“Working so hard and still so poor!”

A Public Health Crisis in the Making: The Health Impacts of Precarious Work on Racialized Refugee and Immigrant Women

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This research study honours all women workers who, on a daily basis, hold up more than half the sky. In particular, we honour and thank the women participants who generously gave their time to the study and who carry their multiple roles with such dignity and hopefulness.

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Oh, Immigrant and Refugee Women!

Why did you leave your native land?
Was it to find a better life?
What did you expect to find my friend?

Be prepared!
Precarious jobs are waiting for you
Minimum wage or even less
No paid sick days or benefits for you

You’ll be living below the poverty line
Unpredictable hours, it’s struggling time
Welcome to survival jobs!

Expect the unexpected!
Depression and failing health
Family life is on hold
Inflation, discrimination and much more...

Solution time!
Know your rights! Speak out!
Let your voices be heard!
Discover your strengths and overcome all the challenges!
Let’s aim for a better tomorrow
Today!
This report presents the findings of a study undertaken to examine the health impacts of precarious work on racialized immigrant women. There is an emerging consensus that precarious working conditions have become a determinant of poor health. The study seeks to understand this relationship in the case of racialized immigrant and refugee women who make up a growing proportion of those in precarious employment.

Our findings are significant in describing the reality of precariousness in our participants’ lives beyond an analysis based simply on wages or type of contract. They paint a troubling picture of the intersecting forms of precariousness experienced by our participants - non-recognition of credentials and experience, lack of a pre-existing economic base, uncertain immigration status, social isolation and lack of social capital, and vulnerability to multiple systemic barriers of inequality and discrimination – which combine to trap them within a cycle of precarious employment and poverty. We term this reality ‘precarity capture’.

Our findings are also significant in making visible a looming but largely ‘invisible’ public health crisis. They reveal the extraordinary toll that precarious work is taking on the physical and mental health and wellbeing of immigrant and racialized women. We note that the more precarious an immigrant worker is, the worse her health is. We also see cascading effects on their families, their children and their communities. These effects will be felt well into the future. It will have large costs for our economy and social fabric and in particular, for public health. The challenge will be to rethink our public policies and to keep in mind the kind of changes that have been recommended by participants in this study.

Participants in the study worked mostly in the personal services (personal support, childcare, beauty and wellness) and food related sectors, both these sectors being major employers of immigrant women. Research was conducted using a community-based research (CBR) methodology. This methodology allowed us to place the lived experiences of our participants at the centre of the research process, and incorporate their voices into discussions of precarious work and health. The final research design was guided by the community researchers, who were themselves racialized immigrant women in precarious forms of employment. In-depth interviews were carried out with forty women. These were followed by two focus group discussions with a total of fourteen women drawn from this same group, where the findings were verified and recommendations for change solicited. These recommendations form the core of the recommendations of this report.

Our key findings are outlined below. They detail the nature and elements of ‘precarity capture’, reveal the health impacts of precarious work and point to a public health crisis in the making, and describe women’s hopes and suggestions for change.

It has become clear to us as a result of this study that we need a comprehensive plan that will alleviate the load that women workers carry and at the same time begin to break the chains of precarity capture. This will require addressing the economic and social inequities that keep racialized immigrant women trapped in a cycle of precarious employment and poverty. We conclude with recommendations for policy changes that will help bring these changes. Our proposals, listed at the end of this summary, are directed at: addressing the physical and mental health and wellbeing of women workers; restoring the quality of care in the system; addressing economic injustices; tackling the complexity of the temporary agency system and client companies; and, tackling systemic discrimination at work and the intergenerational cycle of precarious employment and poverty.
KEY FINDINGS

The elements of “precarity capture”

The Reproduction of Precarity

The precariousness of employment was reproduced in our participants’ lives through the multiple other challenges they faced. These included: precarity of immigration status; the challenges of learning English and gaining Canadian experience; and the challenges of returning to their own profession.

Women hold up more than half the sky: paid work, household, and caregiving responsibilities

Almost all our participants carried a triple burden of work, with those in personal care services carrying the burden of care across workplace and home. In addition, many of our participants were also responsible for supporting family members in their countries of origin, to whom they sent money whenever they could.

The realities of working precariously

We found that temporary and on-call agency work seemed to be the new norm in both the private and non-profit health and social services agencies.

Many participants spoke of the underhand and even extortionist methods used by recruitment and staffing agencies.

Working precariously meant not just fewer hours and lower wages, but included the quality of work, the differential treatment being an agency worker; and the ‘invisible’ and ‘unpaid’ time and energy spent in-between and in getting from one job site to another.

There was a collective sense of unpredictability, lack of control over one’s schedule, and inability to plan that permeated participants’ work and family lives.

Precarity of Income: poverty, constant fear of not having enough money

Many participants had weekly incomes that added up to much less than the hourly minimum wage if averaged over the week. Participants lived in constant fear of not getting enough hours of work.

Participants said they could not afford to fall sick because it would mean lost wages. Many said that if they were sick for more than a couple of days, they were quite likely to lose their job.

Participants also spoke of the pain of not being able to provide adequately for their children.

Intergenerational cycle of precarity and poverty

Some participants who had immigrated here as children spoke of the difficulties they faced finding stable employment, despite having post-secondary qualifications.

The experience of these young women speaks to the lack of social capital in networking and mentoring particularly among low wage earners and their families, and those from immigrant and racialized backgrounds.
The health impacts of precarious work: a public health crisis in the making

The impact of precariousness on women’s health

Participants in both personal support care work in long-term care facilities, and in the food services industry provided a shocking list of injuries and harms sustained at their workplaces due to poor health and safety standards.

Agency group home workers and Personal Support Workers working in long-term care facilities or private homes reported an alarming number of incidents of workplace violence and abuse.

Participants also noted a high degree of workplace discrimination and harassment, a situation which has long been associated with poor mental and physical health.

Participants spoke of having to continue to work in these unsafe settings because they needed the money, thus risking their own health in order to survive.

They also spoke about having to choose between food and medication, and under-medicating in order to save money.

A long list of physical and mental health issues emerged from participants’ narratives.

Precarious employment and public health

Precarious employment was found to impact public health in three ways:

- Consequences for the women workers, as outlined above

It is worth noting here that the women workers, whose food preparation and care work enabled others to maintain their own work-life balance, themselves completely lacked the conditions for such a balance.

- Consequences for the wellbeing of the children and the family

Participants spoke of children who manifested signs of emotional distance from them, or were ashamed of them because of the kind of work they did. They also spoke about the inability to spend enough time with their children and the lack of ‘connections’ with family members.

They also spoke of marital tensions and even breakdown because of the work and poverty related stresses on both partners, and the inability to spend time with each other.

- Consequences for the quality of care

The temporary agency work arrangement in health care facilities, group homes and shelters has also had adverse consequences on the quality of care. When relations cannot be built between clients and caregivers due to the transient work assignment and location, the client’s care is being compromised.

One participant referred to this just-in-time care model as McService.

What Needs to be Changed??

Participants spoke again and again of wanting basic changes to labour laws such as a living wage, which would include a higher minimum wage, sufficient hours of work, more predictable schedules and a right to paid sick days.

One participant’s call to “smash agency work” found much resonance with the others.

There was also broad consensus on the need for social programs that would help workers meet their family’s basic human needs such as food, housing and affordable prescriptions and dental care.
Recommendations of the Report

I. Addressing Physical and Mental Health and Wellbeing of Women Workers
   • Personal Emergency Leave
   • Paid Sick Days
   • Affordable and Accessible Childcare
   • Workplace Safety & Insurance Board (WSIB) and Enforcement of Occupational Health & Safety Laws
   • Accessible Mental Health and Counselling Services for Racialized Immigrant Women
   • Universal Pharmacare and Dentalcare programs.

II. Restoring Quality of Care in the System
   • Conduct an urgent Quality of Care Review; consider converting from agency contracts to direct service arrangements.

III. Addressing Issues of Economic Justice
   • Raising the Minimum Wage
   • Implementing Living Wage as a direct poverty reduction strategy
   • Wage Parity regardless of Job Status
   • Decent Hours of Work
   • Scheduling to Allow Stability
   • Employment Standards Act (ESA): provide Stronger Enforcement, include ‘Dependent’ Contractors, and allow Third Party Complaints

IV. Tackling the Temp Agency Work System
   • Hold Temp Help Agencies and Client Firms Jointly Responsible for all Employment Standards
   • Provide more effective Pathways from Agency Work to Permanent Positions.

V. Tackling Systemic Discrimination, Racism and Intergenerational cycles of precarity and poverty
   • Implementation of an Employment Equity legislative framework
   • Concerned agencies such as the new Ontario Anti-Racism Directorate to address directly matters of Anti-Racism in the workplace
   • Ensure Equitable Access to Trades and Professions for racialized women workers.
While they have made some gains since migration, in the words of one participant, they are still ‘working so hard and still so poor’. They work night shifts and multiple jobs. They work for minimum wage or less, and without benefits or sick days. They are trapped in precarity.

We use the term ‘precarity capture’ to give a name to this sense of being ‘trapped’ by multiple forms of precariousness with respect to immigration status, work, income, family life and health.

This research project has made clear the extent of job precariousness that immigrant and refugee women are subjected to on a daily basis. It has also made clear the extremely adverse effects of poor working conditions on the health and emotional wellbeing of these women and their families. What we have heard leads us to conclude that we have a growing public health crisis on our hands, a crisis that remains largely invisible to the wider public and policy makers.

The women interviewed in this study work primarily in care and personal services (personal support, childcare, beauty and wellness) and food related work (including the fast food industry), sectors that are major employers of immigrant women. We asked:

• What are the health impacts of precarious work on these women and how do they manifest in terms of physical, mental, emotional and community wellbeing?

• Are there additional health risks for these women such as workplace injuries and occupational health issues? Do they have access to WSIB, health care and medical appointments?

• How do these women cope with health and work-life balance?
Several recent studies\(^1\) have documented the health impacts of precarious work and confirm the greater likelihood of racialized groups being employed in this kind of work. Fewer studies focus specifically on racialized immigrant women in precarious work. Even fewer make the connection between the health of these women, including mental health and wellbeing, and the type of work they do.

The restructuring of work and workplaces over the last three decades has increased precariousness in employment, but particular groups have been made more vulnerable than others. As the women in this study demonstrated, immigrants who were absorbed immediately upon arrival into full-time manufacturing jobs with decent pay and benefits, found themselves ‘immigrants all over again’ when those jobs ended. With limited work skills, and in some cases inadequate English language skills there are fewer job opportunities, to the extent that new jobs are available. Recent immigrants, even those with higher education, are going directly into low-paid sectors in order to pay the bills while they gain the Canadian experience or licenses necessary to re-enter their professions. In many cases, given the difficulties of securing new credentials and the well-documented systemic racism in hiring practices, these workers never re-enter their professions but remain in low-wage, precarious forms of employment.

While the trends we document here may not be new, what is alarming is their scale and unrelenting persistence in our participants' lives and in the lives of their children and families. Already of crisis proportions, they have the potential to leave entire communities behind, with enormous costs for the fabric of our society as a whole.

Through a focus on the lives of individual women, we identified specific conditions and factors that are leading to the emerging health crisis for these women. These include:

- the inability to break out of the low-income trap despite hard work; poverty is a key determinant of poor health
- part-time hours, temporary positions and erratic shifts prevent the formation of supportive workplace bonds
- unpredictable schedules that result in tremendous stress and an inability to plan their lives
- long, exhausting hours
- lack of family time
- lack of supports for training and upgrading, hindering their ability to fulfill their potential
- the psychological and emotional toll of carrying a double burden as caregiver at home and at work; women are often streamed into sectors such as food preparation, cleaning, and child/elder/sick care that are extensions of their traditional role as homemakers and family caregivers
- lack of affordable, accessible childcare
- social isolation as immigrants, and their isolation at home as caregivers and homemakers
- lack of sick leave
- lack of benefits such as a dental and drug plan
- unsafe workplaces, including those with unacceptably high levels of chemicals
- verbal abuse from supervisors and clients
- the higher likelihood that temp agency workers are given difficult and dangerous jobs.

We conclude with specific recommendations that address these factors and conditions – through improved employment standards, workplace regulation and access to childcare, as well as specific supports aimed at racialized communities. Importantly, these recommendations come directly from our participants. By anchoring the project in a community-based research methodology, the study made it possible for precariously employed women to share their experiences, insights, and narratives in order to contribute to ongoing debates about health and labour policy. We believe there is much to learn from the strategies that these women workers have adopted to cope with precarious employment, as well as from their recommendations for long-term change.

\(^1\) See Research Framework.
RESEARCH FRAMEWORK

Precarious employment refers to working conditions that are characterized by increased economic insecurity, reduced entitlement to ongoing employment, limited control over work schedules, low pay, limited benefits, and few opportunities for career advancement. A growing body of literature points to precarious employment and worsening working conditions as the new norm in workplaces. A 2013 report by the Poverty and Employment Precarity in Southern Ontario (PEPSO) research group found that precarious employment has increased by nearly 50% in the last 20 years and that only 50% of those working today are in permanent, full-time positions with benefits and a degree of employment security. More recently, the Workers’ Action Centre found that the percentage of the Ontario workforce in low-wage positions has increased from 22% to 33% over the past decade.

Racialized and immigrant workers, and women are among those hit hardest by the crisis of good jobs. Canadian research has noted that racialized and immigrant workers face particular barriers to incorporation into the labour market and generally experience higher than average unemployment and underemployment rates. In a study of older racialized immigrant workers following plant closures, Ng et al. found that immigrants who were absorbed immediately upon arrival into decent manufacturing jobs, found themselves “immigrants all over again” when these jobs closed down, with few new skills, and sometimes not even adequate English language skills to access new jobs, to the extent that such jobs exist.

Precarious immigrant status can lead new immigrants to take low-paid jobs upon arrival and become stuck in a cycle of low paid and unstable work even when their immigrant status becomes more settled. The vulnerability of status is used by employers and temporary agencies to exploit workers, and the lack of enforcement allows terrible conditions to flourish in workplaces employing large number of racialized immigrant workers.

Additionally, researchers of women’s employment note that “women are disproportionately affected by workplace flexibility particularly among the informal economy and in temporary employment.” While non-standard, precarious forms of work have increased for both men and women, more women are entering part-time, temporary work which is the most precarious type of employment. Vosko (2002) argues that “gendered precariousness” arises from changing labour market conditions, but also from the burden of care and domestic work women do and the unequal distribution of income within households, as well as the cut back or lack of enabling social policies such as EI, welfare, and childcare. Women continue to represent the majority of those employed in occupations typically defined as “women’s work,” such as the food services sector, which is a common source of employment for immigrant and racialized women and is characterized by high proportions of precarious or temporary employment.

Another common source of employment for racialized, immigrant women is care services. This includes personal support work, a growing category in the health sector, and childcare. What Dyer, McDowell and Batnitzky note of migrant workers in the

References:

2 Lowe, 2007; Vosko, 2006; Lewchuk et al, 2006
4 PEPSO, 2013
5 Workers’ Action Centre, 2015
7 Block & Galabuzi, 2011; Workers’ Action Centre 2010; Goldring & Holdt, 2009a; Workers’ Action Centre, 2007; Teelucksingh & Galabuzi, 2005
8 Ng et al, 2013
9 Goldring and Landolt, 2012
10 Metro Toronto Chinese and Southeast Asian Legal Clinic, 2011
11 Annandale & Hunt, 2000
12 Hagemann, Diallo, Etienne, & Mehran, 2006; International Labour Organization, 2005 as cited in Menendez et al, 2007: 777
13 Cranford, Vosko and Zukevich, 2006
14 Noack & Vosko, 2011
15 Dyer, McDowell and Batnitzky, 2011: 686
service sector in London would equally apply in the Canadian context: these workers “undertake much of the service sector work which makes others’ work–life balance possible and yet their own work–life balance negotiations are often neglected”\textsuperscript{16}. Several studies have documented the demanding conditions in personal care work, and especially the violence and abuse faced by workers in long-term care facilities\textsuperscript{17}. In a comparative study of personal support workers in Canada and the Nordic countries, Banerjee et al\textsuperscript{18} found that Canadian personal support workers were almost seven times more likely to experience violence on a daily basis than workers in Nordic countries. The workers ascribed it to having to do too much in too little time, with too few resources. Canadian facilities were routinely short-staffed, workers often worked alone, and were given little systematic training. Canadian workers were twice as likely to end the day feeling physically exhausted, three times as likely to experience back pain, and four times as likely to be mentally exhausted.

The above findings with respect to the health impacts of personal support work in Canada are in keeping with the growing consensus that precarious working conditions are a significant determinant of poor health. Studies have consistently documented a strong negative relationship between precarious employment and workers’ physical and mental health\textsuperscript{19}. Toronto Public Health recently released a research report that found that lower income groups are particularly vulnerable to poor health as a result of social and economic circumstances, including work environment. The report further found that these health inequities have persisted if not worsened over the past 7 to 12 years\textsuperscript{20}. Insecurely employed workers are not only more likely to be physically sick, but they are also more likely to report mental health issues\textsuperscript{21}. In the GTA specifically, a recent study done on precariously employed workers at the Progressive Moulded Products plant found that job uncertainty was a major source of stress and contributed to worsening health conditions\textsuperscript{22}. Workers exposed to chronic job insecurity are also more likely to be exposed to hazards such as vibrations, noise and dangerous products than their counterparts in full-time positions\textsuperscript{23}. Additionally, companies’ increased use of temporary workers recruited through temp agencies to carry out hazardous or manual labour-intensive jobs has further adverse health impacts\textsuperscript{24}.

These findings are in keeping with an understanding that health has important social determinants: the World Health Organization defines the social determinants of health as “...the conditions in which people are born, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels”\textsuperscript{25}. They include income, education, working conditions, culture, gender, and other social and political circumstances. As the studies cited earlier in this section show, racialized immigrant women in precarious work may face multiple other adverse social conditions in addition to unstable and often unsafe working conditions, including uncertain immigrant status, poverty, the double and triple burden of work and care expectations, race-based discrimination and exploitation, and social isolation. These conditions, in combination with the effects of precarious work, have an impact not only on the women, but on their families and communities\textsuperscript{26}.

\textsuperscript{16} see also Arat-Koc, 1989
\textsuperscript{17} Armstrong and Armstrong, 2009; Baines, 2006; di Martino, 2003
\textsuperscript{18} Banerjee et al, 2008
\textsuperscript{19} Access Alliance, 2012; Benach et al, 2014; Ferrie, Shipley, Marmot, Stansfeld, & Davey Smith, 1998; Lewchuk, de Wolff and King, 2006; Sverke, Hellgren, & Naswall, 2002; Quinlan et al, 2001; Virtanen et al, 2005
\textsuperscript{20} van Ingen, Khandor, & Fleischer, 2015
\textsuperscript{21} Institute for Work and Health, 2013; Ferrie, Shipley, Stansfeld, & Marmot, 2002; Letourneux, 1998
\textsuperscript{22} Ng et al, 2013
\textsuperscript{23} Letourneux, 1998
\textsuperscript{24} Institute for Work and Health, 2013
\textsuperscript{25} Commission on Social Determinants of Health, 2008
\textsuperscript{26} Access Alliance, 2015; PEPSO, 2013
RESEARCH DESIGN

The study employed a community-based research (CBR) methodology. This approach builds on strengths and resources within the community, promotes co-learning, emphasizes the local relevance of ‘problems,’ and is iterative in its process27. This methodology allows the project to place the lived experiences of racialized and immigrant women at the centre of the research process, and incorporates their voices into discussions of precarious work and health. The final research design outline described below was guided by the community researchers.

The study was conducted using the following qualitative methods so as to capture as fully as possible the unique and complex experience of this population28.

- Semi-structured in-depth interviews with 40 women working in precarious employment.
- Two focus groups of 10-12 women working in precarious employment.

**Community partners**

We reached out to several community organizations that serve racialized immigrant women. After meetings and discussions about the project, the Immigrant Women’s Health Centre, Across Boundaries, Central Toronto Community Health Centres (CTCHC) and the Tibetan Women Association of Ontario came on board as our community partners.

Our community partners were asked to reach out to women who have worked in precarious jobs and invite individuals to join the research team.

A team of six community researchers was invited to an orientation and meeting with the rest of the research team. A schedule was determined and the CRs attended workshops that covered counseling, emotional-psychological support for interviewees in sensitive interview settings, legal matters and resources for women in precarious work. They were also trained in CBR including methodology, participant recruitment, consent letters, ‘deep’ interviews and work plans for recruitment and interviews. The CRs conducted practice interviews with each other. One CR had to withdraw from the project midway due to issues with her own precarious employment.

**Recruitment**

Participants were recruited through posters that were distributed to the community partners. The posters were translated into Tibetan and Mandarin for the Tibetan Women’s Association of Ontario and Central Toronto Community Health Centres and their CRs respectively. Participants were also recruited through word of mouth by community partners and CRs. Participants self-selected themselves for the study.

**Profile of participants**

There were a total of 40 participants in the study. 18 of the participants were Tibetans who had come to Canada as refugees via India or Nepal. 12 participants were East Asian (Chinese and Korean). 8 were Black (from the Caribbean and African continent). 2 were South Asian. The latter three groups of women came to Canada as landed or sponsored immigrants, or through the live-in caregiver program.

The largest cohort of women (14) were between 41 and 50 years of age, followed by 11 women between 31 and 40 years of age, 10 women between 51 and 60 years of age, 3 women under the age of 30 and 1 woman over 60 years of age. One participant chose not to disclose her age. Demographic information was compiled from interview data.

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27 Israel, Schulz, Parker, & Becker, 2001
28 Kanbar, 2003
Interview and Support for Participants

The framework of the interview and the interview questions were decided by the team of CRs. One-on-one in-depth interviews were conducted in community settings, lasting one hour on average. The research team met midway through the interview process for feedback and clarifications. The interview questions are included in Appendix I of this report.

Audio recordings of the interviews were translated from Tibetan and Mandarin to English and transcribed by CRs and members of the research team who were bilingual.

Participants in both the one-on-one interviews and focus groups were compensated for their time with a small honorarium and public transit tokens, enabling their participation in the research process. Information about resources such as centres for mental health and wellbeing was provided to all participants.

Focus Groups

Two focus group sessions were held after the completion of the interviews. Women who participated in the interviews were asked if they would be interested in participating in a follow up focus group discussion. Those who indicated interest were invited to participate in one of two focus group discussions. Free child-minding support was provided and two time options were offered to accommodate the schedules of participants. 6 women participated in the first focus group which was held on a weekend afternoon and 8 women participated in the second focus group on a weekday evening.

During the focus groups, shared decisions were made about action steps based on the collected data, ways to communicate the findings to community members and academics, recommendations for policymakers, and finally, related areas of inquiry for future research. The questions used to guide the focus group discussion process can be found in Appendix II.

Confidentiality

It should be noted that all the names of participants used in the report are pseudonyms in order to protect the confidentiality and identity of the women workers involved in our study.

A Reflection from a Community Researcher

“I felt that people are scared to open up first especially when it is done in audio recording. I do not blame them because most of them are from countries where the voices are suppressed and that rights are not granted without a price. Some of the stories reflect my life few years ago when I was working hard without much knowledge, without confidence of the workers’ rights and other options. And it is also their first formal interview in life. As expected there was nervousness, much skeptics, conflicting answers and trust building issues when I was recruiting the participants but after I explained the purpose of the study and the confidentiality rules, the participants were more than willing to share their stories of hardship, uncertainty, their journey into the modern day slavery, day in and day out.”

Tsering, Community Researcher
**What kind of work do the women do?**
The totals below add up to more than the number of participants because most participants worked at two or more jobs.

**Table 1: Types of Work**

<table>
<thead>
<tr>
<th>Care Service Work (in a private home or institutional setting)</th>
<th>33</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal support</td>
<td>(13)</td>
</tr>
<tr>
<td>Childcare/nanny</td>
<td>( 6 )</td>
</tr>
<tr>
<td>Beautician/nail salon</td>
<td>( 2 )</td>
</tr>
<tr>
<td>Dog walker</td>
<td>( 1 )</td>
</tr>
<tr>
<td>Private house cleaning</td>
<td>( 3 )</td>
</tr>
<tr>
<td>Group home workers</td>
<td>( 3 )</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>( 2 )</td>
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<tr>
<td>Lunchroom Education Assistant</td>
<td>( 3 )</td>
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<table>
<thead>
<tr>
<th>Food related Work (food processing/service/retail)</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food processing workers</td>
<td>( 8 )</td>
</tr>
<tr>
<td>Retail/Cashier</td>
<td>( 3 )</td>
</tr>
<tr>
<td>Fast Food workers</td>
<td>( 3 )</td>
</tr>
<tr>
<td>Restaurant server</td>
<td>( 5 )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laundry worker</td>
<td>( 1 )</td>
</tr>
<tr>
<td>Office Receptionian/dental</td>
<td>( 2 )</td>
</tr>
</tbody>
</table>

33 women were employed in care services and 19 in food related work, making these the main types of employment among participants. 3 women worked in other occupations.

**Table 2: Employment Status**

<table>
<thead>
<tr>
<th>Employment Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td>10</td>
</tr>
<tr>
<td>Part-time</td>
<td>21</td>
</tr>
<tr>
<td>Casual on-call, Temp agency work</td>
<td>25</td>
</tr>
</tbody>
</table>

75% of the participants are working in some form of precarious employment including part-time work and on-call jobs such as agency work, private house cleaning, etc. The other 25% of the participants hold full time positions but even full time jobs can be precarious if they exhibit other characteristics of precarious employment such as low pay, few benefits, frequent Employment Standards violations, inability to bargain collectively or insecure tenure.

Most of the part-time workers hold more than one job and work for one or more temp agencies. Close to two third (62.5%) of the women are casual, on-call workers. These racialized immigrant and refugee women workers are concentrated in care services and food related work where the use of temp agencies is rampant.

**Number of jobs they are currently holding**

- **Holding 3 paid jobs or more (6)**
- **Holding 2 jobs (20)**
- **Holding 1 job (14)**

In total, 65% of the participants hold more than one job. Half of the participants work on two jobs and 15% are doing 3 jobs or more.
THE ELEMENTS OF ‘PRECARITY CAPTURE’

The (Re)Production of Precarity

There is no other alternative. This was a constant refrain in the interviews with the precariously employed women.

The sense of being stuck with little room to move physically, emotionally, financially and metaphorically is a recurring theme and one that we have named ‘precarity capture’.

In the context of systemic inequalities on the basis of race, gender, ability, sexual orientation, religious belief, etc. this capture is well demonstrated through the lived experiences of this group of workers who are ‘stuck’ in low wage, temporary, part-time or casual on-call employment. The reproduction of precarity is very much linked to the lack of options among these immigrant and racialized women in their multiple roles and responsibilities as a spouse, a mother, a daughter, a wage earner, and in many instances, as the only breadwinner in the household.

As we note later in this report, precarity capture has an extremely adverse affect on women’s health. The findings reveal a pattern of precarious lives, precarious work and precarious health. The more restrictive and constrained women’s life circumstances are, the more vulnerable and precarious their employment and their health becomes. The precarity in employment for this group of racialized immigrant women is very much conditioned by the precarity of their status, the challenge of language barriers, the lack of so-called ‘Canadian experience’ and the hurdles they face when they try to continue their original professions. Since these women hold paid employment at the same time as they bear gendered responsibilities for household work and care giving, the lack of affordable childcare and elder care further restricts their ability to choose the hours, shifts and type of work that better fit their busy lives.

Precarity of Status

Almost half of our study participants were Tibetan refugee women who came to Canada as refugee claimants via India or Nepal and fleeing the occupation of their homeland by China. As stateless refugees for the last three generations, their main preoccupation has been the issue of citizenship. For many of the Tibetan women workers who came as refugee claimants waiting for their status and citizenship, the precarity of work is made more complex by the uncertainty of their status in Canada. This was also felt by the Caribbean and Chinese immigrant women participants who are here on a work permit under the Live-In Caregiver Program.

Challenges of Language and “Canadian Experience”

Immigrant women who previously held positions as teachers, accountants, and other professions in their countries of origin, are now stripped of their professional identity and their self-worth as an equal contributor in the family and left alone in a new country without extended family and other support networks. It is a daunting and traumatic journey. That sense of isolation is compounded for two thirds of our participants who are struggling to learn English as a second language. The sense of defeat is acute for one of the participants who used to work as a magazine editor.
“I only failed in Canada because I just couldn’t adapt to this place with a different language and different culture. It doesn’t mean that I’m not competent. Since I didn’t have any income, I had to ask my husband for everything. He is the one who brings home the pay-cheque, the only one who controls the money. He decides on whether I should go to school or not...The only thing I didn’t fail was to have a second child. There was no second child policy in China until recently. So I have no choice but to stay. Everything else, I have failed completely! In the past, I had a good job as a magazine editor. Now I have no job, no status in the family. That’s unavoidable. You have lost everything.”

Tanya ended up going back to school for a diploma in social services and has recently graduated. She is now working as a group home worker, on a casual on-call basis through an agency, always looking for more shifts and opportunities to build her skills. Tanya ended up going back to school for a diploma in social services and has recently graduated.

“I graduated from ESL, from Accounting, Finance Planning, Bookkeeping with the different diplomas and certs in the hope of returning to my previous work. I even worked as a co-op student in a bank and at Revenue Canada. As an ESL learner, I ended up having to study twice as hard as other students. I stayed late till 10 pm in the college and missed spending time with my children. With all these studies, I now owe a student debt of over $60,000. The interest rate is even higher than the mortgage rate. I have tried so hard and nothing. I’m just thankful that I have taken a PSW program. I’m now working as a PSW to pay back my student loan. I’m so disappointed…but what else can I do?”

The Challenges of Returning to one's own Profession

The tenacity and sacrifices that these women make in pursuit of their dream of returning to their original profession is akin to a marathon of jumping through hoops and hurdles. The following narratives from two interviews offer a glimpse into the challenges immigrant women face when they don’t want to settle for just any job, but want a career.

Hing came from China in 2001. She had been an accountant and shared her frustration of more than 10 years trying to pursue her dream of returning to a related profession by obtaining different college diplomas. She ended up incurring a large debt for an Ontario Student Assistance Program (OSAP) loan and currently works as a part-time Personal Support Worker (PSW).

Tanya is a newcomer from India who came with her husband, an accountant by profession and their two young children in 2013. She has a Master Degree in Social Work and used to work as a social worker with various UN agencies. With such credentials and experiences, she was quite confident about her job prospects in Toronto:

“So when I came to Canada, I didn’t have the kind of fear that I have now that I would not get a stable job. I started applying to community agencies but didn’t hear from any of them. I went to a couple of agencies to improve my resume. Then my husband, an accountant by profession, and I were both jobless. He started school. We were running out of our savings. I ended up getting a night job with McDonald’s. I worked there for 9 months. That was a really horrible experience. When I remember those days, it still haunts me...”

29 Pseudonyms are used throughout the report to protect the identity of participants.
Women Hold Up More than Half the Sky: Paid work, Household and Caregiving Responsibilities

Almost all the women participants have to juggle their paid employment with household and caregiving responsibilities. For many, the ‘husband and wife’ team must take on different shifts of work so there will always be one parent taking care of the children. One will work an early shift in the factory and come home at 3.30 pm just in time for the other to leave for an afternoon shift. There is a constant change of guard in child caregiving, and it is very often at the expense of the couple’s personal relationship or a shared family meal, time spent with extended family or friends or even just in rest.

In some cases, women rely on their extended family including elderly parents to take care of young infants. However, this type of support is also precarious and can easily collapse ‘like a sand castle’.

Maya describes herself as an ‘octopus’, needing all the tentacles to take care of her two young children, her parents, her parent-in-laws, her husband and her boss. She describes this precariously constructed system of care here.

“I went back to work in a factory as an embroiderer after I gave birth to my baby, and had to pay my mother-in-law to take care of the baby. After half a year, my mother-in-law was in a car accident. I had no choice but to stay home to take care of her and my daughter. Even though it was only for a week, I lost my job. We barely made it with the baby allowance. There was no other way!”

For Biyu, a food processing factory worker, the challenge is the lack of childcare options when she is due back to work after a parental leave. The cost and accessibility of childcare services are two major impediments for low-wage women workers in precarious jobs.

“For my work, I have to get up at 4 am in the morning and take the bus at 5 in order to get to work by 6. I’m now on maternity leave. My son is only a few months old. But I start panicking when I think about how I’m going to manage [that schedule] when I have to return to work. I don’t even want to think about it. Not only can I not afford sending my two kids to daycare, the daycare centre is also not open in such early hours. With such early work hours, my husband won’t be able to take care of the two kids. I need this job as my husband is only working part-time and on-call basis in Chinatown...”

Aside from meeting daily family and care responsibilities, women workers are also expected to save and send money ‘back home’. In particular, the Tibetan refugee women participants have immediate family members who are still overseas waiting to be reunited in the future. The pressure and guilt compel them to make large sacrifices and very often, with personal or health consequences.

The Realities of Working Precariously

Three-quarters of our study participants are in part-time and/or casual on-call work. The other 25% are in full time employment but must endure long hours, irregular shifts, and the ever-present threat of layoffs or a workplace closure. In both cases, the majority work in care services and food related occupations where temporary and on-call agency work seems to be the new norm for both private and non-profit health and social services agencies. Typically agencies send workers on assignments for various periods of time while on-call work refers to those hired as casual workers – especially in health care or for temp agencies that operate in the health care and education sectors. Their precarity goes beyond the differential in wages and benefits. It also encompasses poor working conditions, discriminatory treatment of agency workers; ‘invisible’ and unpaid work, and enormous time and energy wasted between assignments and in travelling between different job sites.
The following represent the voices of racialized women workers in these precarious positions.

“As a new nail salon worker, I was not treated fairly. I paid the nail salon since I didn’t have the language skills and not familiar with the culture here... Typical day is 9 am to 7 pm with no fixed lunch breaks. Get paid $70 per day plus tips from customers. You are under constant pressure to work faster, to chat and make customers happy! When it’s not busy, the boss will ask one of us to go home. No pay for the rest of the day. It’s so upsetting when work is so insecure.”

“I work as a cashier in a supermarket making just a bit above the minimum wage. Even though we work over 30 hours per week, we are still considered as part-time workers. My husband is also just on-call doing computer work. ... We are told to smile at customers and do small talks. How can we manage to smile with strangers when we are always told to rush... when we are being monitored for the mistakes that we make? Do you know that our company has a monthly quota for mistakes? But what choice do I have? We have to take care of our children.”

(A former school teacher) “Currently working 2-3 part-time jobs. One is at a school as a lunchroom assistant for 2 hours daily from 11 am to 1 pm. School job is very busy – have to toilet children– some wearing diapers; some on wheelchair so must carry them etc. Children in the school have high needs and so we must do everything for them. After that, I come home quickly and prepare for 2nd job at a temp agency. If there is work, they will call. I can accept or decline. My work is to go to group homes, prepare meal, do laundry, clean house, make beds, and pack food for next day for day care. Job is on-call because it’s a temp agency, no schedule. Temp agency job is far and also never know which house I will be going to until I get the phone call.”

“Never really have days off. I’m always on the edge. I can be in the middle of cooking and I get called. “Hustle, hustle, hustle, finish it up and then run”. It’s like runnin’, runnin’, and runnin’. I run to school, run back, run again. I’m commuting 4 times, 5 times, 6 times a day.”

“Sometimes the work is slow and I don’t get a call. I feel bad. I only have my 2 hours in school. I worry about summer. When it is summertime, school is out, no job. And the agency is slow because there are more people looking for job. We are the last to get hired. The group homes hire relief staff ... so most times I don’t get much work during the summer. Then I will have to look for hospital work.”

“I came as live-in caregiver, taking care of a baby and some light housework after paying $20,000 (Canadian) to an agency in China as a fee. Over here, taking care of a child is quite different from being a nurse in the pediatric ward. The main challenge is staying with the employer and having to cook western food. The language difficulties... for example reading a story or craft. I carry a lot of pressure on my own... It’s long hours, from 7 am after they leave for work, and then 8 at night. Sometimes, there is no control of your own time. I can only get overtime on weekends under special circumstances.”

“[I have a] temporary receptionist contract position 2 days/week, work in a restaurant on weekends and then do tutoring young kids. Even with the three part-time jobs, it doesn’t add up to one full time job.”

These narratives provide evidence of the unpredictability that permeates the women’s work and family lives. A lack of control over schedules and assignments is prevalent. While one might assume that agency work is an opportunity for newcomers to gain access in a workplace, the experiences of our interview participants show the contrary. Women workers who have been stuck in precarious work for an extended period are still waiting for that break to come.
The following statement by Vani, a 46 year old former teacher from India who immigrated in the early 1990s, gives a glimpse on the gravity of the challenge. She currently works as a part-time agency worker averaging 12 hours per week in a group home with mentally challenged residents.

“For 25 years, I have never had a regular day off, never, never! For 25 years, I don’t know what’s tomorrow. Now I’m on-call. They can call me anytime. They can ask me to work from 6 pm to 12 midnight. Sometimes I come back at 12 and have to start at 5 or 6 in the morning. There is no life, no day off, no set schedule, whatever they (the agency) say, I have to do it. I have no control…”

In addition to having no control over hours, work location and work assignment, all the agency workers expressed frustration over the treatment as a ‘lower class’ worker in the workplace.

“The staff at the group home doesn’t even call us by our names. They just refer to us as ‘agency’...There is a line, a division between staff and agency. Even in the school there is a line – you have the teacher, EA and noon hour assistant. Work gets passed down the line. They wait for me to do some of the dirty work and look at us as their ‘little maid’. We are the end getting the least pay, so we are getting the most work.”

The tensions that develop between workers hired directly by the employer, and temp agency or casual on-call workers are worrisome. Understandably permanent staff are overworked and understaffed as a result of the workplace restructuring. The presence of temp agency workers in any given workplace is often perceived by permanent workers as a threat to their job security while the temporary workers will work as hard as they can in the hope of a full time job. Management often uses divisive tactics to keep the workers from feeling secure, settled and united.

**Working for an Agency**
Throughout the interviews, participants used the term ‘agency’ to refer to all forms of temporary work arrangements. It is critical to note that there are different types of agencies, including:

- **Temporary Help Agencies** – privately run temporary staffing agencies contracted by client companies to provide just-in-time labour. These agencies often recruit workers who are geographically and/or linguistically bound. All the food processing workers, private house cleaners and the group home workers in our study work for this type of private temp agency.

- **Not for profit temp agencies** - run by community based agencies that act as a contractor or agent for publicly-funded Long Term Care facilities (LTC), group homes, shelters etc.

- **Home Care Agencies** (private or non-for-profit) - under contract with a CCAC (Community Care Access Centre) which serves as central coordinating body for assessing the needs of patients who live alone in a private home environment and approving the level of care hours required. The PSWs largely work through these Home Care Agencies on full-time assignments, regular part-time assignments or on-call casual assignments. Most of the PSWs involved in this research project work as the latter i.e., as on-call workers.

As noted, many women work for agencies that ‘provide’ work. Agencies may begin recruiting women even before they migrate to Canada, sometimes asking them to pay large sums to secure work in this country and often holding back a fair amount of wages when the work is done. Agencies may have unregulated, unscrupulous and even illegal practices, and yet women, fearful and desperate to have ‘at least something coming in’ may accept this work indefinitely. This too plays a role in precarity capture.

Within various immigrant communities, there are agencies that charge $200 as a ‘referral fee’ for a job assignment. They then arrange for an unpaid internship for 2 months or, as in the case of the nail salon worker, the worker must pay the employer for the opportunity to gain Canadian experience. For many of the PSW agency workers, certain ‘mandatory’ training and certifications – CPR, CPI and CTI at $120 per course - must be paid to the agency even before they are hired.
Furthermore, under the current ESA framework, the onus lies solely on a worker to launch a complaint against an employer for any violation of Employment Standards. There is no anonymous complaint system that will protect the worker from harassment and other reprisals, nor are there proactive measures that the Employment Standards Branch and the Ministry of Labour can apply to protect the employment of the complainant.

A key revelation comes from the lived experiences of participants from the Tibetan community. Many work as agency workers sorting vegetables in food processing plants. Because of the workers’ vulnerability as refugee claimants who desperately need to survive as well as take care of family members overseas, temp agencies have taken advantage and are getting away with questionable and often illegal practices.

In the passage below, Tenzin, a Tibetan refugee woman who came 3 years ago with a master degree in Business Studies, recounts her first job working in a potato packing factory in 2013. Her story is very telling, an indication of the extent of labour violations that these women are subject to on a daily basis. There are some parallels between the work experiences of these racialized refugee women and the abuses experienced by seasonal agricultural workers in the fields of Southwestern Ontario. The pattern of captive labour extends its grasp from the field to the food processing plants, and then to the table.

"My shift in the potato-packing factory differs depending on the season. When I joined it was summer and it was busy time for them so I worked up to 16 hours a day. When it’s not busy, the shifts are 6 hours a day. The pay is about $7-8 per hour (Note: the Ontario minimum wage in 2013 was $10.25 an hour). If I work long hours like 16, we have 5 minutes break every 3 hours and two unpaid meal times but there is no way of knowing how long I will be working before getting to work. Sometimes, I bring one meal and then end up working up to 16 hours, I just have to do with one meal that day. There is no canteen, no vending machine or snacks available in the workplace. I have no control over my hours. I cannot ask them for more or less hours. They tell me: “today you have to stay late to finish this or that”

I get paid through the middleman every week. The pay is put in the envelope and sometimes there are certain amount missing but there is nothing I can say to him because he might say: “you don’t need to come from tomorrow” since I am under him, I simply have to accept it.

I go to work by myself and come back on my own if the shift is not long but if the shift is long and it’s late, they will drop us back and charge $3 per head. When I am working long hours and had to put my son in someone else’s care and pay $5 per hour for her, I make only about $3 an hour after deducting that from my pay.

At the factory, I have to stand up the whole time while working. We have 5 minute break every 3 hours to stretch our legs and sit on the chair. The tables take turn. Each table has about 6 people. I don’t have the liberty to get up, use the washrooms as and when I like. I have to use my 5 minutes to do anything I needed to do.

I have leg cramps and back ache. The most stressful part is not knowing if I will be working the next day or not or who I will work with. I will only know about my next schedule at the end of my shift. They will tell us to come or not to come for the next day shift. I will only find out how long I am going to work only when I am there. There is always the feeling of uncertainty."
It is important to note that at the end of her work day, after paying the agent and her son's caregiver, Tenzin's take home pay was only $3 an hour. The lack of affordable and accessible childcare has been a recurring frustration for many of our study participants.

Tenzin's story highlights the illegal practices of temp agencies and the urgent need for more direct and proactive interventions by the Ministry of Labour. Interviews with food processing agency workers working for other agencies reveal the same pattern of wage theft by 'middle-men'. Some workers paid a daily 'transportation charge' of $8 per person to the recruiter for taking them from Parkdale to Mississauga and back after work.

**Precarity of Income: Poverty, Fear and Not Enough Money**

One of the key contributors to 'precarity capture' is poverty. According to a study by the Canadian Centre for Policy Alternatives (2015), Ontario’s minimum wage is still 61% lower than what needed for working families to get by in Toronto. A living wage of $18.52 would make a huge difference particularly in the lives of families who work in the retail and service sectors where lower-wage workers are concentrated. Women are working so hard, in multiple roles, all day and all night, and yet still living with low- and always precarious-income. Add pregnancy or illness into the mix and the situation becomes more dire, more of an emergency.

"I worry a lot about making ends meet... paying for housing, transportation and other necessities. There isn’t anything left. I feel bad about getting sick and that I have to choose between work and health. If I get sick for 3 days, I’ll probably get fired or laid off. I fear that I might end up being in one of the shelters."

"I have no income since finished collecting EI. I really want to go back to work but I have no choice and no money to pay for the day care cost. I am stuck at home. My husband is a real estate agent so his income is also quite unpredictable. The stress of not having income and work is having a toll on my health. I feel yelling at my husband all the time. I'm in pain but can’t afford physiotherapy. I get moody very easily. The family dynamics is tense to say the least!"

There is also the constant fear of not getting enough hours or getting sick. When asked whether they have paid sick leave in their place of employment, most interview participants burst into incredulous laughter before responding to the question.

"I feel like I have to be there no matter what. At the school, I had the flu and it was winter. I went sick every single day. I had bills to pay. But when my child is sick, I have no choice but to take time off.

As a single mom, it's on me. Life is a struggle. Rent is so expensive these days. If you're sick, you stay home without pay. Nothing is coming in. You are weighed down. No benefits, no income. It's not fair!"
Intergenerational Cycle of Precarity and Poverty

“I was young when I came. I saw my parents struggling, working in factories, not making enough money to put for childcare, earning minimum wage. Even after they went back to school hoping to get ahead, they still couldn’t find a better job. Do people just come here to slave?”

Three of the participants came to Canada with their parents as teenagers and grew up watching their parents struggle. The realization that they were now getting trapped in the same cycle of precarious work was both sobering and infuriating. All three of them are university graduates - one holds a Master’s degree - who have tried hard to find employment related to their field of study.

One now works as a part-time server while at the same time, volunteering in the non-profit sector as a way to enhance her chances of getting a foot in the door. Another has become so discouraged with the prospects of landing a secure position that she continues to hold on to three part-time jobs (server, tutor and clerical worker).

“As a university graduate, I have been juggling with 3 part-time jobs trying to pay the OSAP debt and still supporting my family. I ended up moving back to live with my parent and helping out by taking care of grocery, phone bills. If something happens to my parent, we will be homeless... it’s really stressful!”

The third one is working as a receptionist and hoping to apply for graduate school to gain a competitive edge. The lack of social capital in networking and mentoring particularly among low wage earners and their families speaks directly to the intersectionality of race, gender and class. It also speaks to the need for employment equity as the most effective strategy in reducing poverty and building a diverse and inclusive workforce.
Precarious employment and more broadly, the precarity capture have an adverse and long-lasting effect on health. Participants have all experienced poor and worsening physical and mental health. Indeed, the negative health effects of precarious work are a matter of when, not if. We argue that the more precarious an immigrant worker is, the worse her health will be. The narratives of our study participants have revealed numerous social determinants that negatively affect their health. These determinants include a lack of safety, high incidence of unreported workplace injury, low to no income, high incidence of discrimination, racism, sexism, lack of family/support and more. Indeed, it would seem that an entire set of industries are held together by increasingly ill ‘captive’ workers.

**Workplace Injury and Health and Safety Issues**

Turning first to the workplace itself, the women noted many dangers and workplace injuries:

**Food Services and Production**

“There are too many hazardous areas in my workplace. There are no windows in the workplace, not sure what time of day, no sunshine, I feel like working in a cage. I’m taking Vitamin D pills as a supplement. Feel like my bones are getting bad.”

“Most stressful is the working environment. It’s so chemically polluted and not properly ventilated. I’m still young and I worry about whether I’m going to have a healthy baby when I get pregnant. One of my coworkers gave birth to her baby who has an inborn eczema, probably from the work environment. The company uses volatile chemicals to protect the food products but not the safety of workers. We only have a hairnet and lab coat to avoid contamination in products.”

Below is the story of Tsedon, a Tibetan woman worker, a single mother with 2 kids, who recounts her injuries in her second job working in a coffee shop. Her employer’s complete disregard for WSIB and health and safety requirements is a sobering reminder of how woefully inadequate our system is in protecting the health and safety of all workers.

“I work with the owner in the shop. He would scold and not give breaks if something doesn’t work out. One day, there was a bird stuck up there. He ordered me to go up and get the bird. I fell down; you know how the storage area above the fridge is so high. When I fell, I hit my back on the wall. I couldn't move. The owner was with me standing right there. When I fell down, the first thing he did was to run away. He didn't even call the ambulance. Later he didn't even pay the ambulance fee. I was made to pay that myself. And then he told me that I was still in training, saying I will be hired. I was out of work for 2 weeks and that was nothing. You know when you fall and injure yourself at work, there is some workplace insurance. There was nothing.”

It is incredible to read about the reaction of this employer. Instead of taking control of the situation and calling an ambulance, he chose to run away. One wonders how many there are of these non-unionized workplaces where employers routinely fail to report workplace injuries to WSIB - and how many immigrant and refugee workers are injured at work, without access to WSIB and eventually 'disposed of' as injured workers.

**Care Service Work**

40% (16) of the participants currently work either as a PSW or a group home worker, as on-call agency workers. Several of them are doing both. We are especially alarmed that all of them have recounted incidents of injuries and/or abuse. More often than not, these incidents go unreported to the Workplace Safety Insurance Board (WSIB).
(PSW agency worker) “For some homes, the agency will pay a little more because they are high risk. I don’t go as they are too high risk. Clients bite because they want to see blood. I once had my hair pulled, got pulled down to the floor. Stressful situations at work when clients are acting out or come to a crisis. Another stressful situation is when you don’t get any back up where you are placed. They don’t explain to you what to do when you get to a place.”

“Had a workplace injury – twice at the group home. Once was pushed from behind, and fell flat. Once dragged by the hair to the floor. I was concentrating on my knee and I realized, my foot was tight, and so my toe, this one… it’s still paining me and I rub it, it’s big here. I don’t know if it was broken, if it was fractured, but up to this day I still have the pain. This foot now is bigger than this one.”

“The shoulder injury was when I lifted a patient and lifted too much on one side and got the pain. Did not file any WSIB claim with employer…I did not know about it. I did not report it and then it was too late and I didn’t bother with it. Was on 3 meds – 1 muscle relaxant, 1 for inflammation and 1 for pain. [Listed drugs that require prescriptions].”

“I work with homeless people at a drop in Centre. Some of them are very aggressive and verbally abusive. My language is a barrier. I had to learn how to face those daily abuses. I used to take medication for my sleep disorder. I have thyroid problem and iron deficiency.”
The care work done by these precariously employed women workers in long term care facilities or group homes has been ‘invisible’ and undervalued. The physical demands of these jobs and the unpredictable behaviour of some residents are a major source of stress. They never know what situation they will walk into on any given day when they’re scheduled to work.

The unpredictability of assignments also has serious health consequences for some of the PSWs who are dispatched to care for clients in their private home. Here is the account of Mary who had 3 episodes of health crisis as a result of her work.

“I was called to take care of a client who just got discharged from the hospital. I didn’t put my mask on fast enough before the client sneezed on me. It took me about half an hour that I felt something was not right with my body. Within 24 hours, I couldn’t breathe and was rushed to hospital emergency. I had no idea how severe that sneeze was. Doing the same kind of work where I am constantly rushing to do hours, I realized that my health is just wrecked. It happened two more times.

The second time, I got call to a client. When I got closer to the place, I called to let the client know that I would be there shortly. Then she told me she had cancelled. But no one from the agency bothered to let me know. It took me an hour and a half to drive over to her place, someone could have called me. The agency said the client had the right to cancel anytime. I drove all the way back home. When I reached my own parking lot, I got another call asking, “can you do a client?” I figured I have wasted the whole morning already and I need that money. I should make some money since it was a cluster, that is, 3 clients in the same area for a total of 3 hours. So I made a U turn and went out again. By the time I got to the client, I was 10 minutes early. I sat in the car and waited. Suddenly it was like an invisible hand grabbing me. I couldn’t breathe. I don’t know what’s going on. I went blank and collapsed.

I was too busy trying to get from one place to the next, trying to pay one bill to the next, and trying to fit my family in ‘cause we tried not to miss any birthdays that I totally lost focus. I woke up and started choking. I just got up and went straight to my client as if I’m programmed. Never thought of calling the agency. All I have in my mind is “I have a client’. It must have been 1 pm when I got home. When all the things just came to me. I could have died. All the tears just flooded me. It happened one more time. I came from one job and rushed to my grandchild’s party. It happened again. It almost cost my life. The doctor said that my body is breaking down and needed rest. I’m in health care system and I’m supposed to know better.”

Mary’s story demonstrates the adverse health impact of constant rushing between jobs. It also reveals the inequities of a deeply flawed care system run by agencies in which frontline care workers are not compensated for time travelling between locations or given notice of client cancellations.

Risking their Own Health in Order to Survive

Vani, the participant who always worked more than one job and spoke about not having a regular day off in the past 25 years in Canada, worked at one time as a hairdresser. When she became sensitized to the chemicals she decided to become a part-time agency worker in a group home with mentally challenged residents. However, due to the fact that she is only getting 12 hours work per week in this job, she has
now gone back to hairdressing to augment her income. Her narrative illustrates another manifestation of precarity capture - when the worker knowingly risks her own health in order to survive.

“I am now working in a hair salon and I’m killing myself because I’m highly allergic to the chemicals. I don’t want to but I have to. Because of my sensitivity, I get skin rashes if I touch anything. If I smell anything, I get sore throat. But in group home, I have to do the cleaning and I’m killing myself. … Masks don’t work at all. It affects my health directly but I have to work to survive. That’s why I’m not thinking about tomorrow that I’m going to die but have to think about today, about paying my bills today. I have to survive no matter what! I’m very allergic and have to pay about $100 a month for my cream. I have to pay everything….Sometimes I feel like giving up…you don’t want to struggle all your life. There is supposed to have chapters. Many times, it doesn’t work! I have allergies, inhaling and breathing problems and I have depression most of the time. … in the group home, the most horrible part is that I have to hide my emotional problem, hide myself and serve them best!”

Vani is trapped in a vicious cycle of precarious work. She needs more hours to earn a living but when she has more hours, she is ruining her health. The adverse impact of occupational disease on her personal health and wellbeing are secondary when it comes to the reality and necessity of making enough to pay the bills.

Discrimination and Harassment at Work

In addition to the workplace health and safety risks, these racialized immigrant women some of whom speak English with ‘an accent’, also have to contend with the systemic discrimination of sexism and racism. The women also noted a high degree of workplace discrimination and harassment, a situation long associated with poor mental and physical health.

“Went to look around for jobs in customer service [and] they look at you. Went to look around for jobs with a white girl, and they were paying attention to her. With me, I’m invisible, I felt invisible. In getting a job, I faced unfair treatment.”

And a factory worker employed in a warehouse faced differential treatment.

“There is bullying and harassment…the way they yell at you…. as though you are a little ball… push… kicking around. You feel like you’re worth nothing, like worthless. Feel like maybe you’re not looking good, you have to examine yourself, maybe something is wrong with me. It didn’t feel good, it felt wrong, because I have never been treated like that in my own country.

Others talked about what they face ‘just to get a paycheck’;

“I have been harassed, treated unfairly… They follow me up and down. They want to do everything in their power to fire me but I’m not going to give them the satisfaction. There is racism. It’s hard. The only reason that I have all these restrictions on me is because I’m black…because I’m a trouble maker. At work, people don’t complain. They just take it because they want the job. I’m here for one thing only, my paycheck. They are trying to harass me and make me quit. I can’t let them know I’m hurting… Every day before I go in the store, I stand outside for 2 minutes and pray that I have enough strength to go through the day.”

For another participant who is middle aged and used to be a teacher in Trinidad, the sense of frustration over societal biases is palpable. Even though she has overcome the odds to achieve a Teaching English as a Second Language (TESL) certificate with honours, she now works just 10 hours per week as an educational assistant in a school.

“You feel that you are constantly being watched. You’re faced with a reality of dog eat dog world. You always have to prove yourself to make them know what you can do. They see a person of colour and assume you are uneducated, they underestimate you.”
A Litany of Physical and Mental Health Issues

Physical aches and pains

- Headache
- Nose bleeding in the morning
- Underactive thyroid or high thyroid
- Asthma – using puffer
- Back ache – most common symptom experienced by all interviewees
- Fall and back pain - customer called ambulance while the manager ran away from her
- Diabetic
- Cut on the hand - sent to the hospital for dressing and told to come back to work right after
- Early onset of menopause symptoms
- Knee ache – two interviewees said their doctors suggested surgery
- Leg cramps
- Feeling of exhaustion
- Joint pain
- Arthritis
- Wake with aches and pains in the morning
- Migraine
- Neck and shoulder pain
- High blood pressure
- High cholesterol
- Lump in the breast – planning to get it removed after her denture license exam
- Carpal tunnel syndrome - cannot do heavy lifting
- Numb arms and hands at night
- Thumb injury
- Tumor – early onset of cancer
- Feeling physically drained
- Collapse of the whole body
- Feel weak and tired - requires iron supplement
- Skin allergy- pays $100 monthly for a cream
- Skin itchiness and boils
Emotional and mental stress

- Frustration
- Feeling of sadness
- Feeling stressed all the time (work, immigration papers)
- Feeling scared of the supervisor all the time
- Loss of appetite
- Feeling of isolation from friends and community due to work nature and schedule
- Forgetfulness
- Thinking too much/different thoughts

- Depression and mood swings
- Easily agitated and fight/shout at partner, kids and siblings
- Worry about future health issue due to chemically toxic work environment
- Anxiousness and panic attacks
- Helplessness
- Insomnia and sleep disorder
- Feel like giving up
- Sense of failure
- Sense of insecurity
- Guilt
- Loss of confidence and self esteem
- Blamed for other's mistakes - felt racialized
- Contemplated committing suicide
- Feeling no quality of life
- Feeling harassed and discriminated
- Feeling of embarrassment from friends and community
- Feeling of disconnection with family and spiritual practices.
Given the injuries to body and spirit, it is almost inevitable that the women in our study have faced debilitating health issues such as high blood pressure, low blood pressure, thyroid dysfunction, anemia, arthritis, sleep disorders and cholesterol, heart, menstrual and hormonal issues. One participant explained:

“When I work long, I don’t get a good sleep. It’s a restless sleep. If working on a shift where I won’t get home before 12:30 am, try to sleep a bit more before. I try to balance as much as possible.”

Another who came to Canada as a live-in caregiver and is now a part-time dental assistant:

“I picked a private college with a lower tuition rate to take dental assistant, more medically related. I ended up borrowing from friends and family to go through the program. So I ended up studying at the day, and worked part-time at night as house cleaner, just to have a basic living. After working for 3 years, I still couldn’t save enough to put myself through school. I reached out for friends. The stress has caused me insomnia. I also have back pain from holding babies during the past few years.”

And then there is the physical pain of much of the work:

(Nail salon worker) “I started having back pain since taking this job. I take pain medication. I work even when I’m in pain because the customers have booked their appointments. After my childbirth, the pain has been aggravated by holding the baby. Now I can’t even afford to go for physiotherapy.”

“Agency job – no paid sick days. Was once sick with pneumonia and admitted to the hospital – sick for 2 months. Unable to work. No sick pay. Only TDSB school job had sick days. The other 2 did not. For the hospital and nursing home job, cannot go to work if sick (sneezing or coughing), against the policy. Health conditions – I have high cholesterol, an underactive thyroid, and some arthritis (knee, ankle, and fingers), tendinitis on the shoulder.”

For many of the women participants, stretching each dollar to make ends meet also means stretching prescribed medications to last longer or cutting the dosage in half. As a former PSW explains:

“When I was a PSW, I injured my back. Because of the injury, I couldn’t go back to work as a health care aid. I have painful joints and HBP. I don’t sleep well and constantly worrying about the next day. My medication is so expensive, I have to cut down on my food bill to take care of my health. I used to look for the cheaper brand. Or take half of the dosage, like buying 30 instead of 60 pills.”

One cannot help but wonder about the long term impact and health risks of such self-medication when workers are forced to choose between food and their prescriptions. There are some very obvious consequences for the public health care system as well.
In posing precarious work as a potential public health crisis in the making, we want to draw attention to the scope of the problem and the urgency of addressing the sources of the problem. Our assertion is based on the following evidence which has been drawn from our research.

1. Precarious employment, typified by low wage and just-in-time labour arrangements, has been a major source of the chronic and acute health issues experienced by these racialized immigrant and refugee women. The stress of being constantly on-call and the inability to plan their lives places a heavy toll on the physical and mental wellbeing of these workers and their families.

2. The more constrained and limited their life circumstances, the more precarious their employment and therefore their health. The phenomenon of ‘precarity capture’ is clearly manifested in the lives of the women workers who have no alternatives that allow them to break from the cycle of precarious lives, precarious work and precarious health.

3. As temp agency work becomes the new norm in care services and food-related work, agency workers are confronting hazardous working conditions with very little access to WSIB and Occupational Health and Safety legislative protections. Many client employers have abdicated their obligations and responsibilities as employers and use temp agencies as their ‘shield’.

4. There are an alarming number of incidents of workplace violence and abuse reported by workers employed through temp agencies or as on-call casuals in group homes and LTC facilities or private homes.

We want to highlight two critical issues with long term health care implications that emerge from the growth of precarious employment in service work. One is on the health impacts and consequences on the women workers themselves. The other is the quality of care experienced by service users.

Consequences for Workers Themselves

In the section that describes the litany of physical and mental health issues, one can grasp the scope and gravity of the health consequences for these precariously employed workers who go from place to place for a few hours of work just to make ends meet. Some are risking and ruining their own health knowingly, just to survive. It is important that policy makers, health care professionals, employers, community and social services agencies and other stakeholders acknowledge that the system of precarious employment is adversely impacting the health of workers who are trapped in this precarity and that it will have serious consequences for the health care system.

The stress, the pain and the chronic physical and mental health issues experienced by workers in this study are the direct consequence of systemic barriers in an employment system that preys on the vulnerability and precarity of workers who are on perpetual temporary work assignments. A recent survey on mental health in the workplace conducted on behalf of CivicAction (2015) found that an estimated one in two members of the Greater Toronto and Hamilton Area labour force (1.5 million workers) have experienced a mental health issue. It further estimates these mental health issues could cost as much as $17 billion in lost productivity over the next 10 years and lead to higher rates of suicide starting in 2016. We want to state categorically that there is great urgency to making the goal of decent work a reality for all workers. It should be a priority for all stakeholders.
Consequences for the Quality of Care

Temporary agency work arrangements in health care facilities, group homes and shelters have serious adverse consequences for the quality of care. When good relations are hard to establish between patients/residents and caregivers because of the transient work assignments, the quality of the care is compromised - what one of the workers calls ‘McService’.

One study participant has been a PSW for 30 years and works mostly nights as an agency on-call worker in a LTC facility. Her account of a typical work night provides a sense on how current work arrangements not only have a detrimental health impact on precarious workers but also have serious consequences for the quality of care.

“When I go in to report at 11 am, I usually find out the status of my clients and the area that I’ll be working on. We do our round between 11:30 pm to 1 am. At 2 am, we do the next round because clients need to be changed or repositioned in bed. My break is at 5 and we have to be up at 6 am to start changing clients, bathing clients, changing beds. For me, that’s difficult as I have to complete 15 clients in one and a half hours. It’s not good for me and not good for the client because there is no room for real caring. The caring in nursing is going out! I just feel I’m doing assembly line work. There is not enough nurses to take care of the patients. There is a lot of burnout. By the time I finish my shift at 7.30 am, I’m just overly tired.”

Another participant who works as a PSW agency worker echoed the same sentiment about the declining quality of care:

“The most frustrating and stressful part of my work is the mistreatment of our clients and no one to complain to, not even the administration. So you can see abuses happening but nobody cares until it hits the news. But it has a beginning. Nobody seems to care.”

A study participant who works as a group home worker expressed her concern about the care and the lack of meaningful relationship with residents when workers are being assigned to different homes from week to week or even from day to day.

“Working as a group home worker is not about operating any machines. It’s people skills. It’s not McDonald service ordering a burger, but I can’t do anything about it. Because I get moved from place to place, it’s impossible to get to know the residents better. By the time, I memorize their names, I’m getting moved again. I cannot demonstrate my skills and capacity. I don’t get a sense of accomplishment and it affects my self-esteem.”

The growth of agency work and precarious work has serious consequences for the health and wellbeing of frontline agency workers, the quality of care for service users, and last but not the least, on public health care budgets.

The Impact on the Wellbeing of Children and Family: “My daughter refers to me as her stepmother”

It is not just the women who are affected by precarious work. Participants spoke often of the toll it was taking on the wellbeing of their children, spouses and families. The constant commuting, night shifts and multiple jobs take women away from their children and families, often causing tensions in relationships as well as guilt, disconnection, estrangement and resentment. Indeed, not only does precarious work create precarious health, it makes for precarious families as well.

“All those years of juggling study and part-time work, I’m a stranger to my own daughters. My husband takes care of them more. My youngest daughter will refer me as her stepmother. I haven’t been there for my two daughters.”
Given jobs that did not allow for the time and energy to nurture relationships, several women participants spoke candidly about how over time, they drifted apart from their spouse and in some cases this led to marriage breakdown. It demonstrates another side of precarity capture that is much more personal. These accounts demonstrate some of the ways in which precarious lives and working conditions impact familial and intimate relations, as well as contribute to conditions of further alienation and isolation. Knowing more about the adverse effects of precarious work on parents, on child wellbeing and rearing as well as the gendered dynamics of an intimate relationship will help strengthen our understanding of the broader impacts of precarity. There is also a need to examine the impact of precarious work on racialized immigrant and refugee men and to consider the ways in which these men cope with the stresses and pressures created by precarious working conditions.

“I don’t want to surrender to the problems!”
What keeps us going? What are we proud of?

Despite the harshness of participants’ lives, there is a strong sense of pride and purpose in taking on the challenges rather than surrendering to the problems, as articulated by one woman.

For Pam who purposely takes on odd jobs during school hours so she can be there to pick up her daughter from school at 3:30 pm, the shunning by her child was not what she had expected after raising her by herself:

“My daughter doesn’t want me to show up in her school because I don’t dress up like other moms! I only work part-time cleaning other people’s houses or walking their dogs...so I don’t have to dress up. I can save more money that way and buy her stuff!”

The constant state of working long and unpredictable hours can also cause strains on family and marital relations as illustrated in the following quote.

“It’s most stressful when I have to work all day at school and then leave to go to the group home (3 to 11 pm) for the second shift. It interferes because you don’t have the connections that you are supposed to have with your husband or your children. The connection is not there as it should be; you don’t get to spend quality time with them because you get so drained by the end of the day. When you have a really rough day, you feel miserable, cranky, you don’t mean to but it just comes out.”

No days off to spend with family. Son is on his own. Daughter, 13, is on her own. Just prepare food for them and go to work. When I come home, they are sleeping. Sometimes if I come home late from work, my son will stay up just to see me come through the door...Unable to eat together as a family, only sometimes in the morning with husband. No special occasion celebrations – Birthday, Mother’s Day, Christmas – working on all of those days. In a whole year, had only one outing with husband when we got invited for Thanksgiving. We barely have time together, very rare to have such times.

Most of my shifts are on-call night shifts and are on weekends, my kids suffer. For example, for the whole week, I would plan with my kids on weekend activities. But at the end of Friday evening, I get called and that pisses my kids. ... I feel inadequate at home; I’m losing my face to my kids and they are losing faith in me.”
Some have turned to the Workers Action Centre with their complaints. It has been a bridge to a larger community support system and provides a sense of solidarity among these racialized immigrant women that ‘we are not alone!’.

“Finding the Workers Action Centre and being among those people there gives you that strength. Since I have joined the organization, the staff are not pretending... they are for real, they are very accommodating, they treat you well, they hear you. You get somebody to hear you out. Really, they listen to you; it gives you a sort of sense of strength.”

To make the notion of decent work a reality: What needs to be changed?

During both the individual interviews and the focus group discussions, this last question seemed to generate the most active and engaging conversation among the participants. They eagerly offered their suggestions and ideas. There was a renewed energy of hope and change. Adhering to the tenets of a community based research process and honouring the voices of our study participants, the following recommendations are a weaving of ideas for change with a shared desire to make the goal of decent work a reality.

There is a collective sense among these racialized immigrant women that no one really understands what they are going through as working poor, the sense of frustration and indignation of ‘working so hard and still so poor!’ The following statement from a PSW agency worker who is working 3 part-time jobs drew a loud round of applause and resonated with the focus group participants.

“I want you guys (i.e. the Premier, the Minister of Labour and the Minister of Health) to change places with me. I work your job and you work my job. Try it and see if you can support your family on minimum wage. Exchange life and spend a week, or a month to see if you can afford to do that with no sick days, no benefits, no nothing, and see how long you can last!”

From the Chinese immigrant woman who is only working 12 hours a week as a PSW:

“I want to shout to the government to change the laws and protect every worker with decent hours. Do you know what it feels like to be hungry?? When you raise minimum wage, we should also make sure they have decent hours. It is to protect human lives!”

Or the participant who has never had a full time job for the past 25 years in Canada:

“Most jobs now are part-time. I want what I’m worth. We’re not asking much, we are just asking for a living wage. I don’t know why we have to struggle so hard. They don’t know what starvation is like. I want to be able to go for a vacation and not to worry about money in the bank when I come back. We need paid sick days....Want to be able to practice, to be respected and not to be looked upon as someone from another country, I have contributed to build this country and now I’m better equipped to help others.”

From agency workers who are either working in food services sector or personal services, there was a consensus on eliminating the unlawful practices of temp agencies and their recruiters. The call “to smash agency work” also generated great cheers.

There was a shared desire that the different levels of government need to intervene to break the cycle of precarious employment and poverty. Such measures should be meaningful and proactive in utilizing the potential and resources of everyone, as reflected in the following quotes:

“I hope there should be benefits for part-time workers...There should be some parity. Tim Horton workers should also have benefits but most min wage workers there are no benefits at all. If I didn’t get support from my parents, I won’t have been able to stand on my own. I would be the same as the others, collecting welfare and not work so hard. To stay in Canada is for the longtime benefit of my child.”
"I really want to see immigrants make full use of what Canada has to offer. They have to; we have to get the labour laws changed. It's old and we have to get it changed. The government, they are bringing in more and more immigrants into the country and things should be put into place for them. They shouldn't have to come in and have to be begging, or suffering or trying to make ends meet. Rent should be within everyone's means. Food, the basic food, should be within everyone's means. Medications should not be very expensive. Healthcare system should be not just we go to the hospital and .... Cover... dental, eye, everything... should be able to afford."

Finally, we will end the report with a quote from Estina whose poem appears as the Foreword of this report. She is a precariously employed agency PSW worker who juggles her work and family and care responsibilities and still finds time to volunteer in the community. Her generosity of spirit, hopefulness and resilience serves as an inspiration in our collective work to achieve decent work for all.

"I like to get involved in community work. I like to share my experiences with others who have similar journeys. I wish others don't have to go through what I have gone through. I was fortunate that my friend pulled me out from the dark, dead-end corner and gave me a sense of hope. I hope I can do the same for other."
We need a comprehensive plan that will alleviate the tremendous load that women workers carry and begin to break the chains of precarity capture. At the same time, we need to address the economic inequities that keep racialized immigrant and refugee women trapped in a cycle of precarious employment and poverty. In particular, there is an urgent need for policy interventions to help us tackle the complexity of temp agency work at its source.

There was also broad consensus on the need for social programs that would help workers meet their family’s basic human needs such as food, housing and affordable prescriptions and dental care.

Our study participants have advanced a number of proposals concerning ways we might make decent work a reality for more workers, recommendations based on the need to:

- Address the physical and mental health and wellbeing of all women workers
- Restore quality of care and service in the system
- Address economic injustices
- Tackle the increasing complex relationship between the temp agency industry and client firms
- Tackle systemic discrimination at work and the intergenerational cycle of precarious employment and poverty.

I. Addressing the Physical and Mental Health and Wellbeing of Women Workers

Personal Emergency Leave (PEL)

- The 10 days unpaid PEL should be made more accessible and extended to all workers (full time, part-time or casual) regardless of the firm’s size. The current exemption for workplaces that employ fewer than 50 employees should be removed.

Paid Sick Days

Too many workers have lost their jobs as a result of taking a few days off due to sickness or injury.

- The experience of study participants confirms the pressing need to introduce a new Employment Standard providing 7 paid sick days annually. This will greatly improve the wellbeing and reduce the anxiety level of workers who are in precarious employment. It will also reduce the risk of cross-infections, making for healthier workplaces.

Affordable and Accessible Childcare

Lack of affordable quality childcare remains one of the key reasons women are trapped in part-time jobs or working irregular hours and split shifts. The physical and emotional stress of trying to piece together a jigsaw puzzle of care arrangements is enormous.

- The Federal and provincial government need to collaborate and develop a publicly-funded, affordable and accessible childcare system. Community based childcare options should accommodate the needs of working parents who are increasingly working irregular shifts.
• Strengthen the support for infant care to address the gap in affordable care available to working parents returning to work after parental leave for the birth or adoption of a new child.

**Workplace Safety & Insurance Board (WSIB) and Enforcement of Occupational Health & Safety Laws**

• The Ministry of Labour should implement a more pro-active, comprehensive program through its Occupational Health and Safety Branch to monitor workplace health and safety violations especially in workplaces with a large proportion of agency workers.

• There should be a vigorous enforcement program especially focused on client companies that enter into contractual temporary employment arrangements with external agencies.

• The Office of the Worker Advisor should be given additional resources and staffing to address the current backlog in claims from non-union workers, and to establish a special unit that will be proactive and assist workers in precarious employment who need to access WSIB compensation.

• Additional funding and staffing should also be provided to the community-based legal clinic system. They do much of the needed advocacy work on behalf of injured workers and need more resources to develop meaningful community partnerships and a public education program with newcomer communities, including the Tibetan community.

• The government should immediately apply its regulation-setting authority to require WSIB to assign injury and accident costs to client firms, rather than temp agencies.

**Accessible Mental Health and Counselling Services for Racialized Immigrant and Refugee Women**

• Strengthen the provision of culturally appropriate and linguistically-specific mental health counselling and community support services for racialized immigrant and refugee women in newcomer communities.

**Pharmacare and Dentalcare**

• Expand our Medicare system to include universal public Pharmacare and Dentalcare programs. Most participants, like others in precarious employment, did not have benefit plans through their workplace. They often found themselves unable to afford the prescriptions and dental work essential to their own health and that of family members.

II. Restoring the Quality of Care and Service in the System

Within the health care and social services sectors, our study has shown how the rapid growth of temporary work arrangements is adversely impacting both the front-line women care workers and the service users. Study participants were emphatic about the need for another model that will provide stability in terms of hours and the ability to provide the quality of care that they were trained for.

• The Ontario Government should conduct an urgent Quality of Care Review of the public service delivery system, particularly in critical sectors such as health care, and consider an alternative direct service model that respects the principles of public delivery, and provides more workers with stable hours and employment. This will enhance the accountability, stability and quality of care for both service users and front-line workers.
III. Addressing Issues of Economic Justice

Raising the Minimum Wage

- We join with others, including the 15 & Fairness Campaign led by the Workers Action Centre and the Ontario Federation of Labour, to support a provincial minimum wage of $15 an hour.

Implementing a Living Wage as a direct Poverty Reduction Strategy

- Study participants expressed the need for a living wage that lifts workers and their families above the poverty line. The CCPA estimated a living wage for Toronto was $18.52 in 2015. This would make a huge difference for those working in low wage sectors such as services and retail.

Wage Parity Regardless of Job Status

- The concept of equal pay for work of equal value should apply across the board. A new Employment Standard is needed that requires equal pay and equal benefits for workers performing similar work duties, regardless of their full-time, part-time, temporary, contract, or casual status.

Decent Hours of Work

While it is important to raise the minimum wage, it is equally important to ensure workers are able to get sufficient hours to maintain a decent living standard. Workers and their families need to be able to count on a minimum number of hours of work each week. This would help reduce the financial insecurity of erratic schedules or being on-call 24/7. Employment Standards should be amended to:

- Increase minimum reporting pay requirements to 4 hours of regular pay, or the length of the cancelled shift, whichever is greater.
- Introduce a minimum allowable daily shift of 4 hours.
- Require temp agencies and their client firms to guarantee a minimum number of weekly hours.

Scheduling to Allow Stability

Employment Standards should require all employers to provide advance notice when setting and changing work schedules, including obligations to:

- post employee schedules two weeks in advance;
- pay employees a premium for last-minute changes to employees' schedules;
- offer additional hours of work to existing part-time employees before resorting to new hiring, staffing agencies or contractors to perform the additional work;
- provide part-timers and full-timers equal access to scheduling and time-off requests;
- get consent from workers in order to add hours or shifts after the initial schedule is posted;
- provide new employees with a good faith written estimate of the employee's expected minimum number of scheduled shifts per month and the days and hours of those shifts;
- pay a premium to an employee who is required to be 'on-call' but is not called in to work.

Stronger Enforcement: the Employment Standards Act (ESA)

- The Ministry of Labour needs to implement a stronger monitoring and enforcement system with adequate resources and staffing to initiate complaints against employers for non-compliance with the Act.
• The Act should expand the definition of 'employee' to specifically include 'dependent' contractors with an automatic presumption of employee status. This will reduce the frequent misclassification of workers as 'independent' contractors with no ESA rights.

• The onus should not fall solely on workers to lodge a complaint against an employer. As this study demonstrates, workers cannot afford to risk their jobs, particularly if they are working for a temp agency. The ESA should allow third party complaints.

IV. Tackling the Temp Agency Work System

The Ontario Labour Relations Act

People in precarious work need access to collective organizing, bargaining and representation.

• The province should undertake a special study to consider the legislative changes that are needed to provide the growing number of workers in precarious employment with effective models for collective bargaining and protections against reprisals if they organize.

Joint Liability

• The Employment Standards Act should establish a 'joint and several liability' standard, holding temp help agencies and client companies and subcontractors jointly responsible for compliance with the Act. Their joint responsibility should extend to all provisions of the Act and not wages and holiday pay alone.

A Pathway from Agency Work to Permanent Positions

• There is an urgent need to develop a pathway for workers to move from agency to permanent status in a workplace. It should be within a specified time period of not more than a year. Too many casual and agency workers work for the same employer for years on end. Opportunities to transfer are few in number, arbitrary and often discriminatory. The pathway from agency to permanent work should be expedited so that decent work becomes a reality for more workers.
Many sons and daughters of racialized immigrant and refugee women have been able to acquire a university education and professional degrees, while incurring large student debt loads. It is a sad reality then when they discover they are following the same path of precarious employment as their parents.

**Anti-Racism and Employment**

- The newly established Ontario Anti-Racism Directorate should work closely with the Ministry of Labour, the Ontario Human Rights Commission, and other stakeholders including employers, unions and community agencies to develop a comprehensive action program that will address the issues of systemic discrimination practices and anti-Black racism and anti-Muslim racism in our workplaces.

- Implement Employment Equity in Ontario. An Employment Equity legislative framework would help us to effectively break the intergenerational cycle of poverty and precarious employment.

- Equitable Access to Trades and Professions for Racialized women workers: The Office of Fairness Commissioner should be provided with adequate resources and a mandate to ensure internationally-trained immigrant or refugee women are provided pathways to return to their profession or trade in a transparent, objective and fair manner.
CONCLUSION

In naming decent work as a social determinant of health, we have examined the impact of precarious work on the health and wellbeing of racialized immigrant and refugee women. To some extent, we have excavated and unpacked the complexity of the links between the precarious employment, precarious health and precarious lives of these racialized immigrant and refugee women. Their voices, narratives and lived experiences have deepened our understanding of precarity’s many layers.

As noted in the introduction to the report, this qualitative research study is very much a seed project. We hope the report and its specific recommendations - put forth by the women themselves - will generate further debate and discussion among various stakeholders as to best ways to address the systemic and structural causes of the inequities and injustices experienced by the women, their families and their communities.

Future follow-up studies on the living and working conditions of agency workers in a specific sector will sharpen the focus and the call for further improvements.

There is also a need for longitudinal studies on the impacts of precarious work on the health and wellbeing of children who are often left behind. The accounts in this study make it clear that the lives and experiences of children are intimately intertwined in the everyday experiences of their parents.


Ng, Winnie et. al. (2013). An Immigrant All Over Again? Recession, Plant Closures, and Older Racialized Immigrant Workers: A case study of the workers of Progressive Moulded Products. Toronto: Centre for Labour Management Relations, Ryerson University.


Stapleton, John, Murphy, Brian, and Yue Xing. (2012). *The “Working Poor” in the Toronto Region: Who they are, where they live, and how trends are changing*. Toronto: Metcalf Foundation.


APPENDIX I - INTERVIEW GUIDE

Precarious Work, Precarious Health Interview Guide

Personal background information

1. Please tell me a bit about yourself.
   • age
   • marital status
   • number of kids and are they with you?
   • who else lives with you? (parents, relatives etc.)
   • how long have you been in Canada?

2. Tell us the story of how you came to be in Canada.
   • What was it like when you first came? How did you get here? (refugee, immigrant, student, etc.)
   • What were your hopes and dreams when you first came?

Work

3. Tell us about the work you do.
   • Is it full time permanent work/ contract work/ temp agency work/ casual on call/ part-time?
   • What kind of workplace is it and what do you do?
   • What is a typical work day like for you?

4. Hours of work
   • How many hours per week do you typically work?
   • If less than full-time work, are you looking for more hours of work?
   • Are you currently holding more than one job? If yes, how many?
   • How many hours does that add up to per week?

5. Do you have regular day(s) off and regular scheduled shift when you get to work?

6. Do you feel you have a sense of control over your work? (for example, over hours of work, working conditions, workload, scheduling, and your pay rate, etc.)

7. What are the most frustrating/stressful parts of your work?

8. How are you being treated at work? Any unfair treatment or harassment?

9. As an immigrant woman and a woman of colour, have you ever experienced unfair treatment in getting hired? How does it make you feel?

Family

10. Do you get to spend your days-off with your family? Do you have personal time to spend with friends/relatives? How does your work schedule interfere with your personal and family life?
11. Do most of the family responsibilities (such as childcare, caring for parents and/or other loved ones, parenting and the daily house chores, etc.) fall on your shoulders as a mother, wife and daughter?

12. How do you balance between your work and family responsibilities? How does the 'balancing act' make you feel?

**Health**

13. Do you get any paid sick days at work? If not, what do you do when you get sick or when your child gets sick?

14. Do you or your partner receive any health-related benefits from your employer?

15. Do you worry about making ends meet? Do you have to send money back home? Or other expenses like children’s higher education, or dental care, etc.

16. Do you worry about losing hours of work from week to week? What else do you worry about?

17. Can you describe the times when your work is most stressful?

18. How does stress about your work situation interfere with your personal or family life?

19. In general, how is your health? Any particular health concerns?

20. Tell me about your mental and emotional wellbeing (e.g. sadness, worried, tired often, loss of sleep, etc.) How do you deal with these health issues? (for example, are you taking medication? Seeing a traditional doctor? Talk to a close friend?)

21. Do you think the above physical and emotional health issues that you have mentioned are related to your work?

22. What keeps you strong?

23. What have you learned from your experiences? What are you proud of? What have you achieved?

24. What are your hopes and dreams now?

25. Any other comments

________________________________________________________________________________________

Would you be interested and available to participate in a follow up group discussion with other women workers?

If yes, can we have your contact information?

Name: ___________________________________________________________________________________

Address: _________________________________________________________________________________

Email address: _____________________________________________________________________________

Thank you so much for your time and sharing!
APPENDIX II - FOCUS GROUP QUESTIONS GUIDE

Precarious Work, Precarious Health Focus Group Questions Guide

1. Introduction (as an icebreaker exercise)
   • Your name, how long you have been in Canada, from where
   • What is one of your positive qualities?
   • What would be one word you use to describe your work and one word to describe your health?

2. If you can go back in time to when you first came to Canada, when you didn’t know where to start, what would be one thing you would do differently? What will be your advice to a group of new immigrant/refugee women?

3. Do you think our ‘findings’ summarize your responses correctly? Is there anything you feel we have left out, or got wrong? Is there anything you would wish to add?

4. Given some of the key problems and concerns we have identified regarding unstable and insecure low wage work and its impact on health, what kind of changes would you like to see (in labour law and regulation; health benefits and policies; childcare; etc.)? What specific recommendations would you like to see coming out of this study?

5. If government officials and elected representatives from the different levels of governments (such as the Minister of Labour, Minister of Citizenship, Minister of Health) were sitting here for this discussion, as an immigrant woman worker who is not holding a secure job, what would like to say to them?

6. How best do you think the findings of this study can be popularized and shared with the larger community? For example, should we use a media conference; a report; a play; photovoice, art, etc. to get our findings and recommendations across?