Ontario Women's Health Network E-Bulletin
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Investigating the barriers based on gender, race and migration experiences faced by women in the search for decent employment in Toronto

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The focus of this OWHN E-Bulletin is to give a snapshot of Access Alliance's forthcoming report addressing the barriers that immigrant women face in the labour market in Toronto post-migration and the effects on individual and family health and well-being.

This project is part of a larger multi-case multi-year initiative through the Community-University Research Alliances (CURA) body co-led by United Way Toronto and McMaster University. Access Alliance is leading this case study investigating the employment pathways of racialized immigrant women in Toronto in an effort to delve deeper into the issue of precarious employment among marginalized communities. This project is in part a continuation of a previous multi-year community-based research (CBR) project entitled *Income Security, Race and Health* (see *Working Rough, Living Poor* Report).

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1. Background

Immigrant women from racialized backgrounds face the highest levels of unemployment and low-income rates in Canada (National Council of Welfare, 2012). Previous work has found that generally women do not fare as well in the labour market as men. Fuller and Vosko (2008), using Statistics Canada's Survey of Labour and Income Dynamics (SLID) data from 2002-2004 found that not only were women over 2.5 times more likely than men to be in part-time employment, they were also more likely to earn less than $10 per hour. Almost

5 times as many women as men in part-time permanent jobs and almost 3 times as many women as men in part-time temporary jobs lacked union coverage. Lack of union coverage is of particular concern as it can expose workers to additional job risks. For example, a recent study of 520 low-wage precarious workers by Workers Action Centre (2010) shows that precarious temporary workers are likely to experience employment violations. Of the respondents, 22% were paid less that the legal minimum wage and 33% reported being owed wages. While 60% of respondents reported working overtime, 71% of those workers either did not receive overtime pay at all or only received it sometimes. In their report titled *Canada's Colour Coded Labour Market*, Block and Galabuzi (2011) have reported that racialized women are 48% more likely to be unemployed than non-racialized men, which contributes to the gap in income, whereby racialized women earn 55.6% of what non-racialized men earn. In other words, racialized immigrant women are more likely to be unemployed and more likely to be filling the spaces of 'precarious jobs'.

While there is substantial literature which described the income and employment gap between racialized newcomers and Canadian-born women, this project, as part of the broader CURA initiative on *Poverty and Employment Precarity in Southern Ontario* seeks to fill a gap in the research regarding the impact of precarious work at the individual, family and community levels.

In an effort to be reflective of women's different experiences, this study is working to debunk the false assumption of gender neutrality of migration decision making and, consequently, of immigration and settlement policies. Further, we considered how gender, race and migration experiences work as intersecting barriers to accessing decent stable work that matches the education and expertise of racialized immigrant women. Concurrently we were interested in finding out how facing barriers to decent stable employment affects the health of racialized immigrant women and their families.

2. Method

Our project has been guided by community-based research (CBR) values whereby interdisciplinary collaboration has been practiced to the greatest extent possible. Access Alliance has adapted this CBR framework from Minkler and Wallerstein's work in *Community Based Participatory Research for Health* (2003):

> Grounded on principles of collaboration, community empowerment and social change in which 'community of interest' participates not as research

subjects but as research collaborators and agents of change. In CBR, research is a means for empowering community members as partners in knowledge production (along with academic, community agency partners and other stakeholders) geared at generating evidence and mobilizing progressive change on issues that are important to the community (Access Alliance, 2008, adapted from Minkler and Wallerstein, 2003).

Using the conceptual model of community-based research, the project team consisted of a multi-disciplinary team comprised of academic partners with expertise in labour market, health, and gender politics, and community agency partners specializing in medical, settlement and health promotion services for newcomer communities in Toronto. Moreover, in line with CBR principles, the project meaningfully trained and engaged 6 peer outreach workers[1] from Access Alliance as co-researchers/peer researchers. All peer researchers were racialized immigrant women with lived experience of facing labour market barriers and representing the language/ethnic groups of Access Alliance clientele. Peer researchers received 25 hours of training on research methodology covering research design, research ethics, recruitment, interview technique, and interpretation during interviews. After completion of this research training, the team organized a full day Collaborative Research Design (CRD) session to jointly develop the research question and method for this case study with peer researchers acting as subject matter experts. Peer researchers continued to be engaged in all phases of the study including recruitment of participants, data collection, coding and analysis.

The team decided to use a qualitative method involving one-on-one, in-depth, semi-structured interviews with 30 racialized immigrant and refugee women. The target population for the study included women who had been in Canada for a minimum of 2 years and were aged 20 years or over when they came to Canada. To compare experiences of immigrant women who came at different

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[1] Immigrant and refugee women are recruited and hired by AAMHCS as Peer Outreach Workers, fulfilling an extensive training program. They are assigned to work with partner agencies in specific priority communities where there are a significant number of newcomer families with young children (e.g., Dari, Sgaw-Karen, Portuguese, Spanish, Bengali, Farsi, Arabic, Somali, Nepali, Hindi-speaking families).
    Three broad objectives of the program are:
- To provide employment experience to newcomer women and to develop their knowledge and skills related to community health work;
- To improve access to the programs and services provided by AAMHCS and community-based agencies;
- To build community partnerships and reduce the organizational barriers preventing newcomer women and their families from accessing needed programs and services.

times, the team decided to stratify the recruitment into three different lengths of stay categories: one-third newcomer participants (2-5 years in Canada), one-third medium-term immigrant participants (6-9 years), and one-third long-term immigrant participants (10+ years). The recruitment plan also proposed oversampling for women with high education (to capture more closely experiences of job-skills mismatch and deskilling) and those with children (to better understand the relationship between childcare responsibilities and labour market participation). We targeted immigrant women from Arabic-, Dari-, Nepali-, Sgaw-Karen- and Somali-speaking groups since this matched the languages spoken by our client groups and peer researchers. Participants from these groups had the option of doing the interview in any of these languages or in English. Immigrant women from other than these five language groups could also participate in the study in English as long as they could demonstrate function level fluency in English language.

In terms of arrival immigration status, potential participants could be from any categories of 'landed immigrant' (Federal Skilled Worker, dependent, family sponsorship etc.), sponsored conventional refugees (GARs, PSRs) and in-land refugee claimant stream (those with approved refugee claim or those still waiting for a hearing on their refugee claimant or H and R application). Non-status people were excluded from this study with the intention of focusing on this group in a future study. The parameter of being from a 'racialized background' was kept open to interpretation by potential participants. In other words, potential participants who the team identified as being from a racialized background could still participate in the study even if they chose not to identify themselves as being from a racialized background. Previous experience has shown that individuals from certain marginalized non-European groups (e.g. Hispanic community) may prefer to not identify themselves as being racialized. This was the case for one participant in the study. At the same time, the team was also open, but to a limited number, to immigrant women from European/White background who chose to self-identify as being from a racialized background. A participant from an Eastern European background participated in the study based on this.

Target participants were recruited through a broad range of strategies including posting flyers (translated in relevant languages), word-of-mouth (particularly through peer outreach workers), referrals through community partners, making presentations in programs for immigrant women, and through snowball recruitment through those that participated in the study. Though our initial inclusion criteria required potential participants to be precariously employed at

the time of the interview, we found that many women who were strongly interested in participating in the study were currently unemployed. This became an interesting finding unto itself suggesting that immigrant women workers may be more likely than male counterparts to have longer periods of unemployment between precarious jobs. The research team adjusted the inclusion criteria to include women who are unemployed at present but have some experience of being precariously employed (i.e. participants could not be chronically unemployed).

In line with CBR principles, we took extra time and steps to enable potential participants to understand all the ethical implications of participating in the study before giving consent. One potential participant decided to withdraw after better understanding the ethical implications and what would be asked in the interview questions. Following informed consent, the interview was conducted in the language of their choice. In interviews other than English, peer outreach workers served a dual function as co-interviewer and interpreter for the other team member present at the interview. The interviews were audio-taped and transcribed verbatim; for interviews conducted in languages other than English, only the English interpretation was transcribed.

Transcribed data was coded and analyzed using NVIVO 8 software. Research team members read a select number of representative transcripts to develop a master coding framework that captured important thematic issues. New themes that emerged during coding were reviewed by the team members periodically and if relevant to study goals these themes were back-coded to all transcripts. Coded data summaries were analyzed in smaller teams for significance in racialized immigrant women's perspectives, experiences, and responses related to precarious employment.

3. Conceptual Framework

Growing Gender Gap

Feminist scholars from around the world have documented overwhelming evidence about how current macro-economic and labour market policies worsen gendered economic disparities such that women, compared to men, continue to face large gaps in terms of wage, unemployment rate, and job security. Women continue to be over-represented in part-time, temporary jobs with minimal benefits and security and under-represented in decision-making positions (Vosko, 2000). Some gender equity measures have been introduced

in Canada and other parts of the world such as employment equity programs, pay equity and anti-discrimination policy. However, current evidence highlights that deep-rooted regressive gender relationships and gendered conceptions of work not just remain largely unchanged but in fact continue to be reproduced to instrumentally benefit dominant patriarchal economic structures.

The essential social reproductive work (domestic chores, caregiving responsibilities etc.) largely remains the responsibility of women and continues to be grossly devalued. The devalued care work completed in the home is mirrored in broader labour market relations. This results in the mutually reinforcing negative cycle in which women are occupationally streamed into sectors that are undervalued and underpaid (e.g. janitorial/cleaning work, secretarial work) and/or sectors and job types that have a high proportion of women workers become institutionally undervalued and underpaid (e.g. caring and service sector). Critical feminists have exposed how this problematic trend of 'gendered occupational streaming', the feminization of particular sectors of the labour market, and the continued devaluation of social reproductive work at home not only leads to the 'feminization of poverty' but disadvantages women in socio-political spheres.

Race-Gender Intersection

Racialized women experience these gendered inequalities most acutely with far-reaching impacts. Post-colonial feminists have helped us better understand what Evelyn Nakano Glenn terms the "race-gender division of labour" (2001) that pushes racialized women towards the bottom of the economic ladder and social fabric. These scholars have shown that when examining gender inequalities, race figures centrally since 'gendered occupational streaming' and feminization of low-skilled and low-paid work is deeply racialized.

Drawing on her research on the challenges faced by immigrants in Vancouver, Canada for many years post-migration, Jennifer Jihye Chun and Amanda Cheong (2011) illustrate how "women of colour who have historically done the 'dirty' work of cleaning and laundering in private homes are doing similar work in new institutional settings such as hospitals, nursing homes and other health care facilities" (p.6). Here again, because racialized women become disproportionately streamed into these sectors, the low-wage, precarious and exploitative occupational conditions become institutionally reproduced.

Question of Migration

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While Canadian immigration policy is structured to seek out highly-skilled workers, the obstacles newcomers face to decent work, suggest that immigration works to fill particular labour market needs in precarious, low-skilled work as well. Filling these spaces requires a great deal of 'flexibility' on the part of the individual, and as Creese et al have argued, the household as well. Creese et al have called the flexible immigrant household "the lynchpin to successful integration" (2006). The 'flexible household' is one that is able to adapt to change strategies, negotiate family, gender and social roles, sacrifice labour and educational opportunities and re-train/re-skill according to labour market needs as a result of barriers to entry. The narrative of the ideal 'flexible' immigrant and 'flexible' household works to reinforce capricious levels of support, enable justification for arbitrary valuations of labour market contributions and legitimize multiple layers of barriers to integration; "Individuals and groups enjoy varying access to the material and social resources that foster or support ways of 'belonging' in an adopted country; similarly their ability to create resources will differ" (Creese et al, 2006, p.3). The concept of the 'flexible' immigrant can be understood as a necessary tool for racialized women to use for survival.

4. Preliminary findings

We are currently in the process of conducting collaborative data analysis and writing the final report for this study. This section gives a snapshot of some of our preliminary findings thus far.

Participant Characteristics

> *"It's tough, hard but somehow I manage. Like I go to bed later and I wake up first, and I feel that I have ten hands. Like maybe you heard that one Hindu Goddess, Durga, she has ten hands, invincible. Imagine because she did so many work. So I do, like in advance I just do lots of work, I have always, I keep in mind what I need to do, how I will manage it. I prepare myself to do that and it's extremely pressured for me but I manage it, I can do that." (22)*

Throughout the course of this study, we conducted 30 interviews with immigrant women living in Toronto. Of these women, 17 were currently unemployed and 2 others were students. While some of the women were discouraged from looking for work after years of struggling, none of the participants had completely abandoned looking for employment. Of the women working at the time of the interviews, the vast majority were working in the service sector. While two women were employed in a factory setting, neither

worked in the heavy manufacturing sector. Although our sample is small, these findings are largely consistent with those of other large scale studies. In particular, women who were employed tended to find employment in the service sector, particularly in child care and social services, reflecting the gendered streaming of the labour market.

Employment Sector	Frequency	Percent
Unemployed	17	56.7
Education/Child Care	2	6.7
Service Sector	3	10.0
Social/Settlement Services	2	6.7
Manufacturing/Factory	2	6.7
Financial Services	2	6.7
Student	2	6.7
Total	30	100.0

Despite their high levels of unemployment, the vast majority of the women interviewed were highly educated. Twenty-two of the women had at least some post-secondary education, with one-third of participants holding a graduate degree. However, high-levels of education did not correspond to greater labour market success. Of the 21 women with at least a college or university diploma, 13 were unemployed and one had returned to school.

Employment Status	Highest Level of Education (Pre and Post Migration)					
	None to Gr 9	Gr 10-12	High school Diploma	Some University/ College	Completed University/ College	Completed Graduate
Unemployed	0	2	2	0	7	6
Employed	1	1	1	1	4	3
Student	0	0	1	0	0	1
Total	1	3	4	1	11	10

These higher than normal levels of education correspond with the immigration classes under which the participants arrived in Canada. Most participants arrived through the Landed Immigrant class, either as the primary applicant or a dependent; as such all but one of these participants had at least some post-secondary education. Not surprisingly, those who arrived via the GAR stream had lower levels of education, reflecting their pre-migration conditions.

Highest level of education (pre-migration)						
Immigration Streams	None to Gr 9	Gr 10-12	High School Diploma	Some/Completed College/University	Graduate Degree	Total
Landed Immigrant	0	1	0	4	8	13
	.0%	33.3%	.0%	36.4%	80.0%	44.8%
GAR	1	2	0	1	0	4
	100.0%	66.7%	.0%	9.1%	.0%	13.8%
Refugee Claimant	0	0	1	3	0	4
	.0%	.0%	25.0%	27.3%	.0%	13.8%
Family Sponsorship	0	0	2	2	1	5
	.0%	.0%	50.0%	18.2%	10.0%	17.2%
Student Visa	0	0	0	1	0	1
	.0%	.0%	.0%	9.1%	.0%	3.4%
Other	0	0	1	0	1	2
	.0%	.0%	25.0%	.0%	10.0%	6.9%

Labour Market Experiences and Obstacles

> *"When they come here they don't get the proper job with their skills, the job match, actually it is mismatched. So to support the family they try to do something where they are not fitting, already physically, mentally and by skills. Then what happens, lots of injury happening and they become sick, emotionally they break down, financially they are not same, so family and the society it also treat them bad – and they feel very low."*
> *(23)*

We know from other research that women tend to be over-represented in precarious work and that this generally reflects the devaluation of such work. Moreover, precarious work is often associated with the low-skill service sector, with many of the jobs falling within the traditional female gender roles, such as care work, cleaning and food preparation. In this respect, the women interviewed described how assumptions about their abilities based on their gender, worked to close off employment opportunities in non-traditional fields for women.

One participant described her frustration when she was unable to secure a job in landscaping despite her willingness, while recognizing some physical limitations. "If they hire me, I think I can do it, if they give me kind of not that heavy job, easy job. My friends they have only to plant the flowers." (08) In some cases, the position of the employers not wanting to hire women was

explicit, with the same respondent explaining that, "I apply for the bakery job and they said this job is hire men only not women." (08)

Only one woman interviewed had followed through on the process of getting accredited in her pre-migration field. Some women looked into the processes and decided it was too time consuming and costly, giving particular consideration to their age and the immediate needs of their families. One woman, trained as a doctor explained:

> "But to be a physician in Canada I should pass an exam and it takes a long time. Maybe seven years. I know a lot of people they passed the exam they are looking for get a position, they couldn't. I know a lot of my friends are. Because of this, I didn't go there, to this program. Because I wanted to have a job for survival. It's very important for me." (01)

While some participants looked into the requirements for accreditation, on the advice of family and friends, others did not. One woman said, "I didn't try. Because a lot of people talk to me, it's not effective so that's why I didn't do it." (24) In this sense, the experiences of the community with which they belonged shaped the strategies and experiences in the labour market.

Hill Collins (1998) said "the belief in segregated physical spaces also has parallels to ideas about segregated social and symbolic spaces" (p.68). Working from this argument, the practice of keeping racialized women out of jobs they are qualified for is an act of segregation with bureaucratic and expensive licensing procedures and accreditation bodies. These bodies are the manifestation of discriminatory valuations of education and experiences, leaving racialized immigrant women most disadvantaged.

In fact for some participants, race, religion and gender intersected in very specific ways to limit their access to work. Several women reported discrimination based on their decision to wear a hijab. One woman explained that women in her community found it difficult to find employment outside of their community and that some women had started to remove their head coverings in order to find employment. She explained, "Maybe my hijab was the problem, [my friend] she said 'you can't open your hijab for your job?' Myself I'm not doing that, it is my culture, I have to wear this. I can't leave this, only for job." (13)

However, it was not just Muslim participants that noted the racial and gendered discrimination. For some, the intersection of race and gender further restricted their access to employment. One Filipina woman explained,

> "… I remember when I was asking someone from the bank how did you apply, because I knew that she was also an immigrant, and she was saying that oh you're better in the care giving profession because you're Filipino. I was like, okay. So it's like putting a label on me that you cannot work for this kind of field. When in fact I was telling her that I have experience working for a bank."(30)

Indeed, the inability of Filipino and Caribbean care-workers to transition to work beyond care-giving is well documented by studies which have specifically looked at participants in the Live-in Caregiver Program (see Yeoh et al, 1999; Sassen, 2000; Spitzer and Torres, 2008). In this sense, while gender clearly plays an important role in limiting the sectors of employment available to the women in this study, race intersects in different ways to further segregate the women we interviewed.

Impacts on Individual and Family Health

> *"Because if the mother sick, all family sick. The main person in the family is mother. Everything for mom, for mom." (014)*

Many recent studies have made the connection between precarious work, barriers to labour market entry and the negative impacts on health widely (see Block and Galabuzi, 2011; Lewchuk, W. et al, 2007; Premji, S. et al 2010; Benzeval et al, 2001). Our study points to some of the complexities of this trend and reasons for it. As the quote above suggests, the health impacts of the mother are seen to be closely tied to the health impact of the rest of the family unit.

In facing challenges entering the labour market, finding work that matches their background education and experiences, and supporting their families, the participants discussed the support, or lack thereof, that they received from their families. For those who reported lacking support from their families and others in their social networks, the health impacts are evidenced as both harmful and far-reaching.

In one case, a woman who came to Canada as the primary applicant over 11 years ago with her husband and her son, says that she feels her husband has never really settled in Canada. After working in a couple of factory jobs in Canada and suffering from mental health concerns, he began spending extended periods of time back home. "Then maybe sometime he went back just

for psychological relief, but he couldn't do well here because he couldn't focus here" (023). She emanates frustration and sadness as she explains how she pursued what she felt was best for her family and being the primary breadwinner, despite the consequences;

> "Because I thought about the best interest of my child. So I know I have to stay here. But I didn't feel supported from him […] Yes. As a human being I need that support. Though I can do, I can manage my life, I think all human being actually they expect support from the family." (023)

Another participant also talks about the lack of support from her husband which works to exacerbate her stress levels;

> "Yes I'm used to it. And most of the time my husband didn't realize how many work I did. He's man that's why…They always think that they are man, they are superior. I'm not blaming him but their mentality is like that. You have to clean the shower, you have to cut grass, you have to do household work, cooking and do job, look after kids, and they should be the best kids in the school. Everything goes to the mama." (022)

One participant who is a qualified medical doctor and has faced many barriers to practicing in Canada, describes her feelings of abandonment and lack of support from her husband, who spends more and more time away from home. "I'm alone here, I don't have job and nothing opportunity otherwise I don't need him. Because every problem I have I do myself. If I can solve, I solve. If not, nobody can." (011) The impacts of a deficient support system during already trying and stressful times is far-reaching and puts those participants health outcomes at high risk.

The health impacts of precarious employment conditions, in the workplace, including unsafe working conditions, lack of regulatory protection, lack of job security, and out of the workplace, including the stress, anxiety and depression effects of being un- or under-employed and lacking financial stability, were repeatedly mentioned throughout the interviews. After both her and her husband suffered debilitating injuries due to precarious employment conditions, one participant describes the resulting depression and anxiety that they experienced:

> "But after 2006 we were together with anxiety, with…it was horrible. And I am happy now that I passed that time and I'm better, because I thought I'm going to be a person, feel like this forever. But when you're in this situation you see everything black. It has no lights at the end of the tunnel. Because two people disabled, it's terrible." (28)

One participant describes the way in which her stress gets relayed onto her children, and the associated guilt she feels for burdening her daughter:

> "Sometimes I really feel upset but I cannot share with anyone. If I share with my elder one is 16, I can share so many things, she is like my friend now and she is really one of my good friends too. But when I share with her she will also get upset, why her mom will do so many household work and try for jobs and run here and there. That's why I keep quiet myself and sometimes I feel very tired, lonely and upset too. It affects my mental health. But maybe I have mental strength, enthusiasm, whatever you can say. I motivated myself that I have to do, that this is my duty." (22)

There are very few studies which have considered the gendered dimensions of precarious work and its impact on women's and family health. Menendez et al (2007) argue that part of the problem is there is a systematic lack of research on the relationship between precarious work and women's health. They argue this is because the types of job hazards that are more likely to affect women, (ergonomic, psychological or chemical) have not garnered the same level of attention as physical risks more closely associated with physical labour or factory work, both of which are dominated by men.

The community-based research approach we took to this study allowed us to delve deeper into the varied health impacts and how they affect racialized immigrant women.

5. Conclusion

This brief snapshot provides a glimpse into the early findings pointing to several ways that precarious employment, un- and under-employment negatively impact the health of racialized immigrant women. First, the work itself, especially in manufacturing, certain service industries such as cleaning, restaurant work and care work, can expose workers to a high risk of workplace injury. Second, the stress and anxiety associated with unemployment, poor wages and low income negatively impacts health and as Lewchuck et al's (2008) model suggests, the uncertainty of precarious work itself, compounds this effect. Third, given the unique characteristics of immigrants in Canada who are often highly skilled, precarious jobs expose them to additional health risks through the stress and depression related to the processes of deskilling. Fourth, household and gendered responsibility add to the various chores which must be completed with the context of uncertain work schedules and job stability, again adding to the risk of stress and depression. Finally, immigrant racialized women are exposed to the health risks associated with discrimination, all within the

context of highly deregulated jobs with low union representation and a few avenues for recourse. All of these factors intersect and result in high levels of stress, which ultimately has long-term impacts on health outcomes.

Our final report will examine these trends and suggest recommendations for policy and program improvements.

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7. Resources:

Skills for Change

Skills for Change is known for pioneering programs that respond to shifting immigration and workplace trends and lead to employment. The first program, in 1983, was an office training program that successfully led all its first graduates, a group of women from Southeast Asia, into full-time employment. Now a range of accelerated programs are offered to fit the needs of the people arriving from all parts of the world. Services offered include information and referral, French and English language assessment, English language instruction, integrated language/skills training, employment preparation, business skills, mentoring and settlement services.
www.skillsforchange.org

COSTI Immigrant Services

COSTI Immigrant Services is a community-based multicultural agency providing employment, educational, settlement and social services to all immigrant communities, new Canadians and individuals in need of assistance.
www.costi.org

Skills International

A grant from the Ontario Trillium Foundation has enabled the creation of SkillsInternational.ca, a tool that unites pre-screened, internationally educated professionals with employers who need their skills. This on-line tool is cost effective, efficient and the first of its kind in Canada.
www.skillsinternational.ca

Newcomers Connecting To Trades Apprenticeship Resources (NeCTAR)

(NeCTAR) is a bridge training program established to provide information and services to internationally-trained individuals seeking apprenticeship or employment in the skilled trades in Ontario.
www.costi.org/skilledtrades

Settlement.Org

The Settlement.Org website provides newcomers with information and resources to settle in Ontario, Canada.
www.settlement.org

Ontario Network for International Professionals Online

If you are new to Ontario, our site will help you find employment and build a career in your professional field. You will find information on licensing and on employment options which exist in your field. There is also help in learning the

English language terminology used in your professions, and opportunities to network with other professionals.
www.onip.ca

World Educational Services/Foreign Credentials Assessment
World Education Services (WES) is the leading source of international education intelligence. WES is a not for profit organization with over thirty years' experience evaluating international credentials. Our major purpose is to facilitate the integration of internationally educated individuals into the employment and education environment of their newly adopted country.
www.wes.org/ca

Worker's Action Centre
The Workers' Action Centre is a worker-based organization committed to improving the lives and working conditions of people in low-wage and unstable employment. We want to make sure that all workers have a voice at work and are treated with dignity and fairness.
www.workersactioncentre.org