LIKE WONDER WOMEN, GODDESSES & ROBOTS

How racialized immigrant women in Toronto are impacted by and respond to employment precarity

Access Alliance
Multicultural Health and Community Services

25 Years 1989–2014 A Shared Journey

2014
Full Report

Like Wonder Women, Goddesses and Robots: how immigrant women are impacted by and respond to precarious employment

Access Alliance

2014

Published by Access Alliance Multicultural Health and Community Services, 2014

To be cited as: *Access Alliance (2014). Like Wonder Women, Goddesses, and Robots: how immigrant women are impacted by and respond to precarious employment.* Toronto: Access Alliance Multicultural Health and Community Services.

The content for this report was collaboratively analyzed and written by the core team of the Immigrant Women and Precarious Employment case study project: (alphabetical order) Wisal Abugala, Sehr Athar, Hareda Mohamud, Jessica Merolli Moo Lay Naw, Stephanie Premji, Almaz Reda, Muriam Salman, Moo Moo Say, Megan Spasevski, Yogendra B. Shakya, Thuy Tran, Charlotte Yates, Hamida Zia

Study Funded by: Community University Research Alliance (CURA) grant through Poverty and Employment Precarity in Southern Ontario (PEPSO) project

The views expressed in this report do not necessarily represent the views of the funder.

Cover design by: Victor Szeto.
Photos for book are from Access Alliance's Raise the Minimum Wage campaign

Requests for permission and copies of this report should be addressed to:
Access Alliance Multicultural Health and Community Services
500-340 College Street
Toronto, ON, M5T 3A9
Telephone: (416) 324-8677
www.accessalliance.ca

© 2014 Access Alliance Multicultural Health and Community Services

About the Immigrant Women and Precarious Employment Case Study

Since 2006, Access Alliance has been leading a multi-phase research agenda on labor market barriers faced by racialized communities in Canada (immigrants and Canadian born). Finding from our research have been published in the 'Working Rough, Living Poor' report and the 'Where are the Good Jobs' report. Both these reports are available from our website: www.accessalliance.ca

In 2010, Access Alliance decided to collaborate with United Way Toronto and Dr Wayne Lewchuk (from McMaster University) on their multi-phase research project titled Poverty and Precarious Employment in Southern Ontario (PEPSO) project funded by Community University Research Alliance (CURA) grant. In addition to overall collaboration, Access Alliance led one of the six case studies for the PEPSO project. Building on our research on labor market barriers facing racialized communities, we decided to focus our case study on gendered barriers that immigrant women face in getting good jobs and the impacts on them from being stuck in precarious employment.

We brought together a multi-disciplinary team of academics, community agency partners and 7 immigrant women (who participated as peer researchers) to implement this Immigrant Women and Precarious Employment case study. We conducted 30 one-on-one interviews with immigrant women stuck in precarious employment pathways. This report is based on results from this case study. Our study findings make important contributions in filling the gap in Canadian evidence on the gendered barriers immigrant women face in the labor market and the gendered impacts of precarious employment on immigrant families.

All the reports can be downloaded from www.accessalliance.ca

Table of Contents

INTRODUCTION 5

ECONOMIC PROFILE OF IMMIGRANT WOMEN 7

RESEARCH GOALS AND METHOD 9

KEY FINDINGS 12

FIVE CASE STORIES 29

- The Rabbani Family 30
- The Castro Family 36
- The Rivera Family 43
- The Muang Family 48
- The Zamani Family 51

POLICY AND SOCIAL CHANGE RECOMMENDATIONS 56

REFERENCES 59

INTRODUCTION

Immigrant women in Canada, particularly those from racialized backgrounds[1], represent a sizeable and rapidly growing group. According to Census 2006 data, there are about 3.2 million immigrant women in Canada; this represents 20% (1 in 5) of the Canadian female population (Chui, 2011). With female immigrant population increasing at four times faster rate than Canadian-born women, Statistics Canada estimates that by 2031, immigrant women will constitute 27.4% of Canada's total female population (Chui, 2011). A little over half (55%) of the total immigrant women in Canada are from racialized backgrounds (about 1.8 million); compared to 22% in 1981. Since 1991, over 70% of recent immigrants coming to Canada have been from racialized backgrounds; in 2006, 76% of recent immigrant women were from racialized backgrounds (Chui, 2011). Currently, 68% of all racialized women in Canada are immigrants (Chui and Maheux, 2011).

The experiences and voices of immigrant women, specifically those from racialized backgrounds, have largely been missing in mainstream research, policy framing and public debates about labour market and economic issues in Canada. Even when we are discussing labour market barriers facing immigrant communities, the focus is largely on male immigrants. The stories of internationally trained male doctors and engineers driving taxis or working in factories in Canada have become all too familiar now - sadly. Immigrant women's experiences and aspirations are either rarely talked about or mentioned as side notes to those of male members of their family. The lack of, or marginal, focus on racialized immigrant women – their invisibility – is the key reason why this group continues to face the worst labour market and economic outcomes in this nation; this is true in terms of every possible indicator from unemployment rate, wage gap, percent in part-time employment, and low-income rate. For example, within core working-age people (25-44) with university/college education, for every dollar that non-racalized men make (the top earning group), racialized immigrant men make 68.7 cents while racialized immigrant women make only 48.7 cents (Block 2011). In 2006, the low income rate before tax for core working age (25 to 54 years) recent immigrant women was 38.2% compared to 8.9% for Canadian-born women – more than four times higher (Chui, 2011).

Moreover, the limited concern for this vulnerable group stands in the way of making our immigration, labour market and social policies more gender-sensitive and equitable. There is an urgent need to reverse this.

In 2010, Access Alliance brought together a cross-sectoral research team tasked with bringing into sharp focus the experiences and voices of immigrant women facing labour market barriers. Our team was particularly interested in understanding job-skill mismatch and "precarious employment" facing immigrant women from racialized backgrounds. In line with community-based research (CBR) principles, we trained and involved 7 immigrant women in leadership capacity as co-researchers/peer researchers in our project from research design to data collection and analysis phase. We interviewed 30 racialized immigrant women from diverse backgrounds in terms of occupation, education level, country of origin, immigration pathway, length of stay in Canada, and household composition. We recruited women who fall in the core working-age group (between 25-54 years) and have been in Canada at least for 2 years. All participants were actively participating in the labour market, but struggling to find a job in their field or stuck in insecure, precarious job pathways.

[1] Statistics Canada and other mainstream agencies use terms like "visible minorities" or "ethno-racial groups" to refer to people from non-White/non-European backgrounds. These terms relate primarily to number and color. They assume dominant groups are free from race/ethnicity. Such terms also lead to 'minoritization' even in contexts where racialized groups are a majority. In line with Canadian Race Relations Foundations, we use "racialized groups." This term recognizes the dynamic and complex process by which racial categories are socially produced by dominant groups in ways that entrench social inequalities (Galabuzi, 2001).

This study builds on our previous reports on labour market barriers facing immigrant and racialized communities (see ***Working Rough, Living Poor*** and ***Where are the Good Jobs?***). Study results provide rich insights about how racialized immigrant women face triple intersecting layers of barriers and inequalities – based on gender, race and migration (immigration/newcomer status) – as they attempt to find a good job, negotiate work-life balance, and take care of their family within post-migration context in Canada.

Our Key Findings

1. Immigrant women workers who cannot find stable employment in their field are being pushed into long-term pathways of highly gendered, low-paying, and precarious types of jobs.

2. Along with economic and work related barriers, social barriers (such as social isolation, lack of affordable childcare, heavy household work, limited social mobility) also play a key role in preventing immigrant women achieve employment security.

3. Migration process and Canadian immigration policies are highly gendered in ways that can disadvantage immigrant women from early on in terms of labour market participation and socio-economic wellbeing.

4. Immigrant women migrate to Canada for social and health reasons and not just for economic reasons; in absence of progressive gender policies, the prioritizing of social and health can undermine labor market and economic outcomes for immigrant women.

5. Immigrant women may face lengthy periods of unemployment between precarious jobs.

6. Many Immigrant working women do extensive volunteer work and informal income generating work in response to employment precarity (including lengthy periods of unemployment between job) and as active labour market and social contribution strategy;

7. Precarious employment conditions result in heavily gendered social burden on immigrant women in ways that worsen their post-migration household gender relations and social status.

8. Precarious employment conditions is having damaging impacts on the health of immigrant women workers and their families; health impacts include depression, digestive problems, cardio-vascular illnesses, chronic muscular-skeletal pain, and life threating illnesses like diabetes.

9. Immigrant women play an active role in maintaining and promoting health of their family even when facing severe economic difficulties.

Report Framing and Outline: We begin with discussion of key findings followed by in-depth case stories of five of the study participants. The key findings discussion and the case stories allow us to identify cross-cutting root causes and impacts of labour market barriers facing immigrant women while at the same time revealing the unique ways it impacts different immigrant women. Our analytical framework brings together the rich narratives of study participants with critical concepts put forth by post-colonial feminist scholars. We conclude with recommendations for policy solutions and social change drivers geared at enabling racialized immigrant women achieve stable employment. We argue that ***promoting stable employment and wellbeing of racialized immigrant women needs to become one of the top policy priorities in Canada and a key benchmark indicator for measuring and achieving a more equitable nation.***

ECONOMIC PROFILE OF IMMIGRANT WOMEN

Successive rounds of data from Statistics Canada show that, compared to other groups (particularly Canadian-born counterparts), immigrant women continue to face the worst labour market and economic outcomes in terms of every possible indicator including unemployment rate, underemployment rate, wage gap, percent in part-time, percent making minimum wage, and low-income rate. This is in spite of the fact that immigrant women tend to have higher education levels than their Canadian-born counterparts. The labour market and economic disparities are especially pronounced for immigrant women from racialized backgrounds, and for immigrant women who are newcomers (majority of whom are from racialized backgrounds). For certain indicators, like wage gap, racialized immigrant women face marked inequalities not just when compared to Canadian-born counterparts but also to racialized immigrant men.

It is now a well-known fact that both immigrant men and women have higher levels of education than Canadian-born counterparts. Based on 2006 Census Data for core working-age group (25-54 years), 33% of immigrant women (one in three) had undergraduate degree equivalent or higher compared to 23% for their Canadian-born counterparts. For recent immigrant women, almost half (49%) had undergraduate degree equivalent or higher[2](Chui, 2011).

The employment rate within this working-age group, however, appears to be the reverse of education level. In 2006, the employment rate for recent immigrant women was only 56.8% compared to 70.5% for total immigrant women population and 78.5% for their Canadian-born counterparts. The unemployment rate for immigrant women was 7.6% compared to 5% for Canadian-born counterpart. (Chui, 2011).

In terms of percent of core working-age in part-time employment, the rate is high and comparable for both immigrant women (49%) and Canadian-born women (43%)(Chui, 2011). On the other hand, only 36% of immigrant men are in part-time employment. This highlights that part-time work is strongly gendered with both immigrant women and Canadian-born women disproportionately over-represented. The proportion of part-time work among recent immigrant women was the highest at 64% (Chui, 2011). When you look at the low-income rate for core working-age group, the rate for Canadian-born women (8.9%) is significantly lower compared to that for immigrant women overall (21.3%) and recent immigrant women (38.2%); low-income rate for immigrant men is only slightly higher compared to immigrant women (Chui, 2011). This indicates that even if Canadian-born women are almost as likely to be working part-time employment as immigrant women, they face much lower rates of low-income compared to immigrant women.

In terms of wage gap for core working age people (between the ages of 25-44) with university/college education, there is wide disparity even within immigrant groups by race and gender. Within this category, for every dollar that White/European immigrant men earn, racialized immigrant men make 68.7 cents while racialized immigrant women make only 48.7 cents (Block 2011). White/European

[2] Recent immigrant men have the highest percentage in this category: 57%.

immigrant women don't fare too well either; they make 59.4 cents for every dollar that White/European immigrant men make (Block 2011). In contrast, White/European immigrant men earn only slightly less than Canadian-born men from White/European background.

In terms of occupations, compared to Canadian-born women (3.2%), immigrant women overall (9.2%) and recent immigrant women (10%) were over-represented in occupations unique to processing, manufacturing and utilities. For university-educated recent immigrant women (5.8%), the over-representation in this sector compared to Canadian-born women (0.4%) was even larger. Similarly, recent immigrant women with a university degree were three times more likely to be in sales and services (23%) compared to their Canadian-born counterparts (7.4%). In contrast, recent immigrant women with a university degree were only half as likely as their Canadian-born counters to be in management occupations (6.4% vs 11%) (Chui, 2011).

An important trend in the Canadian labour market is the rise in "precarious," non-standard forms of employment (Cranford et al, 2003). Precarious, non-standard types of employment broadly refer to employment forms marked by high levels of job insecurity, unpredictable work hours, unpredictable work division and work load, and low employee benefits and protections (Cranford et al, 2003; deWolff, 2000; Fuller and Vosko, 2008). 'Temp jobs,' on-call, casual, shift work based, split-shift and contract based jobs are examples of non-standard precarious employment. Data from Statistics Canada indicate that temporary and part-time jobs have been increasing at two or three times faster than permanent, full-time types of jobs (Statistics Canada, Table 282-0080; Statistics Canada, Table 282-0014). A recent report by the Poverty and Precarious Employment in Southern Ontario (PEPSO) project found that 40% of Canadian workers in Southern Ontario region are working precarious jobs (McMaster University and United Way Toronto, 2012). Research also shows that women, immigrants, and racialized people tend to be overrepresented in these types of jobs (Law Commission of Canada, 2012; McMaster University and United Way Toronto, 2012).

Precarious types of employment have been shown to have direct negative impact on wage and income. Evidence indicates that those in part-time employment tend to make lower wages compared to those in permanent positions. This is true for immigrants as well. For example, Preston et al (2010) looked at data from Longitudinal Survey of Immigrants in Canada and found that for Wave 1 cohort, the average hourly wage of fulltime workers ($17.34) was much higher than the average hourly wage for part-time workers ($13.02). Since almost half of immigrant women workers are working part-time, this negative wage gap may be affecting a large proportion of immigrant women workers.

As captured in the data presented above, we now have growing macro-level data showing that immigrant women – particularly those from racialized backgrounds and newcomers – face disproportionately high rates of unemployment rate, wage gap, underemployment, and low-income rate. Sadly, however, racialized immigrant women remain at the bottom of the ladder in terms of research, public debates, and policy discussions. In particular, there is limited qualitative evidence on how racialized immigrant women are affected by current trends in labour market, particularly by the rise in precarious, non-standard forms of employment.

Our study sought to reverse this gap by centering attention on racialized immigrant women.

RESEARCH GOALS AND METHOD

In 2010, Access Alliance brought together an interdisciplinary team of academics (from McMaster University's School of Labor Studies), community agency partners, and immigrant women community researchers to conduct a qualitative community-based research study focusing on labor market barriers, job-skill mismatch and precarious employment faced by racialized immigrant women. This study formed one of the six case studies of the multi-phase research agenda titled Poverty and Employment Precarity in Southern Ontario (PEPSO) project led by Dr Wayne Lewchuk (from McMaster University) and United Way Toronto. The PEPSO project and its case studies were funded through the Community University Research Alliance (CURA) grant from SSHRC.

In line with community-based research (CBR) principles, we trained and engaged 7 racialized immigrant women as co-researchers/peer researchers in the study starting from the research design phase to analysis and writing phase. Peer researchers received over 40 hours of training in research design, research method, research ethics, recruitment, data collection techniques, and data analysis. The team also conducted a literature review and policy scan to map current evidence and policy directions related to labor market participation and outcomes for immigrant women.

Following research training for community researchers and literature review/policy scan, we organized three collaborative research design (CRD) meetings to jointly develop our research questions and methodologies.

We conducted in-depth, semi-structured interviews with 30 immigrant women representing a diverse cross section in terms of country of origin, ethnicity, length of stay in Canada, household composition, and occupation. Since we were interested in women who are actively participating in the labour market, we recruited women within core working-age group (25-54). Since the study was focused on understanding the pathways and impacts of precarious employment, we targeted people who were struggling to get stable employment in their field.

Only participants who had been in Canada for two years or longer were included in the study to ensure that all participants had at least two years of experience in the Canadian labor market. We wanted to understand the experiences of recent immigrants but also longer-term immigrants. The goal was to ensure that one third of the participants had been in Canada for at least 10 years.

We targeted immigrant women from Arabic, Dari, Nepali, Sgaw-Karen and Somali-speaking groups, since these are the languages spoken by our 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 intermediate level fluency in the English language.

Table 1. Demographic Profile of Study Participants	
Variable	Percent (N=30)
AGE	
30-39 years	33
40-49 years	47
50-59	20
% Married or in a relationship	80
% with university degree	71
REGION/COUNTRY OF ORIGIN	
West Central Asia/Middle East (Afghanistan, Iran)	13
China and South East Asia (Burma, Philippines)	24
South Asia (Bangladesh, Nepal, Pakistan)	37
Africa (Somalia, Sudan, Sierra Leone)	10
Central and South America	6
LENGTH OF STAY IN CANADA (2011 as reference)	
2-5 years	37
6-10 years	30
10+ years	33
ARRIVAL IMMIGRATION STATUS	
Skilled Worker/Economic Class (Dependent)	26
Skilled Worker/Economic Class (Primary Applicant)	17
Government Assisted Refugees	17
Refugee claimant	13
Family sponsored	13
Live-in caregiver	7
Other	7

Demographic profile of participants is presented in Table 1. Participants were recruited through a broad range of strategies, including posted flyers (translated in relevant languages), word of mouth, referrals by community partners, presentations to immigrant women programs, and through snowball recruitment via participants who had already been recruited.

We also conducted one focus group with service providers in the employment and settlement sectors who work with newcomer women on issues of employment, health and settlement.

In terms of research questions, we wanted to find out three things:

(i) *why and how racialized immigrant women are getting pushed into precarious types of jobs?*

(ii) *what are the economic, social and health impacts of being stuck in precarious jobs for immigrant women and their families?*

(iii) *how do immigrant women view and respond (manage, subvert and resist) conditions and impacts of employment precarity?*

On a deeper level, we were interested in documenting the gendered dimensions and gendered impacts of the rise of precarious forms of employment in Canada as perceived and experienced by racialized immigrant women. In doing so, we hoped to better understand how gender, race and migration (immigration status and migration pathways) intersect with each other to create varied opportunities and inequalities for immigrant women within the current rise of precarious forms of employment in Canada.

Following ethics approval, interviews were conducted in first language or English. Interviews were then transcribed, with those conducted in first language translated as appropriate.

Transcribed data was coded and analyzed using NVIVO 8 software. Research team members read a representative number of transcripts in order to develop a master coding framework that would capture important thematic issues. The team periodically reviewed new themes that emerged during coding, and back-coded to all transcripts any that were relevant to the study's goals. Coded thematic summaries were then jointly analyzed using "collaborative data analysis" process developed by Access Alliance.

Our Critical Conceptual Framework: A small group of post-colonial feminist scholars have examined how inequalities based on gender, race and migration (immigration status and migration experience) intersect to produce compounding and varied negative labor market outcomes for racialized immigrant women. Our study builds on this important body of knowledge. We draw on critical feminist concepts such as "gendered occupational streaming" (see Dobrowski's work for example) and Roxana Ng's framing of immigrant women as "captive labor force."

These critical concepts are useful in questioning policy rationales and social practices that perpetuate and normalize the "gendered occupational streaming" of low-paying, front-line and highly precarious types of jobs to racialized immigrant women. The severity of the problem at hand is that women from dominant background are also uncritically complicit in reinforcing and benefiting from this ***racialized-gendered division of labour*** in Canada. Equally problematic is the expectation that immigrant women will absorb the social costs and externalities associated with precarious jobs and poverty faced by immigrant families. Ng's (2002) characterization of racialized immigrant women workers as "captive labour force" holds strong relevance here. They are "essential" for effective functioning of certain sectors, and the labour market in general, but at the same time are treated as "disposable." In turn, the unstable and precarious nature of their jobs makes them "captive" and unable to find stable, meaningful employment. Post-colonial feminist scholars have also highlighted how the root causes run deeper, and starts with regressive dimensions related to our immigration policies and trends – both at national and global levels.

KEY FINDINGS

The labor market barriers, job-skills mismatch, and deskilling that immigrant men face is well documented now. The stories of internationally trained male doctors and engineers driving taxis or working in factories in Canada have become all too familiar. However, we know very little about the employment pathways for immigrant women or where internationally trained immigrant women from different occupations (doctors, engineers, teachers, chartered accountants, forestry experts etc.) end up. Findings from our study help to fill this evidence gap.

Consider, for example, the experiences of these seven women from our study:

- Hiba[3], a ***psychologist from Sudan***, came to Canada in 1999. She is a single mother struggling to take care of three children (including one autistic son) while going from one precarious job to another (babysitting, cleaning, cooking etc.). She is currently working on commission basis for a life insurance company.

- Ruby, an aspiring student pursuing studies in healthcare field in the Philippines got drawn into trying her luck in Canada through the ***Live-in Caregiver Program*** only to suffer extremely exploitative and dehumanizing treatment by one employer after another (including from female employers). Lengthy separation from her husband eventually led to a tense divorce. After finally fulfilling her live-in caregiver work requirement, Ruby could not find another stable employment and so is currently studying at a local college for a Social Service Worker diploma.

- Srijana and her husband, Kamal, are both ***forestry experts from Nepal***. They migrated to Canada in 2002. A mother of three children, Srijana juggled a series of survival jobs at Canadian Tire, housekeeping jobs in hotels, and as interpreter before finally getting a full-time job with Ministry of Natural Resources because she was able to convince her family to move to a remote town in northern Ontario for this job. She got laid off after two and half years and is back in Toronto working on commission basis with an insurance company while her husband toils long hours as a taxi driver.

- Naznin, a highly accomplished ***female doctor and anesthesiologist from Iran*** immigrated to Canada in 2008 fearing for her and her three children's lives after her husband was killed in Iran. She has been barely etching a living here going from one unrelated and precarious job to another (at a Subway franchise, on-call cooking, and cleaning). At the same time, she is hopelessly trying to get her medical license in Canada while putting in hundreds of volunteer hours in hospitals as a 'patient escort'.

[3] Pseudo-names used to protect confidentiality.

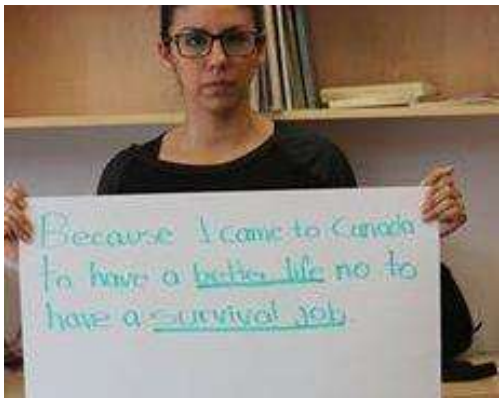
- Natasha, a Karen mother of two, came with her family to Canada in 2007 through the Government Assisted Refugee program. She was a ***farmer and history teacher*** in the refugee camps in northern Thailand. Following the job pathway of many of her Karen female friends in Canada, she worked in a used clothing factory for two and half years until it closed and moved to Mississauga. In absence of empowering employment programs, her main concern at the time of interview was that she could not work a night shift job in a golf ball production factory because her husband was also working a night shift factory job in a car parts company; she is hoping to get a dishwashing job.

- Fruzan is an ***OB/GYN from Afghanistan*** with years of experience working in United Nations sponsored clinics for immigrants in Russia. She got tricked into an abusive spousal sponsorship "scam" by a Canadian. She came to Canada only to find out that her sponsor was already married and just wanted to use her strong professional background to extort thousands of dollars from her during the sponsorship process and after arriving in Canada. Traumatized by this scam, and unable to get her recertification license here, she has been spending the last two years doing hundreds of hours of volunteer work in hospitals.

- Hasina used to work as a ***manager for an international development organization*** in Bangladesh before coming to Canada in 2000 with husband and son. After not getting anything for one year, she managed to get a series of part-time jobs, first as a school settlement counsellor and then a settlement counsellor only to be unexpectedly laid off each time. She decided to go back to school and get BSW from York University. Even with that she is now working very part-time (9 hours/week) as a family support worker.

Gendered pathways into precarious jobs:

As reflected in these case examples, the gendered nature of job-skills mismatch and precarious employment pathways for immigrant women is striking. If male immigrant doctors are ploughing the streets of Canada driving taxis, female immigrant doctors are ending up as unpaid volunteers in hospitals stuck for years doing menial tasks – "disrespectful work" in the words of one participant – like escorting patients. Other internationally trained female professionals (psychologists, forestry experts, engineers etc.) are going from one precarious job to another, often in gendered occupations such as housekeeping work in hotels and in fast food chains that pay minimum wage.



Similar to the experience of internationally trained doctors, immigrants from teaching profession find it next to impossible to get teaching license in Canada. Many end up shifting to very frontline caregiving work like personal support worker or turn to daycare. A participant from Somalia with a teaching background borrowed $3000 from friends to get a Personal Support Worker diploma; even with the diploma she works on an on-call basis as a PSW for a nursing home. Those that shift to daycare work have it worse in terms of job security (most are on-call, part-time); this was the case even for a study participant who used to be the head of literature department at a high school in Afghanistan. One of the study participants took some solace in the fact that daycare work still has something to do with teaching. This is in spite of the fact that she has to put in lots of unpaid time into this work:

> "Because I was a teacher before. I decide to be a teacher here. I started to work as a volunteer and daycare after, I got one. That's why I research for, for myself in daycare centre to get Canadian experience" (P02).

Study participants from non-profit/community sector occupations did manage to get jobs in community or settlement agencies in Canada. However, everyone from this occupational background was working in very front-line positions and mostly in the form of part-time, insecure contracts. Those from the business sector were also in the same boat. For example, a study participant with many years of experience as registered chartered accountant/auditor from Sudan indicated that she is currently juggling three jobs: customer service, doing pricing, and a cleaning job.

Due to difficulties find a job in business related sector, three participants made a decision to shift to non-profit sector. For example, one woman from Nepal who had economics degree and was running a travel agency in Nepal decided to shift to working at a childcare centre because she did not want to "start from the bottom" to upgrade her education:

> "I don't want to upgrade economics because I have to start it from the bottom level right… I think this Early Childhood Education; this child-sitters job is not bad." (P17)

We found that for most of the study participants, the husband and adult male members of the family were also in unrelated precarious jobs (forestry expert working as a taxi driver, "chief engineer" working as elevator repair person, teacher working construction contracts etc.) . Worse, six participants indicated that their husbands had incurred workplace injuries while working in unrelated manual labour jobs.

For immigrant women with limited education and low English language fluency, the options are severely limited. Within a couple of months of arrival, most get streamed into low-paying manual labour factory jobs (including in the rapidly expanding field of used clothing processing factories). They find out about these jobs through their insular network of friends most of whom also have limited education and are working in those very factories. Like their friends, many get stuck working factory jobs with little opportunities for professional advancement or diversification. Husbands of these women also face a similar employment trajectory. The difference is in the type of factory jobs that men and women take, and the fact that men are more likely than women to take night shift jobs as well. A participant from Hispanic community who came to Canada in 1998 made the following reflection about being stuck in labour job from the very beginning and questioned why she was not told about other choices and pathways:

> "I guess for being very young at that time and lack of knowledge, opportunities that I could have, and basically wrong information from the people that surround me. I just jump into labour work and I learned basic English and start going to work. Today looking back I'm thinking that I could have had so many opportunities, like with the freedom of not having any kids at that time and being young and having some English I could have many other opportunities which I deprived myself at the time.... at that time it didn't seem a possibility. We have lots of bills to pay.... I jump into factories. It was very easy to find work in factories. I feel awful, I feel, I suffer so much at that time. It was not a possibility. I guess thinking back I wasn't well before. No one gave me choices." (P25)

Participants were aware of the fact that the unstable nature of their jobs (usually part-time, contract jobs) had very little benefits, security and protection. In the words of one participant:

> "With my current job, precarious is an understatement... Doesn't have any benefit. And so basically the meager amount that I'm working is what I'm looking at for my medical bills, also and, doesn't

> have sick days. So when I miss a day of work, I don't get paid. And because of the days that we work, we don't even have holidays because Mondays are off for us. So most of the holidays, long weekends are Mondays. So we don't get paid for that Monday because it's not a working day. That was strategic. So you work throughout, almost throughout the year, and when you get sick you don't get paid. And I've been there for 3 years back and forth but that's the standard. It's customer service, which is of course not what my dream job is. Basically what we do is help members, very rich members, place orders. Sometimes we go to the warehouse to double check if their order is there, and thing like that. I don't wear safety boots. I should not be going to the warehouse." (P5)

Participants also mentioned that they were aware that they were getting paid lower wages but still accepted the job anyway, especially if the job was somewhat related to their field. A participant with Chartered Accountant qualifications shared why she took a low paying accounting clerk job (and worked overtime) just to try get "Canadian experience:"

> "It was good for me because it was Canadian experience that I started there in the office. But what he did was that he didn't give me the raise that should be in the office. He gave me just $14 an hour. That was very low. I actually accepted because it was as I said hard to find job like that. I thought anyway I'm getting some experience and I worked very hard there. I worked 12 and 13 hours a day." (P28)

Others reflected that immigrants in general were getting pushed into low wage jobs and were competing with each other for low wage jobs. In the words of one participant:

> "For this kind of job I didn't. Because it's very low job. Always you know, competition is between immigrant people. I think because of this. Not Canadian….Always between immigrant. Very low job, we go there" (P01).

One third of the participants were longer-term immigrants (those that have been in Canada 10 years or longer). We recruited for longer-term immigrant women to understand their precarious employment trajectory and to compare with medium-term (6 to 10 years) and recent immigrant (2 to 5 years). All longer-term immigrants indicated that they had very good or excellent fluency in English language. Half of them had gone back to school to upgrade or get additional diploma/degree. In spite of this, longer-term immigrant women did not have better job-skill matching or more stable employment compared to recent and medium term immigrant women. Their employment pathways show very high levels of job insecurity marked by multiple short contracts and lengthy periods of unemployment between jobs. Study findings on this also show that several had tried out different kinds of field but met with negative results; most of these fields were in low-paying, gendered occupations such as personal support worker and home-based daycare. One participant who had work experience as a personal assistant to a CEO back in Sierra Leone had finally decided to pursue a social work degree after doing a series of business related front line jobs including factor job, mail room clerk, and billing administrator at IBM. Within longer-term immigrant women, all the three participants from teaching background appeared to have faced worst precarious employment pathway. All of them reported going from one very precarious and unrelated job to another (discount store, coffee shop, used clothing factory, personal support worker); all three indicated that they were currently unemployed.

These experiences point to the following key finding for our study:

Key Finding 1: Immigrant women workers who cannot find stable employment in their field are being pushed into long-term pathways of highly gendered, low-paying, and precarious types of jobs.

Structural Barriers to Good Jobs:

Immigrant women workers in our study highlighted that they have made exhaustive use of all employment services and conventional job search strategies that is accessible to them. Participants shared in detail about attending resume clinics and job search agencies, sending "hundreds and hundreds of resumes," applying in-person, going through 'temp agencies,' networking, volunteering, and going back to school as the range of strategies they use.

As one participant described it: *"everyday I'm running, running, running to drop my resume" (P13).* Many participants indicated that instead of just applying online, they actually go in-person to drop resumes or to talk to potential employers; this was the case even for survival and precarious types of jobs. Often, in person conversations can be awkward and disempowering since participants mentioned that they often have to hide their real skills and experiences. In the words of one participant:

> "No. I just walked inside and said I'm asking if they have a job, something for me... I spoke to the owner and I asked him whatever you have please, I can accept any kind of job just to be near my apartment, my living place. And he said what is your profession? I said don't ask because I don't think that you can hire me for that, I never found for ten months." (p28)

For those in regulated professions like healthcare, participants talked about spending thousands of dollars and lots of time trying in vain to get their re-certification. About 40% of the study participants reported taking some kind of skill training (mostly in gendered areas like home-based day care, catering, food handling etc.) and/or going back to college to upgrade or get new degree/diploma (Social Work, ECE, AutoCAD). Participants with higher education and those who were married were more likely to go back to college to upgrade or get new degree/diploma. Most chose to do courses in colleges that offer fast track courses.

In spite of these exhaustive job search efforts/strategies, the fact that all study participants were struggling to get stable employment in their field indicates that there are powerful structural barriers at play. Based on participant responses, the key labor market barriers were:

- non-recognition of foreign credentials (and "Canadian experience" requirement)
- race-based discrimination (including based on religious affiliation and accent)
- language barriers
- information and access barriers about services
- limited professional network.

A growing body of Canadian research has documented that these are common systemic barriers faced by immigrant communities – both men and women. Analysts at Statistics Canada (Chui, 2003; Picot et al, 2007; Picot and Sweetman, 2005; Galarneau and Morissette, 2004), TIEDI (Preston and D'Addario, 2008; Preston et al, 2011; Kelly et al, 2001) and Office of Ontario Fairness Commissioner (see, for example, their 2013 report titled *A Fair Way to Go* as well as their annual reports) have produced a wealth of evidence about barriers and inequalities that immigrants face in the labour market. Current evidence show that the top cited barrier is the non-recognition of foreign credentials and experiences by professional licensing bodies and employers. Studies highlight that immigrant workers – particularly those from racialized backgrounds -- face very high rate of under-employment and are over-represented in low-wage and temporary types of jobs; this, in turn results in higher rates of poverty and low-income among immigrant communities (Aydemir and Skuterud, 2004; Chiu, 2003; Galarneau and Morissette, 2004; Picot et al, 2009). A large number of other quantitative and qualitative studies across Canada have highlighted that getting stable well-paying employment continues

to be the most pressing concern for most immigrants, including for long-term immigrants (Chun and Cheong, 2011; Goldring and Landolt, 2009a; Mennonite New Life Centre, 2009; OCASI, 2012; Oreopoulos, 2009; Sakamoto et al, 2010)

Results from this study show that immigrant women may experience these systemic barriers in gendered ways. Consider these two narratives below:

> "… 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."(P30)

> "Yeah, I think, I don't know if this is discrimination or not but, because my teachable is English, so they usually want a native speaker, and I'm not a native speaker, so I don't know if that could be called discrimination or not, but I have that issue and there, especially, I noticed that in the placements when I was in teacher's college, the teachers always wanted a native speaker instead of a second language teacher and then I thought when I will be doing the job search that would happen as well because they will choose the other person that has native language skills, but yeah its true, that happens, they prefer the person who is the native speaker." (P 26)

The first narrative is from a participant from Filipina community recalling a discriminatory response she got when she inquired about how to get work in the banking sector since she has previous experience working in this field. The second one is from a teacher who feels that her accent (or not being able to speak like a native English speaker) is a key reason for not getting job in teaching field in Canada.

Both of these can be considered forms of racialized discrimination. At the same time, both of these experiences are gendered. Or more specifically, discrimination based on gender, race and migrant status come together in both cases to produce a compounded form of exclusion and marginalization. In the first case, the person at the bank is expressing a discriminatory assumption/label that immigrant women from Philippines are naturally suited to caregiving professions and thus should stick to that. In the second case, accent based barrier faced by female immigrant teacher who is not a native English speaker represents a racialized exclusion within an occupation that is quite gendered. As noted earlier, study findings indicate that immigrant women from teaching profession appear to have the worst labor market outcomes. If, for example, there was a proactive program within the education sector to hire bi-lingual teachers to work with diverse communities, this would open up opportunities for bilingual immigrant female teachers whose first language is not necessarily English.

Social Barriers to Good Jobs

In addition to economic, occupational and labor market related barriers discussed above, we found that social barriers constitute a significant impediment to getting stable employment for many immigrant women. Many of these social barriers are associated with household gender relations. The key social barriers that study participants listed include:

- Social isolation and limited social support system
- Lack of affordable childcare
- High load of household and caregiving work

- Lack of supportive male partners
- Limited social mobility (e.g. not being able to travel far for work, or to certain areas, or do work that involves travelling when it is dark)

The first three (limited social support system, lack of affordable childcare, and high burden of household work) were cited by many participants as the most significant social factors that directly led to barriers and delays in job search process and in getting stable employment. Immigrant men's job search process can also be negatively affected by these social barriers such as lack of affordable childcare. However, our study indicates that immigrant women face these social barriers in very acute ways. In some cases, social barriers may be more dominant than some of the economic/occupation related barriers.

A large number of study participants spoke openly about the intense loneliness and sense of social isolation they feel in Canada. Moreover, their biggest concern was not having the same kind of wide social support system like they used to have in their country of origin (parents, relatives, and broad network of close friends and acquaintances). This support system is what women drew on to share some of the childcare, caregiving and other household work. In absence of this support system in Canada, most of these household and caregiving responsibilities fell solely on individual immigrant women. Some participants mentioned that husbands may help a little with housework but still bulk of the work falls on the women. In the words of three of the participants:

> "Yeah lots of stress, I got depressed and I went to doctor, I could not sleep because everything is different, no extended family here, only we four are here and then, and the main thing is my mom was not here...So everything is on me and...I really missed my family and then I was about to go back actually... Every time I remember my country, miss mom and everybody, and miss my culture, miss my food, like language, so it was disaster in the beginning." (P17)

> "I have emotional problem...I think about I'm alone here, I don't have any family, I don't have any relatives here, I don't do a job, I don't go outside, I'm not with my friends- this affect my health. But any problem not before...I didn't have, because here I'm alone. In Afghanistan I was with my family. Here I don't have family to help me." (P2)

> Yeah [my husband] encourage but try, try at least in different way, he encourage me. But he never help me to do any household work. No, no he never did it. 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, they should be the best kids in the school. Everything goes to the mama . . . Not only me, so many women have the same situation" (P22).

Due to limited social support system and in absence of affordable daycare program, participants with children explicitly mentioned that childcare responsibilities negatively affected job search process and the types of jobs they could take. As one participant put it:

> "Well actually yeah, you could say child care [was a barrier] because I didn't even find a decent baby sitter and it was quite expensive and any help that I could get at home for kids it was quite expensive. So it was cheaper for me to stay home instead of going out to work. That prevent me for getting a better work. I guess because, it was a hard choice. My kids or work. I wanted to grow professionally and do a life for myself, I wanted to but I guess the lack of getting good baby sitting and reasonable cost, that could be."

Many participants shared about their dilemma of having to choose between career/work and taking care of children. Some, like the participant above, talked about not being able to find "better" or more stable work. Others talked about sacrificing, compromising or changing career/work because of having to take care of children. Even participants that had a supportive and encouraging husband regretted not being able to pursue their desired career path due to childcare and family responsibilities. In the words of one participant whose husband had encouraged her to pursue a further studies and career in her field:

> "My husband was telling me to do economics sector too but when I saw the course offered, i felt hard. Even though I did masters from there. And I had to handle in my house, two children, and I can't spend money from there to here it was so like low. So I had to survive for the present, I didn't have, I could not think for the future at that time. I really have to survive, because only we came with our like clothes and suitcase right. So I have to, because I have the small children and so I had to think many things so, I better quit about economics." (P17)

Other participants were quite blunt and expressed deep regret for not being able to pursue their career in order to "keep family together."

> "I deprived myself to be the woman that I could be in the workforce, just to keep the family together, ironically. I choose that to keep everybody happily together. And at the end, it didn't work, so. It affects me emotionally a lot, a lot." (P25)

Most participants mentioned that their husband rarely share household work. In some cases, this was because their husband was working multiple jobs and did not really have time to help at home. In other cases, participants mentioned that even if husbands help a little bit, most of the male members do not even realize how much housework there is to take care of. In the words of one participant:

> "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" (P 22)

These narratives inform another of our key findings:

Finding 2: Along with economic and work related barriers, social barriers (such as social isolation, lack of affordable childcare, heavy household work, limited social mobility) also play a key role in preventing immigrant women achieve employment security.

Migration Policies and Pathways as Barriers to Good Jobs

While the key goal of the study was to document gendered barriers and inequalities facing working immigrant women, the research team was struck by how deeply embedded and widespread these barriers and inequalities were. In fact, we had to adjust our study methodology several times in response to this.

For example, very early on in our data collection, we started hearing about the tremendous difficulties and tensions that immigrant women face during migration process and within and through the immigration

application process. These challenges related to migration/immigration process can in turn negatively impact labour market and economic outcomes for immigrant women after coming to Canada. Immigrant men do not necessarily face these challenges. We readjusted our research to ask more questions about gendered processes and challenges within migration decision making process and immigration pathways.

Doing so allowed us to capture many gender-insensitive dimensions related migration decisions/pathways and those embedded within immigration policies. The most explicit example of course is the live-in caregiver program – a government sanctioned form of "gendered labour migration" specifically geared at bringing immigrant women from particular regions of the world to serve as low-cost "flexible" childcare workers in Canada (in place of affordable national childcare program). Narratives of women who came through this program show that the highly conditional and restrictive requirements of this program fuel widespread exploitation and mistreatment of live-in caregivers, including by female employers.

Consider this sad experience of Filipina participant about the exploitation she faced as a live-in caregiver:

> "At 3 o'clock [employer] would bring me to her home and then she would ask me to prepare food for her daughter, and ask me to help her with her assignments. She wants you to clean-clean-clean, do laundry...And because she stayed in the restaurant until 2:00 in the morning, sometimes when she gets home she would knock on the door and ask me to give her a massage, at two o'clock in the morning. And one time I was so sick and she kept asking me to give her a massage. I told her I cannot. I can't even stand any more, and she was like 'okay just take medications and you will be fine, come here'." (P30)

This participant also shared about how employers would try and pay less:

> " They were paying me $13 per hour but then when they found out that the other nannies were only getting $5 per hour they reduced it to $10" (P30)

Worse, holding back tears, she shared how one of her employer did not even call her by her name and just referred to her as "nanny" in dehumanizing way. The daughter of the employer would remind the employer that "our nanny has a name."

These negative experiences can make it difficult for women who come through this program get permanent residency and transition to stable professions they want to work in. The two participants who came through this program mentioned about many difficulties they encountered in meeting the mandatory work hour requirement to quality for permanent residency. One of the participants wanted to go into nursing and the other into banking. Neither of them has been able to pursue these career aspirations.

The live-in caregiver program reflects a larger problem of what post-colonial feminists refer to as "racialized-gendered division of labour" in Canada in which low-wage, socially undervalued or "unproductive" work, and precarious types of jobs are systematically offloaded to immigrant women from racialized backgrounds. For the live-in caregiver program, women from particular region/country of origin are targeted (particularly those from Philippines). As highlighted in the previous example, this trend is leading some Canadians to assume that all Filipina women are naturally suited to do childcare work. Other examples of racialized-gendered work include babysitting, personal support worker type of jobs, cleaning, minimum wage jobs in fast food and garment industries, and low paying secretarial/administrative and front-line community work.

In turn, the feminization and racialization of such occupations/jobs fuel further decline in wage rate, job security and social value of these occupations/jobs. Sadly, women from dominant backgrounds are also complicit in reinforcing and benefiting from such programs and trends. The above experience of the Filipina

participants shows that these trends are real. This underscores a larger problem of patriarchy being reinforced and compounded by racism and institutionalized through a government supported labour migration program.

Immigrant women caught in human trafficking and problematic spousal sponsorship arrangements can face long-term negative social and economic consequences in Canada. Two women shared about such experiences. One female doctor from Iran told us about how she got tricked into an abusive spousal sponsorship "scam" by a Canadian. She came to Canada only to find out that her sponsor was already married and just wanted to use her strong professional background to extort thousands of dollars from her during the sponsorship process and after arriving in Canada. Once she found out, she left him and had to live a while in a shelter. She mentioned that she is still traumatized by this scam and affects her everyday life, including job search process.

Some of the gender-insensitive elements in immigration policies are not always explicit. For example, current Canadian immigration application process in Canada tends to overvalue economic reasons and male dominated occupations. Several study participants candidly mentioned that the key reason why they decided to migrate to Canada had more to do with social and health reasons and not just economic reasons. This included aspirations for greater gender equality, religious freedom and safety in Canada. For a single working mother with an autistic child, the excellent healthcare services in Canada may be a more important reason for coming to Canada than job prospects. However, social and health reasons for migration are not considered in the current immigration application process.

Further, gendered assumptions in immigration application process can reinforce the 'tied/dependent' relationship even for economically active women. Six of the participants came as "primary applicants" under the Federal Skilled Workers (Economic) class and spoke positively about having done so. If the Canadian immigration application process was more gender-sensitive, more of the economically active study participants could have applied as principal applicants and not just as "dependent."

Several women spoke at length about these early structures of disadvantage linked to immigration policies and migration processes. Many of these gendered barriers are not necessarily faced by immigrant men.

These experiences speak to two related key findings:

Finding 3: Migration process and Canadian immigration policies are highly gendered in ways that can disadvantage immigrant women from early on in terms of labour market participation and socio-economic wellbeing.

Finding 4: Immigrant women migrate to Canada for social and health reasons and not just for economic reasons. In absence of progressive gender policies, the prioritizing of social and health can undermine labor market and economic outcomes for immigrant women.

Gendered Dimensions of Precarious Employment

Another early realization about gender differences during data collection process led us to adjust our recruitment and inclusion criteria for study participants. Initially, the study methodology was to recruit women who were currently in precarious jobs. This was to exclude women who are not actively participating in the labor market and women who are chronically dependent on social assistance. When we started recruitment, we found out that a surprisingly large number of working immigrant women we approached were actually unemployed at the time of study. In response to this, we adjusted our inclusion criteria to include women who are currently unemployed but have a clear track record of actively job seeking and participating in the labor market, along with previous experience of being precariously employed.

Importantly, this also led to one of our other key findings:

Finding 5: immigrant women may face lengthy periods of unemployment between precarious jobs.

Narratives from study participants indicate that factors related to labor market and working conditions (such as not having flexible work hours) as well as social barriers (not having childcare, family priorities) can result in shorter contracts, earlier lay off, or women themselves deciding to quit. Once laid off, immigrant working women may find it very difficult to re-entering the labor market. Here again a combination of labor market and working conditions related barriers as well as social barriers are at play.

Another important dimension comes into the picture here that further underscore the gendered nature of labor market barriers and precarious employment faced by immigrant women. We were struck by the fact that many of our study participants were doing hundreds of volunteer hours for lengthy duration (over 2 years for some participants) as part of their labor market strategy. This was particularly true for women from healthcare, teaching, community/non-profit professions and for those who were experiencing long and scattered periods of unemployment. One internationally trained doctor mentioned that she had been volunteering for over two years at a hospital. Several participants from teaching occupation indicated that they often work “unpaid” in daycare centres in between what ends up being very precarious on-call types of paid work.

There is one additional piece to the puzzle. Majority of study participants had or were engaged in “informal” income generating activities to supplement household income but also as a response to employment precarity. Research shows that immigrant men may also resort to informal income generating work like doing construction and restaurant work on cash or even running “informal” taxi operations. For immigrant women, the informal work is highly gendered in areas like babysitting, cleaning, and cooking that tend to pay very low. This phenomenon appears to be so wide spread that it is fuelling a large underground “shadow economy” of cheap labor in childcare, cleaning and catering sector. A recent survey with 453 immigrant families found that 41% were taking part in informal income generating work (Aktar et al, 2013).

We also found that informal work seems to be more seamlessly connected to women’s labor market and economic strategies. For many, far from being “informal,” these side income generating work parallels what a precarious formal self-employment looks like. We also found that some of the women were quite aware about jobs that paid well below minimum wage (e.g. $5/hour). Participants gave specific locations of these jobs. Several had done these kinds of “below minimum wage jobs” before; a few mentioned that they go back to doing these jobs when they really need money and can’t find other jobs. These experiences highlight that for some marginalized immigrant women, the difference between formal paid work, informal work, and unpaid work start to blur.

This constitutes our other key finding:

Finding 6: Many Immigrant working women do extensive volunteer work and informal income generating work in response to employment precarity (including lengthy periods of unemployment between job) and as active labour market and social contribution strategy;

We were aware that we need to pay close attention to the gendered social construction of what we consider productive work and labour itself. However, we did not realize how widely embedded these problematic social constructions were and how deeply they impacted immigrant women. In other words, like for all women, the root causes for why immigrant women face negative employment outcomes also have direct relation to the highly gendered ways we continue to view and value different kinds of work – paid work, volunteer work, "informal" income generating work, and household/caregiving work; our social construction of work still privilege men or occupations/functions that is predominantly done by men.

As rightly pointed out by many feminists, promoting gender equity in labour market and economic domain requires a transformative rethink in how we view and value work in all its different forms. In terms of policy solutions, we need to exercise utmost sensitivity. On the one hand we need to ensure that we don't undervalue and ignore the critical role that volunteer work and "informal" work plays, particularly for immigrant women. Ignoring may perpetuate exploitative practices within these domains. At the same time, we need to make sure that the key priority is to remove structural barriers that prevent women from getting formal well-paying stable employment.

Social impacts:

In terms of social impacts, we found that:

Finding 7: Labour market barriers and being stuck in precarious employment result in heavily gendered social burden on immigrant women in ways that worsen their post-migration household gender relations and social status.

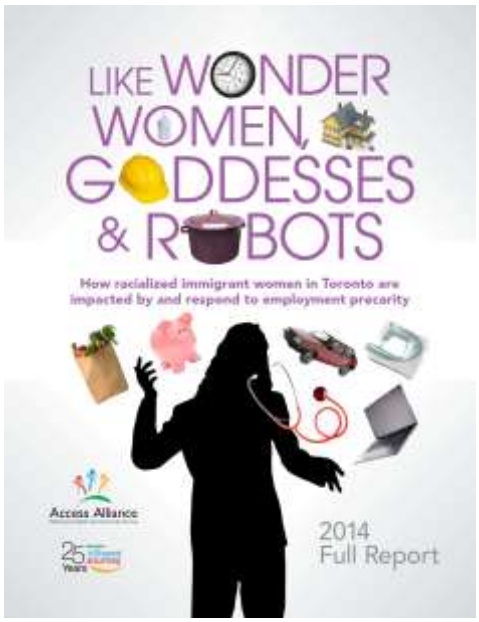
The following heartfelt narratives from three women from our study capture the complex and far-reaching social impacts, including on work-life balance, household gender relations and how immigrant women view themselves and their social position:

> "After my first daughter was born, [my husband] opened the company so I was home taking care of the family, taking care of the business. **Doing like Wonder Woman, everything, everything, everything.** No help and not getting a single help in cleaning and nothing in the house." (P25)

> "I'm used to that from back home because I did non-profit organization there. 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, she has ten hands. 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." (P22)

> "**I was doing everything**. I was cleaning, I was cooking everything. Because as I said my husband he went to work at 5:00 in the morning until 5:00 or 6:00 in the evening. And as soon as I got home I starting to do the things for cooking, cleaning doing everything. [Interviewer asks: 'And you were working 12 hours too?' And participant replies:] "Yes, from 8:00 a.m. until sometimes 7:00 or 8:00 in the evening. As soon as I got home, thank God my

apartment was close to work, I didn't lose time to come and go, but I did until 1:00 a.m. I was taking care of the other things. **Like a robot."** (P28)



As reflected in the three quotes above, many study participants shared about significant increase in overall responsibilities (having to take care of "everything, everything, everything," as one participant put it) and intensification of work burden, pressure and stress (in the words of one participant, feeling "extremely pressured"). Feminist scholars have documented the "double day work" that many working women have to endure. The excessive work load that these immigrant women describe appears to be much more than double day work. The powerful metaphors that the three women invoke to describe themselves (like a wonder woman, a Hindu goddess with ten hands, a robot) reflect the everyday tensions that immigrant women are grappling with as they try to make sense of their dual and often contradictory position of being essential/vital (i.e. like wonder women/goddesses) and yet vulnerable/expendable (like robots).

The title of this report is in reference to these powerful metaphors that immigrant women used to describe themselves and their situation in Canada.

Some participants mentioned that their husbands don't help much with household work even when both husband and wife are doing paid work as well:

> "...People say yeah obviously go [for the job]. But that meant for me to work harder because I have to work outside and inside the house, nobody did anything in the house...Exactly. It never occurred in his [husband's] mind that he could cook or clean or do something. Nothing, like he could help me out." (P 25)

As noted in the earlier section, those who help do so only marginally, and don't really realize how much housework there is to do.

Our research shows that social pressures resulting from precarious employment conditions can cause many negative impacts on household/family relationship and wellbeing including (i) high levels of household relationship strain and tensions; (ii) delays and disruptions in household communication (among spouses, between parents and children); (iii) reduction in family time and leisure time; (v) weakening of household strategies for problem solving and promoting positive family health; and (vi) overall sense of disempowerment at the whole family/household level. One participant gave rich insights about family tensions and impacts that she and other immigrant families in her situation are going through:

> "And the family relation is related with the issue, very much related. Because you will see lots of family conflict, children are dropping from home, breaking down the family, family ties become loose or respect issue when man cannot play the role as a healthy husband. Even with the family personal relation and the family relation. Emotional relation it change through the employment and economic situation also." (P 23)

In some cases, all the economic and social stress had led to family break down and separation:

> "When we came to Canada we are together. When we came here after couple of years we break down the family. So he left. I'm still strong. I do my things, he do his things. But the life is not easy. It's difficult. You have to be strong. You have to be strong, you have to be survive." (P21)

> "And um, the feeling that you are homesickness and taking care of 3 kids alone, that I am sick more from that and I get divorced from my husband at the same time, maybe all of this together cause diabetes." (P4)

Immigrant women in our study were very troubled about not being able to spend quality family time. In the words of one participant:

> "As a family we don't get to do anything because all of the time, I work the days that people are actually out there to do it. I live by Chucky Cheese and we hardly get time to even go into Chucky Cheese and play. So it's kind of hard because then this little time I have, I want to make sure that there is food in the house. I want to make sure there is laundry done. I want to make sure the house is organized, then by the time I'm done, I'm tired."

For women with children, not being able to spend time with children and increase in intergenerational tensions between parents and children were top concerns, and source of stress. The following narratives illustrate this point:

> "No he's [son] better now but my only problem with him is, especially when I went back to school is he's constantly asking for attention... one time I was yelling at him last weekend and I asked him, I'm so tired and I'm also sick and I told him 'what do you want from me? Tell me, I know you can speak now, tell me what do you want to say to mommy?' And he was saying that 'I just want you to hug me.' Because he was saying that it seems that, since I was always busy I don't really look as often as we did before, I don't play with him anymore, and he said; 'you don't hug me as much as you did before.' So at 3 years old 'oh my goodness', it's like 'wow'... I feel so guilty." (p 30)

> "It's affecting my child cause last three, you're gonna laugh, cause he said he wants a new mom. That's how bad it is. So I'm like; 'okay, am I that bad?' He's like, I guess he can't express himself much more, he might be saying 'you don't even have time with me anymore.' So he's like 'I want a new mom.' So I'm like 'okay F how you gonna get a new mom?' He say 'he's gonna buy one from the store'... So I'm thinking he's not getting enough of me. Especially at a time like this where when he goes to the park he sees other people playing and their mom's there looking at them when they play. Hang around with them in barbecues, schools...." (P 5)

> "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 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." (P22)

The many stressors, strains and disruptions in everyday household relationship and functioning have adverse consequences on immigrant women's capacity to negotiate healthier work-life balance and equitable division of labor in the household. These gendered social outcomes from precarious employment in turn produce negative employment and health pathways for racialized immigrant women, and undermine their sense of identity and social position within Canadian society.

At the same time, we did find that some families developed strong sense of family level empathy and emotional support strategies that help to buffer the negative impacts from precarious employment. However, even these capacities for family resilience are very fragile and are continually strained due to prolonged exposure to precarious jobs and income insecurity. We noticed interesting variations in household impacts from precarious employment based on different factors including education level (particularly of women), occupation, ethnicity, family composition and length of stay in Canada.

Health impacts and strategies:

In terms of health, there are two key findings.

Finding 8: Labour market barriers and employment precarity are having damaging impacts on the health of immigrant women workers and their families. These health impacts include depression, digestive problems, cardio-vascular illnesses, chronic muscular-skeletal pain, and life threating illnesses like diabetes.

Finding 9: Immigrant women play an active role in maintaining and promoting health of their family even when facing severe economic difficulties.

The two findings are linked but also are in tension with each other in the sense that the health promoting role that immigrant women take on at the family level is also a source of stress on these women. For many immigrant families, these health promoting and caregiving functions would have been more socially shared in their country of origin. With limited social support system in Canada, these functions fall heavily on individual immigrant women themselves. Onerous health needs and health promoting responsibilities at the household level can directly undermine labour market participation for immigrant women.

More than half of the study participants openly shared with us that they were experiencing acute mental stress and depression; some admitted taking anti-depressant medication. A third of the participants explicitly mentioned that they had trouble sleeping because of all the excessive stress. Many mentioned negative impacts on self-esteem and sense of self. We did not recruit for participants with health problems. So we were shocked that almost all participants reported facing multiple health problems including digestive problems (like ulcers), cardio-vascular illnesses, and chronic muscular-skeletal pain as well as life threating health issues like diabetes; participants very clearly articulated that job and economic hardships were the root cause of the health issues they were facing. Many of these health issues were faced at the whole family level, especially if the male members are also precariously employed. Immigrant parents try hard to shelter their children from these hardships. However, many study participants themselves mentioned that their children were acutely aware of these economic hardships and are subject to negative social and health impacts from them.

The following narratives exemplify the range of health impacts precariously employed women are facing:

> "And well I have problems that I began to find work stress, problems at work, problems in the house already with family problems. I got sick, I really got sick, I had a panic attack at the [job] and I guess it's due to the stress that I was going through. And then the doctor suggest to me that it was too much for me, all this work and the hours and the shift and nights and that stress because of my family, the problems. I could not get the hours that I wanted to. At work I find myself with lots of work, lots of issues, lots of issues that I have to deal with. I deal successfully but expenses of my health." (P25)

> "When I came to Canada, I was healthy, no problems. After 7 years or so, I started feeling tired and so, when I checked my blood, they said I am diabetic." (P04).

> "So I went back home and I stayed for a year because I was too frustrated I was trying all means, it was not working my self-esteem kept going down, that I was from a place where people used to highly esteem me and now I'm in a place where nobody cares about me, I don't even make a difference anywhere." (P05)

Women also spoke about negative health impacts on their husbands due to precarious work conditions:

> "He [husband] felt like he lost his health, mental health and physical health also. He has chronic pain and he went to a year it is a health benefit is only 15 weeks so altogether he thought as a man, because his role is supposed to be supportive role, active role in the family but he became vulnerable and independent. So he was not feeling good." (P23)

> "...and basically what I have noticed that if he even have anything that's bothering him he won't say. Cause last week he told me he has headache, like constant headache. And by the time I went to work I called him to check on him "oh it's fine." Cause he does not want to stress me out, so he's like 'okay, I can't put too much bother on her'. So even though he said that out of a mistake...And normally he won't say it...Cause he does not want to stress me out but I know he's stressed." (P5)

Unlike for precariously employed immigrant men, workplace injuries appear to be of less concern for immigrant women. While mental health is the top concern for precariously employed immigrant men and women, resorting to addiction (smoking, alcohol etc.) as a coping mechanism was a concern mostly for men.

Employment and income are now recognized as core determinants that have multiple health impacts along with influencing many other determinants including food security, education, access to services and social inclusion (Public Health Agency of Canada, 2004; Lewchuk et al., 2008 Raphael, 2004; Lynch et al., 2000; Ruetter, 1995; Lightman et al., 2008; Wilkinson &Marmot, 2003; World Health Organization, 1999) Dean and Wilson (2009) examined the health impacts of unemployment and underemployment on recent Canadian immigrants with post-secondary education. Premji et al, (2010) have documented negative health impacts faced by racialized Canadian workers with limited English language fluency that are stuck in high risk jobs. Researchers from the Employment Conditions Knowledge Network (EMCONET) – established under the auspices of the World Health Organization have compiled very convincing bodies of evidence showing how workers in precarious employment and vulnerable working conditions are more likely to experience a host of cardio-vascular, musculoskeletal, respiratory, mental health and other illnesses (Benach et al., 2010).

Several women talked about how they draw on their knowledge of nutritious food and health promoting activities (including spending time with family and children) to keep their family healthy in spite of the challenges they were facing:

> "Yeah. And even I try especially when he [husband] comes [inaudible] and then we go for a walk, at least walking half an hour, one hour together, and at that time we talk about jobs and some other things that also makes mental, like cools down the mental stresses sometimes. So it's talking and walking, physical exercise, those things. But other than that he doesn't go to gym or he's not taking any advice from the doctors... Yeah he doesn't want [to do physical exercise after truck driving shifts]. But walking it's okay, but still sometimes he doesn't want...You have to trick him." (P19)

As the health status of their family members begin to deteriorate over time due to conditions of precarious employment and income insecurity, the health promoting functions for immigrant women get intensified.

Here again, we need to exercise utmost sensitivity. While recognizing the essential health promoting and caregiving role that immigrant women play for their families, we have to stop expecting immigrant women to assume the burden and externalities caused by a discriminatory and unequalizing Canadian labor market trends. Solutions need multi-pronged strategies that can encourage men take on equitable share of social and household responsibilities while all interested stakeholders jointly try and stop the rise of low wage jobs, precarious forms of employment, and exploitative/discriminatory forms of labor market programs.

These narratives from study participants provide rich insights about how racialized immigrant women face multiple barriers and inequalities – based on gender, race and migration (immigration/newcomer status) – as they attempt to find a good job, negotiate work-life balance, and take care of their family within post-migration context in Canada. Our research also show that these barriers and conditions of precarious employment result in damaging social and health impacts. The experiences of these 30 immigrant women underscore the need to make our immigration, employment and social policies more gender-sensitive and free from discriminatory practices.

SECTION 2:
FIVE CASE STORIES

The Rabbani Family

"We wanted a better future for our son, that was the only reason we came here. Because there was background, like I write the United States Assessment Licensing Exams, two parts from back home … I realized that only money and talent is not enough to get higher education in a developed country like Canada or the USA. So at that time we are just married, I did not have the child. So when he was born I and my husband said we need to do something for my son. If he has that kind of talent and money so that he can grow, he doesn't have to face this problem. So we applied for immigration to Canada, after three and a half years we got it. It was our history."

Summary: *Sofiya and Intisar Rabbani arrived in Canada in 2007 from Bangladesh as skilled workers, hoping for a better future for their son, Fayez. As a licenced medical specialist and surgeon in her field, Sofiya struggled to gain qualifications that would allow her to practise outside of Bangladesh. She spent many years volunteering with physicians at multiple health care facilities and used up most of her savings writing accreditation exams in the hopes of finding a placement to complete her residency. However, despite her best efforts Sofiya found herself struggling to stay afloat in a system blind to her past experiences. Impacted by the rising costs of housing and living, facing multiple barriers to employment, and experiencing health stressors, the Rabbani's are struggling to raise a child on a part-time salary. Despite these challenges, they are determined to build a stable future for their family. This is the story of a medical doctor and her family facing precarious employment.*

The Rabbani's left their home country of Bangladesh with hopes of creating a bright and prosperous future for their son. Having completed an undergraduate degree in medicine and a Masters of Surgery in Obstetrics and Gynecology (OBGYN), Sofiya was a practising medical doctor in Bangladesh. Initially, she had hoped to move to the United States and passed two of four exams to qualify as a practicing physician. However, when the family did not receive a visa to enter the US and continue with the accreditation process she and her husband decided to settle in Canada instead in 2007. "And since then," she said, "my life become changed." Not necessarily for the better.

As successful professionals in their respective careers in Bangladesh, Sofiya and her husband, Intisar, did not imagine transferring their skills to find work in Canada would be such a challenge. Although a certified accountant, Intisar struggled to find work in accordance with his accounting qualifications. Despite going through various channels in search of a career, such as using employment agencies and contacting many companies, he was only able to find few odd jobs in sales. Upon taking up an opportunity to work as an intermediate accountant, he enrolled in a course to receive a Human Resources certification, for which he needed a stable job. However, after a misunderstanding with his employer who falsely informed Intisar that his position was permanent, he appealed his case to the court and was left with no choice but to drop the course. Despite ultimately wining the legal procedure, he was left without a job or certification.

In light of these events, he decided to enroll in a teaching certification course. Currently, Intisar is working only part-time as a tutor and instructor at a local college. Despite receiving a decent wage, he is continuing his search for a full-time job.

Sofiya's path towards establishing her career in Canada has also been marked by setbacks and barriers. Immediately after coming to Canada, Sofiya began the examination process for accreditation in Canada. She studied hard and passed four exams "with high scores in all" over the course of three-and-a-half years. "All together 8 exams I took within three and a half years," an expense of over $1,750 pushing her to deplete her savings and take on loans. Despite her best efforts, her post-graduate credentials and experience practicing overseas were not recognized in Canada. Her application for medical residency was rejected. However, she is still struggling to "get in to the system". She feels that specializing in OBGYN is part of the difficulty as "OBGYN is the toughest discipline in Canada … so if I focused only in OBGYN I might not get into the system." The year before she applied, only two new international graduates were accepted in to the OBGYN surgical residency program. As a result she is keeping her options open and applying to family medicine residencies as well. "The positions in Canada is very, very less. Last year they got 1,600 applications for Family Medicine, Family Physician and they invite 300 of the 1,600. I was there, I was lucky to be interviewed but they took 70 out of 300, so you see how competitive it is?"

Having invested a lot of time, energy and savings into this accreditation process, Sofiya is determined to keep fighting. In addition to application fees, the cost of writing the exams, and taking preparatory classes, accreditation requires that applicants provide three letters of reference. In order to get reference letters from Canada, Sofiya decided to volunteer in healthcare settings since she had not been able to get healthcare related jobs. Volunteering, in turn limited her ability to job search due having less free time. Sofiya ended up managing to find a volunteer position at a clinic working closely with a physician at a community health centre where she volunteered for 6 months and was eventually hired as a physician's assistant. After a year of working, she received an opportunity for an externship with the Family Healthcare Network in California. While the opportunity provided her with a much-needed reference letter, she ended up paying out-of-pocket for travel expenses, was not paid for her work there, and was forced to take 8-year-old Fayez out of school. "Sacrificing all things, everything." However, because of the high number of doctors willing to replace her role as a physician's assistant during her absence, she was unable to take a temporary leave of absence and

was forced to resign, thus giving up her only source of income.

When she returned to Canada in November 2009, and realized she could not return to her previous job at the clinic, she began studying for her last two exams in Canada. After passing both her exams with high scores in June 2010, she received another externship opportunity in California in psychiatry. "I'm always busy without money," she recounts. As a result of her experiences volunteering and working in the field, she received her required references and was able to apply to a psychiatric residency as well.

"You cannot give your son to any neighbour or anything you not feel safe in the workplace. But if you again keep your son at a safe place you can work. You can go out and talk to people. Because after when he is at home before, when my husband was starting, I could not go anywhere without my son. Because if you go to talk to anyone you cannot manage it. So I have to focus on the time when he stays at his school. Definitely that is a barrier." – Sofiya

Looking back, she is convinced that if she had received her visa for the US, she would have been "totally established at this point." Although her chances of being accepted for medical residency in the US are better than in Canada, she does not want to move to the US and start all over again. Since Intisar is stable in his job teaching accounting, even though it is part-time, and the family's citizenship process is complete, they are reluctant to repeat the process "again for four years we are struggling, another new country, new culture, new things, another struggle" in the US.

Barriers

In addition to facing challenges in transferring their skills and qualifications to stable careers in Canada, the rising cost of living is of continual concern for the Rabbani's. Affordable housing is of particular concern given the family's precarious income and the costs associated with raising a child. At the time of the interview, Intisar was the sole provider of the household bringing in just over $20,000 each year. With rent costing the family up to $918.35 each month, (about 40% of their total household income), Sofiya had little choice but to apply for social welfare assistance to make ends meet. The various household tasks such as cooking and cleaning are managed by Sofiya who has no problem completing them quickly and says "In general I didn't need any help."

Figure 1 An immigrant woman shares her reason why we need good jobs for women in Toronto. She is currently employed in a factory.

Having a young child without accessible and affordable childcare options has also been a major concern for Sofiya as it limits the free time she has to "go out and talk to people" while having peace of mind that her son is "at a safe place." The lack of childcare options has been a major barrier which has set her back in the job application process.

After consistently running up against barriers another option that remains for the Rabbani's would be to return to Bangladesh where Sofiya had a "very good job, because as an OBGYN specialist, I had my own practice, I had a lot of income, a lot of money at the time. So I had a very high standard life over there." As a result of the ongoing burdens she faces, Sofiya often considers returning to Bangladesh to practise as she fears she is losing her expertise and is being driven deeper in to debt. "I have lot of loan so I have to stay at least one year to repay that." Despite

running short on options, Sofiya does not want to compromise her family's integrity and have them "separated this way" as she believes it will take a toll on her son as well. It remains a last resort, though she says, "it makes me sad. I don't want to do that."

At the time of the interview, Sofiya was applying for residency for the second time and looking for a paid job. Since she did not have any source of income, she was forced to apply for Social Assistance to pay for her expenses.

Discrimination

Having taken all the Canadian accreditation tests, Sofiya's experiences have made her feel as though various levels of inherent systemic discrimination are key barriers limiting her chances of obtaining gainful employment. Given the shortage of available positions, the field, she says, is "very competitive". Although well-versed in English and armed with experience in the healthcare sector from Bangladesh, Canada, and the US, she feels as if language is still a significant barrier preventing her from being accepted to complete her residency in Canada. Her observations from inside the system as well have contributed to her skepticism of the application process. She cannot directly pin point that explicit discrimination is taking place. But she has noticed that "the Indian peoples, Bangladeshi peoples, Pakistani peoples are also getting chances. But very, very less. Very, very less."

In the limited Canadian experience she has gained, Sofiya is restricted in the opportunities she is given as she is not legally certified to complete any tasks that require greater interaction with the patient. Although she has worked with many physicians in various settings, Sofiya is stuck in a vicious cycle where her inability to gain the proper credentials to be a practicing physician in Canada is due to her limited Canadian experience.

Health

The impact of the combined barriers faced by the Rabbani family has taken a toll on Sofiya's physical and mental health. She began experiencing neck pain and when she went to consult with her doctor, she discovered she also had high blood pressure, for which she is currently taking medication. Her mental health also began to deteriorate as she recalls that "at the start I was crying a lot," which she attributes largely to environmental stressors. Given her background in medicine, Sofiya is better able to understand and cope with her emotional stress; knowledge she uses to reassure herself: "when I get depressed…I don't need to talk to psychiatrist because I know what is the problem. And I know how I have to work…because depression has some criteria to be diagnosed. If you go through that criteria I don't match with that. I feel sad but it doesn't mean that I don't feel any interest to other things. When I am good I can do everything. It doesn't persist consistently."

When I came first, after one and a half years when I started to realize the environment, the future, I became stressed. For that reason I think I got, suddenly I had some neck pain or something. I went to the doctor and he said my blood pressure was way high at the time. So he did all the investigations and since this I'm taking my medication for blood pressure." – Sofiya

When a nurse from the social welfare office came to visit the family after Sofiya expressed her stress and anxiety regarding her situation, she said the nurse "realized that I don't need any treatment or anything because she reported like that [Sofiya] knows everything. But she asked me what can help you? I said the residency otherwise nothing. I want to be a physician I don't want to be anything else."

Sofiya tries not to rely on medication and uses other forms of natural relaxation techniques to help her cope with stress. She says, "for the stress I usually do the breathing exercise, and sometimes I have my son do kind of yoga, but not that much…We watch movie, we go to our brother-in-law house and maybe we talk each other, my husband and son we go out, have some food. Those things…Good food, invite our brother-in-law. I've only one relative in Canada and we are very close with him." However, she admits that there are times when her stress prevents her from doing so. "We have an exercise machine at home,

but I'm not regular to be honest. I feel very lazy at that time, because when I'm depressed I don't have any energy."

The strong partnership between Sofiya and her husband is essential to helping Sofiya and Intisar remain resilient and motivated to work hard for their son. "All tensions is related to money, not any other family issues. Because we are very happy with ourselves and we are very happy couple. We are married for 12 years now." Sofiya is thankful that she has her husband and although he doesn't show it much, says that she notices when he is depressed or worried about his bank loans.

He is available to offer practical advice and moral support, encouraging Sofiya to focus on her studies and not worry about income. She welcomes his encouragement that "if you are not stable you cannot focus on your studies because it is not too easy." She says that sometimes she felt like giving up and trying a "second career" but her husband encouraged her to keep her course. He reassured her that she has his ongoing support if she wants to pursue opportunities that would enhance her skills or add to her application strength. "So we are maintaining our life at the very basic level so that we can continue … and I'm really grateful to my husband."

Figure 2 An immigrant woman shares her reason why we need good jobs for women in Canada.

Despite the hurdles the family ties remain strong and Sofiya sees her husband as a constant source of support and motivation for her to continue working towards her goals. In between work, school, and looking for stable employment, Intisar tries hard to make time for his family and tries to cheer up Sofiya by insisting they watch movies together, making jokes and playing with Fayez. Sofiya recognizes and appreciates his efforts to lift her sprits and support her. "For family relation we are very, very good couple. Yeah we have respect each other we understand each other. So as a couple we are very happy, but the tension that lies nowadays with me. He's really worried that could I be a doctor, would I be able to be a Canadian doctor or not. He wants me to see as a doctor, not any other field. And he believes that I deserve this, that's the main thing."

Recommendations

Based on her experiences, Sofiya feels betrayed by the Canadian government which is "inviting physicians" to apply for citizenship as skilled workers. She believe that if the government is going to promote this employment category, it should be clear as to what the exact process is so as not to mislead anyone. "At least they can provide the real scenario that these are the situations…because if someone thinks that these are the situation…they will be mentally established before, that I'm not going to be a physician in Canada, I have to do something else." Her frustration is exacerbated by her experiences making use of employment services and resume workshops, as neither service has been beneficial to help her find work in the medical profession. As a physician, the barriers preventing her access to the medical field are larger than the scope of such agencies that "say okay we will help to find a job…but they only focused on their resume, and if you change the resume, sorry if you change the agency they again work oh no this is not good."

If there is no demand for doctors, she argues, it would be reasonable to increase the standards for the exam pass rate so that only the best are taken in to the system. Sofiya's insights stem from the walls of bureaucracy that she has been thrown up against over the past decade to warn other immigrants to plan accordingly "so they will not be so depressed like me."

Knowing the experiences of others in situations like hers, Sofiya observed that "After passing, lot

of medical doctors are waiting. It was not only me." She stresses the need for creating training opportunities for physicians in order for them to maintain and practise their skills "because when I meet the people like us, all are frustrated, all are frustrated."

Conclusion

The Rabbani's exemplify a hard-working immigrant family with high hopes of starting a new life away from home. Sofiya's determination to find a career in her field despite putting everything on the line is admirable, as is the support that she and her husband offer each other through such extenuating circumstances. In the end, despite the struggle, she remains hopeful: "it's our own journey. We have to fight … and hopefully we will be successful."

The Castro Family

"I want to find out how things are, in terms of doing this for myself … I want other people as well to know how to do it. Because not many people, especially in my community, the Filipino community they don't want to come here and see a worker because they believe that asking help is just being lazy and being stupid. That's how they think of themselves if they ask help." – Diwa

Summary: *Leaving her family behind in the Philippines, Diwa came to Canada by herself in 2004. With an academic background in physical therapy and work experience at a bank, she had high hopes for starting a better life when she applied under the Temporary Foreign Worker Program. After being refused employment by her initial sponsor upon her arrival, Diwa was left with grave income insecurity issues and precarious status and had to re-apply. In the interim she spent many months without health coverage (OHIP), using temp agencies to access various jobs in housekeeping, babysitting, and dishwashing in restaurants. All these jobs were underpaid and undervalued precarious jobs with long hours, under dangerous conditions, and without benefits or job security. Such exploitative conditions were prevalent throughout many of her work experiences. Even as a live-in caregiver, Diwa was subject to various forms of discrimination and abuse. Fueled by her pursuit of social justice and support by the local Filipino community, Diwa filed a case against one of her employers, seeking recourse for the abuse and exploitation she had experienced. It wasn't until after the birth of her son, on-going support of her community that she began to pursue a degree with the hopes that it would give her a better chance of securing financial stability. Despite these initial hardships, Diwa persevered, navigating work, social services, motherhood and school. This is the story of a persevering and resourceful single mother and her son facing precarious employment.*

Diwa took a leap of faith when she left her family and husband at home in the Philippines and came to Canada in 2004 in search of better opportunities and healthcare services through the Live-in Caregiver Program. With a Bachelors Degree in Physical Therapy from the Philippines, she hoped to find work in her field of expertise because "this kind of program back home is not actually geared into employing students, but actually pushing them out of the country."

In the Philippines, she worked administrative jobs in a number of financial companies where she gained "good interpersonal skills" and experience in the Human Resources department conducting background checks. Diwa always planned to leave her home country after completing her education. After hearing from her brother about the challenges of applying for work in the US, "because so many people from back home are applying", she decided to apply to Canada instead.

In order to process her work permit application and find a suitable employer in Canada, Diwa took the advice of her aunt and sought the help of a family friend with the promise of employment upon her arrival. In Canada, in order to hire a TFW, the employer is required to pay processing fees, transportation of the worker, and guarantee employment for a minimum of two years. However, things did not work out the way Diwa planned and her sponsor refused to hire her upon her arrival. "I was really shocked because they never told me that it's going to be like that. And I was also asked to pay $3,000 US for that sponsorship, which they never told me. Even my aunt was so surprised when she learned about that." The family claimed that they were owed the agency fee, even though they backed out of their agreement to employ her. Diwa agreed to pay the money, setting her back in expenses, although she is still unsure of where the money actually went. As a result, Diwa not only had to find another employer to sponsor her, but also had to re-apply for a work permit and wait 6 months to receive OHIP coverage – a situation that left her in flux.

In order for Diwa to remain in Canada while her work permit application was being reprocessed – which she was told would take at least 6 months – she was required to continue working. However, since she did not have adequate documentation, she was forced to live with her aunt and take up cash jobs that were low pay, long hours, labour-intensive and "dangerous because I didn't even tell them my real name. I didn't tell them that I came here through the Live-In Caregiver Program because otherwise it could jeopardize everything." By talking to friends, other members of the Filipino community, and through a Filipino temporary employment agency, she landed some jobs "cleaning and I also worked for a restaurant doing dishwashing, basically those kind of jobs. Sometimes babysitting as well."

The agency helped her find work and, knowing her work status, recommended she use a pseudonym when applying for positions. Six months after her arrival in Canada, she began working at a restaurant for "only $6.50 at that time." This included double shifts "eight hours to sixteen hours if the other staff won't come" on weekends. Further, the conditions were "really, really bad. First because the employer doesn't want us to talk to other staff in the restaurant. And another thing is she doesn't want to see us having breaks." Working cash jobs without legal status left her unable to bargain for her rights, protection, or adequate pay. The restaurant jobs paid her as little as $5 per hour, only 60% of minimum wage at the time. Babysitting and house cleaning were often better options economically yet still did not provide a stable income. Even when Diwa found work as a live-in caregiver through a temp agency, she had little security. She found her pay being reduced without notice from $13 per hour to $10 per hour when her employer learned of other foreign workers in the area working for a rate of $5 per hour. To fulfill the requirements of the Live-In Caregiver Program as a TFW, Diwa is required to work a total of 24 months in 3 years. Since she spent one year waiting to renew her work permit after she arrived, she was forced to put up with various abuses in the 28 months she worked as a live-in caregiver.

Workplace harassment

It was in her role as the 20th nanny for a family with three children, where she first faced verbal abuse from her employer. "At first I didn't know that verbal abuse here is something that should

be taken seriously…But when I actually experienced it, it was very uncomfortable and then later on somebody told me that it's not right." Diwa was forced to put up with disrespect and verbal abuse from her employer who yelled and called her names in front of the children. She faced racial stereotyping as well when her employer often made degrading remarks like assuming that she did not know how to use kitchen appliances because her "people are poor." Further maltreatment from her employer included general dehumanization, as "she would always refer to me as nanny not using my name. And I remember her eldest daughter telling her why are you calling her nanny? She has a name. Because the kid knew."

She used support from local organizations working with the Filipino community to learn about her rights as a worker. After confronting her employer about overtime pay, minimum wage, and weekly breaks, she began receiving 3 hour breaks once a week, though her other demands were not heeded.

When the stress from work and her personal life was too much to bear, Diwa knew she had to leave. However, this did not sit well with the family who refused to give her an adequate reference to find another job.

"She said that the first time she met me I liked her right away and it's like when I spoke with you I felt like you were the right person to take care of my kids. But after my employer told her that I'm crazy, that's when things shifted from liking me to not liking me. So I felt like you haven't tried me yet, you haven't seen me work with your kids yet. Why don't you just give me this chance? And she said no. I will not take the risk, especially that my kids are very young, to work with someone who's crazy. They kept repeating the word crazy, crazy, crazy." - Diwa

As a result of her limited options, she was left with no choice but to take the first job she found after 6 months for a single mother, Sakshi, who did not ask for any references or an interview. The result was that Diwa was overworked and exploited by Sakshi who wanted her on call 24-hours a day, both at home and at the family-owned restaurant without set hours or leisure time. "I told her I just want to go out for a walk and then come back. It's only like 5-10 minutes. I won't go too far I told her but she always say no."

Diwa was forced to put up with being woken up at odd hours of the night, working overtime without pay, working while sick, and delayed paycheques.

She was also required to lift heavy weight and work with toxic chemicals without adequate safety precautions taken by Sakshi. Diwa recalled that "at the restaurant [Sakshi] usually asked me to mix bleach and I told her many times it's dangerous and she didn't believe that."

Diwa was also subject to unfair demands as a result of living with her employer. "After work she wants you to stay at home. It's like she doesn't want you to leave her home. That's it." After helping Sakshi all day at the restaurant, the work was not over for Diwa as "Sakshi would bring me to her home and then she would ask me to prepare food for her daughter, and ask me to help her with her assignments. She wants you to clean-clean-clean, do laundry."

"Because [Sakshi] stayed in the restaurant until 2:00 in the morning, sometimes when she gets home she would knock on the door and ask me to give her a massage, at two o'clock in the morning. And one time I was so sick and she kept asking me to give her a massage. I told her I cannot. I can't even stand any more, and she was like okay just take medications and you will be fine, come here."

In addition to the demanding conditions of her job, Diwa struggled to receive adequate compensation for her work. "She's paying me $1200 a month but she doesn't pay overtime. And most of the time the pay is delayed, like two weeks delay or even one month."

Matters worsened with her employer when Diwa found out she was pregnant after meeting "somebody nice" – a man named Jose. Due to the mobility constraints and harsh working conditions, Diwa had no choice but to share news of her pregnancy with Sakshi, otherwise "she won't allow me to go for prenatal care if I don't tell her.

She would be so mad at me." Her honesty backfired, however, when Sakshi fired her without notice. Although seemingly ignorant of Diwa's working rights previously, Sakshi cited liability concerns as justification for laying her off. As Diwa explains, "[Sakshi] usually ask me to clean ceilings as well, so she said it's going to be dangerous for you if you're pregnant, you might fall, this and that. I don't want it to be my problem."

When Diwa approached Sakshi about overdue payment that she was owed, she faced harassment, threats and verbal abuse when asserting herself. "When I came back after two days because she said after two days – I went to the restaurant and she actually pushed me away from the restaurant and yelling in front of the customers…she was saying that I don't owe you anything, don't come back here anymore."

As a result, Diwa decided to file an employment standards claim against Sakshi with the help of the local Filipino organization. "I know people from the organization and some of them are from labour unions, they told me that you have rights, we can help you do this. They helped me fill out a form for Labour Claims." Concerns about losing her healthcare coverage with a baby on the way while being unemployed and without status, motivated her to pursue the case.

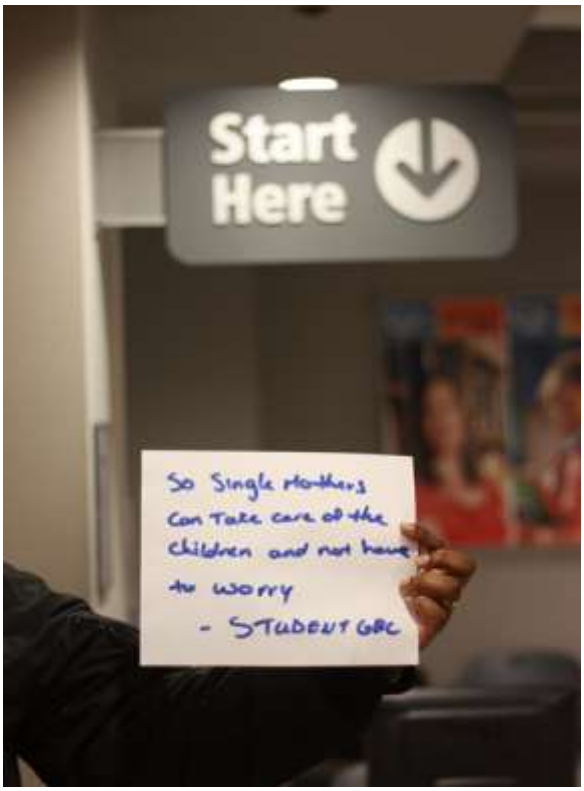


Figure 3 A single mother's response to why we need good jobs for women.

Diwa continued to feel the impact of the exploitative experience with her employer long after she stopped working for Sakshi. After giving birth to her son, Emiel, she had difficulty receiving Employment Insurance because Sakshi had refused to provide her with a Record of Employment. Thus, she was advised to apply for social assistance and found herself working the same odd jobs as when she first migrated – at a restaurant and cleaning houses, even after undergoing a gallbladder operation. In an effort to save money for Emiel's Christening and First birthday, she endured "heavy lifting" two days after surgery, "it was so difficult … I have high tolerance for pain but the thing is they said it's dangerous."

After a two-year long struggle of pursuing the case against Sakshi and odd jobs cleaning houses, Diwa still did not receive the money she was owed. Despite the disappointing outcome, Diwa has no regrets and is happy she followed through with the process. "I'm so thankful for the case manager because he advocated for me that we will do this.

But he was telling me that the reason why they used my case is that most of the nannies before me and after me who did the labour things, they just quit."

It was because of Diwa's persistence and faith in justice that she went through with the long process. In the end, her efforts were not in vain. "One good thing about it is that there was an actual change in terms of labour claims for live-in caregivers." Diwa's case was used as an example for a case to change certain Live-In Care Giver policy.

Barriers

In addition to the exploitation she was forced to endure in the workplace, Diwa faced further barriers to finding gainful employment opportunities as a result of her Filipino background, age, work experience, religion, being a single mother, and a lack of recognition of overseas training.

Despite her experience as volunteering and interning in the Philippines after completing her degree in physical therapy, not only was she unable to find work in her field of interest, but she also faced barriers finding a stable source of income in other fields for a number of reasons. "They don't accept the training you have back home, so the age and experience".

"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." – Diwa

Though improving her English since she arrived to Canada and able to speak fluently, she still recognizes language as a barrier "although I know that I can write English very well but my verbal skill is not as good". At a job interview she was asked her religion and told that Christians were more judgemental with clients so they were not hiring.

With an annual household income of less than $15,000, she still sometimes finds it difficult to cover essential expenses such as food, rent, utilities, and children's clothing. She faced added restraints in terms of work options with a newborn child and not having any social support. Her job mobility was constrained "when my son wasn't in day care yet," and little options remained but to bring Emiel with her to work when she was working as a house cleaner. However, when Diwa began working other jobs in addition to cleaning houses and when Emiel learned to walk, she attempted to enroll him in subsidized childcare but faced difficulty in her discussions with Children's Services to get the appropriate paperwork.

"It was really a struggle. I even told to my worker that now instead of you helping poor families you're actually not helping anymore because you know that I'm a single mother and you're pushing me more down." – Diwa

A dispute ensued and as a result she was assigned another social worker who was able to extend the childcare subsidies for another year. While navigating these systems of support, Diwa experienced discrimination as a single mother. "I was being judged for being a single mom and she was saying that the reason why I chose to be a single mom was because I wanted to be on welfare."

Personal life

In addition to coping with the daily struggles due to her legal status, harsh working conditions, and the lack of social support as a single mother, Diwa faces many personal battles.

Although married in the Philippines, Diwa and her husband sought an annulment upon her migration to Canada. Since then she has found it difficult to meet men due to the mobility and time constraints of working as a live-in caregiver. It was only through the Filipino community that she met Jose, the father of her child. However, before the birth of their son, Diwa and Jose found it "really difficult…to stay together because of financial problems," after both losing their jobs in the same

two-week period. Ever since, the two had a strained relationship and have not kept in touch.

Despite this, Diwa did not anticipate the hassle she would endure when she needed to contact Jose, a Canadian citizen, for his signature on Emiel's passport. Diwa had learned that her father "was very sick, he had cancer, and he wished to see [Emile]." Desperate to return to the Philippines with her son, Diwa resorted to taking Jose's passport without his permission because she was "running out of options." The next day she received a call from the police and was told, "either you come up here or we're going to go to your place and pick you up." There, Diwa was interviewed by detectives who listened to her side of the story and offered to connect her with a social worker. They also checked Emiel for signs of abuse and eventually let her go after receiving phone calls and letters from Diwa's social worker reassuring them of Diwa's competency as a parent.

When Diwa returned from visiting her family in the Philippines after the passing of her father, she continued to work odd jobs in restaurants and providing childcare. After 8 months she enrolled in school to pursue a Social Services Worker Diploma.

"I actually spoke with the people in the organization and I told them that I have to have a break from volunteering. And I also mentioned, because I was on training for the last 4 years for the leadership, the chair person position but I told them that I can't right now. Being a good mother to my son is my priority, plus the school. I don't want to stay in this kind of situation where money is so tight, it's so difficult to manage, it's adding up to the stress that I already have". – Diwa

In between working to pay the bills, studying, attending classes, and caring for a child and household on her own, Diwa hardly found time for much else. She began to notice the toll that her life circumstances were taking on Emiel who would often act out. According to Diwa, "he's constantly asking for attention. And if not he's very destructive." When she asked him to tell her what was wrong, Emiel replied, "I just want you to hug me … you don't hug me as much as you did before."

She continued working for the first semester. However, after sacrificing many hours of sleep while taking care of Emiel, who was frequently ill, and going to class, she decided to quit her job. "I feel so guilty," she said.

In spite of her struggles, Diwa was determined to remain financially independent from her family back home. "I don't want my relatives here to think oh you're going to ask help again for your son's birthday and Christening." Yet her financial constraints did not get in the way of her caring nature as she also sent money back home for her niece's education, household maintenance, her mother's medical bills, and to pay for hired help to look after her mother. She is grateful for the support of her aunt and the advice of her brother living in the US.

Health

The multiple demands of being a mother and a student while working long hours took a toll on Diwa's mental and physical health. Although her emotional health improved upon returning to school, in general it has deteriorated since arriving in Canada and facing the stress of multiple jobs, discrimination and abuse from her employers, among other things. In her first nine months in Canada, she was refused access to health coverage after reporting to the government that she had been released upon her arrival. As such, she faced high risks working restaurant and cleaning jobs while waiting for her new application to be processed.

Diwa copes with a number of medical difficulties on a daily basis. This includes feelings of dizziness and an inability to comprehend while reading. Further, she notes, "I also have a sleeping problem. I can't sleep." She feels these problems are likely the result of the multiple stressors she faces. As a result, "I promised myself to do an hour walking every day so that's what I'm doing" in order to alleviate the mental strain. She also recognizes the importance of a balanced diet and is "trying to get rid of the food that I think is not really helpful. Like I quit caffeine, 4 months free

from coffee. And trying to write what I eat and try to manage eating healthy."

Recommendations

Diwa's experiences are by no means unique and are informative to certain systemic changes that need to be made. Her first-hand knowledge of the challenges and burdens associated with being a temporary foreign worker made her realize the increased government support required to give people access to training to assist them in finding work. This is especially important given that many international degrees and qualifications are not recognized in Canada and many are told to go back to school to receive more schooling, which "[adds] more years for you to finish." The role of community agencies, she believes, is to direct clients "step by step" to services and to follow through by working to identify problems and barriers that the client is facing. Diwa recalls her own experiences with a counsellor as "very helpful in terms of gaining my self-esteem because he actually allowed me to try to do it on my own and if you can't I will help you."

Conclusion

After completing her diploma, Diwa hopes to find a stable job similar to one of her practicums where she "was able to do a one-on-one counselling stuff, case management, doing intakes…involved in some of the helping in the Filipino community, more of the macro level thing, and lots of outreach, community building". With her priorities in place, she remains hopeful for the future and is optimistic about accomplishing her goals.

The Rivera Family

"It was very difficult because, I was not prepared to see a new place, and new cultures, and a new language, and I didn't like it, um, the beginning. And yeah so I had a shock, when I came here, and I had to learn English and you know follow the adaptation process, and also my brother and sister, but my mom was the happiest one, but we had a really, really hard time, adopting".

Summary: *The eldest of three children, Frida Rivera sought refuge in Canada in 1992 with her mother, brother and sister. After many attempts at fleeing domestic abuse from her father in Mexico, the family settled down to begin their new life. Frida enrolled herself in ESL courses to improve her English, worked odd jobs and then went on to completing a Bachelor's degree, a Master's degree and finally, teachers college. Despite her post-secondary education and qualifications in Canada, Frida continued to face barriers to finding employment in her field and had to work at places like the GAP to meet ends meet for her family. Facing multiple and significant health burdens Frida and her husband are still both struggling to find stable, meaningful employment, yet are determined to provide for their son Alejandro. This is the story of a refugee woman, committed to the pursuit of higher education, and her family of three facing precarious employment.*

When her mother could no longer cope with the domestic abuse by Frida's father, Antonio, she took the kids and fled to other states within Mexico and then to the US. Wherever they went, Antonio found them. "Then finally my mom said let's try Canada." The Rivera's were hoping for a clean slate upon their arrival in 1992. "It was a decision that my mom made for the benefit of everybody…she actually decided that the best thing for us was to leave Mexico and my dad, the domestic violence at home."

When Frida arrived in Canada with her mother and siblings, she aspired to complete her post-secondary education in order to find a meaningful job to support her family. She began by enrolling in an ESL course and after one year of practising her English, began applying for work. The manager at a local laundromat was the first to respond to her application and hired her immediately.

However, it wasn't long before problems arose. Frida was pressured and offered bribes by her supervisor when she called in sick. She was told by her manager to "come to work and…take money from the till and buy shoes if you want, and you know but you have to come because there is nobody to cover you." Despite trying her best to heed her managers' demands, she became naturally concerned that her individual health needs were not being taken seriously. With limited options for alternative employment and little knowledge of fighting the system, Frida tried her best to make it work. "He said you know if you don't feel well you can just sit on the basement and watch the security cameras. That was kind of hard, but after that, I said no, I cannot do this…because he didn't respect when I was sick." After a few more months passed, she felt the impact on her health and had no choice but to resign.

At this point, Frida had gained sufficient confidence in her English skills to enroll in post-graduate studies. Given her interest in education and the language arts, she proceeded to complete a Bachelor of Arts in Spanish Literature followed by a Masters degree in linguistics. "I always thought I wanted to go into teaching, so that why I took a career in languages."

After completing her Masters, she decided to pursue another degree that would secure her a job and decided upon teachers college. Despite having prior work experience from Mexico, in customer service, as well as Canadian experience tutoring and as a teacher's assistant, she struggled to find meaningful employment upon completion of her teaching degree.

"But it was not what I hoped for after doing so much years…studies and schooling that I would end up doing administration. But I had to be flexible because I had to find something…but it was very frustrating because after it was done, so they no longer needed me, it was just temporary, I had to find whatever survival job I could find because nothing was working, I'd been here, have been applying for many jobs on the internet, agencies, and nothing you know for full two year." – Frida

She landed a temporary staff support job with a local school board, which lasted only two months before she was forced to begin looking again. Given her customer service experience, she was offered a job at the GAP. However, the physical and emotional demands of the job left Frida feeling as though the time, energy, and money she put in to her post-secondary education were going to waste. After six months she heard back from a bank for a customer service representative – an opportunity she happily accepted. Although not in her field of choice, she is satisfied with the environment it offers her. "It's very nice, its actually one of the best environments I've ever been since coming to Canada…my manager has been very supportive all the way."

"Before I applied for jobs as a new immigrant, new worker, and I noticed that the jobs were given to the University students, so then I thought ok if I went to University I'm going to get a job … And I went into a huge loan to get something better, and at the end of the day, I got, even after graduation I had to work at GAP. So it was really, really discouraging but I think it is the same, as it was before graduation, before going to university, the challenges were the same for me, and after

their still the same. The experience here is mostly important just not your education." – Frida

In the meantime, Frida stays hopeful that she will find something in her field. She takes time out of her week to volunteer with a teacher at a local school board once a week in order to "make a connection in that school."

Barriers

Along the way to securing a stable career path, Frida faced many barriers. She attributes her difficulties in part to her lack of networks and formal teaching experience. Frida notes the necessity of networking in order to find a job teaching public school – a characteristic that she feels is especially relevant in her field. Spending time at a school to build a connection, make yourself known, and "to have a set network of people that could advise you of positions" for an interview.

Frida's responsibilities outside of school also limit the amount of time and money she can invest in to building such connections or volunteering to gain experience. She also bears a larger burden of caring for a family without financial support, all while keeping up with schoolwork.

Despite taking the time to improve upon her English skills and being a student of languages and literature, she finds that not being a native English speaker has been a significant barrier to finding employment in her field. "Because my teachable is English…they usually want a native speaker, and I'm not a native speaker." She noticed this was the case in her placement in teachers college as well where "the teachers always wanted a native speaker instead of a second language teacher."

The biggest hurdle, she feels, is in landing an interview and in "not being able to find the right path." She expressed frustration at not being able to understand what exactly is getting in the way of finding a meaningful job and struggles in search of answers. "Maybe cause my accent…none of them called me back, like I went to the interviews, you know and I did as best as I could but the position was given to somebody else."

"Like what are the steps, like I've done all of them, I have studied at teachers college, but there must be something else because other people are getting it and others are not." – Frida

Health

The stress of balancing work, school, and family is compounded by the serious health problems faced by both Frida and her husband, Diego. Diego began to experience bleeding and when he went to see his doctor, was told he had stage four colon cancer. Upon undergoing an operation to remove half of his intestine, he had to carry a stomach bag in addition to undergoing chemotherapy. As a result of his grave medical condition, he was limited in the opportunities available to him for work. Diego began to work part-time while caring for himself and the family to limit his mental and physical stress and improve his chances of recovery. Frida stays hopeful that he will soon recover and be able to return to work full time. "I think he will be able to go, it's just a matter of when he decided. Right now he needs to recuperate." Despite his training and established network in education and training for after-school children's programs, Diego will inevitably face challenges in forming a network in his field of interest – architecture.

"Cancer too, in the colon. Because he was so stressed and he really supported me he helped me financially you know in schooling, and yeah so he really give it all for me to succeed, because having a family is not easy to you know to finish a masters and finish a thesis, it's not easy and he got sick too. But he got sick first, so after I followed." – Frida

Two years after Frida completed her teaching degree, she was diagnosed with breast cancer. "It was still so much pressure from school and then the family, new baby, we were newly married, and then you know, I got sick and then right now I'm still ok but I have to be very careful." She has since received surgery to remove the tumour and receives regular checkups, though her treatment has been postponed until after the delivery of her second child. She admits her stress contributed to

her neglecting her personal health "you know, it's because of all the lifestyle I had gone through the years…trying to accomplish a lot here in Canada but I was not really watching my health."

Both Frida and Diego take individual steps to stay healthy, despite their busy schedules. Frida has taken significant steps towards improving her habits "I also have changed my nutrition, my exercise habits, the level of stress it has been totally changed so I feel better." She attributes her prior stress to juggling multiple responsibilities at once. "Not being in school has helped me a lot…that was really pulling a toll on myself because I also had responsibilities at home and nobody helped me."

Frida enjoys time out at the gym each day while practicing yoga and meditation at home. Not an avid fan of public gyms, Diego "does his sauna exercise, he works out, he walk the beaches, sometimes he walk in the park, so he likes to walk outdoors mostly he doesn't like to be in doors." Upon the recommendation of the doctor, he also practices meditation to ease stress. They also enjoy taking Alejandro swimming.

Family

Without the support of her extended family, Frida struggled to juggle dual responsibilities of the home and work. When she noticed her husband neglecting duties of the household, she recognized the need to change her schedule. In order to better help her son with his homework in the evenings, she asked to work mornings and weekends. "But now I manage cooking, and after work, and then after feeding my family, and doing the homework, and then preparing for the next day."

Despite the difficulties, Frida is grateful for the support of her husband. Having given birth to her son while completing her undergraduate degree, Diego was forced to work part-time to support Alejandro's needs, which caused the family significant financial strain. It was only after Alejandro was two years old and could be placed in daycare that Diego could return to working full time.

The concerns of the family were passed down to their son, Alejandro, who began to struggle in school. In second grade, he had not yet learned to read. However, with a bit of extra tutoring and some encouragement from his parents, Alejandro was able to bounce back and excel in school. "He's very lucky that he actually overcame that stress and trauma…I'm proud of him because we help him a lot and also to support him in what he likes, so he likes playing piano, so that's what he's starting right now."

"Yes I thought it's going to be smooth transition, years to continue my studies here and then find a job in my profession. But it was not what I thought." – Frida

The family's considerable financial burdens prevent Frida from sending money to support her grandfather in Mexico. "Right now with what I have its not enough…not a regular support because we cannot afford the rent, food, I have to pay the school, school for my son."

Recommendations

Frida's time and experiences as a Canadian refugee have given her unique insight in to the workings and flaws of the system. In order to improve the system and help people overcome barriers, she sees the role of community agencies as "being the connecting, you know the middle, the connection between the company and the immigrant would be really helpful". One of the larger struggles, she feels, is not applying for jobs but in determining "how are you going to stand out". She appreciates the support and advice she has already received such as "going volunteering making a connection with that school" and finds it has helped her move forward in finding a career, "I never thought of that. So I thought just sending applications would be enough, so then going the extra step and you know putting your face out there would be another way of doing it". However, much work remains to be done to minimize existing barriers for everyone rather than attempting to overcome them.

"I think community agencies could be setting up internships, volunteer opportunities in some way, being the connection between the employer and the immigrant. In a way to get the experience, because most immigrants say they don't have experience and they want experience." – Frida

Conclusion

Overall the Rivera's faced considerable hardships in adjusting to life in Canada. With great determination and perseverance, this family overcame personal, familial, health, and financial burdens in the hopes that their efforts will pay off some day. Despite the hurdles, both Frida and Diego continue to pursue opportunities in their respective fields, seeking a fulfilling career path that will also provide the family with stability. "The positions…they are really limited, and there's a lot of immigrants, there's a lot of professionals, there's a lot of students here, you know you really have to keep pushing and see when you get a chance."

The Muang Family

"Over there is lot of problem, and we don't know how to earn ourselves…how to survive, how to earn ourselves to get money and for the children, future education. Then I decide to come to Canada."

Summary: *After spending over a decade in a refugee camp in the Thai-Burma border region, Natasha and her family of four were happy to come to Canada as government sponsored refugees in 2007. Natasha was a teacher of Karen language and history to youth in the refugee camp. Upon their arrival, both Natasha and her husband found factory jobs, but still struggle to get by to afford necessities such as warm clothing during the winter months. Natasha spends time volunteering at her Church, visiting temp agencies in order to find work that will not interfere with the time she needs to take care of her children. However she continues to face multiple barriers to employment and ends up enduring a lot of stress. Despite the stress and the hopes of doing something for herself outside of the house, she makes a dedicated effort to remain positive and strong for her husband and children. Despite the challenges faced by the family, they remain supportive of each other, and are determined to build a future for their daughters in their new home away from home. This is the story of a hardworking mother of two and her persevering family of four facing precarious employment.*

Natasha and her husband, Edward, arrived in Canada in 2007 with their two daughters, aged 7 and 13 at the time. The family was chosen as one of the many government sponsored landed immigrants from refugee camps in the Thai-Burmese border regions.

While living in Thai-Burma refugee camp for 10 years, Natasha finished up to Grade 10 of high school before becoming a teacher. At a refugee school, she taught Karen and Karen history to youth aged 5 through 15 from the Karen community. To raise extra money on the side, she also cared for and raised a stock of pigs and chicken.

Upon her arrival to Canada, Natasha was open to finding any type of job that would allow her to provide for her family. "When I come here I think that I can do…any kind of job…everything, whatever to collect garbage or for cleaning, for everything."

She made friends who helped her navigate the system and find her first job at a used clothing factory where she worked to sort clothes on an assembly belt for two-and-a-half years. She bore the physical stress of standing up all day and lifting heavy loads for long hours each day. "Even I don't like but this is no choice, I have to do."

However, when the factory moved outside of the city and with added responsibilities of caring for her daughters and family, Natasha was unable to make the long commute on time. As a result, she was left with no choice but to resign and began looking for another job.

Now, Edward is the sole breadwinner of the family working full-time at a local car assembly factory while Natasha spends her time volunteering at her local church.

Barriers

Natasha has used many avenues to finding employment, but is limited in her options due to the time she needs to spend taking care of her children. She is sure to schedule work so she can be home with her children because "in the daytime its ok, but in the nighttime because both of them is daughter so I don't want to leave them by themselves."

"My husband says we can do nothing so we stay like that because now, our finances, so let is be… because otherwise I have small baby so I don't have to work. I know myself I have to work…when I got the interview and they asked me do your husband work and I said yes, and then they will think that because your husband is working you can survive without the job, they will think that. They not hire me." – Natasha

She has approached friends and contacts and made use of temp agencies as well. Although she prefers a job that requires working with her hands, she is open to any type of work so long as it matches her family's schedule. "Only the job I saw I had to do…no choice. No choice…even I don't like but this is no choice, I have to do." She attributes her inability to find stable employment to a lack of openings, training, language barriers, and physical strength. "I think that maybe they would think that I cannot do that job. Maybe I look not smart…maybe I look not strong… because they think very fast, fast fast for me, I can talk very small."

She notices that not everyone faces the same barriers and is left wondering whether her inability to find stable employment is due to a language barrier. She notes that "person who can speak very good English and has a good education, maybe they cannot face this problem."

She has also noticed racial discrimination noting that in her experience, people tend to hire those of similar backgrounds because "if they are the same people and they speak the very fast language then they choose them."

"I try my best to get a job, but I cannot find a job, so I don't know how to explain, how to explain my feeling…Now I'm not that old so I feel I have energy to do the job, that's why I have to work now, because when I get old if I cannot job there is no money, we have to use money for every day so now because I'm young, I have to work to use more money to save for future."- Natasha

Upon applying for a job at a bread factory, she was told she would not be given the position because she was a woman, without explanation. Gender, racial, and language discrimination are all barriers Natasha has experienced in her search for gainful employment. “I see that the men is get a job easier than the women.”

Although she and her husband have the same level of English proficiency, her husband has been employed since their arrival. “My husband if he go in to apply the job, [he] got hired immediately, but [his] English is not better than me but [he] got hired.” Natasha has exhausted all her options and has begun to lose hope in her abilities, blaming her troubles on sheer “luck”.

Natasha’s own motivation to work can come from her desire to save up for her family’s future needs. She also enjoys being out of the house and says “if I get a job, I feel happy, I stay home I get nothing, I feel not that good.”

Family

Natasha’s husband remains supportive of her despite her difficulties finding a job. “My husband says we can do nothing so we stay like that because now, our finances, so let is be.”

Health

The combined challenges of taking care of her family without social supports, facing income insecurity, and navigating life in a new country have all taken a toll on Natasha’s health. Despite the stress she takes on, she does not make mention of it to her husband who already copes with financial stress, being the sole financial contributor to the family. “It’s hard but I have to control myself.”

In order to de-stress and take her mind off things, Natasha likes to read books, use heat oil, and calls the temp agency twice per week to see if any job postings opened up. “I come here and the food is getting better and if we get a job and we earn more money and then we feel more happy.”

“I come here and the food is getting better and if we get a job and we earn more money and then we feel more happy.”

“For example if I have to do a child care worker training…Especially for adult. Some organizations they told me that you are old so we cannot look for a job for you, we are looking for only youth, not for adult. For the youth they go to YMCA and YMCA arrange for them, but when I ask for me, they said you are old so we cannot do anything.” – Natasha

Recommendations

For Natasha, community health centers are valuable resources to aid in job skill training and searches. She notes the relative accessibility of youth employment services but feels the need for such agencies to exist for adults as well. “I think I need it to look for a job this people they know that we’re not that good, high education quality, so access alliance group to help those people look for the jobs.”

Conclusion

Despite the personal trials Natasha has faced, she remains hopeful for the future of her daughters who continue to learn English and are seeking employment opportunities. “They go and they have a lot of friends in different place and they improve themselves talking to each other from other country because everyone is the same because English is not the first language.” In the meantime, Natasha is grateful for what she has and remains optimistic. “I come here and the food is getting better and if we get a job and we earn more money and then we feel more happy.”

The Zamani Family

"From 4 or 5 years old when I was small girl I dream it all the time about medical (laughs) and I have spent 23 years about this, this all my skill, medical…That's why I still not working…now I night and day I sit by computer, I find too many website, they're too many job posting…patient service aide or patient service worker…reception, administration support, in this, yeah like if they allow me one day to stay there, which they answering the phone or taking the incoming phone or they making appointment, I do everything, its not difficult. But they didn't, don't give the chance…not just about money, to be busy, to live. My job [is] my life. Now, no, like I'm not, alive person. Like something I don't know. I'm not alive person.

***Summary**: Leaving her family and successful career as an OBG/YN behind in Russia, Fruzan took the advice of her sister and arrived in Canada on her own in 2005 anticipating the beginning of a new life with a potential suitor. She had received her marital sponsorship proposal when she was working as a medical professional with the United Nations and recently divorced. However, shortly after her arrival in Canada, she discovered she had been deceived and found herself isolated in a shelter and reliant on social assistance. In her pursuit to enter the medical profession, Fruzan has spent over two years upgrading her education, volunteering at medical clinics and networking. She continues to face rejection due to numerous systemic barriers from language barriers to lack of recognition of her credentials. She endures a strained relationship with her husband and misses her family back home. Despite these challenges and stress-related health concerns, Fruzan is determined to make it. This is a story of an independent woman following her calling as a medical doctor and facing precarious employment.*

When Fruzan arrived in Canada in 2005 as a landed immigrant from Afghanistan, she had both a Bachelor's degree and a medical degree under her belt. After earning her degrees in Russia, she worked with the United Nations Health Program as a specialist in Obstetrics and Gynecology for five years where she "supported and help immigrant women from Africa, Afghanistan, Iran, and some other country. We had 38 000 immigrant which we served."

During this time, she was introduced by her sister, to a man named Farshad whom offered to have her sponsored to come to Canada. She instilled her trust in Farshad who, as she says, "all time he called me night in day every time" and arrived in Canada nine months later hoping to start a new life with him. However, she quickly learned that things were not exactly as they seemed.

Fruzan moved in to an apartment with Farshad where "he doesn't allow me to come and live with my sister, he said like we are marriage and I have to be here in his room." They wed through a religious contract, though they did not sign a legal contract recognized by the government. The end result was that Fruzan remained emotionally tied to Farshad but was left with no legal security or marital rights.

Forcing her to stay at home and cut and peel vegetables for his restaurant, he continued to live in a separate house with his legal wife and kids. Only a few days after they wed, Farshad began to ask Fruzan to borrow money, claiming bankruptcy. Her dependency forced her to oblige with his wishes as he told her "please give the money because you're my wife…in night and day he call and talk to me all the time."

However, she soon began to realize that she was being used. "Like he sponsored me think oh maybe I'm doctor, I bring too many money and he got it all." After confronting Farshad about his other wife, she received her final answer where Farshad told her that there was no hope of them being together and that he would not leave his wife and kids for her. She tried pleading with him, but to no avail. "I think he loves her and he just lied me."

Upon leaving the apartment, she took refuge with her building superintendent, who called the police in an effort to help Fruzan. Within only two weeks of landing in Canada, Fruzan found herself in a shelter where she lived for another two weeks before falling ill. She was then provided with housing and spent her time attending classes and volunteering.

"When I go to different, different colleges …everywhere in they give to me their big list requirement and I cannot do, because they asked for me, I bring my credential evaluation they have credit from my university and they said you have to, if you have the past 7 years this all credit is ok. But when you finish? I said maybe 15 years ago, because last 10 years I worked there. And they didn't accept." – Fruzan

She decided to focus her energy on establishing herself in her field. Unable to practise with her foreign credentials and experience, she consulted with her social worker and began to take summer courses and tried to enrol in a local college. However, she was disappointed to learn that she could not be accepted as she was told to "start from everything from chemistry 9, grade 9, 10, 11, 12 in biology, in math, everything there, in science."

In two years she completed adult education courses for grades 9 and 10, but became frustrated at being unable to find gainful employment, thinking "How can I do this all?" This was especially frustrating given her five years of experience in a general hospital where she worked in two units of surgical care, each with 6 women and had five to ten patients each day.

"Too many times, for last year also I had two, three college and I go and she said no, this is denied, this is not government education. After you cannot find a job, you have to find it, and again I go for government college and I looking looking and nothing. And they said, bring this, the same problem." – Fruzan

Upon hearing that she was eligible for a government grant for international professionals

who wanted to continue their education in Canada, Fruzan began looking in to college programs that would set her on a career track. She weighed her options and considered applying to be a registered nurse, but found that "this is so difficult to become a registered nurse because again like university I have to start from zero." Soon after she found a program at a nearby college for a medical office assistant, which she thought was affordable and not too lengthily. Upon consulting with her social worker, however, she was told that she was no longer eligible for the grant and would have to go through an alternate source of funding. However, applying for this temporary funding would make her ineligible for social assistance, which she was reliant upon for her daily expenses.

Undefeated, she continued to network and tried to get her foot in the door and "every time there come a job posting for this position in different department, I applied, applied, applied, applied nobody called me, nobody." While volunteering at a hospital for two years she persistently inquired about job openings. She recalls, "one day I talked to manager of nursing station if she give to me job, she said no sorry we don't have, because they're all the time volunteer and volunteer doing this job, they don't need to pay for somebody." However, her effort and initiative has gone unnoticed. "Last time I tried to go with my application form and resume, to go to that department and talk to manager, but he didn't, he didn't see me."

For 6 months she has been volunteering at a local hospital in the Department of Gynecology although without legal status in Canada, she is unable to work in direct contact with patients. Although somewhat related to her field, she finds this work unfulfilling as "they just need volunteer to escort the patient, to pull the patient in line, this kind of job. I don't like this job."

Facing pressure from her new husband, she is torn between settling for any type of work and continuing her efforts in the medical field. Her stress of not being able to find a stable job is compounded by the pressure she faces from her husband who tells her "don't go to school, why you go to school, you don't learn, you cannot learn, you so many years here, you nothing have." Fruzan has tried reaching out to various employment centers and talking to many people, but has not found any of these strategies effective.

"My life like morning person wake up and take shower and go for the job, fresh and do the job and help people, income and you happy. You agree with you. Now I'm not agree with myself. Everyday that I waste, I think I didn't do anything for nobody. I'm not help people to be in hospital, to help patient, this is my, my dream, my life, my I don't know. Some people wanted to have so nice building or so nice car or looks life. But my looks life when I with patient in hospital." – Fruzan

Bound to her current city by her husband, Fruzan cannot consider moving elsewhere within Canada to find a job, despite hearing of opportunities in her field in other cities. She finds her volunteer positions in hospitals to be unrewarding and "not respectable".

As a result of these challenges, Fruzan has begun to come to terms with the stark reality of employment opportunities available in her field and has broadened her search. She is also looking to reach out to community agencies to help her "target resume for two kind of job, for receptionist or administrative support and for patient service partner…I need help really."

Family

Despite having family in Canada, Fruzan finds herself isolated and alone, visiting her sister and friends from Russia only every couple of months. Although a teacher in Afghanistan, her sister has also faced difficulty finding a job. As a single mother working odd jobs in retail and restaurants, she is also reliant on social assistance. However, the two are supportive of each other. "I'm close to my sister because she also doesn't have anybody."

Despite the physical distance between Fruzan and her brother, who lives in Russia, Fruzan still cares for, and worries about him. When about to undergo surgery, Fruzan took the first flight over

to see him and pushed to have the cost of treatment covered by a UN program. Despite her best efforts, however, he was unable to get the surgery.

Although she lives with her husband, Fruzan feels lonely as a result of their strained relationship. Their lack of communication leaves them both isolated from each other's lives and unable to discuss neither the challenges they face in finding employment, nor any financial matters. The nature of their relationship is such that Fruzan's husband "doesn't discuss with me about his money, he doesn't bring any more and show me, nothing. Just if he live with me he buy grocery and that's it, nothing more." Fruzan does not concern herself with her husband's life claiming "this is not interesting to me. Really, because we different."

Despite her familial circumstances, Fruzan is quite autonomous. "I'm alone here, I don't have job and nothing opportunity otherwise I don't need him. Because everything problem I have I do myself, if I can solve, solve. If not, nobody."

Barriers

Fruzan faces language and social barriers to finding employment. For one, she finds it challenging to improve her English without opportunities to practise, which she feels is also holding her back from finding a job. "Nobody, nobody to talk. I am alone. Here my friends coming but they have their own family sometimes we meet after two three months. One time we are talking just Persian only, I don't have chance to talk English with somebody."

The employment resources and social services that she has attempted to access have not been helpful to her either. As a physician, the barriers preventing her access to the medical field are larger than the scope of the "different employment centre" that she has tried using. Even after investing time and energy in to accessing such resources, she finds that "everybody just they're doing their own job and I still without any job, no education, nothing." She has also gone out of her way to access other social services for newcomers, but has become disheartened by those that are relevant to her field. "I tried it was nothing, it was waste of time. Nothing helped. I need if the government has some special courses, medical language for some course for medical receptionist, what they doing like phone calls something, if free, I go for this. Otherwise, not for me."

Health

Given the difficulties she has faced, Fruzan has trouble affording essential expenses such as food, rent, and utilities. Further, she has been unable to afford costly and much-needed dental care. As a physician, she is able to take care of herself yet still feels she exhibits symptoms of depression since her arrival to Canada.

The combination of stressors and barriers have taken a toll on her health. Compounding effects of her job situation, her lack of fulfillment, and her personal life have resulted in sleepless nights. All this affects her day-to-day lifestyle as she "Can't sleep, morning when I wake up, all my body's tired like, sometimes not good mood." She has sought the advice of her doctor for medication to help her sleep.

"I cannot sleep at night, I think all night, and I see nightmares, bad, bad things. Every time I go somewhere, to do examine and I failed or I don't know too many people doing the exam, like this kind of, some people tried to cut me with a knife, like this kind of I see in nightmares. And I see, I wake up and I think why I see this kind of things." – Fruzan

Recommendations

Fruzan's experiences navigating the medical field since she arrived in 2005, speak to her perseverance and passion for her work as a doctor. However the barriers she encountered have given her insight in to the inner workings of the system and allow her to speak to specific areas that are in need of improvement.

She advocates for increased access to courses relevant to the accreditation process "to give, educated people to have more, for education, for language for skills, if they give for this particular they are special, for example I say for doctor or

nurse, or engineer who have their special courses." She feels this is especially pertinent given the challenges she has faced with English while learning medical terminology.

"I don't feel like before. Now my life changed. Because I am always more than 20, 23 years of my life waste for education in 10 years until 2005 I worked. I had everyday from morning 10 o'clock my job to 4 or 5 o'clock and this was my life. But now everything changed, I don't have a job in the morning, 7 o'clock I wake up but I don't, I think if I wake up what I do? This all day, this long day what I do? I have nothing to do." – Fruzan

When reminiscing about her career in Russia, she notes she did not face the systemic barriers. Despite having to learn medical terminology in a new language in Russia, as she did in Canada, she was able to work hard and navigate her way through the system. She invested time into taking extra classes that were available to her and geared especially to help foreign medical students. These classes helped bring her up to the same level as the Russian students and made her competitive to write the same exams and earn the same degree as the rest of them. "It was perfect, everything okay, got the job, I was happy. Satisfied."

In comparison, she found the system in Canada frustrating. "Here, when I go for education, they said no your language is no good, you have, you don't have all credit you have to bring this credit, this credit, that credit, now I brought from Russia all my credit, but no. This is no chance for your life, I say. Here is no chance." As a result, she has had limited opportunities available to her to get her foot in the door. "Here, nobody give the chance, every door I knock, I go, and ask everybody close the door in front of me."

Despite remaining hopeful and continuing to persevere, Fruzan explains that her aim is not simply to find work to survive, but to live. "What I do. Just I still with 500 dollar. Not just this is the problem, I can survive. The problem to be busy, I should find my life again."

POLICY AND SOCIAL CHANGE RECOMMENDATIONS

In focusing on barriers and challenges faced by racialized immigrant women – one of the most marginalized groups in Canada – this study has documented deeply rooted structures of inequalities in this nation based on gender, race and migration. Based on our findings, we argue that ***promoting stable employment and wellbeing of racialized immigrant women needs to become one of the top policy priorities in Canada and a key benchmark indicator for measuring and achieving a more equitable nation.***

To overcome these deep inequalities will require equally deep and bold policy changes and social transformation – including a transformative rethink of the way we conceptualize and value work (including paid, volunteer, informal work, and household work), our immigration policy framework and goals, our strategies to create a more equitable Canada.

We echo some of the policy recommendations forth in our previous reports (Working Rough, Living Poor & Where are the Good Jobs?) and advocated by Workers Action Centre, Color of Poverty, Law Commission of Ontario and Ontario Fairness Commissioner.

- ✓ Re-introduce the employment equity legislation in Ontario (and in other provinces). Reinstating employment equity legislation at the provincial levels will be the single most important step in promoting good jobs for racialized Canadians and in overcoming persistent racialized inequalities in Canada.
- ✓ Introduce comprehensive workplace anti-discrimination legislation that ensures that all workplaces have accessible and proactive anti-discrimination policies (in terms of hiring, promotions, pay and treatment of employees). Anti-discrimination legislation needs to be applied to accreditation and recertification bodies as well to stop these agencies from creating unnecessary barriers for qualified immigrant professionals.
- ✓ Expand Canada's pay equity legislation to stop the widening pay inequities faced by racialized groups.
- ✓ Ensure more effective enforcement of Employment Standards regulations and Occupational Health and Safety regulations to promote safe exploitation-free work environments; extend these protections specifically for those in non-standard, non-unionized precarious work environment (see Law Commission Ontario's report on Vulnerable Workers and Precarious Work for very concrete set of recommendations on this)
- ✓ Increase minimum wage rate periodically to above poverty rate and adjusted to inflation. Introduce a Fair Wage and Benefits Policy to prevent 'race to the bottom' in terms of employee wage and benefits.
- ✓ Introduce a Good Jobs Policy with concrete incentives and regulations to promote 'race to top' in creating good, stable types of jobs, even in times of recession and global competition.
- ✓ Faster, fair and accessible foreign credential recognition process and Incentives for hiring immigrants. See recommendations from Ontario Fairness Commissioner.
- ✓ Provide extended health coverage for precariously employed people.

Based on findings from this study, we emphasize the need for strong gender-sensitive lens in all of the above policy solutions to ensure prioritization of vulnerable women, including racialized immigration women. For example, we need to ensure that those occupations that have high proportion of vulnerable women (childcare, housekeeping, personal support worker) are properly regulated and supported to prevent exploitative working conditions, and to ensure fair wages and benefits. In addition to healthcare sector, we need to ensure that other female dominated sectors like teaching also adopts faster and fairer foreign credential recognition process.

Additional recommendations include:

Immigration

Crucially, we call on Canadian government introduce more gender-sensitive immigration policies. If we want to improve employment outcomes for immigrant women, we need to begin by making our immigration policies and immigration application process more gender sensitive. Concrete steps for this include not giving preference only to male dominated occupations (such as construction) in qualifying occupational fields in the Skilled Immigrant application process, including gender sensitive instructions in immigration application forms that encourage economically active women to apply as primary applicants, making family reunification process easier (not harder) including sponsoring of grandparents. Importantly, we need to find more progressive alternatives to the live-in caregiver program. Canada also needs to play a stronger role in implementing *United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons especially Women and Children* in order to reduce violence perpetuated within the global migration processes.

Childcare

We call on the Canadian government to urgently introduce a universal child care program that is affordable and accessible. Our study results add to growing evidence that lack of affordable childcare is a major impediment to labor market participation and employment security, particularly for vulnerable women.

Employment Services

In place of generic employment services that have been shown to not work (e.g. resume clinics, job boards), we urgently need more job developers with proper gender-sensitivity training that can enable precariously employed immigrant women to overcome the structural barriers and discrimination they face in the labor market to get stable employment in a field that matches their skill/aspiration. Government funding formula for employment and settlement programs should be based on how many clients were able to get meaningful, stable employment.

Reform Employment Insurance program

Study results show that precariously employed immigrant women face long periods of unemployment in between jobs. In order to meet needs of the growing precariously employed people, we recommend reforming EI including a more flexible eligibility requirement and extending benefits period, and improved access to a Second Career grant for laid-off workers in Ontario.

Reform Social Assistance

In between academic upgrading, re-certification processes, job searching, taking care of their families many immigrant women that we spoke to had to go on social assistance due to the gaps in employment. We recommend building on the recommendations in the 2012 Commission for the Review of Social Assistance in Ontario report, *Brighter Prospects: Transforming Social Assistance in Ontario.* These include reforming social

assistance system including increasing the amounts for Ontario Works and Ontario Disability Support Program while removing barriers, 'asset stripping' mechanisms, and income penalties that undermine income security and access to stable employment pathways for low-income families.

Addressing the feminization and racialization of certain types of work

We also urgently need cross-sectoral collaboration, and broader public discussion and policy strategies on how we can as nation prevent regressive trends like feminization and racialization of certain types of work. This includes increasing social value and wage rates for occupations/work that racialized groups and women are over-represented.

The volunteer sector is a domain of work in Canada which requires a critical re-evaluation, specifically to eliminate exploitative practices – whether explicit or intended. One of the options is to increase the economic and social value of volunteer work on par with paid work in hiring process and in calculating our national economic productivity. However, we need to do this in sensitive and careful way such that companies don't shift to hiring people on voluntary basis over paid employment.

Informal work is another difficult area that we need to tackle if we want to promote economic wellbeing and health of immigrant women, and women in general. We need to exercise utmost sensitivity to ensure that we don't undervalue and ignore these "informal" economic contributions from women. Ignoring may perpetuate exploitative practices within these domains. At the same time, we need to make sure that the key priority is to remove structural barriers that prevent women from getting formal well-paying stable employment.

Leadership from Within

The first step and a prerequisite for tackling these difficult tasks is to engage racialized immigrant women in leadership capacity in research and policy making. Failure to involve immigrant women meaningfully in research and policy making will not only undermine our ability to find real solutions but also make researchers and policy makers part of the social apparatus that is reinforcing these inequalities. Our CBR experience shows that with appropriate training and opportunity, marginalized immigrant women can indeed do high quality research to generate tangible evidence and lived-experience informed policy solutions.

REFERENCES

Access Alliance Multicultural Health and Community Services (2012). Where are the Good Jobs? Toronto: Access Alliance.

Benach, J., Muntaner, C., Chung, H., & Benavides, F.G. (2010). Immigration, employment relations, and health: Developing a research agenda. *American Journal of Industrial Medicine*. 53: 338-43.

Benach, J. Muntaner, C. and V. Santana (Chairs) (2010). *Employment Conditions and Health Inequalities*. Final Report to the WHO Commission on Social Determinants of Health (CSDH). http://www.who.int/social_determinants/resources/articles/emconet_who_report.pdf

Block, S., & Galabuzi, G.-E. (2011). *Canada's Colour Coded Labour market*. Ottawa; Toronto: Canadian Centre for Policy Alternatives; The Wellesley Institute.

Block, S. (2013). *Who is Working for Minimum Wage in Ontario?*. Toronto : The Wellesley Institute

Chui, T. and H Maheux (2011). Visible Minority Women. Statistics Canada Catalogue no. 89-503-X. http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11527-eng.pdf

Chui, T. (2011). Immigrant Women. Statistics Canada Catalogue no. 89-503-X. http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11528-eng.pdf

Chun, J. J., & A. Cheong. (2011). Immigrants and Low-Paid Work: Persistent Problems, Enduring Consequences. *Working Paper Series (Metropolis British Columbia, 2011)*. Online: http://mbc.metropolis.net/assets/uploads/files/wp/2011/WP11-20.pdf

Clarke, M., Lewchuk, W., de Wolff, A., & King, A. (2007). 'This just isn't sustainable': Precarious employment, stress and workers' health." *International Journal of Law and Psychiatry*. 30: 311-326.

Cranford, C., Vosko, L. and Zukewich, N. 2003. *Precarious Employment in the Canadian Labour Market: A Statistical Portrait*. http://www.yorku.ca/julabour/volume3/cranfordetal_justlabour.PDF

Creese, G., & Wiebe, B. (2009). "'Survival employment': Gender and deskilling among African immigrants in Canada." *International Migration.* 50: 56–76.

de Wolff, A. (2000). *Breaking the myth of flexible work: Contingent work in Toronto.* A study conducted by the contingent workers project. Toronto, ON: Contingent Workers Project.

Fuller, S. (2011). "Up and on or down and out? Gender, immigration and the consequences of temporary employment in Canada." *Research in Social Stratification and Mobility*. 29, 155-180.

Fuller, S. and Vosko, L.F. (2008). Temporary Employment and Social Inequality in Canada: Exploring Intersections of Gender, Race and Immigration Status. Social Indicators Research. 88: 31-50.

Galabuzi, G.-E. (2006). *Canada's Economic Apartheid: The Social Exclusion of Racialized Groups in the New Century.* Toronto: Canadian Scholars' Press.

Galarneau, D., & Morissette, R. (2008). "Immigrants' Education and Required Job Skills." *Perspectives on Labour and Income, Vol 9, No 12* (Statistics Canada, December 2008). Online: http://www.statcan.gc.ca/pub/75-001-x/2008112/pdf/10766-eng.pdf.

Goldring, L., & Landolt, P. (2009a). *Research Brief 2 Immigrants and Precarious Work*. Toronto: Cities Centre, CERIS, York University.

Khosla, P (2014). Working Women, Working Poor. Women and Work Research Working Group.

Law Commission of Ontario (2012). *Vulnerable Workers and Precarous Work.* Toronto: Law Commission of Ontario.

Lewchuk, W., de Wolff, A., King, A., & Polanyi, M. (2003). "From job strain to employment strain: Health effects of precarious employment." *Just Labour.* 3, 23-35.

Lewchuk, W., Clarke, M., de Wolff, A. (2008). "Working without commitments: Precarious employment and health." *Work, employment & society.* 22, 387-406.

Lightman, E., A. Mitchell, and B. Wilson (2008). *Poverty is Making us Sick. Toronto*: The Wellesley Institute.

Marmot, M., & Wilkinson, R. (2006). *Social Determinants of Health*. 2nd ed. London: Oxford University Press.

Mennonite New Life Centre (2009). *Refusing to Settle for Less. Building Public Policy Recommendations to Increase Access to Fair and Meaningful Employment for Newcomers*. Toronto: Mennonite New Life Centre

Muntaner, C. Solar, O., Vanroelen, C., Martínez, J. M., Vergara, M., Santana, V., Castedo, A., Kim, I-H, Benach, J. & the EMCONET Network. (2010). "Unemployment, informal work, precarious employment, child labour, slavery, and health inequalities: pathways and mechanisms." *International Journal of Health Services*. (Special Issue: The Role of Employment Relations in Reducing Health Inequalities). 40(2): 281-295.

Ng, R. (2002). Training for Whom? For What? Reflection on the Lack of Training Opportunities for Immigrant Garment Workers. NALL Working Paper # 66

Office of the Fairness Commissioner (OFC). (2013). *A Fair Way to Go: Access to Ontario's Regulated Professions and the Need to Embrace Newcomers in the Global Economy* (OFC publication No. 978-1-4606-0560-8). Toronto, Ontario: Canada. Queen's Printer for Ontario.

Ontario Council of Agencies Serving Immigrants (2012). *Making Ontario Home. A study of settlement and integration services for immigrants and refugees.* Toronto: OCASI

Ornstein, M. (2000). *Ethno-racial Inequality in Toronto. Analysis of the 1996 Census Data.* York University: Institute for Social Research.

Oreopoulos, P. (2009). *Why Do Skilled Immigrants Struggle in the Labor Market? A Field Experiment with Six Thousand Résumés*. Vancouver: University of British Columbia National Bureau of Economic Research

Preston, V., & D'Addario, S. (2008). "Recent Immigrants in the Canadian Labour Market: Exploring the Impacts of Gender and Racialisation." In, McKay, S. (ed.) *Refugees, recent migrants and employment: challenging barriers and exploring pathways.* New York: Routledge.

Preston, V., Chua, J., Phan, M., Park, S., Kelly P., & Lemoine, M. (2011). "What are immigrant's experiences of discrimination in the workplace." *TIEDI Analytical Report 21.* Toronto: May 2011.

Preston, V., Damsbaek, N., & Kelly, P., & Lemoine, M (2011). "Do Educational Attainment, Gender And Age Affect Labour Market Outcomes Of Immigrants?" *TIEDI Analytical Report 16. Toronto*

Preston, V., Phan, M., Akbar, M., Park, S., & Kelly, P. (2011).How Does Full/Part-Time Employment Status Affect Labour Market Outcomes Of Immigrants Over Time?. *TIEDI Analytical Report 25. Toronto*

Premji, S., Duguay, P., Messing, K., & Lippel,K. (2010). "Are immigrants, ethnic and linguistic minorities over-represented in jobs with a high level of compensated risk? Results from a Montreal, Canada study using census and workers' compensation data." *American Journal of Industrial Medicine*. 53, 875-885.

Public Health Agency of Canada (PHAC). (2004). *The social determinants of health: Employment security as a determinant of health:* http://www.phac-aspc.gc.ca/ph-sp/oi-ar/04_employment-eng.php

Sakamoto, I., Chin, M., & Young, M. (2010). "'Canadian Experience,' employment challenges, and skilled immigrants: A close look through 'tacit knowledge.'" *Canadian Social Work Journal*. 10(1), 145-151.

Sirgrist, J. , J. Benach, A. McNight, B. Goldblatt, and C. Muntaner. (2010). *Employment arrangements, work conditions and health inequalities. Report on new evidence on health inequality reduction.* Produced by Task group 2 for the Strategic review of health inequalities post 2010.

Statistics Canada. (2007). Immigrants' perspectives on their first four years in Canada: Highlights from three waves of the longitudinal survey of immigrants to Canada. Retrieved on October 1, 2011 from: http://www.statcan.gc.ca/bsolc/olc-cel/olc-cel?catno=11-008-X20070009627&lang=eng

Toronto Public Health (2008). *The Unequal City. Income and Health Inequalities in Toronto.* Toronto: Toronto Public Health.

Toronto Public Health and Access Alliance (2011). *The Global City. Newcomer Health in Toronto*. Toronto: Toronto Public Health.

Townson, M. (2003). *Women in Non-Standard Jobs. The Public Policy Challenge*. Ottawa: Status of Women Canada

United Way Toronto and McMaster University. (2013). *It's More than Poverty. Employment precarity and household well-being.* Toronto.

Vosko, L. F., & Zukewich, N. (2006). "Precarious by Choice? Gender and Self-employment." In L. Vosko (Ed.), *Precarious Employment: Understanding Labour Market Insecurity in Canada* Montreal: McGill-Queens University Press. pp. 67-89.

Wilson, R., Landolt, P., Shakya, Y., Galabuzi, G., Zahoorunissa, Z., Pham, D., et al. (2011). *Working Rough, Living Poor: Employment and Income Insecurities Faced by Racialized Groups in the Black Creek area and their Impacts on Health.* Toronto: Access Alliance Multicultural Health and Community Services.

Workers Action Centre. (2007). *Working on the Edge.* Toronto: Workers Action Centre.

Yalnizyan, A. (2007). *Ontario's Growing Gap. Time for Leadership.* Canadian Centre for Policy Alternative. May 2007