



Working and Hurting in Little Bangladesh:

Precarious Work, Health, and Return to Work

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and the South Asian Women's Rights Organization

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1. Executive Summary

Evidence suggests that precarious employment increases the risk of work injury and the difficulties faced in accessing workers' compensation and returning to work (RTW). This study, based on Toronto's Bangladeshi community, reveals the employment, workers' compensation and return to work-related challenges faced by Bangladeshi workers who are precariously employed. The findings are based on interviews conducted with 45 workers who experienced precarious employment and work-related injury/illness, and 11 key informants representing community services, legal-aid, provincial government, and employment services sectors.

This study allowed us to empirically explore the interconnectedness of precarious employment and health and wellbeing at the individual, family, and community level. This report presents findings from a holistic analytical perspective, in addition to a gendered lens, to identify the experience and all-encompassing impacts of precarious work.

In general, our participants worked in low-paid jobs that were unstable, unsafe, and otherwise precarious in nature despite most of them having high pre-migration credentials. Workers expressed a widespread feeling of insecurity within their jobs. After coming to Canada, participants experienced multiple barriers in accessing decent employment along with other settlement-related challenges and were forced to accept marginal-level jobs through temporary employment agencies (TEAs) or other precarious work arrangements, which gradually led them into lives they had never dreamt about before immigrating.

Regardless of their educational and professional credentials, several participants reported that the only jobs available to them were factory or manufacturing jobs through TEAs, which typically exposed them to high-demand work environments that included fast-paced and heavy, laborious tasks. These types of precarious employments directly impacted workers' physical and mental health, leading to chronic health issues such as musculoskeletal injuries, chronic pain, and anxiety and depression, to name a few. Workers could not access statutory entitlements, such as workers' compensation or employment insurance, as they faced multiple systemic and employer-imposed barriers to accessing benefits and services and to safely return-to-work. Precarious work was found to not be fully covered by the laws and regulations that protect workers; as well, participants reported that current laws and regulations often went unenforced.

Based on our findings, a list of recommendations has been generated which aim to make employment less precarious, workplaces safer, reduce existing barriers in accessing workers' compensation for injured and/or precariously employed workers and facilitate a sustainable return-to-work experience. These recommendations, which are presented at the end of this report, have been compiled from worker and key informant testimonies and input from our research team.



2. Report

2.1. Introduction

Immigrants, in particular those who are recent, racialized and/or women, are disproportionately found in precarious employment. For example, it is estimated that 48% of recent immigrant women are precariously employed compared to 26% of non-recent immigrant or non-immigrant men (Law Commission of Ontario 2012). Evidence suggests that precarious employment increases the risk of work injury and the difficulties accessing workers' compensation and returning-to-work (RTW). As well, among immigrants, precarious employment has been shown to contribute to or combine with other experiences that have implications for RTW, such as long and difficult commutes, lack of affordable, accessible and flexible childcare and difficulties securing jobs that match one's skills or education (Premji, 2017; Premji and Shakya, 2017). While precariously employed immigrants therefore experience layers of vulnerability that shape their work experiences and outcomes, our previous work indicates that this reality is inadequately taken into account by workers' compensation systems and work reintegration schemes (Premji, 2019; Premji et.al., 2021; Premji et.al., 2022).

We conducted a community-based study, in partnership with South Asian Women's Rights Organization (SAWRO), to explore these issues at the community level through a case study of Toronto's Bangladeshi community. This is a sub-project of a larger partnership grant titled "Policy and Practices in Return to Work After Work Injury: Challenging Circumstances and Innovative Solutions". The study looked at how the unique work and social context of the Toronto Bangladeshi community shaped work injuries and illnesses and post-injury/illness employment. The study examined impacts of precarious employment on health at the individual, household and the community levels, as well as across generations. Through these objectives the study aimed to untangle policies and practices that may be leading to injuries and illnesses and complicating access to workers' compensation and return to work for the members of the community.

2.2. Methodology

Following a community-based approach, this study was conducted in partnership with SAWRO. SAWRO is a community organization that provides services to the Bangladeshi community members in Toronto. SAWRO (executive director and two peer researchers) was involved in the direction of every aspect and at all stages of this study. All decisions for the execution of this study (e.g., in terms of design, recruitment, data collection and analysis etc.) were made collaboratively. As part of one of the objectives of this study, to develop SAWRO's capacity for research, two peer researchers were provided training on qualitative research skills.

This study is based on qualitative interviews with 31 workers and 11 key informants and focus group discussions (FDGs) with 14 workers over the period of August 2020 to August 2021. As COVID-19 pandemic restrictions were in place, the study advertised and recruited participants on Toronto Bangladeshi social media groups, and by email/phone through SAWRO's network of partners. The worker participants were asked about their experiences of precarious work, workplace injury or illness, workers' compensation and return to work, and the impacts on their health and that of their family and community.

Key informant participants were recruited from four different sectors (community services, legal-aid, provincial government, and employment services) through our networks and snowball sampling. The key informants were asked about trends in precarious employment that are systemic and not immediately visible to workers, and about strategies that could help improve employment and alleviate difficulties in accessing workers' compensation and return to work faced by precariously employed workers.

All the participants were from the Greater Toronto Area. All were provided with a consent form, which was available in English and Bangla. Consent was obtained in writing or verbally and recorded in a consent log. All interviews and FDGs were conducted remotely (via phone or Zoom) due to the COVID-19 pandemic's physical distancing restrictions. All interviews with workers were conducted in Bangla, and audio files were translated into English and transcribed in a single step. Data were managed with NVivo software. Interview segments were coded, and the codes were grouped into themes.

Ethics approval was obtained from the McMaster University Research Ethics Board. All names are pseudonyms and details have been changed as appropriate to protect the anonymity of participants.



2.3. Project Findings/ Outcomes

2.3.1. Participant Demographics

Worker characteristics are presented in Table 1. Most of the workers were women (69%), between the ages 31-50 (64%), had children (87%) and were married (84%). The majority had been in Canada for ten years or less (84%) and had immigrated under the skilled worker category (69%), primarily as dependents. Almost all (89%) had a postsecondary education, with 56% having a master's degree. Participants worked in low paid, largely shift-based jobs in factories (36%), retail and restaurants (36%), childcare (20%), and security and office administration (8%).¹ Eight workers, 5 women and 3 men, had filed a WSIB claim. We did not collect data on whether participants worked in formal or informal employment. Key informant affiliations are presented in Table 2.

Table 1. Characteristics of worker participants

Characteristics		Interview participants N=31	Focus group participants N=14	Total workers N=45
Sex	Men	11	3	14
	Women	20	11	31
Age	18-30	2	2	4
	31-40	10	4	14
	41-50	12	3	15
	50+	7	5	12
# of children	1-2	22	9	31
	3 or more	5	3	8
	none	4	2	6
Years spent in Canada	5 years or less	9	6	15
	6-10	16	7	23
	11-25	6	1	7
Immigration category	Skilled principal	5	4	9
	Skilled dependent*	16	6	22
	Investor	1	0	1
	Family	2	1	3
	Refugee	4	3	7
	Temporary work permit	2	0	2
	Did not answer	1	0	1
Education/ training	High school or less	1	3	4
	College	4	0	4
	Bachelor	10	1	11
	Masters	15	10	25
	Did not answer	1	0	1
Occupation**	Childcare	7	2	9
	Factory	11	5	16
	Security	2	1	3
	Retail & restaurant	11	5	16
	Office administration	0	1	1
Marital Status	Married	28	10	38
	Other marital status***	3	4	7

* Dependents include spouses or children

** Occupation represents the current or the last sector (for those who were not working) during the time of interview

*** Other marital statuses include single, divorced, separated, widowed, and engaged

¹ Does not add to 100 due to rounding.

Table 2. Affiliations of key informant participants:

Affiliation	Number of key informants
Community organizations (incl. community legal clinics)	6
Employment services	1
Media	1
Government (public representatives)	2
Union	1
Total	11

2.3.2. Immigration Circumstances

There exist a wide variety of backgrounds among the workers interviewed in terms of age, educational background, and prior work experience. However, the goal of immigrating to Canada to create a better life for themselves and their families was common among all participants. All participants had a ‘Canadian Dream’, including expectations of a world-class education system, enhanced career prospects, and better quality and standard of living (i.e., universal healthcare, strong social safety net, safe environment, etc.), which compelled them to leave their well-established lives and careers behind to immigrate to Canada. With the hopes of long-term success for their offspring, they incurred costs and other undue hardships as a result of the migration.

“The main purpose was coming in Canada is to give better education to my sons, for a secured life. In Bangladesh, there is lack of life security. This was actually the purpose. This is a good country, we will feel safe in all aspects. The future of our sons will be better. Mainly, the future of sons and for the betterment of their education we came here.” Selima -Worker

Many workers envisioned Canada to be a more equitable place compared to their home country, with fewer barriers to economic opportunities for those without family wealth and more opportunities for upward social mobility for all. Other considerations included the search for stronger human rights conditions and freedoms for women

and minorities, the right to free speech, and a healthy and functioning democracy, among other social determinants. One worker recounted their experiences of living in Bangladesh as a minority and their experiences of discrimination, harassment, hate crimes, and torture because of their identity. They moved here in search of better human rights conditions, as well as the right to freely practice the religion of their choice.

“The people of minority in my home country faces discrimination and torture. I am also a victim of this. I did not feel secure there. Me and my family had to face a lot of problems. That is why when I got the opportunity to come to Canada, I thought it would be better to leave my country and come to Canada.” Renuka -Worker

A few had escaped destabilization and threats to physical safety and security in their country of origin due to a variety of sociopolitical, environmental, and economic factors. Some workers highlighted their experiences of political persecution, intimidation, harassment and blackmail, and a lack of social harmony, social safety nets, and law and order for their decision to move here, often by seeking asylum of some form.

“I did it (immigrated to Canada) to save my life and to save my kids. That’s the most I can say about it.” Rashed -Worker

The circumstances behind immigration were often complex, layered, and intrinsically linked to many motivating factors which eventually led to a tipping point.

2.3.3. Precarious Work Circumstances

Nahida, a mother of two, had immigrated to Canada from Bangladesh seeking a safe and secure life for her family. While applying for the Canadian permanent residency program, Nahida imagined herself doing a job in her field soon after arriving in Canada. However, upon arrival, she experienced myriad obstacles. The lack of available childcare services impacted her job search. Nahida managed to arrange informal childcare with her neighbours, which required out-of-pocket expenditure her family could not afford. Nevertheless, Nahida kept job searching. Her job applications depicting her foreign credentials were persistently rejected by Canadian employers. With recurrent rejections from the employers, the increasing cost of living, and having secured no way for income generation, Nahida gradually began to feel anxious, down, and frustrated. Having consulted with friends and community members, Nahida felt she should have Canadian education or experience to get a job in her field. She enrolled in a college degree with the hope that this would lead to decent employment. However, she was disheartened when her education did not make any difference regarding her labour market integration. The only jobs available to her were factory jobs through temporary employment agencies. By this time, Nahida had already spent years trying to enter the job market and lived on by exhausting family savings. She reached a dead end and inevitably forced herself to accept a job in one of the factories in Toronto.

This research explored the circumstances that lead to precarious employment. The analysis helped to identify and understand the pathways to dangerous and low-paying jobs for racialized immigrants and exposed how it led to deskilling, eventually resulting in workers settling into a lifelong state of precarious labour.

For a multitude of reasons, workers were unable to find relevant work in their respective fields, for which they have the education and training. Rather, workers were forced to resort to low-wage, unstable positions that were simply more available to them. Thus began the cycle of lifelong precarious employment.

“When we come, we do not know where to keep our kids. If we want to go for childcare, we need to wait for a long period- that is also a barrier to me. That’s why first settling down kids and then looking for work and get rejected from work, after rejecting start study and after finishing the study uncertainty of getting job. It is a lengthy process. That’s why finally we entered in production job.” Tahira -Worker

Most Bangladeshi immigrants interviewed were university-educated and had fulfilling professional careers back home. As a result of this, in some instances they received feedback from potential employers that they were “overqualified”, and therefore ineligible for the jobs available to them. However, in many more instances, this deskilling occurred through education credentials, such as an engineering degree, not being recognized upon arriving in Canada. This highlights the systemic gap between the immigration system and eventual employment opportunities that prevents newcomers from utilizing their skills, effectively worsening the skilled-labour shortage that immigration policy has been attempting to address.

Furthermore, workers who faced high language barriers were often confined to low-paid, exploitative labour markets instead of relatively safer, more secure, workplace environments. Due to the language gap, they were also unable to advocate for themselves and ask for clarification on training, job expectations, and potential hazards which left them vulnerable.

Analysis of workers’ testimonies revealed that workers were often desperate and took up any job available to them regardless of employment conditions due to the immense financial pressure and the high cost of living in Toronto. Factory-type precarious jobs were readily available and therefore were taken up to meet the financial realities of their lives in Canada.

“At that time I had to do a job to survive and to support my family. I worked at multiple manufacturing jobs here. Approximately 4-5 jobs which I got through agencies and with (my local community organization’s) help.” Rebecca -Worker

Workers who searched for better prospects and jobs with improved working conditions discovered that safe, secure, and stable jobs were very few and far between. Most workers had to resort to precarious employment as an interim arrangement while searching for desired jobs in their respective fields. However, after waves of rejections, this precarious work became a permanent situation and prevented them from conducting an effective job search and utilizing their credentials.

In particular, the analysis revealed some unique circumstances that shaped many of the women workers' employment experience. Many women workers immigrated with their principal applicant spouses and may not have had a high educational background and prior work experience. This put them even further behind their men counterparts and created significant barriers to entry into the workplace. They often took on the role of a supportive spouse whose focus was to ensure that her husband and children perform well in the workplace and school respectively, and in doing so, jeopardized their own potential and opportunity to have decent employment.

There was a lot of feelings of personal inadequacy, guilt, and shame seen in women as they viewed this not as a systemic issue, but as a personal failure on their part that they had not been able to secure gainful employment.

"No, sister, I did not try, that was actually my fault. Actually, it is not always possible to do study. family responsibilities, taking care of children, managing other household things and then go for study- I didn't have that level of mental strengths at all. You can say it as my failure. Many people are doing, but I was thinking that I won't manage all those things together, it was so tough for me, the Canada life in that moment." Jesmin -Worker

Additionally, due to school and childcare demands, many women take on short hour/shift jobs that enable them to take care of their children and bring them to and from school.

The above highlights a severe lack of financial help and government resources to ease the settlement process. Considering the number of immigrants Canada brings in annually, there is a large gap in infrastructure in place for people to enter careers for which they are qualified. This effectively pushes newcomers into precarious work, with a lack of any viable alternatives.



2.3.4. Employment and Financial Precarity

After a painstaking job search experience, Rebecca accepted a factory job through a temporary employment agency. One evening at 11 pm, her agency called her to meet their manager at an address 2 hours away at 6 am for a conveyor belt job in a factory at minimum wage. Rebecca quickly managed childcare with her neighbour and prepared for a 4 am departure. She had to take four public transit transfers to reach the factory. Rebecca saw many other workers waiting at the factory gate. After some time, a factory employee (line manager) came and started looking at the workers waiting there. The manager chose a few workers and let the others go, and Rebecca was one of them. A few days later, she received a call from another agency to do something similar to the first agency. This time she got lucky to be chosen by the line manager. Once chosen, the line manager told her to start working straight away without any employment contract. She was instructed to submit her hours to the line manager. Although she was told she would receive minimum wage, her paycheck showed less than that. She also found discrepancies in the number of hours paid. Rebecca never dared to speak about these. She worked at this factory for over three years as a temporary worker with regular short-term layoffs. Rebecca was never entitled to any sick leave or statutory holidays. She was sent home regularly after 2/3 hours of work because they did not need workers anymore.

2.3.4.1. Employment relationship

The findings uncovered a broad range of precarious employment relationships. Most of the workers worked casual on-call jobs through TEAs with risk of termination at any point of time, and very rarely were workers directly hired by employers with contracts. Those that did were mostly short-term or seasonal, with pre-determined end dates. Lack of fulltime permanent work forced workers to take on multiple jobs.

“When we joined the factory, they did not mention the possible job period like from this date to this date”. Fahima -Worker

There were many different types of fulltime jobs worker participants experienced such as fulltime with regular overtime, fulltime hours on temporary contracts, or fulltime hours but contracted as part time. Another form of fulltime work, which participants referred as ‘temporary/irregular fulltime’, was where workers worked full time hours through TEAs and yet were never made permanent by their employers even after a long job tenure. In other instances, although workers started work with fulltime hours or permanent employment, employers could violate the contract, reduce their hours, or terminate the employment any time at their own discretion. Therefore, having a permanent job did not ensure regular income.

“I was not permanent employee there yet. Although I was working there for a long period, they did not make me a permanent employee. So, I stayed in the same way. Yet, I had to go to work because I needed to work... We waited since morning that we will work. We went to work and were sent back home after 1-2 hours.” Rebecca -Worker

This multitude of contract-types blurred the lines between employers and TEAs, creating confusion around who is responsible for guaranteeing workers’ rights and allowing for manipulation of existing regulations at the expense of workers. For instance, key informants explained that workplaces have a regular cycle of hiring and terminating temporary human resources, perhaps to prevent financial compensation that workers might be entitled to after a certain period of time. This practice of rolling lay offs further prevents workers from organizing.

“..There are some rolling kind of lay off, there are some workplaces where in order to prevent any worker to any kind of seniority, so just lay off everybody after 3 months... after 3 months they just fire everybody and hire whole new crew. People don’t stay long enough to be able to unionize it..” Ruth -Key Informant

Our findings also revealed different forms of predatory practices by employers such as paying cash without any formal record/trace of employment.

"Students, sometimes employer hired them as day laborer. So like whole day you got to work for \$100, so that they don't give any pay stub they don't give any kind of proof of the work the end of the day, you're going to get \$100 cheque or \$100 cash to finish the work. The next day, if they need, they'll call you....So, right now they find it out that the students and refugee claimant, they are the subjected for that kind of under-table job that is no document, but end of the day you get \$100." Amena -Key Informant

Pathways to become a fulltime permanent worker was not easy and workers might spend years (e.g., 10 -15 years) of working in irregular and temporary positions. Workers who could sustain sub-standard and poor working conditions and continue working in temporary and casual positions for years may eventually become permanent. However, this was not the case for most workers we interviewed, who were still in temporary positions after years working. Our key informants corroborated these findings.



2.3.4.2. Work arrangements

Workers reported extremely irregular scheduling with most of them having on-call jobs. Participants expressed that it was challenging to live a decent life when their work scheduling was extremely uncertain, requiring them to be available 24/7. Workers' social locations, such as women workers having gendered responsibilities for household chores and childcare duties, intensified the precariousness of their work arrangements. In the on-call system, employers and TEAs pressure workers and abuse their power by calling without prior notice.

"..in some instances, say I would be working at a factory for 7 days straight. So, I went to work as usual, and they said there's no more work starting tomorrow. Which means they knew from the beginning that the job was only going to last a few days.....in the meantime, I could get calls from other agencies to do their job, but I would refuse because of this job.... ..Then suddenly, one afternoon they would call us and say you have work at night. But we're forced to take it, right?" Rakhi -Worker

Key informants also mentioned that uncertain scheduling disrupted proper planning for childcare and transportation.

"....they get the schedule for the next day. That is really hard for people, they can't plan for childcare, they can't plan for transportation." Ruth -Key Informant

2.3.4.3. Wage

Most of the participants received minimum wage despite years of work. Typically, their wages did not increase with time, or increased only by a few cents after several years. This is especially concerning as the inflation rate remains high. Due to the characteristics of precarious employment, where workers work without contracts or for repeated short-term contracts moving from assignment to assignment, there is no possibility for wage increases within workplaces.

Participants further reported significant amounts of wage loss while working through TEAs, as agencies take their cuts from the worker, not the employer.² Employers may pay workers more than minimum wage but after the agency's deductions, workers may receive even less than the minimum wage.

Workers, particularly women, reported wage theft where they did not receive wages for the correct number of hours worked. According to workers, employers cut costs by making them do the work of two workers and deprived them of wages for working overtime.

"I was forced to work until 10 Am [from 2 pm of the previous day] of the next day. They did not pay me any extra... What they do regarding overtime... For example: 80 to 82 hours of work is normal for 14 days and above that is overtime. If you work more than that hour, they deduct it and add it with the work of the next week. This is how they don't have to pay you for overtime." Rashed -Worker

While workers did not receive any payments when employers cut their hours short without any notice, employers imposed financial penalties on workers for failing to inform them of their absence in advance.

2.3.4.4. Statutory entitlements

Most workers reported having no paid sick leave and employment sponsored benefits. Where no work meant no income, workers felt being sick was not an option for them. The problem was so intense in most of the cases that workers feared even asking for unpaid sick leave, perceiving that it could jeopardise their jobs. Only a few workers reported receiving paid sick leave.

"The issue is that I need hours, and so I definitely have to go to work, but then I am getting sick while working, so I can't go back to work after that, so because of all these factors, it creates an inner turmoil where you don't know which way to go.... if I ask for leave because I have become sick, and so you have less hours in your part-time job, you will then have to pick up more hours at a later point to offset this, right? If you do that, they won't really call you next time. So, because of that, taking leave is honestly out of the question." Naushin -Worker

Our worker participants generally lacked employment related-benefits – either government or employer sponsored. In terms of workers' statutory entitlements to government benefits, participants reported how they were deprived of it due to systemic loopholes. For example, employment insurance (EI) benefits provided by the government did not recognize their precarious work situations. Although EI premiums were collected on every dollar earned, these precariously employed workers mostly did not qualify for EI benefits because of threshold for hours worked.

"But they laid us off all of a sudden. Then I got a shake. On one side, it was so tough to hold the job, and on other, all of a sudden got laid off. At that moment I was feeling so insecure. Then, after doing work for 15 days, government won't give me any EI." Jasmin -Worker

² Workplaces that hire directly and or through TEAs are referred as 'employer' in this report. Although TEAs are legally the employer, they are referred as TEAs and not as employer for a means of clearly distinguishing between TEAs and workplaces where the workers actually worked.

In many instances, the uncertainty surrounding who was accountable for guaranteeing workers' entitlements, the employer or the TEA, created access barriers. For instance, according to existing regulations, employers should provide workers a record of employment (ROE) within two weeks of termination, alongside an explanation of a valid reason for termination, so that workers can access EI. However, key informants noted that employers and TEAs often did not provide ROEs. In some instances, when workers pressured employers for an ROE, they were called to return to work just before the end of the legal two-week timeframe, provided them with unreasonable jobs and, when workers refused, they were terminated.

The above findings point to serious gaps in current employment regulations and/or a manipulation of those existing regulations outlined in the Employment Standards Act. These gaps manufacture confusion between TEAs, employers, and workers regarding rights and responsibilities.



2.3.5. Training and the Work Hazards

Ali worked in a high-hazard work environment where he dealt with heavy metals. Ali and his co-workers moved and lifted dangerous metal parts, which was typically a machine's job. The slightest slip from their hands could cause fatality or serious injuries. While starting this job, Ali received no health and safety or job training. He mentioned to the manager that he had no experience working in and with those materials in that setting. His manager advised him to learn by observing how others were doing their work. Ali needed to start working immediately. Due to a lack of prior experience working in this job, Ali could not be as productive as the manager wanted him to be. His manager harassed him to work faster and yelled at him.

2.3.5.1. Training

In Ontario, there is mandatory health and safety training for all workers. On top of this, the employer must provide other health and safety training relevant to work. However, our findings revealed a general lack of health and safety and other work-related training. There was also a lack of worker protection at the workplaces despite regulated labour standards. Participants reported working in poor working conditions where they were exposed to physical and mental hazards.

Most of the workers reported receiving no health and safety or work training or, when provided, it was always unpaid. Workers reported being told to shadow coworkers or read training materials (always in English) at home. According to worker participants they started working at full pace in unknown/unfamiliar factory settings without any training.

"When I first started to work, I did not receive any training. They just put me on a line and told me to learn from others. That's it. They told me to follow my co-workers and learn from them... They told me "Watch how everyone is doing it and learn. Learn how to do it." Nahida -Worker

At the same time, workers reported being forced to sign documents saying they had received training even when they had not. This points to holes in the existing enforcement mechanisms that cover health and safety training, in particular regarding temporary employment, putting temporary workers and their colleagues in potentially dangerous workplace environments.

2.3.5.2. Physical hazards

Workers reported hazardous working environments with very low health protections. Dangerous tasks were always delegated to temporary workers who, once injured, were easily replaceable. Workers reported many ways employers made work unsafe, such as by assigning fewer workers than needed, forcing workers to do dangerous or dehumanising tasks (i.e., tasks that should be completed by machines), delegating surprise tasks which were not initially disclosed, or forcing workers to work alone. Participants reported not raising their voices against unsafe work due to the fear of losing their jobs. Those who raised their voices inevitably lost their jobs by coercion if not by force. Along with these, workers reported poor working environments with inadequate ventilation and light, unpleasant temperature, and low indoor air quality. Participants feared that working environments with inadequate light and no surveillance could be more hazardous, especially if working alone. Also reported by participants were poor working conditions with repetitive, fast-paced work.

"In this job, we had to bring heavy and thick steel plates to the cutting machines and cut them there. After cutting, we had to bend them in another machine. It wasn't as easy as it sounds. ... Workers often get injured while handling them. Many workers got their fingers cut and injured. Accidents can happen there anytime. We had to carry the work-in-progress manually. They make the workers do [tasks a machine should do]. And agency workers means the factory has no responsibility for them. ... Once one of the [very long steel] frames slipped from my hand. If I tried to save myself then there would have been a huge accident. Anyway, I kept my balance by pushing it with my collar bones. Workers were carrying the steel sheets manually... People can become exhausted any time and lose the balance. It can cause serious injury...." Ali -Worker

Participants also reported getting inadequate or inappropriate work breaks, or no breaks altogether.

"Suddenly, the machine got turned off and suppose, the work started at 7 am or at 7:30 am. In that case, they would send us for lunch at 9 am. What does it mean? It means, their machine got broken and production got stopped, as such they would not keep us in our workstation. Though it was morning, they would send us for lunch at 9 am. It was because they wouldn't stop the machine during the lunch time once it starts again....we lost the lunch time." Rebecca -Worker

Participants also reported that during rare hazard inspections by the Ministry of Labour, typically complaint-based, employers staged working conditions. This creates serious credibility issues for the inspection and enforcement process, particularly those following a complaint, and highlights the need for more frequent, random inspections.

2.3.5.3. Mental hazards

Analysis of workers' testimonies revealed that most workers were discriminated against, harassed, and systemically oppressed by their managers and recruiters. They experienced harassment and were bullied on the basis of their appearance, religious ideologies, accent, and experienced racism and ethnic favouritism at work. Most workers reported being victim of abusive language at their workplaces.

"Really, we are the victim of discrimination. We Bangladeshi are really the victim of discrimination. It is true that if they see any Bangladeshi worker, they look at differently. Sometimes they teased me, hey you are a Bangladeshi, how come you are working like that? In Bangladesh, do people work like that?" Tauhid -Worker

2.3.6. Injury or Illness

Tania worked at a conveyor belt doing repetitive tasks in a standing position. She also needed to do the heavy lifting to shift boxes when complete. Tania's line manager constantly yelled at her to work faster and have a certain number of boxes completed within a certain period. Tania felt that even if she worked non-stop with all her energy, meeting the target set by her managers was impossible. Tania could not go to the washroom to save time to meet her target. While working fast, she injured herself numerous times, which she treated with home remedies. Tania also mentioned being unable to eat or sleep properly. She needed to have painkillers every night before going to bed. Her health kept deteriorating, but she kept working until she could not.

According to our findings, precarious employment had direct impacts on a worker's physical and mental health with multi-dimensional effects on workers' lives and families.

2.3.6.1. Mental injury

Almost all participants reported mental health issues, sometimes chronic, as a result of their work. New immigrants, especially skilled immigrants who were unaware of the precarious labour market before coming to Canada, were traumatized by precarious work arrangements. Our findings revealed some of the following situations to be associated with the poor mental health outcomes of Bangladeshi newcomers:

- Their credentials were not recognized
- They were forced to accept low-paid survival jobs which were unstable and insecure and had poor working conditions
- They were bullied, discriminated against, and verbally abused in these jobs
- They were forced to do tasks they were completely unfamiliar with
- Their dream of doing jobs in their desired professions were not fulfilled
- They felt intimidated to raise their voice when their rights were violated

"Whenever I do any mistake or fail to do the job perfectly, within a second, they use bad words to me. That is so abusing. To me this is a mental pressure and torture. I used to get exhausted very soon. That exhaustion would affect me mentally and physically and impact my mind in way which would further impact my household in a negative way. I have never experienced such things in Bangladesh. After moving here, I cannot fathom what is happening with me. Normally I am not an ill-tempered person." Arif -Worker

Many workers reported turning to God and praying every morning for a better attitude from their line leader, co-workers, and supervisors.

"When I used to go to work, all the way to my work, I was praying so much so that I would not get any bad (behaving) line leader... I was praying that Oh GOD! Wish I would get any co-worker beside me who would behave nicely with me. Too much mental torture it was." Sabiha -Worker

Our findings revealed workers suffered from mental trauma, anxiety, frustration, fear, depression, and suicidal ideation due to systemic discrimination and mental health hazards at their workplaces such as racism, body shaming, bullying attitude, and discrimination.

"What do you think? Short people do not work? Won't they eat? This is my point. As I am short, I will always be insulted, that is not fair, right? This thing was hurting me a lot." Shima -Worker



2.3.6.2. Physical injury

The participants mentioned suffering from several chronic health issues, such as back pain, urinary tract infections, diabetes, constant dizziness, high blood pressure, cardiovascular problems, chronic stress and musculoskeletal injuries due to their work, which may have long term health impacts..

“They behaved very badly. I realized after a while that it was not possible to adjust to that environment, so I quit. I was getting very physically ill day by day with many different ailments, went to the doctor they said I had hypertension, high blood pressure, got diagnosed with diabetes, UTI among many things. All of this occurred due to the mental stress from that job. I had to endure a lot because there was no way, if I didn't work how would I pay rent, how do I support my family and household and kids, a lot of issues. So, we were forced to endure the torture by the managers.”
Tania -Worker

Workers were mostly unaware of occupational diseases and typically did not know their injuries or illnesses could be the result of their work. While recruiting participants, a woman worker aged around 40 mentioned that her many physical complications required her to go for a complicated surgery which impaired her ability to work. Initially, she did not believe this could be the result of work. However, as we interviewed her in depth, she began to contemplate that her health problem might in fact be a result of years of work in precarious employment characterized by standing for long hours, heavy lifting, irregular shifts, and mental stress.

Another worker reported suffering what appeared to be a simple knee injury during an unpaid training placement which later deteriorated, requiring her to undergo major hip replacement surgery, leaving her with some functional limitations. She did not realize she could claim workers' compensation ³ for this injury.

2.3.7. Employer Reactions

Ranu worked at a production belt where she had to use hot glue guns. She did not have gloves, and the glue guns were heavy too. Ranu told her supervisor about these, but she told her to see how others worked without complaining. Like other workers, Ranu was also given a production target. While working fast, she burnt her hand several times, and her supervisor teased her for making a fuss over a simple thing. She was advised to continue work or go home. Going home meant no payment, so Ranu kept working with her injured hands. One day she had a cut on her hands. However, she received no first aid and was expected to work with that.

We asked workers about their employers' reactions when they did report an injury or illness. All workers, irrespective of their employment relationships, reported experiencing negative and verbally abusive, manipulative, and (direct or indirect) threatening and discriminatory attitudes and behaviours from their employers. In unionized jobs, workers also reported experiencing indirect dissatisfactory and discouraging attitudes by their employers, implying the threat of job loss.

Participants reported their employers were reluctant about their physical-mental injuries/illnesses, taking a “workers never get sick” type attitude as they treated workers as machines. According to worker participants, their employers were verbally abusive if they asked for time off for injuries or illnesses. Our interviews revealed that workers did not perceive the idea of mental health issues being a valid reason for sick leave. With direct threat or perceived fear of losing their job, workers rarely asked for time off. As a result, their injuries deteriorated, making them prone to new-injury or re-injury, and leading to long-term negative impacts on their lives.

“My injury didn't make me feel that bad. When they didn't have band aids, I just brought band aids from home. During break time, I cleaned it and put on ointment and a new band aid before going back to work.... No, they never really asked about my hand or my injury. They never asked about that. They only asked if I'm working and what I'm working on.”
Ranu -Worker

³ For all decisions made on or after January 1, 2018, for all accidents, individuals on unpaid training placements may be covered by WSIB.

Workers reported long term endurance of employers' inhuman attitudes towards them and their injuries simply because they had to work to generate income to survive. Some workers changed jobs or sectors in the hopes of getting a better working environment.

2.3.8. Access to Workers' Compensation

Momo worked in a hazardous environment where tips, falls, and cuts were common. One day, she suffered a severe fall at her workplace. Her supervisor and manager came to the incident place and started looking for Momo's fault for falling. They accused Momo of being careless and suggested she go home and rest. Going home meant she would lose pay for the rest of the day, but she felt terrible and had pain in parts of her body, so she went home. Before sending her home, her supervisor made her sign a paper she did not understand. She took some painkillers hoping she would be better. However, her pain was only deteriorating. Momo could not go to work anymore. Her family doctor prescribed some strong painkillers and advised her to rest for a few days. Momo waited for a few more days, but her pain only increased. With her doctor's help, Momo filed a workers' compensation claim. Soon after, her employer called her, telling her she should not have filed a claim when it was her fault she suffered the fall. Her employer also asked her to return to work immediately and threatened her job. With her injuries, it was impossible to commute to work, so she declined returning to work. However, she was not aware that she needed to communicate this with the WSIB. Soon after, she was notified by WSIB that her claim was denied.

The most important pattern that emerged from our analysis is that workers were, by and large, unlikely to seek out any form of compensation, benefits, or support from their employer or the government following a work-related injury or illness. Most workers either continued work until their functional abilities were regained (fully or partially) or quit when it was not possible to continue to work. For workers who did reach out for help, there were substantial barriers in place that worked against them and prevented them from getting effective help. These factors also made it difficult for workers to return to work following a work-related injury or illness.

In many instances, due to the barriers which will be highlighted below, workers did not seek compensation and instead often stepped back from the job market altogether. These workers were left with no choice but to rely on public benefits such as EI, the Ontario Disability Support Program (ODSP) and Ontario Works because of permanent disability, effectively transferring employer liability to taxpayers.

2.3.8.1. Barriers to Report to Employers

Our data revealed that typically, workers' return to work trajectory started with incident reporting to the employer, TEAs, and/or to Ontario Workplace Safety and Insurance Board (WSIB). Barriers to reporting to the employers included workers' lack of knowledge or awareness of the 'no fault' policy and a toxic work culture of shifting the blame on the workers.

"Yes, if something very serious happens then they bring out all the paperwork, and emphasize the fact that proper safety training had been provided. Even then, they will say it's the person's fault who got hurt... Until the last second where they can't evade responsibility anymore"
Naushin- worker

Most workers did not report to their employers because they perceived their ineligibility for workers' compensation, thinking that their injury was their fault, that their injury was not serious enough, or that they were ineligible because of delayed onset. In some instances, workers did not report because they did not know who to report to or there was nobody to report to.



2.3.8.2. Barriers to Report to WSIB

Analysis of worker testimonies found that, for a multitude of reasons, workers delayed or abstained from reporting their injury to the WSIB and from seeking benefits. The primary reasons behind this were lack of awareness and information on the WSIB, the systemic suppression of claims by employers, a culture of suspicion and denial that denied or questioned their injury, and other systemic factors which compelled workers to refrain from seeking compensation.

Employer Pressure

According to our findings, employers were reluctant to report injuries to the WSIB and resorted to various tactics to push workers to not make a claim, or to drop claims. In some instances, participants reported that employers took advantage of the lack of awareness and language barriers to prevent workers from accessing benefits.

After an injury, some workers were sent home and told that there was no more work available for them, resulting in being unofficially let go from their work. Other employers pressured workers to return to work as soon as possible, despite their injuries, with the promise of modified work. The precarious nature of the employment relationship compelled workers to come back to avoid job loss.

“Anyway, I thought I would get some support from my workplace. I thought they would give me benefit for the days I was unable to work. But they were continuously pressuring me to return to work the next day. I mean my manager called me the next day. I became afraid and thought that if I don’t go the next day, they might fire me. I needed that job.” Nahida -Worker

Often, these ‘modified duties’ were not sustainable in the long run or simply did not exist. When workers stopped work as a result, their claims were denied for having refused modified work. Several workers also stated that employers verbally abused and coerced them to rejoin work by citing staffing shortages. Workers felt compelled to return as they feared retaliation from their employer and hoped to maintain a good standing with them. As a result, they resumed working before their injury had healed. They were intimidated and pressured and did not receive any compensation for lost time due to injury.

Culture of Denial and Suspicion

Workers perceived that their experiences would be dissected by physicians, employers, and WSIB case managers and that their testimony would not be believed. Due to this, workers often assumed that their injury would be discredited and not taken seriously, and therefore refrained from making a WSIB claim. They were unlikely to seek help unless they deemed their condition to be severe enough to warrant a response. There also existed a notion of personal obligation to their workplace and being averse to causing stir or making waves with their actions. As a result, workers tended to suffer in silence.

In general, there was an underlying suspicion that the WSIB was operating on behalf of the employer, and not for the promotion of health and well-being of the workers. For instance, participants pointed to what they viewed as barriers in the application process, especially for workers with limited language skills. Furthermore, the high standard of evidence of injury and illness led to the consensus among workers was that the WSIB seemed to be denying applications by default and that employer testimonies were taken more seriously.

“After resting for 2 weeks, the WSIB gave me a letter saying that the WSIB [claim] was denied. They said my employer would know the reason. After two weeks when I went to work, they called me in. The lady told me, “You fell down on purpose, didn’t you.” Momo - Worker

According to participants, many instances of workplace injury/illness were not understood as such by those involved in the claims process.

Furthermore, when examining patients, medical health professionals were also perceived to have adopted a lens of doubt and scrutiny while examining the worker, often looking for any pre-existing conditions on which to blame their injury. It was found that medical health professionals sometimes did not give out proper information regarding the WSIB and actively discouraged patients from making a claim.

"I was sent directly to the emergency. They did not give me such information or documents from emergency. They just told me that I do not have any fracture, but I have some bruises. They put some bandage on that so that I do not move my hand. But they did not tell us anything about filing a claim at WSIB." Nahida -Worker

Only in situations where a worker was well-educated and able to advocate for themselves did it appear to key informants that WSIB claim personnel were more likely to continue in the claims process. In any instance, it was believed that workers had to go above and beyond to prove the legitimacy of their workplace injury and its origin, which was overly time-consuming and required certain privileges such as awareness of rights, fluency in English, and availability of time and resources, making the process painstakingly long and ultimately impossible for most workers to accomplish.

Lack of Awareness

Workers were not aware of the existence of the WSIB and the role it plays for injured workers. For Bangladeshi workers, especially newcomers, lack of proficiency in English also acted as a significant barrier and a key contributing factor in workers not making a WSIB claim. In some cases, workers were vaguely aware of the WSIB but found the claims process too long and complex, and that they did not have an adequate support system that could help guide them.

"As I mentioned before, lack of knowledge of rights is a huge barrier. People who are newcomers here they simply don't know where to begin and with the language barrier that creates an additional obstacle. There may be information out there but perhaps because of their lack of proficiency in English language they are not able to read pamphlet or they are not able to really understand what somebody might be telling them."

Sabrina -Key Informant

Workers were not aware of their rights as an injured worker as employers failed to provide training and information.

"I simply didn't know of other options or services, there was nobody there to guide me also. Even my parents were working the same strenuous jobs, they did not know and neither did I. We were not aware that this information is out there. In the safety trainings that they provide, I don't think they explain

these things properly or stress these topics enough. They are not teaching us what we can do when we are sick, like okay, if you're sick you can take time off, we will not be the ones paying but you can seek compensation from this following place. They should be informing us of this much right? But nobody tells you anything, I have not heard this from anybody." Naushin -Worker

Other Systemic Factors

Workers were reluctant to report their injuries to the WSIB because of their precarious financial conditions and high cost of living in Toronto. It was found that for workers, the prospect of having their claim approved by the WSIB was highly uncertain and, even if accepted, the benefits provided were not enough for a household. For an individual making minimum wage, making a claim entails a significantly high opportunity cost of giving up on their employment only to receive inadequate and temporary support which are unliveable in the current economic realities.

Workers employed in informal, cash jobs were met with a host of systemic barriers which made it exceedingly difficult to access compensation. Due to the undocumented nature of their jobs, they did not have the necessary paperwork to legitimise their employment, making it difficult to report injuries. Due to these factors, it was found to be exceedingly unattainable for employees working precarious jobs to access WSIB benefits and services, and as a result, they had a tendency not to report less severe or chronic injuries until they became debilitating.

Our interviews revealed that often onset of injury was so delayed, particularly in case of repetitive strain injuries (RSIs), that the workers could not pinpoint the injury incident or injury employer, having worked at multiple establishments within a short time frame, sometimes within a week. In such instances, many workers did not perceive claiming workers' compensation as possible and felt more comfortable applying for EI.

Again, to our worker participants, the biggest confusion in accessing workers' compensation was in identifying who was responsible vis-à-vis their claim, the employer or the TEA. Once again, this inability or doubt in identifying the injury employer has implications for claiming workers' compensation, and further points to the blurring of accountability between TEAs and employers, creating confusion over responsibility for ensuring workers are able to access their rights and entitlements.

The Impacts of Delayed or Non-Reporting

The issue of delayed or non-reporting of injury was hugely consequential as it impacted the long-term health and well-being of workers, their access to workers' compensation, and their ability to rejoin the workforce. Due to the delay in their reporting, their claims often were rejected because of missing key evidence, failure to notify authorities in a timely manner, and the time lapsed between exposure and the injury onset. After their claim was denied by the WSIB, it was found that most did not go through with an appeal, citing time constraints, high legal fees, and overall hassle. The appeal process was said to take many years and required a lot of labour.

Additional Difficulties Women Workers Experienced

Key informants reported that immigrant and racialized women workers tended to be highly affected not only by the claim suppression culture at workplaces, but that they were also suppressed by their male counterparts at home who advised them not to cause any undue hardship by reporting an incident or initiating a claim. These women workers also suppressed themselves and hid their health issues. On the other hand, while filing a claim, their voices might not be reflected in the claim related documents or interactions since often their male counterparts spoke on their behalf or their adolescent children or other relatives translated for them.



2.3.8.3. RTW with Injury Employer or New Employer

Injuries as a result of repetitive movements or repetitive minor injuries were taken for granted in Sabiha's workplace. Sabiha worked more than 8 hours doing the same task using the wrist, opening and closing lids to jars, and in a standing position. After returning home, she needed to apply oil and salt water as home remedies to alleviate some pain in her wrist, hand, shoulder, knees, heels, and hip joints. Working in this position for a few months, Sabiha developed permanent pain in her wrist. Her doctor advised her to stop doing the job she was doing. Being the only source of income, Sabiha could not imagine quitting. Instead, she showed the doctor's note to her employer and asked for modified duties. Her employer denied any accommodation or modified duties by saying there was no option for these work accommodations. Consequently, Sabiha was forced to quit and seek employment in another sector with new employers.

RTW with Injury Employer with Accommodation and Modified Duties

When a worker finally reached the point of filing a claim with the WSIB, it was not ensured that they would be compensated accurately. Instead, they were sometimes offered accommodations or modified duties. In many instances, they were unable to adhere to the accommodation or modified duties arranged by the employers and WSIB.

Often due to structural requirements, workers reported being denied accommodation or modified jobs, especially those who were working through TEAs. Accommodations or modified work was never provided for repetitive strain injuries, injuries which typically did not involve a visible accident, or for other delayed onset injuries. In instances where employers were reported to be proactively offering accommodation, these were offered immediately after an incident to avoid any workers' compensation-related complications. However, it appeared that these incidents often went unreported by employers to WSIB. In cases where an employer reported the incident to WSIB, they began pressuring the worker to accept their modified job even though the worker had functional limitations preventing them from doing so. Our findings pointed to many reasons why a worker was unable to do their modified work. However, in all cases, this process meant workers lost compensation for the time during which they were unable to fulfill their

modified duties. Some workers reported going back and forth between the employer and WSIB to settle an accommodation.

In many instances there was a communication gap where workers did not understand their role in the return-to-work arrangements, such as the policy that they must exhibit that they had tried to undertake the modified duties before dismissing the arrangement. On the other hand, rather than identifying the communication gap and/or other health and contextual issues which impacted workers' ability to participate into the return-to-work arrangements, WSIB were reported to be only following their policies on adjudicating compensation and as a result workers were not paid for their lost time.

Sometimes workers were reported to have residual effects as a result of their original injuries. As workers' compensation, accommodation or modified jobs were difficult to get immediately after an incident, compensation for secondary injuries was seen as out of the realm of possibility. One worker even mentioned opting for a self-imposed gradual return to work after a major surgery.

RTW with New Employer

After a work-related injury or illness was reported either to the employer or to the WSIB, most workers were not able to return to work with the injury employer. Reasons for this included being returned to unsuitable jobs, accommodations or modified job arrangements being unreasonable for the workers or, in some instances, there were no arrangements at all.

In these instances, workers either returned to work with a new employer via WSIB mediation or by their own pursuit. Most of the workers reported returning to work after a work injury/illness as returning to a new employer. Particularly, in cases where workers were dismissed by the employer to avoid potential workers' compensation-related complications, return to work meant returning to a new employer. However, the type of work at the new workplace was often similar to the physically demanding work that led to their injury in the original workplace. As a result, after one or multiple attempts to return to work, a few workers never returned to work and left the workforce altogether.

2.3.9. Precarious Work in the Context of COVID-19

Afrin was among those workers who were not eligible for government emergency relief funds for the COVID-19 pandemic. Although her workplace was a cosmetic manufacturer, they called themselves essential and remained open during the pandemic. Afrin's workplace could not follow the COVID-19 protocols such as physical distancing. They were also not offered personal protective equipment except a mask. Afrin and other coworkers were forced to drink water from the same fountain because they could not bring water bottles inside the factory. They were never informed about a COVID-19 case and thus would not know if they were exposed and needed to be quarantined. She was forced to work the shift of a COVID-positive co-worker without being informed.

Workers overall reported an intensification of their employment and financial precarity over the course of the pandemic. Emergency government income supports were beneficial to some workers, but were not available to certain workers,⁴ and were insufficient relative to the cost of living, particularly the high cost of rent. As a result, many workers moved into more precarious forms of employment such as gig or on-call work, or experienced intermittent employment or a reduction in work hours.

Workers were largely in jobs designated as essential, though many questioned this designation which they viewed as unnecessarily putting them at risk. It was reported that some employers kept their businesses up and running even under the closure orders that were put in place. The jobs held by workers were not subject to pandemic pay increases despite the additional risk and costs, such as that of having to purchase personal protective equipment (PPE). In addition, many workers lost income to isolate, recover, get tested or vaccinated as almost all lacked access to paid sick leave⁵.

Workers and key informants reported concerns around infection prevention within workplaces, such as inadequate PPE provision and the lack of ability to practice physical distancing in certain settings.

⁴ The Canadian Emergency Response Benefit (CERB) provided eligible workers impacted by COVID-19 with \$2,000 a month. Workers were ineligible if they quit their job voluntarily, earned less than \$5,000 in 2019 or in the 12 months prior to their application, or more than \$1,000 in income within the four-week benefit period of their claim.

⁵ In the Spring of 2021, a temporary provincial program was put in place to provide for 3 government-paid sick days.

Factory workers described a lack of distancing on the floor as well as crowding at certain times (i.e., start and end times, lunch breaks) and places (i.e., lunchroom, washroom, water fountain). While Plexiglas partitions were installed in some factories, several workers reported that those were only installed on the front production lines that were visible to visitors. In many instances, workers were forced to either reuse their supply of PPE or were compelled to arrange their own, often at a lower standard. Security guard Abid worked at the entrance of a hospital where he regularly screened COVID-19 patients without proper PPE (e.g., protective aprons). Abid inevitably contracted COVID-19:

“They did not give us the personal protective equipment as they did for the nurses. We just had the security dress and nothing else. Besides that, we had face shields and masks.” Abid - Worker

Early detection guidance was inadequately followed by the workplaces and was mostly limited to being screened with a handheld thermometer or completing a self-screening questionnaire on a common device. Workers went through screening processes at entry points with no physical distancing. Indeed, in many instances, the physical screening process itself posed transmission risks to the workers. Hands-free and close contact-free screening processes were never reported.

Workers also reported inadequate quarantine and isolation practices at their workplaces. Many workers reported that following a workplace outbreak there was little to no mandatory quarantining. There were instances of workplace outbreaks where workers believed that the entire workplace should have been quarantined yet was not. The length of isolation for symptomatic personnel was also an issue. Sick workers were told to have a COVID-19 test done and were advised to return to work if they tested negative. It is important to note that, even with symptoms, the virus may not be detected by tests, leaving the possibility for inaccurate results.

Participants were also concerned about how workplaces handled confirmed or suspected cases as many of them were not informed of positive cases or outbreaks by employers and sometimes only found out through co-workers. Multiple employers were reported to intentionally refrain from communicating the information on workplace outbreaks to workers

“All of a sudden, one day I heard that someone was absent and they gave me extra hours because of that. I asked them why they gave me extra hours, and the first day I didn't realize what was going on, nobody was saying anything, nobody would open their mouth. Second day, I heard that the person whose shift I am covering has COVID. They will not come and so we have to do their work, but then, I felt like oh Allah [God], they must have touched this thing, worked in this area, sat on this chair, and I am working with all the same things, and I felt a huge sense of dread within myself... I could very well get it, because that person didn't know that they got it. So this creates an extreme amount of anxiety.” Afrin -worker

Workers internalized safety as their personal responsibility and tried to proactively protect themselves from COVID-19. Immigrants were overrepresented in workplaces that were not locked down during the pandemic leaving them disproportionately at risk of contracting COVID-19. Despite this, blame for the spread of infection in workplaces was often attributed to racialized communities' 'cultural practices', such as living in multigenerational homes, instead of the realities that they faced in the workplace.

Being sick was not an option for many workers, having explicitly been told they would lose their job if they called in sick. Others had been penalized by TEAs for calling in sick by having income deducted from their pay. As a result, workers were incentivized to go to work when sick, jeopardizing the physical and mental health of the workers and their co-workers. Among the seven worker participants who contracted COVID-19, all but one believed that their workplace was the source of infection.



2.3.10. Impacts of Precarious Work

Rubina worked in different factories for over ten years. Her work involved odd shifts and repetitive work at a fast pace, bending, heavy lifting, etc. Although she did not have a severe incidence at any of these workplaces, she had significant health problems. Rubina had undergone a major lower abdominal surgery due to a health problem that she believed was caused by her prolonged exposure to heavy lifting, bending, and standing positions at work. As she worked in many different jobs, was in and out of jobs, and there was no onset of any injury, Rubina did not initially think her health problems were work-related. After her surgery, although she tried to return to work, she could not continue as her health problem deteriorated and caused other comorbidities. Her family endured immense financial hardship due to this. It also impacted her relationship with her spouse and family and caused her mental stress. Rubina could not perform her caregiving responsibilities, and her children suffered as a result.

2.3.10.1. Impacts on Workers' Health and Wellbeing

"When went to the hospital, they did some test and told me that... I had a problem that my period won't stop. After doing some tests, they told me that I just had a miscarriage. This happened after some days of the injury incident. It happened after those five days." Fahima-worker

Most of the workers' physical and mental health deteriorated during their time in precarious work. Workers reported losing hope and confidence to build a better career and interest in work. It became a vicious cycle where work caused health problems which in turn impacted their ability to work. Many of these workers came from a background working in office-settings or white-collar jobs and were ill-equipped to understand the risks involved in precarious work or had trouble with the physical strain of factory work and other manual labour jobs. Workers expressed frustration at their life's work not being recognized in Canada and losing hope in their future prospects. They had trouble reconciling the fact that their prior knowledge, education, and career expertise was discarded and felt that it was for naught. After accepting precarious work, many workers felt devalued, denigrated, and lost faith in their abilities to perform well anywhere else. Impacted by this traumatic

experience, their mental health gradually deteriorated, creating unrest, chaos, and conflicts in their lives. Their temperaments were negatively affected and caused poor mental and physical health. There were tensions, arguments, irritations and distance amongst family members and spouses. Most workers reported their children as the largest victims of their precarious work situations.

Due to pressures exerted on them by employers to continue working, workers rejoined work without taking adequate time to recover from their injuries, which in turn exacerbated their injury. This resulted in deteriorating health conditions often resulting in permanent disability, significantly diminishing their standard of living, and permanently destroying their ability to work. They were ejected out of the workforce and lost out on financial independence, which was an especially significant blow for women, as they were further delegated to isolation at home and a life of financial precarity.

Our findings revealed an overrepresentation of women workers in precarious employment in the factory/manufacturing industries via TEAs. Derived from the need to provide for their families and fear of losing their often only source of income, and triggered by their employers' negative attitudes and toxic and competitive work cultures, these women workers were found to be ignoring, hiding, or suppressing their physical and mental injuries and illnesses. These workers were unlikely to seek or receive support from their families as well as from the larger community as they perceived doing so would not improve their situations.



2.3.10.2. Impacts on Workers' Families' Health and Wellbeing

Our findings revealed adverse intergenerational impacts of precarious work within the family. Some workers reported hiding any work-related physical or mental health issues to avoid potential adverse psychological effects on their family members, particularly children. However, the problems persisted due to their precarious work situations. Workers' poor mental states inevitably negatively affected their family's well-being, taking a toll on their children's physical and mental health in particular.

Workers reported experiencing great difficulty balancing work and parenting due to their precarious work. There were several parenting stresses faced by our participants. For example, participants expressed difficulties and concerns about their children's wellbeing, lack of affordable and available childcare, lack of nutritious foods, and time to spend with their children due to precarious work shifts and the contingent nature of their jobs. This was made worse by their physical and mental exhaustions after work which limited children's ability and opportunities to socialize, including participating in sports and extra curricular activities. Workers reported that a lack of parental attention and support had caused their children to feel insecure, depressed, and hopeless as they found themselves not having the privileges that accompany a positive childhood. Children were stressed as they were left alone at home for prolonged periods. To cope with this, children were often reported to be wanting their parents to quit their jobs. Key informants reported observing occurrences of extreme mental health situations where children might have suicidal ideation due to the chaotic environment in their home triggered by their parents' financial instabilities and precarious work situations.

"Yeah the children's aid society get the children, so these are increasing these days, and the prime cause of that is the economic and the pressure of that in their families. They are always under some kind of pressure running this family mostly the economic pressure that is the thing for the family violence increasing. And the mental health is a big issue. We have several cases of you know the suicide cases for the young generation because of their family maybe they experienced something in their family and their parents and so they just suicide, commit suicide. So mental health is another issue. I said the family violence. These are the two issues I guess are the most important"
Nazia -Key Informant

Parents' busy and precarious work arrangements inevitably hindered children's normal socialization abilities leading them to seek refuge elsewhere, often in the virtual world. The situation was further worsened by COVID-19 physical distancing restrictions, which left many children with depression and anxiety. Workers' work-related sickness took a toll on their children's education too, forcing their children to drop out of school for a period of time and taking on different familial roles, such as being a caregiver to sick parents.

For some workers, their work-related injuries created or aggravated tensions in their married life, for some resulting in the breaking up of their marriage. Women workers reported having the traditional gender role expectation of doing household chores alone, which was impacted by their exhaustion after work. This created tensions and arguments among family members and spouses. Key informants reported seeing an increase of family violence during the pandemic, which negatively affected their family's emotional health.

2.3.11. Community Issues

Almost universally, participants started their early settlement processes in majority Bangladeshi Toronto neighbourhoods. Notably these neighbourhoods were also marked as improvement areas ⁶ by the City of Toronto. With the initial language barriers and fear of the unknown and uncertainty of settling in a different culture and society, these newly landed immigrants chose to start their settlements in these neighbourhoods with a hope to receive support from their community members. While choosing their community, the issues they prioritized were proximity to ethnic grocery stores, public transit, places of worship and religion-based schools.

Participants identified a number of issues in the communities they were affiliated with that shaped their post-migration settlement and work-related experiences. These mostly systemic issues served as barriers to a decent and safe employment integration and work experience. Lack of available decent employment within or near their communities followed by skyrocketing rent, the lack of affordable and available childcare within the community, lack of adequate transportation, and lack of community-based mental health support were identified as some of the major issues they faced within their community.

Their job search and work experiences were affected by a general lack of available decent employment within or near their communities, as well as by language barriers, lack of community-wide information networks, and a lack of adequate information and knowledge to follow an effective career pathway.

Workers struggled to earn enough to meet their housing costs and largely lived in housing conditions that were crowded and lacked personal spaces for their growing children and adolescents. Affordable government housing was almost inaccessible to them due to lengthy processing time. Noting housing insecurity as a persisting crisis, key informants reported that COVID-19 had heightened this crisis and that many of their clients faced illegal evictions and rent increases.

Lack of affordable and available childcare disproportionately affected women workers due to the community perceived gender role for them to be primarily responsible for childcare. As such, women workers often had to compromise their career opportunities while providing support for an uninterrupted career for their male counterparts. Key informants also highlighted some systemic childcare-related issues faced by the workers with unconfirmed immigration statuses. Despite being Canadian citizens, children of these workers were deprived of early education and childcare as their parents were not eligible for childcare subsidy due to lack of a confirmed immigration status. Also reported by the workers were transportation issues, especially when they had to commute far and after hours.

Both workers and key informants believed work impacted health in many different ways and on individual, family and community levels. Our participants identified major emerging and unaddressed mental health concerns that existed within the community. Culturally appropriate and language-based mental health services were not available to community members. According to our key informants, work-related frustrations often spread across family members, which as a result heightened the overall individual mental health conditions. Participants noted that this may have played role in multiple incidents of suicide among the community youth in recent times.

Key informants also noted that many women experienced gender-based violence, which had been heightened amidst the pandemic and subsequent economic instability due to massive labour market disruptions.

"I've had multiple scenarios with Bangladeshi women who were struggling in very violent situations at home. But because of social stigma, because of what will our friends say or what will our community say? A lot of people don't want to even label that as domestic violence." Dona -Key informants.

⁶ Neighbourhood Improvement Areas are specially selected and designated neighbourhoods in the City of Toronto found to have inequities on several indicators of well-being.

2.3.12. Coping mechanisms and support system

2.3.12.1. Coping mechanism

Our research observed how workers cope with precarious work situations and related health problems. There were several strategies workers took to cope with existing physical and mental health hazards, employment precarity, and injury or illness. Quitting was found to be universally adopted by our participants as a major coping strategy when they could no longer deal with employment precarity or no longer deal with persisting physical and mental health hazards at workplaces.

To cope with excessive and physically demanding workloads, workers applied some self-taught strategies, such as watching YouTube videos on how to do a certain task.

“After working in several warehouses, watching other people and browsing YouTube, I learned some tricks to lift heavy items.” Arif -Worker

When their strategies did not work, they either quit or constantly changed working areas (e.g., a production line worker moving to heavy machine operating jobs within the same workplace) or jobs, where women workers mostly moved from factory jobs to childcare jobs. Some took the decision to pursue further education or training.

“Very much painful work they gave, and they used to do little bit yelling as well. Having back pain after a few days I left that work by myself. After that I worked for another company, for example, luckily, I got an easy job, technical work.” Tauhid -worker.

Most workers mentioned being unwilling to go through the medical process if hurt at work, physically or mentally, as they feared the doctor might recommend being off work for a long time, if not forever. Fear of losing income was more important than their injuries which was why they hid their discomforts from their employers and sometimes even from their family. In cases of injuries/illnesses or physical discomfort or pain, workers were found to be self-medicating themselves as many did not have health insurances that cover drugs or treatments not covered by Ontario Health Insurance Plan (OHIP) or did not have time to consult a healthcare provider.

2.3.12.2. Access to Support System

Similar to past research, this study observed that to address their precarious work and injury/illness issues, workers need support from various stakeholders, such as employers or TEAs, healthcare providers, workers' compensation or employment insurance stakeholders, and finally, their family and community.

Participants acknowledged that they lacked self-confidence and knowledge on the support systems available to them for accessing workers' compensation and safely return to work. In fact, many participants proactively asked for information on WSIB from our research team during the interview or focus group discussions. Only one, among 45 participants, had felt they did not need any legal support and had the confidence to self-advocate for his WSIB appeal.

In most instances, workers did not know how to address many work-related issues. Some workers did not seek support because they feared the uncertainty they may experience once they share their work-related injuries. Others avoided seeking support to avoid undue hardship in doing so or to avoid income loss for the time needed for administrative tasks in seeking the support.

Very rarely did workers receive support from their supervisors or coworkers after a work-related injury/illness. Healthcare providers were reported to be silent and not guide workers with procedural advice after a work-related injury/illness.

While workers were denied support from their employers or healthcare providers, they reported receiving support from their local community service providers in terms of employment services and accessing workers' compensation and EI. These local community service providers not only supported workers in navigating the bureaucratic processes, but also played an important role as a community safety net with workers viewing them to be their confidant during difficult times.

"At that time, I was very much preoccupied by my frustration, pain, and job that I couldn't seek help. I was busy with my job. But finally, I went to an organization (organization name) situated in the (place name). I made contact with them. They helped me in some ways at that time to make an appeal (for WSIB claim). They helped me to make an appeal." Jamil -Worker

In terms of support from the larger community, participants reported noticing a communication gap among community members. They noticed a lack of available Bengali language or community-based support for career development and employment-related services. They also experienced a lack of guidance, or were even misguided, on different career pathways from community members. Workers also reported a lack of compassion and support within the community. This could be related back to the extreme scarcity of employment opportunities which might have facilitated a sense of competitiveness at the individual level within the community.

While all workers' experiences were similar in many ways when it came to seeking or receiving support, women workers expressed added concerns about the lack of support from their own families. Workers with young children needed support with childcare, which was not readily available to them at an affordable cost.





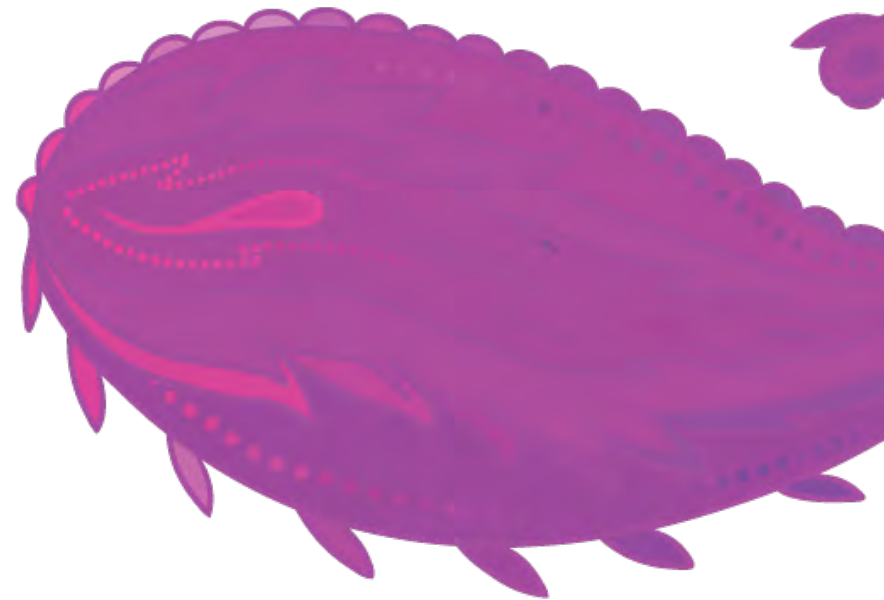
2.3.13. Recommendations

The following recommendations seek to address issues regarding temporary and precarious work that this report has highlighted. These recommendations have been generated with input from both the study participants and key informants. The report outlined the many ways in which women are disproportionately represented in, and negatively impacted by, temporary and precarious work. As such, the recommendations have sought to include a gendered lens.

To Facilitate Newcomers' Integration into Permanent Work:

The report found that, despite having immigrated to Canada as skilled workers, many participants' credentials were not recognized, leaving many with no choice but to take low-paying, precarious employment, often through TEAs. To prevent this, and to enable all newcomers to achieve economic security and dignified work, this report recommends that the Government of Ontario:

1. Consult with the relevant colleges and associations of regulated professions to streamline the process to have international credentials recognized, at limited or no associated cost to the applicant.



To Reform Temporary Employment Agencies and Provide Decent, Dignified, & Safe Work

Many of the practices of TEAs uncovered in this report are apparent violations under the Employment Standards Amendment Act (Temporary Help Agencies), 2009 that have gone unenforced. As such, the report welcomes the Government's proposed legislation that would regulate TEAs and require TEAs to receive a license to operate (7). However, this proposed legislation would not take effect until 2024. To immediately incentivize TEAs to operate under current employment standards, and to protect vulnerable workers and incentivize fulltime permanent employment, this report recommends that the Government of Ontario:

2. Immediately increase the prevalence of unannounced inspections by the Ministry of Labour, Training, and Skills to ensure that TEAs and their clients are operating under the Employment Standards Act (ESA);
3. Immediately increase the prevalence of random hazard inspections of TEAs and their clients by the Ministry of Labour, Training, and Skills to ensure that both TEAs and their clients are operating under the Occupational Health and Safety Act (OHSA);
4. Limit the number of licences available to operate TEAs in Ontario and limit the scope of industries to which TEAs can supply temporary workers in order to incentivize direct employment;
5. Limit the percentage of a business's workforce that can be assigned through a TEA;
6. Make the granting of a license conditional upon a review and audit by the Ministry of Labour, Training, and Skills Development of the TEA's employment practices over the two fiscal years prior to the TEA's application for licensing;

7. Following review and audit, if the TEA was found to be violating employment standards, require financial penalties and backed wages to be paid prior to receiving a license to operate and prevent the owner(s) of the TEA from applying for future operating licenses;
8. Require that TEAs secure a surety bond ahead of receiving a licence that ensures the TEA complies with all regulations and employment standards and covers the costs of wages in the event that employers and/or the TEA is unable or unwilling to pay temporary workers for hours worked.

Despite being the sole employer of temporary workers, making TEAs responsible for all mandatory health and safety training, the transient nature of temporary work means that there is often workplace- and job-specific training that must take place. Participants shared receiving little to no job-specific training while on assignment, jeopardizing the health and safety of the temporary workers and their colleagues, particularly in factory settings. To address this, this report recommends that the Ministry of Labour, Training, and Skills Development:

9. Amend regulations to make TEAs and their clients jointly responsible for providing job-specific training to temporary workers.

Despite doing the same work as their permanent contract colleagues, temporary workers are often paid less with no access to employer benefits. This may be the case even where workers have been on the same assignment for years. To incentivize permanent work and establish equality across employment types, this report recommends that the Government of Ontario:

10. Mandate that temporary workers' wages be equal to permanent workers in similar or equivalent positions;
11. Mandate that temporary workers receive a 30% hourly premium, in lieu of employer benefits.

The report found that temporary workers' scheduling was unpredictable, erratic, and unstable, often with damaging consequences to the workers' mental and physical health and well-being. This has a disproportionately negative impact on women, who in most instances are the primary caregiver of dependents. To provide workers with a greater sense of stability and economic security, this report recommends that the Government of Ontario:

- 12.** Reintroduce an amendment to the Employment Standards Act that would require workplaces, including TEAs and their clients, to pay workers a minimum of three hours' pay for being on-call, if the employee is available to work but is not called in to work, or works less than three hours of a scheduled shift;
- 13.** Amend the Employment Standards Act to eliminate the use of averaging agreements to calculate overtime pay.

A particularly concerning finding of the report was TEAs and their clients' use of the probationary period as a loophole to prevent temporary workers from accessing the required benefits outlined in the Employment Standards Act. Often, temporary workers were laid off just before reaching this threshold, with women more likely to note being laid off. To ensure that temporary workers have equal access to rights and benefits, this report calls on the Government of Ontario to:

- 14.** Obligate TEAs to provide an alternative and equal assignment where an unexpected termination of an assignment has taken place before the end of the agreed upon end date regardless of the duration of work prior to termination, or provide equivalent payments to the worker in lieu of assignment for a minimum of four weeks, recognizing and respecting the current exceptions outlined in the Act;
- 15.** Allow multiple non-consecutive assignments to count towards a temporary worker's three-month probationary period, recognizing and respecting the current exceptions outlined in the Act.

Given the unpredictable, erratic, and unstable scheduling practices of TEAs and their clients and the misuse of the probationary period, many temporary workers are unable to meet the minimum eligibility requirements to access Employment Insurance, including maternity leave. To address this, this report recommends that the Federal Government;

- 16.** Return the minimum eligibility requirements of hours worked to the level required during the COVID-19 pandemic (180 hours worked) that would qualify a worker to access Employment Insurance;
- 17.** Increase the rate of replacement to 100% from 55% of lost wages for low-income workers;
- 18.** Amend the eligibility requirement to recognize as a job loss instances where one is employed in multiple jobs, but where the termination of one job would result in income being reduced to below the poverty level, as defined by Statistics Canada's Market Basket Measures (MBM) ⁷;
- 19.** Amend eligibility requirements to be based on employment type (i.e., temporary, part-time, permanent) as opposed to regional unemployment rates in order to cover those workers in which lay-offs are more frequent;
- 20.** Remove the requirement to demonstrate having pursued reasonable alternatives to 'voluntary' quitting where the cause is discrimination, harassment, abuse, or other violations outlined in the ESA or Human Rights Code.



⁷ According to Statistics Canada, the MBM is "...Canada's official measure of poverty based on the cost of a specific basket of goods and services representing a modest, basic standard of living..." In 2022, the MBM threshold for a family of four living in Toronto was \$49,727.

Further resulting from unpredictable, erratic, and unstable scheduling practices, workers may be called in to work night shifts or irregular hours on short notice. Failure to show up to work risked possible termination. This often placed workers in unsafe situations, with a lack of reliable public transportation available to get to and from an assignment. To address this, this report recommends that the Government of Ontario:

- 21.** Mandate that TEAs and their clients provide requests for night or irregular working hours at least 24 hours in advance and provide workers with the right to refuse night or irregular shifts without the threat of termination.

As a result of the stress that accompanies economic insecurity, precarity, and uncertainty in scheduling, many of the participants noted experiencing major emerging and unaddressed mental health concerns. This was compounded by the stresses of immigrating, and for women in particular, the demands of childcare and household duties, and impacted their relationships with family and friends. To address the current mental health issues brought on by precarious working conditions, this report recommends that the Government of Ontario:

- 22.** Expand access to mental health services covered by the Ontario Health Insurance Plan (OHIP).

And that the Ministry of Health:

- 23.** Launch funding initiatives that leverage community-based organizations to provide mental health services that are accessible in the languages of the communities they serve and are culturally sensitive to meet the needs of diverse populations.

The report found that women were disproportionately forced to take on precarious work through TEAs as a result of a lack of available and affordable childcare options during regular working hours. If family emergencies occurred during working hours, it was usually women who had to choose between caring for their dependents or earning an income. Recognizing that childcare is a right, and to address this disproportionate impact on women, this report recommends that the Government of Ontario:

- 24.** Ensure that resources from the newly agreed to Canada-wide Early Learning and Child Care System are disproportionately invested in low-resource neighborhoods across Ontario to enable equitable access to care;
- 25.** Recognizing that \$10 per day will still be unattainable for many low-income families, maintain the Ontario childcare fee subsidy and Ontario Child Benefit and amend the current eligibility requirements to provide access to newcomers without a settled immigration status, including refugee claimants, and remove the 25 hours per week of work, study, or training requirement or any other employment conditions for eligibility;
- 26.** Expand the current Family Responsibility Leave to ten days per calendar year, employer-paid and at full wages.

Lack of paid sick days was a recurring issue found in the report. Not being entitled to paid sick days meant that temporary workers often had to choose between their health, the health of their colleagues, and their income. To address this, this report recommends that the Government of Ontario:

- 27.** Establish a permanent employer-paid sick days program, providing ten paid sick days to all workers at full wage.

To Reform the WSIB Claim Process for Temporary Workers

This report found that many temporary workers refrained from submitting WSIB claims because they viewed the submission process as complicated, time-consuming, and overly burdensome. To address this and enable all workers to report workplace injury and illness, this report recommends that WSIB:

- 28.** Streamline the claim submission process to make it easier and more intuitive, particular for workers whose first language is not English or French.

The report found that temporary workers were unclear as to who was accountable for workers' compensation claims – the TEA or their client. While the TEA is the legal employer of temporary workers, they often denied any responsibility for workers' compensation or were unaware of injuries/illness. To ensure that temporary workers' access to workers' compensation, this report recommends the Government of Ontario and WSIB:

- 29.** Amend existing policy to make both TEAs and their clients jointly liable for workers' compensation where a temporary worker becomes injured/ill in the workplace.

Many temporary workers live pay cheque to pay cheque and cannot afford to go without income while waiting for a WSIB claim to be approved. This means that temporary workers face an impossible choice of going to work with illness or injury or going without income while waiting for a WSIB claim to be reviewed. To address this, this report recommends that WSIB:

- 30.** Expedite and place a time limit on the investigation period conducted before deciding on the eligibility of a claim;
- 31.** Initiate the payout of WSIB benefits from the time a claim is submitted.

Recognizing that many temporary workers receive minimum wage, any reduction in their income creates disproportionate negative impacts on their ability to provide for themselves and their families. To address this, this report recommends that WSIB:

- 32.** Increase the benefit payout to 100% from 85% of lost wages for low-income workers.

Many temporary workers voiced a deep distrust of WSIB-contracted physicians and a feeling that WSIB and WSIB-contracted physicians were operating in the best interest of the employer rather than the worker. To address this, this report recommends that WSIB:

- 33.** Work in collaboration with the College of Physicians and Surgeons Ontario to regularly update Physician Learning Modules and include a module on how and where to direct patients to relevant supports to initiate a WSIB claim;
- 34.** Recognize the diagnosis of all physicians, including family physicians;

Where there is an active inspection into violations of employment standards or health and safety regulations, many participants noted that this process was often staged to favour the employer. To address this, and to provide inspectors with a clear picture of a workplace environment under investigation, this report recommends that the Ministry of Labour, Training, and Skills Development:

- 35.** Increase the number and frequency of unannounced inspections, while also increasing the number of inspectors and the scope that inspectors can investigate during an unannounced inspection. This must include developing mechanism and tools, including translation services, that can encourage workers to speak freely, without fear of reprisal from their employer, to inspectors;
- 36.** Place an equal burden on the employer to provide evidence that illness or injury could be the result of the workplace environment and/or that sufficient resources were in place to mitigate illness or injury.

Many temporary workers shared a lack of awareness around their rights under the Employment Standards Act and Occupational Health and Safety Act. In many cases, when they were aware, they experienced significant barriers to accessing services or feared retribution from employers. Women were more likely to fear retribution from employers and internalize workplace injuries or illness as their own fault and not seek support. To increase awareness of workers' rights and ensure equal access to services and protection, this report recommends that the Ministry of Labour, Training, and Skills Development:

37. Launch funding initiatives for community-based civil society organizations to raise awareness of workers' rights under the Employment Standards Act and Occupational Health and Safety Act and provide support in the languages and cultural contexts of the communities that they serve, particularly targeting women workers;
38. Allow for a greater advocacy role for third parties, including community-based civil society organizations, to advocate on behalf of workers submitting a WSIB claim.

To Reform Compensation for Workers with Permanent Disability

This report found that workers who were permanently disabled due to workplace injury were often pushed to Ontario Disability Support Program (ODSP) or Ontario Works. With different funding mechanisms to workers' compensation, this results in a significant decrease in monetary support. ODSP and Ontario Works have long been criticized for not providing enough for recipients to meet even their basic needs. This report welcomes the proposed legislation from the Federal Government to create a new Canada Disability Benefit to better support working-aged Canadians with disabilities. This report recommends that the Government of Ontario:

39. Increase the amount of ODSP and Ontario Works benefits to meet the cost of living, adjusted for the differences in cost of living across regions within the province and indexed monthly to inflation;

40. Collaborate with the Federal Government on the creation of the Canada Disability Benefits, which should operate as an additional benefit available to working-aged Ontarians with disabilities and not replace ODSP or Ontario Works.

To Combat the Suppression of WSIB Claims:

Many temporary workers voiced a lack of awareness of the WSIB claim process, and/or fear of retribution from their place of work, actual or perceived, as the main reasons for not submitting a claim once experiencing a workplace-related injury or illness. To address this, this report recommends that WSIB:

41. Clearly communicate that, as the legal employer of temporary workers, TEAs have the responsibility to report workplace injuries or illnesses to WSIB immediately once made aware and introduce a regulation that client businesses have the obligation to notify TEAs if their workers were involved in a workplace accident;
42. Assign both the TEAs and their clients with equal responsibility should a temporary worker become injured or ill under the Workplace Safety Insurance Act, and equal liability for failure to meet these responsibilities;
43. Include information on when and how a worker can submit a WSIB claim as a part of the mandatory paid Health and Safety Training at the beginning of an assignment;
44. Alter the reporting process to more clearly enable workers to report an incident or illness directly to WSIB without informing their employer;
45. Immediately act as a mediator between the employer and the worker submitting the claim;

- 46.** Put in place safeguards to prevent claim submission or retribution once a claim is submitted including:
- a. Increasing the number of audits of workplaces for claim suppression;
 - b. Providing questions regarding claim suppression directly on the worker form;
 - c. Following up with workers that have abandoned or delayed their claim for insight into causes;
 - d. Increasing penalties for employers that engage in claim suppression, including providing a list of employers that have engaged in claim suppression on the WSIB website.

The report found that suppression of WSIB claims did not always result from the processes in place or lack thereof, but in some instances resulted from pervasive gender norms and expectations. Women were often discouraged from submitting a claim by their spouses or family members and internalized an expectation for women to not cause 'unnecessary trouble'. To address this, this report calls on the Ministry of Women's Social and Economic Opportunity to:

- 47.** Launch funding initiatives for community-based civil society organizations to challenge harmful gender norms and stereotypes in a culturally sensitive way and provide resources and support for victims of gender-based violence and intimate partner abuse in the languages of the communities that they serve.

To Improve the Return-to-Work Experience of Temporary Workers:

Many of the participants experienced issues with the return-to-work process, including being assigned unreasonable modified work or termination after refusing modified assignments. To better meet the needs of injured workers to safely return to work, this report recommends that the WSIB:

- 48.** Review and consult with the worker, as well as the joint health and safety committee member who represents workers (where applicable), health and safety representative (where applicable), or another worker at the place of work, who has been chosen by the workers (or by the union) to represent them, on the development of a modified assignment plan;
- 49.** Further ensure, with the consultation of the worker and representative(s) outlined above, that the modified assignment plan is reasonable and suitable to the worker's needs over time;
- 50.** Establish a grace period of three months where a returning worker can attempt a modified assignment, without termination or discontinuation of WSIB benefits and services if the worker refuses as a result of being unable to complete the assigned tasks due to injury or illness;
- 51.** Ensure that the worker and/or the representative(s) outlined above are able to contact the WSIB case manager directly with any questions or concerns regarding the continuing suitability of a modified assignment plan;
- 52.** Ensure that, where the worker is returned to an assignment at a new workplace, the returning worker is consulted, and the TEAs ensures that the requirements of the worker's return-to-work plan are respected by their client;



To Improve Experiences of Essential Workers in the Context of the Pandemic

The report also found that COVID-19 has impacted workers' work, health and return to work in various ways and intensified their employment and financial precarity. To better cope with the ongoing pandemic and future health emergencies, this report recommends that the Government of Ontario:

- 53.** Provide clear guidelines for what should be considered 'essential work' and ensure, through proper inspections and monitoring systems, that businesses operating under an 'essential work' designation are indeed essential;
- 54.** Ensure that all essential workers receive pandemic bonuses, maintain regular hours of work and have easy access to government benefits, irrespective of their circumstances;
- 55.** Ensure that all essential workers have easy access to PPEs;



2.3.14. Conclusion

Availability of secured and stable employment had implications for workers' health and return to work after experiencing injury/illness. Precarious nature of employment, created by income insecurity and the unavailability of decent jobs, created an array of issues with workers' health and return to work creating a snowball effect on reporting an injury or illness and/or claiming workers' compensation.

Of particular concern was different social and economic factors that forced immigrant and racialized workers to enter precarious work situations through TEAs and accept a low-waged job with sub-standard working conditions where their workers' rights were violated. This report highlighted that fear of losing a job, created by the unstable and insecure labour market situations experienced by immigrant and racialized populations, typically surpassed all workplace and working conditions detrimental to health and return to work. In addition, systemic issues and inequities, such as lack of paid sick leave and lack of access to government provided benefits, worsened this precarity.

Workers oscillated between TEAs and employers in an effort to resolve issues related to retrieving employment records, disputing wage loss or wage theft, reporting unsafe work and/or work-related injury or illnesses, and claiming workers' compensation. Regulatory loopholes facilitated a culture of denial by not recognizing temporary workers as employees. Central to this is a lack of monitoring or regular inspections to ascertain compliance with Employment Standard Act and Occupational Health and Safety Act by the TEAs and employers.

This reported highlighted issues regarding temporary and precarious work and generated recommendations to address those. The recommendations called for actions to conducive systemic changes, enhanced regulatory enforcements and proactive understanding and recognition of nuances of precarious work situations. In addition, this report depicted implications for community-engaged research. Continued collaborative research engaging communities could delve deeper into the diverse and intersectional issues of precarious employment, health, and return to work and help further amplify the voices of racialized immigrant women, precariously employed workers, and others marginalized in our society.



3. References

1. Law Commission of Ontario, Vulnerable Workers and Precarious Work (Toronto: December 2012)
2. Premji, S., & Shakya, Y. (2017). Pathways between under/unemployment and health among racialized immigrant women in Toronto. *Ethnicity & health*, 22(1), 17-35.
3. Premji, S. (2017). Precarious employment and difficult daily commutes. *Relations Industrielles/Industrial Relations*, 72(1), 77-98.
4. Premji, S. (2019). Discourse on culture in research on immigrant and migrant workers' health. *American Journal of Industrial Medicine*, 62(6), 460-470.
5. Premji, S., Begum, M., Medley, A., MacEachen, E., Côté, D., & Saunders, R. (2021). Return-to-work in a language barrier context: Comparing Quebec's and Ontario's workers' compensation policies and practices. *Perspectives interdisciplinaires sur le travail et la santé*, (23-1).
6. Premji, S., Begum, M., & Medley, A. (2022). Language Accommodations in Workers' Compensation: Comparing Ontario and Quebec. *NEW SOLUTIONS: A Journal of Environmental and Occupational Health Policy*, 31(4), 452-459.
7. Government of Ontario. Ontario Taking Steps to Protect Vulnerable Workers. Accessed at: <https://news.ontario.ca/en/release/1000987/ontario-taking-steps-to-protect-vulnerable-workers>. Access date: 29 January 23.



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South Asian Women's Rights Organization
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