

**THE POSITION OF HUMAN RIGHTS IN SOCIAL WORK PRACTICE.
THE CASE FOR ASYLUM SEEKERS.**

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A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Doctor in Philosophy in Social Work

DEDICATION

*To my friend Mona,
the social worker who believed in and fought for human rights-based social work,
I wish you were still here to read these pages.*

ACKNOWLEDGEMENTS

I am indebted to many individuals during the course of this dissertation study. I would first like to thank all social workers and informants who participated in the study. I am deeply touched by your openness and willingness to discuss your practice and your opinions. I hope this project does justice to your respective practice.

I would like to express my special appreciation and thanks to my dissertation committee for their guidance and suggestions. I am especially thankful to my chair, Dr. Nicole Ives. I am so appreciative of your continued mentorship, support and patience throughout the years. I could not have imagined having a better supervisor for my PhD study. I am also thankful to Dr. Jill Hanley and Dr. Catherine Montgomery for taking the time to serve on my doctoral committee. Jill and Catherine, thank you for your encouragement and insightful comments throughout my dissertation process. Your support and guidance on all parts of the dissertation were very valuable and enriching. Without you, this thesis would not have been completed.

I am grateful to Dr. Gretchen Bakke. Her involvement during the various stages of this project served to direct my sense of inquiry in many purposeful ways and provided me assistance and support at critical stages during this study. Thank you for allowing me to grow as a researcher. I would like also to thank Dr. Matthew Wyman-McCarthy and Dr. Nicole Rigillo for the editing work.

A special thanks to my family and friends. Words cannot express how grateful I am for your unconditional support and encouragement. You all kept me going and were there every step along the way. This journey could not have been possible without you. I love you deeply.

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ABSTRACT

For the last three decades, Western host countries have been implementing restrictive immigration measures towards asylum seekers aiming to keep them out, to contain them in their country of origin or to toughen their living conditions in the host country. These measures have deeply affected the civil and political rights of asylum seekers as well as their social and economic well-being. Using an exploratory approach, this study explored how principally social workers deal with situations of social and economic human rights violations experienced by asylum seekers in Canada. It also explored how some key informants such as doctors, lawyers and community organizers consider social workers' practice with asylum seekers. Specifically, the study examined the institutional exclusion faced by asylum seekers and how this is managed by social workers within their practice, while exploring what motivated social workers to protect the human rights of asylum seekers under their care. Findings revealed that many factors shaped social workers' conceptions of human rights and their decisions to engage in human rights-based practice. These factors were academic training, social workers' personal stance towards human rights and social workers' approach to structural disadvantage carried out in public institutions towards asylum seekers. Findings concluded that social workers differed in their approach to situations of human rights violations. Some developed interventions centered around human rights that followed from empowerment, such as consciousness-raising, critical thinking and actions of mobilization. Others engaged in social work actions strictly structured by institutional policies where human rights are not necessarily considered. Findings also focused on praxis to understand how social workers developed their knowledge and improved their practice. Findings showed that with regard to human rights-based practice, praxis characteristics are shaped by institutional constraints. Implications included reformulation of social policies to ensure the inclusion of asylum seekers in social welfare spheres and to guarantee access to rights and entitlements. Implications for practice comprised the difference between needs-based practice and human rights-based practice, an opportunity to bridge the micro and macro aspects of social work practice, involvement of social workers and accountability of professionals involved in situations of human rights violations. Implications for social work curricula involved the inclusion of material on human rights, and a human rights approach to practice.

RÉSUMÉ

Depuis les trois dernières décennies, les pays occidentaux mettent en place des mesures d'immigration restrictives envers les demandeurs d'asile, pour leur interdire l'accès à leurs territoires et leur rendre difficiles les conditions d'intégration dans les pays d'accueil. Ces mesures affectent les droits civils et politiques des demandeurs d'asile ainsi que leurs droits sociaux et économiques. En adoptant une approche exploratoire, cette étude a exploré comment principalement les travailleurs sociaux abordent dans leur pratique les situations de violations de droits humains tels que vécues par les demandeurs d'asile au Canada. Elle a aussi exploré comment des informateurs clés comme des médecins, des avocats et des organisateurs communautaires perçoivent la pratique des travailleurs sociaux auprès des demandeurs d'asile. Spécifiquement, cette étude a examiné l'exclusion institutionnelle que confrontent les demandeurs d'asile et comment les travailleurs sociaux gèrent ces situations dans leurs pratiques, tout en explorant les motivations des travailleurs sociaux à assurer les droits des demandeurs d'asile qui sont à leur charge. Les résultats de cette étude ont révélé que les travailleurs sociaux développent diverses conceptions de droits humains basées sur plusieurs facteurs qui sont : la

formation académique, leur position personnelle par rapport aux droits humains, et la façon dont ils considèrent les inégalités structurelles véhiculées par les institutions publiques. Les résultats de l'étude ont démontré que les travailleurs sociaux diffèrent dans leur approche par rapport aux situations de violations de droits humains. Certains développent des interventions centrées sur la notion de droits humains et qui découlent du pouvoir d'agir, telles que la conscientisation, la réflexion critique et les actions de mobilisation. D'autres, s'engagent dans des pratiques strictement structurées à partir des politiques institutionnelles qui ne tiennent pas nécessairement compte de la notion de droits humains. Les résultats ont aussi tablé sur le concept de praxis qui permet de comprendre comment les travailleurs sociaux développent leur savoir expérientiel et améliorent leurs pratiques. Les résultats de l'étude ont démontré que les caractéristiques du praxis se rapportent aux contraintes institutionnelles. Les recommandations de cette étude impliquent une reformulation des politiques sociales pour assurer une inclusion des demandeurs d'asile dans les sphères des institutions publiques et pour leur garantir l'accès aux services. Les recommandations pour la pratique comportent une analyse des pratiques basées sur la notion de besoins versus celles basées sur la notion de droits humains, un lien entre les pratiques au niveau micro et macro, l'implication des travailleurs sociaux au niveau de la défense des droits humains et l'imputabilité des professionnels impliqués dans les situations de violations de droits. Les recommandations pour la formation académique impliquent l'adoption d'un matériel centré sur la notion des droits humains au niveau théorique et conceptuel et l'élaboration d'une approche centrée sur les droits humains au niveau pratique.

STUDY CONTRIBUTION

Human rights-based practice is a relatively new field for social work. This exploratory study is organized around three themes that are commonly analysed by scholars who developed human-rights frameworks: structural disadvantage, empowerment and praxis.

This study examines the position of human rights in social work practice with asylum seekers. This examination is essential for understanding the contextual and structural living conditions of the population. Furthermore, this study elicits information to strengthen the practice of social work with regards to fighting exclusion of asylum seekers within the host country as well as providing better interventional practice for social workers in situations that violated social and economic human rights within this group.

The study also contributes to identifying elements worthy of consideration demonstrating how human rights-based practice are essential to social work. It provides an account of how social workers position themselves in relation to human rights, and how their individual stance impacts their choices and guides their actions regarding human rights. It insures a better understanding of social work practice and identifies ways to strengthen it.

On the academic level, the study identifies the place held by human rights in the academic curriculum of social work education and provides recommendations for improving implications academic and professional training in social work. In the workplace, it contributes to center social work as a human rights profession and to ensure a just and value-based place for social work in the institutional structure.

INTRODUCTION

For the last three decades, Western host countries such as Canada, Australia, the United States and England, have been implementing restrictive immigration measures towards asylum seekers. Restrictive measures aim to keep asylum seekers out, to contain them in their country of origin or to toughen their living conditions in the host country (Bocker & Havinga, 1998, p. 30; Canetti, Snider, Pedersen, & Hall, 2016; Hathaway, 2005; Joly, 1999; Mertus, 1998; Watson, 2009). These measures have deeply affected the civil and political rights of asylum seekers as well as their social and economic well-being (Castles, 2013; Dench & Crépeau, 2003; Watson, 2009; Webber, 2012).

Based on a qualitative methodology, this study explored how social workers deal with situations of social and economic human rights violations experienced by asylum seekers. This is especially important because social workers are a critical point of contact for asylum seekers in their host countries and because human rights are an intrinsic element of social work (Mapp, 2007; Skegg, 2005). From its conception, social work has been a profession that advocates for individual and collective rights.

Restrictive immigration measures

Measures designed to deter asylum seekers consist of shortened or hastily accelerated legal procedures, with limited possibilities for appeal, use of detention, restricted freedom of movement, and limited access to social assistance and reduced benefit levels (Bocker & Havinga, 1998; Gallagher, 1989), as well as policies precluding integration (Hatton, 2011; Joly, 1999). Asylum seekers confronted with these harsh measures often experience psychosocial problems and integration difficulties (Lacroix, 2006; Oxman-Martinez, Jimenez, Hanley, & Bohard, 2007). For example, in Australia, asylum seekers who arrive by boat or without valid entry visas are subject to detention “with there being no time limit on the period taken for

immigration officials to consider refugee applications or to release detainees” (Silove, Austin, & Steel, 2007, p. 363). In France, Fassin (2005) explains how successive governments have put in place different strategies of disqualification towards asylum seekers. These include: (a) a dissuasion strategy based on the principle of deterrence, for example restricting welfare benefits and reducing the social rights of the asylum seekers through reduction of the housing subsidy; (b) a repression strategy corresponding to a "criminalization of immigrants" where asylum seekers seeking to enter the national territory are driven back to their home countries or confined in fenced detention centers; and (c) a distinction strategy intended to restructure the status of refugees on a "discretionary" basis.

Canada is also one of the recipient countries where asylum seekers’ civil and political as well as social and economic rights have been deeply circumscribed since the early 1990s (Crépeau & Jimenez, 2004; Edwards, 2005; Hatton, 2011). Restrictive immigration measures and tightening of social policies have serious effects on the well-being of asylum seekers and have led to their marginalization, exclusion and oppression (Lacroix, 2006). The author has pointed out how international and Canadian policy discourses and practices lead to oppression and marginalization of asylum seekers within their host countries and critically affect the right to seek asylum.

Detention and the nature of the asylum determination system itself are factors of oppression. Asylum seekers are also victims of social structural disadvantages resulting from international and Canadian policy discourses and practices. In Québec, asylum seekers have access to a minimum of social services (for example, they do not have access to family and child benefits), face barriers to employment, confront integration difficulties and financial struggles (Canadian Council for Refugees; Lacroix, 2006; Oxman-Martinez et al., 2007) and endure long

periods of family separation (Canadian Council for Refugees; Lacroix, 2006). These policies interfere with some of the major social and economic rights to which asylum seekers are entitled, such as the right to an adequate standard of living and health, the right to education, the right to employment and the right to housing. Therefore, asylum seekers are often excluded from institutional support. Institutional exclusion and political constraints can often lead to psychological and social problems, marginalization and oppression.

These issues are precisely those most often addressed by social work. Social work has as its mandate a major concern for the interests of the most excluded, vulnerable, oppressed and marginalized groups in a society (Humphries, 2004b; Lundy, 2011). Within Canada, asylum seekers are subjected to a limited range of available public social services, especially when compared to the services which are accessible by either Canadian residents or citizens. Many of them use these services upon arrival and during the time they are waiting for the claim to be heard. As social workers play a crucial role in helping asylum seekers through their journey in Canada, the concept of human rights, central to the asylum process and asylum seekers' living conditions, has become essential to their interventions. Social workers working with asylum seekers often deal with cases where denial of these rights in the form of institutional exclusion has led to conflictual and problematic situations, marginalization and oppression. Consequently, social workers' practices with asylum seekers necessarily relate to the concept of human rights.

Some would argue, however, that the social work profession has developed an ambivalent relationship with those who use state services and has shifted from a mission of welfare to one of control and surveillance (Bradt & Bouverne-De Bie, 2009; Colton, 2002; Stepney, 2006). This shift is discernable when dealing with certain populations, such as asylum seekers. Humphries (2004b) refers to social work practices with asylum seekers to describe and

demonstrate the shift taken by the profession. She states “there is no clearer example of the transformation of social work from a concern with welfare to a position of authoritarianism than in the field of forced migration, paralleling a more general change in the direction of the profession towards a culture of blame and enforcement” (p. 93).

Human rights in social work

Considerable research has focused on the connection between human rights and social work, their interactions and mutual influence (Dominelli, 2007b; Healy, 2008; Ife, 2008, 2012; Mapp, 2007; Reichert, 2003, 2007; Witkin, 1998). A consistent point is that human rights are fundamental to the social work profession. In the words of Reichert (2011, p. 213), “basic concepts underlying human rights present little that is new to the social work profession”.

Advancing human rights was recognized as a core competency for social workers in the Global Standards put forth by the International Federation of Social Workers and International Association of the Schools of Social Work in 2004 (Berthold, 2015, p. 4).

There is also, however, a general consensus among these scholars that the commitment to human rights, whether in education, practice, or research, is neither very visible nor well integrated in social work (Witkin, 1998). They readily admit that the profession has not fully incorporated the elements of human rights within its theory, policies, and practices (Ife, 2008, 2012; Lundy, 2011). Some authors consider that even when social workers defend and promote rights, their practices rarely reflect a human rights perspective (Ife, 2008, 2012; Reichert, 2007, 2011)

Social work’s image, mission, values and practices have been modified over the years by political, social and economic systems such as globalization (Jordan, 2004; Lundy, 2011). As such, social work is suffused by doubts about its current goals and the shape of its practices

(Humphries, 2004b; Jordan, 2004; Murdach, 2011). Initially, social work had two well-articulated goals. The first was to seek reform and well-being for oppressed groups, with a focus on individual change (Ife, 2012; Lundy, 2011; Noble, 2004; Skegg, 2005) and to provide services to those in need (Lundy, 2011). The second goal was a commitment to prevention and social justice, with social workers acting as advocates for social action (Hardiker, Exton, & Barker, 1991; Lundy, 2011; Stepney, 2006). Many scholars consider the profession to have shifted from a welfare profession to one of assessment and control; from a radical and transformative potential to risk assessment and regulation; from promoting autonomy and resisting government policies to restricting autonomy and implementing often oppressive government policies (Humphries, 2004b; Jordan, 2004; Murdach, 2011; Stepney, 2006).

Scholars like Ife (2008, 2012), Lundy (2011), Mapp (2007), Reichert (2004, 2011) and Skegg (2005) assume that to fulfill its two main goals, the profession must rely on a human-rights framework. According to Skegg (2005):

The major advantages of rights-based practice are that, first, human rights discourse carries much weight, both in domestic and international arenas. Second, it complements the traditional needs-based and social justice-based models underlying social work. Third, a rights approach emphasizes entitlement rather than charity, which increases empowerment (p. 671).

Lundy and van Wormer (2007) and Ife (2008, 2012) are even more outspoken about human rights and its inclusion in social work practices. They consider social workers to have a responsibility to consider human rights in their daily practices and also to advocate for these. As a consequence, it becomes an ethical prerogative for social workers to place human rights in the center of their practices. Lundy (2011) states that social work mandates and codes of ethics in Canada, at the national and provincial levels, are permeated by the longstanding commitment of the profession to human rights. Referring to Canadian national and provincial social work

contexts, among other countries, Lundy (2011) considers that “social workers [are] by their positions and commitment human rights workers, [who advocate] for individual and collective rights every day” (p. 41).

Study contribution

Despite strong opinions about the place of human rights in social work as a discipline, human-rights based practice in social work is still a relatively new field of exploration and analysis. Few studies have examined the application of the concept of human rights in social work practices. Some scholars like Androff (2015), Berthold (2015), Ife (Ife, 2008, 2012), Lundy (2011), Mapp (2007) and Reichert (2011) have drawn upon philosophical and theoretical foundations, key principles and core elements to demonstrate the link between human rights and social work and developed in different variations human rights frameworks to social work practices.

Ife (2012) has explored the philosophical and theoretical connections between human rights and social work, and has referred to some basic theoretical foundations of the profession, such as ethics, empowerment or praxis, by interpreting their meaning through a human-rights perspective. Androff (2015) has developed an integrative framework of the three generations of rights and sets key principles to a human rights-based approach such as human dignity, nondiscrimination, participation, transparency and accountability. He (2015) has made practical applications of his proposed framework to specific issues and populations, such as poverty, child welfare, older adults, health and mental health. Berthold (2015) has also developed a human rights-based framework focused on clinical social work and therapeutic treatment. Reichert (2001) defines social work practices in a human rights framework by referring to three types of interventions: oppression, empowerment and strengths perspective. While Lundy (2011) and

Mapp (2007) have analyzed how specific approaches can better ensure the achievement of human rights in social work practices, Lundy (2011) refers to the structural approach to demonstrate how human rights can be achieved in social work practices. Mapp (2007) considers the systemic approach most appropriate to the achievement of human rights in social work practices.

Other scholars have focused their analysis on social workers' attitudes and perceptions, in relation to human rights. Ruiz-Casares et al. (2012) and Vanthuyne, Meloni, Ruiz-Casares, Rousseau, and Ricard-Guay (2013) have analyzed positions, attitudes and values of health care professionals with regard to access to health care for migrants with precarious immigration status, including asylum seekers. Weiss-Gal and Gal (2009) have examined social workers' individual attitudes, commitment and involvement in furthering the realization of social rights.

Overview of the present study

Since human rights-based practice is a relatively new field for social work, this study was conceived from an exploratory perspective. It is organized around three themes that are commonly analysed by scholars who developed human-rights frameworks: structural disadvantage, empowerment and praxis.

Examining the position of human rights in social work practices with asylum seekers is essential to understanding the contextual and structural living conditions of the population. Furthermore, this study could elicit information which would strengthen the practice of social work with regards to fighting the exclusion and oppression of asylum seekers within the host country as well as providing better interventional practice for social workers in situations that clearly violate or deny the human rights within this group.

I also hold that an exploration of the position of human rights in practice is essential to centering social work as a profession. In a time where the profession has been characterized (not to say blamed) as having drifted from its initial goals of considering both individual well-being and social change, an analysis of human-rights based practice exposes and highlights the current state of the profession with regard to its explicit goals. Also, an analysis of human rights-based practice insures a reinstatement of the profession's initial goals. Moreover, providing an account of how social workers position themselves in relation to human rights, and how their individual stance impact their choices and guide their actions regarding human rights, is important for understanding social work practice and identifying ways to strengthen it.

On an academic level, identifying the place held by human rights in the academic curriculum of social work education is important to better develop academic and professional training in social work. In the workplace, considering social work as a human rights profession is necessary to ensure a just and value-based place for social work in the institutional structure and to center its position among and with other professions.

Choice of methodology

A qualitative research approach was chosen for the study because qualitative research is the most effective way to understand “the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape enquiry. Such researchers emphasize the value-laden nature of inquiry” (Denzin & Lincoln, 2005, p. 13). It allows us also to connect “with other people in deeply personal ways so that persons researched describe the rich meanings of their actions, thoughts, and events in their lives” (Gilgun & Abrams, 2002, p. 42).

A qualitative approach is most suitable for understanding situations of human rights violations and how they are shaped by structural factors because it sheds light on the many diverse ways that social workers develop their practices with regard to situations of human rights violations. Furthermore, it provides tools to elicit social workers' verbal accounts of practice so that the meaning of practice can be explored and understood within institutional contexts. Additionally, the qualitative approach allows for opportunities to explore the deeper meanings of social workers' human-based practices and thus also to develop new human rights-based theories with rich and nuanced dimensions. It also makes an important contribution to social work education and to the development of practice and social policies for asylum seekers.

Goals and objectives

Past research has shown that institutional and political constraints employed within host countries results in the exclusion of asylum seekers and violations against their social and economic human rights, while negatively impacting their psycho-social well-being. Consequently, by using exploratory research, the principal object of this study is to determine the way in which the concept of human rights is understood and practiced by social workers working with asylum seekers in Canada.

Another object of this study is to examine how non-social work professionals who work directly with asylum seekers in various capacities, such as doctors, lawyers and community organizers, consider social workers' practice with asylum seekers, in order to better understand the role of social workers from the perspectives of other actors. Specifically, the study aims to examine the institutional exclusion faced by asylum seekers and how this is managed by social workers within their practice, while exploring what motivates social workers to protect the human rights of asylum seekers under their care.

The study was guided by three main research questions centering around the hypothesis that social workers do consider and incorporate the concept of human rights into their practices:

Question 1: To what extent do social workers apply human rights principles to their practice with asylum seekers?

Question 2: In what ways do social workers defend social and economic human rights for asylum seekers?

Question 3: What are the strengths and weaknesses of their approaches?

Working hypothesis A: Social workers have deep knowledge of the refugee regime, Canadian refugee law and regulations.

Working hypothesis B: They have a personal stance towards human rights which influences their practices and the course of their actions. They have developed personal opinions with regard to asylum seekers' entitlement to rights, restrictive measures and human rights violations.

Working hypothesis C: Social workers give the concept of human rights concept a central position in their practice. They assist asylum seekers in situations where rights are violated and consequently their practice are human-rights based and have specific characteristics.

Chapter-by-Chapter Summaries

This thesis is composed of seven chapters. Chapter one presents the introduction. Chapter two focuses on the current international refugee regime and restrictive measures that have been imposed on asylum seekers. It also describes the Canadian national context and how these measures influence the living conditions of asylum seekers and affect their basic human rights.

Chapter three explores concepts of human rights-based practice. In the literature review on human rights-based practice, there is a consensus around specific core themes that are found

to be recurrent in almost all analysis and reflections. Three of these core themes, structural disadvantage, empowerment and praxis, serve as the conceptual framework for this study.

Chapter four presents the qualitative methodology used to conduct this study.

Chapter five presents the findings, organized around the three themes of structural disadvantage, empowerment and praxis.

Chapter six presents a discussion based on the data analysis. Finally, chapter seven provides implications for policy, practice, education training and research as well as suggestions for further research.

CHAPTER 2: ASYLUM SEEKERS' CHALLENGES

The pathway of asylum is undoubtedly a question of rights. On the one hand, many international conventions, such as the Universal Declaration of Human Rights and the Convention Relating to the Status of Refugees, entitle asylum seekers to basic rights and allow them to seek protection in countries that have ratified these conventions (Castles, 2013; Dauvergne, 2006; Feller, 2001; Hathaway, 2005; Webber, 2012). On the other hand, host countries implement customized policies and laws at the national level to respond to international conventions and their obligations (Goodwin-Gill, 2000, 2001; Wilde, 2001). Policies and laws stipulate the rights to which asylum seekers are and are not entitled.

This chapter describes asylum seekers' challenges. It exposes restrictive immigration measures to which asylum seekers are currently confronted, both internationally and in the Canadian context. It highlights the impact of immigration measures on social and economic rights, in terms of institutional exclusion of asylum seekers from accessing welfare public services.

ASYLUM SEEKERS AND THE RESTRICTION OF RIGHTS

The current international refugee regime was established after the Second World War. Its objective was to resettle the millions of people displaced by the war and it formally institutionalized the refugee definition (Lacroix, 2004). It also asserted the right to basic human rights for those in need of protection. Kumin (2004) states that, "when the regime was established, it was predicated on the willingness of states to relinquish a certain amount of sovereignty, in order to ensure that the basic human rights of a specific category of threatened individuals – refugees – would always be protected" (p. 3). The 1951 Convention relating to the Status of Refugees commonly referred to as the Geneva Convention sets the rights for refugees. It includes:

...several critical protections which speak to the most basic aspects of the refugee experience, including the need to escape, to be accepted, and to be sheltered. Under the Convention, refugees are not to be penalized for seeking protection, nor exposed to the risk of return to their state of origin. They are entitled to a number of basic survival and dignity rights, as well as to documentation of their status and access to national courts for the enforcement of their rights. Beyond these basic rights, refugees are also guaranteed a more expansive range of civil and socioeconomic rights (Hathaway, 2005, p. 94)

Furthermore, the 1951 Convention imposes “an obligation for states to grant refugees a certain basket of rights normally reserved for citizens” (Kumin, 2004, p. 3). These rights are enshrined in the 1951 Convention, adding on to the 1948 Universal Declaration of Human Rights that ensures an international protection framework.

However, in the early mid-1990s, political and economic contexts and increasing numbers of asylum seekers and refugees led advanced industrialized states to reconfigure their policies on asylum (Schuster, 2003). Western countries began to pursue policies aimed at limiting the influx of asylum seekers (Silove, Steel, & Watters, 2000). Measures of deterrence to keep asylum seekers out, contain them in their country of origin or to toughen their living conditions in the host country by restricting their rights have been escalating in most Western countries (Bocker & Havinga, 1998; Hathaway, 2005; Joly, 1999; Mertus, 1998; Watson, 2009).

A restrictive shift has occurred in five areas of refugees’ rights in general and asylum seekers’ rights in particular. These areas are legal instruments and the refugee determination process, decreased access host countries, standards of protection, shift in the scope of protection and shift in institutional actors.

Joly (1999) makes a comparative analysis of the period from 1951 to 1989 and 1989 to 1999. In the area of legal instruments and status determination process, Joly (1999) explains that, while in the old regime (1951-1989) the 1951 Geneva Convention was the main binding instrument, it becomes only a residual one in the new regime (1989-1999), which relies on a

more limited interpretation of the refugee definition, combined with several other instruments. This shift in the interpretation of the refugee definition, legal instruments and status determination process is not specific to Europe but has been observed in asylum policies in the United States and Canada (Gallagher, 1989).

A second shift occurred in the degree of access to potential host countries: easy access to host countries before 1989 gave way to more difficult physical access after the fall of the Berlin Wall. Most advanced Western states have implemented more restrictive measures to regulate and control entry into their territories (Canetti et al., 2016; Feller, 2006).

Third, standards of protection in reception countries changed, generally moving: from respect for social rights towards denial of rights; from permanent to temporary stay; from programs and facilities promoting integration to policies precluding integration; and, finally, from favorable social attitudes in host countries to hostility from media and governments (Hatton, 2011; Joly, 1999).

Fourth, the scope of protection shifted from in-country protection to internationally protected zones; reception in region of origin and aid for reconstruction and return (Hatton, 2011; Joly, 1999).

Fifth, a shift in institutional actors was observed: from individual governments deciding on conventions and other statutes, to inter-governmental agreements on harmonization; and from limited discretion of individual governments (with state sovereignty limited by the Geneva Convention and Protocol) to governments exercising greater discretion over decisions related to asylum. This shift has been translated into two-type measures of deterrence: measures aimed at blocking asylum seekers from getting to the host country of asylum or containing them in their

region versus in-land measures whose objectives are to toughen standards of treatment inside the host country of asylum.

Measures such as interception and interdiction in the form of visa requirements, ‘safe’ third country policies, and carriers’ liability are aimed at preventing refugees from crossing borders (Mulvey, 2010). Western countries turn asylum seekers back before they cross the frontier, or detain them outside their territory where human rights standards may not be applicable (Hatton, 2011; Mertus, 1998).

In land-measures are conceived of and applied to dissuade asylum seekers by lowering standards of treatment which deny them important social, economic and cultural rights guaranteed by the 1951 Convention. This is described by Bocker and Havinga (1998) as a measure of ‘deterrence’ aimed at making the country’s asylum procedure less attractive. It may consist of shortened and accelerated procedures, with limited possibilities for appeal, detention, restricted freedom of movement, limited access to social assistance and reduced benefit levels (Bocker & Havinga, 1998; Gallagher, 1989; Hatton, 2011). Mertus (1998) uses the concept of non-integration to describe similar measures of deterrence in the host society, such as limitations on freedom of movement, reduced or no welfare benefits, and limited rights to education or work. Moreover, “severe curtailment of self-sufficiency possibilities, coupled with restricted family reunification rights have all been manifestations of this trend” (Edwards, 2005, p. 294). Mulvey (2010) describes how governmental policies aim not only to prevent arrival to host countries, but would aim to negatively impact upon the lives of asylum seekers and subsequently their ability to integrate.

All these policies of deterrence involved the curtailing of freedoms associated with civil and political rights, but also extended to violations of second-generation rights: the right to

health, to economic freedom, to a reasonable standard of living, and to a positive future. Substantive restrictions imposed on asylum seekers have included limitations on work rights, access to welfare support, housing, health care, and legal support. In several countries asylum seekers have found themselves destitute or highly dependent on charitable organizations for daily living needs (Silove et al., 2000). Such restrictions represent a violation of rights that are enshrined in the International Covenant on Economic, Social and Cultural Rights, which puts governments under specific obligations to ensure that all persons, without discrimination, have access to an adequate standard of living including the right to work, health care, food, security, housing and family life (Hatton, 2011; Steel, Bateman Steel, & Silove, 2009).

THE CANADIAN CONTEXT

Canada, like many western countries, implements a number of deterrence measures aimed at preventing asylum seekers from reaching their territory. The government also employs deterrence measures to ensure difficulty in the integration process should asylum seekers land within the territory. Canada has implemented both out-land and in-land restrictive measures, to control Canadian borders. Out-land deterrence measures consist of interdiction and interception, affecting the right to seek and enjoy asylum:

The right to seek and to enjoy asylum is firmly entrenched in international human rights law, in particular in Article 14¹ of the 1948 Universal Declaration of Human Rights. Migration has no such international legal underpinning. Refugees lack the protection of their own governments and benefit from an internationally endorsed protection framework, supplemented by constitutional, legislative and ‘soft law’ guidelines, to ensure their proper treatment. In this sense, refugees have a distinct legal personality and a particular internationally recognized regime to address their needs (Feller, 2006, p. 516).

¹ Universal Declaration of Human Rights: <http://www.un.org/Overview/rights.html>
Article 14:

1. Everyone has the right to seek and to enjoy in other countries asylum from persecution.
2. This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.

In Canadian immigration history, policies with restrictive measures were adopted gradually through the years. Restrictive laws and policies started in the aftermath of World War I as a response from the Canadian government to limit access to impoverished and displaced Europeans and to prevent further "undesirables" like asylum seekers and refugees from coming to Canada (Dench & Crépeau, 2003). In 1978, a refugee determination system was created in Canada, under the new Immigration Act passed by Parliament in 1976 (Knowles, 2007). In April 1985, the Supreme Court of Canada rendered the Singh decision recognizing that refugee claimants' basic rights are protected by Charter of Rights and Freedoms that was put in place three years earlier (Hathaway, 1992). The Immigration and refugee Board was created in 1989 after the Supreme Court of Canada in the Singh decision, had declared "previous [refugee determination] procedure unconstitutional due to the absence of a meaningful hearing on the merits. In particular, it introduced an administrative procedure whereby decision-makers have the duty to act in a quasi-judicial manner" (Rousseau, Crépeau, Foxen, & Houle, 2002, p. 44).

The 1990s represented a breaking point in the Canadian immigration system, when the government implemented drastic changes by providing more stringent enforcement and control mechanisms (Crépeau & Jimenez, 2004). Among these mechanisms, were "fingerprinting of refugee applicants to discourage welfare fraud, public hearings of refugee cases, harsher detention procedures and deportations without hearings" (Knowles, 2007, p. 239). By 2001, a new Immigration and Refugee Protection Act (IRPA) was passed by Parliament, which transformed both the structure and procedures of the Immigration and Refugee Board. The Act diminished appeal rights and brought harsher measures regarding people smuggling, people trafficking and criminal inadmissibility (Dauvergne, 2003). As Pratt (2005) outlined, the IRPA and its regulations have substantially expanded the powers of immigration officers in terms of

detention and arrest without warrant, even when removal of an individual whose asylum claim was denied is not imminent. In the IRPA, many reasons, according to Pratt (2005) and Crépeau and Jimenez (2004), justify detention, interception and interdiction. Pratt points out that the regulations allow an immigration officer to detain “foreign nationals” at any point in the process if he or she is not satisfied in terms of the identity of the person.

However, in 2012, the Conservative party introduced Bill C-31 Protecting Canada's Immigration System Act. The new act imposed unrealistic deadlinesⁱ on all refugee claimants, denying them time to properly prove their claim (Canadian Council for Refugees, 2016). These short timelines particularly disadvantage vulnerable refugees. The new act also introduced two categories of refugee claimants; those originally from designated countries and those from non-designated countries. “Claimants from designated countries will be subject to an even more expedited claim process that denies them a reasonable opportunity to prove their refugee claims (a hearing after 45 days, or 30 days in the case of an inland claim)” (Canadian Council for Refugees, 2016). They are also denied a right of appeal to the Refugee Appeal Division, and face immediate deportation after a negative decision, even if they seek judicial review of the decision. Among the measures of deterrence, mandatory detention, fewer rights in the refugee determination system and a long-term bar on permanent status face claimants if they are considered irregular arrivals defined as not holding proper travel documents or visa to enter the country (Canadian Council for Refugees, 2016).

Since the late 1990s, other in-land measures of deterrence related to medical, welfare and psychosocial services have also been implemented. On the medical level, during the first years of the refugee determination system, asylum seekers in Canada in general and in Quebec in particular were provided with the same provincial medical-insurance card as others in Canada.

The situation changed in the mid-1990s and asylum seekers were instead granted access to the Interim Federal Health Program (IFHP) administered by the federal government. The program gives asylum seekers access to essential medical care. However, from June 2012 to November 2015, drastic cuts were imposed with regard to access to health care services, and claimants from certain designated countries of origin like Hungary and Mexico were deprived of basic and emergency health care (Canadian Council for Refugees, December 2005). Most people who depended on the IFHP faced serious gaps in health coverage and medications were no longer paid for (Canadian Council for Refugees, 2016). It was only in April 2016, after the Liberal party was elected in October 2015, that health care services were fully reinstated to asylum seekers.

Previously, it has also been cited that asylum seekers have reduced access to legal aid and receive a limited service when comparing to the legal services received by both Canadian residents and citizens (Crépeau & Jimenez, 2004). Lacroix (2006) has denounced barriers to employment as another deterrence measure. Finally, family separation is one of the “secondary effects of immigration policy [and] contribute[s] to a process of ongoing marginalization and may degenerate into serious psychological traumas, depression, family breakdown, integration difficulties and financial struggles” (Lacroix, 2006, p. 24).

Many studies have been dedicated to exploring and analyzing detention and its consequences on asylum seekers and their rights. In Canada, detention has been a practice of deterrence since the beginning of the 1990s (Watson, 2009). Pratt (2005) explains that in 1987, the Canadian government introduced Bill C-55, the Refugee Reform Bill, which was followed two months later by the Deterrents and Detention Bill, Bill C-84. Together they marked a major mobilization of restrictive and enforcement-oriented legal mechanisms, such as expanded inadmissibility and exclusion provisions as well as powers of detention. According to Pratt

(2005), the Deterrents and Detention Bill marked the intrusion of discourses of deterrence into immigration enforcement in relation to asylum seekers and refugees. Pratt (2005) also notes that the provision for detention has been further reinforced under the current Immigration and Refugee Protection Act.

Detention as a means of penalizing illegal entry or presence is prohibited by Article 31² of the 1951 Convention (Hathaway, 2005; Pratt, 2005) and by Article 9(1)³ and Article 10 (1)⁴ of the Civil and Political Covenant (Hathaway, 2005). Hathaway (2005) explains the limitations of Article 31 and relation to Article 33 (*non-refoulement*) when he states:

Protection against penalization for illegal entry or presence is only granted to those refugees who take affirmative steps to make themselves known to officials of the asylum country, who do so within a reasonable period of time, and who satisfy authorities that their breach of immigration laws was necessitated by their search for protection. If any of these three requirements is not met, there is no exemption from forms of penalization that fall short of *refoulement* (pp. 388-389).

In other words, when the above-mentioned requirements are not fulfilled, detention is not the only penalty asylum seekers and refugees face for not possessing identity documents. They could face a range of other penalties, such as exclusion from the refugee determination process or refusal of the asylum claim, with the sole exception of '*refoulement*'.

² Article 31 of the 1951 Convention relating to the Status of Refugees which provides as follows:

1. The Contracting States shall not impose penalties, on account of their illegal entry or presence, on refugees who, coming directly from a territory where their life or freedom was threatened in the sense of Article 1, enter or are present in their territory without authorization, provided they present themselves without delay to the authorities and show good cause for their illegal entry or presence.

2. The Contracting States shall not apply to the movements of such refugees restrictions other than those which are necessary and such restrictions shall only be applied until their status in the country is regularized or they obtain admission into another country. The Contracting States shall allow such refugees a reasonable period and all the necessary facilities to obtain admission into another country

³ Article 9(1) of the Civil and Political Covenant stipulates:

Everyone has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention. No one shall be deprived of his liberty except on such grounds and in accordance with such procedure as are established by law.

⁴ Article 10(1) of the Civil and Political Covenant stipulates:

All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person.

Cleveland and colleagues (Cleveland et al., 2012) conducted a study on “the harmful effects of detention and family separation on asylum seekers’ mental health in the context of Bill C-31”. The authors (2012) note that the majority of asylum seekers arriving in Canada have experienced multiple serious traumatic events and should be considered psychologically vulnerable. The authors explain that detention, even for short periods, is harmful to asylum seekers: “after an average detention of 31 days, over three quarters were clinically depressed, about two-thirds clinically anxious, and about a third had clinical posttraumatic stress symptoms. Post-traumatic stress disorder levels were almost twice as high, and depression rates 50% higher, among detained asylum seekers compared to their non-detained peers” (Cleveland et al., 2012, p. 4). The findings of the study have also shown: “[...] that for asylum seekers, detention very frequently leads to high levels of psychological distress. It places asylum seekers in a position of disempowerment, uncertainty, isolation, and humiliation, in which they are treated like criminals despite having committed no crime” (p. 3).

ASYLUM STATUS AND INSTITUTIONAL EXCLUSION

This section describes the in-land measures of deterrence asylum seekers are confronted to in Canada and which specifically relate to health and welfare social services. It looks at the impact of these measures on asylum seekers’ well-being and their ability to access public institutional services. It also describes how social workers are involved in helping asylum seekers access such services.

Many in-land measures of deterrence apply to asylum seekers. Besides the limited access to medical care, asylum seekers in Canada are granted specific services from the date of arrival or the date of claim reception to the date of the hearing when the case will be examined. Some services are provided by the federal government, while others are provincially administered. In

Quebec, asylum seekers can access emergency accommodation upon arrival, assistance in finding housing, financial assistance, legal aid, children's education, French language courses for adults, and social services (Ministère de l'Immigration et des Communautés culturelles, 2013).

Having asylum seeker status means, unlike both Canadian residents and citizens, that one only has conditional access to particular services (Goldring & Landolt, 2013; Martinez-Brawley & Zorita, 2011). Methods of immigration control, for example through health care and welfare institutional channels, serve to restrict asylum seekers' access to health care and welfare provisions on the grounds of immigration status (Bernhard, Goldring, Young, Berinstein, & Wilson, 2007; Goldring & Landolt, 2013). Consequently, status is used by health care and welfare institutions as a justification for grounds of refusal (Bernhard et al., 2007; Goldring & Landolt, 2013; Humphries, 2004b).

Although the medical and welfare services granted to asylum seekers in Québec, as stipulated by immigration rules and regulations, might seem comprehensive, the reality in the field of accessing these services is quite challenging. On one hand, and when their legal immigration status allows asylum seekers to be granted specific services related to basic rights, asylum seekers often face difficulties and barriers accessing these services. They are confronted with bureaucratic complexities, refusal of care services and health care providers' lack of knowledge or willingness to accept the Interim Federal Health Program document (Merry, Gagnon, Kalim, & Bouris, 2011). They are also confronted with discrimination due to their status (Bernhard et al., 2007) and their own lack of information with regard to for which services they are eligible and how to access them (Merry et al., 2011; Oxman-Martinez et al., 2007).

On the other hand, health care and welfare services provided to asylum seekers are limited. For example, asylum seekers do not have access to family allowances and help in

finding employment (Government of Canada, 2016a, 2016b; Ministère de l'Immigration et des Communautés culturelles, 2013; Oxman-Martinez et al., 2007). Furthermore, when they have access to specific services like education, they are subject to strict conditions and criteria. For example, access to education is limited to the age of eighteen (Ministère de l'Immigration et des Communautés culturelles, 2013). Any asylum seeker who reaches eighteen years of age would no longer have the right to free public education, even if he or she came to Canada before the age of eighteen.

Overall, services granted to asylum seekers ensure asylum seekers' minimum living conditions, keeping them in survival mode and restricting their achievement of improved life conditions. Opportunities for a better life and access to the majority of welfare services start when the asylum claim is accepted (Ministère de l'Immigration et des Communautés culturelles, 2013). The situation becomes critical upon refusal of the claim. Asylum seekers whose claim has been refused and who are waiting for deportation confront major difficulties in accessing services or renewing existing services. As services are conditional to status (Government of Canada, 2016a; Ministère de l'Immigration et des Communautés culturelles, 2013), they become extremely hard to get or renew when refused asylum claims are in the process of deportation (Bernhard et al., 2007; Goldring & Landolt, 2013).

In general, these services allow asylum seekers (whether those waiting for their claim to be heard or those whose claim has been rejected) to survive in society. These services aim to respond to basic needs which are acknowledged as basic human rights. Ife (2012) explains that "statements of needs are statements of rights" (p. 129). Accessing services are measures of realization of human rights. For example, the need to consult a doctor for a reason of illness relates to the right for health. Giving access to health care services is addressing the need for

good health and therefore relates to the claim of right to an adequate standard of living for sustaining good health. When asylum seekers are denied access to health care and welfare services, they confront situations of social and economic rights violations.

Social workers who are involved in the cases of asylum seekers are often confronted with conflicting and problematic situations where the denial of human rights has resulted in both marginalization and oppression. Those social workers who are involved in the cases of asylum seekers are to assist throughout every step of the asylum process, including the process of integration. This means that they can provide intervention to help asylum seekers cope with the barriers they might face during the asylum process in addition to the difficulties and barriers that can emerge during the integration process. However, in reality, the majority of their work load involves the refusal of access to public welfare services and the impact of this on their living conditions and quality of life.

CHAPTER 3: THEORIES AND CONCEPTS

It is important to consider the theoretical and conceptual basis for this study and its relevance to the current body of literature. Many authors have written on human rights concepts and social work, and on the interaction between the two fields (Androff, 2015; Berthold, 2015; Dominelli, 2007b; Healy & Link, 2012; Ife, 2008, 2012; Lundy, 2011; Mapp, 2007; Reichert, 2007; Witkin, 1998; Wronka, 2007). On the one hand, this literature reveals the importance of understanding the place of human rights in social work and the diversity within the human rights-based frameworks incorporated within social work. Of the many diverse human rights-based frameworks elaborated on by experts and scholars, each differed from others and was based on specific key elements or core principles. On the other hand, the literature reveals the absence of a specific, unitary, and well-defined human-rights framework used in social work practices. However, despite this absence of a well-defined approach or model of human-rights based practices, key concepts such as structural disadvantage, empowerment and praxis consistently recurred in the literature. Moreover, the literature also frequently discussed the concept of ‘needs’ in contrast to ‘rights.’

The focus and scope of this study does not allow for a comprehensive presentation of every human rights-based approach that has been proposed and developed. Instead, the study highlights some core concepts that are particularly relevant in analyzing practice through a human rights-based perspective. This study does not, therefore, aim to analyse a specific, previously validated approach. Rather, it seeks to explore various approaches adopted and constructed by social workers. In so doing, it demonstrates their uniqueness and their specificity with regards to practices with asylum seekers, as well as how human rights concepts are incorporated in practice.

Asylum seekers face many structural disadvantages defined as disadvantages following from political, economic, social, and cultural structures and resulting in social inequalities and limited accessibility to resources based on such factors as sex, social class, ethnicity and religion. Structural disadvantages violate fundamental human rights (Lundy, 2011). In the case of asylum seekers, structural disadvantages follow mainly from the precariousness of their immigration status and lead to oppression and marginalization (Lacroix, 2004). Social workers often deal with issues related to violations of human rights emanating from structural disadvantages by referring to the concept of empowerment (Nelson, Price, & Zubrzycki, 2014). Empowerment is both a goal and a process through which social workers can help asylum seekers to overcome structural disadvantages and claim their rights (Nassar, 2002). Breton (1994) defines empowerment as:

“...the combined result or outcome of getting involved in a conscientization or consciousness-raising process, acquiring skills, and attaining the goal of a just allocation or distribution of power, especially the power to access resources or services to which one is entitled” (p. 29).

Empowerment is often practiced at the individual level in public institutional settings (Rivest & Moreau, 2015). Despite this fact, social workers' actions, as limited as they may be, can in the long run produce social change when perceived in a global vision (Rivest & Moreau, 2015).

In order to understand and explore how social workers approach the notion of human rights in their practices, I will look into structural disadvantage and empowerment, since social workers themselves use these concepts to guide their practice through a human-rights perspective. I will also explore social workers' approaches to the operationalization of these concepts. Praxis is a concept encompassing a wide range of phenomena which mainly illustrate how practice necessarily informs theory and how theory ideally should inform practices (Cho, Crenshaw, & McCall, 2013). In a human-rights perspective, praxis is defined as an operational

aspect of empowerment that will guide my analysis in identifying concrete and practical steps undertaken by social workers. Hence, praxis can help bridge structural disadvantages and empowerment by adding the practical dimension and serving as an operational structure to reinforce our analysis of practices.

This first part of the chapter presents a definition of human rights. The second reviews the links between human rights and social work as well as presenting a detailed overview of the different frameworks developed by scholars for social work practice. The third part provides a review of three key concepts; (i) structural disadvantage, (ii) empowerment, and (iii) praxis. The last part examines the conceptual framework drawn from the literature review and on which this study is based.

DEFINITION OF HUMAN RIGHTS

A fundamental tenet underlying the principles of human rights is that they are inherent to the dignity of every person (Healy, 2001; Ife, 2012; Ignatieff, Appiah, & Gutmann, 2001; Smith, 2008). Healy (2008) explains: “human rights belong to all just because we are human” (p. 736). Human rights are inherent in our nature; without which we cannot live as human beings (United Nations, 1987). Human rights apply to all people equally and not simply to select individuals and groups. Everyone shares a common humanity and, regardless of circumstances, every individual is entitled to live according to basic human rights principles (Reichert, 2003). Conceptually, human rights doctrine generally refers to three “generations”: first generation of civil and political rights; a second generation of economic, social and cultural rights; and a third generation of collective or group rights (Ife, 2008, 2012; Reichert, 2007; Smith, 2008; Steel et al., 2009).

First generation human rights are referred to as civil and political rights. These rights put the individual in opposition to the state, and seek to protect the individual from the state (Smith, 2008). They are individually based and include the right to vote, the right to freedom of speech, the right to free assembly, the right to a fair trial and equality before the law, the right to citizenship, the right to privacy, the right to self-expression, the right to freedom of religion, the right to run for public office, and the right of free participation in society and the civic life of the nation (Reichert, 2003). They also include “the right to be treated with dignity, the right to public safety, freedom from discrimination (religious, racial, gender, etcetera), and so on” (Ife, 2008, p. 30). They are rights which need to be protected rather than realised, rights which people are seen as somehow ‘possessing’ just by simply being human; and the state is required to ensure that they are not threatened or violated (Ife, 2012; Reichert, 2007). Campaigning for first-generation human rights tends to involve the prevention of human rights abuses and the safeguarding or protection of rights (Ife, 2012). Because of this emphasis on protection, first-generation rights are sometimes also referred to “as negative freedoms as they require a government to refrain from an overuse of its power against individuals” (Mapp, 2007, p. 17). Hence, they cannot be granted, achieved or realised, but rather are to be protected and guaranteed (Ife, 2012). A growing body of legal mechanisms (bills, conventions, international courts, etcetera) is designed to guarantee such rights or at least seeks such guarantees (Healy, 2008; Steel et al., 2009).

Second generation human rights are known as economic, social and cultural rights (Reichert, 2007). These rights pertain to members of a class of persons. This is where moral equality enters into human rights doctrine. Second generation human rights are positive rights, such as the right to health care or social security. The UN Universal Declaration of Human Rights, Article 25, for example, provides for the right to an adequate standard of living for all

people (Smith, 2008). These are rights of the individual or group to receive various forms of social provision or services in order to realise their full potential as human beings, such as the right to employment, the right to an adequate wage, the right to housing, the right to adequate food and clothing, the right to education, the right to adequate health care, the right to social security (Ife, 2012).

Second-generation rights are not guaranteed by legal and constitutional mechanisms as are those of the first-generation (Dominelli, 2007b; Ife, 2012; Steen, 2006). While there are various conventions and human rights instruments that seek to cover second generation rights, most notably the UN International Covenant on Economic, Social and Cultural Rights, social and economic rights are rarely presented as human rights in Western democracies (Steen, 2006). This would require conceding that all human beings have the right to social and economic fundamentals, such as education, employment, basic subsistence, and health care (Dominelli, 2007b). Despite the ratification of the International Covenant on Economic, Social and Cultural Rights by 158 states, economic, social, and cultural provisions do not constitute “rights” but rather represent desirable social goals (Steel et al., 2009). Ife (2008) explains: “the idea of human rights ‘abuse’ or ‘violation’ is less often applied to second generation rights, and so legal processes designed to prevent abuse of rights are not as readily applicable” (p. 32).

The third generation of human rights emerged later, during the last three decades of the twentieth century, and does not have a corresponding UN covenant (Smith, 2008). Third-generation human rights relate to aspects of life that are collective, reflecting issues of solidarity and culture, beyond the relationship between the individual and the state (Steel et al., 2009). The third generation of human rights includes the right to self-determination, to economic and social development, to a healthy ecosystem, to natural resources, to communication, to participation in

activities that promote and maintain cultural heritage, and to intergenerational equity and sustainability (Smith, 2008).

There are two fundamental principles of human rights doctrine: universality and indivisibility (Mapp, 2007; Reichert, 2007; Smith, 2008). The concept of universality underpins human rights and defines every individual as having a claim to human rights, wherever he or she resides (Reichert, 2007). Human rights are supposed to belong to all people, regardless of national origin, race, culture, age, sex, or anything else (Ife, 2012). Also, human rights are indivisible. They belong together and should not be ranked in a hierarchy. Despite the fact that more attention has been given to first-generation rights by government leaders all around the world (Healy, 2008; Mapp, 2007), social work is particularly interested in second-generation rights (Healy, 2008).

HUMAN RIGHTS AND SOCIAL WORK

Human rights are essential to social work (Androff, 2015; Berthold, 2015; Dominelli, 2007a, 2007b; Healy, 2008; Ife, 2012; Lundy, 2011; Mapp, 2007; Reichert, 2011; Zaidalkilani, 2010). Healy (2008) states that there is a strong compatibility between the profession's mission and values and human rights, suggesting a natural linkage. Cemlyn (2008c) confirms this connection by stating,

Human rights practice is not a separate departure but builds on long-standing values and theoretical frameworks related to emancipatory social work and anti-oppressive practice. Moreover, in seeing human rights as expressed in and arising from human interaction, direct links are affirmed to core social work practices and ethical frameworks (p. 223).

Nevertheless, authors who have explored and analysed the place of human rights concepts in the field of social work have avoided giving a precise definition to approaches based on human rights concepts (Zaidalkilani, 2010). Instead, they “have preferred offering broad descriptions of the approach or addressing characteristics, features, elements, conceptualizations,

or enumerating a checklist of requirements” (p. 14). Despite the absence of a specifically defined human rights-based approach, some authors have used philosophy and theory to explain the link between human rights and social work (Androff, 2015; Berthold, 2015; Ife, 2008, 2012). Others have analyzed how specific approaches can better ensure the achievement of human rights in social work practices (Lundy, 2011; Mapp, 2007). It is important to pay attention to these studies as they demonstrate how the topic can be approached from different perspectives. Each of these studies describes human rights-based practice strengths and, most importantly, how they give an account on the position of human rights in social work practice and contribute to better practices. These studies are a helpful guide to reflecting on the topic and exploring which approach or core element is most pertinent for our study.

Ife (2012) has explored the philosophical and theoretical connections between human rights and social work, revisiting some basic theoretical foundations of the profession such as ethics, empowerment, and praxis. Specifically, he has interpreted the meaning of these concepts through a human-rights perspective. Ife argues that the new reading of each basic component of social work can enable the profession to fulfill its mission. Ife’s analysis therefore highlights the centrality of human rights to social work. Ife’s work remains developed in general terms and can be applied to every population and field of practice. However, since a human-rights approach in social work is still a relatively new field of exploration and analysis, I did not find examples in literature or research on the practical application of Ife’s approach.

While Ife’s approach is a generalist and broad one, other authors have tried to elaborate approaches to human rights in social work practices with more defined and targeted principles, primarily with the goal of applying the approach to specific populations. Androff (2015) and

Berthold (2015), for example, have each elaborated a human-rights framework to practices in social work, applying it to specific social work fields and populations.

Androff (2015) has drawn his analysis based on distinct theoretical and practice traditions, such as critical theory and structural and empowerment approaches. He argues that a human rights-based approach builds upon and supplements previous models. He defends an integrative framework of the three generations of rights and sets key principles for a human rights-based approach such as human dignity, nondiscrimination, participation, transparency, and accountability. Unlike Ife (2012), Androff (2015) draws practical applications from his framework for specific issues and populations such as poverty, child welfare, older adults, health, and mental health.

Berthold (2015) has also developed a human rights-based framework for social work practices. While her research is focused on clinical social work and therapeutic treatment, Berthold has identified some core aspects of treatment that are particularly relevant to a rights-based clinical social work approach. She argues that core principles of a rights-based approach are reframing needs as entitlements or rights, cultural humility, intersectionality and the therapeutic relationship itself. Another element raised by Berthold is the importance of clinical social workers being trauma-informed, and that they have access to training to develop competence in this field. Although Berthold argues that these core principles can apply to diverse populations, the human rights-based framework she proposes is therapeutic-oriented, and specific characteristics of therapeutic follow-up are detailed. Even though Androff (2015) and Berthold (2015) frameworks are defined according to specific core principles, they are still limited in their applications and are mostly attached to clinical therapy.

Other scholars like Mapp (2007) and Lundy (2011), who have analyzed the relationship between human rights and social work, defend specific traditional approaches such as the systemic and the structural approaches, to be adequate in ensuring and achieving human rights. In this literature review, these two approaches are used interchangeably.

Structural approach aims to maximize client resources, reduce power inequalities in client-worker relationships, unmask the primary structures of oppression, facilitate a collective consciousness; foster activism with social movements, and encourage responsibility for feelings and behaviors leading to personal and political change (Carniol, 1992; Moreau, 1979, 1987). Major elements of structural approach are defense, client-worker power, unmasking structures, personal change, collective consciousness and political change (Carniol, 1992, Moreau, 1979, 1987). Defense is responding to client's needs for access to immediate resources and advocacy for client's rights and for greater resources to clients. Client-worker power is acting to share decision-making power with clients and to demystify professional techniques. Unmasking structures is fostering an understanding of the client's living and working conditions by linking these to the primary structures of oppression (patriarchy racism, capitalism, heterosexism). Personal change is enhancing client's power to take responsibility for feelings, thoughts and behavior which may be destructive to self or to others, linking feelings, thoughts and behavior to primary structures. Collective consciousness is respecting client's individuality while raising consciousness about the group or social movement whose members share similar structural location with clients and joining such group and movements. Political change is activism fostered by clients and workers within social justice organizations and social movements, developing alternative services and using non-violent conflict tactics and collation/solidarity work (Carniol, 1992, Moreau, 1979, 1987).

Systemic approach focuses on “the interactions between people and their social environment, which affect the ability of people to accomplish their life tasks, alleviate their distress and realize their aspirations and values” (Pincus & Minahan, 1973, p. 9). Systemic approach aims to situate and understand individuals within systems they are part of. Individuals’ behaviors are largely defined and influenced by the positive and negative interactions individuals have with different systems. Individuals are seen as constantly adapting to changes in themselves and in their environments (Davies, 2013). This adaptation involves different processes such as information gathering, acquiring, resources and making decisions. This brief account of the processes of adaptation suggests the following areas for intervention within a system: the goals of the system, its decision-making processes and power structure, its information processes (the collection, interpretation and dissemination of information), its resources (the input, allocation and use of resources), its action output. Also, another area of intervention refers to the boundaries of systems and their permeability (Forder, 1982).

Mapp (2007) considers the systemic approach most appropriate to the achievement of human rights in social work practices. According to the author, the three main barriers of poverty, discrimination, and lack of education prevent full access to human rights. In her analysis, these three barriers are intertwined. Poverty leads to discrimination, which in turn leads to lack of education. Mapp demonstrates how these barriers affect economic and social rights. She argues that the systems perspective that is central to social work can include three levels of intervention: the individual, viewed on the micro level; the family, viewed at the mezzo level; and communities or nations, viewed at the macro level (Mapp, 2007). Although Mapp (2007) applies her analysis to a population of asylum seekers, it is not focused on specific concepts and guidelines of how the profession, in practical terms, can incorporate human rights. Nor does the

analysis present concepts on which social workers can rely to guide their practice through a human-rights perspective.

Lundy (2011) defends the structural approach as actually guaranteeing the attainment of human rights. A structural approach avoids dichotomizing person and situation, and directs attention to the transactions between people and specific social, political, and economic situations (Moreau, 1990). According to Lundy (2011), the social, political, and economic underpinnings of many people's problems are often not considered. She argues that economic, social, and political factors at the macro level impact human rights at the micro levels, affecting individuals, families, and communities. In the same vein as Lundy's analysis, Ife (2012) argues that human rights abuses and denials have basic structural causes related to issues such as inequality and capitalism (Ife, 2012). Both Lundy (2011) and Ife (2012) argue that a structural approach to social work is best in "acknowledging the role of social structures in producing and maintaining inequality and personal hardship, insuring effective responses to the needs of individuals and their families while at the same time engaging in strategies for social change" (Lundy, 2011, p. 87).

Reichert (2001) defines social work practices in a human rights framework by referring to three themes (oppression, empowerment and strengths) which all relate to having access to resources and being treated with dignity. However, she questions if social justice is an appropriate guiding principle for these types of interventions and defends human rights as a possible guiding principle in the three types of interventions which can be adopted and applied to clinical practice. She asserts that social justice does not have a clear definition and explains that "social work academics describe various types of social justice with little explanation as to which breed applies to the circumstances at hand" (2001, p. 9). According to Reichert (2001), the

concept of human rights presents a set of rights for each individual no matter where that individual resides, covers many areas of basic human needs, and, therefore, frames a particular issue as a right. In a human rights perspective, governments and citizens become accountable for rights violations and “social workers can bring more weight to challenging inequity and unfair distribution of resources and treatment” (Reichert, 2001, p. 10).

The literature presented above reveals many ways to consider and reflect on the link between human rights and social work, particularly when it comes to practice. Though various scholars have chosen to elaborate frameworks based on concepts, principles, or key elements, others have sought to demonstrate how conventional approaches to social work ensure the achievement of human rights. Despite this difference, there is a consensus that the specific core concepts of structural disadvantage, empowerment, and praxis are essential to the attainment of human rights. These concepts are found to be recurrent in almost all analyses and reflections. We therefore consider these concepts relevant to our study and, most importantly, to our discussion. They relate to both human rights and social work, thus bridging the two fields. Since they are essential both to human rights and to the profession, they can constitute a relevant framework for practice analysis. These concepts offer a wide spectrum for analysis. Since they do not relate exclusively to one specific approach or model, they can serve as a platform to integrate all the possibilities of practice and thus of approaches and models the study aims to explore. Specifically, these concepts will serve as a framework to explore the specific characteristics, features, components, and foundations that constitute and feed approaches adopted by social workers in their practices with asylum seekers.

KEY CONCEPTS: STRUCTURAL DISADVANTAGE, EMPOWERMENT AND PRAXIS

This section explores three key concepts to human rights-based practice. The first part provides a review of the concept of structural disadvantage. It examines the concept's categories and applicability to social work practice. The second part examines the concept of empowerment. It provides a definition of the concept and elaborates on individual empowerment. It also discusses human rights as guiding principles to empowerment and explores different actions of empowerment, such as conscientization, critical thinking and individual and social change. Finally, the third part describes the concept of praxis.

STRUCTURAL DISADVANTAGE

“Structural disadvantage” is a foundational theoretical concept that has been developed by most scholars who have examined the link between human rights and social work practices. Although “structural disadvantage” is a central concept to the structural approach, it can be dissociated from the structural approach framework and analyzed in social work practices through a human rights perspective. The concept is essential when analyzing how social inequalities and limited access to resources (due to such social locations as sex, social class, ethnicity, and religion) are generally caused by the political, economic, social and cultural structures of a capitalist society (Lévesque & Panet-Raymond, 1994) and how they affect human rights. From this perspective, social change is realized by modifying structures rather than having individuals and families adapt to structures (Lévesque & Panet-Raymond, 1994). When practices are oriented to social change via changing structures, they focus on rights and defense of rights (Carniol, 1992).

It is widely acknowledged that structural inequalities have an impact on asylum seekers' well-being. Allan (2015), for instance, highlights the deep interrelationship between refugees'

well-being and structural inequalities, focusing specifically on the emotional aspects of suffering. While acknowledging that asylum seekers face structural inequalities, he considers psychosocial models to provide limited understandings of how structural inequalities impact individual well-being. He argues that counselling intervention with asylum seekers must be complemented by other multilevel interventions that consider the structural causes of individual and collective experiences of oppression, stress, trauma, and the socially structured feelings of refugees. Allan (2015) has developed the psychosocial/structural model of practice where he bridges the psychosocial model with one focused on structural power and social relationships.

Other scholars have taken a more analytical turn in exploring how structural disadvantages are constructed and how they follow on from immigration laws, legal instruments, and social policies. In her study on how immigration laws and policies affect children rights, Jones (2001) has demonstrated how child asylum seekers in United Kingdom experience state-sanctioned poverty, inequitable access to local resources, and arbitrary detention. Further, the author accuses social work of failing “to provide critical scrutiny on the status and relationship of immigration and child care law and the erosion of children’s rights” (2001, p. 265). Jones has denounced the superior status of immigration law and its co-option with key welfare institutions in the exercise and implementation of immigration control. Welfare institutions, rather than fulfilling their mission in ensuring wellbeing and safeguarding rights, fall under the pressure of immigration control.

According to Jones, the starting point of structural disadvantages faced by asylum seekers are immigration laws. Immigration laws and measures impact social policies and impose the immigration status as a cornerstone on which social and economic rights depend in terms of entitlements and access. As Jones (2001) states,

In social work literature, there has been little attempt to challenge or deconstruct the assumptions, political aims, or policy contradictions tacit in the privileging of the status of immigration law, and this may provide one explanation for the continuation of inequalities, contradictions and discrepancies in this field of work (p. 265).

Taking the example of child welfare, Jones argues that the lack of interest and consideration of professionals and experts concerned with child welfare to consider the effects of immigration controls on children makes them complicit in the disadvantages and discrimination that child asylum seekers and refugees face.

On the other hand, focusing on the Canadian context, Lacroix (2004) has studied how structural disadvantages follow from immigration status whose precariousness defines asylum seekers as a marginalized and oppressed group. She has demonstrated how structural disadvantage, starting with the international refugee regime and Canadian refugee law, impacts the living conditions of asylum seekers. She argues that detention, *non-refoulement*, length of the refugee determination process, barriers to access employment and settlement services, and family separation constitute structural factors of oppression. She therefore insists that social workers should work with asylum seekers to understand “social structures, processes and practices that have caused oppression while advocating for the rights and opportunities of oppressed groups” (p. 20). Another study conducted by Bernhard et al. (2007) goes in the same line. The authors have explored the question of status and thus of rights and entitlements in accessing and obtaining services. They examined the experience of precarious legal status for families and children in Canada and investigated various ways in which the uncertain legal status of one or more family members can affect the well-being of families and children. In their findings, the authors showed how families and children experienced barriers to access vital services such as health care. They also pointed out the pervasive effects of instability and uncertainty in areas such as education and child care. Moreover, Bernhard et al. (2007) pointed

out the way in which the instability and uncertainty of one parent's status can have an effect his or her Canadian-born children. The authors state: "[...] an individual's status has broader repercussions: parents' status in particular can contribute to barriers for children and seems to be used to justify denying children rights to which they are entitled by international, national, and provincial laws" (2007, p. 110).

The literature also addresses how structural disadvantages induce feelings and emotions of suffering and hurt. It describes how immigration laws and measures are sources from which structural disadvantages emanate and how they impact the living conditions of asylum seekers. However, it does not consider how social work practice addresses structural disadvantages faced by asylum seekers, in terms of tools, means, roles, tasks, techniques, or intervention strategies.

CATEGORIES OF STRUCTURAL DISADVANTAGE

To understand the concept of "structural disadvantage" and how it is constructed, we need to define its categories. We refer to the work of Wilson (2009) and Hart, Hall, and Henwood (2002) to set up categories of structural disadvantages. This categorization will help organize potentially relevant information found in our data collection into types and categories of structural disadvantage, helping identify relationships between them.

According to Wilson (2009), two categories of structural forces contribute directly to disadvantages and inequalities: social acts and social processes. Moreover, the author concludes that the same two categories of structural forces contribute directly to racial group outcomes such as differences in poverty and employment rate. Social acts refer to the behavior of individuals within society such as stereotyping, stigmatization, and discrimination. In the case of asylum seekers, social acts are defined as stereotyping, discrimination and stigmatization, denial of access to medical services, poor employment conditions, and refusal of rental applications.

Social processes refer to the “machinery” of society that exists to “promote ongoing relations among members of the larger group” (2009, p. 3). These include laws, policies, and institutional practices that exclude people on the basis of race or ethnicity. Wilson’s analysis of racial groups can be extrapolated to asylum seekers. In such case, social processes would refer to international conventions, custom immigration and refugee laws and regulations, social policies, and institutional policies and practices.

Hart et al. (2002) define the term disadvantage in relation to individual and structural agency as “a concept which encompasses individuals whose identities may be constructed in relation to concepts such as impairment, discrimination, prejudice, poverty, social exclusion, inequality, membership of minority group and of low educational achievement” (p. 481). While acknowledging the broad definitions of “disadvantage” and related concepts such as ethnicity and gender, the authors divided into five categories possible characteristics or experiences of people that might contribute to their being classified as “disadvantaged”: mental or physical impairment, particular characteristics which have led historically to individuals experiencing prejudice and discrimination (e.g. ethnicity, gender, etcetera), clients who experience prejudice, clients who experience discrimination, and clients living in material poverty. Wilson and Hart et al.’ categorizations are relevant to the practice of social work in that they clearly identify categories of disadvantages that are involved in the practice of social work. Literature is yet to consider however, both the multidimensional (race, nationality, ethnicity, gender, immigration status, etcetera) and multileveled (legal, political, social, personal, etcetera) nature of structural disadvantage in the case of asylum seekers.

APPLICABILITY OF STRUCTURAL DISADVANTAGE TO SOCIAL WORK PRACTICE

Mullaly (2002), Carniol (1992) and Lundy (2011) have asserted the importance for social work to include an analysis of the structural factors and consequently inequalities to which people can be subject. They define analysis on the basis of class, race, gender, sexuality, nationality, disability, culture and age. While each element can potentially apply to asylum seekers' personal and social experiences, "immigration status" remains essential to understanding the asylum seekers' daily life.

Individual accounts of disadvantage, though an important part of social workers' understandings of particular people and their problems, need to incorporate structural factors (Androff, 2015; Berthold, 2015; Ife, 2008, 2012; Lundy, 2011). Rather than pathologizing individuals, families, and community members by putting the responsibility on them, problems are viewed within their sociopolitical and structural contexts, and these contexts become targets for intervention (Berthold, 2015; Lundy, 2011).

Referring specifically to clinical practice, Berthold (2015) explains that "it is important to emphasize that a rights-based approach to clinical social work does not relegate the practitioner to narrowly focus on clinical issues with the particular individual, family, couple, or group they are working with" (p. 7). A rights-based approach requires social workers to consider the micro as well as the macro level of practice, and to work on structural factors and forces at play in the lives of the individuals they work with (Androff, 2015; Berthold, 2015). By focusing on sociopolitical and structural contexts, social workers can bridge micro with macro practice (Ife, 2008, 2012; Lundy, 2011; Wronka, 2007).

Social work practices shaped in a human rights perspective rely on a holistic assessment of a person's strengths and vulnerabilities, along with an analysis of rights violations that

individuals may have experienced and their impact on living conditions (Berthold, 2015; Ife, 2008, 2012; Lundy, 2011). Such assessment is focused on considering the structural contributions to the problem and other influences external to the person rather than on limiting the problem to the person's personal context (Berthold, 2015). Consequently, specific assessment criteria can apply to specific populations. The literature presented above suggests that an analogy may be made with the case of asylum seekers. It would be important, first, to frame the assessment of one asylum seeker as part of a larger political, social and economic context that affects the entire population of asylum seekers. Second, an assessment should focus not only on asylum seekers' strengths and vulnerabilities but also situations of human rights violations they are confronted with. Such situations result from structural social, political or economic factors and impact asylum seekers' living conditions both in their country of origin and in the host society.

EMPOWERMENT IN THE SOCIAL WORK PROFESSION

This section outlines the concept of empowerment. The first part defines the concept. The second provides the individual empowerment framework. The third is human rights as guiding principles to empowerment. The fourth part explores actions of empowerment, such as conscientization, critical thinking, individual and social change. The last part examines the difference between the concept of 'needs' and the concept of 'rights' in the empowerment process.

DEFINITION OF THE CONCEPT

The concept of empowerment is essential when analyzing human rights in social work practices (Healy, 2001; Ife, 2012; Lundy, 2011). Whether tackled as a process, as a method of intervention, or as a larger philosophy to guide practitioners, empowerment is centered on

personal strengths, and “encourage[s] actions that have the potential to bring about change in individuals’ lives and their community” (Rivest & Moreau, 2015, p. 1856). Solomon (1976) defines empowerment as “a process whereby persons who belong to a stigmatized social category throughout their lives can be assisted to develop and increase skills in the exercise of personal influence and the performance of valued social roles” (p. 6). While empowerment is a multidimensional process referring to the personal, interpersonal, systemic, and community dimensions of the person (Solomon, 1976), its ultimate goal is to improve the living conditions of individuals and to bring about social change (Le Bossé, 2003; Rappaport, 1987; Solomon, 1976). Therefore, it becomes both a key goal and process in human rights-based practices.

Breton (1994) adds other dimensions to the definition of empowerment by explaining the process of empowerment and by focusing on the availability of resources and possible accessibility. According to the author, empowerment is “the combined result or outcome of getting involved in a conscientization or consciousness-raising process, acquiring skills, and attaining a goal of a just distribution of power, especially the power to access resources or services to which one is entitled” (1994, p. 29). Breton’s definition is of particular importance to our study, as it highlights the fact that accessing resources for asylum seekers is conditional upon their immigration status as dictated by immigration measures and social policies. Breton’s definition also links empowerment to structural disadvantages. Therefore, empowerment, whether considered as a goal or a process, can contribute to fighting structural disadvantage.

Despite the definitions presented above, scholars agree that empowerment is a fluctuating concept, difficult to pin down (Le Bossé, 2003; Rappaport, 1987; Rivest & Moreau, 2015). According to Rappaport (1987), empowerment has multiple referents, and can be explained through a variety of definitions and terms. The concept can also vary according to contextual

conditions as well as to periods of time. Hence, empowerment will appear different to different people, organizations, and settings (Rappaport, 1987). One of the advantages of this concept is that it leaves room for creativity and improvisation, except where there are some strict guidelines the social worker has to respect and follow. However, one aspect of the concept's flexibility is that arbitrary interventions can become the rule. In social work practice, one needs to explore how each social worker seizes the concept and how she employs it within her interventions.

According to Thompson (2002), empowerment goes beyond service provision and seeks to support individuals in taking greater control of their lives and environment. As Thompson writes, "Empowerment forms the basis of the potential for transformation, for changing social relations to enable people to have more satisfying lives" (2002, p. 718). Lundy (2011) states that the term empowerment is incorporated in most practice approaches. It aims to promote individual and social change. She adds that at times the term is referred to as a specific approach in itself.

Hence, empowerment meets simultaneously the two major missions of the social work profession: ensuring individual well-being, and aiming for social change. However, even though central to good practices, empowerment is subject to the challenges faced by social workers in the public sector where practices have shifted from welfare-oriented to control and enforcement (Burford & Adams, 2004). According to Burford and Adams (2004), the profession itself undermines empowerment principles and practice by imposing legalistic, administrative, and expert-dominated solutions on unique individual problems. While these authors make this accusation, they also acknowledge that empowerment can still contribute to the profession's goals of ensuring wellbeing and generating social change. They write: "if sociological critics of social work one-sidedly emphasize the social control aspects of social work, social workers and

social work educators may mislead themselves by equally one-sidedly stressing, at least in their rhetoric, the profession's empowerment oriented side, denying its coercive aspects" (2004, p. 22). Others scholars have also confirmed that there's a conflict between the goals of empowerment and the control aspects of the job of social workers. Rivest and Moreau (2015), Aujoulat, d'Hoore, and Deccache (2007) and Pease (2002) agree that empowerment may have liberating potential and emancipatory objectives, but also that it simultaneously has regulatory possibilities and favours normative practices that follow social normativity. Empowerment has sometimes been coopted by the state to support state disengagement.

INDIVIDUAL EMPOWERMENT FRAMEWORK

Individual empowerment is common in clinical practice. Rivest and Moreau (2015) acknowledge that challenges facing social workers today can limit their ability to empower clients. Nonetheless, they see in an individual empowerment framework a strategy for social work to fulfill its double mission of promoting individual wellbeing and social change.

Some authors have analysed normative frameworks and their impact on the delivery of social work and the empowerment process. According to Rivest and Moreau (2015), current normative social contexts praise individuality, where responsibility falls only on the individual. Individuals are pressured to be involved in a continuous process of becoming an idealized self, to aim for independence and to show personal initiative (Rivest & Moreau, 2015). The authors argue that empowerment can have a positive role in helping individuals navigate normative social contexts.

Normative helping professions such as social work, which encourage a process of deinstitutionalization in the relationship between client and professional, can contribute to individual empowerment (Aujoulat et al., 2007; Rivest & Moreau, 2015). Rivest and Moreau

(2015) suggest a framework of social normativity where empowerment takes on a new level of significance for social work. In this framework, social work is situated at the intersection of individual and social structures. On one hand, norms encourage certain behaviours. On the other hand, social workers can help individuals develop personalized strategies and a sense of agency which will help them cope with these norms.

For her part, Zorn (2009) has analysed the normative framework in specific relation to asylum seekers consisting of legal standards and governmental policies. She has also investigated their impact on social work service delivery. Zorn (2009) explained that asylum seekers in Slovenia lack basic rights and are subject to policies of detention and deportation, and that the mass rejection of asylum claims leaves little hope for empowerment, autonomy, and social inclusion. She argues that detention and other restrictive social measures have been normalized and became a trend difficult to reverse. Instead of directly fighting these measures, Zorn proved that actions of empowerment on a small scale can lead to inclusion for asylum seekers, such as involvement in social movements. In her conclusions, Zorn suggests that social workers and other professionals can act to pursue more concrete, small-scale goals of inclusive non-selective practices (in governmental settings, among others) in order to achieve basic rights for asylum seekers.

The studies by Zorn and Rivest and Moreau mentioned above both attempt to reconcile empowerment with the current contexts in which social work practice takes place. Both are relevant because they can give direction to our analysis, when normative frameworks influence empowerment and practice.

HUMAN RIGHTS AS GUIDING PRINCIPLES FOR EMPOWERMENT

Reichert (2001) has expressed some concerns with regard to the application of empowerment in clinical practice within social justice as a guiding value of social work. She sees a dilemma with the concept of social justice, as no clear definition of the concept exists, particularly with regard to its application to clinical practice.

According to Reichert (2001), empowerment is characterized by two independent and interactive dynamics: personal and social empowerment. Personal empowerment is understood in clinical social work as self-determination and relates to opportunity. Without opportunity, the process of self-determination becomes difficult. Also, social empowerment dynamics link the individual to his context and environment (Reichert, 2001). An individual who has ties with her environment has better opportunities to achieve her personal goals. Personal empowerment is conditional upon the individual's probable opportunities and the nature and quality of her interactions with her environment (Reichert, 2001). A human rights perspective frames any relevant issue or concern in terms of a right, making governments and citizens accountable for their actions and lack of actions and for addressing the situation.

ACTIONS OF EMPOWERMENT: CONSCIENTIZATION, CRITICAL THINKING, INDIVIDUAL AND SOCIAL CHANGE

The concept of conscientization was first introduced by Freire (1970). Freire understood it as critical thinking and consciousness-raising, by which one becomes aware of, and resists, the social, political, and economic conditions that oppress people (Freire, 1970). Other scholars have expanded on Friere's work and have further refined our understanding of the concept of conscientization, for example, Alvarez (2001), Breton (1994), Le Bossé (2003) and Simon (1987). Empowerment that allows for consciousness-raising and critical thinking assumes an

understanding of the interdependence of structural sources and individual change (Alvarez, 2001; Le Bossé, 2003). It takes into consideration both the individual and the structural conditions, “regardless of the scale of action and the unit aiming for change” (Rivest & Moreau, 2015, p. 1859). Reed, Newman, Suarez, and Lewis (1997) refer to the concept of conscientization as critical consciousness and define it as a process of

...continuous self-reflection coupled with action to discover and uncover how we, our approaches to social work practice, and our environments have been and continue to be shaped by societal assumptions and power dynamics... Without critical consciousness, social work practice too often does not recognize and build on important differences among people, and it perpetuates or at least does not challenge dynamics which perpetuate societal injustice (p. 196).

Central to the consciousness-raising process is critical thinking (Lundy, 2010). Critical thinking is referred to by Le Bossé (2003) as the adoption of an analysis taking into consideration the actor in context, allowing a better understanding of reality (Le Bossé, 2003). It contributes to an awareness of people’s daily life conditions, and helps them make direct connections between sociopolitical and economic forces and individual difficulties. In sum, it helps people realize how their personal troubles are connected to broader forces (Carniol, 1992; Moreau, 1987, 1990). It is then reasonable to expect that the degree to which people are exploited and marginalized because of their status in society, based on factors such as social class, race, disability, gender, and sexual orientation, influences the degree of oppression and alienation they experience (Lundy, 2011).

Social workers who use critical analysis make connections between the material (economic, social political, legal) and personal realities (personal troubles, emotional life) of those seeking assistance. They also develop a better understanding of local and international social, economic, and political contexts (Lundy, 2011). Lundy notes that “this type of analysis focuses on the socio-economic or structural context of individual problems and the power

arrangements and the economic forces in society that create and maintain social conditions that generate stress, illness, deprivation, discrimination, and other forms of individual problems” (p. 169).

Without critical thinking, people see their experiences as detached from political decisions and social changes (Berthold, 2015; Ife, 2008, 2012; Lundy, 2011). Generally, this vision is reinforced by traditional helping where clients’ problems and behaviour are assigned diagnostic categories and viewed as pathological. In this approach, problems are labelled in a way that emphasizes personal deficiency or malfunction. Individuals are treated as ill, and are seen as having total responsibility for their situation (Lundy, 2011). Critical thinking contextualises the individual’s experience (Berthold, 2015). Rather than emphasizing only personal and interpersonal dynamics, material conditions and social relations are also considered (Berthold, 2015; Lundy, 2011).

According to the literature consulted, to practice from a social change perspective, social workers need to be critical thinkers and engage in exposing the contradictions between how things ought to be and how things are in reality. Social workers need to see the contradictions with agencies and the welfare state.

Empowerment is also a process whereby the main goal is to produce individual and social change (Le Bossé, 2003; Rappaport, 1987). Action is a tool to gain power and is relevant only when it follows a logic of personal or collective influence on the environment (Le Bossé, 2003). For Le Bossé, empowerment is an interactive process that relies simultaneously on the active involvement of people and the adjustment of conditions necessary for the realization of the targeted action; it is important to consider the actor in context rather than the person in her environment. Linking critical thinking to action, Lundy (2011) states: “as we gain a critical

awareness of our situation, and have the necessary resources, we can act to change our circumstances and in the course of that activity, we become changed people” (p. 171).

DIFFERENCE BETWEEN THE CONCEPT OF NEEDS AND THE CONCEPT OF RIGHTS

“Needs” is another key aspect of the empowerment process (Cemlyn & Briskman, 2002; Pease, 2002). The process of reframing needs as entitlements to rights is essential to empowerment and, therefore, constitutes one key principle of a rights-based approach to practice (Lundy & van Wormer, 2007; Wronka, 2007). A human rights perspective “puts an emphasis on the rights and abilities rather than deficits and needs of the individuals and communities” (Aujoulat et al., 2007, p. 14). A needs-based model can be perceived as paternalistic and charitable (Skegg, 2005). Gatenio Gabel (2015) states that “a rights-based approach places equal value on process and outcome. In rights-based work, goals are temporary markers that are adjusted as people perpetually reevaluate and understand rights in new ways calling for new approaches to social issues” (p. ix).

Practices focused on the concept of “need” bolster dehumanization, which is linked to human rights violations, rather than humanization. Consequently, they promote neediness rather than ensure dignity (Androff, 2015). Focusing on rights as entitlements rather than on needs and charity can also correct the perception that a person is indebted to a social worker or to an institution she/he represents (Skegg, 2005). Human rights perspectives focus on dignity and the inherent worth of the person (Gatenio Gabel, 2015).

Ways of approaching needs in practice can also influence ways of approaching structural disadvantage. When practices are based on approaches and models that focus on needs, they often lead to a pathologisation of individuals, families, and community members. This is in contrast to where the concentration should be: on sociopolitical and structural contexts (Berthold,

2015; Ife, 2012; Lundy, 2011). Reframing needs into entitlements is more humanizing and combats stigma and discrimination (Androff, 2015) which are often related to structural disadvantage. Focusing on needs can place individuals, families, and community members in the position of victims, and thereby perpetuate stigma and discrimination. Rights, on the other hand, treats individuals as actors, able to influence their own situation.

When the concept of rights is at the center of practices, there is no room for charity-related decisions, which are often made arbitrarily by social workers. When social work practices are constructed within a human rights perspective, social workers become accountable to their profession as such, for their actions (Androff, 2015; Reichert, 2001).

PRAXIS

Praxis is another foundational and theoretical issue identified by Ife (2012) as essential to human rights-based practice. The concept of praxis developed by Freire (1970) has proved useful regarding the operationalization and application of empowerment (Rivest & Moreau, 2015). The underlying idea behind Freire's praxis is the realisation that "the personal is political" (Lévesque & Panet-Raymond, 1994; Pease, 2002). Praxis captures the dialectical interaction between action and reflection (Alvarez, 2001; Ife, 2012). Further, praxis aims to produce critical-consciousness (Alvarez, 2001).

The idea behind praxis is that "theory and practice, or learning and doing, cannot be separated" (Ife, 2012, p. 216). More importantly, it is the interactions between theory and practice—and the reflection on these interactions—that are relevant to consider by social workers for the development of their practice and their professional skills and competences. They ensure the evolution of both theory and practice and feed the learning process (Schön, 1983). Praxis refers to the capacity to be transformed and transformative (Alvarez, 2001). In

specific terms, part of this process is the actor or the social worker who “has the opportunity and the responsibility to identify actions and relationships, critically assess them, and modify or design future actions and interactions based on the results of reflection” (Alvarez, 2001, p. 196). Praxis is therefore about both knowledge and action: knowledge without action would be sterile, ungrounded, and irrelevant, while action without knowledge would be anti-intellectual, uninformed, and often dangerous (Ife, 2012). Therefore, praxis is a constant, dynamic, and formative dialogue between theory and practice.

With regard to asylum seekers, praxis can help social workers constantly learn and reformulate their opinions, interventions, and approaches. They learn about immigration laws and immigration status, the impact of immigration status on asylum seekers’ living-conditions, and how these laws shape structural disadvantage. It is through praxis, continuous reflection, and dialogue between theory and practice that social workers learn how to link the personal (what asylum seekers endure and confront) to the political (restrictive immigrations laws and social policies). It is also through praxis that social workers develop multiple forms of knowledge, theoretical as well as practical. They engage in self-educating with regard to the issues faced by asylum seekers, ranging from immigration measures to their impact on one’s wellbeing. Indeed, praxis can help social workers through each specific case to adjust both learning and practice. Consequently, praxis allows a continuous adjustment to interventions, allowing each case to serve as a learning platform providing both theoretical and practical knowledge for future cases.

According to Ife (2012), social work is grounded in the world of day-to-day life and practice and is informed by theoretical formulations that are drawn from lived reality. In social work, practice cannot be reduced to a simplistic application of theory (Zúñiga, 1994). Reality is a context which cannot be completely codified in advance nor addressed by rigidly following

protocols that are already defined (Zúñiga, 1994, p. 27)ⁱⁱ. The complexity, instability, and unpredictability of social work practice calls for a continuous creative adjustment and readjustment. Schön (1983) suggests acknowledging artistic and intuitive processes that practitioners use in uncertain situations to learn and reflect on their practices. Continuous adjustment and readjustment insure a continuous assessment and evaluation of the situation (Zúñiga, 1994). This can only lead to more competent and efficient practices, adapted to the lives of individuals. Ife (2012) defends praxis which bridges theory to practice, will insure the implementation of a human rights approach. It will ensure that theory and practice are constantly interacting, and that their interaction is dynamic and informs both theory and practice simultaneously and continuously.

Praxis, when constructed through a human rights perspective, will allow new theories and approaches, and models that draw from practice to be developed while focusing on human rights (Ife, 2012). It also means that practice related to human rights issues, skills, techniques, and competences can be constantly evolving. It allows the actors involved, both social workers and clients, to be constantly informed, and allows theory to be constantly developed. Praxis through a human rights perspective will insure learning processes and contribution to the development of social work theories (Ife, 2012).

Adding to Ife's analysis (2012), Alvarez (2001) considers that social workers can adopt some practical means to engage in a praxis process. Teaching, field supervision, discussing case studies from the field with other colleagues, writing articles about topics and issues from the field, participation in research, are suggestions to be taken into consideration (Alvarez, 2001; Ife, 2012).

CONCEPTUAL FRAMEWORK OF THE STUDY

The conceptual framework that will be used in this study situates the position of human rights in social work practice with asylum seekers, weaving together three interdependent concepts presented above: structural disadvantage, empowerment and praxis. The three concepts are essential to analysing the position of human rights in social work practice and will help me to understand social work practices with asylum seekers. Each covers an important dimension of social work practice. ‘Structural disadvantage’ refers to the understanding of the situation at hand. ‘Empowerment’ refers to the action undertaken towards the situation and ‘praxis’ refers to the learning developed from the action that can be used to adjust understanding and future actions. The study looks at the way that structural disadvantage, empowerment and praxis play out in social workers practice with asylum seekers in situations of human rights violations.

The first concept ‘structural disadvantage’ allows the contextualization of situations of human rights violations and an understanding of why and how these situations occur. Individual accounts of disadvantages should be understood in correlation to structural disadvantage (Carniol, 1992; Moreau, 1987; Mullaly, 2002, 2009; Rivest & Moreau, 2015). Social workers cannot have a sound understanding of people’s personal difficulties without a deep awareness of the nature and pervasiveness of structures of disadvantage (Mullaly, 2002, 2009). In order to understand the position of human rights in social workers’ practices, I began by exploring how social workers link structural disadvantages to situations of human rights violations. Specifically, this study examines the awareness social workers have towards structural disadvantages faced by asylum seekers in terms of human rights violations. It also explores what understanding social workers develop of structural disadvantages and their link to human rights violations.

The second concept, ‘empowerment’, ensures a practical framework to understanding actions undertaken by social workers when they deal with situations of human rights violations. Empowerment emphasises the client’s individual involvement and is based on two major components: consciousness-raising and critical thinking (Ife, 2012; Le Bossé, 2003). Consciousness-raising can be adopted by social workers to help individuals realize the connection between personal troubles and socio-political forces, and to put this connection at the center of social workers’ practices. Critical thinking allows social workers and clients to engage in a reflection process of contextualisation of individual experience (Berthold, 2015) and to make a connection between material (economic, social, political, legal) and personal realities (personal troubles, emotional life) (Lundy, 2011). The study also situates empowerment as a process of intervention and considers how social workers construct actions of empowerment around issues involving asylum seekers and relating to human rights violations and what are the characteristics of such actions.

The third concept, ‘praxis’, relates to the interactions between theory and practice and the reflection on these interactions (Schön, 1983). Praxis helps us understand how social workers develop their knowledge and improve their practice. The study identifies mechanisms and strategies social workers adopt to reflect on their actions, to learn through and from practice, and to use their knowledge for future practice.

CHAPTER 4: METHODOLOGY

This study is about the position of human rights in social work practices with asylum seekers in public institutional setting. A qualitative choice is more suitable for this study for two reasons. The first reason is related to the topic. Exploring social work practices assumes a consideration for every possibility. To limit this exploration to specific variables would be to restrain the range of possibilities. The study does not seek to study specific variables and relationships between them to verify, confirm or develop a theory, in which case, a quantitative method would be more fitting. The study explores the multiple possibilities and forms of the exploration of human rights in social work practice. As presented in the literature review, there are no definitive theories or approaches prescribing how human rights should be included in social work practices. Rather, there are guidelines, concepts and various inspirational approaches that suggest how human rights are or can be included in practice.

The second reason is related to my involvement as a social worker working with asylum seekers in an institution. My status as an “insider-researcher” in the study needs to be highlighted as well as my subjectivity and position in relation to the subject and the setting (van Heugten, 2008; Padgett, 1998).

Two Ethics approvals for the study were granted; one was granted first by the Ethics Committee of the CSSS where the study was conducted and another one granted by McGill University Research Ethics Board.

This chapter consists of six main sections: (a) the research setting, (b) the case study approach, (c) data collection and analysis procedures, (d) strategies for rigor, (e) the position of the researcher, and (f) the study limitations.

THE RESEARCH SETTING

This study took place in a public centre for health and social services. In 2006, the Ministry of Health and Social Services implemented ninety-five health and social services centres (Levine, 2007)⁵. Former local community health centres (CLSCs), residential and long-term care centres (CHSLDs), and general/specialized hospital centres (CHSGSs) were merged into regionally-based health and social services centres (CSSSs) (Grenier & Guberman, 2009). Centers were mandated to coordinate activities throughout their respective regions and ensure local residents access to primary health care services (Grenier & Wong, 2010).

The creation of Health and Social Services Centers means that a hierarchy of services must be established to guarantee better complementarity and make it easier for people to move through the primary (general medical and social services), secondary (specialized medical and social services) and tertiary (highly specialized medical and social services) services offered by the entire local services network and all its partners. Each health and social services center must ensure the population on its territory has access to medical services, general and specialized hospital services and social services.

The mission of the center is to improve the health and well-being of the residents within its territory (Levine, 2007). The institution's principal mandates can be summed up as follows:

- Know and manage its population's health and well-being;
- Coordinate and manage the use of services available to its population;
- Provide optimal management of the spectrum of services;
- Define a clinical and organizational project for its territory;

⁵ Another major reorganization of centers of health and social services took place in 2015 leading to the creation of 'centre intégré de santé et de services sociaux' and 'centre intégré universitaire de santé et de services sociaux'.

- Inform and consult the population to engage it and measure its degree of satisfaction (Levine, 2007).

Some centres have a specific complementary mandate to support their primary mission by incorporating a university teaching and research mission (Levine, 2007)

THE CASE STUDY APPROACH

A case study strategy was used for this qualitative exploratory research. It was suited to this study's purposes, particularly given that there is little information about the position of human rights in social workers' practices with asylum seekers in Québec. The context for the case study was a public centre of health and social services (CSSS).

The question of how human rights are defined and incorporated in social work practices with asylum seekers is an little-known topic that calls for exploration. Padgett (1998) states that a qualitative methodology allows research to capture the lived experience from the perspectives of those who live it and create meaning from it. More specifically, in refugee studies, qualitative methodology can provide valuable insights into the meanings of the subject explored (Gifford, Bakopanos, Kaplan, & Correa-Velez, 2007).

A case study strategy was adopted in order to create a holistic understanding of the practices of social workers working with asylum seekers in Québec, "contribut[ing] to our knowledge of individual, group, organizational, social and political, and related phenomenon" (Yin, 2003, p. 1). Moreover, according to Moore, Lapan, and Quartaroli (2011), a case study is used to thoroughly describe complex phenomena, such as programs, in ways to unearth new and deeper understandings of these phenomena (Moore et al., 2011). Yin (2003) explains that a case study strategy should be used when the aim is to intentionally identify and examine contextual conditions as potentially highly pertinent to the phenomenon under study (Yin, 2003). Case study

research involves the exploration of something with clear limits or boundaries (Moore et al., 2011), as is the case of exploring human rights and social work practices delivered within a particular institution, taking into consideration its institutional and structural components. Moreover, a case study carefully defines and clearly specifies what elements of the case were studied, which portion of the program or other phenomena is to be the focus of the investigation (Moore et al., 2011). In this sense, the case study was best suited for this project since specific elements of social work practices with asylum seekers are to be explored. The research covered practices of social workers employed by the center who work with asylum seekers. The exploration of these practices was limited to one single element which is the position of human rights in social work practices with asylum seekers, considering a particular immigration context.

DATA COLLECTION AND ANALYSIS PROCEDURES

This qualitative case study used a variety of data sources to ensure that "the issue is not explored through one lens, but rather a variety of lenses which allows for multiple facets of the phenomenon to be revealed and understood" (Baxter & Jack, 2008, p. 543). According to Yin (2003), six sources of evidence are commonly used in case studies: documentation, archival records, interviews, direct observations, participant-observation, and physical artifacts. This project relied on interviews, documentation and archival records and refugee policy analysis as data collection sources.

SEMI-STRUCTURED INTERVIEWS

The primary method of data collection in this study was the semi-structured, one-on-one, in-person interview. The interview as a method of data collection is probably the most rewarding component of any qualitative research project (Janesick, 2004). Through interviews, "the researcher hopes to find out how people experienced some phenomenon or event, to learn its

meaning or its essence for them. The data provided are thus subjective (Yegidis & Weinbach, 2009). At the same time, the researcher's interpretation of its meaning constitutes another level of subjectivity (Yegidis & Weinbach, 2009). Yegidis and Weinbach (2009) add that "consequently, since there's little pretence of objectivity, 'richness' rather than factual information is sought, often through development of relationships of candour and trust with the participant" (p. 150). Janesick (2004) defines interviewing as "a meeting of two persons to exchange information and ideas through questions and responses, resulting in communication and joint construction of meaning about a particular topic" (p. 72).

Advantages to using the interview as a method of data collection are numerous; it lends itself to numerous useful techniques and opportunities for data collection. The use of probes provides participants with the opportunity to expand more fully on responses, while focusing on certain aspects. Such probes allow the researcher to acquire more in-depth, accurate data (Janesick, 2004; Padgett, 1998). Interviews also provide access to supplementary data. The researcher's observations of the participants are crucial. Nonverbal communications may provide important implicit data. They can be meticulously reported and used as an important source for analysis (Janesick, 2004; Padgett, 1998). Interviews also generally provide an opportunity to individualize data collection, which can facilitate data collection or aid in obtaining complete data from participants (Yegidis & Weinbach, 2009). Finally, the possibility of an open timeframe allows both the researcher and the participant to take the time needed to express themselves.

Nevertheless, some disadvantages of the interview method can be noted. The presence of the researcher during the interview may influence the responses of participants. In some cases, participants may choose a response that they believe is sought by the researcher (Yegidis & Weinbach, 2009). In particular, some errors caused by demographic differences may occur and

have a negative impact on the interview and thus on the data analysis. According to Yegidis and Weinbach (2009), “when interviewers and research participants are from different language, racial, cultural, or even socioeconomic groups, the possibility of flawed data due to either socially desirable responses or unwillingness or fear of providing frank answers to questions may be increased” (p. 154).

RECRUITMENT PROCESS

Social workers were recruited in consultation with a staff manager at the CSSS. The staff manager provided me with the email contact of each social worker employed at the CSSS. Upon receipt of the potential participants’ contact information, I sent an email inviting her/him to participate in the study, specifying the voluntary nature of the project. The first twelve social workers who responded positively, agreeing to participation in the study, were re-contacted. I provided them with a summary of the research project, a participant information sheet, an informed consent form and copies of the two ethics approvals. The informed consent form was signed and returned to me at the beginning of the interview.

Six other interviews were made with key informants. Interviews with informants were seen as complementary and added a different perspective for understanding of social workers’ roles and practice.

Because of my professional experience as a social worker working with asylum seekers, I have an extensive knowledge of existing resources and services available to asylum seekers, whether medical, legal or community organization. From my professional list of resources and services, I purposely chose three community organizations offering services to asylum seekers and asked if any community organizer was interested in the research. Two community organizers responded positively. I also purposely chose two doctors working in clinics offering medical

services to asylum seekers, contacted them by phone and explained my research. Both accepted to have an interview. Similarly, I chose two lawyers practicing immigration refugee law, contacted them by phone and explained my research. Both accepted to be interviewed. Key informants were purposely chosen based on their extensive knowledge of asylum seekers' issues.

INTERVIEW SAMPLE

The study sample consisted of eighteen participants divided into two groups: twelve social workers and six key informants as shown in Figure 3.1.

Twelve social workers who were working with asylum seekers participated in the study. They worked in different departments of the CSSS. One participant worked at psychosocial intake. One worked in the service for youth. Two worked in schools. Two worked in the service for children with disabilities. Three worked in general service for children and families. Three worked in general services for adults. Participants were purposively sampled to ensure a distribution of demographic variables with regard to gender, age, ethnic background, first language, age, length of experience in social work and length of employment at the center. Eight women and four men were selected. Four were between twenty-five and thirty-five. Five were aged between thirty-five and forty-five years old and three were between fifty and sixty years old. Eight participants were Canadian-born and four among them were second generation children of immigrants. Four participants were foreign-born immigrants. Two were francophone. Two were Anglophones. Four grew up in households with mother tongues other than English or French but used French as their usual language. Four continued to use their foreign-language mother tongues as their usual language at home. Four participants had between five and eight years. Five participants had between 8 and ten years' professional experience; and three had more than a ten-year experience.

Six other interviews were conducted with key informants from outside the center who work with asylum seekers. Interviews with two lawyers and two doctors working in private practice were conducted. Also, two community organisers were interviewed. Informants consisted of four women and two men. Two were aged between forty and forty-five and three were between forty-five and fifty. One key informant was fifty-five years old. Three informants were Canadian-born, two were Canadian-born and second generation of immigrants and one was a foreign-born immigrant. Three were francophone. Two were second-generation of immigrants who grew up in households with mother tongues other than English or French but who used French as their usual language. One had foreign-language mother tongue. All informants had more than ten years of professional experience with asylum seekers.

	Gender	Age	Ethnic background	First language	Length of experience	Length of experience at the center
Social workers	<ul style="list-style-type: none"> • 8 women • 4 men 	<ul style="list-style-type: none"> • 4: between 25-35 years old • 5: between 35-45 years old • 3: between 50-60 years old 	<ul style="list-style-type: none"> • 8: Canadians Citizens (4 second-generation of immigrants) • 4 are foreign-born immigrants 	<ul style="list-style-type: none"> • 2: Francophones • 2: Anglophones • 8: Foreign mother tongues (4 used French as their usual language and 4 used others languages) 	<ul style="list-style-type: none"> • 4: 5-8-years experience • 5: 8-10-years experience • 3: more than 10 years 	<ul style="list-style-type: none"> • 10: experience only at the center • 2: experience in community organizations
Informants	<ul style="list-style-type: none"> • 4 women • 2 men 	<ul style="list-style-type: none"> • 2: between 40-45 years old • 3: between 45-50 years old • 1: 55 years old 	<ul style="list-style-type: none"> • 3: Canadian-born • 2: Second-generation of immigrants • 1: Foreign-born immigrant 	<ul style="list-style-type: none"> • 3: Francophones • 2: Foreign-language mother tongue, with French or English as usual language • 1: Foreign-language mother tongue 	All have 10+ years experience	They do not work at the center

Table 1-Sample description

INTERVIEW PROCEDURES

Interviews centered on respondents' experiences of working with asylum seekers. The intention was to acquire an in-depth understanding of the social workers' practices with asylum seekers, the concept of human rights and its relevancy to the client's situation when involving a human rights violation and its inclusion in interventions. Semi-structured interviews were used to allow participants the space to construct accounts of their own practices and not to be constrained by a structured interview schedule. Open-ended and follow-up questions were used to "generate interpretative contexts in interviews" (Potter & Wetherell, 1987, p. 164). The interviews were recorded with permission. A full transcription of each interview was undertaken. In order to ensure authenticity and quality of the data collected, each transcript was sent to the social worker by email, validation and for correcting any errors in understanding or in the transcription or for adding additional comments. Interviews took place at the center and lasted between 50 and 70 minutes. Participants received no compensation for their study involvement.

ETHICAL CONSIDERATIONS

The interviews conducted for this research project were in accordance with the centre's ethical conformity procedures for research as well as with the McGill University Policy on the Ethical Conduct of Research Involving Human Participants and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.

The study ensured the voluntary and confidential participation of participants. The main areas of concern were related to informed consent and confidentiality.

In order to ensure informed consent, participants were provided a written consent form. The form was available both French and English and included a brief description of the study, interview procedures and the role of the researcher. Participants were advised that the study was

neither an evaluation of their work nor of their role. They were also notified of the right to decline answering any of the interview's questions, as well as the right to stop the interview and to withdraw at any time without negative consequences. They were also advised to identify parts of the interview they prefer to keep off the record. None of the participants I interviewed made any of these requests. Participants were also informed of the approximate length of the interview, in addition to recording and transcription procedures.

The consent form included my name, and the names of each member of the thesis committee. At the beginning of each interview, I verbally explained the consent form and suggested to answer any concern participants had. None of the participants had specific concerns with regard to participation in the study.

Confidentiality of the data was assured. I explained how and where the data were to be stored, who would have access to the data, and how I would dispose of the data upon completion of the study and the potential use of the data in the future. Participants were insured that the interview content will be kept strictly confidential and will be available only to myself and to my supervisor. They were also assured that neither their names nor any other information that could inadvertently identify them will be mentioned in the dissertation. They were guaranteed that use of confidential data will be limited to myself and to my supervisor. Participants were informed that results will be used in the thesis and in other academic presentations and conferences. They were assured that any other use of the interview would be conditional to their prior consent. Participants were advised to contact the commissioner of complaints and quality at the centre for any complaint or any information with regard to their rights.

Interviews were digitally audio-recorded. Data was saved on a memory stick kept along with consent forms in a locked cabinet in my office. Data will be stored for the time required by

McGill University. Only my supervisor and I have access to the data. Pseudonyms were used to refer to participants in interviews transcripts as will be all references to participants in any future publications or conferences.

DOCUMENTATION REVIEW

Documents and annual reports can provide valuable information on the history of a social agency or institution (Padgett, 1998) and those available at the center provided valuable information. One type related to practice and intervention guidelines, including social work approaches and models. A second type related to clinical supervision and a third type focused on cultural diversity and practices with immigrants and refugees. Annual reports were also consulted to look for specific information relevant to social work practices with asylum seekers. Documentation on specific social work practices particular to a department were also found and thus were explored for study purposes. The agent in charge of documentation at the center was contacted and access to copies of these documents was granted for the duration of the study.

These data sources helped retrace the institution's guidelines for social work practices in general, and for social work practice with asylum seekers in particular. It also reviewed whether or not the institution's official documents include the concept of human rights in social work practice and, if yes, how this concept is included. Specifically, five types of internal documents from the CSSS were consulted for the study:

- 'Cadre de référence de la pratique psychosociale' which is a description of practice (modalities, norms, conditions of exercise). It aims to assemble practitioners around one common vision of their practice according to their field of expertise. It facilitates a unification of practice and contributes to the elaboration of a common language of practice. It defines practice in a document officially acknowledged by the institution.

- ‘Guide d’intervention clinique’ which refers to the adaptation of services to clients’ diversity. It describes the CSSS’s approach to practice which aims to personalize care and services, respecting the clinical factors of each client’s’ situations.
- ‘Lignes directrices sur le dossier clinique’ which consists of an overview of rules to follow in completing clients’ administrative files.
- ‘Cadre de référence de la supervision clinique’, which describes objectives and tools of clinical supervision which aims to develop professional competences and to support professionals in their clinical work.
- The centre’s annual reports from 2000 and 2012. These documents give an analytical account of the center activities and help identify major changes in services adaptation to its population.

Each of these documents was consulted and information related to the concept of human rights was noted in the analysis grid, Components of the grid were: where was the concept mentioned (report, guide, etcetera), what was it related to (mission, approach, conceptual framework, objectives for practice, etcetera), and how was it described in terms of concept, objectives, actions, methods, means of applicability?

DATA ANALYSIS

Data analysis consists of making a thorough detailed description of the case and its setting (Creswell, 1998, 2007). It is a process of examining, categorizing, tabulating, testing, interpreting, and presenting the data collection in order to address the objectives of the study (Yin, 2003). As in any other qualitative study, the data collection and analysis occur concurrently (Baxter & Jack, 2008). Erlandson, Harris, Skipper, and Allen (1993) describe the analysis of qualitative data as "a progression, not a stage; an ongoing process, not a one-time event" (p. 111).

As noted above, in this research project, raw data included documents (annual reports, analytical reports and evaluation reports, etcetera) and the interviews transcripts.

Analysis techniques in qualitative research are inductive - moving from the specific to the general - and systematic (Padgett, 1998). Nevertheless, in accordance with the nature of qualitative inquiry, "there is no single approach to qualitative data analysis, qualitative researchers tend to pursue what works best given the data at hand" (p. 76). Maxwell (1996) suggests the combination of three analytic options: memos, categorizing strategies and contextualizing strategies. Memos are an essential technique for qualitative analysis as they capture the analytic thinking about the data collected and "facilitate thinking, stimulating analytic insights" (Maxwell, 1996, p. 78).

Coding is the main categorizing strategy in qualitative research, consisting of fracturing "the data and rearrange it into categories that facilitate the comparison of data within and between these categories and that aid in the development of theoretical concepts" (Maxwell, 1996, pp. 78-79). Erlandson et al. (1993) explain that taking all the units of data and sorting them into categories of ideas allows "categories of thought characteristic of a particular setting to emerge intuitively as the researcher's own background and latent theory interact with these data" (p. 118). The construction emerging from this practice is but one of many possible constructions of reality (Erlandson et al., 1993). The third analytic option is the categorizing strategies which is a technique attempting to understand data, in context using various methods to identify the relationships among the different elements of the text and the connections between categories and themes (Maxwell, 1996).

The audio recorded (with permission) interviews were transcribed verbatim and then entered them into Nvivo, a qualitative data analysis program. Nvivo8 was used to organize

respondents' transcripts as well as notes from the document review. To preserve anonymity and confidentiality, participants were given pseudonyms and an identifier that did not include their name, initials, or anything else that could identify them.

The first step was to code the data and build a framework to analyze these data. This aimed at turning an 'unwieldy body of discourse into manageable chunks' (Potter & Wetherell, 1987, p. 176). Recurring words, phrases, metaphors and arguments relating to the ways social workers described their practice with asylum seekers were noted. Second, all the units of data were taken and sorted into categories of ideas and themes. This step allowed "categories of thought characteristic of a particular setting to emerge intuitively as the researcher's own background and latent theory interact with these data"(p. 118). The third step consisted in understanding data, in context using various methods to identify the relationships among the different elements of the text and the connections between categories and themes (Maxwell, 1996).

In the context of a case study strategy, Creswell (1998) identifies four forms of data analysis. The first form is the categorical aggregation where the researcher seeks a collection of instances looking for the emergence of issue-relevant meanings. Statements related to one theme were grouped and formed one specific theme. Secondly, within each theme, statements were divided into sub-themes. The second form is direct interpretation where the researcher looks at single instance and draws meaning from it without looking for multiple instances; the researcher pulls the data apart and puts them back together in more meaningful ways. Each theme and sub-theme was analyzed in itself through the content of the statements related. Then, I established analytical links between the theme and its sub-categories. The third form is when the researcher establishes patterns and looks for a correspondence between two or more categories. After

establishing the content of each theme and sub-theme, I analyzed the relationships between the themes, pointing out the characteristics of each theme and their importance to the study. And finally, the fourth form is when the researcher develops naturalistic generalizations from analyzing data. I was able to establish general and analytical accounts regarding the subject of the study.

STRATEGIES FOR RIGOR

Several strategies were employed in this study to enhance rigor. Creswell (2007) identifies eight strategies which are triangulation (analyst, data, theory), peer debriefing, member checking, persistent observation or prolonged engagement, reflexivity or use of self, thick description, negative case analysis, and external audit. The current study used three of these strategies: triangulation, member checking and negative case analysis. Triangulation refers to the use of multiple data sources and multiple collection methods. The multiple data sources used in this study were social workers, key informants; and institutional documents. The use of multiple data sources ensured a comprehensive exploration and comprehension of the concepts studied. Interviews and document consultation fulfilled the second element of triangulation, that of multiple collection methods.

Member checking involves the “review of transcript or data interpretation by respondents or people who were related or similar” (Barusch, Gringeri, & George, 2011, p. 16). This strategy was used to strengthen my confidence in the interpretation of the results, identification of the key themes and drawing conclusions. For the interviews, each interview was conducted and transcribed by me. After transcribing the interview, the transcription was sent to the participant to cross-check that the information was in fact a true representation of their opinions and ideas, or whether he/she felt the need to add, delete, or clarify any of the ideas or opinions that he/she

had discussed. In addition, I used a notebook to reflect on my own opinions and emotional reactions after each interview. These reflections were then discussed with another researcher while ensuring that no information which could identify the participants was divulged. I also had regular contact with a research consultant who aided in the development of my research skills, specifically research methodology.

Finally, negative case strategy “is essential to ensuring validity by indicating aspects of the developing analysis that are initially less than obvious” (Morse, Barrett, Mayan, Olson, & Spiers, 2002, p. 18). Barusch et al. (2011) describe negative case analysis as a strategy to challenge the emerging patterns or analyses in a study. The authors state: “rather than accepting without question the dominant patterns that one observes, a negative case is selected with which to compare analytically the cases in the emerging pattern” (p. 13). In this study, during data collection and analysis, I searched for conflicting opinions and themes identified by social workers in order to refine the analysis and expand upon the multiple possibilities related to the topic. The contradictions helped to analyze the richness of the subject as well as identify the different positions that a subject can adopt. It permitted to trace the logic which was behind each possibility and to give it a value. For example, some social workers openly expressed a preference for, or an allegiance to, institutional policies despite the fact that these policies were in direct opposition to the concept of human rights. This confronted the position with that of the social workers who favored the concept of human rights to institutional logic. But this confrontation was both rich and necessary in order to lift the elements and factors that constructed each position and allowed an effective analytical comparison. This strategy allowed a refinement in the collected data. It also allowed me to identify unexpected aspects or concepts that arise during the course of the study and to have a more in depth understanding of them.

THE POSITION OF THE RESEARCHER

The position of the researcher, the question of subjectivity and the issue of researcher neutrality was addressed in this approach. In a phenomenological inquiry, the researcher seeks to enter the world of the individual and gain knowledge of the structure, essence, and ascribed meaning of an experience of a phenomenon for that individual (Denzin & Lincoln, 2008). Creswell (1998, p. 14) states that “the researcher is an instrument of data collection who gathers words or pictures, analyzes them inductively, focuses on the meaning of participants, and describes a process that is expressive and persuasive in language”. The researcher suspends all presumptive constructs about the phenomenon under inquiry and thus can make the attitude shift needed to investigate the data from a fresh, open viewpoint without prejudgment or imposing meaning too soon (Patton, 2002).

The researcher’s involvement in the dynamic interplay of research was extremely important. Characterized as bias, this position has been attacked by those who would defend the objectivity tradition and the prerogative of scientific neutrality. Many scholars have examined the involvement of the researcher in their field of research. This can take two general forms: involvement as a professional who has worked with the population; or involvement as a person who has undergone a similar experience and can thus relate to the lived experience of the subject. While the position of the engaged researcher is rejected by some schools of methodology as being non-scientific, Lacroix (2000) has commented on this issue, describing her role as a researcher who has had professional experience with refugees and asylum seekers, by stressing in particular her activism in defending the rights of the population. By highlighting this dimension, Lacroix (2000) wanted to express the positive input that a long-developed expertise

in the field of research could represent. However, Lacroix (2000) was aware of the difficulties that her activism might pose and took measures to circumvent these:

The process of reflexivity, constant questioning of my position in relation to the research process, was therefore on-going. In this I was aided by referring to the theoretical elements framing the study and by confirmation of my emergent positions with a few knowledgeable refugee workers, earlier colleagues (p. 44).

Countering such critiques from a more identity-sensitive approach, Vatz Laaroussi (2007, p. 7) argues that neutrality - that scientific 'appanage', generally occidental and academic in origin - when analyzed in contexts of intercultural and inter-disciplinary power, may seem an illusion, because knowledge and culture are everything except neutral. Moreover, van Heugten (2004) considers the researcher to be a research instrument. Her personal experiences and imaginative identification and emotion, which have become recognized as valid sources of scholarly knowledge, are tools to be used in the research.

Another challenge is also explored by van Heugten (2004), when the researcher has insider knowledge of the research topic. The author suggests "stream of consciousness writing", "self-interview" in depth and on tape, and conversations with others, particularly the research supervisor and researcher friends, about personal research experiences. These techniques aim to help create distance and enable a deconstruction of the familiar (van Heugten, 2004).

Moreover, Zaidalkilani (2010) states that researchers should continuously examine their actions and their role in the research process; they should be *reflexive*. Researchers engage in a process in which reflection and reflexivity and cognitive processes play important role in developing knowledge (Zaidalkilani, 2010).

Through my 15-year professional social work experience with asylum seekers, I have developed a specific kind of involvement with regard to asylum issues and asylum seekers' human rights. Through the years, my involvement transformed into forms of activism, such as

participation in conscientization actions on asylum seekers' rights and involvement with community organizations working for the defense of asylum seekers' rights. My involvement is translated into my actions and my professional activities. My activism is well-known to my professional peers. As a researcher, I was aware of my position and the image I projected. I undertook different means to circumvent this issue. I would explain in detail my role as a researcher to the participant as opposed to my role as a professional. I would discuss with senior social worker colleagues the professional dilemmas raised in the course of the research. I would constantly remind myself of and refer to the institution's mandate and the current conditions of the profession in a public setting. I kept a journal for my own practice where I would note my opinions and reflect on my actions.

Moreover, building on Vatz Laaroussi (2007)'s argument, during fifteen years of professional experience with asylum seekers, my involvement developed into a sensitivity and an awareness towards asylum seekers' issues. During these years, I witnessed the evolution of the laws and policies related to asylum seeking and was an active member in experiencing these measures through social work practice. This sensitivity and awareness made me capable of detecting the multiples vulnerabilities the asylum seeker population experiences and allowed me to have a holistic overview of their situations, psychosocial aspects as much as the legal and political ones. This sensitivity guided my analysis and my interpretations of practices which could have been comprehended as ordinary at first reading, but nevertheless reflected the subtleties of the population's experiences. My sensitivity was more of a strength than a weakness to my research. It did not impede my intellectual judgment or favour a single kind of interpretation. Rather, it allowed me to be able to consider and highlight the actions and intentions the participants mentioned and to put them into the perspective of my analysis.

To counter a biased position through the research process, van Heugten (2004), suggests "stream of consciousness writing", "self-interview" in depth and on tape, and conversations with others, particularly the research supervisor and researcher friends, about personal research experiences. In this study, the researcher developed a logbook where relevant thoughts regarding practices and asylum seekers were documented and analysed with a professional supervisor and with friends who were also experts in the field. Also, my impressions and emotions throughout the research process were expressed. Comments and reflections were added in the logbook after each interview.

RESEARCHER-INSIDER STATUS

In the case of this study, I was an insider-researcher, as I not only had deep knowledge of the setting but also had worked in it. It becomes more challenging when the researcher is an insider to the setting of the study and where the participant and the researcher are known to each other. In the case of this study, I was familiar with the subject and the setting of the research and also knew all participants. Authors such as Padgett (1998), Bonner and Tolhurst (2002), van Heugten (2004), Zaidalkilani (2010) and Unluer (2012) have explored the status of the insider-researcher. Many advantages can be advanced to the status of being a researcher and an insider at the same time. Bonner and Tolhurst (2002) argue that being an insider-researcher has many advantages such as having a full understanding of the culture, the language and the values of the setting and being easier to gain acceptance, trust and cooperation. Other arguments advanced by the authors are that the researcher is not seen as a stranger but rather as a member of group, does not need lengthy preparation for the research as they are already in the study setting.

As an accepted and respected member in the institution, I have developed an expertise in the field which contributed to my credibility and professional standing. I provided training on

immigration and intercultural issues to many social workers, including participants in the study. In this sense, when I played the role of the researcher, I was seen as a member of the group who is interested in practice and curious to understand it, rather than as a stranger. My role as a training educator also facilitated my role as a researcher as I was perceived to be a professional who reflects on practices and engages into intellectual theorization. My role as a training educator was somehow a transition between my role as a social worker and my role as a researcher.

My experience and my professional position in the institution allowed me to be familiar on one hand with the institution's mission and services and, on the other hand, with its values and culture. Also, it also gave me the opportunity through the years to develop a deep understanding of the institution and to be aware of power stakes. This aspect is highlighted by Unluer (2012) who argues that knowing the formal and informal power structure and institutional culture is an advantage to the researcher-insider status.

Bonner and Tolhurst (2002) consider that when a researcher is already an insider, she would be less inclined to construct judgments and stereotypes. This affirmation is particularly relevant to the institution's context. In fact, the institution had undergone different restructurings which have introduced major changes to services in general and to social work services and practices in particular. Taking part in these multiple restructurings and subsequent changes has allowed me to follow and be part of the institution's evolution and to experience personally the impact of changes on practices. It also allowed me to develop a critical and empathic understanding of social work practices in the institution, far from being judgmental.

The researcher-insider role may also have disadvantages. According to Zaidalkilani (2010), when planning to do a qualitative study, the familiarity of the subject and setting of the

research to the researcher might entail risks. According to Padgett (1998), in order to counter this familiarity, when considered a negative dimension in the research process, the researcher needs to observe the scene as an outsider and identify one's assumptions as potential biases. In this study, the researcher works in a specialized department of the institution that deals exclusively with asylum seekers, providing psychosocial services. The participants worked in other departments which provide front-line services to various populations, including asylum seekers. Although familiar in general with front-line practices in the institution, I did not have specific knowledge nor did I develop expertise regarding the institution's front-line general or specific services. Also, it should be pointed out that even though I maintained close social contact with many members of the staff, I had not had much professional contact with them. Therefore, I carried out the research from within in the sense that I was on site, yet I was not professionally an integral part of the social workers' teams. This in-between position allowed me to be familiar enough for the needs of the research in knowing about the institution's services but not to impede the course of the research and develop potential biases.

Unluer (2012) explains that researcher can be confronted with role duality and can overlook certain routine behavior. She also might assume knowing the participants' points of views, avoiding certain precisions in the interview. As an insider, the researcher can assume to know what the participants already know and her closeness to the setting can prevent her from considering all the dimensions of the bigger picture. To circumvent this disadvantage, I would stress during the interview that I was exploring the participant's department's mandate, in order to highlight practice's characteristics and professional actions and to relate them to asylum seekers' issues.

One last disadvantage to the researcher-insider status needs to be highlighted. Viewed as an expert on the topic of asylum seekers, I was confronted with situations where I was not seen as a researcher but as an expert with whom the participant would take the opportunity to discuss specific cases of her work. To respond to this disadvantage, I would re-clarify my role as a researcher and ask the participant to consult a supervisor or another social worker.

STUDY LIMITATIONS

The current study had several limitations. The range for application of the study findings beyond the context in which the study was done is limited. Social workers interviewed for this study all worked within a public institution with the population of asylum seekers. It is possible that these social workers had different human rights-based practice perspectives than other social workers who work with refugee claimants. It is also possible that social workers who work within other institutional settings might have different human rights-based experiences when working with asylum seekers. The study relied on qualitative methods in order to capture an increased depth and richness in the data; thus, while not generalizable (not one of the study objectives), study findings could inform further exploration of human-rights based practice among social workers in other settings or with other populations. It is also recognized that the researcher's insider status as discussed in the section above, shaped the interactions with the participants.

Another limitation to the study was the sampling's representativeness. Social workers had approximately the same professional background. Two of participants had previous professional experience in community organizations. Also, while social workers worked in different departments of the CSSS, they had only professional experience in front-line services in public institution settings. A few had previous experience in community organizations. Also, choice of

informants' profession and expertise was limited. Informants chosen for this study were doctors, lawyers and community organizers. Consequently, other professionals who may be involved with asylum seekers were not represented in this study.

Qualitative interviews provide researchers with the opportunity for in-depth exploration of the issues central to a hypothesis; this study explored the variety of dimensions that interplay in the case of asylum seekers. However, it might be of interest to take a specific case-by-case approach and analyzed how it is managed by each participant in relation to violations against human rights.

CHAPTER 5: FINDINGS OF THE STUDY

This chapter presents the findings of the study on the position of human rights in social work practice with asylum seekers. Transcripts from interviews with social workers and informants were coded according to the five major themes, each corresponding to one section of this chapter. The first section looks at how social workers define human rights. The second considers social workers' training. The third examines structural disadvantages derived from laws, policies, and institutional practices which exclude people from rights and entitlements to welfare services on the basis of immigration status. This includes the link that social workers make between structural disadvantages, restrictive immigration measures, and the delivery of public services made by public institutions to asylum seekers.

The fourth section describes social workers' human-rights based actions related to empowerment and their characteristics. Empowerment is defined as a process anchored within individuals' own experiences and is constructed on the assertion that personal troubles and experiences are connected to broader social and political forces. It is based on two major components consciousness-raising and critical thinking.

The final section explains the concept of praxis defined as interactions between theory and practice involving a learning process. It presents findings on how social workers learn from practices involving situations of human-rights violations and what uses they make of this knowledge.

DEFINITION OF HUMAN RIGHTS

Almost all social workers agreed that human rights are those related to health, education, being safe and protected, being with the family, accommodation and employment. As one social worker expressed: "human rights are those that every human being need in order to have minimum acceptable living conditions: health, education, employment, social welfare, having a

roof to live under and being safe and secure” (SW-11). Three social workers added the right to be with relatives and not to be forcibly separated from family members. One social worker referring to asylum seekers’ experiences stated: “it is important to consider the right to be with family. It is a human basic right because I see asylum seekers suffering from long periods of family separation” (SW-2). Two included the right of freedom of expression and the right to choose and practice religion (SW-8; SW-4).

Few social workers defined human rights in terms of categories or in human rights’ generations. They were not aware of the difference between civil and political rights and social and economic rights. However, they differentiated the right to be safe to be specifically of interest to asylum seekers and relating to the asylum claim from the other rights such as health, education and employment.

The majority of social workers insisted on the characteristic of universality of human rights. They believe that every individual, no matter where he resides, has the rights to claim basic rights. One social worker explained: “every human being on this planet should have access to these rights, no matter where he is or where he comes from” (SW-12).

Nevertheless, a few social workers considered that free-free accessibility to human rights should not be universal. For some, accessibility is conditional to one’s economic contribution to society. One participant explained: “all human being should have access to health and education. But sometimes, according to the social system where the person is, the person has to pay, to contribute. It is only fair to ones that work and contribute” (SW-8).

Almost all social workers believed that human rights are indivisible. Referring to asylum seekers’ situations, they link the right of protection to the right of health care and education, and so forth. For these participants, human rights should be considered a whole.

A few added that in the case of asylum seekers, human rights become indivisible when an asylum seeker has proven his or her claim to be protected. It is only when the person is recognized a refugee under the Geneva Convention, that she can prevail human rights (SW-6; SW-10).

Four informants considered that social workers have a narrow definition of human rights. One informant stated: “In my opinion, social workers do not seem to understand what human rights really are. They have a narrow definition of the concept” (Informants 18). Three informants explained that social workers do not have a deep understanding of human rights. These informants pointed out the impact of this poor understanding on interventions: “because they do not have a deep understanding of what human rights are, they miss a lot on interventions. Their interventions are not constructed in accordance to each generation and lack specificity” (Informant 17). Two informants added that a few social workers do not consider or even mention the concept of human rights when they engage in discussions related to asylum seekers’ cases.

SOCIAL WORKERS’ TRAINING

Academic training is one of the themes discussed with the social workers of this study. The majority of participants acknowledged that they lacked training in human-rights based practices. One social worker explained: “I don’t remember having had any specific course related to rights or human rights. Taking into account that defending rights is one of our professional values, I realize we are not well trained with regard to this notion” (SW-1). However, though most participants have never had any course specifically related to human rights, they all acknowledge that the concept was incorporated in their academic training implicitly, without a specific focus and without developing specific skills related to it. One social

worker stated that the concept was present in all courses in subtle ways such as in the professors' discourses and in articles, but in no way was it accentuated (SW-2). Another added: "it is true every professor brought a little bit of his or her philosophy with regard to rights and the importance to give to human rights" (SW-3).

By contrast, the majority of social workers noted that the topic of social justice was often brought up. As one social worker described: "we studied more social justice. The concept was often discussed in class" (SW-6). The concept of human rights was supposed to follow from social justice. "Social justice was the topic that included implicitly the concept of rights" (SW-5). Most social workers agreed that some courses related to community social work, social movements, or radical and emancipatory social work such as anti-oppression, feminist, and structural approaches stressed the concept of rights and human rights more than others. According to one social worker, courses on feminist or structural approaches or social movements evolved around the notion of rights and were very much oriented towards activism and how to defend women's and individuals' rights (SW-12).

Five social workers mentioned a clear dichotomy between courses focused on clinical social work and those related to community work. One social worker explained how there was a clear divide between social work in public organizations and social work in community organizations (SW-12). She added that while undertaking her bachelor degree in social work, students were divided into two groups: those who saw themselves as activists, and those who liked therapy-oriented social work. A few participants highlighted that the concept of human rights was developed in a theoretical way in deontology and ethics courses. One stated: "There was a course on deontology that dealt with the notion of rights. Also, it was incorporated in ethics, when we put the client at the base of intervention. In the ethics course, the notion of rights

was more developed. It was related to values rather than to actions” (SW-4). It is worth mentioning that two participants had specific training in human rights. One studied social work in Africa, and another had field training in human rights while preparing to participate in an international mission in social work.

STRUCTURAL DISADVANTAGE

Structural disadvantage (social, economic, cultural and political) results in social inequalities and limited accessibility to resources based on factors such as sex, social class, ethnicity and religion. These social inequalities and limited accessibility to services are legislated by laws and regulations and are justified by social policies. In the case of asylum seekers, structural disadvantage is based on immigration status and closely follows on from measures of immigration and social policy. Here, findings related to structural disadvantage are presented and have been separated into three parts. The first part examines the findings of three distinct phases of asylum seekers’ migration trajectories related to structural disadvantage and their relationship to measures of deterrence employed by immigration control: (1) structural disadvantage in the home country, (2) structural disadvantage related to the pre-arrival phase to the host country, and (3) structural disadvantage in the host country. The second part explores social workers’ awareness of structural disadvantage. Finally, the third part examines structural disadvantage in relation to public welfare institutions (such as health care, public schools, and public employment centers) with which social workers need to intervene in cases related to asylum seekers, and to structural disadvantage in relation to the institution where social workers are employed.

STRUCTURAL DISADVANTAGE THROUGH ASYLUM SEEKERS' MIGRATORY TRAJECTORIES

This section is divided into three parts. The first part reports findings related to the structural disadvantages that asylum seekers face in their home country. The second discusses the findings related to the experiences of asylum seekers during the pre-arrival phase, that is, before they reach the host country. Finally, the third examines findings related to the structural disadvantages faced by asylum seekers once in the host country.

STRUCTURAL DISADVANTAGE IN HOME COUNTRY

Asylum seekers face structural disadvantage in their home country related to their political, social and economic living conditions. They also face immigration law measures which present significant structural disadvantage. When they complete different immigration applications in order to leave their home countries, they are refused.

The majority of social workers consider that structural disadvantage for asylum seekers start in the country of origin. They assume that asylum seekers leave their country of origin to seek protection because of persecution and the government's inability to protect them, both of which are indications of structural disadvantages in their home country. They understand structural disadvantages in terms of their impact on the person's psychosocial life conditions and therefore link structural disadvantages to psychosocial wellbeing and the story of persecution. It is these disadvantages that force asylum seekers to leave their home country and to seek protection. One social worker clarified:

We agree that she was living in poor and miserable conditions, social, political and economic. She did not have the possibility to work, to get an education, to have a safe life. She had no basic human rights. Her country is in such a poor situation that people don't live, they survive. The government cannot ensure any rights. These were her conditions before she got kidnapped and tortured (SW-10).

Another social worker, added that:

In some countries, individuals do not have protection. When they are persecuted by a certain group, the political and legal structures of their country do not ensure any protection. They do not have rights, not even the right to life, security, and health. So, these political and legal structures reinforce persecution. (SW-8).

All informants stressed how crucial it is to take into consideration the life conditions of asylum seekers' in their home countries. One doctor pointed out that "when we have a full understanding of one's life conditions, we need to take all his life experiences into consideration. The past is as important as the present" (Informant 16). Nevertheless, the majority expressed concerns about how social workers have different approaches toward life conditions in home countries. They explained that some social workers do not take conditions in the home country into consideration in their evaluation and follow-up with asylum seekers, while others make a full exhaustive assessment of clients' situations, analyzing clients' situations as part of a life continuum rather than unrelated phases. As one lawyer explained: "you never know how the social worker will handle the case. Some will make a full assessment; others will consider what the client is going through in host society only" (Informant 17).

The CSSS where the social workers are employed has developed internal institutional documents, such as the 'Cadre de référence psychosociale' and the 'Cadre de référence-Supervision' which suggest that the evaluation phase of each case and file handled by social workers should examine clients' social history, immigration experience, and migration trajectoryⁱⁱⁱ. A proper evaluation should also consider clients' characteristics, life conditions, family dynamics, degree of motivation and mobilization, socio-economic situation, social environment, and so forth^{iv}. However, these documents do not require each category to be examined in the country of origin as well as in the host country, nor stipulate how to make a correlation between the two contexts.

PRE-ARRIVAL IMMIGRATION MEASURES

Even if asylum seekers manage to leave their country, they are, during their trips, confronted with other immigration measures which impede their possibilities of entering the host country (i.e. Canada). The majority of social workers in the study considered pre-arrival immigration measures to be deterrents aimed at preventing asylum seekers from getting to host countries. Consequently, the risks asylum seekers undertake to skirt these measures constitute a type of structural disadvantage, which affect one's psychosocial well-being and may even threaten his or her life. Giving the example of a young asylum seeker, one social worker observed:

This young man had taken so many risks. He was hiding in a container in a ship which was travelling to Canada. Five other people who were with him in the container died, because of terrible conditions. He survived. He tried everything to come here through 'ordinary' and 'normal' channels. Immigration rejected all his applications. He had to manage. He thought he was going to die on the boat. But he made it (SW-9).

The majority of informants confirmed that many social workers consider in their evaluation pre-arrival immigration measures to be deterrent and to have a negative impact on asylum seekers' living conditions. However, three informants raised concerns about a few social workers' unawareness of the Canadian government responsibility in implementing and maintaining these measures (informant 15, informant 17). Moreover, these informants were critical towards a few social workers who approve these measures. As one community organizer stated: "a few social workers I work with, seem to approve the measures taken by the Canadian government to block asylum seekers from coming into Canada. They seem to think our government, by imposing these measures, is insuring protection and security to our country" (Informant 14).

STRUCTURAL DISADVANTAGE IN THE HOST COUNTRY

In the host country, asylum seekers are confronted with structural disadvantage both from restrictive immigration measures and social policies which limit the right to decent social and economic life conditions. The majority of social workers acknowledged that once an asylum seeker reaches Canada and is able to claim protection, he continues to face structural disadvantage which lead to violations of human rights. Canadian immigration laws and policies dictate the services and entitlements asylum seekers have access to, which are in many cases limited and affect human rights.

One participant explained how a young man could not have access to education because of his immigration status:

This young man arrived here by miracle. He went through horrible situations very difficult to even tell. He was a street child in his home country who ended up by chance on a boat. He didn't even know where he was being taken. His story is extremely difficult. All he wanted to do is to study. He didn't want to end up like the kids in his country who were living in the streets. He wanted to get a degree and eventually help others. We could not register him at school because he didn't have his permanent residency. There are some programs reserved to permanent residents or citizens. He didn't have access to many things, his social-insurance card starting with 9 was blocking him from any opportunities. He was penalized. The depression persisted, because there were many things he could not have access to. All these repressed ambitions. All this had a big part in the deterioration of his mental health. So, the needs were there, the rights were there, but sometimes, we are in some contexts where people don't have access to what they have the right to, what they could benefit from, because of legal constraints (SW-4).

Another social worker confirmed how the task of helping an asylum seeker who has a complex immigration file is extremely challenging. She explained that economic rights are not ensured even when clients have work permits. According to her, even asylum seekers who have university degrees end up distributing newspapers at the subway door. In her own words, her client's "current migratory status blocs her from accessing many job opportunities or even

getting degree equivalence or taking courses or getting access to a professional association” (SW-5).

The majority of informants appeared to be highly critical of the fact that social workers are privy to particular knowledge regarding the life conditions encountered by asylum seekers. They considered that social workers, who work closely with asylum seekers, are the professionals with the most profound knowledge of the life conditions of asylum seekers. They have inestimable information that no other professional has access to. Yet, they rarely take initiative to transmit this knowledge to other professionals who, by virtue of their position, would be able to put this knowledge to good use through policy-making and specific actions aimed at improving the clients' living standards. As one informant put it, “social workers have a wealth of knowledge of life conditions which no other professional has; yet, they neither act on it nor share this knowledge with people who can do something” (Informant 14). Another informant added: “they have such great access to the living experience of their clients and can see when their rights are not being respected. And yet, they do not share what they know” (Informant 16).

Half of social workers consider structural disadvantages as resulting mainly from immigration status. The assessment and analysis they develop of the client’s situation takes its starting point from the type of immigration status the asylum seeker **client** holds. Structural disadvantages are part of the big picture social workers draw for each situation they handle. Effective intervention starts when social workers understand how structural disadvantages are constructed and imbricated, and how they impact all aspects of a clients’ life. One social worker explained how it is important to define the status because it helps to assess and understand the problem situation and to define the course of intervention (SW-4). She gave the following example:

I have a young student who has a very high rate of absenteeism. The law stipulates education is up to 16 years old. The mother has a precarious immigration status. Her priority is to work and not to verify if her daughter is going to school every day. I have to take that into consideration in my intervention. The client is in a survival mode and has a child who decided to get into trouble and not to attend school. My role is to develop awareness, to explain the law, the rules, the consequences, etcetera (SW-4).

While half of social workers in this study think it is morally wrong that an immigration status should prevent asylum seekers from accessing social services and benefits, they admitted that taking actions with regard to status is essential in helping asylum seekers claim their rights. A school social worker in the high school level added:

I always incorporate the status in my intervention. Students might suffer from depression, or anxiety disorders. When a teenager comes in my office, I look at his status because it has a big impact on his life, on his mental health. A child who doesn't know what will happen to him and his family tomorrow, doesn't invest in his studies (SW-11).

Moreover, participants considered it important to defend access to services when they are blocked because of immigration status. One social worker gave the following example:

I worked on the impact of the status which blocks the family from accessing government family allowances, for example. Even though the family was facing deportation and nothing could be done at that level, I managed to get her access to these entitlements (SW-2).

Half of social workers were aware that professionals in public medical and welfare institutions can sometimes refuse access to services to asylum seekers because of their immigration status, thereby perpetuating structural disadvantages and violations of human rights. As one social worker put it: "there are prejudices and human rights violations professionals have against asylum seekers and refugees: no, you don't have the right to this service. They refuse to give services related to basic rights. These people represent an oppressive system" (SW-3).

Half of social workers assumed that structural disadvantages are internalized by asylum seekers. Asylum seekers resign themselves to the situation that they are not entitled to human rights. In this sense, they do not consider or even know that human rights are universal and

indivisible. When they claim asylum referring to civil and political rights, they do not make the connection to economic and social rights. One social worker explained how clients end up believing they do not have rights and consequently accept their situation (SW-1). She pointed out the government's negative discourse towards asylum seekers and how it forged doubt about their entitlements to human rights (SW-1). Participants evoked the importance of explaining to clients these characteristics of human rights, and insisted on helping clients see the connection between their civil and political rights (on which they base their asylum claim) and their social and economic rights (on which their integration in the host society relies). One participant explained:

I look at everything when I intervene: economic rights, social rights, etcetera. Economic rights: is the family receiving social welfare? did they decide to have a job to improve their situation? I look also at his political and civil rights. How is his immigration file proceeding? Why is he claiming asylum? Reasons of persecution, etcetera. Is the client isolated? Does he have support? I must look into these issues; all aspects. This is very important to allow a certain "functioning" of the client. I just look into the whole picture. When one aspect doesn't function well, we have a problem. And I try to explain to my client the connection between all these rights because most of the time, he does not see it (SW-11).

The majority of informants confirmed that many social workers have a deep understanding of how structural disadvantage follow from immigration laws and social policies. Three informants added that many social workers consider structural disadvantage to deeply affect asylum seekers' well-being. However, two informants highlighted that a few social workers approve structural disadvantage asylum seekers are confronted with. One informant explained: "I had met with a few social workers who expressed that asylum seekers have all they need in Canada and that our government is quite generous to this population" (Informant 14).

Although almost all social workers acknowledged that structural disadvantages translate into situations that violate human rights, four of them pointed out that structural disadvantages are justified by the fact that asylum seekers are in transition in Canada. These social workers

considered that asylum seekers should have limited access to human rights and related economic and social services. They believed basic rights are only reserved to citizens or individuals for whom the Canadian authorities have acknowledged that they deserve to be given rights and related social and economic services.

The majority of informants confirmed that social workers consider structural disadvantage as situations of human rights violations and intervene accordingly. However, three informants raised concerns about a few social workers who defend structural disadvantage in the host country. One doctor explained: “a few social workers think it is normal that asylum seekers do not have access to family allowances” (Informant 15). Furthermore, two informants considered that social workers who defend structural disadvantage in the host country, contribute in perpetuating situations of human rights violations (Informant 14, Informant 17).

SOCIAL WORKERS’ AWARENESS OF STRUCTURAL DISADVANTAGE

Almost all social workers were aware of restrictive immigration measures and thus of structural disadvantage asylum seekers are confronted with. When asked how they have become aware or what made them aware of these measures, they explained that to understand the client’s situation, they took personal initiatives to seek information about these measures. These included consulting colleagues or other professionals who are experts in the field and who took time to explain to them what these measures are about. Most participants insisted on the importance of being personally informed about laws, measures, and policies concerning asylum seekers in order to ensure a successful intervention. As one participant highlighted:

I think every social worker who intervenes with asylum seekers who have problems accessing the health system or the education system should have this information, should know about the client’s rights. I think it should be the basis on which we construct our intervention (SW-3).

Although, most social workers demonstrated a deep understanding of how structural disadvantages manifest themselves in every step of the asylum journey, they concluded that they have to deal with the impact of structural disadvantages on people's lives rather than take actions to confront these disadvantages directly. As one social worker explained:

Currently, we have clients from countries under moratorium immigration policy. What are we offering to these families in distress during all these years? Nothing. We know their rights, their needs, but we cannot do anything to change the system. We respond to their needs when they come to see us. We don't have power technically to change anything" (SW-4).

However, social workers pointed out that their institution did not offer or suggest any training with regard to immigration measures and their impact on asylum seekers. Half of participants reported that they rely on their peers for consultation and advice about especially difficult cases. With regards to asylum seekers' human rights and related issues, most participants emphasized that getting informed is a personal initiative rather than an institutional one. One social worker noted that although the center of health and social services where she works has a specialized department which provides services exclusively to asylum seekers, many asylum seekers consult other departments, especially those who reside on the territory served by the institution (SW-1). She explained that on one hand, the institution justifies the lack of training by the presence of a specialized department which offers services to asylum seekers, but acknowledges that on the other hand, asylum seekers often utilize other departments' services depending on their problems, such as mental health or children suffering from intellectual or developmental disabilities and their families (SW-1).

Nevertheless, a few social workers were proactive and requested explicitly from their institution training with regard to asylum seekers' rights and entitlements. This was confirmed by one participant who specified that her team made several requests to management to have

training in asylum seekers' issues and changes in immigration regulations, but never got a response (SW-6). She added that she had to contact a colleague who had expertise in the topic and who took time to explain to her processes and new regulations (SW-6). The majority of informants confirmed that social workers often seek basic information with regard to immigration measures and their impact on entitlements and rights in order to understand their clients' situations and better intervene. As one clarified: "I often receive calls from social workers inquiring about specific measures or regulations. They do this in order to understand their clients and help him through the immigration process, but mostly to have the right arguments when they negotiate access to services for asylum seekers" (Informant 15).

Though many social workers relied on their colleagues for informal advice, a few were unaware of immigration measures. As one stated: "I know a little bit about these changes, but not much. I have heard about them" (SW-8). These social workers expressed that they did not need to know about these measures because their position does not prescribe any direct actions which deal with these measures. Their position is to deal with specific problems other than immigration. However, they admitted that in many cases, the immigration status of their clients plays a significant part in their clients' challenges. One social worker noted that he handles psychosocial problems and does not get involved in immigration and asylum issues which can be handled by other professionals (SW-7).

Two informants pointed out this lack of basic knowledge some social workers have with regard to immigration measures. They explained the lack of knowledge and most importantly the lack of motivation to develop knowledge by the fact that social workers choose to deal only with specific aspects of asylum seekers' problems and consequently compartmentalize asylum seekers' situations (Informant 13, Informant 14). One explained this the following way:

“probably there are a lot of social workers who don’t understand and maybe do not take the time or have the time to try to understand, and they work within the structure that they know. I feel it is a gap generally in knowledge in immigration and it has a huge impact on asylum seekers” (Informant 13).

STRUCTURAL DISADVANTAGE THROUGH PUBLIC INSTITUTIONAL SETTINGS

In the following section, findings related to structural disadvantage disseminated through public welfare institutions will be presented. Social workers often deal with public welfare institutions such as health care settings, public schools, public employment centers, and so forth. while intervening with asylum seekers in cases involving human rights violations. I also examine findings related to structural disadvantage related to the public institution where social workers are employed.

PUBLIC WELFARE INSTITUTIONS

Public welfare institutions play a significant role in disseminating structural disadvantage, mainly by institutional exclusion of asylum seekers from vital services, such as access health care and education. In the following, I examine findings related to institutional exclusion, to institutionalization of human rights and to the position of social workers towards the Canadian legal and social systems.

Institutional exclusion

All social workers agreed that public welfare institutions are designed to provide services aimed to respond to individuals’ needs and rights. However, this is only possible under specific conditions. Social policies redefine the concept of human rights, at least in its application. Most social workers believed that admissibility conditions to access services in welfare public institutions can obscure human rights. As one social worker explained: “These restrictions

encircle the right. We don't notice the right anymore, we only see criteria and services. It is as if the notion of right is in boxes; someone has the right if he can fill in the box" (SW-12).

On the one hand, it is assumed by society that services and resources are strictly reserved for citizens. On the other hand, many asylum seekers think they do not have right to have access these services and resources like everybody else. Moreover, some do not even know about these services. A social worker raised this issue in the following statement:

Not everybody knows about this program of specific family allowances for asylum seekers. If the program exists, it means a family who is seeking asylum is entitled to it. But the family is isolated and the parents think they are not entitled to this service. Nobody told them about it (SW-11).

Most social workers used human rights concept's characteristics in their practice, such as universalism and indivisibility, to promote asylum seekers' human rights, independent of immigration status and measures. They defended human rights as more valuable than an immigration status and argued that human rights should not be conditional upon immigration criteria or subject to any evaluation of deservedness. A social worker put the matter this way:

Often, the fact that they are asylum seekers or refugees doesn't give them access to this right or they might feel labeled: you are here in transition; you don't have access to these rights. Something that is not true. They should have access like everybody. They should have the right to health care (SW-6).

The majority of informants confirmed that most social workers they worked with, considered characteristics of human-rights and defended asylum seekers' rights regardless of immigration status. Nevertheless, one lawyer pointed out how some social workers' decisions to intervene with asylum seekers are conditional of the acceptance of the asylum claim: "it happened a few times that I have called to refer a client but the social worker refused the referral because the client's asylum claim was refused" (Informant 18). Another doctor added that some social workers accept to intervene in situations of social and economic human rights violations

only when immigration regulations and social policies entitle asylum seekers to have access to social and welfare services (Informant 15).

Institutionalization of human rights

Half of the social workers raised the issue about how rights are categorized and therefore have become institutionalized in public welfare institutions. As one social worker explained:

The intention behind the admissibility criteria to services is to categorize who can have the service and who cannot. We put in place criteria to ensure equality for everybody, to be equal to everybody, to have everyone's right respected. Right is universal, only if we meet the same criteria. We make classes of citizens, those who have access to care, the rich, the poor, the asylum seekers, the citizens, etcetera. At the base, two autistic children have the same need for specialized services, but because of lack of resources, we have to make some choices. We categorize rights. So, some are excluded (SW-1).

Many social workers believe that health professionals and other practitioners, whether in the same institution or elsewhere, who refuse basic services to asylum seekers, such as medical care or education, contribute to structural disadvantages and human rights violations. This is explained by one social worker: "when professionals in these institutions do not accept asylum seekers because they do not fit the conditions, they are participating in perpetuating oppression. Because when you talk to them, they defend and believe in the system they work for" (SW-3).

Nevertheless, four out of six key informants were critical towards social workers only trying to help asylum seekers fit into social structures rather than changing these structures which perpetuate an oppressive system. One lawyer pointed out how social workers do not perceive and construct their actions with a global vision based on social change: "they act locally but do not think globally. It seems as if they do not question social structures. It is a pity" (Informant 18).

Another highlighted this point of view:

Social workers do not necessarily try to look into the real fundamental problems. It is like we work within a system and we know that people have to navigate these systems. To me, it is the fundamental problem with social work. Social workers try to fit people into the system rather than to try to fix the system (Informant 15).

Trust in the Canadian legal and social systems

A few social workers trusted laws and regulations to ensure human rights for all citizens. They believe they live in a society where human rights are ensured. When some people do not have access to services that guarantee their human rights, it is for valid reasons that they need to respect. They believe that Canadian legal and social structures are fair and just, and protect Canadian citizens. As explained by one of the participants:

Rights are attached to laws. If one does not have the right to specific services, it is because the law does not stipulate it. If entitlement or right is not considered, it is the law and we have to respect it. We live in a society where our laws guarantee rights and social policies ensure services to those who deserve them. Many people can come here and abuse our system, the Canadian generosity” (SW-10).

Another participant added:

I believe our politicians and those who have set rules for who can have free access to our services, know what they are doing. We pay taxes. We cannot just let anyone take advantage of our services. We need to set limits as to who comes here and who can have access to our medical system, welfare, allocations, etcetera. (SW-7).

A few others have confirmed that rights are categorized and therefore have become institutionalized, but argued against the accusation of human rights violations. While they believe asylum seekers have basic human rights, they trust the system, policies makers, and managers to know what clients should have or should not have in terms of rights and entitlements. One social worker justifies his/her position this way:

I think competent people sat together and made these decisions. Decisions, like this is what we can give, these are the services we can offer to these people, as a society. To be fair towards everybody, to our citizens in the first place, what can we offer as a society? (SW-7).

They believe asylum seekers are getting the rights they deserve, according to their temporary status. It is the immigration status that defines rights rather than the values that underpin the concept of human rights. Once the status of refugee is granted, people will have

access to rights. One social worker justified her stand for entitlements based on the notion of deservingness and non-deservingness. She explained by pointing out the contradiction between entitlements while awaiting acceptance of asylum claim and entitlements after acceptance and recognition of the refugee status:

Do they have the same rights as us? I think they do. At a human level, they do. I think they have a lot of rights. However, there are rights related to citizenship, access to low income housing, for example. They don't have access to these rights yet, because we are not sure if they are going to stay in the country or not. They won't be given all rights reserved normally for citizens (SW-10).

More importantly, these participants believe that structural disadvantages are necessary to protect the rights of citizens, and support the concept of deservedness. Therefore, structural disadvantages are not perceived as negative but rather as having a positive outcome. This is validated by one social worker's statement:

People who decide and determine what services asylum seekers have access to and what services they should not have access to, know better. They elaborate strategies and policies to protect the system from abusers. Some people come here to have medical care and get welfare. Nothing else. Health care and welfare correspond to basic economic and social rights which should be allowed to citizens and to genuine asylum seekers. We pay already a lot of taxes. We do not want to pay more, for people who come here to abuse our system (SW-10)

A few social workers rely on laws and regulations which, in their view, ensure human rights. A social worker explained:

Rights are ensured in our legal system, in its laws, codes and values. We live in a society of rights. For every right, there is a specific law. If the rights of an individual are not respected, it means there is a dispute, if there is a dispute, the law will answer to that (SW-7).

This statement is supported by another social worker:

If we want to look at the individual right, we must look at it in terms of society as an entity and find ways which would be convenient for one person as well as for society. When somebody does not have access to free education, for example, it should be for a valid reason (SW-10).

Three informants raised concerns about a few social workers who undoubtedly trust the Canadian immigration system. One community organizer expressed her concerns in the following statement: “social workers should denounce abuses and discrimination, especially those legitimized by the Canadian government. They should be first to point out the flaws of our system. Yet, some do not. Instead, they assume it is a good system” (Informant 16).

PUBLIC INSTITUTION WHERE SOCIAL WORKERS ARE EMPLOYED

Social workers expressed their concerns with regard to structural disadvantage disseminated through the institution where they are employed. They discussed the way in which their institutional mandate, deontological values, and managerial and bureaucratic characteristics to play a significant part in perpetuating structural disadvantage.

Institutional mandate

Almost all social workers have highlighted that the institution’s mandate does not stipulate working on a human rights dimension, and raised the importance of respecting the institutional mandate. One social worker explained:

In a CSSS, we have to fulfill the mandate. If it is in our mandate to help the client who has medical coverage, we are going to do it. At the CSSS, we are very open-minded. Knowing that the client who goes to another CSSS, without an immigration document or in some cases, even with an immigration document, he won’t be seen. But if the client is claiming for a service which the CSSS does not offer because the client is not entitled to it, we won’t help him. We can help the client but within a framework (SW-7).

However, a thorough reading of official institutional documents reveals that the notion of rights and defense of rights are values promoted by the institution. The CSSS’s official institutional framework for psychosocial practices^v includes a section entitled *Philosophy and Values of Intervention*, which stresses the importance of the concept of rights: “the values that

guide interventions at the CSSS center around respect of clients and the population, their specific profiles and their rights” (CSSS [REDACTED], 2010, p. 7)⁶.^{vi}

Le *Cadre de référence de la pratique psychosociale au CSSS* (Avril 2010) explains the various roles social workers are prompted to fulfill. The first role relates to direct intervention with clients. Here the objective is to provide psychosocial services for the promotion, prevention, treatment or rehabilitation of clients in need. The second role concerns acting as a liaison between the needs of individuals, families, groups, and to refer individuals and groups to the institutions or service providers able to meet those needs. Essential to this role is the defense of rights, which involves: 1) ensuring that individual, group, and collective rights are respected; 2) informing clients about their rights; 3) mobilizing or supporting their actions; 4) representing them among different authorities in order to obtain services they are entitled to; and 5) helping them to fight conditions of oppression and injustice. The third role consists of bringing about an appropriate fit between client needs and the services provided. The fourth role involves contributing to the development of knowledge, practices and resources in order to enhance the quality of psychosocial services. Also, in the CSSS’s official institutional framework for psychosocial practices clients’ specific profiles and rights are among the key values that guide intervention at the center, along with a respect for clients and the population (CSSS [REDACTED], Avril 2010). Official institutional documents also examine protocols to follow in order to choose the appropriate approaches and models of intervention to adopt. The document *Cadre de référence de la pratique psychosociale*, the section « *Choice of Approach or Model of Intervention* », examines how the choice of an approach or model should be based on multiple criteria, such as the intended objectives of the intervention, the types of programs available, a

⁶ For confidentiality purposes, the name of the centre where the study was conducted will not be revealed.

client's specific profile (such as age, family and social network, economic conditions, etcetera), the social worker's familiarity with the intervention, and the evidence based literature concerning approaches to the social problem in question (CSSS [REDACTED], Avril 2010). In the same section, it is mentioned that the decision to adopt an approach belongs to the social worker and should be based on her professional judgement.

The majority of social workers confirmed that it is the choice of the social worker to choose the approach to adopt and hence, to work on issues of human rights. However, the majority of the participants understand and consider that the mandate of the institution is to respond to needs. As one social worker explained:

Our mandate is to ensure clients' needs are met. We do see all kinds of people that come with all kind of needs. For some clients, we say: 'we understand your needs very well, but we don't do that, it is not our mandate; you can go to other organizations.' However, sometimes, when we feel that there is something unjust, the client becomes an inspiration for you to do something a little bit more. I don't have to get out of my office and go to the emergency with someone and speak for the client. My boss is not going to say: you didn't do your job. (SW-3)

While official institutional documents clearly stipulate the defense of its clientele's rights to be part of its mission, social workers have raised different points of views with regard to the institution's position towards human-rights based practices. Half of the social workers in this study considered that the institution does not forbid human-rights based practices when it is in the best interest of the client. As one social worker put it:

we don't have information about official resources to work with, in cases of human rights violations, but we are not forbidden from searching for resources, because it is part of the relationship we have with the client. We do it for the best interest of the client (SW-12).

Other social workers are more skeptical towards the institution's position. They question the extent to which the institution genuinely favors the applicability of these documents in practice. They also denounce that the institution does not offer any instruction to guide social

workers in their work. One social worker acknowledged being aware of and having read the institution's policy documents, but argued that "it is just lip service" (SW-3). According to this worker, the institution and managers do not have any practical vision on how human rights can be defended or even how certain radical approaches such as a structural approach, also advocated by the institution, can be put into action. Half of the informants expressed their support of these social workers' opinions. They claimed that the institutional setting did not encourage any actions explicitly oriented towards the defense of human rights. One informant even stated that "social workers in public institutions are not allowed by their administration to engage in actions to defend the rights of their clients" (Informant 18).

On the one hand, half of social workers acknowledged that the mandate of the CSSS where they work can be stretched and gave examples of other professionals like doctors who often transgress the mandates of the institutions in which they work. As one social worker described, "It is true, I witnessed in practice, doctors making exceptions for things that are not covered by the asylum seekers' health program or when the document has expired. There are a lot of exceptions we make to respect human rights" (SW-5). The majority of informants confirmed that many social workers move out of their institutional mandate in order to help their clients. One informant specified: "I know some social workers who, even though their institutional mandate does not cover the need in question or the service required, try by every mean to insure the service and always succeed" (Informant 14).

On the other hand, the other half of social workers expressed that even when the situation prescribes it, they are not accountable when they do not engage in human-rights based interventions. Three social workers did not consider defending the rights of clients as part of their job in a public institution. When they were dealing with clients confronted with situations

of rights' denials, they preferred to refer clients to community organizations whose mandate, according to them, is more appropriate to defending human rights. As one social worker put it: "I will do my best to find a resource for the client. After that, it is up to the resource to manage the situation" (SW-10).

Half of social workers also mentioned that the institution does not impose any evaluation mechanisms with regard to the defense of rights or approaches focused on rights such as structural disadvantages, even though these topics are mentioned in the institution's official documents. One of the social workers specified:

Sometimes you might get too stuck in the mandate of the CSSS, make an intervention plan which has one or two technical points, and tell the client 'goodbye, enjoy the rest of your life. You are finished with me.' Your boss will not come to the conclusion you did not do your work well. You will not be evaluated by your supervisor or your team leader. Nobody will come after you (SW-2).

Deontological values versus institutional mandate

The majority of social workers believe that they are driven by their deontological professional code and by ethical values. One social worker stated, "I will do whatever I can to have my client's rights respected. It is my job. It is the profession's deontology and values. It is what I believe in" (SW-11). Another social worker raised the issue of the responsibility that social workers have towards vulnerable people to represent them as professionals, help them in their actions, and to improve their lives (SW-1). She gave a specific example from her practice to illustrate her position:

Because a woman who comes here, who doesn't know about her rights, who is scared, who has a precarious status, who is pregnant of nine months, and because her everyday anxiety is to know where to deliver her baby or about not knowing if she is going to be able to deliver in a hospital or not, because at the hospital, she was told to pay \$10,000. As far as I am concerned, it is something very frustrating that touches me deeply in my personal values (SW-1).

However, six participants expressed the danger of losing the value of social justice and defense of human rights that are at the core of why they chose social work as a profession, and which they believe has the power to fulfill the mission of social work. One social worker expressed her sense of, over time, losing the passion for social justice and defense of people's rights that drove her in the first place to choose social work as a profession (SW-1). She reflected: "It is too bad, because we lose this feeling and this passion to defend rights." Nevertheless, she admitted that despite her disillusionment, she still believed she and other social workers are able to fulfill principles of social justice and human rights (SW-1). In her own words: "we feel we can't do a lot. It is not true. We can do a lot of things. We can still fight injustice and aim our actions towards human rights" (SW-1).

Four out of six informants raised the importance of social workers' actions in the defense of human rights as an intrinsic part of their profession. One gave the example of the mobilization of doctors all around the country for IFHP to illustrate how professionals whose jobs are not necessarily focused on human rights can still take action in favor of their clients:

One of the interesting examples of human rights defense, by people whose job is not necessarily focused on rights issues, is the activism of Canadian doctors, with regard to refugee health. It is such an interesting model of people who work in different clinics and settings, looking at their specific area of expertise, and yet, when they see part of the population they are working with is having their rights violated by changes in policy, they got really mobilized and have done an amazing job advocating for people's rights, and using on the ground experience to feed into this. It is an interesting model for social work, because who has the best access to a lot of rights issues? It is social workers (Informant 17).

Another topic that was brought up by the majority of social workers is how they are forced to simultaneously deal with different institutions which do not necessarily share the same policies, principles, and values. Social workers need to respect their institution's mandate. They also need to follow their professional bodies' values, and have to contend with their own

professional values developed through education, training, and experience. As explained by one social worker: “we have to respect the institutional mandate and deal with individual cases, and statistics. We have to respect the professional corporation codes which are different from the institution. We have our own opinions and values and how we should be working. It is very hard to bring together all these different frameworks” (SW-7).

Almost all social workers specified that when confronted with two conflicting sets of principles or values, the institutional mandate prevails. However, five social workers claimed that they bent to the institutional mandate by obligation rather than by conviction. As one participant put it, “We do not have a choice. Even when we know it is not right and it’s against our own professional values, we follow what the administration wants.” Another social worker raised the risk of burnout if someone tries to question institutional principles and values in opposition to his or her professional ones (SW-7). This social worker admitted that to prevent burnout, he chose not to question institutional principles and values when they differ from his personal and professional ones (SW-7).

While all social workers acknowledged that human rights are fundamental to social work, half of them do not consider human rights when the mandate does not prescribe it explicitly. One social worker expressed that claiming a human right is not in the institutional mandate, and added that she referred clients to other organizations to make sure their rights (such as the right of housing) are respected (SW-8). She gave the example of a single mother who had a bedbug problem whom she referred to a community organization in the neighborhood. She explained that her role is to reduce the mother’s stress, and to give her support in her actions. She justified this position by noting that community organizations have a mandate to defend rights and have better knowledge of housing issues and regulations (SW-8). Nevertheless, complementarity of

actions and partnership with community organizations are among the institution's guidelines relating to psychosocial intervention: "in complementarity with others public and community services, the Centre of Health and Social Services provides necessary assistance, orientation and consultation in order to allow clients' integration into their new environment"^{vii} (Cadre de référence de la pratique psychosociale au CSSS [REDACTED] (CSSS [REDACTED], Avril, 2010, p. 18).

Managerial and bureaucratic characteristics

All social workers raised the issue of bureaucracy and work conditions as major barriers to ensuring and developing human-rights based practices. Two participants expressed their opinion in the following way: "when you start working in a big institution, where things are rule-bound, and you have mandates of what you can do and what you can't do, sometimes you forget human rights. You don't have time or energy to do work on this" (SW-1) and "when someone has a caseload of 40 files, what place does he or she have for rights? It is too bad, because one of the reasons he or she studied social work is mainly because of this value of defending human rights" (SW-4). Another participant raised the issue of institutional culture, which relies on managerial imperatives with a business-oriented logic (SW-5). She stated "all that matters to my boss is how many clients I can see per day. The more, the merrier. He just wants figures. The main concern of the institution is the budget" (SW-5).

Three out of six informants acknowledged that administrative and bureaucratic constraints can play a significant role in limiting social workers' roles and actions. Two informants considered managerial and bureaucratic requirements have a significant impact on social workers' output to the extent that they altered the profession's mission and principals

(Informant 17, informant 18) and even changed social workers' own view of the profession (Informant 17).

EMPOWERMENT HUMAN RIGHTS-BASED ACTIONS

Empowerment is focused on individuals' own experiences and on the assertion that personal troubles and experiences are connected to broader social and political forces (Carniol, 1992). Empowerment as a process emphasizes on the 'rights' and refers also to availability of and accessibility to resources necessary to ensure individual well-being. It is also based on developing individual and collective capacities to acquire skills, and attaining the goal of a just allocation and to control resources (Breton, 1994, Ninacs, 1995). Empowerment places emphasis on the client's individual involvement and is based on two major components: consciousness-raising and critical thinking (Le Bossé, 2003, Ninacs, 1995, Ife, 2012). This section presents findings related to empowerment human rights actions. The first part addresses human rights as a guiding principle to practice. The second examines the reconceptualization of the concept of 'needs' in relation to the concept of 'rights'. The second presents social workers' human rights-based actions. The last part examines human rights-based actions' characteristics.

HUMAN RIGHTS AS A GUIDING PRINCIPLE TO PRACTICE

Six out of twelve social workers stated that their actions are guided by their concern to ensure clients' human rights. The other six were more focused on the concept of need. However, three of those who were concerned by the issue of rights admitted not always being aware of the concept of human rights. For instance, social workers' actions in helping the client access social welfare are supported by the right to have access to a decent minimum income. These actions are encouraged by the institution, and discussed in team meetings and supervision sessions. However, social workers have expressed not being aware of the human rights dimension of their

actions. Although these participants admitted that their hands are tied by managerial and administrative constraints, they are willing to do more for their client if they have the opportunity and the proper context to do so (SW-1, SW-3). Nevertheless, they acknowledged that defending human rights starts with small-scale actions that hopefully will lead to broader social change. They view their actions within a bigger picture of social change. Four of them expressed this opinion through the following examples:

We defend rights through little services. The client must have access to certain rights. Basic rights. We can't miss certain basic rights which are essential: health, social welfare, employment, education (SW-12).

It is the notion of human rights that motivates you, what makes you move forward with it, what is inspiring you to help this person, because you are helping this person, but at the same time, you feel you are doing something bigger than just that person. It is what inspires you to make that extra effort, to go that little extra distance with the person because you feel what he is going through is not right. I know there are going to be a whole lot of people in the same situation, and you hope by your little intervention, you move something forward for everybody. I would feel very sad if the next situation that comes up like that, nothing would have been advanced (SW-11).

Because it is by making sure that people's rights are respected that people's rights advance. That is why the profession exists. Because a lot of what we do, other people can do it. What is so special about our job? It becomes part of our identity. If somebody needs something to eat, anybody can give him a cup of soup, but if you give him a cup of soup, you are doing it for something a little bit bigger than just a cup of soup you want to give him. You want to make sure that people have a place in society, that it is their right to it, that maybe hopefully they are occupying the place that belongs to them, that they can advance if they have an opportunity. You make sure there are opportunities and they can have access to them (SW-3).

But why do you need university-trained people to do that? You can get anybody to do that. You have a computer to do it. People fill out forms and computers can decide if they have the right or not, and that is the end of it. So why do people want to talk to another human being about difficulties they have in their lives and society and so on? That is because they think you are not going to give them just a technical answer but some kind of sense for justice (SW-12).

Nevertheless, three informants were critical of social workers' stance in favor of human rights. They believed that social workers have a limited conception of the human rights of

asylum seekers. Although they acknowledged that some social workers do take human rights into consideration when intervening, they criticized them for having a narrow perspective on human rights which is very limited to definition of human rights that is typically adopted by the institution they work for. One informant questioned why social workers do not work more actively to advance human rights, especially considering that they are so well informed about asylum seekers' situations (Informant 14). Another informant blamed social workers for working on a case-by-case basis, without ever drawing parallels between the different cases they work on or between their cases and their colleagues' cases. Asked one informant: "If social workers at the CSSS meet all together to write a letter saying welfare rates are too low for example, would they get into trouble? Did they try it? Would it be shut down? What are the consequences? It is a shame that social workers' have a wealth of information yet do not use it" (Informant 16).

Almost all social workers believed that human rights-based practices depend on the social workers' own conceptions of human rights and values. One social worker stated, "it was right from the beginning in the professional statement, that social workers were there to do something about justice and the rights of people. It was always part of the tradition and I was always proud of that, and it was always something attractive to me" (SW-5). A second participant confirmed this statement in the following way:

It was the part where I felt this was not right. You just can't talk to people like that. You cannot deny people medical care. We don't have this kind of society where you treat people with a lack of humanity. That is what inspires you to do the little bit extra. It would have been easy to say: I understand you have these kinds of needs, but I met my limits. There is nothing I can do for you. I can't help you. If somebody else can, it is good. If no one else can, too bad for you. Next person. But it is a sense of justice and rights that make you go the extra step (SW-11).

RECONCEPTUALIZATION OF THE CONCEPT OF 'RIGHTS' VERSUS THE CONCEPT OF 'NEEDS'

The dialectic relationship between the concepts of need and human rights was very often brought up by social workers. Half of participants stated that there is a distinct difference between the two concepts, although one should be vigilant about how each term is defined and how each is used in intervention. Five out of twelve social workers approached the concept of 'needs' as a tool to help assess the situation before them, to link up with the asylum seeker, and to prepare for the intervention. Two participants described this opinion by giving the following examples:

I have clients who are asylum seekers who don't know they have access to basic human rights: the right to have access to healthcare, to good life conditions, to housing, to education, etcetera. Instead, they come to me and present their situation through needs. First, I will look for the need. But if the client tells me he needs to see a doctor, but was told that with his immigration documents he doesn't have the right to see a doctor, then at that point I will explain the difference between needs and rights. You have a need but it is your right to have access to health care. I will connect with him through this need, because he expressed this need. 'Needs' is to evaluate. It will help me define the right behind it and, therefore, to take action (SW-5).

Spontaneously, we privilege first the notion of need because when the person comes to see us, it is always related to a crisis, the initial request is related to a problem. Afterwards, I will explain to him what his rights are, because he doesn't have the information or the knowledge about what are his rights as a person (SW-4).

Half of the social workers consider that when they deal with clients' needs, it is not from a perspective of pathologizing them but as a transition to get entitlements and to achieve rights.

One of the participants pointed out:

If we deal only with needs, we are putting Band-Aids on the situation. Maybe we should put the Band-Aid on, but only for a little time. However, we inform the client; we educate him concerning his rights. We work a lot on giving information, but also insist that this information is necessary for him to take action to better his life conditions. We push the client to go further (SW-9).

Two informants expressed their opinion with regard to interventions based on needs and those based on rights. They considered current institutional social work to be more focused on

needs and referral to resources to fulfill these needs. In their opinions, however, social work should be about changing structures. As one lawyer pointed out:

Let's consider a social worker in a public institution who has a family on welfare. Three weeks into the month, they have no money. She refers the family to food banks to meet their needs. She is meeting their needs through referral as opposed to meeting their needs by advocating their welfare allowances to be increased. When you refer people to food banks, you are not talking anymore about rights, but about needs. Food banks are about charity (Informant, 17).

A few social workers felt limited by the fact that they do not deal with rights while simultaneously affirming that they cannot deal with rights issues. While they referred clients to other organizations that can better address issues of rights, the social workers do not follow up as part of a complementary perspective between them and the other organization. One social worker expressed how she feels frustrated when she only does the minimum required for her clients in referring them to other organizations (SW-12).

PRACTICE FOCUSED ON 'RIGHTS' RATHER THAN ON 'NEEDS'

Half of the social workers have expressed that when their practices are based on human rights, clients get more involved. Moreover, the concept of 'needs' is considered to be subjective, different from one person to another. Human rights, by contrast, are universal and should apply to everybody (SW-1). One social worker eloquently explained the difference between 'needs' and 'rights' in the course of intervention:

I think how we tackle the issue might have an impact on the client and on how he would position himself towards needs and rights. A need can be different from one person to another, but a right should be equal to everybody, something that can reach everybody. It is this transition which is important to make: if we consider the request as a need, the claim is not legitimate, it is more subjective, because it is personal; if we consider it as a right, it is more legitimate (and it is collectively and politically approved as a right). Asylum seekers should have access to services, like everybody else; like the Canadian citizen who is sick (SW-11).

A few social workers have expressed that their stand towards human rights and, consequently, their human rights-based practices, depend on colleagues' attitudes and stances towards human rights. One social worker (SW-4) reported being surrounded in her work environment by people who have a sense of justice and consciously aim for the respect of human rights. She explained:

Some colleagues here are very committed to the rights of people. It is very encouraging when you talk to them. Sometimes people tell me they can't have this and that, etcetera. You begin having doubts; you get a little bit confused. You go and talk to them and you come back and you say yes you have rights; we will fight for them (SW-4).

HUMAN RIGHTS-BASED ACTIONS

In the section below, I will examine the human rights-based actions social workers undertook when managing in cases of asylum seekers who had faced human rights violations. These actions which are: informing and educating the client about human rights; demystification of asylum seekers' belief of not having rights; mobilizing clients; advocacy and speaking on behalf of the client; schmoozing, referral, accompanying the client and conscientization of professionals.

INFORMING AND EDUCATING THE CLIENT ABOUT HUMAN RIGHTS

Half of social workers raised the importance of informing clients about their rights. Social workers consider information an important tool to empower the client. Participants viewed informing the client and fighting false information as major tasks, as everything in social work should lead to educating the client with regard to his rights, entitlements, and resources available. One social worker clarified:

Is the client isolated? 'Isolated' doesn't mean not having friends. It means someone doesn't know about what is around him, about resources he can access to get help. It is not just informing about resources, but also about informing about rights to have access to resources (SW-6).

The act of informing is also about connecting the dots. It is making clients conscious about all aspects of their situation and making connections. It is making them realize how every part of the system works and how they are connected to each other. It is helping clients become aware of how immigration measures have an impact on their social and economic rights; how rights deprivation can lead to poor psychosocial conditions. One social worker explained his actions in these terms: “I always try to open up the eyes of the client to the whole situation; to try to explain how the system works. I make him realize how welfare is connected to his status; how all his integration problems, such as lack of employment services, are connected to immigration measures; help him see the big picture” (SW-3). While informants acknowledged that many social workers make a connection between status and integration problems, they criticized other social workers for not situating individual problems in a bigger perspective of oppressive social structures. Informants raised the issue that social workers do not share the same intervention standards in terms of assessment, analysis, and plans of action.

Informing the client starts with helping clients identify their rights in question; helping clients to acknowledge the violation of right, explaining to clients the context in which the violation of right occurred, explaining the impact of immigration measures and social policies on their current living conditions; identifying the resources which provide access to the right and suggesting actions to take. One social worker summarized these steps in the following way:

Sometimes, you get people who don't know they have rights. So sometimes, you are informing people, you are telling them: ‘you know, I think you are in a situation where you are treated unfairly and you should not be treated that way.’ This is where I explain my point of view. I tell them: ‘You have rights and this what is happening. Maybe you need to get some recourse against these violations. There are things you can do to fight this situation’ (SW-5).

Another worker used exercises with her clients to help them recognize what kind of violations they are subject to:

I try to do the exercise with my clients: what is the problem I am facing? What is the right that is being violated? Am I being treated fairly? Are my rights fulfilled? How is my life being affected by the situation? What are my recourses? Who are the professionals that can help me? It helps the client see clearly his own situation (SW-4).

Four informants acknowledged the significant task of informing asylum seekers about their rights carried out by the majority of social workers they work with. One informant explained: “many social workers I work with take time to inform clients about their rights. I think they do an excellent job” (Informant 17). Nevertheless, two informants were critical with regard to a few social workers who cannot insure this task because they are neither informed about asylum seekers’ rights nor try to seek information (Informant 13, Informant 15). Another informant raised concerns about a few social workers who do not consider informing asylum seekers about their rights as a fundamental action of their profession in a public institutional setting (Informant 16).

DEMYSTIFICATION OF ASYLUM SEEKERS’ BELIEF OF NOT HAVING RIGHTS

It is important to note that four social workers brought up the need to correct a common belief among asylum seekers that they do not have human rights— an action they claimed was essential and much more important than informing and educating clients about their rights. One social worker highlighted the act of demystification she undertakes with asylum seekers: “the right of access to health, to education, to employment. They think they are not entitled to these rights because they are asylum seekers. It is important to work on that level to deconstruct this thinking and this conviction that they do not have rights, and to build another perspective” (SW-1).

Another social worker pointed out that asylum seekers’ current experiences in a host country are part of a continuum building on their past experiences in their home country where they did have their human rights fulfilled. She therefore stressed the importance of working with

asylum seekers on their life experiences in their country of origin as well as in the host country (SW-4). From this perspective, participants raised the importance of drawing a comparison between definitions of rights and their achievement in home countries and in the host country. One social worker explained: “On our side, we have to inform him. We have to make him realize that already he isn’t any more in a country where he doesn’t have rights or where, potentially, he could have gone to prison if he made any claim” (SW-9).

This comparison has been commented on in particular by social workers whose personal backgrounds include an immigration trajectory. Specifically, they approach the notion of rights differently than those who are native Canadians. Social workers from immigrant backgrounds see human rights in Canada as taken for granted, whereas a social worker should put herself in the position of asylum seekers who come most of the time from countries where human rights are provided only to some of the population. One social worker who identified herself as an immigrant explained her point of view in the following statement:

I think rights are taken for granted. It is the vision I have. I live in a super country. I would not be sitting in Palestine and saying the same thing, because there, rights are not taken for granted. For them it is different; their way of absorbing life is different. Us, we live in a country where rights are more and more taken for granted. For me, it is fundamental. What we take for granted is not the same for an asylum seeker. He doesn’t take rights for granted. He doesn’t have the same notion of rights as I do. Maybe he is more in a refugee-claim survival mode than in rights-claim mode. I think of countries where people have nothing. When an asylum seeker comes here, I am not sure he thinks about his rights; he thinks about his survival, as he may come from a country where even the right of life is not respected (SW-4).

A few participants raised the issue of responsibility in informing clients about their rights and the sense of duty intrinsic to the nature of their profession. One clarified this by stating:

Hence the importance to have a social worker who tells them: ‘no, you have rights, and this is how they should be respected.’ It is my duty as a social worker. I will accompany the client in this and if I can’t do it, I will put him in contact with people who can do it. The role of the social worker is fundamental. She is responsible for this (SW-1).

Another worker considered the lack of informing clients about their rights in itself a form of violation of rights (SW-11).

MOBILIZING CLIENTS

Most social workers believe that mobilizing clients is part of their interventions. They believe clients should be active in solving their own situation. However, participants insisted on the social workers' role in helping mobilize clients. The following statements were given by two participants:

We also push the client to go further. We push him to go to resources; we help him not to be ashamed of claiming his rights; we lead him in every step; we re-evaluate actions he takes together; we encourage him to be pro-active (SW-4).

I help the client be strong about his case. I give him tools to use in order to solve his situations: self-esteem, information, resources, professionals; which doors to knock on and how to knock; which application to fill; etcetera. (SW-2).

The majority of informants confirmed that mobilizing asylum seekers is one of the important actions insured by social workers.

ADVOCACY AND SPEAKING ON BEHALF OF THE CLIENT

Advocacy was raised by half of the social workers as an essential component of their interventions with asylum seekers. One social worker explained that advocacy is related to the attainment of human rights: "with regard to service cuts affecting asylum seekers, mainly affecting their right to health care, as a social worker, when I am in my office, within my four walls, I will be creative to do advocacy for my client" (SW-6).

According to six social workers in this study, advocacy is generally one of social workers' most important roles when dealing with cases involving asylum seekers. One social worker defined advocacy as "the role that I take to speak on behalf of the client because he was treated unfairly by the system, in order to change the negative decision and insure he has the services he is entitled to" (SW-5). Indeed, because clients often confront complex psychosocial

situations, they need professionals to advocate for them and defend their interests. However, one participant pointed out that advocacy is even more imperative in the case of asylum seekers, as their particular status increases the already considerable difficulties they face in accessing public services (SW-4).

As discussed above, almost half of social workers considered that informing clients about their rights and entitlements is essential to enable them to be pro-active and engaged in the course of intervention. However, participants expressed that most of the time, when clients undertake steps to have their rights respected and speak for themselves, for example contacting a clinic to have health care coverage, they will not be heard and their request will not be taken into consideration. Clients will be evaluated by the professional at the clinic through their immigration status rather than as individuals claiming their right to health care and entitled to service. Their actions will remain ineffective.

Solving the problem would require a social worker's involvement: the use of their title and their professional position to speak on behalf of clients would be needed in order to trigger a change in clients' situations. Two social workers pointed out how their advocacy role can help in such situations which they qualified as institutional exclusion. They gave the followings examples:

Speaking on behalf of the client is something I do lot. The client would say: 'I got a medical invoice.' So, I call the agent who sent the letter. After the identification process, the agent would to talk to me. I start explaining and his tone would change. He would be more specific, more patient, and would always manage to do something positive for the client. Often, clients are by right entitled to get service, but they do not receive it. It happens all the time. And we are dealing with people who are vulnerable, you can tell them it is your right to have it but they don't know how to get it (SW-3).

Advocacy is to accompany the client and to defend his rights and provide recourses in order to obtain what he is entitled to. For example, access to social welfare. Sometimes, there are traps; they ask for documents; they refuse someone because

they didn't analyze the situation or they didn't have certain information. In such cases, advocacy becomes relevant (SW-4).

Nevertheless, three social workers were critical of their role in advocating for clients' rights. They assumed that advocacy is framed by their institutional policies which limit their advocacy actions. As one social worker explained: "in some cases, I am not allowed to contact the institution which denied the client his right. I have to get permission from my manager to do so. And he might refuse because of specific inter-institutional agreements" (SW-1).

Three informants acknowledged social workers' constraints in a public institutional setting to take advocacy actions. One informant explained: "I know some social workers have the will and the intention to take advocacy actions. However, their actions are limited because their hands and feet are tied to an institutional mandate" (Informant 18). However, another informant clarified that despite institutional constraints, some social workers manage to stretch their mandate and advocate for their clients (Informant 15).

SCHMOOZING

One specific action that was mentioned by at least half of social workers is 'schmoozing'. In Merriam-Webster dictionary, the definition of the verb 'schmooze' is: to chat in a friendly and persuasive manner especially so as to gain favor, business, or connections. The action of schmoozing is based on personal networks of professionals working in different health and social welfare institutions, schools, day care, and so forth. who can potentially help clients access services in the institutions where they work. A social worker described how she uses her network:

I know a lot of people at the hospital. I go there and I try to talk to them. It is called schmoozing. You are using your personal relations, you are explaining to them the situation, making them feel a little uncomfortable. You talk about the client, his situation. And it works (SW-11).

Of note, social workers mentioned that they rely more on their personal network and schmoozing rather than on institutional mandates or the help or support of their manager. One social worker expressed how she put a lot of energy and effort into building a professional network because she experienced the limitations of the institution's mandate and the lack of tools to assist her in interventions (SW-6). Moreover, participants as well as their respective networks were well aware that schmoozing does not fit any mandate. They made sure to refer to their contacts only when they do not have other options. In other terms, they do not overuse the exceptional treatment they get out of these contacts, as one participant highlighted: "you have to make sure not to ask a lot from your contacts. Only for exceptional cases. The treatment they give should not become the rule, because all this is out of the box" (SW-9).

REFERRAL

All social workers acknowledge the limitations of their interventions in defending human rights in a public setting. In cases of human rights violations, social workers often refer to other organizations to complement what they cannot do. The difference between participants is the extent to which they get other professionals involved and to what extent they build a joint intervention with the organizations to which they refer. One participant evoked complementarity as essential in the process of referral. Therefore, referral is not designed to pass on responsibility for the client, but rather to make the intervention more substantial (SW-1). Indeed, social workers' involvement is essential, even after the referral:

When I am limited in my mandate in terms of resources, I refer to other organizations where there are practitioners who can do whatever I cannot do. I make sure that the client gets heard and I stay involved in the case as much needed. I continue my part" (SW-2).

Referral is an action encouraged and supported by the institution. As one participant explained: "I can delegate to community partners who can do these things on our behalf. And we

work in collaboration with them and the institution knows about this collaboration and encourages it” (SW-7).

However, a few social workers assumed that they did not need to get involved in situations where asylum seekers face human rights violations. They contended that other practitioners outside their institution, mainly community organizers, are supposed to deal with this type of situations. They believed that their job as social workers, working in a public center of health and social services, consisted of client referral. This was explained by one participant this way:

It is really not our mandate to defend rights. I identify the problem. I explain. I refer to resources, to community organizations. When it is really problematic, I refer to the psychologist or to psychiatry or other departments. My job is supposed to be a transitory intervention (SW-10).

Four informants confirmed that social workers refer to other institutions as a complementary and necessary step of intervention. One informant explained: “referral is most of the time a strategic move; to insure a specific goal of intervention” (Informant 13). However, two informants were critical with regard to referrals and pointed out how a few social workers make automatic referrals before even insuring a proper assessment of the case before them (Informant 14, Informant 16).

ACCOMPANYING THE CLIENT

Worth mentioning are social workers who accompany clients to the institution or the organization where they can have access to specific services and where they were previously denied access due to immigration constraints. Accompanying clients means social workers using their professional status to negotiate the service and, consequently, the right which is at stake. One participant spoke of this action:

When you are in your office and you have an individual in front of you, giving him a speech about rights doesn't really help him much if this is all you are going to do. He thanks you and leaves through the door. He is still in the same problem that he had before he came in. So, sometimes, you have to really get off your seat, leave your office, and accompany the clients as they go through this. It is very nice to tell someone you know it is not right, it is unjust, and you have rights. But if nobody is giving you your rights and no one is accompanying you, it does not mean anything. From time to time, I feel very inspired to go out with them. The person would say, 'I went there and there but nothing happened.' I would say, 'OK, I am coming with you' (SW-1).

The majority of informants confirmed this action taken by social workers who intervene with asylum seekers facing human rights violations. Two insisted on how essential this action is for asylum seekers in terms of support (Informant 14, Informant 17).

CONSCIENTIZATION OF PROFESSIONALS

Half of social workers considered that when working to defend a client's rights, conscientization of professionals is essential, because the process might lead them to become more sensitive to the needs of other clients facing a similar situation. Social workers aim through the process of conscientization to sensitize professionals with the goal of getting them to extend access to rights—both to the individual clients, and to future clients in like circumstances. As one social worker reported:

I deal with each case separately, such as, for example, going with the client to the emergency. If someone else shows up with the same problem and so on, maybe they [hospital workers] become more conscious of it; they will deal with it differently. You made a precedent for one person, so maybe that will open the door for a second person; and dealing with your one case, you are always hoping that people become sensitive to other people (SW-4).

CHARACTERISTICS OF SOCIAL WORKERS' ACTIONS

Social workers describe their empowerment human rights-based actions as being creative and silent.

CREATIVE

Social workers describe practices in cases of human rights violations to be, most of the time, creative. They build their intervention based the uniqueness of the case, their responsibility, their values, their intuition, and creativity. Two social workers expressed their opinions in the following examples:

We have cases where clients don't have access to what they need due to legal constraints. This is where practices become individual. The responsibility becomes individual; we act with regard to our values, with regard to our own initiatives, our intuition, our creativity. We won't log out of the legal framework, but we show a lot of creativity by calling on our values and by searching for other means possible; by helping the client without limiting ourselves strictly to the organizational framework (SW-5).

With regard to service cuts affecting asylum seekers, as a social worker, when I am in my office, within my four walls, I will be creative for my client. I believe in the open-mindedness of each and every one. I didn't receive any guidance, any directives from my supervisor. I know I have somebody in my office whose rights are not being respected. So, I will find the means to facilitate things for him, so I will open the machine (SW-6).

Four informants gave the same description of social workers' actions with asylum seekers confronting situations of social and economic human rights violations. One informant explained: "I think many social workers are creative. Situations involving asylum seekers can be so complex and sometime hopeless. Despite institutional constraints, some social workers always surprise me by finding a solution when at the beginning there seemed to be none" (Informant 15). However, another informant stated: "sadly enough, a few social workers do not go out of their comfort zone. Their actions are strictly bound to the institutional mandate which is in my opinion limited. Little is done" (Informant 14).

SILENT

However, these creative actions are most of the time constructed outside the institution's mandate, and social workers therefore judge that they should be kept silent. One social worker

explained how she believes in silent practices. She thought the organization was against her unpublicized practices, but acknowledged that the institution has to follow a legal system (SW-5). However, while admitting her obligation to deal with legal and administrative constraints, she revealed that her managers were aware of these out-of-the-box practices and accepted them as long as social workers were discreet and their practices were kept under the radar (SW-5).

Three informants acknowledged this characteristic. One informant specified that she and many other professionals who collaborate with social workers respect this characteristic and keep actions of collaboration silent (Informant 16).

PRAXIS

Praxis is the third concept that around which the study was organized around. Praxis relates to interactions between theory and practice. In the case of the study, I was particularly interested in the way that social workers perceived the interactions between theory and practice. Most importantly, praxis revolves around social workers' learning process. The first part of this section examines steps undertaken by social workers related to their learning process. The second relates to barriers to developing praxis.

PRACTICE IS A LEARNING PROCESS

The majority of social workers considered the process of evaluation of one case to be relevant because it would then become an asset for subsequent cases. One social worker described the process of reflection in which he engages after completing his intervention for a case:

It always starts with an individual, what rights he is entitled to and then, expanded it to the majority of cases. Therefore, when I make an intervention for one client, I ask myself the question: is it an intervention that should be made to all the clients? What is specific to this case? What can I take from this case and use in other cases? (SW-7).

One specific means brought up by participants to help develop reflection based on human-based practice is writing notes for each case and identifying positive outcomes, barriers, professionals involved, and so forth. As one social worker stated: “I think administrative procedures like completing notes in the file help me to think about my intervention. What could I have done better? What are the means to reinforce it? Etcetera.” (SW-9). However, half of social workers revealed that even though practices involving human-rights issues are very challenging and can therefore be valuable to social work education and training, they rarely share their learning. They justified this by the silent characteristics their practices have. As one social worker expressed: “Because my practices are somehow ‘different,’ because they are made ‘out of the box,’ I do not generally share them with others—only very rarely when I trust the person very much” (SW-1).

BARRIERS TO PRAXIS

The majority of social workers felt that they lacked sufficient opportunities to think over cases and practice and hence to develop a learning process. Participants identified many barriers to praxis, such as the lack or absence of supervision, lack of case-discussion meetings, lack of time to participate in research projects, absence of opportunities to participate in conferences.

Although almost all participants believed supervision to play a significant role in the learning process, they expressed not having the opportunities to participate in supervision meetings due to lack of time considering their heavy case-loads (SW-1, SW-7, SW-12). Also, many mentioned that supervision sessions have been progressively reduced from one per week to one every six weeks, due to administrative budget cuts (i.e. lack of funding) (SW-3; SW-4). Two participants evoked the unavailability of their supervisor as a barrier to praxis (SW-2, SW-10).

Social workers also felt that discussion in team meetings can be helpful in the learning process, pointing out the importance of peer support. However, they expressed frustration at not having the possibility to discuss their cases during team meetings, which are more focused on managerial issues and technical information. One participant stated:

We have a team meeting every month, during which our manager transmits the latest administrative decisions or changes. We discuss organization issues. That's almost it. We do not take time to discuss specific cases from practice. We wish we could but it is never on the agenda (SW-11).

Another social worker confirmed the importance of team meetings and pointed out the contribution of peers in the learning process:

I think the most relevant way for me to learn is to discuss with my colleagues, to have their feedback, because they know the context, the clients, the resources, etcetera. But unfortunately, we do not have formal meetings where we can have team discussions about specific cases or topics relevant to our practice and which will help develop our knowledge or enhance our skills (SW-4).

Four participants deplored lack of participation in research. One participant explained:

I really think participating in research process will help me to reflect on my practice and see more clearly what I do and learn from it. I would be able to put things into perspective. However, I do not have time to do so. I do not even have enough time to meet with every client on regular basis. So, I cut on other activities, even though I think they can be important (SW-3).

While social workers admitted that their manager encourages them to participate in research projects, they mentioned they are not granted time for this specific activity (SW-3, SW-5, SW-9). One participant explained:

My manager encourages me to participate in research. However, I have to find time to do so, on my own, at the expenses of my caseload. When I made a request to reduce my caseload by at least one or two cases, in order to be able to do research, I got a "no" answer. I do not have enough time to manage my own case-load. Speaking of which, I often deal with the emergency situations that emerge. I do not even have time to have a proper follow-up for each case. How would I find time for research, then? (SW-1).

Two other participants brought up their participation in conferences as a significant tool to reflect on their practice and to share their learning with peers and experts. However, they specified that even though the institution is university-affiliated and promotes field training and research-based practice, it does not support social workers' participation in conferences. Social workers denounced the lack of support in allocating time and financial support to prepare for the conference and to participate in it (SW-8, SW-12).

The findings presented in this chapter bring forward five major themes: (a) academic institutions, (b) social workers' personal stance towards human rights, (c) structural disadvantage through public institutions, (d) human rights-based actions following from empowerment and (e) praxis and how social workers learn through and from practice. The next chapter provides an in-depth discussion of these five themes and is based on statements from both social workers and informants as well as on institutional documentation.

CHAPTER 6: DISCUSSION

Practices dealing with questions of human rights raise many challenges yet the discipline of social work identifies human rights as one of its core concepts. However, to date there has been no comprehensive review made of existing human rights approaches and models that might help social workers to incorporate a human rights framework into their practice. Rather, the existing literature offers an amalgam of concepts from which one must generate a self-made framework. Academic training in social work tends neither to give a basic framework for the concept of human rights, nor to include a focus on human rights as a component of practical field training (Dominelli, 2007b; Reichert, 2011; Wronka, 2007). It is rather the promotion of social justice and advocacy that dominate social work training. While public institutional mandates proclaim that human rights are a priority, in practice public institutions operate according to a managerial logic focused on individual case management and statistical assessments, where heavy caseloads mean that social workers are confronted with an assembly-line of cases and are hindered from offering reflexively-competent interventions (J. Grenier, Bourque, & St-Amour, 2014).

Faced with little training and professional guidance from their institution, social workers in this study tended to chart their own courses. Adopting a human rights perspective in such a context was therefore a matter of individual preference. Social workers in this study were not compelled to respect it and did not necessarily consider it in their practices. They also had varied conceptions of human rights. Therefore, when they dealt with situations involving human rights issues, they used different assessment criteria, approaches and protocols. Their decisions to engage in human rights-based practice are arbitrary.

Despite this, half of the social workers still cultivated a regard for human rights, “leaning against the wind” and developing interventions centered around human rights. The other half

engaged in practice structured by institutional policies where human rights are not necessarily considered.

Many factors come into play in shaping social workers' conceptions of human rights and their decisions to engage in human rights-based practice. The first factor concerns social workers' academic training. The second is related to social workers' personal stance towards human rights. The third refers to how social workers approach structural disadvantage carried out in public institutions.

The first section of this chapter discusses these three factors. The second examines human rights based actions which diverge from these three factors and which are analyzed according to the concept of empowerment. The third section discusses facilitators and barriers for praxis.

ACADEMIC INSTITUTIONS

Academic institutions necessarily play a large part in shaping social workers' stance on human rights, through various conceptual, methodological and training frameworks. Study participants shared that during their academic education in social work, only two attended a course devoted to a broad understanding of human rights. Additionally, three are those who had considered it in their field trainings. Equally, three social workers had an element of their academic education or of their professional training that took the concept into consideration. Half of them could not define human rights, except by offering a broad definition, and no difference was noted between civil and political rights and social and economic rights. They did not know what rights they needed to be aware of in their practices, and had different ways of dealing with situations where human rights were at stake. This lack of formal education into what is

considered by many to be a fundamental element of social work alludes to the reality that social workers' actions and approaches to human rights violations may be arbitrary in their application.

Social workers stressed that the concept of 'rights' underlied many of their approaches and models. It is clear that during academic training, social workers learn about the concept of human rights within other concepts such as social justice, rights, needs, and so forth. However, having an understanding of this at a conceptual level does not necessarily translate into effective or best practice of human rights when considering it as a framework in its own right. The framework of human rights goes beyond a solitary, unified definition; it is a value. "Respect human rights" is one of the core values of the social work profession. However, at an academic level, the word "right(s)" has been over-generalised and inserted in numerous approaches and models, but it does not encompass all that should be included within the framework. When somebody states "we have the right to..." or "we have to defend the rights of..." there is a misalignment between the use of the word "right(s)" and what it actually means. For example, what are the rights that need defending? Yet, while it is clear that a misalignment exists between the framework of human rights and the use of the word "rights" by social workers, it is important to highlight that social workers sampled within this study do have some understanding of the human rights framework. Unfortunately, it is just not as concrete as one might expect it to be and as such one could advise that the structure of social work education be revisited.

According to the majority of social workers, the concept of 'rights' resonates with the concept of social justice. Rights and social justice are two fundamental principles of the academic education and professional training of social workers in Canada. Social workers consistently highlighted the concept of social justice when discussing asylum seekers. However, the plight of asylum seekers is a humanitarian one. On the one hand, asylum is essentially a

process of the right to protection that seeks to vindicate civil and political rights. On the other hand, this asylum claim is also accompanied by the psychosocial reality in the host society: asylum seekers are often confronted with institutional exclusion that denies them social and economic human rights entitlements. In this context, a human rights perspective is a powerful one. It captures these multiple realities and connects them together and, therefore, is a good guide for social work practice. It provides both an analytical and practical framework for social problems and practice within academic training.

Social workers often refer to social justice when the concept of human rights is evoked. Mapp (2007) states that social justice is an ideal on which human rights are based. In much of the current discourse, human rights and social justice are treated as “nearly synonymous terms” (Cemlyn, 2008b, p. 231). Reichert (2001) states that to use the term social justice in any meaningful way requires linking social justice to clinical practice. However, the concept “is difficult to grasp as it has no clear definition and consequently often serves merely as a pleasant-sounding catchword” (Reichert, 2001, p. 5). Although the concept of social justice is still considered a pillar of social work practice (Lundy & van Wormer, 2007; Reichert, 2001), Reichert (2001) declares that no theory can fully explain it and that definitions raise more questions than they resolve. In light of these difficulties, Reichert (2001) suggests its replacement with the concept of human rights, which presents a set of universal rights for each individual. Human rights are for all human beings no matter where the individual resides, not only for marginalized groups. A crucial difference between the two concepts is that human rights has an explicit focus on entitlements and obligations as opposed to the social justice concern with needs (Androff, 2015; Ife, 2008, 2012).

SOCIAL WORKERS' PERSONAL STANCE TOWARDS HUMAN RIGHTS

Study findings showed that social workers construct a stance towards human rights according to three factors. The first concerns their professional experience. The second is the distinction social workers make between institutional social work and community social work. The third factor refers to social workers' understanding of the concepts of needs versus the concept of human right.

PROFESSIONAL EXPERIENCE

It is important to note that the employment histories of most of the CSSS social workers interviewed for this study were limited to work in public institutional settings. Almost all social workers had professional experience in clinical social work and case management that drew largely on psychosocial approaches to individual well-being. This reinforced their conception of social work as a standardized practice, by the need to respect already-existing protocols and internal rules. Further, their training tended to be limited to clinical work and they had little practical experience in institutions beyond those supported by the state. A few had experience in community organization settings.

The defense of human rights was raised as an issue of personal values for social workers involved in this study. Half of social workers were driven by the sense of social justice intrinsic to the nature of social work. The value that social workers ascribed to the concept of human rights varied, which necessarily translated into various types of practice. Social workers referred to their ethical institutional code as well as to their deontological professional code to guide their practice. However, our findings suggest that social workers are in fact caught between differing and sometimes divergent sets of values. Their practice is informed in part by professional values developed through their educational training and professional experience. But social workers

also reported that they felt they were obliged to respect their institutional mandate and follow their professional association's code of conduct. Social workers criticized the absence of balance and common ground between the three authorities, as well as the divergence in their messages.

While social workers acknowledged that neither the institution that employed them nor their professional association defined or encouraged a human rights-based approach, they were highly influenced by colleagues who explicitly demonstrated their commitment to and support of human rights.

These findings refer to the influence of peers in the attitudes and behaviors of social workers. Searching several data base systems for studies relating to peer influences or reinforcement on social workers' positions, attitudes or values did not produce any conclusive research on the topic. However, several studies relating to peer influence – although showing contradictory results – are of interest in relation to the findings of the current study. The first study by Goldman and Foldy (2015), investigated the process through which front-line workers make decisions about how to proceed in action. The authors described how “meeting with peers on a regular basis provided these workers with a forum for deliberating about their choices which workers make decisions and, in particular, how they deliberate with one another about practice problems within groups dedicated to improving social service delivery” (p. 194). However, the authors stressed on the formal aspect of peer meetings and highlighted that further research is needed to “illuminate the differences between deliberation in peer groups and more informal conversations that may occur among workers who do not meet regularly for the purpose of improving practice” (p. 197).

Oberfield (2010) explored rule-following behavior by welfare workers in frontline services, and described how workers' views and behaviors in respecting or not respecting

bureaucratic rules may be influenced by informal organization influences like peer perspective. Joseph (2004) considered the significance of peer influence in ethical decision-making processes by comparison to supervision and management influence. The results revealed that peer support mechanisms were less influential than those offered by management and supervision in ethical decision-making processes.

The findings of the current study are consistent with these studies in that they suggest the importance of how peers can influence or motivate social workers' attitudes and hence decisions to undertake actions. However, the findings of this study highlighted some peer influence characteristics. The first characteristic is that they can operate one-on-one rather than in groups. The second characteristic is related to how social workers are influenced by peer commitment towards a specific value (i.e. defense of human rights).

Other findings in this study revealed that social workers believed that some institutions, and therefore some types of social work, were more amenable to the inclusion of human rights. They felt that institutional social work was less inclined to include human rights than community social work. These findings are consistent with Makaros and Weiss-Gal (2014) study, which compares ideologies focused on promoting values of social justice and social change among caseworkers and community social workers. Basing their analysis on the assumption that, despite their differences, both social casework and community social work subscribed to the same core concept of person-in-environment, the authors (2014) state that historical roots and development trajectories proper to each field play a significant role in how social workers position themselves towards social justice and social change.

Social workers who work in institutional settings are inclined to emphasize needs and to adopt individualistic approaches to care, drawing on psychological approaches focused on the personal and interpersonal sources of problems and on the use of individual and family

interventions (Makaros & Weiss-Gal, 2014). However, these authors have also highlighted the role of professional socialization in shaping professionals' values, attitudes and professional identity. Such socialization "occurs both formally, through education and afterwards, through the practice setting and professional associations to which the professionals are exposed" (p. 3).

As a result of the history and development of institutional social work, as well as the role of professional socialization, some social workers might fail to consider the concept of human rights systematically. Others who have developed a critical stance towards their institution and its policies, might engage in actions (i.e. human rights-based actions) ignored by the institution. This study has demonstrated that social workers' socialization in a public institution can trigger different outcomes for social workers' practice.

In this study, this difference in social workers' attitudes and actions with regard to situations of human rights violations questions the process of professional socialization in public institutional settings. This study highlighted that in addition to factors of socialization such as education and training in social work, professional experience, institutional settings and professional associations, other factors need to be considered that impact social workers' practice with asylum seekers. These additional factors are social workers' conceptions of institutional social work versus community social work, social workers' positions towards their own institution's policies and social workers' definitions of human rights.

Social workers have also noted that they approach and understand the concept of human rights differently depending on their country of origin. Foreign-born social workers, specifically those from developing countries who have themselves immigrated to Canada, approached the notion of rights differently from native-born Canadians. Social workers from an immigrant background considered the concept of human rights to be taken for granted by their native-born

Canadian colleagues. They reported feeling that native-born Canadian who enjoyed legal protections might not fully understand the problems that had been faced by asylum seekers arriving from countries of origin where human rights were denied. They argue that social workers should put themselves in the position of asylum seekers and try to develop an understanding of their life histories and their experiences with human rights in their country of origin.

Ruiz-Casares et al. (2012) found similar differences in perceptions between foreign-born and native-born Canadian healthcare professionals. The authors (2012) found that foreign-born health care professionals were more likely than their native-born Canadians peers to consider how health status was linked to the lack of access to health care. They were also more likely to recognize the refusal of services by health institutions or practitioners, acknowledge institutional racism and social prejudice and note the importance of specialized medical care.

PUBLIC SOCIAL WORK AND LINK TO COMMUNITY ORGANIZATIONS

Social workers in this study made a clear distinction between their practices and those of community organizers. While they attributed specific missions to each field, they assumed that the types of social work in each institution were complementary. This assumption could be either understood as a recognition of the complementarity of these two kinds of social work, or as a withdrawal from professional duties and responsibilities.

In this study, social workers referred clients to community organizations for two reasons. Almost half of social workers might refer with the intention of complementing their interventions in the best interests of the client when the public institutional mandate and programs prerogatives prevent them from taking their interventions further. One example might be referral to a community organization specialized in housing rental obligations and tenants'

rights. Referral is simply one component of their intervention, which nonetheless requires the continued involvement of the social worker as long as the situation requires.

In contrast, other social workers justified their referral to community organizations citing a lack of mandate to defend clients' rights and did not make follow-ups. In cases of human rights violations, they considered their responsibility to be limited to referrals. They explained that referrals were necessary because clients' rights could not be addressed by the services available under their institutional mandate.

While several social workers acknowledged the importance of defending asylum seekers' human rights, they nevertheless conformed to narrow applications of their institutional mandate. Makaros and Weiss-Gal (2014) have similarly confirmed that social workers employed in public institutional settings tend to treat clients as individuals, rather than recognizing their embeddedness in larger and potentially discriminatory systems, a practice that raises concerns about the role of social work in perpetuating social injustice. Paradoxically, however, social workers also attributed considerable importance to social justice. They 'viewed the government as responsible for social provision and attributed poverty more to social structural factors than to personal and motivational ones' (Makaros & Weiss-Gal, 2014, p. 13). These findings illustrate how attitudes and practices differ according to the nature of institutional setting. They also tell about the way in which institutional social workers employed in a public institutional setting make a clear rupture between their work and the one of community organizers.

CONCEPTIONS OF HUMAN RIGHTS VERSUS 'NEEDS'

Our study findings are consistent with those of authors who have noted a dialectic relationship between needs and human rights in social work practice (Androff, 2015; Berthold,

2015). How social workers defined clients' problems in terms of needs or rights determined their approach to situations of human rights violations.

Those social workers who adopted a human rights-based approach explained that they did so not only because they believed that this would improve a clients' involvement in an intervention, but more importantly because it would develop autonomy and self-care. This finding highlights involvement of clients and development of their autonomy and self-care which are two core components of the process of empowerment (Le Bossé, 2003). This finding is also consistent with guidelines for social work practice rooted in a human rights perspective focused on extending entitlements to clients (Aujoulat et al., 2007) and oriented towards maintaining their dignity and respecting their inherent worth (Gatenio Gabel, 2015; Lundy & van Wormer, 2007).

Further, research on social workers' rationales for the adoption of a human rights framework suggests that they believe these approaches will develop health or social care professionals' awareness of human rights and their universality and indivisibility. This can be beneficial for asylum seekers, as it insures that they can eventually be treated without any exclusion or discrimination. This is congruent with Lundy's contention (2011) that human rights practices aim to influence and hopefully change sociopolitical and structural contexts through developing ways to raise awareness of conditions of oppression and ways to resist and challenge them (Lundy, 2011).

On the other hand, those social workers who defended existing immigration laws and social policies restricting services for asylum seekers focused more on the concept of needs in their practice. They reported that their involvement in cases was rooted in a perception of the client as victimized rather than entitled, although they reported that they still did their best to

help the client. They admitted that their practice could sometimes be paternalistic as it may limit clients to develop autonomy and focus on personal capacities. For example, when clients required social services to navigate the system and to ensure their integration into the host society, they did not engage any means to empower them. Rather, their goal was simply to get clients to come to terms with their current life conditions and accept that they would have to wait until their immigration status changes to have better life conditions.

They considered clients' personal problems to be related to their experiences of immigration, and tended not to highlight the role of social structures. In this perspective, they focused on needs and conducted needs-based practices. These findings are congruent with research on practices based on approaches and models focusing on needs, which often leads to a pathologisation and a victimization of individuals, families and community members (Androff, 2015; Berthold, 2015; Ife, 2008, 2012; Lundy, 2011). Through their needs-based practices, social workers also put undue responsibility on asylum seekers, an argument which fits with Canadian immigration policies that require asylum seekers to prove their credibility, and hence eligibility for social benefits. However, half of social workers believed that the focus on needs was temporary, and that asylum seekers would eventually become empowered to take responsibility for their lives once they were reclassified as refugees and had their status changed to residents of Canada.

STRUCTURAL DISADVANTAGE THROUGH PUBLIC INSTITUTIONS

Public institutions are the third factor highlighted in the study findings which play a significant role in social workers' abilities to consider, analyze and include human rights in their practice. In order to analyze how social workers approach the concept of human rights, this study looked at how different institutions which are part of social workers' professional curricula

incorporate the concept of human rights into their mandates, and therefore, how these institutions concretely affect the ways that social workers approach the concept. The structures most prevalent in study findings were two. The first were the institution where social workers are employed. The second were public welfare institutions, such as health care public institutions, public schools, daycares, social welfare, public employment institutions, and so forth, with which social workers interact on a daily basis in the course of carrying out their duties.

PUBLIC INSTITUTION WHERE SOCIAL WORKERS ARE EMPLOYED

In the public institutional setting where this study was conducted, social workers were supposed to provide psychosocial services to the community residing in the sector served by the institution. Study data revealed that the ways that social workers perceived and approached their own institutional mandates influenced their positions when engaging in practices involving human rights. Social workers expressed various ways of operationalizing their institutional mandates into practice.

The CSSS's official institutional framework for psychosocial practices stresses the importance of the concept of rights and on clients' specific profiles which are among the key values that guide intervention at the center. Also, one can clearly conclude that the choice of approach of intervention to adopt rests largely with the social worker. Moreover, the CSSS's *Document cadre de référence de la pratique psychosociale* (CSSS [REDACTED], Avril 2010) promotes the use of Lundy's (2011) structural approach, which focuses on the concept of rights by definition.

Study findings demonstrated that almost half of social workers felt that their institutional mandates did not require them to incorporate the concept of rights into their practice, but rather directed them to respond to their clients' needs without any specific consideration of rights.

While they acknowledged that human rights were essential to the profession by definition, they felt that the institutional mandate should prevail on the profession's mission, and therefore largely oriented their interventions in respect of their perceived institutional mandates. For example, a few social workers explained that they might approach situations involving asylum seekers without inquiring into their immigration status, which could limit access to or eligibility for certain services, such as access to education. Four reported that they focused on clients' needs and followed the policy of offering front-line services to all client profiles without major distinctions made between the kinds of services offered to, or the approaches taken with clients. Although they acknowledged that immigration status played a significant role in their clients' problems, in practice, cases were approached in a standardized manner. Such a position reflected the CSSS's mandate, which aims to provide general front-line services through a set of standardized practices. For individuals working at the CSSS, considering and including human rights in the practice of social work was thus explicitly a matter of individual prerogative.

Other social workers reported that their institution did not preclude engagement with human rights-based practices, particularly when it was in the best interests of the client. However, they were sceptical of the CSSS's written declaration and of its position on the concept of rights. They questioned to what extent the institution genuinely supported the application of these documents in practice, when institutional mechanisms tended to reflect managerial priorities and imperatives that could be contrary to the profession's mission in general. Bureaucratic requirements, data and reporting burdens, heavy caseloads, and the promotion of individual case management strategies tended to create barriers in terms of motivation, time and disposition that prevented social workers from reflecting on their professional practice in general, and on the application of the concept of rights more specifically. Also, the institution did

not provide any supervision, accountability or evaluation mechanisms for cases which might benefit from an application of the concept of rights in practice.

These findings are consistent with critiques of the managerial and bureaucratic turn embraced by the profession since the 1980s, particularly in public institutional settings. Jordan (2001) states that:

It cannot be denied that social work has changed, both organizationally and in terms of practice methods, in the past 25 years; nor can it be ignored that this change, at least in the public sector, has followed the lead taken by government policy, by managerial directive, and by ideological shift (pp. 6-7).

This is confirmed by Amadio (2009)⁷ cited in (J. Grenier et al., 2014) who argues that managerial logics often contradict the perceptions that social workers have of their work, because they closely follow protocols that govern their practice and execute repetitious and monotonous administrative acts. For example, Humphries (2004b) describes the role of social workers in this new bureaucratized space as being limited to “classifying customers into packages of care” (p. 33).

In Canada and specifically in Québec, Larivière (2010) describes the impact of social services reform on social work, highlighting that social workers currently lack specific training for the tasks they are assigned to do. They also lack appropriate supervision, especially for specialized programs. According to the research conducted by Larivière (2010), practices are evaluated through measures of performance which, rather than being based on the quality and complexity of the work, are based on statistical data such as the number of clients seen per day, the number of professional acts accomplished, and so forth.

⁷ Amadio, N. (2009) Le travail social de secteur à l'épreuve des logiques managériales. The text is a conference communication which was previously available on line. However, the text is currently unavailable and could not be retraced through library data bases.

Confirming Larivière's analysis, in their study on the effects of governmental reforms on the evolution of social services in Québec for the last thirty years, J. Grenier et al. (2014) note that social workers' caseloads have intensified significantly. Moreover, social workers are required to follow protocols which aim to standardize their practices. They must also complete a heavy burden of repetitive and monotonous administrative tasks (2014), which has contributed to the loss of social workers' expertise because there is less time for practice, professional development and lack of acknowledgement of the profession (Larivière, 2010).

These findings are similarly reflected in this study data, which found that institutional conditions do not foster the translation of the concept of human rights into the practice of social work in a consistent manner. Rather institutional conditions endured by social workers in their day-to-day practice play a significant role in shaping the issue of arbitrariness of including human rights in social work practice this study has raised.

STRUCTURAL DISADVANTAGE BY PUBLIC WELFARE INSTITUTIONS

The structural disadvantage asylum seekers are faced with is in public welfare institutions and accessibility to services. Social workers work with such institutions in their daily practice. Therefore, they are influenced by these institutions' approach to the notion of rights which manifests itself in the offer of services, and eligibility and admissibility criteria. Study data suggests that the understanding social workers develop out of structural disadvantage carried out in public welfare institutions, determines how they intervene in situations of human rights violations and how they construct their actions accordingly. In the following, I discuss study findings in relation to structural disadvantage in terms of inaccessibility to services and internalization of human rights. I also examine how social workers position themselves towards these issues.

INSTITUTIONALIZATION AND INACCESSIBILITY TO SERVICES

Western countries, such as Canada, the United States, Australia and western European countries, have implemented strict immigration policies intended to restrict the entry of asylum seekers, as well as domestic, or inland, measures of deterrence to discourage asylum seekers from coming to their territories and which aim to make living conditions difficult in the host country. This study focused specifically on inland measures of deterrence in terms of structural disadvantage which manifest in institutional exclusion from public welfare institutions.

Cohen (2002), referring to the Home Office in England, the equivalent of immigration and border security agencies in Canada, has noted, “the Home Office does not operate simply as one department among several; rather, the entire state machinery - and particularly its agencies of welfare - are being co-opted into immigration enforcement, and this machinery is being orchestrated by, and is ultimately answerable to, the Home Office” (p. 538).

In Canada, asylum seekers face human rights violations that are enabled by inland measures of deterrence, such as denials of access to institutional services. Human rights are concretely operationalized in the social services that support them. For example, the right to health care is operationalized in free access to medical care. Restrictive immigration measures and social policies which deny asylum seekers’ access to specific services therefore violate the human rights underpinning such service. These violations remain as long as asylum seekers’ immigration files are still in process and until they get permanent resident status. To ensure that services are provided in such a context, social workers often need to act as liaisons between asylum seekers and the institutional structures that provide services relating to health, education, housing, employment, access to minimum wage, and decent working conditions. Refusal and denials to institutional services are effectively a form of structural disadvantage.

How social workers understand their cases determines the extent to which they consider structural disadvantage, and therefore how they address human rights violations. Several social workers considered structural disadvantages to have a negative effect on the lives of asylum seekers. More than half of social workers assumed that asylum seekers left their country of origin for reasons of persecution and lack of governmental protection. They believed that asylum seekers face structural disadvantage in their home countries, which are manifest in a lack of access to political, social, and economic institutions, and the lack of accessibility to services those institutions provides.

Also, social workers believed asylum seekers' face in their home country political, social and economic conditions which translate into structural disadvantage and operate in many cases through lack of access to institutional services. They understood structural disadvantages in terms of their critical impact on an individual's life, linking structural disadvantages to diminished psychosocial well-being. Social workers thus understood structural disadvantages to be central in having an impact on asylum seekers' individual accounts. This finding is consistent with the importance of analysing individual accounts in correlation with structural disadvantage (Carniol, 1992; Lundy, 2011; Moreau, 1990; Mullaly, 2002; Rivest & Moreau, 2015). Analysis should take into consideration factors of class, race, gender, sexuality, nationality, disability, culture and age to have a full understating of the situation (Lundy, 2011; Rivest & Moreau, 2015). It should also consider how legal, political, economic and social structures impact on one's living conditions. Study findings have highlighted immigration status to be a significant factor to take into consideration when analyzing individual accounts in correlation to structural disadvantage. Findings also pointed out that social workers took into consideration legal measures and social policies and their impact on asylum seekers' living conditions.

Nevertheless, study findings showed that social workers differed in their attitudes and practices concerning the importance of their clients' experience of structural disadvantage in the host country and its role in restricting eligibility for and access to institutional services. On the one hand, the majority of social workers actively solicited accounts of asylum seekers' life experiences, specifically concerning persecution, measures of immigration deterrence they had experienced, and the risks undertaken to arrive to Canada. These social workers considered structural disadvantage as a continuum, one which begins in the home country and is continued in the host country. In this sense, social workers acknowledged that the denial of institutional social services in host countries is a structural disadvantage that not only played a significant role in asylum seekers' well-being, but also constituted violations of their social and economic rights. Moreover, social workers were well aware of institutional policies mandating that health professionals and other providers of care block access to asylum seekers because of their immigration status, and considered these policies to be discriminatory and unfair.

These social workers' attitudes supported Cohen's argument (2002) that immigration controls and welfare institutions that link entitlement to immigration, nationality or residency status are intrinsically racist and discriminatory. These social workers considered that everyone should benefit from human rights, no matter their immigration status. They referred to the definition of human rights which transcends customs, laws, and policies (Ife, 2012; Reichert, 2011).

According to them, the practice of social work should be based on principles of human rights, and guarantee fairness and social justice (Lundy, 2011). Consequently, they felt that asylum seekers should be granted the right to access social services, regardless of their immigration status. Social workers' attitudes in this case were therefore consistent with Ife's

third tradition called the constructed rights tradition (Ife, 2012), which considers the ways that people, either individually or collectively, define their rights and the rights of others, and the corresponding duties that are linked to those rights. They develop a critical conception of structural disadvantage and a constructive definition of human rights.

Other social workers had a different understanding of inland immigration measures and the effect of structural disadvantages in asylum seekers' host countries. While they condemned civil, political, social and economic human rights violations in asylum seekers' countries of origin, they felt that Canada offered fair treatment to asylum seekers. These social workers felt that Canada's legal system and social policies were fair and equal, both to citizens and residents. They expressed the belief that violations of human rights occurred only in developing countries. They also approved of existing inland immigration measures, perceiving limits on eligibility and access to institutional services as necessary.

These social workers felt that structural disadvantages were legitimate because they protected eligibility and accessibility to services for citizens, residents and those who proved they had been persecuted and were subsequently granted asylum. They also evaluated accessibility and eligibility in terms of merit and deservingness, considering structural disadvantages somehow legitimate because they limited access to services to citizens and asylum seekers proven "worthy" by Canadian authorities. Social workers felt that limiting access to services protected society from abusers. A universal (vs. indivisible) conception of human rights could apply only when an asylum seeker had been granted the status of refugee.

In other words, social and economic rights could be granted only after civil and political rights were already attained. The universality and indivisibility of human rights however, is argued to best promote the conditions under which people can lead healthy lives (Dowler &

O'Connor, 2012; Healy, 2008). Well-being, then, depends jointly on an individual's civil, political, social, and economic status. In the US and Canada, civil and political rights often take precedence over social and economic rights. This is because, unlike civil and political rights, the extension of social and economic rights, namely, the redistribution of basic goods and services to each person, requires extensive governmental action and resources (Lundy, 2011; Mapp, 2007). The attitudes of this set of social workers thus reflected the "legal tradition of human rights" defined by Ife (2012) as the combination of laws, conventions and government programs that provide for human rights. Rights are defined by legislation and are achieved through a legal system and a welfare state. They also tend to legitimize structural disadvantage and foster situations where human rights are denied.

Another examination of these findings focused on social workers' personal opinions regarding the concept of human rights, reflected in previous research findings on the topic. Here I engage with the work of Ruiz-Casares et al. (2012), who analyzed the attitudes and values of health care professionals vis-à-vis access to health care for migrants with a precarious immigration status. The authors (2012) have focused on how professionals are faced with a dilemma in providing care, between respecting their professional values and human rights on the one hand, and on the other, respecting political and institutional regulations that limit services. The results of their study revealed a gap between healthcare workers' attitudes towards entitlements to universal healthcare access, and the endorsement of human rights principles in practice. The results highlighted variables that influence attitudes toward entitlement and their interpretation of these obligations, such as 'personal experience (foreign birth of provider), health care role or occupation, and institutional location (primary care center vs. hospital) (p. 297).

Similarly, Vanthuyne et al. (2013) have explored how health workers rationalize their positions towards access to health care for migrants with precarious immigration status, asking ‘what role [health workers’] country of origin, institutional affiliation and professional role played in shaping their arguments’ (p. 80). The authors (2013) noted two perceptions among health workers – one in support of access to services and another in support of refusal, a finding reflected in this study. Some social workers argued against those who claimed that social services are equally accessible to all, and that migrants were eligible for the same kind of services as others. Others instead argued against the provision of care services to migrants, supporting the government’s restrictive immigration laws and regulations in terms of linking entitlements to citizenship status, emphasizing the importance of cost containment and the necessity of fiscal participation through the payment of taxes for the system to function. These social workers supported restricting the provision of services to citizens and those deemed deserving and trustworthy of Canadian generosity (Vanthuyne et al., 2013). Professionals who argued for the universal provision of social services were driven by principles of humanitarianism, human rights, social justice, or public health. For these professionals, ‘uninsured immigrants were perceived as “subjects of rights” that Canadian officials were obligated to provide health services for upon admittance into the country. As a result, medical care should be accessible to all, irrespective of client status and associated costs’ (Vanthuyne et al., 2013, pp. 81-82).

Vanthuyne et al.’s study findings revealed that the attitudes of social workers to the extension of rights to services were therefore split among two groups: those who were driven by human rights and social justice principles, and those who expressed loyalty and trust towards the political and legal systems framing immigration issues in Canada. Vanthuyne et al.’s study

findings echo with the findings of this study. Social workers showed two different positions towards the situations of human rights violations faced by asylum seekers. One position supported the universality of human rights fostered actions for the defense of human rights and for fighting institutional exclusion. Another one expressed an allegiance for institutional policies and trust in the Canadian legal and political systems constructed actions legitimizing institutional exclusion based on the merit of immigration status.

Lorenz (2005) explains how the practice of social work itself is one that can embody varying goals and objectives in oppositional perspectives:

Social workers in all countries are becoming involved in programs of activation, meaning that they have the mandate to motivate welfare recipients of various kinds [...]. This task can be viewed from two fundamentally opposite perspectives. On the one hand, interpreted as helping people to rise above a state of dependency, activation corresponds to the oldest methodological principles of the social work profession, both at the psychological level in terms of the Freudian concept of strengthening ego-capacities and at the community work level in providing help for self-help. On the other hand, activation can be regarded politically as a punitive measure, a kind of means test designed to identify and segregate the underserving, the scroungers who exploit the welfare system to nurture their laziness (p. 98).

Findings from this study were in line with the view held by Lorenz (2005). Social workers demonstrated two distinct perspectives of social work practice in relation to asylum seekers. The first, which is defended by social work principles, goes beyond immigration imperatives, while the second embraces both the legal and political national frameworks for asylum and follows the logic of immigration measures.

INSTITUTIONALIZATION OF HUMAN RIGHTS

The study data revealed how social workers positioned themselves in practice towards conditional eligibility and accessibility to institutional services on the one hand, and universal access to social services as a human right on the other. The issue of conditional eligibility and accessibility raised social workers' concern of institutionalization of human rights which are

fulfilled only when certain criteria are met. An example of criteria would be that the applicant (i.e. asylum seeker) should hold a provincial medical card or have a permanent status. Social workers were aware that their stand towards the concept of human rights in general and its applicability in institutional practice could either perpetuate the oppression and exclusion of asylum seekers specifically, or fight against it.

Social workers, however, expressed feeling powerless to challenge the perpetuation of oppression and exclusion in institutions in which they worked. While half of social workers condemned the institutionalization of exclusionary practices, others found them legitimate. This finding is congruent with Humphries's (2004a) reflections on the role that social workers play "of ascertaining eligibility for services, not in bringing humanitarian values or those pertaining to 'rights' to bear on any particular situation" (p. 33). It is one thing to acknowledge that social workers in institutional public settings have limited control over the social structures of oppression within these institutions (Cemlyn & Briskman, 2003), but it is quite another when social workers themselves believe that the systems perpetuating these violations are legitimate.

The social workers interviewed for this study were employed in a public institution that is an integral node in a network of national welfare services, such as those relating to health, housing, and education. They inevitably found themselves in positions where they are called to play a controlling function of the machinery of the state towards clients who might be a threat to society or abusers of welfare institutions (Colton, 2002). Rather than being only representatives of clients, social workers can also be "representatives of the very systems with which the people they are trying to help are most often in conflict" (Colton, 2002, p. 661).

Moreover, social workers highlighted how human rights violations can be internalized by asylum seekers. For example, half reported that asylum seekers who have routinely faced human

rights violations in their home countries tended to experience similar violations in Canada as 'normal'. When asylum seekers are denied access to free health care, they find it normal. Social workers who reported on this issue have raised concerns about this internalisation. Many of them take actions of educating clients about their rights. Whereas, a few admitted they did not intend to take actions against it, at least not in the near future.

HUMAN RIGHTS-BASED ACTIONS FOLLOWING FROM EMPOWERMENT

In the section below, I will examine the human rights-based actions social workers undertook referring my analysis to the concept of empowerment. The concept insures an analytical framework to understand actions undertaken by social workers when they deal with situations of human rights violations. These findings examine actions of recognition of structural disadvantage, consciousness-raising and critical thinking, and actions of mobilization.

RECOGNITION OF STRUCTURAL DISADVANTAGE

The first step social workers undertook in situations involving human rights violations was an in-depth evaluation. Social workers made assessments of cases by defining needs, then sought to define the rights behind the needs. Interventions or actions were constructed in the spirit of defending human rights. The assessment of needs was intended to help the social worker understand what the asylum seeker was going through, and was followed by an examination of the clients' individual problems in light of potential human rights violations or denials of service in other public institutions.

In their assessments, social workers focused on the individual accounts of asylum seekers. These accounts revolved around the life conditions in asylum seekers' home countries, stories of persecution, the journey to Canada, and their experiences adapting to conditions in the

host country. During this phase, social workers analyzed clients' personal problems and experiences in light of broader social and political forces.

Study data revealed that during the assessment phase, social workers focused on understanding the legal instruments and social policies that structured asylum seekers' experiences with social institutions. Scholars advocating for the adoption of a human rights approach within an empowerment framework (Ife, 2008, 2012; Skegg, 2005), as well as those who situate human rights within a structural perspective (Lundy, 2011), highlight that personal difficulties and experiences are connected to broader social and political forces. Social workers developed a global understanding of asylum seeker issues on an international level because they are aware of the restrictive immigration policies both on the international and the national levels and, most importantly, their impact on asylum seekers' well-being. This finding concurs with experts' declarations on the importance of social workers developing an understanding of asylum issues both on the international and the local scene (Cemlyn & Briskman, 2003; Hayes & Humphries, 2004; Mapp, 2007).

Findings related to the analytical process that social workers undertake of each of their cases are congruent with Mapp's (2007) suggestion that social workers use the systemic approach as a framework for incorporating human rights into their practice. A systemic approach looks at the individual in relationship with the various systems with which he interacts and aims to understand and introduce change to the way in which social systems operate and impact one's life conditions. Following Mapp (2007), social workers reported considering the micro level (the individual), the mezzo level (family and social network) and the macro level (laws and policies) to develop a thorough understanding of their clients' situations.

It was also during this phase that social workers reported defining their stance towards rights violations or the denial of services, discussing their views with the person involved.

COMPONENTS OF EMPOWERMENT: CRITICAL THINKING AND CONSCIOUSNESS-RAISING

Study findings demonstrated that social workers engaged in a reflective process of contextualizing individual experience (Berthold, 2015) within both material realities (economic, social, political, legal) and personal realities (personal troubles, emotional life) (Lundy, 2011). I found that social workers situated structural disadvantages encountered by asylum seekers both in the home and host countries within their individual experiences. This process can be referred to as ‘critical thinking’, one of the two major components of empowerment along with consciousness-raising. Critical thinking leads to consciousness-raising. Asylum seekers can be empowered through critical thinking and consciousness-raising. To be able to raise asylum seekers’ awareness of human rights issues, social workers must first be aware of the connection between personal troubles and socio-political forces, and to place their awareness of this connection at the forefront of their practices.

Many of the actions adopted by social workers fell under the category of consciousness-raising. Social workers highlighted the importance of educating asylum seekers about the human rights they are entitled to through the provision of information. They reported that this kind of education was crucial, especially when human rights violations had been internalized by clients. They thus made addressing the internalization of human rights violations a priority within their interventions.

Social workers did not provide information about human rights only to asylum seekers, however. They also provided information to professionals who were involved in some way or another in the asylum seeker’s case. Social workers believed that providing correct information

was necessary to fight misinformation. For example, some professionals might refuse services to asylum seekers based on the incorrect belief that asylum status does not allow access to certain services. Social workers believed it was their responsibility to clarify and correct such forms of information as they arose within interventions. They engaged directly with professionals who represented the system, and who would have refused access for asylum seekers. They did so first to address the issue of human rights denial, but also to raise awareness more generally, as well as to plead for other cases involving asylum seekers. In one case discussed in the findings' chapter, the social worker explained how he had accompanied his client to the hospital and discussed her needs with the medical staff. He also advocated for her right to health care and took the opportunity to raise awareness among the medical staff on the life conditions of asylum seekers in general.

ACTIONS OF MOBILIZATION

Consciousness-raising and critical thinking should lead to action (Le Bossé, 2003). Social workers have elaborated on the many actions undertaken to address situations of human rights, such as mobilizing the client, speaking on their behalf, accompanying them in their efforts, as well as engaging in “schmoozing” and providing referrals.

Social workers have stressed the importance of client involvement, whether in terms of taking personal initiative, mobilizing their personal network, or seeking information. Study findings were congruent with guidelines for empowerment-based practice, where the involvement of the client is essential (Breton, 1994; Pease, 2002). Nevertheless, findings also showed the limits of client involvement. In contexts governed by laws and social policies that limit eligibility to services and resources, asylum seekers are largely excluded from systems of social welfare, and so individual claims for eligibility based on human rights too often remain

unheeded. In such cases, social workers must speak on behalf of their clients and use the weight afforded by their professional titles to give more credibility to such claims. They advocated for their clients right to gain access to services they were entitled to.

These findings reflected the importance of the role of advocacy to social work. Weiss-Gal and Gal (2009) define the four aspects of advocacy as: “championing the rights of others, defending others from abuse or dehumanizing conditions, overcoming bureaucratic obstacles to enable clients to obtain services and entitlements, and generating improvement in access to resources and opportunities” (p. 269). The authors associate “case, personal, or client advocacy with efforts to realize, or take up, the social rights of individual clients and families” (p. 270) and describe it as “practice that seeks to promote clients’ access to services, entitlements, benefits, and other social rights to which they have a legitimate claim” (p. 270).

In my study, when social workers invoked advocacy, it was in a context of institutional disentanglements, a core concept of the human rights advocacy model developed by Torczyner (2001). Torczyner’s model is based on the coexistence of the fields of law and social work and is based on an understanding of the process of disentanglement defined as “a process through which persons lose the ability to access rights and influence relationships” (Torczyner, 2001, p. 87). Disentanglement occurs on four levels. The personal level is expressed when people believe, act or feel that benefits and rights do not apply to them and when they lack resources. Communal disentanglement occurs when people do not access resources or are excluded from decisions that affect their collective welfare. Institutional disentanglement occurs when people are unable to access entitlements that were made available to them by law. Political disentanglement occurs in relation to laws and regulations that are discriminatory, contain arbitrary restrictions and give privilege to one group over another (Torczyner, 2001). Torczyner’s model utilizes empowerment

and advocacy and “seeks to ensure fundamental rights and standards of entitlements sufficient to enjoy one’s fundamental individual rights” (p. 87).

I found that the role of advocacy adopted by the social workers in my study was motivated by human rights values. As argued by Torczyner, access to services, entitlements and benefits in my study were ruled by social policies and institutional regulations that disentitled asylum seekers to access certain services. The entitlements that social workers advocated for exceeded social policies and institutional regulations. It was therefore, a belief in the universality of human rights and the entitlement of asylum seekers to such rights that social workers were fighting for. These findings corroborated with the principle of universality, one of the four principles of human rights advocacy model.

This research also found that schmoozing was used by social workers to advocate for the rights of their clients. Social workers reported deploying a lot of time and energy to develop the professional networks on which their work relied. These networks very often were more important in providing care to clients than the resources offered by the institution. Moreover, social workers reported that they developed these networks for exceptional cases which did not fit professional mandates or which did not correspond to eligibility and accessibility criteria. A search in social work data bases did not lead to any research on the action of schmoozing in social work. Also, it appears that the topic of professional networks, their constitution, characteristics, and uses in social work practice has not been sufficiently discussed in social work literature. One study was found developed by Bar-On (1990) on analyzing the organization resources mobilisation. Bar-On’s study examined social work 'nonclinical' practice devoted to interacting with persons who are not one's clients, such as collaterals, professionals in different agencies, and so forth. The author argues that social workers should have significant contacts

with non-clients to insure many steps of their intervention, such as assessment. Bar-on's findings suggest that the bulk of social workers' targets of intervention are not their clients but other service providers whose resources they mobilize to help their clients. The author explains that "[working with clients] is concerned with 'helping' whereas [working with non-clients] is concerned with 'influencing'" (1990, p. 147). The findings of the current study are consistent with Bar-on's analysis. Findings revealed that professional and contact networks in order to help clients, played a significant role in social workers' practice with asylum seekers. Findings showed that these networks require substantial investment of time and mobilization on the part of social workers. Social workers considered these networks so precious that they referred to them only in specific and exceptional cases. However, social workers fear overusing these networks, burning out the provider and losing access to that special service. They fear that the out-of-criteria treatment exclusive to specific cases become the norms for many other cases, which would lead to a dissolution of the network or even could the contact's institution shut it down if they found out.

However, little was mentioned in the study findings on how such networks are constituted, what are their characteristics, what contribution clients play in their formation, how they are adjusted with other actions in practice, and how they align with institutional policies, and so forth.

Referral to resources was also an important aspect of human rights-based practice, and were undertaken for two reasons. First, referrals were made to another organization when the mandates of the public institution where social workers were employed could not fully address clients' needs. Social workers would make personalized referrals, and would also follow up on referrals. In these cases, social workers stressed the importance of engaging in complementary

interventions, which would guarantee a thorough follow-up, that includes all necessary psychosocial aspects of individuals' lives. Second, referrals were also a means of identifying resources that could be useful for the client, and making them accessible. These findings corroborate with empowerment-based actions of identifying and making resources available and accessible to individuals in order to ensure their well-being (Berthold, 2015; Le Bossé, 2003).

PRAXIS AND HOW SOCIAL WORKERS LEARN THROUGH AND FROM PRACTICE

Praxis is the third concept this discussion relies on in analyzing social workers' human rights-based actions. Praxis helps to understand how social workers develop their knowledge and improve their practice.

In this study, social workers identified characteristics of praxis relating to the institutional context in which practices operate, more than characteristics fostering human rights-based practice. They also highlighted barriers to praxis.

PRAXIS CHARACTERISTICS RELATING TO INSTITUTIONAL CONTEXT

Study findings revealed that social workers consider reflective practice to be essential for social work and for the development of their practice. These findings confirmed the importance and value of reflective practice in social work which has been discussed by a number of writers (Fox, Green, & Martin, 2007; Osmond & Darlington, 2005; Schön, 1983; St-Arnaud, 1992; Zúñiga, 1994). Reflective practice insures establishing and evaluating social work purpose, planning, intervention evaluation processes.

However, rather than identifying characteristics of praxis relating to human rights-based practice, social workers highlighted praxis characteristics relating to the institutional context in which human rights-based practice operate. Findings in the study highlighted how social workers

learn to navigate “the system” and how they make a balance between their professional values (addressing human rights situations) and their institutional policies.

The first characteristic is the necessity to ‘keep silent practice constructed beyond the institutional mandate’. Social workers keep quiet about their practice because most of the time they are conducted outside the box. Social workers stretched their institutional mandates to apply human rights principles. They were aware that defending human rights was not mandatory in their institution. They admitted that they undertook many risks when they decided to undertake human right-based actions. They could face negative comments, and risked negative performance evaluation. To avoid trouble with managers, they need to keep a low profile. Study findings revealed that while some managers are aware of these practices, they condone them only indirectly, on the condition they not be informed explicitly of these cases. Social workers reported an acceptance of these practices that went beyond the institutional mandate. However, some conditions applied. Manager’s trust in the social worker’s competence played a significant role in the acceptance of such practices.

These findings give rise to the issue of conflicting situations between the ethical obligations of social workers and what they believe they should do for their clients versus their institutional policies. This concept was previously discussed by Lundy (2011), who acknowledged that social workers might face conflictual situations in their work place and that “social workers have an ethical obligation to advocate for workplace conditions and policies that contribute to the well-being of the client” (p. 106). Lundy (2011) further went on to question whether or not social workers have “recourse” in the event that their responsibility to the work place comes in direct conflict with their obligations to their client and whether or not they can appropriately challenge policy or practices. Lundy (2011) uses the example of social workers

who challenged their institutional policies in order to defend the interests of the client stating they “refused to implement a policy because it was culturally inappropriate and potentially harmful to the health of the Innu” (p. 69), and in doing so, they lost their jobs. The conclusion that the author made was that “there is no articulation of strategies to ensure ethical practice” (Lundy, 2011, p. 107).

Carniol (2000) identified the importance of social agencies in developing methods of working with clients and how social workers can be caught between the directives of their agencies and their professional sense of duty towards their clients. The author explains that social workers can experience a sense of powerlessness with regards to their management and also “futility as they face inertia of their institution” (2000, p. 64). Nevertheless, Carniol (2000) refers to examples of social services across Canada that demonstrate more progressive forms of practice, which “include substantial influence and decision-making by consumers/constituents” (Carniol, 2000, p. 65). Although Carniol’s examples focus on the relationship between social workers and clients and on clients’ involvement in decision-making processes, they demonstrate that social workers can develop and foster progressive practice. Social workers expressed similar conflictual situations as the ones exposed by Lundy and Carniol.

The current study showed that social workers are exposed to deontological and ethical issues when dealing with situations of human rights violations. On the one hand, they need to respect their institutional mandate. On the other hand, they feel responsible to respect their profession’s values. Social workers admitted that the institutional mandate prevails when such issues are raised. Nevertheless, some of them managed to engage in human rights-based actions based on their professional values that went beyond the institutional policies. However, in order

to avoid conflictual situations with their administration, they chose to keep their actions silent and undiscovered.

A second characteristic is seeking specialized information. This study found that social workers might take personal initiatives to seek specific information to understand their clients' status and what it involved, as well as information regarding immigration measures and social policies and hence to better their interventions. They took into consideration the specificity of asylum seekers, even though the institution offered neither specific training in this regard, nor blocked personal initiatives. Social workers described these initiatives on cases of human rights violations as often creative. Creativity is associated with taking initiatives such as consulting other professionals who were experts on the topic, the mobilization of colleagues in the process of interventions for language interpretation purposes, creating a personal network, involving professionals who could be helpful to the case but whose expertise did not relate to health or social services, such as school directors or accountants or small-business managers. However, the initiative of consulting other professionals who were experts on the topic was a theme more recurrent than others. Social workers insisted on how the consultation of colleagues played a significant role in the process of intervention with asylum seekers, whether to understand immigration measures, the situation or characteristics of the asylum seekers population. Moreover, social workers stressed the formative aspect of these consultations. These findings are consistent with numerous studies on the influence of peers in learning processes. Weinbach and Kuehner (1986) have analyzed peer reinforcement as an effective learning method in social work training, suggesting that it may even be better than supervision. The authors state that: "theories of adult learning seem to suggest that peers, based upon their equal status and comparable work

experiences, may be potentially as good as or even a better choice for the provision of learning reinforcement than the supervisor” (p. 600).

However, whilst highlighting the tacit knowledge that workers learn from each other as one of significance, Carson, King, and Papatraianou (2011) consider that “the complexity and depth of tacit learning is often underestimated” (p. 273). The authors argue that supervision has become a process that almost entirely feeds the managerial needs of the organization and focuses on accountability for organizational outcomes. Formal supervision is being replaced by informal peer supervision and learning circles methods which highly contribute to professional, skill and knowledge development (Carson et al., 2011; Noble, 2004) and moreover, to the development of social workers’ resilience (Carson et al., 2011). These studies are relevant to the current findings as they confirm the importance of peer consultation and its contribution to praxis. However, study findings revealed that peer consultation was the only mean social workers disposed to handle situations of human rights.

Findings from the current study highlighted the absence of formal and regular institutional clinical support offered to social workers by the CSSS. Social workers acknowledged that they lack training for human rights based practices. While they agreed that cases involving human rights issues were very challenging, they revealed not having any support systems in this regard.

In their analysis on the evolution of social services within the network of Québec’s health and social services, J. Grenier et al. (2014) note that lack of clinical support serves only to increase social worker's demobilization and stress. Based on his surveys conducted from 2006 to 2010, Larivière (2010) concludes that lack of clinical support to social workers, whether in terms of formal supervision or clinical consultation with managers, have been constant through the

years. The author explains that social workers are asked to handle cases for which they do not have the appropriate training and hence, lack clinical support to intervene. Mechanisms of regular formal supervision which are essential to help social workers in their clinical tasks have not been a priority in all the social reforms that affected social services in Québec.

Moreover, Larivière (2010) highlights that social workers' teams are managed by professionals who do not necessarily hold professional training in social work. Hence, social workers cannot even have access to clinical consultation with their managers.

This study also revealed how human rights-based practices are not necessarily shared with other professionals. Tacit knowledge is only shared in consultations processes and only among social workers. Through the process of evaluation of each concluded case, social workers developed knowledge that served them in the following cases. Although social workers acknowledged that human rights based practices were highly instructive, they seldom shared their learnings.

BARRIERS TO PRAXIS

Social workers in this study believed that the learning they developed through and from practice was highly valuable, for purposes of continuing education, and for developing better practice. However, social workers were not presented with enough opportunities to share the knowledge that they have gained, to reflect on it and thereby learn and help others to learn.

Findings revealed that social workers confronted barriers to praxis. Social workers lacked sufficient opportunities to thoroughly discuss their cases except via informal colleague consultation as opposed to through structured team meetings or via one-on-one supervision for difficult and/or complex cases.

While they rarely have the opportunity to participate in research or conferences, social workers were inclined to always decline the opportunity despite wishing to be active in the research process. If social workers did engage in the research process, this was in addition to their caseload and did not replace even a small part of it. As a result, the findings revealed how adding research to their current caseload can have too great an impact on how they approach their cases, with the focus being given to priority or emergency cases, while other cases identified as less urgent would wait longer. At a professional level this appears to be something that the participants within this study were not willing to entertain and so despite being interested in the research process they are not prepared, under these circumstances, to commit time to it.

These findings refer to literature focusing on research-minded practice and social workers' contribution to research. While "increasing emphasis on developing research-minded practice has been one of the most significant international as one of the most significant international trends in social work during the past decade (McCrystal & Wilson, 2009, p. 856), scholars have analyzed obstacles to social workers' participation in research. Some obstacles concern social workers' skills, their lack of confidence and interest in research (McCrae, Murray, Huxley, & Evans, 2005; McCrystal & Wilson, 2009). Others relate to work conditions, such as lack of time and stress related to heavy caseloads (McCrystal & Wilson, 2009). Social workers are faced with increasingly technocratic environments promoting a culture of research that serves systems and service outcomes rather than the processes of social work intervention (Osmond & Darlington, 2005; Trevillion, 2008). Social workers are also confronted by the absence of recognition by managers of their need to participate in research (Beddoe, 2011).

Findings of this study corroborated with this analysis on obstacles related to work conditions. Social workers expressed lacking time to get involved in research because of heavy

caseloads management. They also highlighted the lack of institutional support for social workers' participation and contribution in research.

However, study findings did not corroborate with authors' analysis on lack of interest and confidence of social workers to participate in research. In this study, social workers suggested to develop their practical knowledge and to participate in research and conferences. By making these suggestions, social workers in this study demonstrated their interest in research. Also, by believing in the importance of their practical knowledge, they asserted their own contribution not only in developing practice, but also in research and education.

Many implications can be drawn from the discussion presented above. The next chapter discusses these implications for four areas: (a) social policies and public welfare institutions, (b) practice, (c) social work education and training and (d) research.

CHAPTER 7: IMPLICATIONS

This chapter discusses some of the wider implications of this study on how to consider human rights in practices involving vulnerable populations such as asylum seekers. Overall, the study has demonstrated that human rights play out in social workers' practice with asylum seekers. The principles of human rights discussed in this study require a holistic rather than a linear perspective. A human rights perspective should be central to social policies, social work practice, social work education, and social workers' professional training.

Social workers are among those professionals who are the closest to vulnerable populations and who have the knowledge about life conditions and how exclusion and discrimination affect one's well-being. What is worrisome is that some social workers supporting social policies on human rights adhere to this logic. Nevertheless, they legitimize these policies and hold the client responsible for what he or she is going through. This confirms Humphries's (2004b) criticism that some social workers practicing with asylum seekers have become guardians of governmental policies that dictate who has the right to benefit from state services. They thereby undermine the notion of the universality of human rights, and instead lend support to the notion of citizenship deservedness.

Not all social workers, however, are complicit in undermining human rights. Those social workers who question social policies are often confronted by conflictual situations in their institutional milieu. They are caught between their allegiance to their professional values of social justice and respect of human rights and institutional priorities of control and surveillance.

Social workers cannot be solely responsible for the realization of human rights. Rather, this realization is practically impossible without the concerted effort of several authorities and actors, such as social policies, public institutions, and social work education and training and research. In the following sections, I discuss the study's implications for social policies and

public welfare institutions, practice, social work education and training and research.

IMPLICATIONS FOR SOCIAL POLICIES AND WELFARE PUBLIC INSTITUTIONS

Many scholars and experts, like Cemlyn (2008a); Ife (2012); Lundy (2011); Mapp (2007) suggest that human rights-oriented policies create better outcomes for vulnerable populations such as asylum seekers. The guiding principles of human rights can assist in the development of a culture which “will result in socially just policies” (Wronka, 2007, p. 62). Social policies that integrate human rights principles would ensure rights and entitlements for all individuals living in a society. Consequently, a human rights perspective recognizes the responsibility of states and organizations in protecting human rights (Androff & McPherson, 2014) or in violating them.

Social policies need to be thought of and reformulated in ways that ensure the inclusion of asylum seekers in social welfare spheres, and guarantee their access to rights and entitlements. Such policies reflect human rights principles of respect and dignity for all human beings, without discriminating on the basis of immigration status. Human rights are as good for the individual as well as for the society. They form a link between concern for individual well-being and the desire for a just society.

The current study suggests that social workers can make a major contribution to achieving human rights both at the micro and the macro level. As demonstrated by Dominelli (2007b), applying a human rights perspective to social work can re-politicize the profession. In order for social and economic rights to be fully achieved, social workers need to be active politically in addition to their micro-level practice. They need to take a stand on social issues involving human rights, and to denounce oppression and discrimination. Social workers’ involvement in human rights defense actions can seek policy change in order to provide and make available resources and services to vulnerable people—especially those who suffer from

discrimination and institutional exclusion. Social workers' political actions can also lead to changes in state structures and the policies of welfare public institutions.

Critical thinking, consciousness-raising, and participation in decision making are some examples of actions that would be beneficial to social workers in public institutional settings, such as the CSSS where this study was conducted. Public institutions have a clear responsibility to institute policies and procedures that respect and further the human rights of clients (Ife, 2008). According to my study, actions of critical thinking and consciousness-raising are essential to human rights-based practice with asylum seekers. This involves, for example, informing the clients about their rights, explaining to clients how legal, political and social structures have major influences on their living conditions, making sure that all clients are treated with respect and dignity, and that they have maximum opportunity to control and direct the services they receive and to provide feedback to the organization so that services can be improved. It also involves ensuring that the programs of the agency are compatible with human rights standards.

My study suggests the need for the following practical steps which would enable public institutions to implement and sustain human rights:

- Revising guidelines for social workers to ensure that human rights are at the center of social work practice. Revision may include methods, conceptual frameworks, and approaches with a focus on empowerment, critical thinking, awareness of human rights violations and their connection to legal, political and social structures, and clients' involvement as major concerns for social work practice.
- Enhancing the capacity for social workers to adopt and implement human rights practice. This can be achieved through their participation in supervision, case-study discussions, and specialized training in human rights-based practice.
- Developing partnership opportunities with community organizations through meetings and training activities based on human rights principles and values. This is important to ensure the same logical continuity for human rights-based follow-up for clients and to make collaboration between different organizations more effective. This is particularly relevant for referral of cases between public institutions and community organizations.

IMPLICATIONS FOR PRACTICE

Adopting a human rights perspective has many implications for social work practice. The first implication concerns the difference between needs-based practice and human rights-based practice. The current study has showed that the concept of ‘needs’ should be taken into consideration in practice as an assessment tool. Social workers assess situations by identifying clients’ needs which enable them to define the rights to focus on. A human rights perspective puts the focus on rights and entitlements rather than on needs and assistance. Jewell, Collins, Gargotto, and Dishon (2009) state that “using a human rights framework pushes the profession to incorporate new concepts and language that address the people’s issues as rights instead of services that only assist in temporary relief” (p. 319). Needs are an essential assessment tool to identify the rights behind these needs and to define the psychosocial living conditions that rights violations have impacted. However, a ‘needs’ framework also places asylum seekers in the position of victims. Accordingly, social workers will help to meet these needs, as rights they are entitled to. Thus, in order to adopt a human-rights based practice instead of needs-based practice, it is essential for social workers to believe that “a significant human right is the right to define one’s own needs” (Ife, 2012, p. 128). A human rights perspective allows social workers to work towards making people aware of the rights-nature of their needs, and to insist on their right to define these needs. Conversely, human rights-based practice aims to raise both people’s awareness and involvement in changing their living conditions and hence, in social change.

The second implication concerns both individual and collective rights, and represents an opportunity to bridge the micro and macro aspects of social work practice. As stated by Androff and McPherson (2014), a human rights perspective is both individually and universally focused, and therefore (Androff & McPherson, 2014) incorporates community development and social

action approaches alongside individual practice (Ife, 2012). As this study has demonstrated, social workers connect the personal situations of asylum seekers to political structures when they approach issues from a human rights perspective. This connection confirms that a human-rights perspective to social work reduces the emphasis on individual pathology and responsibility by insisting that individual problems be analyzed in sociopolitical, structural contexts (Androff, 2015; Berthold, 2015; Ife, 2008, 2012; Lundy, 2011).

Social workers need to develop more actions on the macro level. As Ife (2012) argues, social workers need to consider their cases whether individual or a family in the broader societal context. As demonstrated in this study, social workers take into consideration a broader context even when they intervene on an individual level. They take into consideration legal, political and social structures. Moreover, social workers construct human rights-based actions in a perspective of social change. While they are aware that their actions are mostly focused on individuals, they keep into perspective that small scale individual interventions can in the long run, lead to social change. For example, in the current study, social workers undertook conscientization actions among professionals in public institutions, with the objective that these actions will eventually lead to change how asylum seekers are treated in these institutions.

In their practice, social workers need to be able to construct their practice while keeping in mind a vision of social change. Even when an intervention concerns one individual or one family, it needs to be carried out in a social change perspective. Social workers need to keep informed of legal, political and social contexts that influence their clients. Social workers also need to see the importance of developing policies that can bring about improvements in services and the attainment of human rights.

This necessary link leads to the third implication of adopting a human rights perspective when approaching social work practice which is to believe in human-rights. Social workers are not only required to develop knowledge about human rights and include them in their practice. They also need to believe in an ideology of human rights, their intrinsic values, their universality, their interdependence, and their indivisibility.

As demonstrated in this study, social workers define a stance towards human rights based on their professional experience, on their conception of institutional social work and community social work and on the distinction they make between the concept of ‘rights’ and ‘needs’. As expressed in this study, many social workers initially chose the profession of social work, because of their beliefs in values of social justice and human rights and because of the profession’s commitment to these values.

Achieving social work’s potential depends on the position social workers take regarding the nature of human rights and their relevance to state policy. To adopt a human rights-based perspective, social workers should first define individually and collectively their stance towards human rights. They need to take a political position towards human rights, because “human rights are not politically neutral” (Ife, 2012, p. 220). Human rights practice therefore may represent a radical position in social work, because it would politicize a profession that, as it is today too often aims to be non-political. Social workers who see themselves as human rights workers must accept the radical implications of their professional responsibility. Ife (2012) considers activism a necessary obligation for social workers to adopt:

Activism that seeks a more socially just and environmentally sustainable world order, a radical questioning of the unsustainable lifestyles of the developed west, and an insistence on a significant redistribution of wealth, resources and land, becomes part of human rights practice. It is therefore not only legitimate for social workers, as human rights workers, to be engaged in such practice, but it is a necessary obligation (Ife, 2012, p. 157).

Human rights-based social work does not conceive of human rights as politically neutral. A human rights perspective requires a political commitment from all actors involved (i.e. including social workers). Many human rights principles have been developed in other social work approaches, for example feminist social work, radical social work, structural social work, and anti-oppressive practice. Human rights-based social work does not necessarily require social workers to take on additional tasks beyond what they are already doing. Rather, a human-rights based approach would involve reframing various activities and tasks (Ife, 2012).

The following practical actions can be taken by social workers to develop a more effective commitment to human rights:

- Integrate human rights as a central ideology of the profession.
- Develop strategies where social workers can discuss cases of human rights violations and bring cases forward, working with other professionals.
- Taking political actions (informing about human rights violations, participation in activities to denounce human rights violations, participation in meetings to discuss and plan actions aiming to fight human rights violations, etcetera.)
- Raising awareness about human rights violations among both asylum seekers and the general population.
- Keeping records of human rights violations and reporting them to the concerned authorities and organizations.

A forth implication of human rights on social work practice involves the role of social workers. A human rights perspective moves social workers from acting in isolation to involving other actors depending on the case. George (1999) explains that the role of social workers consists of applying human rights principles to individual practice, but also of forming political alliances among social workers and other groups. The current study demonstrated that social workers who engaged in human rights actions, did not form political alliances with other social workers. However, as showed in this study, social workers are influenced by other social workers who manifestly defended human rights actions. The study reveals that this influence

inspires social workers to undertake human rights-based actions. According to Cemlyn (2008c), when social workers adopt practices involving human rights, it encourages other social workers to engage in human-rights based practice as well. She argues that the social work profession contains divergent views and approaches, and while this is a potential strength, it can also weaken its position in broader policy debates and political struggles. A key factor to consider for social workers is the extent to which practices aiming to defend human rights can engage not just those social workers who identify with such practice, but “also the probable majority whose approach is more reformist or accepting of current institutional, economic and political constraints” (Cemlyn, 2008c, p. 225).

The fifth implication is accountability. As this study has showed, there are no mechanisms of accountability put in place by the institution or by the professional order on how situations of human rights violations should be handled. It also reveals that human rights – beyond being some words on papers - are not considered by the institution administrators and managers.

A human rights perspective creates accountability among those who decide social policies, manage public institutions, and other individuals involved in social work. A human rights perspective to social problems can shed light on how legislation and social policies affect human rights and can create social problems. It calls for clarity in how legislation, regulations, policies, and institutional mandates will contribute to the realization of rights. Consequently, individual decision makers become accountable for human rights violations and social problems. A human rights perspective also holds managers of public institutions accountable to their mission, programs, and services in ensuring human rights. A human rights perspective also holds social workers accountable for their actions and responsibilities vis-à-vis their clients, their profession and their institutions.

Social workers need to implement human rights practice in a way that achieves a delicate balance between holding their institution accountable for realizing rights and sharing responsibility with other organizations so that rights are realized and serviced accessed. This delicate balance emphasizes that helping an asylum seeker access a service, which he or she has been denied because of immigration measures and social policies should not mean taking illegal steps. Rather, it means demonstrating that realizing this right (of accessing the service) is crucial for the individual's well-being. It also means that social workers have a responsibility to denounce the limitation of social policies when such restrictions lead to the violation of human rights. Their obligations are to their clients (i.e. asylum seekers), as well as to laws and social policies.

IMPLICATIONS FOR SOCIAL WORK EDUCATION AND TRAINING

A human rights perspective obviously has implications for social work education. Based on the findings of this study, human rights as a concept is represented as being value based. Generally speaking, training does not involve defining the concept, or exploring its legislation, its instruments and mechanisms, and its relevance to the profession and to practice. As Dominelli (2007b) writes, "death through benign neglect seems appropriate in describing the insufficient attention given to human rights legislation and issues on qualifying programs in social work" (p. 17).

An effective way to remedy the situation would be to define human rights as an intrinsic part of social work, both as a concept and as an intervention framework for situations involving human rights violations. Social work curricula should require the inclusion of material on human rights, and on a human rights approach to practice. As George (1999) declares:

Understanding the principles of human rights, the debates surrounding them and the implications for practice is essential for social work educators, a step towards taking a

professional position which must be grounded in knowledge rather than rhetoric. Only then can relevant curricula be designed (pp. 15-16).

It is essential that social work includes human rights not only as an historical concept, but also as an ideology. It would require the inclusion of human rights in social work curricula: that is, transversal inclusion of human rights in both courses and field training. As social work practitioners are often confronted with situations of human rights violations, social work educators have a pivotal role in ensuring that students develop appropriate knowledge and skills for human rights-based assessment and for human rights-based approaches and actions. The challenge for social work educators is to take a position which aims for social development by adopting human rights goals and taking into consideration the various contexts of social work when designing curricula (George, 1999).

Students in social work need to be taught skills to intervene in complex situations in ways that uphold human rights within a framework of social justice (Dominelli, 2007a). To make the most of social workers' expertise, it is crucial that the social work curriculum provides the space and frameworks for acquiring knowledge and developing the skills that will enable human rights to be realized.

Findings also highlighted the arbitrariness of social workers' decision whether to include human rights in practice. This can be partly related to education and training, where "the place of human rights teaching in the curriculum, except as a general commitment in social work's value base or code of ethics, is more often optional than compulsory" (Dominelli, 2007a, p. 16). Based on this research, I recommend the inclusion of human rights in social work education and training in the following ways:

- Teach students to develop knowledge about declarations of human rights, the history of the concept, relevant legislation, instruments, and mechanisms.

- Teach students to define the three generations of human rights, understand their characteristics of universality and indivisibility
- Teach students to situate the concept in social work curricula and its significance to the profession, to social policies, and social and welfare institutions.
- Teach students to develop strategies to have human rights principles speak to practical situations
- Teach students to develop better understanding of vulnerable populations
- Provide a structural analysis of social problems and understand the connection between political and social structures and individuals' problems.
- Make students aware of key issues and illustrations from practice of situations of human rights denials and abuses.
- Teach students to identify and define the potential of human rights to social work practice and to develop strategies to enhance human rights in practice.

IMPLICATIONS FOR RESEARCH

More research is needed on the experiences of adopting and implementing human rights in social work practice. There are several possibilities for further research as a result of the findings within this study. First, researchers could investigate how other institutional settings, such as community organizations or specialized institutions, include and apply human rights in their mandate and services provided. Also, one could explore how social workers in these settings incorporate human rights into their practice. A comparative study exploring the difference within varied settings (public, community organizations, specialized center, etcetera) might also be relevant.

Another opportunity for research is to explore how human rights are included in social work practices by focusing on different approaches such as the feminist, anti-oppressive, psychosocial, and ecological approaches, and so forth.

One could also suggest that research examines human rights-based practice within interdisciplinary contexts. It would be insightful to determine how human-rights based actions are constructed alongside other professional actions. As a result, researchers could also explore how

social workers focusing on human rights interact with and work alongside other professionals within an inter-disciplinary setting.

Findings of this study showed that social workers refer in their practice to professional networks, a topic that has not been yet discussed in research. Researchers can explore the relevancy of these networks to practice, how they are constituted, how they operate, their implications to institutional policies, and so forth.

Another opportunity is to investigate human rights-based practice among other vulnerable populations, such as female victims of conjugal violence, persons with disabilities, persons confronted with limited economic resources, and so forth. It would be relevant to study how human rights-based practice works with populations that have multiple dimensions of vulnerability such as immigration status and gender; gender and race, gender, poverty and race, and so forth. One example to explore would be human rights-based practice among women who are victims of conjugal violence and who have a precarious immigration status. Dimensions of vulnerability to consider would be: gender, ethnic background and immigration status.

Study findings highlighted how social workers tend to keep their practice silent when these practices go beyond their institutional mandate. One can explore whether similar experiences occur in other settings and what are their characteristics. One can also examine implications of these practice to social work education and training. Researchers can also explore how factors that oblige social workers to keep their practice in correlation with institutional policies, can be addressed.

Finally, findings of this study highlighted deontological and ethical issues that social workers face in institutional settings for cases involving human rights. Some social workers were caught between their obligations and responsibilities to their institutions policies and their

allegiance to their professional values. Researchers can examine ethical issues relating to human rights in public institutional settings and other social work institutions.

During their professional exercise, social workers are bound to three set of “ethical authorities”. The first is the one initiated through the academic training and developed on a personal level, during the exercise of the profession. The second is the one elaborated by the professional Order to which social workers are obliged to adhere. The third is the one advanced by the institution where social workers are employed. Researchers can investigate how these three sets are balanced by social workers in practice, what are the factors of divergence and convergence among the three sets and how they impact social workers’ ethical decision-making.

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APPENDIX 1. CONSENT FORM

Interview

McGill University
School of Social Work
Student: Grace Chammas
Contact information: grace.chammas@mail.mcgill.ca
Supervisor: Dr. Nicole Ives. Professor, School of Social Work, McGill University
PhD Committee:
Dr. Nicole Ives, Supervisor. Professor, School of Social Work, McGill University
Dr. Catherine Montgomery, Co-supervisor, Professor, Département de communication sociale et publique, Université du Québec à Montréal. Director of MÉTISS of the Centre de Recherche et de Formation. CSSS [REDACTED].
Dr. Jill Hanley, Professor, School of Social Work, McGill University.

My name is Grace Chammas. I am a PhD student at McGill University, the School of Social Work. I'm conducting a research on ***Social work practices among asylum seekers: exploring the position of human rights.*** In my methodology, I have chosen to interview twelve social workers who have experience with asylum seekers. These interviews are part of the research which data will be analyzed for the PhD project.

The CSSS [REDACTED], specifically Services Généraux and Services Spécifiques has approved this project and gave its authorisation to interview twelve social workers working at the CSSS. The project has also been evaluated by the Research Ethics Committee of the CSSS [REDACTED] and was approved.

On the other hand, I am a social worker at PRAIDA, at the CSSS [REDACTED]. For the interview, I will only be focusing on my role as a student and researcher.

This document is to invite you to contribute to this study through being interviewed about your experiences in relation to this case study. I have contacted you because you have completed the invitation letter willingly and sent it to me.

Two interviews will be conducted with each participant. The first interview is approximately one-hour time. A second interview of 20 minutes will be also conducted where the researcher will present the data collected from the first interview and verify that this data corresponds accurately to the participant's point of view.

The place and date of the interview will be decided by the participant. The interview can take place at one of the three sites of the CSSS [REDACTED], during work time. It will be the participant's choice to choose where and when the interview will be conducted.

Your decision to participate in this research will have no impact on your work.

Your identity will remain confidential.

A system of data collection and management will be set up to ensure that confidentiality is maintained. All participants will have pseudonyms that will be used as identifiers on all data collection instruments and will be used as identifiers on the scripts in this study.

The project will explore the position of human rights in social work practices among asylum seekers:

- It will explore how social workers working with asylum seekers in Québec have been adapting and responding to immigration measures.
- It will explore how social workers define and understand the concept of human rights and how they incorporate it in their social work practices. The project will explore how the concept of human rights is defined, understood and incorporated by social workers in their daily practices and thus, in approaches and models of intervention.
- It will understand how institutional and structural settings at the macro level frame and orient the social work practices. At this level, we are interested in exploring institutional and structural strategies and resources with regard to the position of human rights in social work practices.

The interview is designed to cover the studied topics in a flexible way. This is not an evaluation of your work or your practice or your role as a social worker. You have the right to decline answering any of the questions and the right to stop the interview and withdraw at any time without negative consequences. You can also specify if there are parts of what you say that you prefer to keep off the record. The interview will last about an hour approximately. The interview will be recorded and transcribed at a later date.

All information you provide in the interview will be kept strictly confidential and will be available only to myself. Excerpts of the interview may be made part of the final dissertation. Neither your name nor any other information that could inadvertently identify you will be mentioned. The access to any confidential data from this interview will be limited to the researcher and the supervisor. The use of such data will be limited to research purposes.

The Research Ethics Committee of the CSSS [REDACTED] can have access to the data collected for verification purposes.

The results of this part of the research represent an important phase of the writing of my dissertation. The final results will be used in the thesis and in other academic presentations and conferences. Any other use of the interview is conditional to your prior consent.

For any information with regard to your rights as a research participant or for any complaint, you may contact the commissioner of complaints and quality at the CSSS [REDACTED]. Telephone: (514) [REDACTED]

I have read the above information and I accept to participate in this study and permit the use of my direct quotes in this study: ----- Yes ----- No

I agree to be tape-recorded: ----- Yes ----- No

Interviewee's name:

Interviewee's signature:

Interviewer's signature:

Date:

APPENDIX 2. FORMULAIRE DE CONSENTEMENT

Entrevue

Université McGill

École de travail social

Étudiante: Grace Chammas

Superviseure: Dr. Nicole Ives, Professeure, School of Social Work, McGill University

Comité de doctorat:

Dr. Nicole Ives, Superviseure, Professeure, School of Social Work, McGill University

Dr. Catherine Montgomery, Co-superviseure, Professeure, Département de communication sociale et publique, Université du Québec à Montréal.

Dr. Jill Hanley, Professeure, School of Social Work, McGill University.

Mon nom est Grace Chammas. Je suis étudiante au doctorat à l'École de Travail Social à l'université McGill. Je mène une recherche sur « *les pratiques en travail social avec les demandeurs d'asile: exploration de la place des droits humains* ». Dans la méthodologie, j'ai choisi de faire des entrevues auprès de travailleurs sociaux et travailleuses sociales qui ont une expérience professionnelle avec les demandeurs d'asile. Les données recueillies par ces entrevues seront analysées pour les fins de la thèse.

Le CSSS [REDACTED], spécifiquement les Services Généraux and Services Spécifiques a approuvé le projet and a donné son autorisation pour faire des entrevues avec des travailleurs sociaux et travailleuses sociales qui travaillent au CSSS. Le projet a aussi été évalué par le comité d'éthique de la recherche du CSSS [REDACTED] et a été approuvé.

Par ailleurs, je suis une travailleuse sociale [REDACTED], au CSSS [REDACTED]. Pour les fins de l'entrevue, je vais me concentrer sur mon rôle d'étudiante qui mène un projet de recherche dans le cadre de ses études de troisième cycle.

Ce document est pour vous inviter à contribuer à ce projet par votre participation à une entrevue qui portera sur votre expérience professionnelle avec les demandeurs d'asile.

Je prends contact avec vous, compte tenu que vous avez complété l'invitation à participer à cette étude de votre plein gré et de votre pleine volonté et vous me l'avez envoyée.

Deux entrevues seront menées avec chaque participant(e). Une première entrevue d'une durée approximative, d'une heure, sera effectuée avec le ou la participant(e). Une seconde entrevue d'une durée approximative de vingt minutes sera effectuée pour vérifier que les données recueillies correspondent aux opinions du ou de la participant(e).

La date et l'endroit de l'entrevue seront décidés par le ou la participant(e). L'entrevue pourra se tenir à l'un des trois sites du CSSS [REDACTED], durant les heures du travail. Le ou la participant(e) décidera du choix de l'heure et de l'endroit où s'effectuera l'entrevue.

Votre décision de participer à cette étude n'aura aucun impact sur votre travail.

Votre identité demeurera confidentielle, durant toute la durée du projet.

Un système de gestion des données recueillies sera mis en plan pour assurer la confidentialité des données recueillies. Chaque participant(e)s sera identifié(e) par un pseudonyme dans tout document relatif à la collecte des données et à la thèse.

Le projet de doctorat va explorer la place des droits humains dans les pratiques en travail social avec les demandeurs d'asile :

- Il examinera comment les travailleurs sociaux et travailleuses sociales travaillant avec des demandeurs d'asile s'adaptent et répondent aux mesures restrictives de l'immigration.
- Il explorera comment les travailleurs sociaux et travailleuses sociales définissent et comprennent le concept des droits humains et comment ils ou elles l'incluent et l'incorporent dans leur pratique. Le projet examinera également, comment le concept des droits humains tel qu'il est compris et défini par les travailleurs sociaux et travailleuses sociales, est incorporé dans les approches et les modèles d'intervention.
- Le projet cherchera à comprendre comment le cadre institutionnel et structurel encadre et oriente les pratiques en travail social. À ce niveau, le projet explorera les stratégies et les ressources, institutionnelles et structurelles, en lien avec la place des droits humains dans la pratique en travail social.

L'entrevue est construite pour couvrir le sujet de façon flexible. L'entrevue ne sera pas une évaluation de votre pratique ni de votre rôle de travailleur social (travailleuse sociale). Vous avez le droit de ne pas répondre à n'importe quelle question. Vous avez aussi le droit de vous retirer de l'entrevue à n'importe quel moment et sans donner de raison. Ceci n'aura aucune conséquence négative sur vous ou votre travail au CSSS. Vous pouvez aussi demander que certaines parties de l'entrevue ne soient pas retranscrites. L'entrevue va durer une heure de temps à peu près. L'entrevue sera enregistrée et retranscrite.

Toute information donnée va être gardée strictement confidentielle. Elle sera utilisée par l'étudiante seulement. Certaines déclarations faites durant l'entrevue peuvent apparaître dans l'écrit final de la thèse. Ni votre nom, ni toute autre information susceptible de vous identifier sera mentionnée. Seuls l'étudiante et les membres du comité du doctorat auront accès aux données recueillies. L'utilisation des données sera limitée aux fins de la recherche.

Le comité d'éthique de la recherche du CSSS [REDACTED] peut avoir accès aux données recueillies, à des fins de vérification.

Les données recueillies à travers les entrevues constituent une partie très importante de la thèse. Les résultats et les conclusions qui seront élaborés seront utilisés dans la thèse ou pour d'autres activités académiques (conférences, colloques, etc.). Toute utilisation des données de l'entrevue est conditionnelle à votre autorisation préalable.

Pour toute question concernant vos droits en tant que sujet de recherche, ou pour toute plainte, veuillez-vous adresser au commissaire aux plaintes et à la qualité du CSSS [REDACTED].
Téléphone : (514) 943 0354 #7505.

J'ai lu les informations ci-dessus présentées et j'accepte à participer à cette étude et donne ma permission pour l'utilisation de mes déclarations dans cette étude:

Oui---- Non----

J'accepte que l'entrevue soit enregistrée : Oui---- Non----

Nom du/de la participant(e) :

Signature du/de la participant(e) :

Signature de l'étudiante :

Date:

APPENDIX 3. INTERVIEW GUIDE FOR SOCIAL WORKERS

The researcher introduces herself and the main objectives of the study. She explains confidentiality and how data is going to be used, stored and when it is going to be destroyed. She reads the consent form and asks the interviewee to read it and to sign it, if she or he agrees with the content.

Personal background and current position

Can you describe your educational background? Did you attend any courses on human rights?

How was the concept of human rights included in your academic training?

Can you explain how you started working with asylum seekers?

Can you describe your job at the CSSS?

Personal stand to asylum seekers' human rights

Are you aware of the recent changes in refugee policies and of the new immigration and refugee law?

How do you define "human rights"?

How do you include human rights in your daily social work practice?

What rights do you think asylum seekers are entitled to?

What are the major **restrictive and facilitative** measures asylum seekers face in Canada and before arrival?

Current professional experience

What are the approaches or models you privilege in your practice? Why? What place do human rights occupy in these approaches or models? How are they included?

Based on your professional experience, can you define the concept of rights? How do you define needs? How do you include or incorporate "Human rights" in your practice?

In which cases or circumstances, do you focus more on the clients' needs rather than on his rights?

How do you assist asylum seekers in defending their civil and political rights?

How do you assist asylum seekers in defending their economic and social rights? With regard to Housing? Health care? Education? Employment?

What about partnership? How do you work with other partners to defend human rights?

Administration (CSSS)

In your opinion, what is the position of administration with regard to human rights? Defending human rights? What strategies or resources put in place by the institution to incorporate human rights in social work practice?

APPENDIX 4. GUIDE D'ENTREVUE POUR TRAVAILLEURS SOCIAUX ET TRAVAILLEUSES SOCIALES

La chercheuse se présente et définit son rôle de chercheuse. Elle présente les principaux objectifs du projet. Elle explique les règles de confidentialité, comment les données collectées seront utilisées et quand elles seront détruites. Elle lit le formulaire de consentement et demande au participant ou à la participante de lire le formulaire, et de le signer dans le cas où il/elle consent à participer au projet.

Description du parcours académique et emploi actuel

Pouvez-vous décrire votre parcours professionnel ? Avez-vous suivi des cours portant sur la notion de droits humains ?

Comment le concept de droits humains a-t-il été inclus dans votre formation académique ?

Pouvez-vous expliquer comment avez-vous commencé à travailler avec les demandeurs d'asile ?

Pouvez-vous décrire votre travail au CSSS ?

Depuis combien d'années travaillez-vous comme travailleur social ? Nommez les différentes clientèles avec lesquelles vous avez travaillé; nommez les types d'institutions-organismes où vous avez travaillé (organismes communautaires, CLSC, etc. – sans nommer spécifiquement le nom de l'institution-organisme).

Position par rapport aux droits humains des demandeurs d'asile

Êtes-vous au courant de la loi sur l'immigration et le statut de réfugié ? Sur les différents changements qui ont été récemment apportés au niveau de la loi et des règlements concernant les demandeurs d'asile ?

Selon vous, comment définissez-vous le concept de droits humains ?

Comment définissez-vous le concept de besoin ? Quelle est la différence entre «besoin» et «droit» ?

À quels droits les demandeurs d'asile sont-ils intitulés ?

Quelles sont les mesures (politiques et sociales) facilitatrices et restrictives auxquelles les demandeurs d'asile sont confrontés avant leur arrivée au Canada et après leur arrivée au Canada ?

Expérience professionnelle actuelle

Quelles approches ou modèles d'intervention privilégiez-vous dans votre pratique ?

Quelle place occupe la notion de droit dans votre intervention/ pratique ?

En se basant sur votre expérience professionnelle, pouvez-vous définir le concept de droits ? Comment définissez-vous le concept de besoins ? Comment incorporez-vous le concept de droits dans l'intervention et dans vos pratiques ? Dans l'intervention, comment arrimez-vous les deux concepts ?

Comment intervenez-vous pour aider le client à défendre ses droits civils et politiques ? Ses droits économiques et sociaux par rapport à la santé, à l'éducation, l'emploi, etc. ?

Mettez-vous en place des actions avec des partenaires pour la défense des droits ? Nommez les stratégies ou les moyens s'il y en a.

Gestion et administration du CSSS

Selon vous, quelle est la position du CSSS par rapport à la notion de droits humains ? à la défense des droits humains ? Selon vous, quelles sont les stratégies et ressources mises en place par le CSSS pour incorporer la notion de droits dans les pratiques en travail social ?

**APPENDIX 5. EMAIL FOR AN INVITATION TO PARTICIPATE IN AN
INTERVIEW**

Hello,

I hereby, invite you to participate in an interview for a research project. The research topic is about the exploration of the position of human rights in social work practices among asylum seekers.

The participation to this interview is completely voluntary.

The interview is approximately one hour. A second interview of 20 minutes will also be conducted to verify that the data collected corresponds accurately to your point of view.

The interview will be conducted at the time and place of your preference.

The interview can be conducted in English or French, according to your preference.

If you are interested in participating in this study, please send me an email to make the necessary arrangements.

For more information concerning the project's objectives, please refer to the document in attachment. This document is the consent form you will be asked to sign the day the interview will take place.

Thank you and have a nice day,

Grace Chammas

APPENDIX 6. COURRIEL POUR UNE INVITATION À PARTICIPER À ENTREVUE

Bonjour,

Je viens par la présente, vous inviter à participer à une entrevue dans le cadre d'une recherche pour une thèse de doctorat. La recherche vise à explorer la place des droits humains « human rights » dans les pratiques en travail social.

La participation dans cette étude est complètement volontaire.

L'entrevue est d'une durée approximative d'une heure. Une seconde entrevue d'une durée de vingt minutes est à effectuer, pour vérifier que les données recueillies correspondent exactement à vos opinions.

L'entrevue peut se faire à l'endroit et à la date de votre convenance.

L'entrevue peut se faire en anglais ou en français, selon votre convenance.

Au cas où vous êtes intéressé à participer à cette étude, je vous invite à me contacter par courriel pour faire les arrangements par rapport à l'entrevue.

Pour plus d'informations sur les objectifs de la recherche et du déroulement de l'entrevue, veuillez consulter le document ci-joint. Il s'agit du consentement qu'il vous sera demandé de signer le jour où se déroulera l'entrevue.

Merci et bonne journée,

Grace Chammas

APPENDIX 7. INTERVIEW GUIDE FOR INFORMANTS

1. Presentation

- Institution/organization/clinic
- Job
- Professional experience
- Work with asylum seekers

2. Personal position and professional stance with regard to asylum seekers human rights

3. Professional collaboration with social workers

- How do you collaborate with social workers?
- In which contexts?

4. Opinion with regard to professional collaboration with social workers

- How do social workers deal with human-rights?
- What are the strengths of their actions?
- What are the weaknesses of their actions?

APPENDIX 8. GUIDE D'ENTREVUE POUR LES INFORMATEURS.

1. Présentation

- Institution/organisation/clinique
- Emploi
- Expérience professionnelle
- Travail avec les demandeurs d'asile

2. Perception personnelle et posture professionnelle par rapport aux droits humains des demandeurs d'asile

3. Collaboration professionnelle avec les travailleurs sociaux et les travailleuses sociales

- Comment collaborez-vous avec les travailleurs sociaux et les travailleuses sociales?
- Dans quels contextes?

4. Opinions par rapport à la collaboration professionnelle avec travailleurs sociaux et les travailleuses sociales

- Comment les travailleurs sociaux et les travailleuses sociales abordent-ils ou elles les droits humains lorsqu'ils ou elles sont confronté(e)s à des situations de violations de droits humains?
- Quelles sont les forces de leurs interventions?
- Quelles sont les faiblesses de leurs interventions?

ⁱ According to the Canadian Council for Refugees, the short timelines will particularly disadvantage the most vulnerable refugees, including survivors of torture and rape, women with claims based on gender persecution, and refugees fleeing persecution on the basis of their sexual orientation. Newly-arrived refugee claimants will have 15 days to deliver a written version of the basis of their refugee claim. This is not enough time to seek legal advice and respond to complicated legal requirements. Refugee claimants will have their refugee hearing after 60 days. This is not enough time to collect documentary evidence. <http://ccrweb.ca/en/concerns-changes-refugee-determination-system>

ⁱⁱ «La pratique professionnelle en service social ne se réduit pas à une simple application d’une science pure, elle se situe dans un contexte qui n’aurait jamais pu être codifié à l’avance, ni traitée selon une typologie déjà codifiée » (Zúñiga, 1994, p. 27)

ⁱⁱⁱ Document interne. Demande de service. Analyse psychosociale. CSSS [REDACTED], 2016

^{iv} Document interne. Demande de service. Analyse psychosociale. CSSS [REDACTED], 2016

^v Cadre de référence de la pratique psychosociale au CSSS [REDACTED], Centre de Santé et de Services Sociaux [REDACTED], Avril, 2010

^{vi} «Les valeurs d’intervention poursuivies par le CSSS sont essentiellement centrées sur un grand respect de la clientèle et de la population desservie, de leurs spécificités et de leurs droits’ (Cadre de référence de la pratique psychosociale au CSSS [REDACTED], Centre de Santé et de Services Sociaux [REDACTED], Avril, 2010, p. 7)

^{vii} En complémentarité avec d’autres services publics ou communautaires, le CSSS offre l’assistance, l’orientation et la consultation nécessaires pour permettre à ces personnes de se repérer et de s’insérer dans un nouveau milieu (Cadre de référence de la pratique psychosociale au CSSS [REDACTED], Centre de Santé et de Services Sociaux [REDACTED], Avril, 2010, p. 18)