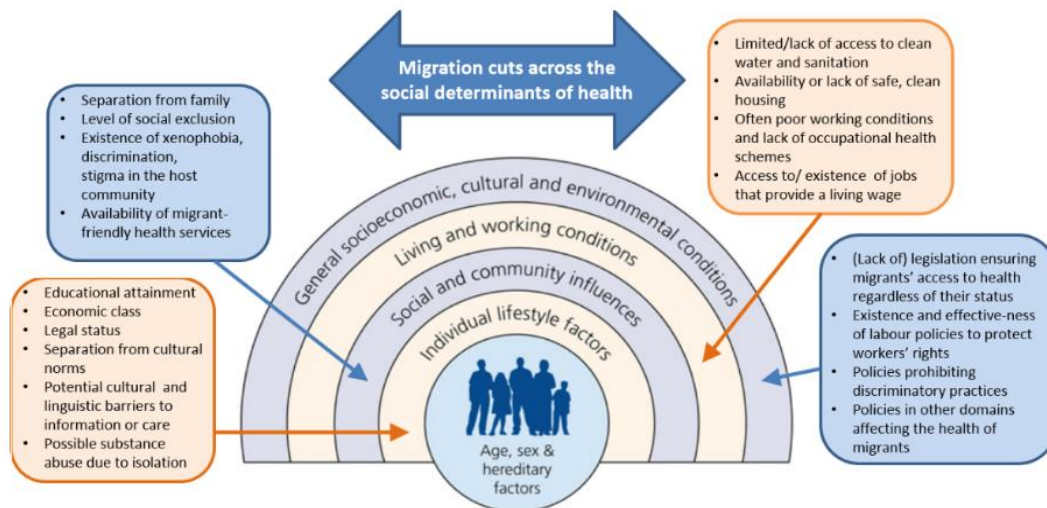


Figure 3: Social Determinants of Migrant Health. This figure serves to illustrate the complexity in achieving health outcomes for those impacted by migration (IOM, 2018c).

As refugee integration is a highly complex and multidimensional process, as depicted in Figures 2 and 3, it requires a many different public and private service providers, as well as, multiple levels of community support (Drolet, Shields & Valenzuela, 2016; Garcea, 2017; Hyndman, 2011; Korntheurer, Maehler & Pritchard, 2017; Ouellet, Warmington, & Yu, 2007). Since governments have the authority to determine the rights of refugee claimants within their borders, national governments have a significant impact on refugee claimant integration. For instance, Canada’s federal government currently excludes refugee claimants from most public services until after they have successfully received refugee status (CCR, 2014). This exclusion extends beyond direct service provision, as the government also does not provide funding opportunities to organizations or initiatives endeavouring to support refugee claimants from government funding opportunities (CCR, 2014; HRC, 2012a). In Canada, provincial governments also have authority over certain rights of refugee claimants, such as determining access to legal aid and social assistance (HRC, 2012a; Legal Aid Ontario, 2018; UNHCR, n.d.).

Due to the general lack of government support for refugee claimant integration in Canada, Non-Profit Organizations (NPOs) and Non-Governmental Organizations (NGOs), have become the main service providers (Hyndman, 2011; Korntheurer, Maehler & Pritchard, 2017; Ouellet, Warmington, & Yu, 2007). NGOs role in society is often to fill in gaps in government services and supports (Banks & Hulme, 2012). However, NGOs that support refugee claimants often experience barriers to providing services (Drolet, Shields & Valenzuela, 2016). These barriers include lack of finances and reliance on volunteers and partner organizations (HRC, personal communications, May 7, 2018; HRC, 2009c; HRC, 2012a; Ouellet, Warmington, & Yu, 2007). Thus, gaps in services and supports for refugee claimant integration still exist in Canada (HRC, personal communications, October 29, 2018; Hyndman, 2011; Ouellet, Warmington, & Yu, 2007). For the purposes of this study, the term NGO will be used to encompass NPOs, NGOs, and charitable organizations.

An example of an NGO working to support refugee claimant integration in Canada is the Halifax Refugee Clinic (HRC). The HRC is an NGO located in Halifax, Nova Scotia that provides pro bono legal support and comprehensive settlement services to refugee claimants (HRC, 2012a). The NGO opened in 2000 as a response to the termination of provincial and federal funding for legal aid for refugee claimants and does not qualify for any government funding for its operations (HRC, 2012a). The HRC and the New Brunswick Refugee Clinic are the only two organizations in Atlantic Canada that exist to support refugee claimant integration (CCR, 2018a). Due to limited funding sources, the HRC has a small paid staff of only three individuals and relies on volunteer support to provide services (HRC, 2009c; HRC, 2012a). The HRC has had a high rate of successful refugee claims and has been told by clients that its

settlement services have been integral for helping them feel at home in Atlantic Canada (HRC, personal communications, November 2018; Julian, 2018).

1.2 Problem Statement

Refugee claimants are facing barriers to integration in Canada (HRC, personal communications, October 29, 2018; Hyndman, 2011; Ouellet, Warmington, & Yu, 2007). This is due to both a lack of government support and the limited capacities of NGOs who work to fill the gaps in government services (CCR, 2014; Drolet, Shields & Valenzuela, 2016). This is problematic, as refugee claimants are, therefore, limited in their ability to achieve wellbeing in Canada at this time. As mentioned previously, refugee claimants often have access to more public services after they obtain refugee status. However, expected wait times for the refugee determination process in Canada is currently around 19 months, the longest it has ever been (Government of Canada, 2018c; IRB, 2019). This is increasing the amount of time refugee claimants are reliant upon the services of NGOs. Furthermore, the number of refugee claimants has been steadily growing over the past few years increasing the overall number of individuals needing support from the NGOs (Julian, 2018; Puzic, 2018). There is concern that NGOs will be unable to expand their capacities to support increasing numbers of refugee claimants, for longer periods of time, when their capacities are already limited (HRC, personal communications, October 29, 2018). This study seeks to explore how an NGO could increase their capacity with the current level of government support for service provision, while bringing to light the barriers experienced by NGOs endeavouring to support refugee claimant integration in Canada.

1.4 Research Question

Asset-Based Community Development (ABCD) is a methodology that is employed to mobilize assets that already exist within a community to increase community well-being and prosperity (Kretzmann and McKnight, 1993; Collaborative for Neighbourhood Transformation, n.d.). It can be employed by organizations or institutions to better recognize and integrate skills within their community into the work they do, such as to increase service provision or the participatory nature of their work (Cunningham & Mathie, 2011). This study examines the following research question: Is ABCD an effective tool for NGOs to enhance organizational capacity to increase supports for refugee claimant integration? In other words, this study hopes to determine if ABCD can help NGOs handle the increasing demand for their services. To answer the research question, a case study of the HRC was completed. The following sub-questions were used to inform the research question in the context of the HRC:

1. Is the HRC already operationalizing ABCD within its current structure?
2. Could ABCD help the HRC address any of the barriers to increasing services provision that it is experiencing?
3. Are there any limitations preventing the HRC from operationalizing, or further operationalizing, ABCD?

The objectives of this study are to answer the research question, and to work meaningfully with an NGO to support refugee claimants, catalyzing future action based on the findings.

1.5 Research Design

Theoretical Framework

This study is being conducted using the theoretical framework of Asset-Based Community Development (ABCD). As stated, ABCD is a methodology that is employed to mobilize assets that already exist within a community to increase community well-being and prosperity (Kretzmann and McKnight, 1993; Collaborative for Neighbourhood Transformation, n.d.). ABCD is the theoretical framework employed for this study as it aligns well with the concept of refugee integration, and allows for the researcher to view the HRC, refugee claimants, and integration as assets to society and communities. Furthermore, the framework aligns well with the participatory nature of this study.

Structure of the Study

The study begins with a literature review of relevant topics: ABCD, the common experiences of NGOs, refugee integration theory, and the barriers to refugee claimant integration experienced in Canada. The literature review also explores the methods used in the study: Participatory Action Research (PAR), focus group and interview methodology, and Strengths, Weaknesses, Opportunities and Threats (SWOT) analyses. The methods section follows, detailing the rationale for qualitative methods and the detailed process used to conduct data collection and analysis. Finally, the thesis concludes with the results and discussion sections, which present the key findings of the case study of the HRC.

Limitations and Delimitations

Firstly, the study was limited by the capacity of the HRC to contribute to the research, due to the use of PAR to achieve the research objectives. This study was also limited by the

capacity of the primary researcher, such as, being limited to one academic year for the completion of the study. The study accommodated these limitations by collaborating with the HRC on the study design to ensure it was within both the capacity of the organization and the primary researcher. The study only involved staff, volunteers and board members of the HRC to inform the research question due to the coercive nature of requesting clients of the HRC, refugee claimants, to participate in data collection (see Appendix 4).

Assumptions

The study assumed that the individuals who participated in the focus group and interviews were able to provide an accurate representation of the HRC and refugee claimant integration in the HRM. Furthermore, as the research is context dependent, the primary researcher assumed that no significant changes occurred between the data collection and analysis.

Research Bias

By using qualitative research methods, it is not possible to fully remove the bias of the researcher (Neuman, 1997). There may be some unconscious bias in the findings, based on the primary researcher's background in working with NGOs. Furthermore, there may be bias due to the primary researcher's limited understanding of refugee claimant integration in Canada, as a born-Canadian citizen. The study works to minimize researcher bias through meaningful collaboration and consultation with the HRC, based on the principles of PAR, and through study design.

1.5 Significance of the Study

The significance of this research is multifold. First, the research seeks to contribute to the body of literature on the potential applications of ABCD with the development of a transferable method for NGOs to identify opportunities for ABCD to be employed within their organizations. Second, the research seeks to strengthen the existing literature on the effectiveness of PAR methods for catalyzing community action based on academic research. The research also begins to address the lack of research on the state of refugee claimant integration in Canada. It specifically aims to address the lack of understanding of the available services and supports available for refugee claimants, as identified by Ouellet, Warmington, and Yu (2007). The research also highlights the role of NGOs in supporting refugee claimant integration and the limitations they face (Hyndman, 2011; Drolet, Shields & Valenzuela, 2016; Korntheurer, Maehler & Pritchard, 2017; Ouellet, Warmington, & Yu, 2007). The findings of this study can be applied in many contexts: informing future policies, providing substantive evidence to funders, directly informing the strategic development of the HRC, and creating meaningful public education and awareness campaigns.

1.6 Definitions

ABCD: Abbreviation for Asset-Based Community Development. ABCD is a methodology that is employed to mobilize assets that already exist within a community to increase community well-being and prosperity (Kretzmann and McKnight, 1993; Collaborative for Neighbourhood Transformation, n.d.).

Asylum Seeker: Synonymous with refugee claimant but will be referred to as refugee claimants for the purpose of this study (IOM, 2018a; CCR, n.d.).

NGOs: Abbreviation for Non-Governmental Organizations, includes Non-Profit Organizations and Charities for the purposes of this study.

Refugee: As defined in Article 1 of the 1951, refugees are those who are “*unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion*” (UNHCR, 2010, p.3).

Refugee Claimant: An individual who has arrived at the border of a country or is within a country, and then is endeavouring to obtain refugee status (CCR, n.d.). Often referred to as asylum seekers (IOM, 2018a).

Refugee Integration: A two-way process involving host communities and refugees, that works to ensure refugees have equal rights and freedoms, equitable access to resources, and are able to be healthy and participate fully in their host communities (Ager & Strang, 2008; Ager & Strang, 2010; Drolet, Shields & Valenzuela; Hyndman, 2011; Hyndman & Hynie, 2016; IOM, 2018c; Korntheurer, Maehler & Pritchard, 2017).

1951 Convention: Abbreviation for the 1951 *Convention Relating to the Status of Refugees*. One of the two international governing documents for refugees’ rights to protection and includes the definition of who qualifies for refugee status used in the refugee determination procedures (UNHCR, 2010).

1967 Protocol: Abbreviation for the 1967 *Protocol Relating to the Status of Refugees*. One of the two international governing documents for refugees’ rights to protection and includes the definition of who qualifies for refugee status used in the refugee determination procedures (UNHCR, 2010).

2.0 Literature Review

This section serves to contextualize the study in the existing literature. The literature review begins by exploring the conceptual framework of ABCD and the historic role of NGOs in society. The concept of refugee integration is then explored to highlight the numerous definitions used in practice. The conceptual framework of refugee integration is followed by literature on the community-level benefits of integration, the role of NGOs in refugee integration and the barriers to refugee integration in Canada. The literature discussing the concept of refugee integration and its community-level benefits have no defined temporal or geographic scope. The literature relating to the role of NGOs and the barriers are bound to the experiences of refugees in Canada and are from the early 2000s to present. This time frame accounts for changes in the rights of refugees in Canada after the passing of the *IRPA* in 2001, and to account for the changes in barriers that came from the recent conservative era in Canada. The literature discussing barriers includes research on all refugees, government and privately sponsored refugees, and refugee claimants. This is due to the lack of literature specifically on refugee claimants in Canada. The methods section provides literature supporting the study design, data collection and data analysis methods. Together, these topics provide an in-depth background on ABCD, the complexities of refugee integration, and helps to inform areas for further study.

2.1 Asset-Based Community Development (ABCD)

ABCD is a methodology that was developed by Kretzmann and McKnight (1993) in response to large economic shifts that occurred in the United States in the 1970s and 1980s. Kretzmann and McKnight (1993) noticed that many communities were suffering from the economic shifts, and that the prevalent community development methodology was not working

(Kretzmann and McKnight, 1993). The prevalent methodology focussed on communities' problems and deficiencies, rather than the strengths of communities (Kretzmann and McKnight, 1993). Thus, Kretzmann and McKnight (1993) developed a new approach to community development, ABCD, which they argued would help communities to build and rebuild in a sustainable way, addressing long-term needs (Coady International Institute, 2018; Possati Figueira & Timlon, 2018). They based ABCD on three key principles: asset-based, internally focussed and relationship driven (Kretzmann and McKnight, 1993). The principle 'asset-based' ensures that community development starts by valuing and mobilizing the assets that are already present within a community (Kretzmann and McKnight, 1993). Assets are mainly defined as the talents, passions, resources and skills of all parts of a community, including citizens, organizations, and institutions (Collaborative for Neighbourhood Transformation, n.d; DePaul University, 2008; Kretzmann and McKnight, 1993). The principle 'internally-focussed' highlights the importance of community involvement in decision-making and development. Kretzmann and McKnight (1993) believed that development should come from local investment, the creativity and hopes of a community, and be controlled by the community. The principle "relationship-driven" highlights the importance of the relationships between local citizens, institutions, and organizations for meaningful development. Kretzmann and McKnight (1993) argued that together, these principles could help communities build or rebuild the community that they envision, catalyzing local economic opportunities and minimizing the need for external resources (Collaborative for Neighbourhood Transformation, n.d; DePaul University, 2008). However, they did acknowledge, that in certain circumstances, ABCD could not replace the need for external resources, such as in lower-income communities. Kretzmann and McKnight (1993) stated that external resources may be necessary to supplement the assets that exist within those

communities, after they have been mobilized and utilized to their full extent (Collaborative for Neighbourhood Transformation, n.d).

There are numerous tools and practices to employ ABCD. Three ABCD tools are capacity inventories, asset mapping and the ‘Leaky Bucket’ (DePaul University, 2008; Gonsamo, Molla and Peters, 2011; Kretzmann & McKnight, 1993). A capacity inventory includes identifying the assets present in a community (DePaul University, 2008; Kretzmann & McKnight, 1993). This occurs by asking individual people and organizations what they have as skills, talents and other assets, such as physical spaces, to offer the community (Kretzmann & McKnight, 1993). This helps communities be able to see the wide range of talents and skills available to them (Kretzmann & McKnight, 1993). Asset mapping often follows a capacity inventory, as it helps visualize where the assets of the community are (DePaul University, 2008; Kretzmann & McKnight, 1993). Mapping out the community assets helps to guide development using the community’s existing assets and leveraging upon natural connections and resources (DePaul University, 2008; Kretzmann & McKnight, 1993). The ‘Leaky Bucket’ tool is utilised to help visualize the flow of the inputs and outputs in a community (Gonsamo, Molla and Peters, 2011). The goal of the tool is to increase the capacity of a community without the need of external resources, by identifying opportunities to increase the inputs going into a community and to decrease the costs experienced by a community (Gonsamo, Molla and Peters, 2011). Two common practices of ABCD, as described by Kretzmann and McKnight (1993), are engaging citizens in volunteer opportunities within a community and developing partnerships between existing institutions, organizations and businesses within a community. It is important to note that these tools and practices can also be employed within organizations or institutions to engage with its community and to better utilize its assets (Cunningham & Mathie, 2011).

ABCD has been successfully utilized to help build and rebuild communities and is a recognized methodology in both community development and academia (Coady International Institute, 2018; Collaborative for Neighbourhood Transformation, n.d). The methodology is useful for increasing community wellbeing, such as through increasing social resiliency, community cohesion and diversity (Canadian Index for Wellbeing, n.d.; Coady International Institute, 2018; Cunningham & Mathie, 2011; Galea, Norris, & Sherrieb, 2010; Magis, 2010). However, there are some challenges to operationalizing ABCD, such as fostering meaningful leadership within communities and broad community participation (Cunningham & Mathie, 2010). Furthermore, Blickem et al (2018) provide a meaningful critique on ABCD, comparing it to a more realistic methodology. The authors' main critique of ABCD is that there are potentially limitations in measuring specific objectives, and the limitations for results synthesis, research translation, and knowledge transfer due to hyper-localized results (Blickem et al, 2018). Otherwise, ABCD lacks much criticisms, and is an effective methodology to catalyze positive changes within communities.

2.2 Non-Governmental Organizations (NGOs)

NGOs are organizations that are independent from the state and often work to address the gaps in services and supports offered by the state (Banks & Hulme, 2012; Mercer, 2002). NGOs are also recognized for their role in promoting justice and democracy within societies (Banks & Hulme, 2012; Clark, 1995; Mercer, 2002). NGOs have developed a significant role in a diversity of sectors in society, including, international and community development, political, agricultural and environmental sectors (Banks & Hulme, 2012; Clark, 1995; Kanji & Lewis, 2009; Mercer, 2002). NGOs contribute to these sectors in various capacities, including: providing services to a specific demographic, conducting advocacy campaigns and conducting research (Banks &

Hulme, 2012; Kanji & Lewis, 2009; Shrum, 2001). NGOs are often recognized for their role in strengthening civil society, through the inclusion and mobilization of citizens in their work and through their role in addressing justice-based issues, such as poverty (Banks & Hulme, 2012; Frantz, 2002; Mercer, 2002). However, this has been a point of critique of NGOs as well (Banks & Hulme, 2012; Mercer, 2002). As stated by Banks and Hulme (2012), NGOs often fail to engage citizens meaningfully in their work and have had limited success in addressing the structural or societal problems that underpin many justice-based issues. Thus, the legitimacy and effectiveness of NGOs has been critiqued (Banks & Hulme, 2012; Kanji & Lewis, 2009). As stated by Mercer (2002), the role of NGOs in society is complex and requires further investigation.

2.3 Refugee Integration

Based on the work of numerous authors, a broad definition of refugee integration is a two-way process involving host communities and refugees, that works to ensure refugees have equal rights and freedoms, equitable access to resources, and are able to be healthy and participate fully in their host communities (Ager & Strang, 2008; Ager & Strang, 2010; Drolet, Shields & Valenzuela; Hyndman, 2011; Hyndman & Hynie, 2016; IOM, 2018c; Korntheurer, Maehler & Pritchard, 2017). Most definitions of integration are informed by three key frameworks: Ager and Strang's (2008) conceptual framework of integration, the International Organization for Migration's (IOM) (2018c) social determinants of migrant health, and the United Nations High Commissioner for Refugees' (UNHCR) six indicators for refugee integration (Hyndman, 2011). These three frameworks were developed to inform those involved in refugee integration, such as, service providers, governments, and policy makers, on the key ways to provide holistic integration support. Figure 2 depicts Ager and Strang's (2008)

conceptual framework, which identifies ten key interconnected aspects of integration. Figure 3 shows the IOM's (2018c) social determinants of migrant health. Social determinants of health is a commonly used framework to address health inequalities and is used by the Government of Canada (2018d). The IOM's (2018c) framework expands upon the commonly used social determinants of health, to highlight how migration can impact refugee health. The IOM (2018c) believes that for integration to be successful, all aspects of the social determinants of migrant health must be addressed and realized. The UNHCR's framework contains many of the same aspects identified by Ager and Strang (2008) and the IOM (2018c) (Hyndman, 2011). Furthermore, Ager and Strang's (2008) conceptual framework significantly overlaps with the frameworks of the IOM (2018c) and the Government of Canada (2018d). Ager and Strang (2008) acknowledged that endeavouring to define 'successful integration' is a normative approach, as success will vary drastically. However, they stated that identifying the key domains that impact refugee health is important for guiding host communities and refugees with this highly complex process. These frameworks have been supported by many authors and critics of refugee integration (Ager & Strang, 2010; Dib, 2017; Hyndman & Hynie, 2016; Korntheurer, Maehler & Pritchard, 2017).

It is commonly acknowledged that the definition of refugee integration varies greatly, particularly amongst government and service providers (Hyndman, 2011; Korntheurer, Maehler & Pritchard, 2017; Ouellet, Warmington, & Yu, 2007). Authors agree that the variations in the definition is often linked to who is using it and what their respective goals are in terms of integration, such as addressing health inequities or stimulating economic growth (Ager & Strang, 2010; Hyndman, 2011). As stated by Hyndman & Hynie (2016) it is not uncommon for services and policies to focus heavily on measurable activities or outcomes. However, successful

integration must not only work to address the functional aspects of settlement, such as housing and employment, but also incorporate aspects that are more difficult to measure, such as community inclusiveness and psychological needs (Hyndman & Hynie, 2016). For instance, Citizenship and Immigration Canada (CIC) defines refugee integration as an action item to achieve their goal of ensuring refugees are contributing to the Canadian economy (Hyndman, 2011). Whereas, the United Nations definition is much broader, encompassing ideas of cultural integration and diversity (Hyndman, 2011). The variations in the definition has been identified as limiting the ability to monitor and evaluate refugee integration programs and policies (Hyndman, 2011; Ouellet, Warmington, & Yu, 2007). This has limited the development standardized models for refugee integration (Hyndman, 2011; Ouellet, Warmington, & Yu, 2007).

Refugee integration is integral for both the wellbeing of individual refugees and communities, as they both experience enhanced wellbeing from successful integration outcomes (Canadian Index for Wellbeing, n.d; Magis, 2010). Community wellbeing is often defined by the satisfaction levels of individual community members and a community's ability to use and develop their community resources together (Canadian Index for Wellbeing, n.d; Hitchenor, Hodgins, Maybery, Pope, & Shepherd, 2009; Magis, 2010). Higher levels of community wellbeing are often associated with equitable distribution and access to resources, community cohesion, interpersonal connections, and diversity and cultural vitality (Canadian Index for Wellbeing, n.d; Hitchenor, Hodgins, Maybery, Pope, & Shepherd, 2009; Magis, 2010). As seen in Ager and Strang's (2008) conceptual framework for integration, all of these are integral to refugee integration. Research shows that refugees have a significant amount of social capital to contribute to host communities and that they are eager to contribute (Ager & Strang, 2010; Amnesty International, 2016; CCIRC, 2018; CCR, 2016; HRC, 2009a). Refugees all have unique

assets to offer host communities, but some generalized assets they contribute include: bringing new knowledge and skills, creating and filling jobs, volunteering, generating wealth, increasing diversity, and creating new social networks (Ager & Strang, 2008; Ager & Strang, 2010; Amnesty International, 2016; CCIRC, 2018; CCR, 2016; HRC, 2009a; Ouellet, Warmington, & Yu, 2007). All these contributions were identified above as key indicators for community wellbeing (Canadian Index for Wellbeing, n.d; Hitchenor, Hodgins, Maybery, Pope, & Shepherd, 2009; Magis, 2010). Furthermore, in being able to actively participate and belong in their new host communities, refugees often feel a greater sense of individual satisfaction, which inherently contributes to the wellbeing of their community (Ager & Strang, 2008; Canadian Index for Wellbeing, n.d.). Thus, refugee integration works towards building cohesive, equitable communities, where refugees and locals can both benefit from increased individual and community wellbeing (Ager & Strang, 2008; Ager & Strang, 2010; Drolet, Shields & Valenzuela, 2016; Hyndman, 2011; Hyndman & Hynie, 2016).

Refugee Integration in Canada

As stated by Hyndman (2011) and Korntheurer, Maehler and Pritchard (2017), successful refugee integration relies upon a network of individual and community-level supports, government programs and policies and private service providers. In Canada, NGOs are the main service providers of refugee integration (Drolet, Shields & Valenzuela, 2016; Garcea, 2017; Hyndman, 2011; Imagine Canada, 2016; Korntheurer, Maehler & Pritchard, 2017; Ouellet, Warmington, & Yu, 2007). Local communities and individuals play a significant role in achieving successful refugee integration, as it is a two-way process between host communities and refugees (Korntheurer, Maehler & Pritchard, 2017). Local communities can help to prevent feelings of isolation, by providing social bonds, bridges and links, as discussed by Ager and

Strang (2008). Furthermore, individuals who sponsor refugees, and volunteer at organizations who support refugee integration, such as the HRC, contribute significantly to refugee integration (Hyndman & Hynie, 2016; HRC, 2009c). The federal and provincial governments provide some supports and services, however; most are only accessible by sponsored refugees, not refugee claimants (CCR, 2014; Drolet, Shields & Valenzuela, 2016; HRC, 2012a; ISANS, 2018).

Governments often limit access to most services until refugee claimants have obtained refugee status through the determination process (discussed further in “Barriers to Refugee Integration” (CCR, 2014; HRC, 2012a; Hyndman, 2011; Korntheurer, Maehler & Pritchard, 2017).

Furthermore, the federal government, and some provincial governments, do not provide funding to NGOs for refugee claimant service provision (Drolet, Shields & Valenzuela, 2016; HRC, 2012a; Ouellet, Warmington, & Yu, 2007). As stated by Drolet, Shields & Valenzuela (2016), this limits NGOs capacities in the services that they provide. NGOs often work to fill the gaps in public services and supports, actively working to address barriers to integration that refugees and refugee claimants are experiencing, such as helping them access housing and healthcare (Drolet, Shields & Valenzuela, 2016; Cordeaux, 2016; HRC, 2009b; Imagine Canada, 2016; Ouellet, Warmington, & Yu, 2007; Peel Newcomer Strategy Group, n.d.; Refugee 613, n.d.; YWCA Halifax, n.d.). As NGOs often work on an individual level with refugees and refugee claimants, they have been recognized for their ability to provide highly adaptive and individualized services to refugees (Cordeaux, 2016; Drolet, Shields & Valenzuela, 2016). Despite the significant contributions NGOs have to refugee integration, it is important to note that there is limited empirical data about the role and impact of NGOs in refugee integration service provision Canada (Ouellet, Warmington, & Yu, 2007).

Barriers to Refugee Integration in Canada

Refugees and refugee claimants are facing many barriers to successful integration in Canada (see Table 1 and Appendix 1). The barriers range from individual and community level barriers, such as xenophobia, to institutional barriers, such as long processing times (Clark-Kazak, 2017; Derwing, Krahn, Mulder, & Wilkinson, 2000; Drolet, Shields & Valenzuela, 2016; Government of Manitoba, 2010; Hyndman, 2011; Ouellet, Warmington, & Yu, 2007). Most of the barriers can be categorized as a one of the social determinants of health, which as discussed by the IOM (2018c), are integral to successful refugee integration. As shown in Figures 2 and 3, the social determinants of health do not occur in isolation but are interconnected and have compounding impacts on the health and integration outcomes of refugees (Government of Manitoba, 2010; IOM, 2018c). Research conducted by the Government of Canada (2018e) shows that immigrants, individuals with lower socioeconomic status, and individuals who are racial or ethnic minorities all face barriers in achieving wellbeing, based on the determinants of health. Furthermore, the barriers are not acute upon arrival in Canada, but impact refugees for a prolonged time after arrival (Derwing, Krahn, Mulder, & Wilkinson, 2000; Hyndman & Hynie, 2016). Thus, refugees are experiencing disproportionate negative health impacts in Canada, preventing them from achieving successful integration (Derwing, Krahn, Mulder, & Wilkinson, 2000; Hyndman & Hynie, 2016). Achieving optimal refugee integration in Canada will require the barriers at every level to be addressed. Highlighting these barriers helps to show the need for services and supports to support successful refugee integration in Canada.

The barriers to integration do not impact all refugees equally (Government of Manitoba, 2010; IOM, 2018c; Lamba & Krahn, 2003). Refugee claimants face additional barriers to integration than government or privately sponsored refugees, due to their lack of refugee status

(Clark-Kazak, 2017). The lack of status limits refugee claimants from being able to access many supports and services available to sponsored refugees in Canada (Clark-Kazak, 2017). The literature available on the barriers to refugee integration often fails to differentiate between government sponsored refugees, privately sponsored refugees, and refugee claimants (Hyndman, 2011; Ouellet, Warmington, & Yu, 2007). Thus, there is a lack of understanding and awareness on the barriers to integration refugee claimants are experiencing in Canada.

There is a significant amount of literature available on the barriers to integration that refugees are facing in Canada. Table 1 serves to summarize the available literature. The table is organized to show the direct connection between the IOM’s (2018c) social determinants of migrant health, and the barriers experienced by refugees in Canada. This contextualizes the individual sources and shows that the barriers directly impact integration outcomes. The table also highlights the lack of research on the barriers experienced by refugee claimants. Appendix 1, contains further details expanding on the barriers, including an expanded table showing all of the sources used to inform Table 1 and another table to directly connecting the barriers to the Government of Canada’s determinants of health (Government of Canada, 2018b).

Table 1:

Barriers to Refugee and Refugee Claimant Integration in Canada.

Social Determinants of Migrant Health (IOM, 2018c)		Number of Sources that Specify Barriers of Refugee Claimants
Individual Factors	Age	1 out of 4
	Sex	1 out of 4
	Hereditary Factors	1 out of 3

Social Determinants of Migrant Health (IOM, 2018c)		Number of Sources that Specify Barriers of Refugee Claimants
Individual Lifestyle Factors	Educational Attainment	2 out of 6
	Economic Class	3 out of 4
	Legal Status	9 out of 11
	Separation from cultural norms	0 out of 3
	Potential Cultural and linguistic barriers	2 out of 7
	Possible substance abuse due to isolation	0 out of 0
Social and Community Influences	Separation from family	0 out of 1
	Level of social exclusion	2 out of 7
	Existence of xenophobia, discrimination, stigma in the host community	3 out of 6
	Availability of migrant-friendly health services	5 out of 6
Living and Working Conditions	Limited/Lack of access to clean water and sanitation	0 out of 0
	Availability or lack of safe, clean housing	9 out of 11
	Often poor working conditions and lack of occupational health schemes	0 out of 0
	Access to/existence of jobs that provide a living wage	4 out of 6
General Socio-economic, Cultural, and Environmental Conditions	(Lack of) legislation ensuring migrants' access to health regardless of their status	5 out of 6
	Existence and effectiveness of labour policies to protect workers' rights	2 out of 3

Social Determinants of Migrant Health (IOM, 2018c)		Number of Sources that Specify Barriers of Refugee Claimants
	Policies prohibiting discriminatory practices	3 out of 6
	Policies in other domains affecting the health of migrants	7 out of 9

This table highlights the significant amount of research available on the barriers to integration refugees are experiencing in Canada in recent years. However, it also highlights the lack limited research available specifically on the barriers experienced by refugee claimants. As stated previously, further details, including the sources used to inform this table and summaries of the barriers, can be found in Appendix 1.

2.4 Methods

Participatory Action Research

Participatory Action Research (PAR) is a research methodology that seeks to empower communities, validate lived experience, and catalyze positive social change (Baum, MacDougall, & Smith, 2006; Bradbury, 2015; Bradbury & Reason, 2006; Buckles & Chevalier, 2013; Hubbard, 2009). It was developed to re-establish the idea that academic research is meant to serve society (Bradbury & Reason, 2006; Hubbard, 2009). It does so by incorporating the principles of action-based and place-based research with numerous theoretical frameworks, such as, equity, democracy, constructivism, post-colonialism, and feminism (Baum, MacDougall, & Smith, 2006; Bradbury, 2015; Bradbury & Reason, 2006; Buckles & Chevalier, 2013; Learning

for Sustainability, 2018; MacDonald, 2012; San Francisco State University, n.d.; Smith, 2012). For instance, PAR works to shift the power from the researcher to the participants, actively including participants in the entire research process, including research questions and methods (Baum, MacDougall, & Smith, 2006; Hubbard, 2009; MacDonald, 2012). Researchers can use qualitative or quantitative methods when using PAR, as well as unconventional research methods, including experimental, partial, emergent and boundary work methods (Bradbury, 2015; Learning for Sustainability, 2018). Thus, PAR is identified as an adaptive methodological framework that can be used to ensure meaningful collaboration, while maintaining academic integrity (Bradbury, 2015; Learning for Sustainability, 2018).

PAR has been recognized by many authors as being an effective methodological framework, however it has faced numerous criticism as well that should be considered prior to employing it (Baum, MacDougall, & Smith, 2006; Bradbury, 2015; Bradbury & Reason, 2006; Buckles & Chevalier, 2013; Cornwall and Jewkes, 1995). For instance, PAR has been critiqued for leading to inefficient and unpredictable research processes (Bennett, 2004; Bradbury, 2015; Bradbury & Reason, 2006; Cornwall and Jewkes, 1995). PAR is emergent in nature, making it an iterative and unpredictable research methodology (Bradbury, 2015; Bradbury & Reason, 2006; Cornwall and Jewkes, 1995). This can be problematic if there is very limited time or resource capacity, however, efficiency and predictability are not the goals of PAR (Bradbury, 2015; Bradbury & Reason, 2006; Cornwall and Jewkes, 1995). Furthermore, PAR is critiqued for lacking academic integrity due to ideological bias and the significant input of participant in the research process (Bradbury, 2015; Bradbury & Reason, 2006; Dover, 2008). However, as stated by Bradbury and Reason (2006), the use of PAR, namely the inclusion of participants in the research process, does not necessarily negate the academic integrity of research. PAR still requires well thought out,

appropriate methods and sound analysis of research results (Bradbury, 2015). Thus, PAR is a meaningful research methodology to do academic research that not only generates knowledge, but actively works to support and catalyze positive change in communities.

Qualitative Research Methods

Qualitative research methods are often used to explore highly specific case studies within their social contexts (Neuman, 1997). Qualitative methods enable researchers to emphasize how findings can change depending on the specific contexts of the research topic, such as geographic and temporal contexts (Neuman, 1997). Quantitative research methods, on the other hand, are more often used when endeavouring to make connections between many case studies, limiting the influence of the context of each case study in the research findings (Neuman, 1997). Furthermore, qualitative methods are said to be relevant when a researcher wants to directly value the expertise, opinions, or experiences of research participants, rather than trying to quantify said experiences (Kirby & McKenna, 1989; Morgan, 1998; Neuman, 1997). Utilizing qualitative research methods has been acknowledged as relevant for the use in studies employing PAR (Bradbury, 2015).

Data Collection Methods

Focus groups, key informant interviews, and creativity-based activities are common qualitative data collection methods (Kirby, & McKenna, 1989; Morgan, 1998). All these methods, particularly when employed using semi-structured formats, enable researchers to capture the unique knowledge of participants and minimize researcher bias (Kirby, & McKenna, 1989). Quantitative methods often utilize closed-ended questions and limit collaborative processes (Neuman, 1997). Morgan (1998) stated that focus groups are a particularly useful data

collection method to capture communal knowledge and a diversity of perspectives in a limited time period. Focus groups allow research participants to expand upon each others' contributions and allow for the participation of numerous individuals at a single time (Morgan, 1998). However, Morgan (1998) highlighted that focus groups should ideally engage only 6-10 individuals each and not be longer than one to two hours in length. Thus, the ability to capture a diversity of perspectives and communal knowledge is often limited by the time restrictions for participant responses and are limited to those who can attend the focus group.

Key informant interviews allow for researchers to acquire in-depth, highly specific knowledge from key individuals (Morgan, 1998). Kirby and McKenna (1989) stated that this is especially true when the use of semi-structured questions and activities are employed. Semi-structured interviews allow for the unique knowledge of participants to be captured and minimize researcher bias in interpretation of participant responses (Kirby, & McKenna, 1989; Morgan, 1998). As seen in Morgan (1998), it is not uncommon to use key informant interviews in combination with a focus group to help mitigate for the limitations often experienced in focus groups, especially if only one is used in the study. When used in combination, key informant interviews are often employed after a focus group to provide in depth knowledge on key topics that emerged in the focus group (Morgan, 1998).

SWOT Analysis

A 'Strengths, Weaknesses, Opportunities and Threats' (SWOT) analysis is a common tool used to evaluate organizational capacity and function, and to inform strategic planning (Bell & Rochford, 2016; Dyson, 2004, Salar & Salar, 2014; Sarsby, 2016; Steiss, 2003). It originated in the early 1960s as a tool for strategic development in business, but has since been employed in a variety of contexts, such as in academic research and by NGOs (Bell & Rochford, 2016; Helms

& Nixon, 2010; Salar & Salar, 2014; Sarsby, 2016). A SWOT analysis helps users determine the capacity and the context of the organization, by identifying internal and external factors impacting the organization's functioning (Dyson, 2004; Salar & Salar, 2014; Steiss, 2003). Identifying strengths and weaknesses account for internal factors, such as organizational or business structures and available resources (Dyson, 2004; Salar & Salar, 2014). Identifying opportunities and threats account for external factors impacting an organization, such as political climate or business competition (Dyson, 2004; Salar & Salar, 2014). Thus, a SWOT analysis helps organizations contextualize themselves and identify opportunities for future internal improvements of external action (Bell & Rochford, 2016).

Bell and Rochford (2016), highlighted other critiques of SWOT analyses, namely that SWOT analyses lack tangible outcomes and fail to account for the interconnectedness of the categories. However, Bell and Rochford (2016) stated that the different categories are not supposed to be used in isolation, but rather used in combination to develop new perspectives and to identify key opportunities for next steps (Bell & Rochford, 2016). Furthermore, Bell and Rochford (2016) explain that the transformation of the new ideas and opportunities into further actions is to occur after the SWOT analysis, thus countering the critique of SWOT analyses lacking tangible outcomes (Bell & Rochford, 2016). SWOT Analyses are recognized as relevant and used regularly across many fields (Salar & Salar, 2014; Sarsby, 2016).

3.0 Methods

The objectives of this study are twofold: firstly, to answer the research question, testing if ABCD is an effective tool for NGOs to better support refugee claimant integration, and secondly, to work meaningful with an NGO supporting refugee claimants, catalyzing action based on the

research results. The study achieved the research objectives through a case study of the HRC, employing PAR and other qualitative research methods and analysis techniques (see Figure 4). This section describes the ways in which these research methods were employed to achieve the research objectives:

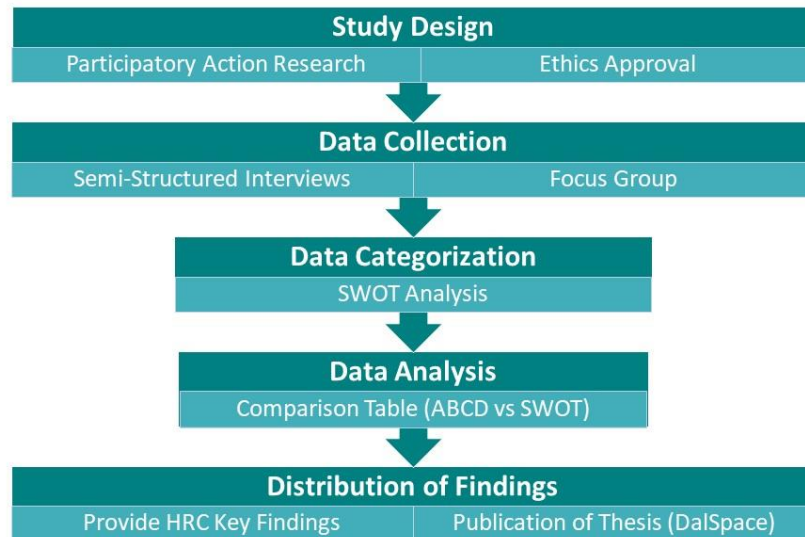


Figure 4: Study Design and Flow. This flowchart describes the methods employed to meet the objectives of the study, and the order in which they were completed.

3.1 Rationale

Participatory Action Research

PAR was a useful tool to inform a study design that achieved the goals of the research. Participatory Action Research (PAR) is a research methodology that seeks to empower communities, validate lived experience, and catalyze positive social change (Baum, MacDougall, & Smith, 2006; Bradbury, 2015; Bradbury & Reason, 2006; Buckles & Chevalier, 2013; Hubbard, 2009). PAR is nested within the theoretical framework of ABCD, as it values the

knowledge and experiences of community as assets towards catalyzing change. The ethical frameworks informing PAR, such as equity, feminism and post-colonialism, directly align with the HRC's guiding frameworks and therefore, helped to ensure a meaningful collaboration with the HRC (Baum, MacDougall, & Smith, 2006; Bradbury & Reason, 2006; Buckles & Chevalier, 2013; Learning for Sustainability, 2018). A requirement of PAR is the employment of collaborative decision-making between the researcher and research participants to inform study design (Baum, MacDougall, & Smith, 2006; Hubbard, 2009; MacDonald, 2012). This was useful in the context of this study, as the HRC is a NGO with a limited capacity for additional projects. In collaborating on study design, the HRC and the primary researcher were able to mitigate for this, ensuring the study adequately explored the research question while staying within the capacity of the HRC. Lastly, as PAR has been described as an effective research tool for mobilizing knowledge and future action, employing it enabled the primary researcher to achieve the research objective of catalyzing action (Bradbury & Reason, 2006; Hubbard, 2009). Thus, PAR was a relevant methodology to meet the objectives of this study.

Data Collection

A focus group and key-informant interviews were the principal means used to collect data for this study. Following the principles of PAR, the data collection methods were determined through collaboration with the HRC (Executive Director and HRC Research Liaison). The specific data collection methods were employed for numerous reasons. The techniques allowed for the primary researcher to use the knowledge and experiences of those involved in the HRC to achieve the research objectives. Valuing the knowledge and experiences of the research participants directly aligns with the principles of PAR and ABCD. A focus group was employed due its collaborative nature and its ability to capture a diversity of perspectives of

those involved in the HRC in a short period of time. The focus group involved open-ended questions and activities to encourage participants to expand upon each other ideas. This allowed for the primary researcher to capture their communal knowledge. Furthermore, the collaborative nature of the focus group helped participants to develop a common understanding of the research topic, providing the HRC a foundation to catalyze action on the research topic. The key informant interviews were conducted to help mitigate for any limitations experienced in the focus group, such as time restrictions or limited attendance, as well as to allow the primary researcher to gain detailed knowledge on specific aspects of the research question (Morgan, 1998). The key-informant interviews were semi-structured, employing open-ended questions rather than closed-ended questions, to allow for the unique knowledge of participants to emerge. Thus, the data collection techniques were used to ensure adequate depth to the research, while being within the capacity of the HRC.

Data Categorization and Analysis

The qualitative data categorization and analysis techniques were employed for four main reasons: (1) to inform the research question; (2) to ensure that participant's expertise and experiences were valued; (3) to ensure the study was understood within its context; and (4) to develop analysis techniques that are transferable to the study of other organizations. Both the focus group and key-informant interviews guides were developed based on a SWOT analysis, to allow the primary researcher to ensure identify potential applications of ABCD in the context of the HRC (see Figure 5).

Qualitative categorization and analysis allowed the primary researcher to directly utilize participant's responses, from the focus group and the interviews, to inform the SWOT analysis and ABCD analysis. By not endeavouring to quantify the responses, but rather utilizing them as

they were, the primary researcher ensured that participant's expertise and experiences were valued (Kirby & McKenna, 1989). Furthermore, qualitative techniques allowed the exploration of the research question to adequate depth while ensuring that the research was understood within social context. In contrast, quantitative methods often work to remove context from data analysis and research findings (Neuman, 1997). These techniques enabled the primary researcher to acknowledge that the findings would differ depending on the geographic, temporal or organizational contexts of the research.

A SWOT analysis is a commonly used tool to analyse the capacity and function of an organization, as well as to identify opportunities for improvements or changes (Bell & Rochford, 2016; Dyson, 2004, Salar & Salar, 2014; Sarsby, 2016; Steiss, 2003). Using a SWOT analysis framework to categorize the data provided the primary researcher a commonly used method to develop a holistic understanding of the internal and external factors impacting the HRC. Furthermore, the SWOT analysis categorized the data in a way that easily allowed for further analysis on potential ways in which the HRC could utilize ABCD. The primary researcher developed two tables to be compare the findings of the SWOT to Kretzmann and McKnight's (1993) key principles and sub-principles of ABCD. These principles were utilized to minimize researcher bias in analysing the potential applications of ABCD (see Table 2). The participants responses categorized as strengths and opportunities were compared to ABCD to determine if the HRC was already operationalizing ABCD, and potential applications of ABCD to enhance organizational capacity. The weaknesses and threats were compared to ABCD to determine if ABCD could help to address any of the internal or external barriers experienced by the HRC in increasing its services, such as through volunteer engagement or developing community partners. All potential applications of ABCD were then compared to the weaknesses of the HRC, to

determine if they were within the HRCs current capacity. The weaknesses from the SWOT analysis were used for this to minimize researcher bias in interpreting what was within or outside of the capacity of the HRC. As a SWOT analysis is a commonly used tool by organizations, and the comparison tables naturally expand upon a SWOT analysis, the analysis techniques developed for this study could be easily employed by other organizations.

	HELPFUL	HARMFUL
INTERNAL FACTORS	<p>Strengths</p> <ul style="list-style-type: none"> - Capabilities? - Current Services Offered? - Financials? - Processes, Systems, Communications? - Marketing? - Moral, commitment, leadership? - Management? 	<p>Weaknesses</p>
EXTERNAL FACTORS	<p>Opportunities</p> <ul style="list-style-type: none"> - Industry trends? - Partnerships? - Political climate? Global & Local. - Changes in sociocultural environment? - Economy? 	<p>Threats</p>

Figure 5: SWOT Analysis Matrix. Used to organize and visualize key themes and ideas of organizational capacity and function. The questions included are examples of factors impacting organizational capacity and function but are not limited to these factors. The questions are the same for both internal factors, strengths and weaknesses, and external factors, opportunities and threats. The list of questions provided is not an extensive list.

Table 2.

Kretzmann and McKnight's (1993) Key Principles and Sub-Principles of ABCD.

Key Principles	Sub Principles
Asset-Based	Build upon existing work of individuals, organizations or institutions within the community.
	Starting within a community's existing capacity.
Internally Focused	Utilizing local problem-solving abilities
	Relying upon and mobilizing local investment.
	Leveraging community creativity, hope or control.
Relationship Driven	Building and rebuilding relationships among individuals, organizations and institutions.

3.2 Role of the Primary Researcher

The role of the primary researcher, Siobhan Takala, was to collaborate with the HRC on study design, methods and analysis, and then execute them. The primary researcher maintained consistent communication with the HRC's Executive Director and Research Liaison to collaborate on every stage of the research project. The primary researcher was responsible for coordinating and conducting the interviews and focus group, transcribing and processing the data, as well as sharing the research findings.

3.3 Data Collection

Prior to data collection, the study required department level ethics approval from the College of Sustainability (Appendix 4). The research was exempt from further ethics approval by the Dalhousie Research Ethics Board due to the study being categorized as 'Program Evaluation'

(TCPS article 2.5) (Dalhousie Director of Research Ethics, personal communications, January 18, 2019).

Focus Group

One focus group was conducted to collect data for the SWOT analysis in April 2019. As per focus group best practices, there were 6-10 participants and the duration was approximately 1.5 hours (Morgan, 1998). The participants of the focus group were employees, volunteers and board members of the HRC, who were identified by the HRC Research Liaison due to their insight into the function and capacity of the HRC. The potential focus group participants were invited via email by the HRC Research Liaison in March 2019 (Appendix 4A: Recruitment Instruments). The primary researcher was then responsible for determining a convenient time for potential participants and sending out a formal invitation via email (Appendix 4A: Recruitment Materials). A meal was provided to compensate the participants for their time.

The focus group began with a review of the purpose of the research and the consent forms, at which time the primary researcher received written consent from the participants (Appendix 4C - Focus Group Consent Form). The focus group followed a semi-structured guide that was designed by the primary researcher (Appendix 4E - Focus Group Outline and Guide). The questions and activities varied in topics, but were all based on SWOT analysis, ABCD tools, and strategic development methods (Appendix 4E: Focus Group Activities and Posters).

Activities included:

- Leaky Bucket, used to identify who was involved in the HRC, why people left the HRC, and the skills, talents and assets of those involved (adapted from: Gonsamo, Molla and Peters, 2011);

- Impact Graphing, used to identify community assets in the HRM that could be utilized by the HRC, and the effort that would be required to utilize them (adapted from: Andersen, Beltz & Fagerhaug, 2010);
- Organizational Evaluation, used to gather personal insight on the HRC's internal dynamics and finances (adapted from: Arts Council NI, n.d.).

Participant's responses to the questions and activities were collected through written notes, and researcher observations on the visual harvesting banner (See Appendix 4E). Most of the activities and questions were answered in break out groups, to encourage participants to expand upon each other's contributions, except for the organizational evaluation. Participants completed the organizational evaluation anonymously to allow participants to fully explore potentially sensitive topics, as per suggestion of the HRC liaison. The focus group ended with a group discussion on the findings from responses to the questions and activities to help the participants identify key opportunities for future action. The final reflections were recorded on the harvesting banner by the primary researcher (See Appendix 4E).

Key Informant Interviews

Following the focus group, three key informant interviews were conducted to allow the primary researcher to address gaps found in the data collected from the focus group. The interviewees were identified by the HRC Executive Director and the HRC Research Liaison, based on their expertise of the internal capacity of the HRC and its clientele. The primary researcher was then responsible for inviting the potential interviewees to participate via email in March 2019 (Appendix 4A - Recruitment Instruments). If an interviewee agreed to participate, an interview was scheduled by the primary researcher at a convenient time for the participant. The option of a telephone interview was provided, in case a face-to-face interview could not be

arranged, however, all interviewees were available for in-person interviews. The interviews were semi-structured, following a list of open-ended questions designed by the primary researcher (Appendix 4E - Interview Guides). The interview questions were individualized to be relevant to each interviewee's specific knowledge of the HRC and refugee claimant related issues and served to inform the SWOT analysis. Each interview started with the primary researcher reviewing the purpose of the research and the consent form, and then consent was obtained. Each interview was approximately 45 minutes in length. Audio recordings were taken with consent of the interviewees, along with written notes taken by the primary researcher.

3.4 Data Analysis

SWOT Analysis

Focus group and interview responses were transcribed and aggregated by the primary researcher. Interviewees were provided transcripts of their interviews to validate their responses prior to aggregation. The responses were then categorized based on SWOT analysis methods, categorizing internal factors as strengths and weaknesses, and external factors as opportunities and threats (see Figure 5). If multiple participants provided a similar response, the primary researcher did not use this for the purposes of cross validation, rather consolidated the responses into a singular contribution (Morgan, 1998). Some participant responses were included in multiple categories if it was considered necessary by the primary researcher to provide a holistic depiction of the HRC's capacity and function (see Table 3). However, in efforts to minimize researcher bias, the Executive Director of the HRC reviewed the findings of the SWOT analysis prior to further analysis in the ABCD comparison tables.

Table 3.

Examples of SWOT Categorization. This table shows examples of how participant responses were categorized in multiple categories of the SWOT analysis.

SWOT Category	Participant Response
Strength	Use Facebook to generate donations.
Weakness	Minimal use of social media platforms to engage and connect with community networks.
Opportunity	There is a significant number of citizens not yet engaged, wanting to volunteer their time and skills to the HRC.
Weakness	The HRC does not currently have a system to terminate or manage volunteers who are not doing their role.
Opportunity	Political advocates are crucial in helping the HRC reduce barriers for refugee claimants (such as through policy changes): there are individuals in all levels of government that have used their capacity to support the HRC.
Threat	Engaging with government at every level (municipal, provincial, federal) takes significant effort from the HRC, and there are barriers existing at every level of government preventing refugee claimants from accessing public services.

ABCD Analysis

After validation, the primary researcher used the findings from the SWOT analysis in the comparison tables, to identify the potential applications of ABCD and any limitations to actualizing them. The primary researcher used key words from participant’s responses to determine if the response aligned with ABCD. A rationale was provided for each response to provide transparency in the researcher’s decision-making process.

3.5 Distribution of Findings

The method of distributing the findings was determined in collaboration with the Executive Director of the HRC in April 2019. After completion, the published thesis is to be shared with the HRC, along with a summary report highlighting key findings and relevant sections of the thesis that can be used by the HRC. A separate executive paragraph of the thesis and key findings are also to be provided to the HRC for inclusion in its annual report. The

summary report and summary paragraph are to be written and provided to the HRC after the completion of the Honours Thesis.

4.0 Results

This section provides findings from the SWOT analysis and ABCD comparison tables. A summary of the SWOT analysis and of the ABCD comparison are provided in this section (Figure 6 and Table 4, respectively). The complete SWOT analysis and ABCD analysis can be found in Appendices 3 and 4, respectively.

4.1 SWOT Analysis

<p style="text-align: center;">STRENGTHS</p> <ul style="list-style-type: none"> - Expert in its field, extremely qualified and specialized - Uses resources efficiently and has a high impact on clients, including a high success rate of claims - Self determined organizational structure: client responsive and flexible in service provision, rather than funding/governance responsive, risk tolerant - Dedicated, hardworking and skilled, long term core staff, key volunteers and board members - Large physical donations: house, car - Is a community hub 	<p style="text-align: center;">WEAKNESSES</p> <ul style="list-style-type: none"> - Lack of financial capacity to increase supports and services - Lack of long-term financial stability - Lack of internal capacity to train, manage and engage volunteers and partner organizations - Lack of internal capacity to coordinate long term advocacy and campaign work (policy change, awareness, etc.) - Lacking certain solutions/ability to meet certain needs of clients due to lack of formal programs
<p style="text-align: center;">OPPORTUNITIES</p> <ul style="list-style-type: none"> - Many potential community partners, service providers and businesses that could be leveraged to provide external supports to clients - Municipal government can be a key partner in decreasing barriers for refugee claimants, alleviating work of the HRC - There is a significant number of citizens not yet engaged, wanting to volunteer their time and skills to the HRC - There is an increasing understanding of refugee-related issues by the general public - New potential funding partnerships identified 	<p style="text-align: center;">THREATS</p> <ul style="list-style-type: none"> - Lack of Legal Aid for refugee claimants in Nova Scotia, and only service provider in the region - Exclusion from services provided by all levels of government - Lack of institutional learning when policies change - International, national and provincial political climates (tone on refugee related issues, changes in policies, unrest) - Increasing coverage of refugee related issues in the mainstream media (including anti-refugee sentiment) - Lack of awareness on specific needs of refugee claimants and the barriers of status deficiency (funders and public)

Figure 6: Key Findings of the HRC SWOT Analysis. This SWOT Matrix contains a list of the key findings from each category of the SWOT analysis.

Strengths

The participants identified numerous strengths that contribute to the success of the HRC within its current capacity and structure, as seen in Figure 6 and Appendix 2. Participants were very proud that the HRC is an expert in its field of refugee and status-related legal and settlement services. This expertise was stated to enable the HRC to be successful in its service provision to clients. This was reflected in statements about the consistent, high numbers of successful refugee claims, as well as the ability of staff to navigate complex systems to help clients have access to services. Participants stated that clients often express gratitude towards the HRC for its integral role in their refugee determination and settlement processes. Furthermore, many participants stated that the HRC's expertise is an asset to the HRM, enabling the HRC to be a leader in advocacy and education on refugee-related issues in the HRM community. The HRC was identified as being a community hub for not only people requiring assistance from the HRC, but for compassionate community members as well.

Participants identified various strengths pertaining to the HRC's current organizational structure, such as, private core funding, staff size and relations, and non-hierarchical structure. The HRC's core staff is currently funded through a private sponsorship. Participants stated that the private core funding allows the HRC to be risk tolerant, and highly responsive to client's needs, rather than funding-responsive. For instance, not being funding-responsive allows the HRC to determine and maintain its own perspective on service provision, allowing it to not use time or merit-based approach to service provision. The non-hierarchical structure of the HRC was stated to further the organization's ability to be client-responsive, as staff and volunteers have a sense of ownership and responsibility over their work, thus acting quickly and responsibly and reducing bureaucracy. Participants stated that the small staff size, positive relationships

between staff, and dedication of staff and key volunteers enables the functioning of the non-hierarchical structure.

The participants identified that the core staff, board members, volunteers, and community network of the HRC are assets to the organization. These individuals were said to offer many skills, talents and resources, helping the organization provide diverse services and supports to refugee claimants. For instance, the informal services offered by core volunteers were highlighted as they enable the HRC to supplement its own formal services to help meet client needs. Some of the informal services and supports provided by core volunteers that were identified are: English language tutoring, providing short-term housing, translation, third party fundraising, and material and financial donations. Facebook has been a key tool utilized by the HRC to recruit material donations. Two large donations were highlighted by participants, the house in which the HRC is located and the car that was recently donated, to show the immense generosity of its' community network. In addition, participants were proud that citizens from many different demographics, including youth, immigrants and older individuals, are involved in the HRC and contribute in ways that are accessible to them. Thus, the HRC has many strengths within its current organizational structure and capacity.

Opportunities

Many opportunities were identified by participants that could help the HRC increase its impact on refugee claimants (see Figure 6 and Appendix 2). Participants identified a large network of organization, initiatives, community groups, businesses, and public service providers that could support, or continue to support, the HRC. The partners were stated to be able to help the HRC support refugee claimant integration in the HRM through providing services and supports directly to refugee claimants, or by alleviating barriers for refugee claimants to access

services offered by other organizations or institutions. For instance, participants identified the municipal government as a key partner for reducing integration barriers to refugee claimants at a local level due to its support with the inclusion of refugee claimants in the Welcome to Halifax Pass. Participants stated that refugee claimants often experience difficulty accessing transportation and the Welcome to Halifax Pass has helped to alleviate this difficulty. Similarly, the HRC has had some success in changing provincial policies to help refugee claimants qualify for more services and supports. Organizations and institutions were also shown to be able to help the HRC by providing services directly to refugee claimants, such as the provincial government opening of the Newcomer Health Clinic, and accessible art programs at Wonder'neath Art Society. Lastly, although the HRC already has some core volunteers, participants also highlighted the large number of individuals who have expressed interest in volunteering with the HRC who are not yet involved. This was stated to potentially be correlated with an increasing understanding of refugee-related issues by the general public, due to the media and the political climate. Volunteers were identified as being able to help increase the internal capacity of the HRC by alleviating staff workload and increasing informal service provision.

Opportunities to diversify and increase the HRC's funding portfolio were identified. Participants stated that diversifying and increasing the HRC's funding portfolio would be integral to increasing its organizational capacity, and therefore, its impact on refugee claimant integration in Halifax. The new funding opportunities identified included increasing its monthly donorship program and securing additional large, long-term sponsorships. The number of monthly donors has been increasing and is helping to supplement the HRC's refugee claimant settlement service program. Participants see potential for the number of monthly donors to continue increasing. Furthermore, strategies of engaging new private sponsors to hire more staff

were mentioned. Participants stated that the hiring of specific staff, such as a receptionist, student placement coordinator, volunteer coordinator, or in-house psychologist. Despite acknowledging the opportunities to engage volunteers, participants were clear that increasing staff would have the most impact on enhancing organizational capacity at this time.

Weaknesses

There were many weaknesses in the HRCs organizational capacity and structure identified by participants (see Figure 6 and Appendix 2). The main themes that emerged was the HRC's limited financial capacity and stability, and limited staff capacity. There was significant concern expressed from all participants about the financial situation of the HRC. Participants were especially concerned that the HRC is experiencing an increasing number of clients seeking services, but has not yet been able to increase its financial capacity or stability. Limited financial resources, and a lack of long-term financial stability, were said to be preventing the HRC from increasing its long-term staff, providing certain solutions to clients, and increasing service provision in general. Participants stated that hiring additional staff would be integral to the HRC supporting more clients. Certain positions were identified, such as a receptionist, psychologist or a staff member dedicated to accompanying clients to appointments, in order to increase the efficiency of the HRC by allowing other staff to focus on their specific roles. However, settlement and case workers were also stated to be beneficial to increasing the capacity of the HRC. The HRC recently endeavoured to hire a professional English teacher to provide refugee claimants with an accredited English language program, however, it has not been successful in acquiring such funding. An accredited English language program that is accessible to refugee claimants is not yet available in HRM, despite language being a significant barrier for refugee claimant integration.

Both, advocacy work and volunteer engagement were identified as having the potential to alleviate work for the HRC staff; however, participants stated that staff currently lack the capacity to design and execute consistent advocacy work or maintain a meaningful volunteer program. As mentioned, the HRC staff are currently working to meet the increasing, immediate legal and settlement needs of clients. This has significantly limited their capacity for advocacy or volunteer management. Furthermore, although the HRC staff understand that volunteers could help with alleviating work, they consistently stated that increasing the number of core staff would have a greater impact on the capacity of the HRC than increasing its volunteer capacity. Increased staffing was stated to be more impactful due to the highly specialized nature of the HRC's work, such as legal case work and systems navigation. This is especially true with the increasing numbers of refugee claimants the HRC is experiencing. Furthermore, it was stated that hiring more long-term staff would be more sustainable due to the often short-term and unreliable nature of volunteerism.

Threats

There were many threats identified by participants, most of which stemmed from institutionalized barriers and fluctuations in political power (see Figure 6 and Appendix 2). These threats impact the numbers and needs of the HRC's clients and public opinion on refugee-related issues. Furthermore, as most of the threats were due to the volatility of political climates, participants stated that the HRC has a limited capacity to plan for and mitigate against their impacts.

Provincial governments were stated to yield a significant amount of power over refugee claimants' abilities to access public services, however, there were some federal policies and procedures identified as well. For instance, since the provincial and federal governments

discontinued Legal Aid provisions for refugee claimants in 2000, the HRC is the only initiative that has been created to fill this gap in public services. This puts a significant amount of pressure on the HRC to accept all clients, despite its limited internal capacity. There were also numerous provincial policies identified that exclude or limit the ability of refugee claimants from accessing public services and supports, such as: limited social assistance, exclusion from subsidized housing, and limited health care insurance.

The federal government controls the refugee determination process. Participants explained how the refugee determination process has become extremely long compared to previous years, increasing from refugee claimants waiting 3-4 months for a hearing to over 2 years. This was stated to be impacting the HRC significantly as clients are unable to access most public services until after a successful hearing, thus leaving them in precarious situations, dependent on the HRC for services for long periods of time. Participants stated these are the longest waiting periods for refugee hearings since the opening of the HRC.

Changes in government were said to often lead to changes in how refugee claimants can access public services. However, participants stated that when policies have become more inclusive to refugee claimants in the past, a lack of institutional learning, such as front-line workers not being educated on policy changes often leads to refugee claimants being unable to access services they qualify for. This was said to reduce the capacity of the HRC due to the need for staff to accompany clients to access services, to help them advocate for themselves, and to educate service providers. It was said that this uses a significant amount of staff time, that could be used to provide legal and settlement services to other clients. Interns and placement students said they often help to alleviate this task from staff; however, it is still a major threat to the capacity of the HRC.

Political unrest or anti-refugee sentiment from governments, municipal to foreign governments, were stated as being threats to the HRC. Participants stated that international political unrest often leads to increases in the number of clients at the HRC, such as with the recent Libyan and Syrian crises. Participants also highlighted that the clinic is experiencing increased numbers of refugee claimants due to the current Trump administration in the United States. Staff said that the clinic is also experiencing high numbers of individuals who are coming to the HRC from other places in Canada to access its services. This was said to be due to the high numbers of refugee claimants in other provinces limiting services, such as Quebec and Ontario. Internal migration was also said to be due to increased language barriers in Quebec and New Brunswick, and also refugee claimants seeking smaller cities to live in, as opposed to major cities, such as Toronto or Montreal. Political attitudes towards refugee-related issues, and how they are represented by the media, also were stated to impact the HRC. For instance, participants stated that anti-refugee sentiments or misrepresentation of refugee-related issues impacts the wellbeing of the HRC's clients, increasing the support required by the HRC.

4.2 Asset-Based Community Development (ABCD) Analysis

The tables below summarize the complete comparison tables found in Appendix 3 (Tables 4b and 5b). As seen in Tables 4a and 5a, analysis showed that the HRC is already operationalizing ABCD, and furthermore, that ABCD has the potential to help address the weaknesses and threats experienced by the HRC. However, upon further analysis, limitations due to the organization's weaknesses were shown to limit the actualization of almost all new ABCD practices.

Table 4a.

Key Findings from the Comparison of ABCD to HRC's Strengths and Opportunities.

SWOT Category	Were participant responses operationalizing ABCD?	Do any of the HRC's weaknesses limit the actualization of the ABCD practices?	Key Findings
Strengths	All applicable.	Not Applicable	The HRC is already operating under an ABCD framework, relying on relationships and community assets to support its work.
Opportunities	All applicable.	There were limitations for actualizing every opportunity.	<p>The HRC is using an ABCD framework to inform problem solving and identified many assets in the community that could be better utilized.</p> <p>The key limitations to actualizing these opportunities were limited the organizations financial and staff capacities.</p>

Table 5a.

Key Findings from the Comparison of ABCD to the HRC's Weaknesses and Threats.

SWOT Category	Could ABCD help the HRC to address threat or weakness?	Do any of the HRC's weaknesses limit the actualization of ABCD practices?	Key Findings
Weaknesses	Yes	Yes	<p>Financial constraints and limited staff capacity had the largest impact on the capacity of the HRC.</p> <p>ABCD tools, such as volunteer engagement, were identified as ways to mitigate the need for increased finances. However, participants stated increasing a volunteer program at this time was not possible due to the limited staff capacity.</p>
Threats	Yes	Yes	<p>Advocacy work would be a key tool in addressing most threats to the HRC. Advocacy work could be volunteer, and community based, working to mobilize citizens to support the HRC, based on the principles of ABCD.</p> <p>The key limitations to actualizing these ABCD practices were the limited financial and staff capacities of the HRC. The HRC was said to not have the capacity to design a campaign and mobilize its network to help implement it.</p>

Strengths and Opportunities

As seen in Table 4a, participant responses categorized as strengths and opportunities showed that the HRC is already operationalizing ABCD. All participant responses categorized as strengths and opportunities aligned with one or more of the Kretzmann and McKnight's (1993) principles of ABCD: Asset-Based, Internally Focussed and Relationship Driven (see Appendix 3). The strengths did not undergo further analysis as they were used to identify if the HRC was already operationalizing ABCD. Limitations were explored for the responses categorized as opportunities to determine if they could be actualized with the HRC's current capacity. Although all the opportunities were proposed from an ABCD perspective, there were limitations to implementing all of them based on the current weaknesses of the HRC, namely limited financial and staff capacities (see Appendix 3). Thus, the HRC is already employing ABCD and uses this perspective to inform problem solving but further operationalizing ABCD is limited.

Weaknesses and Threats

The participant responses categorized as weaknesses and threats, show that ABCD practices could be employed to address most of the weaknesses and threats identified (see Table 5a). For instance, increasing opportunities to rely upon new volunteers, incorporating their skills, talents and assets, into the work of the HRC was identified as being able to help support staff capacity. However, participants stated that increasing the volunteer program was outside the current capacity of the staff, and not a priority due to the high workload being experienced by the HRC. Similarly, advocacy work was identified to be the best way to mitigate the threats being experienced by the HRC. Increased advocacy could continue to be in collaboration with key partners, such as the municipal government, and engage new volunteers (See Appendix 3). However, the limited staff capacity was also stated to be a barrier to implementing any advocacy

campaigns at this time. Thus, the weaknesses and threats experienced by the HRC could be addressed with ABCD, but are not able to be actualized due to the organization's weaknesses.

5.0 Discussion and Recommendations

Three significant findings emerged from this research. Firstly, Asset-Based Community Development (ABCD) is not an effective tool to enhance the internal capacities of NGOs' providing integration services to refugee claimants. Secondly, funders, donors, and all levels of government play integral roles in increasing refugee claimant integration services and supports, especially with the continually increasing numbers of refugee claimants in Canada. Lastly, the methods developed and utilized in this study to identify the potential applications of ABCD, namely the use of PAR, the SWOT analysis and the comparison tables, were effective.

The research showed that, in the context of the HRC, there are many potential applications of ABCD, such as engaging the many interested individuals in an expanded volunteer program and increasing its community partnerships. However, these applications cannot currently be actualized due to the HRC's constrained internal capacity. Analysing the capacity, function and structure of the HRC revealed that its limited staff capacity and minimal financial resources are the main barriers to increasing its services with ABCD. More specifically, the study showed that to increase its services, the HRC mainly requires more financial support or for the government to enhance its role in refugee claimant integration. This is especially true with the increasing number of clients the HRC is supporting, without a growing resource base; however, it could be an effective tool to employ if additional resources are obtained. The inability to further operationalize ABCD without additional resources could be the case for other NGOs facing similar constraints.

It is important to note that the HRC was already operationalizing many ABCD techniques, mobilizing and utilizing its networks assets, prior to this study. This highlights the successful application of ABCD by NGOs. As stated by Kretzmann and McKnight (1993), ABCD was not designed to replace the need for external resources in certain circumstances, such as the requirement of external resources for the effective use of ABCD in lower-income communities. As the HRC has already mobilized and utilized a significant number of the assets within its network, it appears to have reached its capacity with the use of ABCD at this time. Thus, this study highlights the known limitations of ABCD in certain contexts, while not diminishing its strength as a community development framework (Kretzmann & McKnight, 1993).

Due to the limitations of ABCD, the study also highlights the significant impact external resources, namely funders, donors, and all levels of government, could have on refugee claimant integration at this time. The Government of Canada is technically fulfilling its responsibilities in providing protection to refugee claimants, under *IRPA* (UNHCR, 2010). Within its rights as a host country, the federal and provincial governments have chosen to limit the supports and services offered to refugee claimants until they have proven to be a ‘Convention Refugee’ (UNHCR, n.d.). The lack of legal aid in Nova Scotia and Ontario are direct results of this decision (HRC, 2012a; Panico, 2019). NGOs have been integral in filling these gaps in services and supports for refugee claimants, but they are facing barriers increasing their services for growing numbers of refugee claimants in Canada (Drolet, Shields & Valenzuela, 2016; Imagine Canada, 2016; Julian, 2018; Ouellet, Warmington, & Yu, 2007; Puzic, 2018). While governments have played a limited role in supporting refugee claimants, helping NGOs expand their capacities could be an effective way to increase refugee claimant integration services and

support. However, it is important to note, that the largest way that the governments could support NGOs and refugee integration outcomes, is by directly increasing the services they provide to refugee claimants, rather than relying on NGOs to fill these gaps in services.

There are three main ways governments could support refugee claimant integration: by ensuring public service providers, such as health care providers, are aware of the services refugee claimants already qualify for; by increasing the number of public services that refugee claimants can access; and by providing funding to NGOs providing the services already. The HRC has experienced some success in using governments to leverage its work, such as with the Welcome to Halifax Pass and the Newcomer Health Clinic. However, both successes required significant effort from the HRC, and refugee claimants still experience barriers in accessing these services, as they are often turned away by service providers. This requires continued effort by the HRC to accompany and advocate for clients. In actively supporting NGOs and refugee claimants, governments could significantly enhance the capacity of NGOs by alleviating the need for this advocacy work.

As governments have not often supported NGOs and refugee claimant integration, it is important to note two significant, indirect community-level benefits that would be seen from expanded government support. These community-level benefits could be used to help catalyze government support. Firstly, a common result of ABCD is increases in economic outcomes, as stated by Kretzmann & McKnight (1993). If NGOs had greater capacities to further employ ABCD practices, communities and governments, would benefit from increases in economic outcomes. Secondly, supporting refugee claimant integration could help to mitigate anti-refugee sentiments by the public, develop community cohesion, and therefore wellbeing and resiliency (Canadian Index for Wellbeing, n.d.; Galea, Norris, & Sherrieb, 2010; Magis, 2010). In

supporting refugee claimant integration, governments would not only be helping to enhance the wellbeing of individual refugee claimants, but communities and society at large.

Similar to the role of the government, funders and donors could significantly boost the capacities of those NGOs. More specifically, funders ideally able to provide large, long-term funding to organizations like the HRC. However, the HRC noted that there is a lack of understanding by funders and donors of the need for services and supports for refugee claimants. For instance, the HRC has experienced limited success in obtaining larger, long-term grants, limiting its ability to hire more staff. As stated previously, the ability to hire more staff is integral for NGOs, such as the HRC, to be able to further operationalize ABCD and to offer more supports and services, especially with the growing numbers of clients. This could be due to various reasons, including, as seen in the literature review, the significant gaps in research on indicators for successful refugee claimant integration.

As the findings of this study are based on an in-depth case study of the HRC, it is important to highlight that the findings are highly contextual. For instance, as provincial governments in Canada have authority over many services and supports for refugee claimants, such as income assistance and subsidized housing, the needs of clients could be very different from province to province. Furthermore, internal organizational aspects, such as the financial resources available, could differ with other NGOs. This study is also temporally sensitive, as many aspects impacting the capacities of NGOs, such as legislation and financial resources available, fluctuate over time. For instance, legal aid services for refugees and immigrants, including refugee claimants, were recently cut by the Government of Ontario (Panico, 2019). These cuts will drastically change the demands on NGOs supporting refugee claimants, as more services will need to be offered.

The methods used in the study worked well to inform the research question and to catalyze future action. The methods were designed in collaboration with the HRC, based on the principles of Participatory Action Research (PAR), and thus, contribute to literature supporting the use of PAR. This study builds upon existing literature on the effectiveness of PAR specifically in the context of conducting academic research with a community partner, and catalyzing action based on research. It is important to note that some of the challenges identified in the literature on PAR were experienced throughout the course of this study, particularly, aspects of the study taking longer to complete based on the availability and capacity of the HRC. However, these challenges did not detract from the overall effectiveness of PAR in this study. The data collection methods, the focus group and key informant interviews, were effective in informing an in-depth SWOT analysis of the HRC. The Executive Director of the HRC confirmed that the SWOT analysis conducted by the primary researcher was an accurate depiction of the HRC and encouraged its use in analysis. Furthermore, action based on the SWOT analysis has already begun, as a participant of the focus group has offered to assist the HRC incorporate the findings from the study to create a strategic plan. The comparison tables designed by the primary researcher served as an effective way to identify potential opportunities for the application of ABCD based on a SWOT analysis.

There is potential for the data collection and analysis techniques applied in this study to be utilized by other organizations and initiatives to identify potential applications of ABCD within their own context. Other NGOs supporting refugee claimants specifically could use the focus group and interview guides developed for this study to inform their SWOT analysis. NGOs or initiatives in other fields would need to adapt the data collection methods to be relevant to their field of work; however, SWOT analyses are a commonly used tool, and there are many

supporting resources available to help inform them. The ABCD comparison tables could be easily employed based on any SWOT analysis, to identify the potential applications within an organization's context. Thus, the methods developed for this study could help stimulate the use of ABCD by NGOs and initiatives. As the research was designed and conducted based on the principles of PAR, the primary researcher suggests that any future application of the methods ensures meaningful collaboration with the NGO being studied.

Based on the findings of the study, the suggestions for further academic research and action, beyond the work of the HRC, include:

1. Inter-Provincial Policy Analysis: An analysis of policies that govern refugee claimants' access to services and supports in different provinces in Canada should be linked to refugee claimant integration outcomes to determine policy best practices for the wellbeing of refugee claimants. Some of the policies to be included in the analysis should be policies governing health insurance, work permits, social assistance, and subsidized housing. The findings from such a study could help inform future policy decisions by the provincial governments in Canada, and help service providers, such as the HRC, to for certain changes to policies. Furthermore, such a study could help inform service providers on how to best support refugee claimants based on the findings on integration outcomes.
2. Comprehensive Study of Services and Supports Available for Refugee Claimant Integration in Canada: As stated by Ouellet, Warmington, and Yu (2007), there is a lack of empirical data on refugee integration outcomes, and on the services and supports available for refugees in Canada. This is compounded by a problem noted in the literature

review that most of the existing literature on refugee-related supports and service in Canada fails to differentiate between sponsored refugees and refugee claimants. This suggests that there is a very limited understanding of the supports and services available for refugee claimants in Canada. A comprehensive, empirical study of the services and supports available could help strengthen governments and funders' understandings of the need to support refugee claimant integration in Canada. Such a study would also help to highlight existing gaps in services that have yet to be addressed.

3. Continued Research into Refugee Determination Best Practices: The Government of Canada (2018e) states that the current refugee determination process is based on international best practices. However, the increasing wait times over the past few years suggest that the current determination process may not be working, especially with the increasing number of refugee claims (Government of Canada, 2018c; IRB, 2019; Julian, 2018; Puzic, 2018). As shown through the case study, the increasing wait times are detrimental to refugee claimant wellbeing and decrease the capacities of NGOs endeavouring to help them. The research identified some key critiques of the current system: the lack of in-person hearings, the inability to expedite hearings for the purposes of family reunification, and the failure to use a trauma-based approach in the refugee determination process. However, as stated by Hyndman (2011), there is a lack of research on the health impacts of delays in family reunification, which could be limiting its significance to policy makers. As Canada receives significantly fewer claims than other countries, such as in the Middle East and Europe, there are changes the Canadian government could make to improve the current system. For instance, the Canadian

Council for Refugees (CCR) (2018b) has a proposed refugee determination model that is not currently employed in Canada, and an international dialogue on immigration and refugee best practices has recently begun, namely the Global Compact for Migration (UN, 2018). Thus, a comparative analysis of Canada's current refugee determination practices and policies and developing international best practices would help to inform adjustments to Canada's current system.

4. Amendments to the 1951 Convention and 1967 Protocol: Environmentally induced causes of human displacement is currently not a substantive claim for refugee status as per The 1951 Convention and 1967 Protocol (UNHCR, 2010, p. 3; UNHCR, n.d.). Climate change has significant environmental impacts, such as desertification and sea level rise, as well as political impacts, such as the increase in conflict and instability (Reuveny, 2007). Both the environmental and political impacts of climate change can cause the unwilling displacement of humans (Reuveny, 2007; UN, n.d.). Individuals claiming refugee status due to substantive fear of political instability or conflict, whether or not it is climate-induced, currently qualify for protection (UNHCR, 2010, p. 3). However, individuals who are displaced due to climate change induced environmental changes without political ramifications do not qualify for refugee status. These displaced individuals are, therefore, technically classified as climate migrants (IOM, 2018b). However, as seen in Figure 1, migrants are defined as individuals who choose to move, not who are forcibly displaced. Thus, the existing refugee definition has become deficient in the current world context. This deficiency is especially problematic as the countries being impacted, i.e., the origin countries of most of the people predicted to be displaced,

are not the countries mainly responsible for climate change (Allen, Berntsen, Fuglestedt, Otto & Skeie, 2017). Most of the greenhouse gas (GHG) emissions, the main cause of climate change, have historically been emitted from recognized countries of asylum (Allen, et al., 2018; Allen, Berntsen, Fuglestedt, Otto & Skeie, 2017). International Dialogue is beginning to include dealing with climate change induced displacement, such as through the Global Compact for Migration, however, an amendment to include ‘climate-refugees’ in the 1951 Convention and 1967 Protocol is integral to addressing this humanitarian discrepancy (UNHCR, 2010, p. 3).

Climate change induced displacement is already occurring and is predicted cause the displacement of up to one million individuals by 2050 (IOM, 2018b; The World Bank, 2018; UN, n.d.). These individuals will likely be in distressed states due to their forced displacement, and thus require support and protection. However, as they are currently recognized as migrants, not refugees, these peoples lack access to the public supports and services available to refugees. This could lead to more gaps in services required to be filled by NGOs, such as the HRC, that are already limited in their internal capacities.

The term ‘climate-refugee’ is already being used in the media (National Geographic, 2019). The term is useful in depicting the severity and ethical implications of climate change, however, using it when these individuals do not actually qualify for refugee status is misleading. Using it prior to the inclusion of ‘climate refugees’ in the 1951 Convention and 1967 Protocol masks the general public's understanding of the need to amend the existing definition of refugees.

5. Public Education: Raising awareness on refugee-related issues, including the lack of support for refugee claimants, the limited capacities of NGOs to support them, and the failure of the definition of refugee to include climate change induced displaced peoples, could help to generate public pressure to address these issues and help to mitigate anti-refugee sentiments. More significant public pressure to address these issues could lead to municipal, provincial, federal, and international changes to better support refugee claimants. Increased government support of refugee claimants would also help mitigate the limited capacities of NGOs, such as the HRC. Decreased anti-refugee sentiments, often due to political influences, could stimulate more community support for NGOs, such as the HRC, and also help to enhance integration outcomes, which benefits overall community wellbeing and cohesion.

6.0 Conclusion

With the increasing number of refugee claimants and increasing wait times for refugee determination in Canada, this study considered the potential of ABCD to enhance the capacity of NGOs to support increasing demands for refugee claimant integration services. Through a case study of the HRC, involving a focus group, key-informant interviews, and a SWOT analysis, ABCD was tested for its effectiveness of supporting the HRC to enhance its capacity.

Furthermore, the study employed PAR methods to ensure meaningful collaboration with the HRC and to catalyze action based on the results. The results of the study showed that NGOs are already utilizing ABCD, but to further operationalize ABCD external resources are required.

Thus, building upon the existing knowledge of the limitations of the effectiveness of ABCD in certain contexts. These findings are intended to contribute to the body of literature on the

potential applications and limitations of ABCD, and the effectiveness of PAR methods. The study also serves to provide evidence of the role of and need for NGOs in refugee claimant integration. It is hoped that this thesis contributes to informing the relevant governments, policy makers and funders of the need for more services and supports for refugee claimant integration in Canada, specifically increased funding for NGOs supporting refugee claimant integration. Furthermore, to encourage other NGOs to endeavour to utilize ABCD if it is within their organizational capacity. Moving forward, this study can be expanded upon through further research into policy and service-provision best practices to help inform government and service providers in how to increase the success of refugee claimant integration.

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Appendices

Appendix 1: Barriers to Refugee Integration in Canada

Table 6.

Barriers to Refugee Claimant Integration in Canada: IOM's (2018c) Social Determinants of Migrant Health.

Social Determinants of Migrant Health (IOM, 2018c)		Sources discussing the barriers experienced by refugees in Canada	Does the source differentiate barriers of refugee claimants?
Individual Factors	Age	Government of Manitoba, 2010; Hyndman, 2011; Lamba and Krahn 2003; Wilkinson, 2017	No No No Yes
	Sex	Government of Manitoba, 2010; Hyndman, 2011; Lamba and Krahn 2003; Ouellet, Warmington, & Yu, 2007	No No No Yes
	Hereditary Factors	DesMeules, Gushulak, Hatcher Roberts, Pottie & Torres, 2011; Government of Manitoba, 2010; Hyndman, 2011;	Yes No No
Individual Lifestyle Factors	Educational Attainment	Clark-Kazak, 2017; Government of Manitoba, 2010; Hyndman, 2011; Hyndman & Hynie, 2016; VanderPlaat, 2017 Wilkinson, 2017	Yes No No No No Yes
	Economic Class	Clark-Kazak, 2017; DesMeules, Gushulak, Hatcher Roberts, Pottie & Torres, 2011; Hyndman, 2011; Ouellet, Warmington, & Yu, 2007;	Yes Yes No Yes
	Legal Status	Attalah, 2017 Clark-Kazak, 2017; Derwing, Krahn, Mulder, & Wilkinson, 2000 Government of Canada, 2018a; Harris, 2018;	Yes Yes No Yes Yes

Social Determinants of Migrant Health (IOM, 2018c)		Sources discussing the barriers experienced by refugees in Canada	Does the source differentiate barriers of refugee claimants?
		HRC, 2012a; Hyndman, 2011; IRCC, 2016; Ouellet, Warmington, & Yu, 2007; Rose, 2016; Zilio, 2018	Yes No Yes Yes Yes Yes
	Separation from cultural norms	Government of Manitoba, 2010; Hyndman, 2011; VanderPlaat, 2017	No No No
	Potential Cultural and linguistic barriers	DesMeules, Gushulak, Hatcher Roberts, Pottie & Torres, 2011; Derwing, Krahn, Mulder, & Wilkinson, 2000; Ditchburn, 2016; Government of Manitoba, 2010; Hyndman, 2011; Hyndman & Hynie, 2016; Ouellet, Warmington, & Yu, 2007	Yes No No No No No Yes
	Possible substance abuse due to isolation	No literature found.	-
Social and Community Influences	Separation from family	Lamba & Krahn, 2003	No
	Level of social exclusion	Government of Manitoba, 2010; Hyndman, 2011; Hyndman & Hynie, 2016; Lamba & Krahn, 2003; Sherell, 2017; Wilkinson, 2017 VanderPlaat, 2017	No No No No Yes Yes No
	Existence of xenophobia, discrimination, stigma in the host community	Amnesty International, 2016; CCR, 2016; Charette & Rose, 2016; Derwing, Krahn, Mulder, & Wilkinson, 2000; Hyndman, 2011; Richmond, 2001	Yes Yes Yes No No No

Social Determinants of Migrant Health (IOM, 2018c)		Sources discussing the barriers experienced by refugees in Canada	Does the source differentiate barriers of refugee claimants?
	Availability of migrant-friendly health services	Das, Hynie & Qasim, 2017; DesMeules, Gushulak, Hatcher Roberts, Pottie & Torres, 2011; Government of Canada, 2018d; Government of Manitoba, 2010; Hyndman & Hynie, 2016; Nova Scotia Health Authority, 2018	Yes Yes Yes Yes No Yes
Living and Working Conditions	Limited/Lack of access to clean water and sanitation	No literature found.	-
	Availability or lack of safe, clean housing	Artuso, 2018; Charette & Rose, 2016; Clark-Kazak, 2017; Hyndman, 2011; Hyndman & Hynie, 2016; Murdie, 2008; Ouellet, Warmington, & Yu, 2007; Rose, 2016; Rider, 2018; Rizza, 2018; Sherell, 2017;	Yes Yes Yes No No Yes Yes Yes Yes Yes Yes
	Often poor working conditions and lack of occupational health schemes	No literature found.	-
	Access to/existence of jobs that provide a living wage	CCR, 2016; Clark-Kazak, 2017 Derwing, Krahn, Mulder, & Wilkinson, 2000; Hyndman & Hynie, 2016; Ouellet, Warmington, & Yu, 2007; Wilkinson, 2017	Yes Yes No No Yes Yes
General Socio-economic, Cultural, and Environmental Conditions	(Lack of) legislation ensuring migrants' access to health	Das, Hynie & Qasim, 2017; DesMeules, Gushulak, Hatcher Roberts, Pottie & Torres, 2011; Government of Canada, 2018d; Hyndman & Hynie, 2016; Nova Scotia Health Authority, 2018	Yes Yes Yes No Yes

Social Determinants of Migrant Health (IOM, 2018c)	Sources discussing the barriers experienced by refugees in Canada	Does the source differentiate barriers of refugee claimants?
	regardless of their status	
	Existence and effectiveness of labour policies to protect workers' rights	Artuso, 2018; Clark-Kazak, 2017; Dib, 2017
	Policies prohibiting discriminatory practices	CCR, 2014; Clark-Kazak, 2017; Derwing, Krahn, Mulder, & Wilkinson, 2000; Dib, 2017; Ouellet, Warmington, & Yu, 2007; Richmond, 2001
	Policies in other domains affecting the health of migrants	Amnesty International, 2016; CCR, 2014; CCR, 2016; Ditchburn, 2016; Government of Canada, 2018a; Harris, 2018 HRC, 2012a; Hyndman, 2011; IRCC, 2016

Table 7.

Barriers to Refugee Claimant Integration in Canada: Canada's Social Determinants of Health.
(Government of Canada, 2018b).

Determinants of Health (Government of Canada, 2018b)	Sources discussing the barriers experienced by refugees in Canada	Does the source differentiate barriers of refugee claimants?
Income and social status	Clark-Kazak, 2017; DesMeules, Gushulak, Hatcher Roberts, Pottie & Torres, 2011; Hyndman, 2011; Ouellet, Warmington, & Yu, 2007;	Yes Yes No Yes
Employment and working conditions	CCR, 2016; Clark-Kazak, 2017 Derwing, Krahn, Mulder, & Wilkinson, 2000; Hyndman & Hynie, 2016; Ouellet, Warmington, & Yu, 2007; Wilkinson, 2017	Yes Yes No No Yes Yes
Education and literacy	Clark-Kazak, 2017; Government of Manitoba, 2010; Hyndman, 2011; Hyndman & Hynie, 2016; VanderPlaat, 2017 Wilkinson, 2017	Yes No No No No Yes
Childhood experiences	VanderPlaat, 2017	No
Physical Environments (<i>Housing</i>)	Artuso, 2018; Charette & Rose, 2016; Clark-Kazak, 2017; Hyndman, 2011; Hyndman & Hynie, 2016; Murdie, 2008; Ouellet, Warmington, & Yu, 2007; Rose, 2016; Rider, 2018; Sherell, 2017;	Yes Yes Yes No No Yes Yes Yes Yes Yes
Social supports and coping skills	Government of Manitoba, 2010; Hyndman, 2011; Hyndman & Hynie, 2016; Lamba & Krahn, 2003;	No No No No

Determinants of Health (Government of Canada, 2018b)	Sources discussing the barriers experienced by refugees in Canada	Does the source differentiate barriers of refugee claimants?
	Sherell, 2017; Wilkinson, 2017 VanderPlaat, 2017	Yes Yes No
Healthy Behaviours	n/a	
Access to Health Services	Das, Hynie & Qasim, 2017; DesMeules, Gushulak, Hatcher Roberts, Pottie & Torres, 2011; Government of Canada, 2018d; Government of Manitoba, 2010; Hyndman & Hynie, 2016; Nova Scotia Health Authority, 2018	Yes Yes Yes Yes No Yes
Biology and genetic endowment	DesMeules, Gushulak, Hatcher Roberts, Pottie & Torres, 2011; Hyndman, 2011; Government of Manitoba, 2010;	Yes No No
Gender	Hyndman, 2011; Lamba and Krahn 2003; Government of Manitoba, 2010; Ouellet, Warmington, & Yu, 2007	No No No Yes
Culture	Amnesty International, 2016; Rizza, 2018 CCR, 2016; Charette & Rose, 2016; Derwing, Krahn, Mulder, & Wilkinson, 2000; Government of Manitoba, 2010; Hyndman, 2011; Richmond, 2001; VanderPlaat, 2017	Yes Yes Yes Yes No No No No No

Summaries of the Barriers:

Institutional Barriers

There are numerous institutional barriers preventing successful integration of refugees, especially refugee claimants, in Canada (Clark-Kazak, 2017; Hyndman, 2011; Ouellet, Warmington, & Yu, 2007). In 2001, Canada passed *IRPA*, which was meant to refocus the refugee determination process based on humanitarian principles, focussing on individuals need for protection in Canada (Hyndman, 2011; Ouellet, Warmington, & Yu, 2007). This is beneficial as it emphasizes Canada's duty to protect, however, the Canadian system is currently struggling to maintain reasonable processing times with the increasing numbers of refugee claims (Harris, 2018; Hyndman, 2011; IRCC, 2016). Refugee claimants are currently facing almost 2 year long waiting periods for a hearing with the IRB, which is an increase from 14 months in 2016 (Zilio, 2018). The government appears to be working to reduce these waiting times, however, the IRB states that they are not predicted to become shorter (Government of Canada, 2018a; Zilio, 2018). Long processing times leave refugee claimants in precarious situations as it reduces their ability to obtain work permits and adequate housing and increases social and racialized tension about and towards refugees (Artuso, 2018; Charette & Rose, 2016; Clark-Kazak, 2017; Rizza, 2018). Long processing times also prevents refugee claimants from having access to many services and programs that assist in integration, that are only available after they have obtained refugee status, including provincial health coverage (City of Halifax, 2017; Halifax Public Libraries, 2018; HRC, personal communications, November 12, 2018). This is referred to as 'poverty of status' (HRC, personal communications, November 12, 2018). Thus, the long waiting period that refugee claimants are currently experiencing is a significant barrier to wellbeing and integration in Canada.

In Canada, there are institutional barriers, namely, lack of funding, preventing the provision of services for refugee claimants (CCR, 2014; HRC, 2012a). NGOs are the main service providers for refugee integration services in Canada, especially for refugee claimants, who do not have access to government sponsored refugee programming (HRC, 2012a). However, there is no government funding available to support refugee claimant services (HRC, 2012a). In 2000, both the provincial and federal governments terminated funding for Nova Scotia Legal Aid, an initiative to help refugee claimants with the refugee determination process (HRC, 2012a). This left many refugee claimants unable to access reliable legal resources and therefore, unable to pursue and obtain refugee status and working permits (CCR, 2014; HRC, 2012a). Furthermore, it is a common misconception that refugees are costly for the state due to large amounts of social assistance, however, refugees are only eligible for very limited social assistance (CCR, 2014; Clark-Kazak, 2017; Lamba & Krahn, 2003). In 2014, the passing of Bill C-43 amended the *Federal-Provincial Fiscal Arrangements Act*, allowed provinces to refuse refugee claimants social assistance by adding minimum residency requirements (CCR, 2014). This further limited refugee claimant's ability to access resources and stability in Canada.

Societal / Structural Barriers

Refugees face significant structural barriers, including social exclusion, skewed public perceptions of dependency and being reduced to a definition or number in the refugee crisis (Clark-Kazak, 2017; Lamba & Krahn, 2003). These structural barriers are happening from the institutional level to the individual or community level (Ditchburn, 2016; Lamba & Krahn, 2003; HRC, personal communications, November 12, 2018). For instance, Lamba and Krahn (2003) discuss how refugees are often reduced to be a part of the refugee crisis and its collective trauma. This fails to recognize refugees as individuals, especially individuals with assets, and projects a

narrative of dependency and helplessness (Lamba & Krahn, 2003). Furthermore, there are numerous misconceptions about the amount of money the state uses to support refugees and how refugees impact society (Ager & Strang, 2010; Amnesty International, 2016; CCIRC, 2018; CCR, 2016; HRC, 2009a; HRC, personal communications, November 12, 2018). Refugees are often villainized for taking jobs or opportunities away from the local community (CCR, 2016; HRC, 2009a; HRC, personal communications, November 12, 2018). However, they contribute positively to the economy, through providing skilled labour and filling necessary jobs (Amnesty International, 2016; CCIRC, 2018; CCR, 2016; HRC, 2009a). Refugees are also often denigrated for being a high cost to the state, specifically for the amount of social assistance they receive from the state, despite receiving very limited to no social assistance (Artuso, 2018; CCR, 2014; Clark-Kazak, 2017). Furthermore, despite the multiculturalism of Canada, refugees still experience racism, which is often rooted in misconceptions (Rizza, 2018; Hyndman, 2011; Richmond, 2001). In addition, refugee claimants often face further social exclusion, even within refugee communities, as they are often ostracized for not following the conventional refugee process or system (HRC, personal communications, November 12, 2018). These misconceptions and narratives are limiting for refugees, preventing them from obtaining a sense of belonging or worth in their host country (Lamba & Krahn, 2003).

Language

Language can be a significant barrier for refugees as it can prevent refugees from having access to supports and services and limit their capacity to navigate and integrate into a new society (Government of Manitoba, 2010; Hyndman & Hynie, 2016). Understanding and being able to speak the language of a host community helps refugees achieve an increased sense of belonging and social inclusion, which are both integral components to the IOM's (2018c) social

determinants of migrant health, and Ager and Strang's (2008) conceptual framework for integration (Hyndman & Hynie, 2016). However, refugees often have limited language skills and require supports and services to be able to increase their language levels (Hyndman & Hynie, 2016). The inability to increase language skills or take qualification exams, often limits refugees' ability to find meaningful employment that matches their skillset (CCR, 2016; HRC, personal communications, November 12, 2018). Language barriers are also experienced by refugees when endeavouring to access services, such as healthcare or legal services (DesMeules, Gushulak, Hatcher Roberts, Pottie & Torres, 2011; HRC, 2012a; Hyndman & Hynie, 2016). Service providers may not have the proper language supports, such as translation (DesMeules, Gushulak, Hatcher Roberts, Pottie & Torres, 2011; HRC, 2012a; Hyndman & Hynie, 2016). Thus, language is an extremely limiting barrier for refugee wellbeing and integration.

Refugee claimants face compounding barriers of language, as they are excluded from government funding, and thus do not have access to free, formal language learning programs for refugees, such as the LINC program in Halifax (Halifax Public Libraries, 2018; HRC, personal communications, November 12, 2018). The Halifax Refugee Clinic has endeavoured to support refugee claimants in learning English with its informal English as a Learned Language (ELL) program (HRC, 2012b). However, the program is volunteer run and has had problems maintaining consistency and high levels of language training, often needed for learning a new language, such as those funded by the government (HRC, personal communications, November 12, 2018).

Housing

Access to adequate, affordable housing is an important factor in social determinants of health, as it has significant impacts on other aspects of integration, such as mental and emotional wellbeing and physical health (Ager & Strang, 2008; Hyndman, 2011; Hyndman & Hynie, 2016; Ouellet, Warmington, & Yu, 2007; Rose, 2016). Ouellet, Warmington and Yu (2007) identify lack of access to permanent housing as one of the most significant barriers to successful refugee integration in Canada. Barriers to accessing housing is often felt immediately by refugees and is often not an acute problem, impacting refugees for many years (Ager & Strang, 2008; Ouellet, Warmington, & Yu, 2007; Rose, 2016). Refugee claimants in particular face additional barriers in regard to accessing adequate housing (Charette & Rose, 2016; Ouellet, Warmington, & Yu, 2007). Upon arriving to Canada, Government Sponsored Refugees and Privately Sponsored Refugees are received directly by their sponsors or agencies and have access to either temporary or permanent housing through their sponsorship program (Government of Canada, 2018f; Ouellet, Warmington, & Yu, 2007). However, refugee claimants often arrive to Canada without any notice, and do not have access to secure temporary or permanent housing upon arrival (Murdie, 2008; Ouellet, Warmington, & Yu, 2007). Research has shown that refugee claimants often do not know where they are going to sleep their first night upon arrival and make use of motels, churches or shelters (Ouellet, Warmington, & Yu, 2007). The barriers to accessing adequate housing are not acute upon arrival but continue for significant amounts of time. Long term housing insecurity is experienced by refugee claimants the most, but sponsored refugees are also susceptible to housing insecurity once their initial sponsorship program is over (Murdie, 2008; Ouellet, Warmington, & Yu, 2007; Rose, 2016; Sherell, 2017). The barriers that refugees face in long term access to housing is often due to affordability or the processes required for

renting, such as credit checks and references (Charette & Rose, 2016; Hyndman, 2011; Sherell, 2017). The financial inaccessibility of adequate housing often leads to precarious living situations for refugees, such as overcrowding and poor health conditions of the house (Sherell, 2017). The financial inaccessibility of housing has been shown to lead to detrimental mental health impacts, lower standards of living and social isolation, often due to high rent costs proportionate to income (Sherell, 2017). However, barriers to accessing housing has been seen to decrease slowly over time, as refugees become more settled in Canada in other ways (Charette & Rose, 2016; Murdie, 2008; Rose, 2016; Sherell, 2017). Thus, access to adequate, long term housing could help to improve overall integration, as refugees would have more stability, increased access to consistent services, and be able to more fully participate in society (Charette & Rose, 2016; Sherell, 2017).

In late 2018, Toronto, Ontario was experiencing high levels of refugee claimants waiting for their determination hearing, whom all required housing support (Artuso, 2018; Hyndman, 2011; Rizza, 2018; Rider, 2018). The federal, provincial and municipal governments were struggling to find adequate housing options for them and ended up housing the refugee claimants at a hotel in the city (Artuso, 2018; Rizza, 2018; Rider, 2018). This provided some level of temporary, functional security for the refugee claimants; however, the strategy was criticized for its high cost to the system (Artuso, 2018; Rizza, 2018; Rider, 2018). There was also significant online vilification of the refugees and racialized violence at the hotel (Artuso, 2018; Rizza, 2018; Rider, 2018). Thus, refugee claimants in Toronto were recently experiencing multiple, compounding barriers to successful integration.

Health Care

Refugees face barriers in accessing health care, such as due to language barriers, but also in accessing practitioners with relevant experiences, mental health services, timeliness of services, and limited health care coverage (Das, Hynie & Qasim, 2017; DesMeules, Gushulak, Hatcher Roberts, Pottie & Torres, 2011; Government of Manitoba, 2010; Hyndman & Hynie, 2016; HRC, personal communications, November 12, 2018). Research shows that refugees experience disproportionate rates of negative health impacts (DesMeules, Gushulak, Hatcher Roberts, Pottie & Torres, 2011; Government of Canada, 2018e). Das, Hynie & Qasim (2017) contextualize the importance of access to healthcare for refugees, as a basic human right and, a responsibility in protecting vulnerable populations. As seen in Figures 2 and 3, refugees health is already impacted significantly by numerous factors pre-arrival in their host country, such as trauma, discrimination, or poor living conditions (IOM, 2018c). Post arrival, refugees continue to deal with many factors that negatively impact their health, such as social isolation, unemployment, and poor living conditions (Hyndman, 2011; Hyndman & Hynie, 2016). Access to healthcare services can be integral in helping refugees cope with negative health impacts from the migration process and compounding barriers to integration (Ditchburn, 2016; Government of Manitoba, 2010; Hyndman & Hynie, 2016).

In Canada, refugees are unable to access provincial health insurance until they have lived in the same province for at least three months (Das, Hynie & Qasim, 2017). Prior to this, refugees are covered under the Interim Federal Health Program (IFHP) (Government of Canada, 2018d). This coverage is similar to the coverage provided to those on social assistance in Canada, and thus is limited in its scope and timeliness (Government of Canada, 2018d). However, as identified by Das, Hynie and Qasim (2017), the IFHP is administered differently

than regular provincial health care, and thus has been identified as a barrier to accessing healthcare efficiently for refugees. Refugee claimants are also covered under the IFHP until successfully obtaining their refugee status and completing the three-month provincial residency requirement for provincial healthcare (Government of Canada, 2018d). The IFHP includes coverage for the medical exam required for the refugee determination process (Government of Canada, 2018d).

Although refugees are covered under the IFHP, there are still barriers to accessing relevant health care services (Das, Hynie & Qasim, 2017; DesMeules, Gushulak, Hatcher Roberts, Pottie & Torres, 2011; Government of Manitoba, 2010; Hyndman & Hynie, 2016). Firstly, there are limited supports in the healthcare system to help refugees who do not speak the languages of the host country (Government of Manitoba, 2010). Furthermore, there are significant cultural barriers to accessing healthcare for newcomers, such as different medicine practices, and also lack of knowledge of potential health impacts from refugees' countries of origins (DesMeules, Gushulak, Hatcher Roberts, Pottie & Torres, 2011). Lastly, refugees face significant barriers in accessing mental health services in a timely manner, or that can accommodate language barriers (Hyndman, 2011).

The Halifax Refugee Clinic is endeavouring to address barriers to healthcare through increasing the self-sufficiency of their clients through the ELL program, and through advocating for The Newcomer Health Clinic, now open in Halifax, Nova Scotia (HRC, personal communications, November 12, 2018). The Newcomer Health Clinic is funded by the Nova Scotia provincial government and managed by the Nova Scotia Health Authority (Nova Scotia Health Authority, 2018). The clinic offers specialized healthcare services to sponsored refugees and refugee claimants (Nova Scotia Health Authority, 2018).

Education

Access to education is recognized as a social determinant of health, helping to maintain overall individual wellbeing (Government of Canada, 2018b; IOM, 2018c). Refugees have varying levels of education, with refugee claimants often having higher levels of education than sponsored refugees (Hyndman, 2011). However, there are barriers for accessing primary, secondary and post-secondary education in Canada (Clark-Kazak, 2017). Post-secondary education is often inaccessible for refugees due to the high tuition costs (Clark-Kazak, 2017). This is particularly a problem for refugee claimants, who are subject to international student fees, and unable to access student loans (Clark-Kazak, 2017; HRC, personal communications, November 12, 2018). In accessing primary and secondary level education, refugees often face barriers due to admission requirements made by local school boards or provincial governments (Clark-Kazak, 2017). It is legally required that youth attend school between the ages of five to sixteen or eighteen and it is illegal to deny a child admission to school due to their immigration status (Clark-Kazak, 2017). However, some schools try to charge international fees to refugee claimants, making them financially inaccessible (Clark-Kazak, 2017). Also, there have been problems with the Canadian Border Services Agency (CBSA) using schools to locate and remove children whose refugee status has been rejected (Clark-Kazak, 2017). Children also face barriers once they are attending school, with social isolation, often due to language or cultural barriers (VanderPlaat, 2017). For instance, English as an Additional Language (EAL) programs in schools often segregate youth from other students, which has been shown to lead to increased stigmatization, ostracization and feelings of isolation in newcomer youth (VanderPlaat, 2017). Work is being done in Toronto to endeavour to better utilize public schools as a platform for

refugee integration, as described by Hyndman (2011). However, it is apparent that there are still many barriers to accessing education as a refugee in Canada.

Employment

Employment and economic indicators of integration seem to have been studied significantly and prioritized in communications about the success of or barriers to refugee integration (Ager & Strang, 2008; Hyndman, 2011; Hyndman & Hynie, 2016). Refugees face many barriers to obtaining employment in addition to the negative narratives of refugee dependency and helplessness, as discussed in structural barriers (Derwing, Krahn, Mulder, & Wilkinson, 2000; Hyndman & Hynie, 2016). Unemployment is shown to have negative overall health impacts, such as mental health impacts, and has been identified as a barrier to integration (Ager & Strang, 2008; Government of Canada, 2018b; Hyndman & Hynie, 2016; IOM, 2018c). Derwing, Krahn, Mulder and Wilkinson's study (2000), provides significant insight into the barriers to accessing meaningful employment for refugees in Canada and its impacts on refugee health. The paper highlights that despite having high levels of education and skills, refugees face disproportionately high levels of temporary and precarious work, and unemployment (Derwing, Krahn, Mulder, & Wilkinson, 2000). This can be due to many reasons, including credentials not being recognized, language proficiency, or discrimination (Ager & Strang, 2008; Derwing, Krahn, Mulder, & Wilkinson, 2000; Hyndman & Hynie, 2016). Furthermore, refugee claimants are unable to access employment until they have been successful in the refugee determination process, or by applying for a work permit if over 180 days have passed since their claim has been referred to the IRB (Clark-Kazak, 2017). This is extremely limiting for refugee claimants, preventing them from being able to support themselves (Hyndman & Hynie, 2016). Not being able to acquire meaningful work is detrimental to refugees' sense of belonging, as it prevents

them from fully realizing their potential and to contribute meaningfully in their new communities (Hyndman & Hynie, 2016).

Individual Factors

As discussed by Lamba and Krahn (2003), individuals will experience additional compounding impacts of these barriers based on their individual circumstances, such as the impacts of age, level of isolation, gender oppression, patriarchy or age (Government of Manitoba, 2010; Hyndman, 2011).

Appendix 2: Complete SWOT Analysis of HRC

Table 8.

SWOT Analysis of the HRC

SWOT Category	Participant Response
Opportunities	Opportunity to seek support from university institutions to fund student placement management and supports (ex: student placement coordinator position).
	Municipal Government is a key political advocate in making policy changes / addressing local barriers to refugee integration (ex: including refugee claimants in the Welcome to Halifax Transit and Recreation Pass)
	There is an increasing understanding of, and compassion towards, refugee related issues. There appear to be a lot of concerned citizens. (opportunity to capitalize on increased concern: increase monthly donor program, volunteers and advocates)
	There are a lot of recreational opportunities for refugee claimants in the HRM for the HRC to partner with (such as: Wonder'neath, Welcome to Halifax Pass for Recreation Centres and transit, the Big Sing, free museum entry on certain days at Art Gallery of NS, Discovery Centre and Natural History Museum)
	The HRC staff, volunteers, and board are aware of potential new ways to increase and diversify funding.
	The HRC staff, volunteers, and board see the opportunity to partner with more businesses to leverage their networks, services, and resources to better support refugee integration without increasing services directly (such as: network of businesses that are supportive of hiring people with temporary status)
	Political advocates are crucial in helping the HRC reduce barriers for refugee claimants (such as through policy changes): there are individuals in all levels of government that have used their capacity to support the HRC
	The HRC staff, volunteers and board see the opportunity to better leverage personal networks to provide informal integration support. They have the potential to be high impact with minimal effort for the HRC.
	The HRC staff, volunteers and board see opportunities to build new relationships with organizations in the HRM to support refugee integration without directly increasing service provision internally. Depending on the partner organization, the level of impact and effort varies.
	The HRC has a lot of people who are interested in volunteering for the clinic, many with specific helpful skills.
Opportunity to increase third party fundraisers, to help increase financial diversity and alleviate workload for applying for microgrants	
	The HRC staff, volunteers and board use their personal networks to provide informal integration support.

SWOT Category	Participant Response
Strengths	The HRC is highly flexible, non-restrictive, adaptable, and risk tolerant, allowing it to be able to respond effectively to and prioritize everchanging client needs, advocacy work, and crisis.
	The HRC is responsive to client needs rather than outcomes required by funding or being a governmental organization.
	The organization has many dedicated volunteers from diverse backgrounds and skillsets. Such as, placement students from many disciplines (law, business, accounting, social services, etc.), adults and high school aged youth with many skills (English teaching, interpretation, academic research, advocacy, welcoming, fundraising/donation seeking, recreation, etc.). Furthermore, volunteers try to stay involved with the HRC.
	The HRC has third party fundraisers who help to raise funds outside of the organizational structure of the HRC.
	The HRC is extremely specialized and qualified in the work that it does - only organization in the HRM and Atlantic Canada to do what it does.
	The HRC operationalizes strengths-based approaches to its settlement service provision. The HRC sees clients as whole people with assets to share with the HRM and Nova Scotia.
	The HRC has a dedicated, hard working, long term core staff who work together as a team to ensure the needs of the clients and organizational needs are met.
	There are positive relationships between staff.
	The HRC has a broad range of community support, from local and global network.
	The HRC has a physical office location that was donated to it, reducing operational costs for renting office space, and increasing autonomy of how space is used. The building has an informal feel to it to make clients feel like they are at home rather than in an office.
	The HRC has many long-term partners with local organizations to help supplement settlement services and supports.
	The HRC has an increasing number of monthly donors helping to increase financial stability.
	The organization sees the benefits of informal and formal integration support services (ex: formal settlement services (such as client accompaniment or system navigation), connection to a volunteer's personal network, informal events for community gathering)
	The HRC has its own car that was donated. The car allows the organization to be able to accompany clients to appointments or meetings. This is important as often service providers do not know the rights of those without status or lack cultural awareness (accessibility issues).
	The HRC believes it is an important community hub. It is a safe and welcoming space for all, but also an effective community crisis resource centre.
	The HRC is working to increase communication between organization and volunteers through a monthly newsletter.
The HRC understands that it has expertise and is working to formalize knowledge in manuals and forms for new volunteers, staff and clients, to improve efficiency and internal knowledge sharing (sustainability/succession preparation).	
The HRC does not use a merit-based approach to its legal services. A merit-based approach limits a service provider to supporting legal claims that are likely to get a positive refugee status decision (based on strength of the case). Organizations often employ this approach due to high numbers of claims, however, the HRC accepts and helps all clients.	

SWOT Category	Participant Response
	The HRC uses its internal staff and financial resources efficiently and effectively. They make do with little.
	The HRC does not have time limits set for how long they dedicate to individuals' cases. This allows the HRC to provide robust and meaningful support to clients. Some organizations, specifically legal aid services, set time limits per case to enable them to get through more cases. However, this can lead to lack of enough strength for a client's case or ability to perform in a hearing, potentially decreasing successful claims. The HRC has had a high success rate in positive refugee status decisions.
	The HRC uses a trauma-based approach to help ensure clients needs are being met. The staff are welcoming and supporting to new clients and at every stage of service provision with clients.
	The HRC advocates for the reduction of systemic barriers for refugee claimants in the HRM, Nova Scotia, and Canada.
	The HRC can pay its staff from a private donorship.
	The HRC has good problem-solving skills to deal with uncertainty, crisis and limited resources.
	The organization has a non-hierarchical structure that allows for agency and responsibility within staff members.
	The HRC uses a holistic approach to settlement services, working towards addressing the social determinants of health of clients, not just legal support (housing, education, language, support, safety, social networks, etc.)
	The HRC has a significant understanding of refugee related issues and uses it to help educate the community through advocacy work, such as marches and school visits.
	Uses Facebook to seek out donations and engage community.
	The goals of the organization are well understood by those involved (volunteers, board members, staff)
	There are good internal structures to deal with conflict resolution/team dynamics.
	The HRC is willing to identify and nurture new ideas - adapting to needs of clients and skills available. Lack of formal protocol and governance/funding requirements allows new ideas to occur faster.
	The HRC is open to new volunteer leadership and nurtures it.
	Small core staff allows for increased flexibility in delegation, projects and responsiveness.
	Volunteers are not micro-managed due to a lack of capacity. Allows for ideas to come to life much faster.
	HRC helped to advocate for the Newcomer Health Clinic in the HRM to provide culturally appropriate care, including interpreters and informed health care professionals.
	Strong organizational vision and dreams - the HRC believes in its capacity to continue to serve its clients and expand its capacity.
	The HRC has received microgrants from other organizations/third party fundraisers to support with specific projects (ex: car insurance for donated car). This helps to reduce operational costs to cover by the HRC.
	The HRC is working to create a network of faith-based organizations in the HRM that are advocates and allies for supporting refugee claimant integration

SWOT Category	Participant Response
	The board of the HRC functions adequately for the purposes of the NGO - communicates and works effectively on tasks required (ex: efficient board meetings, philosophically aligned and engaged)
Threats	<p>Potentially increasing anti-asylum sentiment from national government (Proposed Bill C-97 to prevent refugee claims from certain countries)</p> <p>Policy changes can occur with changes of government at municipal, provincial and federal levels. These changes can increase barriers to clients of the HRC and take significant amounts of advocacy work to prevent negative changes. (significant amount of uncertainty and risk) (ex: potential for other provinces to cut legal aid, increasing the number of clients migrating within Canada to seek services of the HRC)</p> <p>Lack of education of the general public on differences in status's and refugee determination process, and general anti-refugee sentiments is a barrier to successful refugee claimant integration and increases work of HRC to do advocacy/education campaigns to the public</p> <p>Federal and provincial (NS) policies currently exclude refugee claimants from accessing most services, such as: no funding for legal aid, not qualifying for English language programs, and not qualifying for government subsidized housing, putting the burden on the HRC to provide all services and system navigation.</p> <p>Lack of education/awareness of difference in status's by frontline workers across many sectors (healthcare, recreation, employers, etc.) lead to refugee claimants not being able to access services that they do qualify for (ex: healthcare under MSI/IFHP, or access to rec centres with Welcome to Halifax Pass). Increases workload for HRC as accompaniment becomes a necessity for appointments or activities.</p> <p>Lack of institutional learning and knowledge transfer when policies or services become more accessible to refugee claimants. HRC is burdened with having to educate workers and advocate for now accessible services on behalf of clients and also reduces clients' trust of the HRC to support them (ex: denied services by frontline workers, or failed process changes - lack of work permits being issued despite procedural change for immediate issue of work permits after approved immigration medical).</p> <p>Lack of understanding by funders to the need to provide services specifically to refugee claimants and people lacking status, limiting the ability of the HRC to access funding.</p> <p>Increase in wait times for hearings by the federal governing bodies for refugee determination, and increasing mistakes being made on normally approved cases or work permits by governing bodies.</p> <p>Extends the deficiency of status of the HRC's clients, increasing precariousness, decreases wellbeing, and increases need for support/services. Increases the workload for the HRC in service provision and advocacy and impacts the trust/relationship the HRC has with clients.</p> <p>There are increasing trends in the number of refugee claimants coming into Canada and to the HRC (threat to internal capacity to support claims)</p> <p>Current services that are accessible to refugee claimants are inadequate to meet the needs of clients, such as: inadequate income assistance (refugee claimants do not get a livable income - less than Nova Scotians), health care does not cover pharmacy or dental care.</p>

SWOT Category	Participant Response
	International political climate influences number of clients - leads to unpredictability of demands on the HRC. Ex: increases in claims with Trump administration, crises in Libya, Yemen and Syria in recent years.
	Resources strained in other provinces leading to internal migration to seek services of the HRC (ex: refugees coming from Quebec or New Brunswick)
	Cultural and geographic differences between provinces causing internal migration of individuals to Nova Scotia - want a smaller city, seeking predominantly anglophone community because do not speak French.
	Media has a large influence on public perception of and support for/against refugee related issues
	Tone of government has large impact on public perception of and support for/against refugee related issues
	Needs and demographics of clients fluctuate (such as families vs. individuals), and therefore are unpredictable and hard to plan for as the HRC.
	Lack of services and supports for children of refugee claimants
	Lack of financially accessible education programs for refugee claimants
	Lack of awareness about the work of the HRC in Halifax and Nova Scotia (limits support from community)
	Lack of research supporting the need to support refugee claimants in Canada / the barriers they face
	Climate change induced forced migration does not qualify someone for refugee status under the UNHCR currently, which would lead to increases in people who do not qualify for status and do not have access to services
	Only service provider for their mandate - if turn away clients, know there is no one else to help, other than a private lawyer which is not accessible to most - increases pressure to help everyone by the HRC
	Increasing funding for the clinic is highly dependent on new partnerships and external grants
	Increasing services within the current organizational budget, involves the increased participation, support and engagement of volunteers
	Dependent on donations and generosity of the community to meet the needs of clients (quality of the goods donated/what is donated is dependent on those engaged/able to donate
	NS not providing legal aid = HRC exists to fill this gap - but 'should' be an add on to core gov't services, not in replacement of - existence could be limiting the Gov't from stepping up
Weaknesses	Currently no system to terminate or manage volunteers who are not doing their role
	Current lack of diversity in funding portfolio.
	Friendship and positive relationships between staff can lead to difficulties in formal evaluation and feedback processes.
	The board of the HRC could be more balance in a diversity of skills available to support the work of the HRC (such as fundraising skills).
	The board of the HRC would represent its community's demographic/ethno-cultural mix better.
	Lack a formalized system to engage/delegate tasks to volunteers - rely heavily on volunteers who do not need significant guidance or supervision from small staff

SWOT Category	Participant Response
	Lack of long-term funding stability for staff and operational costs (staff salaries are precarious)
	Lack of long-term funding stability limits ability to design and implement successful strategic plans
	Limited engagement of graduate students/professional students who do not need supervising on projects (vs: undergrad/entry level post secondary programs)
	Not able to offer certain solutions/meet certain needs of clients due to lack of formal programs (ex: volunteer based English learning, rather than an accredited program)
	<p>Many needs of clients not yet able to meet, mostly due to lack of funding:</p> <ul style="list-style-type: none"> complex legal needs - helping with immigration claims who are not just refugee claimants education - access to free classes at the library social isolation, loneliness, social networks programming for claimants while waiting for decision complex needs: counselling, exploitation & victimization mitigation Ability to help with problems with landlords / employers Family reunification procedures (immigration applications)
	Lack of internal staff capacity to engage and train volunteers regularly and forge new organizational relationships, to provide more services to clients
	Due to the small staff and high work load, there is high levels of burn out within the staff, that is hard to address without increased funding.
	Limited internal capacity prevents the HRC from being able to do the amount of advocacy work they would like to be doing to support refugee related issues/client barriers.
	Lack of receptionist/intake counsellor decreases the efficiency of the HRC.
	Sense of "hominess" at the centre sometimes decreases efficiency as staff time can be taken less seriously from clients, volunteers or community members
	Lack of larger space to run multiples programs/services, store donations/resources for clients.
	Minimal online presence limits engagement and support.
	Lack of administrative assistant or volunteer coordinator decreases capacity of the clinic (responding to emails of potential volunteers, training volunteers, etc.)
	Staff has inadequate salaries due to unpredictability of funding.
	Limited diversity in fundraising portfolio.
	Lack of formal counselling services available to help clients navigate trauma - especially with supporting legal services.
	Minimal financial management, such as a Board Treasurer, occurring within the organization
	Lack of internal capacity to incorporate all the skills, talents and passions of people involved in the HRC to provide additional supports and services to clients.
	Lack of a system/database to manage potential community partners and resources to help support clients
	Lack of consistent information/knowledge transfer within the organization (staff and board particularly) due to limited capacity of staff to follow up.

Appendix 2: Comparison Tables of SWOT and ABCD

Table 4b.

Comparison of ABCD to the HRC's Strengths and Opportunities.

SWOT Category	Participant Response	Is this operationalizing ABCD? (Yes / No / Not Applicable)	Researcher Rationale	Are there limitations to operationalizing ABCD in this way?
Opportunities	Opportunity to seek support from university institutions to fund student placement management and supports (ex: student placement coordinator position).	Yes	Asset-Based: relying on community networks to support its work. Relationship Driven: building upon existing relationships Internally Focussed: focussing on local investment	Limited capacity for fundraising, however, could be obtainable over time and if know right people to connect with.
	Municipal Government is a key political advocate in making policy changes / addressing local barriers to refugee integration (ex: including refugee claimants in the Welcome to Halifax Transit and Recreation Pass)	Yes	Internally Focussed: Leveraging Municipal Government to solve problems and reduce barriers Relationship Driven: Building upon existing relationships	Limited internal capacity for advocacy work, but municipal advocacy work has taken the least amount of effort (compared to federal and provincial)
	There is an increasing understanding of, and compassion towards, refugee related issues. There appear to be a lot of concerned citizens. (opportunity to capitalize on increased concern: increase monthly donor program, volunteers and advocates)	Yes	Relationship Driven: leveraging the interest and compassion of citizens Internally Focussed: leveraging community hope	Limited ability to capitalize off increasing compassionate and concerned citizens - limited internal capacity to manage a volunteer program.

SWOT Category	Participant Response	Is this operationalizing ABCD? (Yes / No / Not Applicable)	Researcher Rationale	Are there limitations to operationalizing ABCD in this way?
	There are a lot of recreational opportunities for refugee claimants in the HRM for the HRC to partner with (such as: Wonder'neath, Welcome to Halifax Pass for Recreation Centres and transit, the Big Sing, free museum entry on certain days at Art Gallery of NS, Discovery Centre and Natural History Museum)	Yes	Relationship Driven: building community networks to support internal services, rather than trying to provide all services in house Asset-Based: relying on the work of other organizations	Limited internal capacity to build new relationships, manage an everchanging list of recreational opportunities for clients, and to ensure that access will not be denied for clients (accompaniment/ advocacy work).
	The HRC staff, volunteers, and board are aware of potential new ways to increase and diversify its funding portfolio.	Yes	Relationship Driven: seeking to increase monthly donors and build relationships with new potential donors	Limited control over grant/core-funding application outcomes, or ability to obtain large donations. However, continuing to increase monthly donors appears to be quite obtainable.
	The HRC staff, volunteers, and board see the opportunity to partner with more businesses to leverage their networks, services, and resources to better support refugee integration without increasing services directly (such as: network of businesses that are supportive of hiring people with temporary status)	Yes	Relationship Driven: building community networks Asset-Based: relying on the assets of other businesses	Limited internal capacity to build new relationships, manage an everchanging list of opportunities for clients, and to ensure that access will not be denied for clients (accompaniment/ advocacy work).
	Political advocates are crucial in helping the HRC reduce barriers for refugee claimants (such as through policy changes): there are individuals in all levels of government that have used their capacity to support the HRC	Yes	Relationship Driven Asset-Based: identifying strengths of individuals despite potential barriers at institutional levels	HRC has limited capacity to do advocacy work at this time (high number of claimants).

SWOT Category	Participant Response	Is this operationalizing ABCD? (Yes / No / Not Applicable)	Researcher Rationale	Are there limitations to operationalizing ABCD in this way?
	The HRC staff, volunteers and board see the opportunity to better leverage personal networks to provide informal integration support. They have the potential to be high impact with minimal effort for the HRC.	Yes	Relationship Driven: valuing informal networks	Often requires minimal effort from the HRC to coordinate, however, is not always available to meet clients needs.
	The HRC staff, volunteers and board see opportunities to build new relationships with organizations in the HRM to support refugee integration without directly increasing service provision internally. Depending on the partner organization, the level of impact and effort varies.	Yes	Relationship Driven: building community networks to support internal services, rather than trying to provide all services in house Asset-Based: relying on the assets of other organizations	Limited internal capacity to build new relationships, manage an everchanging list of opportunities for clients, and to ensure that access will not be denied for clients (accompaniment/ advocacy work).
	The HRC has a lot of people who are interested in volunteering for the clinic, many with specific helpful skills.	Yes	Asset-Based: valuing the assets of individuals Relationship Driven	Limited internal capacity to manage a volunteer program,
	Opportunity to increase third party fundraisers, to help increase financial diversity and alleviate workload for applying for microgrants	Yes	Internally Focussed: focussing on local investment Relationship Driven: leveraging community networks for support	Lack of predictability in fundraising outcomes to support financial stability of the HRC, however, requires minimal effort from the HRC making it more viable than microgrants.
Strengths	The HRC staff, volunteers and board use their personal networks to provide informal integration support.	Yes	Relationship Driven: valuing informal connections & building community networks Asset-Based: seeing individuals as assets	not applicable

SWOT Category	Participant Response	Is this operationalizing ABCD? (Yes / No / Not Applicable)	Researcher Rationale	Are there limitations to operationalizing ABCD in this way?
	The HRC is highly flexible, non-restrictive, adaptable, and risk tolerant, allowing it to be able to respond effectively to and prioritize everchanging client needs, advocacy work, and crisis.	Yes	Internally focussed: maintains internal control over the organization, rather than being guided by external goals.	not applicable
	The organization has many dedicated volunteers from diverse backgrounds and skill sets. Such as, placement students from many disciplines (law, business, accounting, social services, etc.), adults and high school aged youth with many skills (English teaching, interpretation, academic research, advocacy, welcoming, fundraising/donation seeking, recreation, etc.). Furthermore, volunteers try to stay involved with the HRC.	Yes	Asset-Based: sees individuals as assets, and aware of strengths of volunteer network Relationship Driven	not applicable
	The HRC is extremely specialized and qualified in the work that it does - only organization in the HRM and Atlantic Canada to do what it does.	Yes	Asset-Based: understands its strengths within the community	not applicable
	The HRC operationalizes strengths-based approaches to its settlement service provision. The HRC sees clients as whole people with assets to share with the HRM and Nova Scotia.	Yes	Asset-Based & Internally Focussed: views clients as assets rather than burdens	not applicable
	The HRC has a dedicated, hard working, long term core staff who work together as a team to ensure the needs of the clients and organizational needs are met.	Yes	Asset-Based & Internally Focussed: focus on what the HRC has rather than what it lacks	not applicable

SWOT Category	Participant Response	Is this operationalizing ABCD? (Yes / No / Not Applicable)	Researcher Rationale	Are there limitations to operationalizing ABCD in this way?
	There are positive relationships between staff.	Yes	Asset-Based & Internally Focussed: focus on what the HRC has rather than what it lacks	not applicable
	The HRC has a broad range of community support, from local and global network.	Yes	Asset-Based & Relationship Driven: aware of community network	not applicable
	The HRC has a physical office location that was donated to it, reducing operational costs for renting office space, and increasing autonomy of how space is used. The building has an informal feel to it to make clients feel like they are at home rather than in an office.	Yes	Asset-Based - the HRC is aware of its own assets to the community and clients Internally Focussed - local support from donations	not applicable
	The HRC has many long-term partners with local organizations to help supplement settlement services and supports.	Yes	Relationship Driven Asset-Based: perspective on partnerships	not applicable
	The HRC has an increasing number of monthly donors helping to increase financial stability.	Yes	Internally Focussed: utilizing citizen engagement and local investment Relationship Driven	not applicable
	The organization sees the benefits supplementing formal integration support services with informal ones (ex: formal services: paperwork, legal support, client accompaniment, system navigation, informal services: connection to a volunteer's personal network, informal events for community gathering	Yes	Asset-Based & Relationship Driven: utilizes community assets to leverage strength of the organization Internally Focussed: problem solving focussed Asset-Based: capitalizing on	not applicable

SWOT Category	Participant Response	Is this operationalizing ABCD? (Yes / No / Not Applicable)	Researcher Rationale	Are there limitations to operationalizing ABCD in this way?
			strengths, rather than focussing on weaknesses	
	The HRC has its own car that was donated. The car allows the organization to be able to accompany clients to appointments or meetings. This is important as often service providers do not know the rights of those without status or lack cultural awareness (accessibility issues).	Yes	Internally Focussed: relying on community investment	not applicable
	The HRC believes it is an important community hub. It is a safe and welcoming space for all, but also an effective community crisis resource centre.	Yes	Relationship Driven: builds community networks Asset-Based: understands its assets to the HRM	not applicable
	The HRC is working to increase communication between organization and volunteers through a monthly newsletter.	Yes	Relationship Driven: endeavouring to build and re-build relationships.	not applicable
	The HRC understands that it has expertise and is working to formalize knowledge in manuals and forms for new volunteers, staff and clients, to improve efficiency and internal knowledge sharing (sustainability/succession preparation).	Yes	Asset-Based: the HRC is working to increase organizational efficiency based on their pre-existing knowledge - it understands that the organization has assets to its future self and future people involved.	not applicable

SWOT Category	Participant Response	Is this operationalizing ABCD? (Yes / No / Not Applicable)	Researcher Rationale	Are there limitations to operationalizing ABCD in this way?
	The HRC does not use a merit-based approach to its legal services. A merit-based approach limits a service provider to supporting legal claims that are likely to get a positive refugee status decision (based on strength of the case). Organizations often employ this approach due to high numbers of claims, however, the HRC accepts and helps all clients.	Yes	Asset-Based: believes all clients (refugee claimants) are individuals that deserve support and help.	not applicable
	The HRC uses its internal staff and financial resources efficiently and effectively. They make do with little.	Yes	Internally Focussed: uses resources efficiently, promoting creativity and control over resources to meet organizational goals.	not applicable
	The HRC does not have time limits set for how long they dedicate to individuals' cases. This allows the HRC to provide robust and meaningful support to clients. Some organizations, specifically legal aid services, set time limits per case to enable them to get through more cases. However, this can lead to lack of sufficient strength for a client's case or ability to perform in a hearing, potentially decreasing successful claims. The HRC has had a high success rate in positive refugee status decisions.	Yes	Asset-Based: believes all clients (refugee claimants) are individuals that deserve support and help.	not applicable

SWOT Category	Participant Response	Is this operationalizing ABCD? (Yes / No / Not Applicable)	Researcher Rationale	Are there limitations to operationalizing ABCD in this way?
	The HRC uses a trauma-based approach to help ensure clients needs are being met. The staff are welcoming and supporting to new clients and at every stage of service provision with clients.	Yes	Asset-Based: believes clients (refugee claimants) to be assets to their new host communities, that should be supported to contribute meaningfully despite previous experiences.	not applicable
	The HRC advocates for the reduction of systemic barriers for refugee claimants in the HRM, Nova Scotia, and Canada.	Yes	Asset-Based: believes clients (refugee claimants) to be assets to their new host communities.	not applicable
	The HRC can pay its staff from a private donorship.	Yes	Relationship Driven & Internally Focussed: have developed local relationships to support the organization.	not applicable
	The HRC has good problem-solving skills to deal with uncertainty, crisis and limited resources.	Yes	Internally Focussed: the organization recognizes and utilizes its creativity, investment, control and hope to problem solve.	not applicable
	The organization has a non-hierarchical structure allows for agency and responsibility within staff members.	Yes	Internally Focussed: the organizational structure allows for staff to have creativity and control within the organization.	not applicable
	The HRC uses a holistic approach to settlement services, working towards addressing the social determinants of health	Yes	Asset-Based: Sees clients as individuals with assets to	not applicable

SWOT Category	Participant Response	Is this operationalizing ABCD? (Yes / No / Not Applicable)	Researcher Rationale	Are there limitations to operationalizing ABCD in this way?
	of clients, not just legal support (housing, education, language, support, etc.)		offer their new community, rather than just a client.	
	The HRC has a significant understanding of refugee related issues and uses it to help educate the community through advocacy work, such as marches and school visits.	Yes	Asset-Based: The HRC understands its assets to the community. Internally focussed: The HRC works to increase local refugee related integration outcomes through advocacy and education.	not applicable
	Uses Facebook to seek out donations and engage community.	Yes	Relationship Driven: Engaging people to support the organization. Internally Driven: seeking support from within its network.	not applicable
	The goals of the organization are well understood by those involved (volunteers, board members, staff)	Yes	Internally Focussed: those involved with the organization understand and are invested in the organization	not applicable
	There are good internal structures to deal with conflict resolution/team dynamics.	Yes	Asset-Based: The organization works to support and recognize the strengths of its staff by maintaining positive work relations, rather than having high turn over.	not applicable

SWOT Category	Participant Response	Is this operationalizing ABCD? (Yes / No / Not Applicable)	Researcher Rationale	Are there limitations to operationalizing ABCD in this way?
	The HRC is willing to identify and nurture new ideas - adapting to needs of clients and skills available. Lack of formal protocol and governance/funding requirements allows new ideas to occur faster.	Yes	Internally Focussed: organizational structure allows for community-based control and problem solving, rather than striving to meet externally developed goals	not applicable
	The HRC is open to new volunteer leadership and nurtures it.	Yes	Asset-Based: Recognize the skills and contributions of volunteers Relationship Driven: Willing to create new relationships	not applicable
	Small core staff allows for increased flexibility in delegation, projects and responsiveness.	Yes	Internally Focussed: organizational structure allows for community-based control and problem solving, rather than striving to meet externally developed goals	not applicable
	Volunteers are not micro-managed due to a lack of capacity. Allows for ideas to come to life much faster.	Yes	Internally focussed: volunteers are encouraged to be invested, use their creativity and initiative, through maintaining control over their role at the HRC	not applicable
	HRC helped to advocate for the Newcomer Health Clinic in the HRM to provide culturally appropriate care, including interpreters and informed health care professionals.	Yes	Internally focussed: working with other local institutions and advocates to improve local refugee integration outcomes.	not applicable

SWOT Category	Participant Response	Is this operationalizing ABCD? (Yes / No / Not Applicable)	Researcher Rationale	Are there limitations to operationalizing ABCD in this way?
	Strong organizational vision and dreams - the HRC believes in its capacity to continue to serve its clients and expand its capacity.	Yes	Asset-Based: Understand the assets of the HRC to the greater community, and want to actualize it	not applicable
	The HRC has received microgrants from other organizations/third party fundraisers to support with specific projects (ex: car insurance for donated car). This helps to reduce operational costs to cover by the HRC.	Yes	Relationship Driven: building relationships to support financially Internally Focussed: seeking local investment	not applicable
	The HRC is working to create a network of faith-based organizations in the HRM that are advocates and allies for supporting refugee claimant integration	Yes	Relationship Driven: building networks Internally Focussed: local involvement Asset-Based: focussing on community assets	not applicable
	The board of the HRC functions adequately for the purposes of the NGO - communicates and works effectively on tasks required (ex: efficient board meetings, philosophically aligned and engaged)	Yes	Asset-Based: Focussing on the strengths of the board, rather than what is missing.	not applicable

Table 5b.

Comparison of ABCD to the HRC's Weaknesses and Threats

SWOT Category	Participant Response	Could ABCD help the HRC to address threat or weakness? (yes, no, not applicable)	Rationale	Are there limitations to operationalizing ABCD in this way?
Weaknesses	Currently no system to terminate or manage volunteers who are not doing their role	Yes	A dedicated, long term volunteer could develop and manage a volunteer program, if they required minimal supervision from the staff.	Identifying and securing the key, long term volunteer
	Current lack of diversity in funding portfolio.	Yes	The HRC could continue to use a relationship driven approach to increase monthly donors and private donors.	May not fully mitigate for lack of diversity in the funding portfolio, specifically long-term stability of finances.
	Friendship and positive relationships between staff can lead to difficulties in formal evaluation and feedback processes.	Not Applicable	Not Applicable	Not Applicable
	The board of the HRC could be more balance in a diversity of skills available to support the work of the HRC (such as fundraising skills).	Yes	The HRC could use its existing network to identify and encourage key community members to become involved, or simply use its network to do a call out for specific skills.	Not Applicable
	The board of the HRC would represent its community's demographic/ethno-cultural mix better.	Yes	The HRC could encourage more community members to become involved.	It is important that this process is natural to prevent tokenism.

SWOT Category	Participant Response	Could ABCD help the HRC to address threat or weakness? (yes, no, not applicable)	Rationale	Are there limitations to operationalizing ABCD in this way?
	Lack a formalized system to engage/delegate tasks to volunteers - rely heavily on volunteers who do not need significant guidance or supervision from small staff	Yes	A dedicated, long term volunteer could develop and manage a volunteer program, if they required minimal supervision from the staff.	Identifying and securing the key, long term volunteer
	Lack of long-term funding stability for staff and operational costs (staff salaries are precarious, limits ability to design and implement successful strategic plans, etc.)	No	Small donations (monthly donors/small private donors) can only have so much impact, especially for long term stability. Large private donors or long-term grants/core funding are more what are needed to obtain long-term stability.	Not Applicable
	Limited engagement of graduate students/professional students who do not need supervising on projects (vs: undergrad/entry level post secondary programs)	Yes	Could use existing network to make call outs for professional/graduate students or develop new relationships with programs of interest to develop intern programs.	Limited staffing capacity to develop new relationships/manage more interns.
	Not able to offer certain solutions/meet certain needs of clients due to lack of formal programs (ex: volunteer based English learning, rather than an accredited program)	No	Require formalized programs to be able to address certain needs, which can only be met by increased core funding to increase staff/programs or changes in policies that would	Not Applicable

SWOT Category	Participant Response	Could ABCD help the HRC to address threat or weakness? (yes, no, not applicable)	Rationale	Are there limitations to operationalizing ABCD in this way?
			allow for clients to access public programs.	
	<p>Many needs of clients not yet able to meet, mostly due to lack of funding:</p> <ul style="list-style-type: none"> complex legal needs - helping with immigration claims who are not just refugee claimants education - access to free classes at the library social isolation, loneliness, social networks programming for claimants while waiting for decision complex needs: counselling, exploitation & victimization mitigation Ability to help with problems with landlords / employers Family reunification procedures (immigration applications) 	Yes	Volunteers could help to increase programming/services available. For instance, professionals (such as psychologists, teachers, lawyers) could volunteer their services to the organization, or new tools could be developed to help clients navigate systems (database of landlords/employers who are supportive of lack of status).	The HRC lacks the internal capacity to manage volunteers or create new tools currently. Furthermore, members of the HRC emphasized that the best way to increase supports and services for clients would be with additional long-term staff, which can only be met by increased core funding. Changes in policies to allow clients access public programs could also mitigate the need for the HRC to increase its services.

SWOT Category	Participant Response	Could ABCD help the HRC to address threat or weakness? (yes, no, not applicable)	Rationale	Are there limitations to operationalizing ABCD in this way?
	Lack of internal staff capacity to engage and train volunteers regularly and forge new organizational relationships, to provide more services to clients	Yes	A long-term volunteer coordinator could help to mitigate this weakness, furthermore, volunteers could be working to forge new organizational relationships for the HRC.	Limited internal capacity to manage and seek dedicated volunteers to do work on its behalf. Hard to maintain long-term volunteer positions (volunteer coordinator), thus would be better if it was a paid position, however, the organization lacks funding for this.
	Due to the small staff and high work load, there is high levels of burn out within the staff, that is hard to address without increased funding.	No	Increased staffing could alleviate/distribute workload to be more manageable. Volunteerism or community engagement cannot mitigate core staff work load.	Not Applicable
	Limited internal capacity prevents the HRC from being able to do the amount of advocacy work they would like to be doing to support refugee related issues/client barriers.	Yes	A volunteer led advocacy group could help to support the HRC in its desired advocacy work (could be managed by the board or staff)	Limited staffing capacity to manage the advocacy group or design campaigns or for important knowledge transfer to advocacy group to inform work.
	Lack of receptionist/intake counsellor decreases the efficiency of the HRC.	Yes	Trauma informed volunteers could provide receptionist services.	Limited capacity to manage volunteers/provide training and evaluation on trauma support.

SWOT Category	Participant Response	Could ABCD help the HRC to address threat or weakness? (yes, no, not applicable)	Rationale	Are there limitations to operationalizing ABCD in this way?
	Sense of "hominess" at the centre sometimes decreases efficiency as staff time can be taken less seriously from clients, volunteers or community members	Not Applicable	Not Applicable	Not Applicable
	Lack of larger space to run multiple programs/services, store donations/resources for clients.	Yes	Other community organizations with space could offer their space to offer programs/services or to store donations. The HRC could use its community network to do a call out for specific needs.	Limited staff capacity to run additional programs/services, or to coordinate services at locations far from the HRC.
	Minimal online presence limits engagement and support.	Yes	HRC could increase its online presence on Facebook, twitter and Instagram to engage more citizens - could make call outs for donations, specific skills of individuals in the communities, or use it for advocacy work. Many organizations use volunteers to manage social media accounts to alleviate this from staff workload.	Limited staff capacity to manage more volunteers or design campaigns to launch on social media.
	Lack of administrative assistant or volunteer coordinator decreases capacity of the clinic (responding to emails of potential volunteers, training volunteers, etc.)	Yes	A dedicated long-term volunteer could help to do administrative work or volunteer coordination.	Identifying and securing the key, long term volunteer.

SWOT Category	Participant Response	Could ABCD help the HRC to address threat or weakness? (yes, no, not applicable)	Rationale	Are there limitations to operationalizing ABCD in this way?
	Lack of formal counselling services available to help clients navigate trauma - especially with supporting legal services.	Yes	HRC could utilize its network to make a call out for volunteer counsellors to support in legal case work.	No financial capacity to hire a counsellor to be on site always to support clients.
	Minimal financial management, such as a Board Treasurer, occurring within the organization	Yes	HRC could make a call out to community to seek a specialized board member to help support financial management.	Identifying and securing the key, long term volunteer, however, not necessarily limited in actualizing this.
	Lack of internal capacity to incorporate all the skills, talents and passions of people involved in the HRC to provide additional supports and services to clients.	No	Lack of capacity to increase core staff limits the HRC from being able to integrate the assets of its community into its work.	Not Applicable
	Lack of a system/database to manage potential community partners and resources to help support clients	Yes	A reliable volunteer could take on this project to support the HRC.	Lack of staff capacity to update/manage the database on a frequent basis after it is developed, furthermore, lack of staff capacity to provide robust knowledge transfer to inform development.
	Lack of consistent information/knowledge transfer within the organization (staff and board particularly) due to limited capacity of staff to follow up.	No	Due to staff being over capacity with supporting clients - lack of capacity to maintain consistent knowledge transfer as well.	Not Applicable

SWOT Category	Participant Response	Could ABCD help the HRC to address threat or weakness? (yes, no, not applicable)	Rationale	Are there limitations to operationalizing ABCD in this way?
Threats	Potentially increasing anti-asylum sentiment from national government (Proposed Bill C-97 to prevent refugee claims from certain countries)	Yes	An advocacy group/network of service providers like the HRC across Canada could help to address this.	Limited internal capacity to perform advocacy campaigns, especially Canada-wide organizing.
	Policy changes can occur with changes of government at municipal, provincial and federal levels. These changes can increase barriers to clients of the HRC and take significant amounts of advocacy work to prevent negative changes. (significant amount of uncertainty and risk) (ex: potential for other provinces to cut legal aid, increasing the number of clients migrating within Canada to seek services of the HRC)	Yes	The HRC could use community network (volunteers and organizations) to increase advocacy capacity of the HRC	Limited internal capacity to design advocacy campaigns and engage volunteers in implementing it.
	Lack of education of the general public on differences in status's and refugee determination process, and general anti-refugee sentiments is a barrier to successful refugee claimant integration and increases work of HRC to do advocacy/education campaigns to the public	Yes	The HRC could mobilize its network to help with educational campaigns / leverage partners to help with education.	Limited capacity to increase educational services provided to the community, despite the organization understanding its unique knowledge.

SWOT Category	Participant Response	Could ABCD help the HRC to address threat or weakness? (yes, no, not applicable)	Rationale	Are there limitations to operationalizing ABCD in this way?
	Federal and provincial (NS) policies currently exclude refugee claimants from accessing most services, such as: no funding for legal aid, not qualifying for English language programs, and not qualifying for government subsidized housing, putting the burden on the HRC to provide all services and system navigation.	Yes	The HRC could use community network (volunteers and organizations) to increase advocacy capacity of the HRC	Limited staffing capacity to manage/organize volunteers, to design campaigns and for important knowledge transfer to inform advocacy work.
	Lack of education/awareness of difference in status's by frontline workers across many sectors (healthcare, recreation, employers, etc.) lead to refugee claimants not being able to access services that they do qualify for (ex: healthcare under MSI/IFHP, or access to rec centres with Welcome to Halifax Pass). Increases workload for HRC as accompaniment becomes a necessity for appointments or activities.	Yes	The HRC could mobilize its network (leveraging partners and engaging volunteers) to help with educational and advocacy campaigns and increase volunteer accompaniment program.	Current organizational capacity limits ability to increase education, advocacy and volunteer programs. Accompaniment also requires extensive training in the rights of clients/ common barriers faced. Also, should not be necessary for the HRC to have to do this - should be an institutional task.

SWOT Category	Participant Response	Could ABCD help the HRC to address threat or weakness? (yes, no, not applicable)	Rationale	Are there limitations to operationalizing ABCD in this way?
	<p>Lack of institutional learning and knowledge transfer when policies or services become more accessible to refugee claimants. HRC is burdened with having to educate workers and advocate for now accessible services on behalf of clients and also reduces clients' trust of the HRC to support them (ex: denied services by frontline workers, or failed process changes - lack of work permits being issued despite procedural change for immediate issue of work permits after approved immigration medical).</p>	Yes	The HRC could mobilize its network (leveraging partners and engaging volunteers) to help with educational and advocacy campaigns.	<p>Current organizational capacity limits ability to increase education, advocacy and volunteer programs.</p> <p>Also, should not be necessary for the HRC to have to do this - should be an institutional task.</p>
	Lack of understanding by funders to the need to provide services specifically to refugee claimants and people lacking status, limiting the ability of the HRC to access funding.	Yes	General increases in public understanding would probably increase funders understanding of the HRC's funding requests. This could be obtained through general public education campaigns, which could be led by a volunteer advocacy group.	Limited staffing capacity to manage/organize volunteers, to design campaigns and for important knowledge transfer to inform advocacy work.

SWOT Category	Participant Response	Could ABCD help the HRC to address threat or weakness? (yes, no, not applicable)	Rationale	Are there limitations to operationalizing ABCD in this way?
	<p>Increase in wait times for hearings by the federal governing bodies for refugee determination, and increasing mistakes being made on normally approved cases or work permits by governing bodies.</p> <p>Extends the deficiency of status of the HRC's clients, increasing precariousness, decreases wellbeing, and increases need for support/services. Increases the workload for the HRC in service provision and advocacy and impacts the trust/relationship the HRC has with clients.</p>	Yes	The HRC could mobilize its network (leveraging partners and engaging volunteers) and build new relationships to advocate for the federal government to make improvements to the refugee determination process.	Limited internal capacity to coordinate social media or volunteer-based advocacy campaigns, especially Canada wide.
	There are increasing trends in the number of refugee claimants coming into Canada and to the HRC (threat to internal capacity to support claims)	No	ABCD can help with service provision/education/making the community engaged in refugee related issues but not prevent increasing numbers of refugee claimants at the HRC. To be able to provide robust legal and settlement services, the HRC would require more staff.	Not Applicable

SWOT Category	Participant Response	Could ABCD help the HRC to address threat or weakness? (yes, no, not applicable)	Rationale	Are there limitations to operationalizing ABCD in this way?
	Current services that are accessible to refugee claimants are inadequate to meet the needs of clients, such as: inadequate income assistance (refugee claimants do not get a livable income - less than Nova Scotians), health care does not cover pharmacy or dental care.	Yes	The HRC could mobilize its network (leveraging partners and engaging volunteers) to help with educational and advocacy campaigns.	Current organizational capacity limits ability to increase education, advocacy and volunteer programs.
	International political climate influences number of clients - leads to unpredictability of demands on the HRC. Ex: increases in claims with Trump administration, crises in Libya, Yemen and Syria in recent years.	No	ABCD can help with service provision/education/making the community engaged in refugee related issues but not influence international politics.	Not Applicable
	Resources strained in other provinces leading to internal migration to seek services of the HRC (ex: refugees coming from Quebec or New Brunswick)	No	ABCD could be used by other organizations to mitigate resources being strained but could not be used by the HRC to alleviate this issue.	Not Applicable
	Cultural and geographic differences between provinces causing internal migration of individuals to Nova Scotia - want a smaller city, seeking predominantly anglophone community because do not speak French.	No	The HRC is not able to control how or why refugee claimants move within the country.	Not Applicable

SWOT Category	Participant Response	Could ABCD help the HRC to address threat or weakness? (yes, no, not applicable)	Rationale	Are there limitations to operationalizing ABCD in this way?
	Media has a large influence on public perception of and support for/against refugee related issues	Yes	The HRC could mobilize its network (leveraging partners and engaging volunteers) to help with educational and advocacy campaigns / ensure that it is providing critiques of anti-refugee sentiment present in the media.	The HRC is not able to control how the media discusses refugee-related issues or which news sources the public uses to inform themselves of refugee related issues and has a limited capacity to engage volunteers to advocate against/critique all anti-refugee sentiment.
	Tone of government has large impact on public perception of and support for/against refugee related issues	Yes	The HRC could mobilize its network (leveraging partners and engaging volunteers) to help with educational and political-advocacy campaigns / ensure that it is providing critiques of anti-refugee sentiment in political discourse.	limited capacity to engage volunteers to advocate against/critique all anti-refugee sentiment in political discourse.
	Needs and demographics of clients fluctuate (such as families vs. individuals), and therefore are unpredictable and hard to plan for as the HRC.	No	ABCD cannot help with inability to plan due to fluctuating client needs.	Not Applicable
	Lack of services and supports for children of refugee claimants	Yes	The HRC could mobilize its network (leveraging partners and engaging volunteers) to help advocate for the needs of	Limited capacity to engage volunteers in advocacy work.

SWOT Category	Participant Response	Could ABCD help the HRC to address threat or weakness? (yes, no, not applicable)	Rationale	Are there limitations to operationalizing ABCD in this way?
			refugee claimant children/open services to refugee claimant children.	
	Lack of financially accessible education programs for refugee claimants	Yes	The HRC could mobilize its network (leveraging partners and engaging volunteers) to help advocate for accessible education programs for refugee claimants/for educational programs to be opened to refugee claimants.	Limited capacity to engage volunteers in advocacy work.
	Lack of awareness about the work of the HRC in Halifax and Nova Scotia (limits support from community)	Yes	The HRC could increase its presence in the community and social media presence to engage more people/make more people aware of its work (could increase monthly donor program also).	Limited capacity to increase social media presence/engage community. Also, does not have a volunteer program right now to engage new people interested, so could lose new interest.
	Lack of research supporting the need to support refugee claimants in Canada / the barriers they face	Yes	The HRC could build relationships with academics to inform research	Limited capacity to take on projects outside of service provision to support immediate needs of clients.

SWOT Category	Participant Response	Could ABCD help the HRC to address threat or weakness? (yes, no, not applicable)	Rationale	Are there limitations to operationalizing ABCD in this way?
	Climate change induced forced migration does not qualify someone for refugee status under the UNHCR currently, which would lead to increases in people who do not qualify for status and do not have access to services	Yes	The HRC could mobilize its network (leveraging partners and engaging volunteers) and build new relationships to advocate for a change to the UNHCR refugee definition to include climate change induced refugee status.	Limited internal capacity to coordinate social media or volunteer-based advocacy campaigns, especially Canada wide.
	Only service provider for their mandate - if turn away clients, know there is no one else to help, other than a private lawyer which is not accessible to most - increases pressure to help everyone by the HRC	No	The HRC cannot control the mandates or existence of other organizations.	Not Applicable
	Increasing funding for the clinic is highly dependent on new partnerships and external grants	Yes	The HRC can continue forging new relationships with organizations, businesses and individuals to try to obtain long-term sponsorship/donations/funding. The HRC can ask its community network to also connect it with potential partners.	The HRC has a limited staff capacity to dedicate to forging new fundraising-based relationships. However, identifying and reaching out to new potential funding partners/individuals/grants does not necessarily secure long-term funding/the new people's understanding of the needs of the clients of the HRC.

SWOT Category	Participant Response	Could ABCD help the HRC to address threat or weakness? (yes, no, not applicable)	Rationale	Are there limitations to operationalizing ABCD in this way?
	Increasing services within the current organizational budget, involves the increased participation, support and engagement of volunteers	Yes	A more formalized volunteer program to engage volunteers consistently could increase the services/supports the HRC is able to provide clients.	The HRC lacks the internal capacity to develop a more formal volunteer program currently, including the engagement of new volunteers, training and consistent engagement. Furthermore, members of the HRC emphasized that the best way to increase supports and services for clients would be with additional long-term staff, which can only be met by increased core funding. Changes in policies to allow clients access public programs could also mitigate the need for the HRC to increase its services.
	Dependent on donations and generosity of the community to meet the needs of clients (quality of the goods donated/what is donated is dependent on those engaged/able to donate)	Yes	The HRC can use its existing community network to make specific donation requests for its clients (request specific quality/items)	The HRC has limited space to store donations long-term. Sometimes client's needs are quite immediate, and the donations cannot meet the needs quickly enough.

SWOT Category	Participant Response	Could ABCD help the HRC to address threat or weakness? (yes, no, not applicable)	Rationale	Are there limitations to operationalizing ABCD in this way?
	NS not providing legal aid = HRC exists to fill this gap - but 'should' be an add on to core gov't services, not in replacement of - existence could be limiting the Gov't from stepping up	Yes	The HRC could mobilize its network (leveraging partners and engaging volunteers) and build new relationships to advocate for a provincial change to legal aid.	Limited internal capacity to coordinate social media or volunteer-based advocacy campaigns.

Appendix 3: Research Ethics

Includes its own appendices that are required as part of application.



RESEARCH ETHICS BOARDS APPLICATION FORM

Prospective Research

This form should only be used if new data will be collected. For research involving only secondary use of existing information (such as health records, student records, survey data or biological materials), use the *REB Application Form – Secondary Use of Information for Research*.

This form should be completed using the *Guidance for Submitting an Application for Research Ethics Review* available on the [Research Ethics website](#) (application instructions).

SECTION 1. ADMINISTRATIVE INFORMATION [File No: office only]

Indicate the preferred Research Ethics Board to review this research:

[] Health Sciences OR [X] Social Sciences and Humanities

Project Title: Testing the Effectiveness of Asset-Based Community Development (ABCD) as a Tool for Non-Governmental Organizations (NGOs) to Increase Supports for Refugee Claimant Integration: A Case Study of the Halifax Refugee Clinic (HRC).

1.1 Research team information			
Dalhousie researcher name	Siobhan Takala		
Banner #	B00637542	Department	College of Sustainability
Email (@dal)	s.takala@dal.ca	Phone	306-260-5371
Study start date	January 2019	Study end date	May 2019
Co-investigator names and affiliations	N/A		

Contact person for this submission (if not lead researcher)	Name	N/A		
	Email	N/A	Phone	N/A

1.2 For student submissions:			
Degree program	BSc: Environment, Sustainability and Society, and Environmental Science		
Supervisor name and department	Georgia Klein, College of Sustainability		
Supervisor Email (@dal)	Georgia.Klein@dal.ca	Phone	902-494-4031
Department/unit ethics review (if applicable). Undergraduate minimal risk research only.			
Attestation: <input checked="" type="checkbox"/> I am responsible for the unit-level research ethics review of this project and it has been approved.			
Authorizing name: Melanie Zurba			
Date: 16 January 2019			

1.3 Other reviews: N/A		
Other ethics reviews (if any)	Where	Status
Funding, if any (list on consent form)	Agency	
	Award Number	
Peer review (if any)		

1.4 Attestation(s). The appropriate boxes <i>must</i> be checked for the submission to be accepted by the REB)
<input checked="" type="checkbox"/> I am the lead researcher . I agree to conduct this research following the principles of the Tri-Council Policy Statement <i>Ethical Conduct for Research Involving Humans</i> (TCPS) and consistent with the University Policy on the Ethical Conduct of Research Involving Humans .
I have completed the TCPS Course on Research Ethics (CORE) online tutorial.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
For Supervisors (of student / learner research projects):

I am the **supervisor** for this research named in section 1.2. I have reviewed this submission, including the scholarly merit of the research, and believe it is sound and appropriate. I take responsibility for ensuring this research is conducted following the principles of the [TCPS](#) and University [Policy](#).

I have completed the TCPS Course on Research Ethics ([CORE](#)) online tutorial.

Yes No

SECTION 2. PROJECT DESCRIPTION

2.1 Lay summary

2.1.1 In lay language, describe the rationale, purpose, study population and methods. Include the background information or literature to contextualize the study. Mention what new knowledge is anticipated, and whether this is a pilot project or fully developed study. [500 words]

Rationale:

The Halifax Refugee Clinic (HRC) is a Non-Governmental Organization (NGO) in the Halifax Regional Municipality (HRM) that offers integration supports and services to refugee claimants (HRC, 2012). NGOs, like the HRC, are the main service providers for refugee claimant integration in Canada. However, these organizations often have limited capacities to help clients (Drolet, Shields & Valenzuela, 2016). There is concern that NGOs will be unable to increase their capacity to support increasing numbers of refugee claimants, for longer periods of time, with the limited level of government support (CCR, 2014; HRC, personal communications, October 29, 2018; Government of Canada, 2018; Julian, 2018; Puzic, 2018).

Asset-Based Community Development (ABCD) is a methodology that is employed to mobilize assets that already exist within a community to increase community well-being (Kretzmann and McKnight, 1993; Collaborative for Neighbourhood Transformation, n.d.). It can be employed by organizations to better recognize and integrate the skills present in their community into the work they do, such as to increase capacity or the participatory nature of their work (Cunningham & Mathie, 2011).

This study hopes to determine if ABCD can help NGOs handle the increasing demand for their services.

Structure of the Study:

This study utilizes Participatory Action Research (PAR) and ABCD methodologies to conduct a case study of the HRC. ABCD and PAR methodologies are relevant when conducting academic research with communities, involving them in the research process and empowering them to create positive social change (Baum, MacDougall, & Smith, 2006; Bradbury, 2015; Buckles & Chevalier, 2013; Kretzmann & McKnight, 1993). These two research frameworks allow for the primary researcher to collaborate with the HRC, value their experiences and expertise, and catalyze future action in the field.

The study will involve:

- 1.) One focus group involving employees, volunteers and board members of the HRC, focused on the capacity and assets of the HRC.
- 2.) Three key-informant interviews investigating the capacity and assets of the HRC, and the barriers refugee claimant integration.
- 3.) A 'Strengths, Weaknesses, Opportunities and Threats' (SWOT) analysis based on the responses of the focus group and interviews. The findings from the SWOT analysis will be compared to ABCD practices and principles to test the effectiveness of ABCD as a methodology to increase the HRC's capacity.

SWOT analyses are a relevant tool to evaluate NPOs internal capacity to inform strategic development (Bell & Rochford, 2016; Salar & Salar, 2014; Sarsby, 2016; Steiss, 2003). The primary researcher will design tables for the comparison of the SWOT to ABCD. These data analysis techniques allow for the study to be transferable to the study of other NGOs and for the research to be understood within its social context (Neuman, 1997).

The study will contribute to the body of literature on the applications of ABCD, the effectiveness of PAR and the state of refugee claimant integration in Canada.

The research is designed to be a standalone, not a pilot project. The results of the research will be in the form of an honors thesis. A final report will be given to the HRC to catalyze action based on the findings.

See Appendix A for References

2.1.2 If a phased review is being requested, describe why this is appropriate for this study, and which phase(s) are included for approval in this application.

[X] Not applicable

2.2 Research question

State the hypotheses, the research questions or research objectives.

The research questions is:

Is Asset-Based Community Development (ABCD) an effective tool for NGOs to enhance organizational capacity to increase supports for refugee claimant integration?

The following sub-questions were used to inform the research question in the context of the HRC:

4. Is the HRC already operationalizing ABCD within its current structure?
5. Could ABCD help the HRC address any of the barriers to increasing services provision that it is experiencing?
6. Are there any limitations preventing the HRC from operationalizing, or further operationalizing, ABCD?

The objectives of the research are to answer the research question, and to work meaningfully with an NGO to support refugee claimants, catalyzing future action based on the findings.

2.3 Recruitment

2.3.1 Identify the study population. Describe how many participants are needed and how this was determined.

The participants involved in data collection are the employees, volunteers and board members of the HRC. The study population was chosen to include individuals who are well informed about the internal capacity and structure of the HRC and the experiences of the HRCs clients. The study does not include the clients of the HRC, refugee claimants. The clients are excluded from the research because of the relationship of clients with the HRC, and due to ethic concerns within the scope of an Honors thesis.

Focus Group: The focus group will involve 6-10 individuals. The participants are to be selected by the HRC Research Liaison based on their insight into the function and assets of the HRC. This is based off focus group best practices (Morgan, 1988). The study is limited to one focus group due to the time limitations of the thesis and the HRC.

Interviews: There will be 3 interviews to supplement the focus group. This is to obtain more details on the internal structure of the HRC, ensuring a well-rounded SWOT analysis, and unique knowledge of the key-informants on the barriers to refugee integration. The interviewees are being selected by the HRC Research Liaison and Executive Director, based on their insight into the function of the HRC and barriers to refugee claimant integration. The study is limited to 3 interviews due to the time limitations of the thesis.

2.3.2 Describe recruitment plans and append recruitment instruments. Describe who will be doing the recruitment and what actions they will take, including any screening procedures. Describe and justify any inclusion / exclusion criteria.

The recruitment will be done in collaboration with the HRC.

Focus Group:

The researcher will send an invitation to participate in the focus group to the Research Liaison at HRC by email (see Appendix B). The Research Liaison is asked to share the invite approximately 10 potential participants of the focus group: employees, volunteers and board members. Once participants have been invited, the researcher will work together with the participants to determine a convenient time and date in March 2019 for the focus group to ensure the process is accessible to every participant.

Interviews:

Potential interview candidates identified by the HRC Research Liaison and Executive Director will be directly invited to participate via email by the primary researcher (see Appendix B). If the candidate is interested and consents, a convenient time and place will be arranged for a meeting in March 2019. The primary researcher will suggest in-person interviews, however, a telephone interview will be provided as an option as well. Consent will also be obtained for the interviews to be recorded. A copy of a letter of consent will also be sent at this time for the participant's consideration before the interview (see Appendix C).

See Appendix B for recruitment instruments.

2.3.3 Describe any community or organizational permissions needed to recruit your participants (attach support letters). Describe any other community consent or support needed to conduct this research. (If the research involves Aboriginal participants, please complete section 2.10).

Not applicable

Organizational permission was obtained from the HRC in a written letter of support (Appendix D).

2.4 Informed consent process

2.4.1 Describe the informed consent process, including any plans for ongoing consent (how and when the research will be described to prospective participants, by whom, how the researcher will ensure prospective participants are fully informed). If non-written consent is proposed, describe the process. Address how any third party consent (with or without assent) will be managed. Append copies of all consent/assent documents, including oral consent scripts.

Written consent forms will be used for both the interviews and the focus group. Participants will be required to sign the consent forms prior to any data collection occurring, at the beginning of the focus group or interviews. The researcher will read the consent form aloud to the participant(s) and provide an overview of the confidentiality, privacy and withdrawal procedures (as described in the consent forms in Appendix C). Furthermore, the researcher will be able to answer any questions or concerns participants have, prior to them signing a consent form. In the event of refusal to sign the consent form, no data will be collected (the interview will not occur, or the participant will not participate in the focus group). *See Appendix C for written consent forms for focus group & interviews.*

If the interview is conducted over the phone, the lead researcher will read out the consent form and verbal consent from the participant will be required. In this case, the interviewee will still have received the consent form via email during the recruitment period but will not need to sign it and send it to the lead researcher.

In both in-person and phone interviews, interviewees must specify in the consent form whether they approve to being audio recorded during the interview (see Appendix C).

2.4.2 Discuss how participants will be given the opportunity to withdraw (their participation and/or their data) and any limitations on this.

Not applicable

The consent form (Appendix C) explains that participants are free to withdraw themselves or their data from the study by verbal or written statement at any point during and after the interview or focus group until April 12th, 2019, when the transcription and aggregation of the data must be completed. If a participant requests to be removed, stored audio files, transcripts and notes on their participation will be deleted. Interviewees' data will remain confidential and unidentifiable in the data analysis and dissemination of results. This is specified in the consent form.

Focus Group:

Due to the nature of the focus group, participants will be informed that if they leave the focus group early, their anonymous written contributions will be included in the research. However, if requested, any audio recordings of them will be excluded from further use. Participants will be told this prior to starting the focus group, and if someone leaves, the researcher will explicitly ask if they would like their data removed. Participants will be able to withdraw their contributions up to April 12th, 2019, when the data will be transcribed and aggregated.

Interviews:

Prior to starting the interview, the interviewee will be reminded that they are able to withdraw consent at any point during the interview, and up to April 12th, 2019. The interview can be stopped at any time and whether the information provided up until that point is to be included in the research or not, will be at the discretion of the interviewee.

2.4.3 If an exception to the requirement to seek prior informed consent is sought, address the criteria in TCPS article [3.7A](#).

[X] Not applicable

2.5 Methods and analysis

2.5.1 Describe the study design, where the research will be conducted, what participants will be asked to do and the time commitment, what data will be recorded using what research instruments (append copies).

The study will be conducted in Halifax, Nova Scotia in partnership with the Halifax Refugee Clinic. The role of the researcher in both the focus group and the interviews will be as a facilitator, leading the discussion and ensuring that they are on topic, however, not moderating or contributing. The questions for both the focus group and the interviews will follow a set of guiding questions regarding the capacity and assets of the HRC and refugee claimant integration. The lead researcher will also be responsible for conducting the categorization and analysis of the data collected in the focus group and interviews.

Focus Group:

The focus group will be semi-structured, following the outline provided in Appendix E. The focus group will take approximately 1.5 hours, however, depending on the pace of the conversations, the length of the session is subject to change in accordance with the participants. The location of the focus group will take place at the Halifax Refugee Clinic, or another appropriate destination at the request of the participants. The focus group will be recorded using two audio recording devices. Data will also be collected through participant's written notes and notes taken by the researcher. The researcher will design activities and posters where the participants will be able to provide anonymous written contributions with sticky notes or markers. These written contributions will be aggregated with the researcher's notes and the audio transcription of the focus group.

Interviews:

The interviews will be semi-structured; following the outline provided in Appendix E. The interview locations will be dependent on the needs of the participant. Interviews are expected to last 30-45 minutes and, with approval of the interviewee through the consent forms, will be audio recorded. Notes will also be taken during the interview and a transcription of relevant portions of the audio recording and notes will be produced. If the interviewee prefers to not to be audio-recorded, the lead researcher will simply transcribe non-identifying information from the interview using pen and paper and an assigned alias. The interviewees will be provided the transcription of the key ideas that emerged from the interview to approve prior to further analysis. The interviewees will be provided aliases (interviewee 1, 2 and 3) to protect their identity in the transcripts. Data collected in the interviews will be aggregated together for further analysis to protect interviewee confidentiality.

See Appendix E for the outlines of the interviews and focus group.

This is a clinical trial (physical or mental health intervention) – ensure section 2.11 is completed

2.5.2 Describe plans for data analyses.

All of data collected in the interviews and focus group will be aggregated prior to further analysis. Participant responses will be categorized using a SWOT analysis (see appendix E: Methodology). The researcher will use the results to identify the key themes and ideas that emerged from the interviews and focus group. The Executive Director or Research Liaison of the HRC will review the findings of the SWOT and key ideas prior to further analysis. The primary researcher will then compare the results of the SWOT analysis to the practices and principles of ABCD.

Microsoft Word and Excel will be used for data analysis.

2.5.3 Describe any compensation that will be given to participants and how this will be handled for participants who do not complete the study. Discuss any expenses participants are likely to incur and whether/how these will be reimbursed.

There will be no compensation given to participants in the interviews. Compensation of a meal will be provided for the focus group.

2.5.4 Describe and justify any use of deception or nondisclosure and explain how participants will be debriefed.

Not applicable

2.5.5 Describe the role and duties of local researchers (including students and supervisors) in relation to the overall study. Identify any special qualifications represented on the team relevant to the proposed study (e.g. professional or clinical expertise, research methods, experience with the study population, statistics expertise, etc.).

The student researcher will be responsible for the research component of the project as part of her Honours Degree requirement. The supervisor, Georgia Klein, will help to inform methodology and data analysis, but will not have access to the raw data. Siobhan Takala, the student researcher, has obtained a *Certificate of Completion* for TCPS 2: Core (see Appendix E). Furthermore, she is the Co-Founder and Co-Director of a NGO, where she has utilized SWOT analyses, emergent

properties, appreciative inquiry, and strategic development strategies to lead the development of the organization. She is also an effective facilitator, having led many workshops, camps, team meetings, and focus groups. Lastly, the researcher has taken a methods class, which provided insight into the methodology being used and ethics process. Her duties include writing the research ethics application and appended materials, communicating with the Research Liaison and Executive Director of the HRC, organizing and facilitating the focus group, contacting interview candidates and conducting interviews, analyzing results and writing the thesis.

Dr. Georgia Klein, the student's Honours supervisor, is the student's main support for planning and execution of the research project. Georgia Klein will be offering her guidance throughout the study and will contribute her expertise and experience conducting focus groups and interviews as well as qualitative data analysis.

2.6 Privacy & confidentiality

2.6.1 Describe any provisions for ensuring privacy and confidentiality (or anonymity). Describe who will have access to data and why, how data will be stored and handled in a secure manner, how long data will be retained and where. Discuss any plans for data destruction and/or de-identification.

[] This research involves personal health records (ensure section 2.12 is completed)

All data collected will be coded and transcribed to protect the identities of the participants. The coding of participants will be kept on the researcher's password-protected computer in a locked file, which only the researcher will have access to. Any written documents will only use the coded information and be untraceable to the participants. The original interview and focus group recordings will also be stored in a locked file in Dr. Klein's office, and on the researcher's password-protected computer. After the data is transcribed using the coding, the research supervisor will also have access to the data.

The documents will be summarized so no confidential or identifying information of the HRC will be available in any written documents. The original documents will be stored on the researcher's password-protected computer. After summarization of the documents, the researcher supervisor and the HRC will also have access to the data.

Data retention: All data are stored on a password-protected computer and in Dr. Klein's filing cabinet, including the original audio files. All files will be destroyed in April 2020. Interviewees may request their personal interview data be destroyed prior to the deletion date, and the HRC may request that original documents are deleted prior to the deletion date as well.

Audio recordings will be collected and encrypted using the Protect+ Audio Recorder application and transcribed into Microsoft Word files without including identifying information, using assigned aliases for interviewees (see details in 2.6.2).

2.6.2 Describe how participant confidentiality will be protected when research results are shared. Discuss whether participants will be identified (by name or indirectly). If participants will be quoted address consent for this, including whether quotes will be identifiable or attributed.

Focus group:

No identifying information of focus group participants will be used in any written documents or results that will be shared. The researcher will assign aliases to the participants to protect their identities, making contributions untraceable to participants. Furthermore, the codes for the participants will be used in the storing of all written and computer records. If quotes are included in any final written documents or results, no identifying attributes will be associated with the quote.

Interviews:

The researcher may associate important contributions of interviewees by using the interviewees' position at the HRC. If quotes are included in any final written documents or results, only the role of the interviewee will be associated with the quote. To minimize risk, the interview participants will be able to review the transcripts prior to further use by the researcher. The transcripts will not include the interview participants' names, but only the alias of the individual to help minimize risk.

Participants in the research, particularly in the focus group, will be asked to respect participant confidentiality, by not sharing who was involved in the process or discussing the contributions made. However, the researcher cannot guarantee to what extent that participants will respect this confidentiality agreement.

2.6.3 Address any limits on confidentiality, such as a duty to disclose abuse or neglect of a child or adult in need of protection, and how these will be handled. Detail any such limits in consent documents.

Not applicable

2.6.4 Will any information that may reasonably be expected to identify an individual (alone or in combination with other available information) be accessible outside Canada? This includes sharing information with team members, collecting data outside Canada, use of survey companies, use of software.

No

Yes. If yes, describe how you comply with the University [Policy for the Protection of Personal Information from Access Outside Canada](#), such as securing participant consent and/or securing approval from the Vice President Research.

2.7 Provision of results to participants

2.7.1 The TCPS encourages researchers to share study results with participants in appropriate formats. If you plan to share study results with participants, discuss the process and format.

Not applicable

The Executive Director of the HRC will receive the final, published copy of the Honours Thesis associated with this research, as well as a final report written after the completion of the Honours

course. The Executive Director will then be responsible for sharing them with other members of the HRC, which may include research participants.

HRC will also be informed that the Honours Thesis will be publicly available on DalSpace by May 2019.

2.7.2 If applicable, describe how participants will be informed of any incidental findings – unanticipated results (of screening or data collection) that have implications for participant welfare (health, psychological or social).

[X] Not applicable

2.8 Risk & benefit analysis

2.8.1 Discuss what risks or discomforts are anticipated for participants, how likely risks are and how risks will be mitigated. Address any particular ethical vulnerability of your study population. If applicable, address third party or community risk. Risks to privacy from use of identifying information should be addressed.

There are minimal risks associated with this study. The research does not involve individuals who have been identified as vulnerable. The questions in the focus group and the interviews are focused on the internal capacity of the HRC and barriers to refugee claimant integration and will not inquire about sensitive personal information.

Focus Group:

There is a risk that participants in the focus group may share information that could have negative consequences on their position at the HRC, such as sharing information that informs their superior that they are not doing their job properly. This is not in the control of the researcher. However, due to the small number of individuals on the HRC team (board, employees and volunteers), and the working environment established, there is minimal risk of this.

To minimize the risk of discomfort when sharing or consequences of sharing, especially in regard to the weaknesses of the HRC, participants will be invited to write and submit responses anonymously. The responses will then be used, along with the focus group outline (see Appendix E) to guide the conversation, to endeavor to prevent the sharing of information that is not related to the research.

Furthermore, in discussing the weaknesses and threats to the organization, there is a risk that the participants get overwhelmed or feel discouraged by the barriers to improving services. Since the focus group is in a small and familiar setting, we anticipate that the participants will assist and support each other through an emotional situation. The participants can at any time withdraw from the process without repercussions.

Similarly, as stated in section 2.6.2, to endeavor to protect focus group participants identities, the researcher will ask for all participants to respect the principles of confidentiality and to not share the identities of those involved in the focus group or their contributions. However, the researcher does not have control over the extent at which participants follow this.

Interviews:

There are minimal risks associated with this study, but since participants' opinions and ideas will be requested in interviews, there is a risk of discomfort in expressing their views on politically and socially relevant topic. This risk is minimal as participants' names and data will remain confidential and unidentifiable during analysis and in the final thesis, and all their personal information will be securely stored and deleted, such as email addresses, in May 2019 or earlier, upon their request.

2.8.2 Identify any direct benefits of participation to participants (other than compensation), and any indirect benefits of the study (e.g. contribution to new knowledge)

There will not be any direct benefits of participation to participants. The participants may benefit from a sense of connection with coworkers or satisfaction from contributing to the project.

The participants will indirectly benefit from the study by contributing to research on the barriers of refugee claimant integration and helping to increase the internal capacity of the HRC. Participating may be beneficial by superiors in the HRC and thus, indirectly benefit participants through appreciation from their superiors for contributing to the meaningful development of their organization.

2.9 Conflict of interest

Describe whether any dual role or conflict of interest exists for any member of the research team in relation to potential study participants (e.g. TA, fellow student, teaching or clinical relationship), and/or study sponsors, and how this will be handled.

Not applicable

2.10 Research with Aboriginal peoples

Not applicable – go to 2.11

2.10.1 If the proposed research involves Aboriginal peoples, describe the plan for community engagement (per TCPS Articles [9.1](#) and [9.2](#)). Attach supporting letters, research agreements and other relevant documents, if available. If community engagement is not sought, explain why the research does not require it, referencing article 9.2.

2.10.2 State whether ethical approval has been or will be sought from Mi'kmaw Ethics Watch or other Indigenous ethics review group(s), and if not, why the research does not fall under their purview.

2.10.3 Describe any plans for returning results to the community and any intellectual property rights agreements negotiated with the community, with regard to data ownership. If there are specific risks to the community involved, ensure these have been addressed in section 2.8.1.

2.11 Clinical trials

Not applicable – go to 2.12

2.11.1 Does the proposed research require clinical trial registration, in keeping with national and international regulations?

No. Please explain why not.

Yes. Please indicate where it was registered and provide the registration number.

2.11.2 If a novel intervention or treatment is being examined, describe standard treatment or intervention, to indicate a situation of clinical equipoise exists (TCPS [Chapter 11](#)). If placebo is used with a control group rather than standard treatment, please justify.

2.11.3 Clearly identify the known effects of any product or device under investigation, approved uses, safety information and possible contraindications. Indicate how the proposed study use differs from approved uses.

Not applicable

2.11.4 Discuss any plans for blinding/randomization.

2.11.5 What plans are in place for safety monitoring and reporting of new information to participants, the REB, other team members, sponsors, and the clinical trial registry? These should address plans for removing participants for safety reasons, and early stopping/unblinding/amendment of the trial. What risks may arise for participants through early trial closure, and how will these be addressed? Are there any options for continued access to interventions shown to be beneficial?

<p>2.12 Use of personal health information</p> <p><input checked="" type="checkbox"/> Not applicable</p>
<p>2.12.1 Describe the personal health information required and the information sources, and explain why the research cannot reasonably be accomplished without the use of that information. Describe how the personal health information will be used, and in the most de-identified form possible.</p>
<p>2.12.2 Will personal health information be combined with information from other sources to form a composite record (data linkage)? Will the research create individually identifying health information by combining information from two or more databases without the consent of the individuals who are the subjects of the information (data matching)?</p> <p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. Describe the other information and how linkage will be conducted, and/or why data matching is required.</p>
<p>2.12.3 Describe reasonably foreseeable risks to privacy and how these will be mitigated.</p>

SECTION 3. APPENDICES

3.1 Appendices Checklist. Append all relevant material to this application. This may include:

Recruitment documents (posters, oral scripts, online postings, invitations to participate, etc.)

Screening documents

Consent/assent documents or scripts

Research instruments (questionnaires, interview or focus group questions, etc.)

Debriefing forms

Permission letters (Aboriginal Band Council, School Board, Director of a long-term care facility)

Support letters

3.2 Consent Form

Sample consent forms are provided on the [Research Ethics website](#) and may be used in conjunction with the information in the *Guidance* document to help you develop your consent form.

APPENDICES

Appendix A: References

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Appendix B: Recruitment Instruments
Invitation to Focus Group

Subject Line: Invitation to participate in Focus Group re: Halifax Refugee Clinic

Email Content:

[Introduction written by Research Liaison]

This is an invitation to participate in a focus group in early April, as part of the undergraduate honours research of Siobhan Takala.

Siobhan's research is focused on exploring refugee integration in the HRM through the lens of asset-based community development. The research has been developed in collaboration with the HRC, and under the supervision Dr. Georgia Klein from Dalhousie University.

The focus group will be exploring the internal and external factors influencing the HRC's ability to increase integration services to refugee claimants in the HRM. It will be approximately 1.5 hours in length and will consist of guided reflection, written responses, and group conversation.

You have been invited to participate based on your knowledge of the HRC and the HRM community.

If you are interested in participating, please follow the link below and select the times that work best for you: <https://doodle.com/poll/k6hbjqgezvpvcrqe>

The timing of the focus group will be based on the time that accommodates the most participants by Tuesday, March 26th. At that time, the primary researcher, Siobhan Takala, will send out a formal invitation, including the focus group location, to those interested in participating.

All participants in the focus group will be required to sign consent waivers, that will be provided and explained by Siobhan at the beginning of the focus group.

If you have any questions or concerns, please contact Dr. Georgia Klein (georgia.klein@dal.ca) or Siobhan Takala (s.takala@dal.ca).

Thank you. We look forward to hearing back from you, and hope you are able to join us.

Kindly,

Siobhan Takala, via Research Liaison
Undergraduate Researcher
s.takala@dal.ca

Invitation to Interview

Subject Line: Invitation to Participate: Undergraduate research with the HRC

Email Content:

Dear [interview participant name],

I am reaching out today to invite you to participate as an interviewee in my undergraduate research project.

Due to your experience with the HRC, you were suggested to be invited to participate. Your interview would be semi-structured, with open ended questions, with opportunities to provide factual information and opinions. The interview questions would focus on the capacity and assets of the HRC, asset mapping of the community, and refugee claimant integration in the HRM.

The interview would be approximately 1 hour in length, at a time and location that works best for you.

Below is a description of my research and details on research ethics (how your contributions would be protected and used in my research paper).

Description of my research:

The research is for my undergraduate Honours thesis at Dalhousie University. The research has been developed in collaboration with the HRC (which you were part of in the earlier stages), and under the supervision Dr. Georgia Klein from Dalhousie University.

My research is focussed on exploring refugee claimant integration in the HRM, through the lens of asset-based community development. I am doing a few interviews and a focus group exploring the internal and external factors influencing the HRC's ability to increase integration services to refugee claimants in the HRM to inform a SWOT analysis of the HRC, as well as some basic asset mapping.

Additional important information - Ethics/Consent

1. Voluntary commitment:

It is important for me to state that participating in this research project is a voluntary commitment. It is not required for you to participate, and will not impact your work with the Halifax Refugee Clinic if you decide not to participate. You will be asked to sign a consent form at the beginning of your interview, which will include much of the information I describe below.

Furthermore, you will be free to stop the interview, or skip a question, at any time throughout the interview. You are also free to withdraw consent after the interview to remove your contributions completely or partially. You will be able to withdraw consent, prior to April 12th, after which I will have compiled the data and will no longer be able to remove it. Withdrawing consent occurs simply by contacting me and stating your request.

2. Information protection:

Notes will be taken throughout the interview, as well as potential audio recordings. If you prefer to not have the interview audio-recorded, I will simply take notes to inform my research.

The notes and audio recordings will be stored on a password protected computer and will have any identifying information removed from them to protect your identity and what you chose to share. Any notes or audio recordings from the interview will only be accessible to myself. Furthermore, only myself, my research supervisor (Dr. Georgia Klein), my Research Liaison with the HRC (San Patten), and the Executive Director of the HRC (Julie) will know who has participated in the research. This information will not be shared with anyone else (such as board members, etc.).

The main use of any information provided in your interview will be compiling it anonymously with other interview responses. Therefore, will have no identifying information associated with it.

Important contributions from interviews may be included in my final written document, with association to the interviewees' position at the HRC. To minimize risk, you will be able to review the transcripts prior to further use in the written document.

Lastly, transcripts and audio recordings will be retained in a locked file for one year, until April 2020, when they will be destroyed.

Thank you for taking the time to read that.

If you have any questions about my research, my research supervisor (Dr. Klein, Georgia.Klein@dal.ca) or myself are happy to answer them.

If you would like to participate, we can move forward with arranging an interview time that works for you.

I look forward to hearing back from you!

Kindly,
Siobhan Takala
Undergraduate Researcher
s.takala@dal.ca

Appendix C: Consent Forms

CONSENT FORM: FOCUS GROUP

Project Title: Using Asset-Based Community Development as a Tool for Non-Governmental Organizations to Support Refugee Claimant Integration: A Case Study of the Halifax Refugee Clinic.

Lead Researcher: Siobhan Takala, Dalhousie University, College of Sustainability,
Contact: s.takala@dal.ca

Research Supervisor:
Georgia Klein, Dalhousie University, College of Sustainability,
Contact: Georgia.Klein@dal.ca

Introduction:

You are invited to take part in a research study being conducted by myself, Siobhan Takala, an undergraduate student at Dalhousie University. The research is for my undergraduate Honours thesis and is being supervised by Dr. Georgia Klein.

Choosing whether to take part in this research is entirely your choice; it is a voluntary commitment that is not required in your job description. There will be no impact on your work with the Halifax Refugee Clinic (HRC) if you decide not to participate in the research. The information below tells you about what is involved in the research, what you will be asked to do and about any benefit, risk, inconvenience or discomfort that you might experience.

If you have any questions about the study you can contact Siobhan Takala or Dr. Klein at any time. You are welcome to ask as many questions as you like, now or later. If questions are outside the ability of the researcher to answer, she will refer you to the research supervisor.

Purpose and Outline of the Research Study:

The HRC is a small Non-Governmental Organization (NGO) with limited internal capacity, but is looking to expand their services to help better support refugee claimants with in the integration process. Refugee claimants face numerous barriers to services and supports, limiting their capacity to integrate in their new host communities, thus relying on organizations such as the HRC to support their integration.

The purpose of this study is to test is asset-based community development (ABCD) as a tool to help NGOs support refugee claimant integration. To do so, the primary researcher will be analysing the internal and external factors impacting the HRC's ability to help refugee claimants achieve successful integration in the Halifax Regional Municipality (HRM), and comparing these outcomes to ABCD practices.

The research has been developed in collaboration with the HRC.

This consent form is to participate in the focus group portion of the research. In signing this form, you are consenting to be a participant in the focus group.

Who Can Take Part in the Research Study:

The focus group consists of 6-10 participants, ideally. The potential participants are employees, volunteers or board members of the HRC, who have been selected due to their knowledge of the internal capacity of the HRC and refugee integration.

What You Will Be Asked to Do:

In agreeing to participate, you are consenting to being part of a group brainstorming process, facilitated by the researcher, Siobhan Takala. The focus group process will take approximately 2 hours. It will be semi-structured, with opportunities to provide factual information and opinions on the HRC and refugee integration.

Possible Benefits, Risks and Discomforts:

There will be no direct benefits for you as a participant in participating in this research. However, your contribution will benefit the HRC in their internal analysis. This could lead to indirect benefits for the clientele of the HRC, and similar organizations or institutions.

There are minimal risks associated with this study. There are no known risks for participating in the focus group process. The questions do not contain any personal, sensitive topics. However, during the focus group, your work or volunteer supervisor(s) may be present. As a participant, you are responsible for what you share in the space and to be aware of how it may impact your position at the HRC.

Compensation / Reimbursement:

There will be a meal provided, but no further compensation for your participation in the study.

How your information will be protected:

Steps will be taken to ensure that others outside of the study do not know that you participated. Any reports or written documents about the study will not include any identifying information, protecting your privacy to any third parties. Furthermore, transcriptions of the audio recordings and notes taken will be coded and aggregated, to remove any identifying information from the transcription.

During the focus group, we ask all participants to respect your privacy by not sharing that you were involved, or any of your contributions, outside of the space. We cannot guarantee that other participants will not identify you outside of the study.

Confidentiality:

As mentioned in the section above, no identifying information will be shared in any written documents or reports on the study. During audio transcription, the researcher will be coding your name to make your contributions unidentifiable in the transcription and any further data analysis. The data from the focus groups will be aggregated for analysis. The coding information will be kept on a password-protected computer in a locked file, only accessible to the researcher. Furthermore, the focus group recording will only be accessible to the primary researcher and will also be stored on a password-

protected computer, in a locked file. In the rare instance that we see or suspect abuse we are obliged to break this agreement and contact legal authorities.

Data retention:

Information that you provide will be kept on a password-protected computer, in a locked file, for one year. After this time, the researcher will destroy all the files (April 2020).

If You Decide to Stop Participating:

You are free to leave the study at any time: you are free to leave the focus group at any time or withdraw your consent after the focus group. If you decide you no longer want to participate at any point during the study, you can decide whether the researchers can use your information up until that point, or to withdraw your contributions. Anonymous written contributions will not be able to be removed, but any audio recordings will be withdrawn from the research. Furthermore, you will be able to remove your contributions from the study until April 12th, 2019, when the data will be aggregated and no longer able to be removed.

How to Obtain Results:

As a participant in the case study, results will not be directly shared with you. The Executive Director of the HRC will be provided the researcher's Honours Thesis and will be at their discretion to share it with relevant individuals. However, the Honours Thesis will also be available to the public online after May 2019.

Questions:

We are happy to discuss any questions or concerns you have about participating in the study. Please contact the researcher, Siobhan Takala, (s.takala@dal.ca or 306-260-5371) or her supervisor, Georgia Klein (Georgia.Klein@dal.ca or 902-494-403). If the researcher is unable to answer your question directly, you will be put in contact with the research supervisor.

Signature Page

Project Title: Using Asset-Based Community Development as a Tool for Non-Governmental Organizations to Support Refugee Claimant Integration: A Case Study of the Halifax Refugee Clinic.

Lead Researcher: Siobhan Takala, Dalhousie University, College of Sustainability,
Dalhousie University (contact: s.takala@dal.ca)

I (the focus group participant) have read the explanation about this study. I have been given the opportunity to discuss it, and my questions have been answered to my satisfaction. I understand that I have been asked to take part in one focus group that will occur at a location acceptable to me, and that the focus group will be recorded.

I understand direct quotes of things I say may be used without identifying me. I understand non-attributed transcripts of things I say may be used without identifying me. I agree to respect the privacy and confidentiality of other participants by not sharing what individuals have said during the focus group.

I agree to take part in this study. My participation is voluntary and I understand that I am free to withdraw from the study at any time, until April 12th, 2019.

Name

Signature

Date

CONSENT FORM: INTERVIEW

Project title: Using Asset-Based Community Development as a Tool for Non-Governmental Organizations to Support Refugee Claimant Integration: A Case Study of the Halifax Refugee Clinic (HRC).

Lead researcher: Siobhan Takala, Dalhousie University, College of Sustainability,
Contact: s.takala@dal.ca

Research Supervisor: Georgia Klein, Dalhousie University, College of Sustainability, Professor
Contact: Georgia.Klein@dal.ca

Research Liaison: San Patten, Dalhousie University, College of Sustainability, Professor
Halifax Refugee Clinic, Chair of Board of Directors

Introduction:

You are invited to take part in a research study being conducted by myself, Siobhan Takala, an undergraduate student at Dalhousie University. The research is for my undergraduate Honours thesis and is being supervised by Dr. Georgia Klein.

Choosing whether to take part in this research is entirely your choice; it is a voluntary commitment that is not required in your job description. There will be no impact on your work with the Halifax Refugee Clinic (HRC) if you decide not to participate in the research. The information below tells you about what is involved in the research, what you will be asked to do and about any benefit, risk, inconvenience or discomfort that you might experience. If you have any questions about the study, you can contact Siobhan Takala or Dr. Klein at any time. You are welcome to ask as many questions as you like, now or later. If questions are outside the ability of the researcher to answer, she will refer you to the research supervisor.

Purpose and Outline of the Research Study:

The HRC is a small Non-Governmental Organization (NGO) with limited internal capacity, but is looking to expand their services to help better support refugee claimants with in the integration process. Refugee claimants face numerous barriers to services and supports, limiting their capacity to integrate in their new host communities, thus relying on organizations such as the HRC to support their integration.

The purpose of this study is to test is asset-based community development (ABCD) as a tool to help NGOs support refugee claimant integration. To do so, the primary researcher will be analysing the internal and external factors impacting the HRC's ability to help refugee claimants achieve successful integration in the Halifax Regional Municipality (HRM), and comparing these outcomes to ABCD practices.

The research has been developed in collaboration with the HRC.

This consent form is to participate in the interview portion of the research. In signing this form, you are consenting to be an interview participant.

Who Can Take Part in the Research Study:

There will be 3 interviews conducted to obtain details on the internal and external factors impacting the HRC, and the barriers to refugee claimant integration in the HRM. The potential participants are employees, volunteers or board members of the HRC, who have been selected due to their knowledge of the HRC and refugee claimant integration.

What You Will Be Asked to Do:

In agreeing to participate, you are consenting to being interviewed by the researcher, Siobhan Takala. The interview process will be approximately 1 hour. The interview will be semi-structured, with opportunities to provide factual information and opinions on the HRC and refugee integration.

You will be asked if the interview can be audio recorded. If you prefer to not have the interview audio-recorded, the lead researcher will simply transcribe non-identifying information from the interview using pen and paper and an assigned alias.

Possible Benefits, Risks and Discomforts:

There will be no direct benefits for you as a participant in participating in this research. However, your contribution will benefit the HRC in their internal analysis. This could lead to indirect benefits for the clientele of the HRC, and similar organizations or institutions.

There are minimal risks associated with this study. There are no known risks for participating in the interview process. The questions do not contain any personal, sensitive topics.

This risk is minimal as your name will remain confidential during analysis and in final thesis.

If applicable, your job title at the HRC may be included in the final thesis. However, your personal information will be securely stored and deleted in April 2020, or earlier upon you request.

Furthermore, you will not be asked to identify and name persons, businesses, or corporations who might be barriers to improve refugee integration.

Compensation / Reimbursement:

There will be no compensation for your participation in the study.

How your information will be protected:**Privacy:**

The lead researcher will ensure that others outside of the study do not know that you participated. Any written documents about the study will not include any identifying information, protecting your privacy to any third parties. Furthermore, transcriptions of the interviews are going to be coded, to remove any identifying information from the transcription.

Confidentiality:

The researcher may associate important contributions of interviewees by using the interviewees' position at the HRC. If quotes are included in any final written documents or results, only the role of the interviewee will be associated with the quote. To minimize risk, the interview participants will be able to review the transcripts prior to further use by the researcher. The transcripts will not include the interview participants' names, but only the role of the individual to minimize risk.

The data from the interviews will be aggregated for analysis. The coding information will be kept on a password-protected computer in a locked file, only accessible to the researcher. Furthermore, the interview recording will only be accessible to the researcher and will also be stored on a password-protected computer, in a locked file.

Data retention:

Information that you provide will be kept on a password-protected computer, in a locked file, for one year. After this time, the researcher will destroy all the files (April 2020).

If You Decide to Stop Participating:

You are free to leave the study at any time: you are free to stop the interview process at any time or withdraw your consent after the interview. If you decide you no longer want to participate at any point during the study, you can decide whether the researchers can use your information up until that point,

or to withdraw your contributions completely. You will be able to remove your contributions from the study until April 12th, 2019, when the data will be aggregated and no longer able to be removed.

How to Obtain Results:

As a participant in the case study, results will not be directly shared with you. The Executive Director of the HRC will be provided the researcher's Honours Thesis and will be at their discretion to share it with relevant parties. However, the Honours Thesis will also be available to the public online after May 2019.

Questions:

We are happy to discuss any questions or concerns you have about participating in the study. Please contact the researcher, Siobhan Takala, (s.takala@dal.ca or 306-260-5371) or her supervisor, Georgia Klein (Georgia.Klein@dal.ca or 902-494-403). If the researcher is unable to answer your question directly, you will be put in contact with the research supervisor.

Signature Page

Project Title: Using Asset-Based Community Development as a Tool for Non-Governmental Organizations to Support Refugee Claimant Integration: A Case Study of the Halifax Refugee Clinic (HRC).

Lead Researcher: Siobhan Takala, Dalhousie University, College of Sustainability,
Dalhousie University (contact: s.takala@dal.ca)

I (the research participant/interviewee) have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction.

I understand that I have been asked to take part in one interview that will occur at a location acceptable to me, and that the interview will be recorded.

I understand direct quotes of things I say may be used without identifying me. I agree to take part in this study. I understand non-attributed transcripts of things I say may be used without identifying me.

My participation is voluntary and I understand that I am free to withdraw from the study at any time, until April 12th, 2019.

Name

Signature

Date

Appendix D: Letter of Support from the HRC



January 15, 2018

Research Ethics Board
Office of Research Services
Dalhousie University
PO Box 15000
Halifax, Nova Scotia
B3H 4R2
Canada

Dear Research Ethics Board Members,

Re: Letter of Support for Siobhan Takala, Sustainability honours student

I am writing this in my capacity as the Executive Director of the Halifax Refugee Clinic (HRC). We are a non-profit, non-governmental organization that provides no cost legal and settlement services to refugee claimants, refugees, and people in need of protection who cannot afford the services of private legal counsel. We believe that every person who fears for his or her life or safety should have access to legal representation and should feel supported and integrated while doing so. The HRC provides three types of services: legal representation for refugee claimants, settlement services for our clients, and community outreach and advocacy.

**HALIFAX
REFUGEE
CLINIC**

Office of the Atlantic Refugee Clinic

5538 Macara Street
Halifax NS B3K 1V9
Box 233 Halifax CRO
HALIFAX NS B3J 2M4
Canada
902.422.6736 voice
902.422.7529 facsimile
halifaxrefugeeclinic@gmail.com
www.halifaxrefugeeclinic.org

We are pleased to collaborate with Siobhan Takala to pursue her research goal - to use Participatory Action Research (PAR) to compare the experiences of the HRC and its clients to pre-existing literature, and to test Asset-Based Community Development as a theoretical framework. This will include looking at the strengths, weaknesses, opportunities and barriers the HRC faces in providing services to refugee claimants, and the importance of providing refugee claimants services. We believe that Siobhan's research will inform our strategic planning to improve the services offered by the HRC, and provide evidence that will support future funding applications.

We understand that Siobhan will be gathering data through one focus group and 2-3 key informant interviews. We will provide support to Siobhan by helping to assemble 6-10 participants (volunteers, board members, staff members) for the focus group, as well as 2 - 3 key informants for the interviews. We will also be able to provide internal documents that will help Siobhan understand the strengths, weaknesses, opportunities and barriers the HRC faces in providing services to refugee claimants, such as our funding reports, board development reports and Annual Reports.

We very much look forward to working with Siobhan and seeing the results of her honours research and thank you in advance for your attention to this letter. Please don't hesitate to contact us if you require further information or clarification.

Julie Chamagne
Executive Director

Ayat Noori
Legal Case Manager

Gillian Smith
Settlement Coordinator

San Patten
Chair, Board of Directors

M. Lee Cohen, QC
Chair Emeritus and Founder

Yours truly,

Julie Chamagne
Executive Director

Appendix E: Methods

Focus Group Outline

The focus group will be semi-structured and follow the common methodology of inquiring about the Strengths, Weaknesses, Opportunities and Threats of the organization (Toolshero, n.d.). Questions asked will endeavour to provide insight into the internal capacity of the HRC and the importance of the services currently being provided, and those that are hoped to be provided. The questions asked will provide room for participants to share their opinions as well as factual information.

Guiding Questions:

What are the critical issues facing your clients?

Why are addressing these issues important?

What makes you hopeful? What is your dream for the HRC?

Does the HRC follow best practices of refugee integration/working with vulnerable communities?

What other organizations or individuals inspire you to best serve your clientele/that you wish to emulate?

Strengths:

- What makes you (the participants) most proud of the HRC?
- How does the HRC contribute positively to the community/its clients?
- What are the unique skills and services of the HRC?
- What resources does the HRC have that it is making use of?
- What unique or lowest cost resources does the HRC have that other organizations do not?

Weaknesses:

- What barriers is the HRC facing in providing services to clients?
- How could the HRC better support your clients? What should the HRC avoid?
- What do you think other organizations would see as weaknesses of the HRC?

Opportunities:

- Are there opportunities for the HRC to access other resources?
 - Such as: funding, community partners
- Which Strengths can you turn into opportunities? Which would have the biggest impact?
- Are there any external changing factors that the HRC could make use of?
 - Changing policy/legislation/government?
 - Trends to make use of?

Threats:

- Are there external factors limiting the HRC?
 - Access to resources (funding?)
 - Government legislation
 - Competition from other organizations/businesses
- Do any of the HRCs weaknesses have the potential to detract from the integrity of the organization? Or the services to support clients?

There will be time allotted for any additional comments at the end of the session.

Focus Group Guide:

Timing	Amount of Time	Activity	Notes	Supplies
	1 hr	Prep	Set up audio recorders Hang up banner Consent forms, paper, sticky notes & writing tools on tables Put out water and make sure food is ready & name tags w/ food	Pens Paper for tables Sticky Notes
5:30pm	20 min	Dinner	<p>Hello, I'm Siobhan, the focus group facilitator and lead researcher. Thank you all for coming today!</p> <p>Going to start off the evening with our meal, and then move into the variety of guided personal and group reflections.</p> <p>Read Consent Form Aloud - we will gather the forms after your meal.</p> <p>I would like to begin by acknowledging that we are in Kijipuktuk (Je-pook-took), on Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. This territory is covered by the "Treaties of Peace and Friendship" which Mi'kmaq Wəlastəkwiyyik (Woo-lo-stohg-hee-ick, Maliseet), and Passamaquoddy Peoples first signed with the British Crown in 1726.</p> <p>The treaties did not deal with the surrender of lands and resources but in fact recognized Mi'kmaq and Wəlastəkwiyyik (Woo-lo-stohg-hee-ick, Maliseet) title and established the rules for what was to be an ongoing relationship between nations.</p> <p>Invite everyone to get nourished.. While you're eating, please fill out the paper evaluation to get your brain moving.</p> <p>We will have the first 15-20 minutes to get comfy and eat, and then we will get started. You can continue eating during the session if you are not finished.</p>	Hand out consent & eval

5:45 pm		5 min warning	Ask people to get settled - run to the loo if needed, etc.	
5:50pm	5 min	Check In	<p>Before we get started, collect consent forms & paper evaluations</p> <p>We will go around the room and do a basic introduction, to settle and welcome each other to the space:</p> <ul style="list-style-type: none"> • Name, pronouns (she/her, they/them, no preferred, etc) & role at HRC • One word about how you're feeling in this moment <p>Housekeeping: Before we get started, I just want to outline some basic housekeeping so we can keep ideas coming and the evening proceeding.</p> <ol style="list-style-type: none"> 1. At any point tonight, I invite you to write down your thoughts on sticky notes to keep track of your ideas/ensure they are accounted for if you don't get a chance to speak to every question. 2. Similarly, to ensure everyone is getting heard, and to help us not talk in circles but keep moving forward, if someone says a similar idea that you were going to share, you agree with, or that resonates with you, feel free to snap, it's a practice I do with the youth I work with, it has helped to keep us on time with activities and helping everyone be heard. 3. I'd also like to invite you to trust the evening, get creative and have an open mind. We will be doing a few different types of activities, and they may be different or difficult, the "groan zone". But I do really invite you to try and stay open minded and curious with tonight. Not here to solve all of the problems, just to be curious and build off of each others knowledge. 	

			<p>4. Also, some general principles that are always nice to follow, are: speak mindfully, as there are many of us in the room with ideas to share, that being said, no idea is a bad idea!</p> <p>5. Listen to learn - don't be afraid to take a moment to reflect on what others have shared before contributing, you might surprise yourself, and please wait till others are done speaking before starting- try not to interrupt each other.</p> <p>Just here to "Think Well Together".</p> <p>Where is the bathroom? Take a break at any point if you need.</p>	
5:55pm	10 min	<p>Defining a Communal Vision</p> <p>1 min</p> <p>3 min</p> <p>3 min</p>	<p>Purpose: To make sure everyone is on the same page about what we are analyzing (<i>scoping</i>)</p> <p>First few minutes, going to do a quick communal visioning to ensure we are all on the same page for the purposes of this focus group.</p> <p>I'm going to ask a few questions, feel free to discuss with people beside you, and then I invite you to write your response on a sticky note. We will put them on the banner to be able to look at and guide the rest of the evening.</p> <p>Guiding Questions:</p> <ul style="list-style-type: none"> • What is the current role of the HRC in supporting refugee claimant integration? • In an ideal world, (get dreamy) what would successful refugee claimant integration look like in the HRM? 	

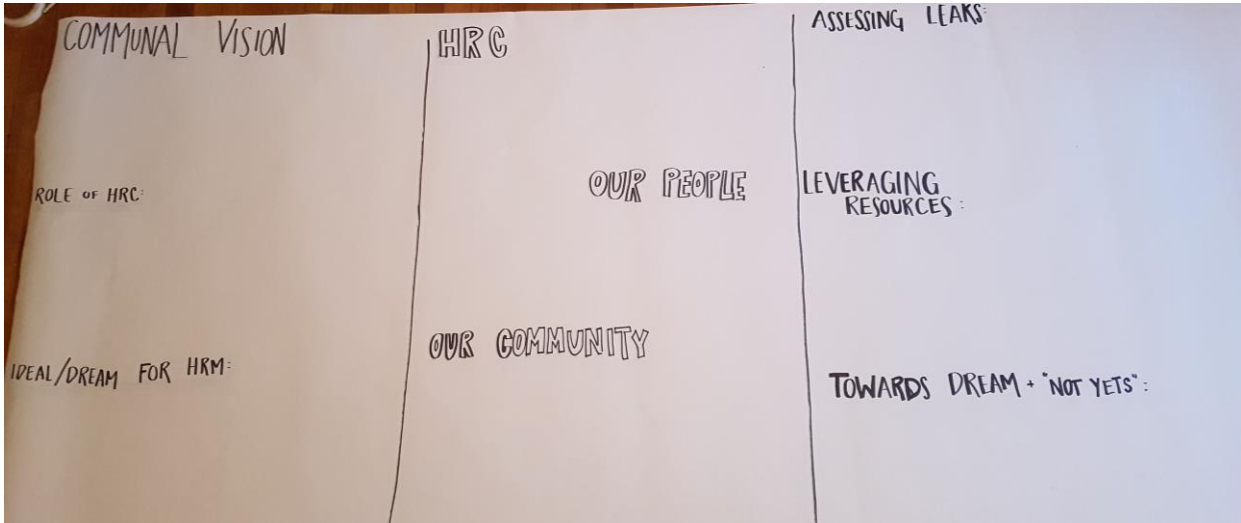
		3 min	Everyone bring sticky note up to the front and group them on banner based on similar ideas.		
6:05pm	40 min	5 min (set up)	Number people off into 3 groups and move to 3 tables. Put supplies on the tables (including mics)	Hand out - question guides - papers - sticky notes - markers/pens	
6:10pm		5 min (explain)	<p>Table 1: Internal HRC stuff</p> <ul style="list-style-type: none"> • Simply going to be asking the questions written on the piece of paper at the table and writing your answers down on the big blank piece of paper. • Feel free to write directly on the paper. <p>Table 2: Our People (Leaky Bucket)</p> <ul style="list-style-type: none"> • Drawing of a bucket and you are going to identify what “goes into the HRC’s bucket” and where things “leak out” • You’ll also identify resources of your people that are “in the bucket already” (already represented in the work of the HRC) and things that could potentially “go in the bucket” (could be incorporated into the work of the HRC) <p>Table 3: Our Community (Networking/Impact Graphing)</p> <ul style="list-style-type: none"> • Going to identify your personal community networks in the HRM • Then graph how those networks could be incorporated into the HRC. 		
6:15pm		10 minutes for each round.			One person stay at each table each round, but not the same person, so they have a chance to do other activities. <i>Who is going to stay at each table for this round?</i>
//					
6:25pm					
//					

6:35pm			<p>Reminder - to stay curious, each activity will be about 10 minutes, so just contribute what you can in that allotted time and don't worry, cause we will talk about them in a group after.</p> <p>** make sure to ask them who is staying for the next round, and for the person who stayed to take 1 minute to remind the group of the activity and to share highlights of the last group **</p>	
6:45 pm	10 min		<p>Set up Posters / 5 min stretch Break</p> <p>5 min Gallery walk - everyone walk around and look at posters with everyone's contributions on them</p>	
6:55 pm	6 min	Discussion & Harvest (25 min)	Move into harvest on banner (testing ABCD)	
			Summarize learning from each poster - what key points came from each activity?	
7:01pm	6 min		Do you think any of the leaks could prevent the HRC from meeting the goals we outlined at the beginning of the session?	
7:07pm	6 min		<p>Are the talents, skills & passions of your people represented in the services or supports offered by the HRC?</p> <ul style="list-style-type: none"> • Do you see opportunities for these to be better incorporated into the work that you do at the HRC? • Could any of the assets you identified help to provide the additional support/resources/services to ref claimants? 	
7:13pm	7 min		<p>Are additional resources required to help meet the HRC's goals?</p> <ul style="list-style-type: none"> • Are these resources attainable? Is it possible to find them locally or from the community you already have? <ul style="list-style-type: none"> • Could any of the assets you identified help to mitigate the need for additional resources? • Do you think there are ways to patch some of the "leaks" by changing how resources/time/assets are used? 	

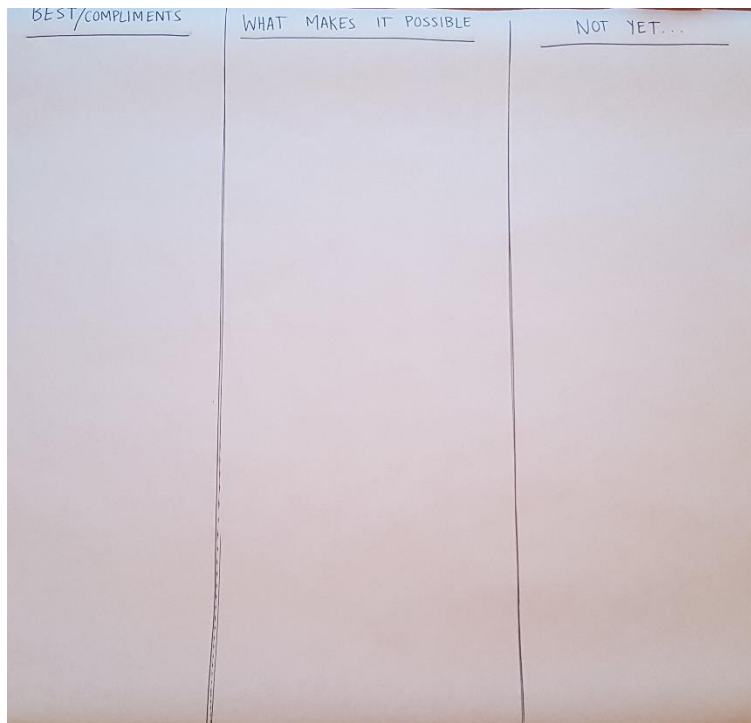
7:20pm	5 min		<p>Guided reflection about dream for HRC.</p> <p>Now as our last thing, I invite you to close your eyes for a moment. I just wanted to take a moment to ask you based on what was discussed here today, the HRC's mission, your skills and talents, and your understanding of the skills and talents of other people in this org and your community.</p> <p><i>What are three wishes that you would make to heighten the vitality and health of this organization?</i></p> <p>Invite everyone to write them down. Invite everyone to share one.</p>	
7:25pm	5 min	Check Out & Thank You	<p>Thank everyone so much for their time. Ask everyone again to make sure they have passed in their evals and consent.</p> <p>Remind everyone of confidentiality - please do not share with others outside of this room, what was shared or who participated!</p>	
Total: 2 hr				
	~~20 min	Clean Up	<ul style="list-style-type: none"> • Take photos of banner paper w/ sticky note harvests & on tables • Ensure have evals, leaky buckets • Ensure have all Loaded Ladle materials 	

Focus Group Activities and Posters:

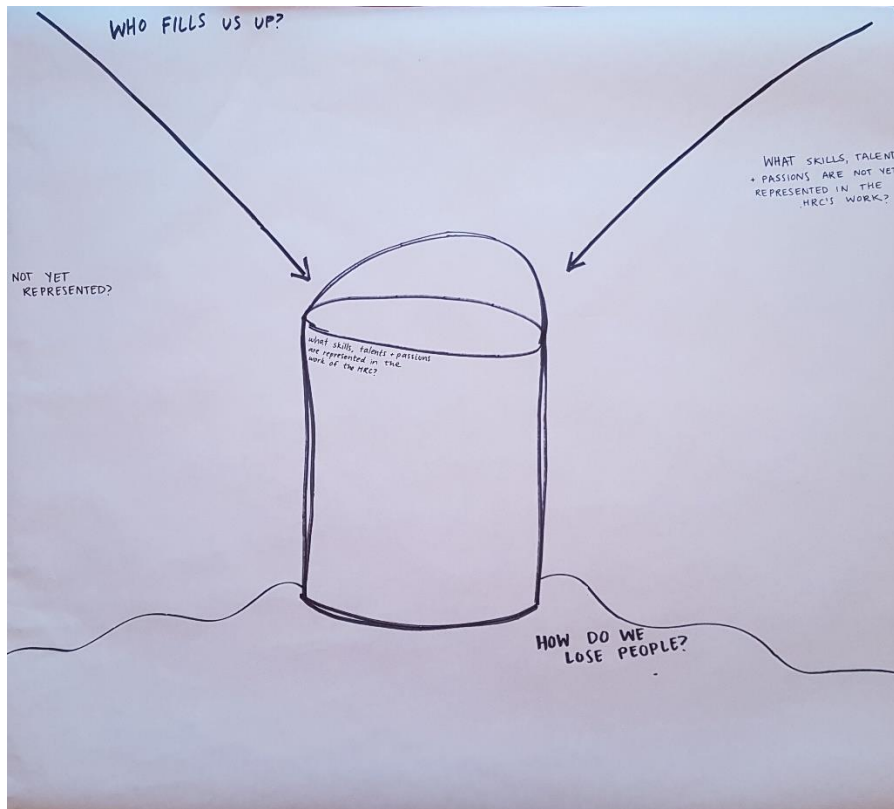
Banner to harvest and summarize participants responses, designed by the primary researcher:



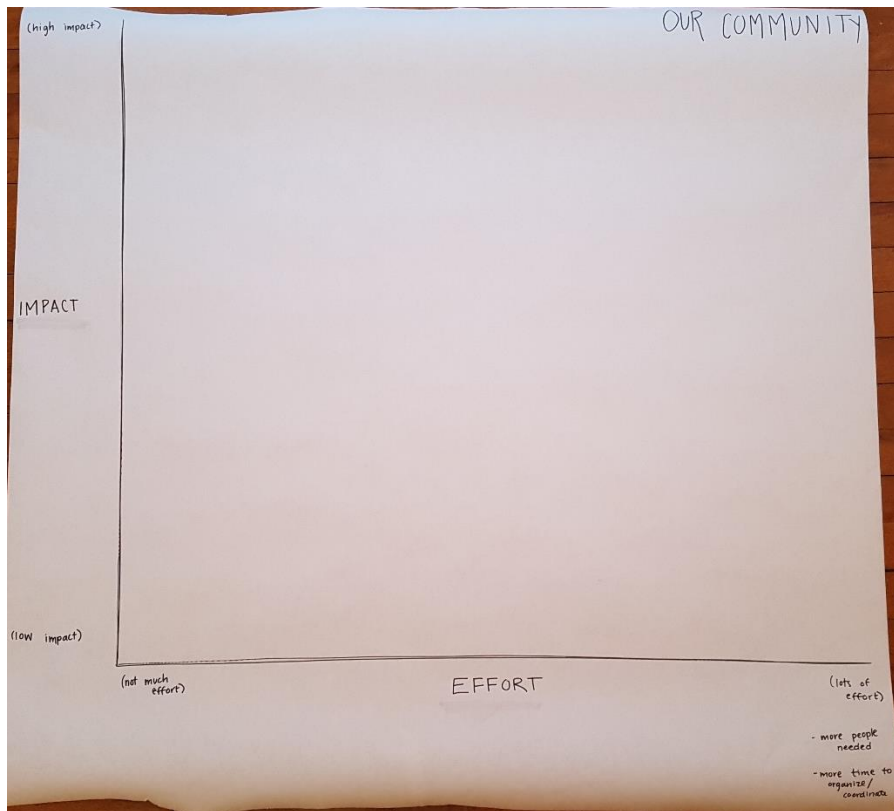
Poster to harvest participant responses, designed by the primary researcher:



Leaky Bucket Poster, adapted from Gonsamo, Molla, and Peters (2011).



Impact Graph, adapted from Andersen, Beltz and Fagerhaug (2010)



Anonymous Organizational Evaluation
(adapted from Arts Council NI, n.d.)

Role (please circle one):

Volunteer

Staff

Intern

Board Member

These are the response choices for each statement:

- 1 - I agree (this statement is certainly true for my organization).
- 2 - I agree slightly (this statement is sometimes or partly true).
- 3 - Uncertain (I don't know).
- 4 - I disagree slightly (this statement is usually not true).
- 5 - I disagree (this statement is certainly not true for my organization).

Circle one for each question:

I understand the goals of this organization. 1 2 3 4 5

I understand my responsibilities. 1 2 3 4 5

I feel like my efforts are recognized and appreciated. 1 2 3 4 5

There are adequate systems to assure that volunteers, staff, board members, and the committees communicate with each other. 1 2 3 4 5

From my experiences, the HRC identifies and nurtures new volunteer leadership. 1 2 3 4 5

From my experiences, the HRC identifies and nurtures new ideas. 1 2 3 4 5

There is a process in place for conflict resolution. 1 2 3 4 5

Board and Staff Only:

Enough board members are committed to the organization and devote enough time so that the board is effective. 1 2 3 4 5

Board meetings are used to effectively make decisions and accomplish important tasks. 1 2 3 4 5

The board has an ongoing process for determining leadership needs and recruiting new board members.	1	2	3	4	5
The board reflects the community's demographics and ethno-cultural mix and has a balance of the needed skills, contacts, and access to resources.	1	2	3	4	5
Staff have adequate salaries and benefits.	1	2	3	4	5
We have a balanced source of funding from grants, donations, and earned revenue.	1	2	3	4	5
Staff and board members have timely, accurate financial information.	1	2	3	4	5
We tend to spend our money and energy to fulfill our highest priorities.	1	2	3	4	5

Interview Outlines:

The interviews will be semi-structured and be guided by similar questions as the focus group. The questions ask will provide room for participants to share their opinions as well as factual information.

- How would you define refugee integration?
- What are the barriers to refugee integration in Halifax? What could these barriers be addressed?
- What makes you most proud of the HRC?
- What do you think makes the HRC unique?
- What is the purpose and objectives of the HRC? Who is your clientele and what critical barriers are they facing?
- Is the HRC currently meeting its objectives?
- Are there ways you could see the HRC improve internally? Do you believe that the HRC follows best practices of refugee integration?
- What are the barriers that the HRC is currently facing?
- Are there ways in which additional external support could help the HRC to best serve its clientele? (Legislation, limited funding, etc.)
- Are there other organizations or individuals that you aspire to be like in your work with the HRC?

There will be time allotted at the end of the interview for the participant to provide any additional comments.

Interview Guides:

Guide 1, designed by the primary researcher:

Timing	Activity	Questions	Notes
3 min	Welcome	Introductions and getting settled.	
12:03 4 min	Consent	Read Consent Form <i>Emphasize: Audio recording, role but not named in paper</i> Get consent form signed & returned, set up audio if yes.	
12:07 7 min	Role & HRC	I'd like to start by asking you about your work with the HRC: <ul style="list-style-type: none"> • What and your current role? • How has this changed during your time with the HRC? How do you think the HRC would define successful integration of refugees?	
12:14 pm 10 min 7 min	Integration X Community S/O S/W S/W	If you envision the HRC's community, who and what comes to mind? <ul style="list-style-type: none"> • Are there specific partners you work with consistently? <ul style="list-style-type: none"> • Do other orgs in the HRM promote your work or support you in any ways? • Are youth engaged? • Are citizens engaged? <ul style="list-style-type: none"> • Has it been easy to engage the HRM community in the past? Why or why not? • Are past clients engaged? <ul style="list-style-type: none"> • Are there barriers to engaging past clients? Coercion? • Are there other resources available in the community that help support you? <ul style="list-style-type: none"> • Community spaces to host you, programs/groups for clients to attend, places or opportunities for ref claimants to share their skills, passions & talents? How does the HRC engage with its community? How does community support the HRC's goals of successful refugee claimant integration?	

	T S/W S/W S/W	<ul style="list-style-type: none"> • Are community engagements often involving a wide range of community members, or are they more informal / one on one? <ul style="list-style-type: none"> • Why is this? <ul style="list-style-type: none"> • To meet indiv needs? / ref integration? <ul style="list-style-type: none"> • Based on requests of clients? • External factors in HRM: Vulnerability? Racism / safety / inclusion? • Is it mostly just you? How do you mobilize volunteers? <ul style="list-style-type: none"> • Are there different levels commitment/involvement for volunteers? • How do you find maintaining volunteer commitment/engagement? • Would you say you know the skills, talents and passions of your volunteers, staff & community? <ul style="list-style-type: none"> • Do you think there are ways to match clients to volunteers based on their skills, talents and passions? • Do you already do this? <p>Has community played a different role or been mobilized in a different way in the past?</p> <ul style="list-style-type: none"> • What were they? Did you have partners? • Why are they no longer being offered? 	
12:31pm	Funds	You are also the fundraising coordinator.	
5 min	S/W	How would you describe the financial situation of the HRC? <ul style="list-style-type: none"> • What specific opportunities and challenges does the HRC face in this capacity? 	
3 min	S/T/W/O	If you could change the funding model of the HRC what changes would you make? <ul style="list-style-type: none"> • Are there strengths to the current model? • Limitations? 	
3min	O	Do you have a vision for how the HRC could become financially sustainable?	
12:41pm	S/W/T/O	Do you think it is possible to increase the services/supports, or engage community in a different way, with the current organizational capacity/structure?	
5 min			

4 min	T/W	<ul style="list-style-type: none"> • Are there obstacles that prevent you from providing more community support to clients? • Would additional resources be required? <ul style="list-style-type: none"> • What are those resources? • Are they potentially obtainable? 	
3 min	O	Based on our earlier convo... do you think that there is a way to: <ul style="list-style-type: none"> • better engage/mobilize community to support your efforts? <ul style="list-style-type: none"> • Past clients? Youth? Uni students? Citizens in general? 	
	S	Do you think engaging community differently could help to mitigate for any of the funding obstacles?	
12:53pm 3 min	S/W	Is there anything else you would like to add about the HRC's role in integration of refugee claimants in the HRM?	
3 min	Check Out & Thank You	<p>Thank you for your time.</p> <p>Before you go, I always do check outs with people to help shift from interview/work mode, out to the rest of the world. So, is there anything you're looking forward to this week? (what I call a bud - like a budding flower)</p> <p>Thank you again. (turn off audio recorder, do you have the consent form?)</p>	

Guide 2, designed by the primary researcher (used for 2 interviews):

Timing	Activity	Notes	Notes
5:00pm	Welcome	Introductions and getting settled.	
5:03 pm	Consent	Read consent form: <i>Emphasize Audio recording, role but not named in paper</i>	

4 min		Get consent form signed & returned, set up audio if yes.	
5:07pm 3 min	Role	I'd like to start by asking you about your work with the HRC: <ul style="list-style-type: none"> • What and your current role? • How has this changed during your time with the HRC? 	
5:10pm 20 min	HRC & Integration S S/W S/W/T T/O	<p>How does the HRC define successful refugee claimant integration?</p> <ul style="list-style-type: none"> • Are there specific outcomes that you look for, or an ideal integration framework that you use to inform your integration services? (such as social determinants of health) • Long term integration goals? <p>What services, resources, support does the HRC offer to help clients achieve this? Why are these the specific services offered?</p> <p>Based on your experiences with clients, do you believe that refugee claimants are able to achieve successful integration in the HRM? Why or Why not?</p> <ul style="list-style-type: none"> • What aspects of integration are the most difficult to meet in the HRM? (ex: some cities have identified housing as an issue greater than healthcare) • Any recurring/patterns of needs/barriers? What causes these barriers? • Do you believe that refugee claimants are seen as assets, individuals with skills, talents and offerings to the HRM? What about Canada? <ul style="list-style-type: none"> • Clients experiencing racism? Systemic oppression? • Do you think there is a way for the HRM community to become more accepting and welcoming? • Do you think they recognize themselves as assets? 	For paper: Are ref claims able to realize themselves as assets?
5:30pm 15 min	Increasing Services W/T/O	What settlement services do you think the HRC would like to offer in the future based on the barriers we discussed?	

	T/O	<ul style="list-style-type: none"> Do you think this has anything to do with climate change? (despite climate refugees not being recognized in the definition of ‘refugee’) <p>Are there any legislative changes that you would like to see that would support refugee claimant integration?</p> <ul style="list-style-type: none"> Federal level? <ul style="list-style-type: none"> Do you think shorter wait times are possible? Other countries that do refugee determination process better? Provincial? Municipal? <ul style="list-style-type: none"> Ways to mitigate for status deficiency? Access to public library or supports? 	
5:55 pm 5 min	Anything Else?	Is there anything else you would like to add about the HRC’s role in integration of refugee claimants in the HRM?	
6:00pm 3 min	Check Out & Thank You	<p>Thank you for your time.</p> <p>Before you go, I always do check outs with people to help shift from interview/work mode, out to the rest of the world. So, is there anything you’re looking forward to this week? (what I call a bud - like a budding flower)</p> <p>Would you like me to send you the link to my final paper once it has been published online?</p> <p>Thank you again. (turn off audio recorder, do you have the consent form?)</p>	
Total: 1 hr			

SWOT Analysis:

SWOT matrix template to inform data categorization, designed by the primary researcher:

	HELPFUL	HARMFUL
INTERNAL FACTORS	Strengths <ul style="list-style-type: none">- Capabilities?- Current Services Offered?- Financials?- Processes, Systems, Communications?- Marketing?- Moral, commitment, leadership?- Management?	Weaknesses
EXTERNAL FACTORS	Opportunities <ul style="list-style-type: none">- Industry trends?- Partnerships?- Political climate? Global & Local.- Changes in sociocultural environment?- Economy?	Threats

Appendix E: TCPS Certification

PANEL ON
RESEARCH ETHICS

Navigating the ethics of human research

TCPS 2: CORE

Certificate of Completion

This document certifies that

Siobhan Takala

*has completed the Tri-Council Policy Statement:
Ethical Conduct for Research Involving Humans
Course on Research Ethics (TCPS 2: CORE)*

Date of Issue: **15 September, 2018**

