

EXTREME EMPLOYMENT PRECARITY AND HEALTH IMPACTS AMONG SOUTH ASIANS IN TORONTO

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INTRODUCTION

Like other immigrants, South Asians come to Canada with a dream of a better future for themselves and their children. Many of them are highly educated professionals who are escaping violence or seeking better employment opportunities. However, their enthusiasm gradually fades as they are forced to abandon their dreams and work in precarious jobs to survive. As financial needs accumulate and frustrations about employment prospects heighten, they are forced to accept low-prestige jobs characterised by low pay, unpredictable workplaces and schedules, unstable employment relationships, long commutes, and dangerous work conditions. This extreme precarity not only affects their physical and mental health but also has unavoidable negative impacts on the whole family. Most come to Canada in perfectly good health, but over time they experience poor mental health, chronic diseases and work injuries and illnesses. Work is a determinant of health and health is a determinant of work. In the absence of decent work, health is affected and in the absence of good health, work is affected. This vicious cycle has a significant negative impact on the workers, their families and on society as a whole.

This report describes experiences of extreme employment precarity and impacts on health and well-being among South Asians in Toronto. In 2018, community advocates from the South Asian Women's Rights Organizations (SAWRO), Injured Workers Community Legal Clinic (IWC), and researchers from McMaster University came together to develop a health and safety workshop for South Asian workers. The initiative grew from a need identified at the community level for more information and advocacy around health and safety in the South Asian community, and among South Asian women in particular. It was funded by a Multicultural Community Capacity Grant from the Government of Ontario. Advocates and researchers developed a 2-hour training workshop on precarious employment, employment rights and workers' compensation. They trained 10 outreach workers from SAWRO on these topics, and the outreach workers went into their community to share the knowledge they gained and advertise the workshop. The workshop, held in February 2019, was attended by 53 men and women. In March 2019, researchers held two focus groups with a total of 20 South Asian men and women to discuss and document experiences of work and health. This report is based on the stories shared with us during the training session for outreach workers, the workshop, and the focus groups.

EMPLOYMENT PATHWAYS AND EXPERIENCES

Employment Expectations and Reality

Participants, like other immigrants, often worked stable, professional jobs in their country of origin, with many immigrating to Canada under the Federal Skilled Worker (FSW) program. However, many explained that the federal government failed to accurately articulate expectations:

“I came under FSW program, fulfilled language and other requirements.... If federal government brings in a skill under some occupation that means there was an opening and demand. Once they [immigrants] are here their overseas experiences should be recognized. I was expecting that someone from the government will contact me [about employment opportunities].”

Participants described experiencing difficulties finding work that matches their qualifications, in particular because of the requirement for Canadian experience which, in their opinion, masked discrimination by employers. They also discussed being unable to dedicate the time and financial resources needed to get their qualifications recognized by professional accreditation bodies. Precarious and/or long work hours, minimum wage and high costs of living made this goal unlikely:

“This is huge money, and I need to gather all those-money, because if I fail one time I have to go another time. So I am working in a warehouse now [for last 3 years].”

Although participants followed different paths to try to secure employment in their profession, many abandoned their dreams and came to accept that they would not find a job that matches their qualifications:

“I had 25 years of professional experience from a middle eastern country....But at the end of the day I have to pay the rent, so I had to pick up a factory worker job. But at the same time at my own cost, I attended a course [relevant to my professional experience]....I completed the beginner and advanced certificates...still did not get an employment.”

The participants described that even after lowering their expectations, they struggled to find any job, and the jobs they found exposed them to difficult working conditions:

“I forget my first profession and am ready to do any type of job, but that is also not possible. If I get a [factory] job, I don’t know next week I will be continuing that job or not. I think after one year this depression will make me [having] hypertension, cholesterol or may be a heart attack. And I will be disable and going to the government support and eat social money.”

“First one year I applied for numerous jobs. I thought what did I do in last 12 years at my work in back home, did that not mean anything? Why would I need a certificate from here, I had certificates from USA, Europe. I just wanted to enter into my field here with any job [at entry level]. So then I forgot about my career, my dream, and started working in warehouse. I needed a way out from my frustration, and I needed to survive so I started working [and I was pregnant]. The working was 12 hour shift and I had to walk a lot so it was too much for me.”

Employment and Income Precarity

The participants described turning to temporary agencies to find work in places such as factories, daycares, and retail. As a result, their work was unpredictable, unstable and uncertain. Many participants discussed being on-call and having no idea when, where and for how long they would work next. They reported being ready to leave on a moment’s notice:

“Sometimes I put my shoes on and sleep on my bed so that I can go whenever they call me.”

“Every week nobody knows how many hours they will work, where and when they will work.”

“I always prepare my mind when they [temp agency] call. My shoe, my bag everything is fixing. I just have to go [anytime]. Everyday different place.”

As well, they talked about having their shifts cut short and being sent home unexpectedly, and about poor schedules overall (e.g. being asked to work by the same employer from 9:30 am to 11:30 am and then from 2:30 pm to 6:30 pm the same day). For many, the unpredictability, instability and uncertainty became a permanent condition:

“I am not asking for a job in my profession or nothing, I wanted a factory job, but here I was not finding the things....For two years I was working in the factory on a casual basis.”

Even workers who worked in one job for many years continued to experience precarity, as employers were reported to keep workers on short term contracts for many years to avoid paying out salary increases and health or other benefits:

“In paper I am a three-month contract people, but I am working there 3 years (continuously) with a minimum wage job (without any benefits).”

In the absence of benefits from their employer, participants reported not being able to afford medication or other health expenses. They reported self-treating dental problems, going without medication, or bringing in medication from their country of origin:

“I don’t buy any medicine here, because it is expensive, and it is cheaper over there. Simple Tylenol is \$10.”

“We know bringing medicine is not good, but if I pay \$500 for my one medicine how can cover other expenses. It is important for me to keep the roof over my head. I got glasses last year which costs few hundred and I did not buy yet. Every month I plan to buy the money is gone for something else.”

Participants spoke of working for years at the minimum wage, with variable hours, and struggling to pay for living expenses:

“I have been working here for 5 years, there was no benefit and no salary increase. It is always minimum wage.”

“Looks like they are bringing us here for day labour—one day you work, you have money, other day you have no work, you have no money. It doesn’t matter [to the government] what do you eat.”

“I cannot explain how bad is the situation to live with two children in that [one bed room apartment], how can we live together. My daughter is growing. Rent is too much we cannot afford with our minimum wage to live in a two or three bedrooms.”

To make ends meet, they often worked multiple jobs running from one location to another, which are sometimes far from each other, and/or working very long hours:

“This is why they need to do 2-3 jobs. Because a single bedroom apartment costs minimum \$1700.”

Commuting Difficulties

As a result of their precarious employment conditions, participants’ commutes were often long and expensive. Some described traveling long distances for a few hours of work. One participant, for example, described traveling 1.5 hours each way by public transportation for 3 hours of work. After spending time and money traveling to the workplace, they were sometimes told that there was no more work. At other times, they were sent home in the middle of night shifts, when no public transit options allowed them to return home:

“One time we were laid off at 2 am when we were working our night shift. There was no ride... car pooling car cannot go whenever you need. So where will you stay for 5 hours in the cold at night”

On Sundays or for late night shifts when transit options were limited, participants were sometimes forced to take taxis which took away from their already low income. Some described car pooling to cope with the long commutes and high costs associated with their commutes.

Poor Health and Safety Conditions

Participants report rarely being provided with health and safety training. When provided, the training was seen as inadequate, either because it was insufficient (e.g. self-oriented online module), non-understandable (because of language barriers), or not relevant to or implementable in real life conditions:

“They trained us but that training does not matter when we are moving with those big carts. I am working in a warehouse where everyday we are getting hurt. We are lifting heavy loads, sending everything to the belt, pulling and pushing heavy carts. We are always running. ...they told us you have to maintain your safety, but someone who is moving their cart they don’t see me so they can hurt me”

Participants described dangerous working conditions and often having to take on an additional workload because of understaffing. For example, one worker reported being forced to work alone in a store, and not being able to use the or take a break as a result. Others talked about having personal protective equipment but being unable to use it, lest it slowed their production.

“ I cut all my fingers at that job because I did not use gloves because that would slow my work.”

“I can’t eat [no lunch break], because its too much work. I cannot go to washroom too”.

Women often continued to work in such conditions while pregnant, to secure the needed income and/or their entitlement to employment insurance maternity and parental benefits. While colleagues often helped with the workload, for some, pregnancy represented a particularly challenging time:

“The manager continued to give me heavy work [when I was pregnant]. Coworkers teased me that I am all about money that’s why I am not quit and stay home. People also giving me mental pressure, they are thinking I am not working and taking their money. Every time I am crying before I go to that work. They are not give me pregnant lady work. They are giving me order taking when you need to fly and can not stay in one place. 9 months I do that things.”

Violations of Employment Rights

Participants described frequent violations of employment rights. Many mentioned not being provided breaks, having their breaks cut short, or having to take unpaid breaks:

“Lunchtime must be outside, middle of nowhere. We can’t be inside and rest, we must go outside for 1 hour. So, I walk round and round outside of the factory on the road and then come back. There is no place to sit just walk or stand. And this lunchbreak is unpaid.”

Some reported not being allowed to take time off:

“I was pregnant, my health card expired and they not gave me one day off for [after working for one month in a row without any day off] my health card renew.”

Wage theft was also common, requiring workers to carefully track and check their pay:

“I see every time they are not paying me for 1 or 2 hours. If I work 16 hours, they will pay me 14 hours.”

Participants felt so vulnerable that, without the support of an organization like SAWRO, they usually did not complain, and when they did they often faced repercussions:

“ I was permanent worker. When I complained about my hours, they put me on call job. I am 7 day working every week and 2 months after they gave me one day off.”

“If you complain about anything they will say our door is open and there are many people who can work. So what can we do [but keep working]. We can’t complain. It’s physical and mental pressure for us.”

Inaccessible and Unaffordable Childcare

Participants explained that their atypical work schedules and lack of consistent employment impacted their ability to access child care subsidies, which are available to those who maintain a minimum of 30 hours of work per week. As a result, participants typically relied on various informal home-based childcare providers, relatives and neighbours. Participants and their children grappled daily with childcare arrangements which constantly had to be negotiated:

“Sometimes I take her with me to Markham, sometimes here, sometimes there and then after work I collect her from there. Every morning my daughter asks me ‘ma today do you have work? Today I will be at which house?’”

Themselves minimum wage earners, participants usually paid childcare workers much less than the minimum wage, around \$4/hour. For that amount, childcare was typically limited to adult supervision as children watched television. According to participants, children were expected to be non-disruptive to prevent complaints from the informal care providers, who were vital to participants’ ability to maintain their employment. Parents spoke of their fears of neglect and child abuse, but without alternatives they were forced to accept the reality:

“We don’t have any option but this childcare. We have to maintain our job and take care our babies. We just think that the baby is safe little bit because someone is observing. We cannot expect too much.”

“During the March break or other long school holidays I can’t afford the childcare cost, \$4/hour, so I bring her here, at SAWRO and go to work. There are many other parents who also bring their children to SAWRO. The last option is here at SAWRO, I don’t care I got a job... What can I do, I have got work so I am dumping them here.”

IMPACTS ON HEALTH AND WELL-BEING

Impacts on Participants’ Health

Participants spoke about being healthy upon their arrival in Canada, and about their health gradually deteriorating with the accumulation of work injuries and illnesses, stress, and chronic diseases, which they largely attributed to their precarious employment:

“Now it’s not human body, now it’s a machine. We are coming here like a skilled worker, with good mental and physical health. Here if you pass one year, you have to count you already passed 5 years [because of the toll it takes]. And mentally it is more than 5 years, maybe 10-20 years”.

“We are suffering from mental issues. Nobody asks why. They increase our minimum wage. But we did not get any benefit of this. They cut your hours. They balance it like that, that before we got the amount with fulltime and \$11.50, now we are getting the same amount with less hours.....when mental pressure in your body your body will be damaged day by day.”

While they sometimes sought help for physical conditions, they explained being more reluctant to share their mental health concerns:

“I can say I have knee pain, hand pain, but I cannot say I have too much depression. Everything coming on my brain that means too much mental pressure.”

Health problems, which accumulated and lingered untreated, in some cases developed into permanent impairments which in turn further limited the participants’ ability to find work:

“Now, I cannot move well and cannot use the stairways, even a 5 kg [package] I cannot carry. And I am sure in this situation nobody is going to give me a similar job, forget about my professional job. I now developed cardiovascular disease which is deteriorating fast.”

Impacts on the Family’s Health

Precarious employment impacted every aspect of the participants’ lives: their housing, their social life, and their family dynamics. Relationships became strained and conflicts emerged between spouses who frequently blamed each other for the hardships they were experiencing:

“Two type of mental issues [one coming from the employment experiences and one with the family]...Fighting with family member or conflict with spouse whoever brought you in here, “why you bring me in here?”. So mental health is getting down...I was yelling with my husband why you brought me here to this kind of struggling in my [age], I am not able to do all these things...back home I had a car on my own and now I am walking with my two kids [in extreme cold on the road]...I was yelling over phone and then I cut phone. You know this is every day situation.”

The impact on children was especially prominent in participants' stories, raising important questions about the inter-generational impacts of precarious employment. They described children feeling withdrawn or exhibiting other problematic behaviours, as children experienced their stress directly:

“My kid is getting hyper which is coming from my stress. My whole family, my kids everything affected. So my mental health is highly affected. My 5 year old worries about me and thinks I going to jump off the balcony.”

Participants spoke of how some children felt over-burdened by their parents' high expectations, were stressed by the unpredictability and quality of childcare, and became disconnected because the parents were often at work or too tired when at home:

“Over the dining table all the family members together is very hard to get... they don't share because they know if they do parents do not have time to solve any of their problems.”

“I work Mondays to Sundays and work for three different employers. I am working these three jobs after spending 3 years of working [much less hours]. My weekly hours are now 75, I work 12 or 14 hour shift. I wake up at 5 am, start [a job] from 6 am and finish that at 12 pm, then again start another at 3 pm and finish 8 pm. This way I work. Then when can I think about my health, my sleep and my children. Only have to think where is my dress, where is my bag and if I am ready or not.”

“After doing all these work, I don't want to listen to my child, I say now stop it and [be] busy with your ipad.”

“I did not notice this earlier because I had no time to talk with him. Because, after two days [of coming here] I started working night shift. I make their breakfast in the morning and they go to school and I sleep. When they come in the evening I say hi and hello, I give them food and I go to work. What they are reading what they are doing I do not know anything...after 2 years I discovered some [mental health] issue with my child.”

The lack of time, energy and financial ability to support their family's and children's needs in turn contributed to the parents' poor mental health, who expressed feeling guilt and worry.

WHAT HAPPENS WHEN WORKERS GET HURT OR ILL BECAUSE OF WORK?

While participants were mostly aware of the WSIB, they rarely reported work injuries and illnesses to the WSIB due to fear of losing their job or income, and discouraged by the negative experiences of coworkers and community members with employers and the workers' compensation system. Actions by employers, including temporary agencies, contributed to under-reporting:

“As long as I can work for them they know me but if I cannot they don't know me. They taking my work my service and if they need to give me something [when I am injured] they do not know me because that time I am agency worker.”

Employers were said to discourage claims in many ways, such as by harassing workers to try to force them to quit:

“The employer says why is she coming to work, why is she giving me hard time, she is acting and she did not get hurt. Lots of pushing and then the worker quit the job. What can we do, how can we gather the evidence, and if quit the job then all benefits is gone. When the worker claim with WSIB, employers don't say anything but the look is different.”

On the other hand, some employers were reported to try to force workers to continue working even after workers submitted doctors' notes that recommended they stay off work. Some were said to offer modified duties but not report to the WSIB:

“I was privileged that my employer did this [offered modified duties and made me permanent] for me [specially when she sees the sufferings of her community members when they file a claim with the WSIB].”

As a result, participants often continued working with pain:

“We cannot talk about our pain, the moment we do report the employer, they say ok your doctor told to work for 2 hours then work for 2 hours [and we get paid for 2 hours]. That is why we are not telling.”

“My leg, my knee was in pain, when I started working 8 hours [in a factory in a standing position] that I did not do before. Then my family doctor and the specialist prescribed modified job, no standing more than 2 hours. But I must work to pay my rents and I did not tell my manager/supervisor. But coworkers helped me when they saw me in pain and tears in my eyes”.

When the pain became unbearable, participants typically went on sick leave without pay, or applied for employment insurance sickness benefits when eligible (which was not necessarily the case given their precarious employment). Some employers were reported to delay submitting the record of employment in support of the worker’s application, creating further anxiety for the worker. When a workers’ compensation claim was filed, it was usually with the help of a health care provider or worker advocate. Employers typically contested the claim and were said to sometimes lie about the facts. Claims that were not filed or rejected left participants with lost income and unable to pay for needed health services not covered by provincial health insurance:

“Doctor told me to take three physiotherapy session in a week which costs \$90 each. So how can I do? I did not do any one, still. I know about WSIB, but I know that when I will go there I will lose my job. But I need money.”

Accepted claims also involved challenges, as participants reported not being fully heard in the decisions that concerned them:

“That [functional assessment at the speciality clinic] was very very pathetic. There was a set of questions...answer should be yes or no. No explanation [were asked]. Someone asked me ‘can you walk’? No matter whether it is slow or fast. Your answer should be yes or no. And I could walk, so my answer was yes. That’s how they fill out their questionnaires. At certain point I was very much upset and asked them to let me explain my condition, but they said no you don’t have any option to explain, no but, just yes or no. It took about 45 minutes with all these yes and nos”.

They also described not fully understanding return to work plans and being forced to return to work prematurely to otherwise unsuitable work:

“After 3 months [after a traumatic accident] I was told by WSIB to return to work with lighter job with gradual recovery. So I will start at 4 hours and then graduate to 8 hours. But this recovery period was only for 1 month after which I was forced to go back to his pre injury work hours.”

Negative, stressful interactions with the workers’ compensation system contributed to participants’ poor health and well-being:

“Initially I was very much happy, but the way they started treating [me] is so unfortunate and they are not accommodating at all.”

RECOMMENDATIONS

South Asian immigrants, like other immigrants, come to Canada with a dream of a better future for themselves and their children. However, their stories convey situations of extreme employment precarity which jeopardizes not only their health but that of future generations. Based on the stories shared with us in the course of this initiative as well as in our research and practice, the South Asian Women’s Rights Organization (SAWRO), Injured Workers Community Legal Clinic (IWC), and researchers from McMaster University recognize that action must be taken on different fronts. Below are some recommendations to help tackle precarious employment and its health, economic and social implications:

1. Conduct a public inquiry to find the root causes of mass underemployment and devise and implement macroeconomic policies to address this social crisis.
2. Address legislative loopholes that contribute to precarious employment (e.g. no minimum shift length in Ontario).

“I want a permanent and stable job, not the one that temp agency will call me and say okay today you are going to North York, today you are going to Mississauga.”

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3. Increase surveillance of workplaces that employ many immigrants for compliance with the Employment Standards Act, the Workplace Safety and Insurance Act and the Occupational Health and Safety Act, for example using random inspections without prior notice that include private interviews with workers and that take action to remedy any violation found (e.g. file a WSIB claim if an unreported injury is found, order payment of unpaid wages owing to a worker, etc.).
 4. Provide protections for pregnant women under the Occupational Health and Safety Act, on the model of the Quebec Safe Maternity Experience Program that allows pregnant or breastfeeding workers facing health hazards to be reassigned to work that is safe or to stop working and receive compensation.
 5. Increase the minimum wage to reflect living costs.
 6. Ensure that affordable housing and transportation are available to low-income earners.

“TTC is limited in nights and Sundays. With blue night bus it’s a long commute, I walk for 20 mins and then wait for bus for half an hour etc. my whole payment go taxi that day. I go just to stable my job only, for no money. So I want affordable transportation.”

“We should get affordable housing, they [government] should check these rent. They should balance our minimum wage with the rent rate. One bed room is \$1700.”

7. Introduce a universal child care program to promote women’s labour market participation and reduce child poverty, among other benefits.
8. Institute universal drug coverage and expand access to other government or employer-provided health benefits, irrespective of employment relationship or job tenure.

“Both temporary and permanent employees should be getting the health benefits equally. Health benefit should start right way.”

9. Provide more opportunities for worker – and family doctor – voice in the WSIB claim process.

“There should not be a fixed doctor from WSIB for injured workers. they should trust our family doctor. Their doctor say it is not work related injury but our doctor say it is and it has many affect on our body”