

UNDERSTANDING THE MULTIDIMENSIONAL IMPACTS OF COVID-19 ON LOW-INCOME AND PRECARIOUSLY EMPLOYED IMMIGRANT WOMEN

A summary report



Community women partaking in focus group discussions regarding COVID-19 pandemic impact.

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INTRODUCTION

At the time of presenting this report, Canada begins to move into the sixth wave and simultaneous recovery phase of the COVID-19 pandemic. The national and global experience during this health crisis made evident the interdependence of health, economies, and societies. More importantly, the COVID-19 pandemic made evident the interdependence of the social wellbeing of individuals and families from all communities at a national and global level. This realization is now leading to a society-wide discourse on the urgent need to address the social and economic inequities that disproportionately impacts marginalized communities, especially during periods of crises.

All levels of governments in Canada stated their intention to address the widespread economic, social, and health impact. At the same time, governments are failing to adequately address the realities of communities that were severely impacted by the pandemic as part of their social and economic policies and COVID response strategy.

There continues to be an under-representation of people with the most stake in the policies (people for whom such policies affect their daily lives) in the decision-making process. Community-based organizations, with the support of academics, advocates, and other equity seeking groups have been instrumental in creating empirical knowledge about the pandemic experience of highly-impacted communities and the need for inclusive policy and social program responses. They have been facilitating the inclusion of marginalized voices in mainstream discourses to provide a real assessment of the pandemic impact and its response, as well as the direction forward.

Since the start of the pandemic in March 2020, SAWIS has been in continuous conversation with its members as a part of its regular service delivery, civic engagement, advocacy efforts and social and cultural activities. In addition to the widespread anxiety in the face of a global health crisis, our conversations revealed that 1) there is an overwhelming frustration from community members as many felt 'left-behind' in many aspects of the pandemic response and the current recovery period 2) the conversations also revealed the need to support the full and equal participation of this population in the democratic processes for decision-making of social and economic policies, and the pressing need for a bottom-up approach.

This report will contribute to creating awareness of the experience of highly-impacted communities. In particular, it will present the knowledge gained from the underserved and low-income community in the East-Danforth neighborhoods of Toronto facing socio economic marginalization as a result of structural and institutional barriers. The report will also present community members' solutions to the longstanding problems that prevent their ability to fully access and participate in Canadian society. This report also serves to inform policy with a multidimensional understanding of intersectional feminist, anti-racist, and community-focused approach.

An overview of the consultation

In October 2021, SAWRO responded and received approval for a three-year project, 'Feminist Response and Recovery for Highly Impacted Communities'. The project is part of the Women and Gender Equity Canada (WAGE) national initiative to support a feminist pandemic response, one that is inclusive of diverse and underrepresented women.

The target group of this project included Bangladeshi immigrant working women living in Toronto's East Danforth area—known for its high concentration of newcomers that are disproportionately affected by financial and social exclusion, thereby posing barriers to acclimatization in the Canadian sphere.

Between November 2021 to January 2022, SAWRO recruited and activated a group of local women leaders and youth activists with knowledge and lived experience on accessing civic processes for addressing community problems. They were supported to lead an investigation in the community to understand the multidimensional impacts of the COVID-19 pandemic, gaps exacerbated in during the pandemic, 'post-pandemic' response, and the direction of policy change required to move forward.

The consultations had access to contact information of about 2000 women who have participated in the previous and ongoing SAWRO service, advocacy and public education programs. From among these contacts, a total of 70 women and youth were selected to participate in 7 focus groups. A survey was also circulated targeting low-income women from the community. The survey questionnaire was administered to a total of 101 women. The consultations focused on 6 themes: Employment and work experience, Income supports and Benefits, Health, Housing, Childcare and Gender-Based Violence. Consultations about gender-based violence and discrimination was supported by a funding received from Canadian Women's Foundation as a part of their 'Shock Proofing and Recovery' grant to address the critical rise of Gender-based violence in the East Danforth neighborhood of Toronto.

Highlighted below is a theme-wise report on the key concerns and recommendations gathered from the community.

EMPLOYMENT AND WORK EXPERIENCE

“I was under a lot of pressure during the pandemic. I was only scheduled for 3 hours of work in a day and had to do the work of an entire team on my own at that time. Even with a combined minimum-wage income with my husband, we were barely able to afford rent and groceries. My physical and mental health significantly deteriorated during the pandemic due to constant strains from work and financial stress.”

Discussions about employment and work experience were rooted in the pre-existing inequitable labor market and work experience of community members, a majority of whom are racialized women working in low-wage precarious employment.

Since 2015, immigrant women in East Danforth have been vociferous about mass underemployment faced by immigrant women and predatory employment practices in precarious employment arrangements. These concerns were highlighted in the “Labour Market Challenges of Immigrant Women”, a community needs-assessment report conducted by SAWIS in 2018. The report highlighted the lived realities of Bangladeshi immigrant women – many of whom solely rely on minimum wage food service and manufacturing/warehouse sectors for employment. These, however, are increasingly unstable and insecure due to low-wages, chaotic scheduling, and predatory staffing agency practices. It was also found that such employment practices severely impacted workers' ability to access employment-related social benefits.

The lack of workplace protections for this group of workers increased their vulnerability during the COVID-19 pandemic. While workers across Canada were impacted by the onset of the pandemic, workers employed in low-wage and precarious employment in a wide range of low-skilled occupations were the first to face work interruptions and significant income loss (Scott, 2021).

Statistics Canada have reported in their monthly Labour Force Survey that during the pandemic recovery period, women, youth and racialized individuals are expected to have a slower recovery in terms of return to employment in comparison to other demographics.

Our consultation not only corroborates such findings, but also reveals the scale of this issue in our community, especially for low income and precariously employed immigrant women. Our consultations also revealed the ways in which workers with insecure employment relationships faced difficulties in taking protective action in the face of widespread labour market impacts and predatory employment practices in their workplace. Their employment and work experience during the pandemic is summarized below.

A majority of participants in the survey and focus groups felt that current employment and labour laws do not adequately protect workers, especially low-income and precarious workers. Pandemic recovery should prioritize a comprehensive policy response that improves

employment and labour standards for marginalized workers to ensure equitable labour market outcomes.

Key concerns

Discussions with low-income and precariously employed immigrant women highlighted the following concerns with regards to their employment and work experience:

- Participants reported mass lay-offs at the start of the pandemic and during lock-down periods, especially for workers employed through THAs, in manufacturing, food services, and childcare sectors - occupations where a majority of community members are employed resulting in significant economic hardships in the community for long periods of time.
- Of those who were able to work during the pandemic, a majority of respondents reported working on-site/in person during the pandemic. Many could not work from home, or did not have the opportunity to work from home.
- Participants have emphasized that precarious scheduling and predatory work practices, which were already a significant concern pre-pandemic, worsened during the last two years. Participants reported employers were: under-staffing workplaces, calling in employees on short notice, scheduling odd hours throughout the week, disregarded employees health needs and failed to ensure adequate PPE and social distancing in workplaces.
- Temporary Help Agencies (THAs) continued to be a significant concern for participants as existing concerns regarding their ability to follow employment laws were continued to be neglected.
- All participants indicated that the current minimum wage (\$15.00) is far below the calculated living wage in Toronto (\$22.08 as of November 2021), a difference of \$7.08. The majority of the community's immigrant population work in the low-wages sectors and the current minimum wage fails to provide for basic needs, especially with recent rise in inflation.
- Participants felt that workplaces in the manufacturing, food services, and occupations with low-wage and precarious work arrangements did not adequately meet the health and safety standards set by public health officials. This resulted in multiple workplace exposures and outbreaks.
- Participants felt that they had no other choice other than to work in high-risk work settings. Low-wage working women had to conduct a risk-assessment for COVID-19 exposure to decide whether or not to work in poor conditions with a minimum wage that did not even cover their basic needs.
- Working mothers were pressed with household responsibilities such as caregiving for their young children as schools and daycares were shut down due to the pandemic. Employers refused to recognize this need, forcing many women to 'voluntarily' quit the workforce (excluding them from work-related social benefits).

Recommendations

In order to have a feminist and equity-based pandemic recovery response to address labour market challenges, the following are urgently needed:

- Call for public inquiry into underemployment which contributes to de-skilling of skilled immigrant women to identify the cause, inadequacies and gaps in existing programs and policies, and develop practical remediation of policy and programs going forward.
- Eliminate Bill-124 and implement a living wage and a multi-year plan to see a regular wage increase for low-wage sector workers in congruence with rising inflation.
- Built in protections for vulnerable workers in the labour and employment laws that are universally accessible to all workers. This includes measures for paid sick leave, disincentivizing chaotic work scheduling, third-party representation for non-unionized workers.
- Restrict the scope of operations for THAs. This includes licensing and bonding THAs participating in unfair workplace practices, restricting percentage of workers in an enterprise who are THA assignment workers and the length of time any position can be filled by a THA assignment worker, carrying out forensic audits, and establish publicly operated employment agencies which can meet any genuine need of employers for temporary help without violating the workplace rights and dignity of temporary assignment workers.
- Creation and protection of full-time (40hrs/week) jobs with benefits in the low-wage sectors such as manufacturing, fast-food, and hospitality.
- Pass legislation to restrict and penalize employers for the implementation of predatory work arrangements and scheduling practices and to protect employees from such practices.
- Adhere to the action plan set out by the City of Toronto's chief medical officer with regards to workplace COVID-19 protocols.
- All levels of government should prioritize the growth of stable, full-time jobs in sectors that support the immediate and long-term needs of society (health, social services, etc.).

INCOME SUPPORTS & BENEFITS

“I immigrated to Canada just before the pandemic started, so I was not qualified to access any pandemic-related benefits. After months of work in the fast-food and manufacturing sectors, when I was finally eligible for EI I applied in January 2021, I could not get it immediately. It took two months to receive the benefits. I ping-ponged between ServiceCanada and CRA about which benefit I should receive. I had to make several phone calls back and forth with both departments. In the end, I did not receive the benefits for all the months I was eligible for.”

It is well-known that the COVID-19 pandemic generated severe and widespread economic distress. The demographic that bore the brunt of this economic impact were families from low-income and marginalized communities.

Accessing safety nets (work-related social benefits and public income support programs) has long been a challenge for low-income and precariously employed immigrant women and other marginalized communities. This is because these programs are designed either to provide maximum benefits to workers in higher-paid jobs with regular hours, or to lower paid workers in regular employment. These programs do not meet the current realities of the labour market which experiences a persistent rise in low-wage jobs, especially over the last two decades (Tal, 2021).

As a result of the widespread impact of the COVID-19 pandemic, all governments expressed their recognition to modernize safety nets. The federal government recognized the need to modernize Employment Insurance and emphasized the need to improve access for those who contribute but may be excluded through reduced criteria and more flexible qualifying rules; ensure workers have equitable access to their full benefit entitlement; provide more flexible supports for parents when accessing and combining benefits; address the situation of misclassified employees first when developing supports for self-employed and gig workers (Canada, 2022). Similar calls to modernize safety nets were made by the Ontario government for social assistance and WSIB (Canada, 2022).

While there were efforts to increase access to safety nets during COVID-19 with immediate changes to EI, introduction of several pandemic income support programs, and changes to provincial social assistance and WSIB, there continued to be gaps through which many fell through (Oxfam Canada, 2021). This includes exclusion criteria related to income and labour market attachment, immigration status, and inaccessibility of supports (lack of information, computer barriers, etc.). Many were left to fend for themselves and were unable to participate in public health protective health measures directed by public health officials.

Moreover, while the pandemic and its impacts are still ongoing and present in many communities across Canada, the federal government has announced that pandemic income support (CRB, CRCB, CRSB, etc.) will be coming to an end. This announcement has been made without announcing concrete plans to implement safety nets for those who are struggling

to find a foothold in the labour market or are at the margins of the labour market working in low-wage, precarious work.

The government is neither recognizing nor responding to the vulnerabilities of workers employed through precarious work arrangements. People facing great health security challenges and severe threats to their livelihoods are being given very little support. The only solution to this problem is for the government to ensure safety nets are universally available to all working people, regardless of their labor market position or status in Canada. This approach would recognize and respond to the vulnerabilities of precariously employed workers. It would also acknowledge that ensuring the health and economic security of each individual during the pandemic crisis is necessary for the health and economic security of all.

Key concerns

Overall, community members indicated that they faced significant challenges in accessing income support and work-related benefits. They shared/reported that:

- Participants stated great challenges in accessing any safety net during the pandemic. This includes exclusions due to ineligibility but also inability to complete the applications online due to lack of information, lack of technological capacities, and language barriers.
- Participants who reported being excluded, or having family members who were excluded, from safety nets were ineligible due to income and labour market attachment requirements (ie: minimum \$5000 dollars in earnings from previous 12 months), having multiple jobs while being laid-off from another, being forced to 'voluntarily' leave work due to unaccommodating employers, and immigration status.
- Participants with temporary and precarious immigration status (international students, temporary foreign workers, international students, etc.) were mostly excluded from regular work-related benefits and public income support programs despite ongoing contributions to the programs. They were also excluded from much needed pandemic-specific income support programs which contributed to increased financial hardship.
- 90% expressed that benefit amounts were not enough to meet their basic expenses. 45% felt the criteria to clawback of other social benefits such as OW and ODSP pushed them below adequate living conditions.
- Participants who were not eligible for regular work-related benefits and pandemic income-supports relied on provincial social assistance. The benefit amounts from social assistance was not enough, especially for mothers fleeing violence with their children.
- Participants reported that the lack of communication between federal departments (EI and CRA) created undue hardships for people who were applying for benefits, resulting in long delays in receiving any financial support.
- Participants felt that recipients of income support were penalized for receiving benefits. Despite earning below the low-income cut-off rates (\$50,000/a), some participants received notices to reimburse payments since they exceeded the \$38,000 family net income threshold.

- Participants stated difficulties in advocating for themselves when speaking to ServiceCanada or CRA representatives about their benefits. Participants also expressed the need for reliable third-party support.
- Participants who contracted COVID-19 from their workplaces reported being discouraged from applying to WSIB, or were informed of their rights to workplace compensation many months after infection.
- Participants who contracted COVID-19 and experienced long-lasting symptoms and were unable to return to work were not supported by employers, WSIB, and medical practitioners to receive health support and compensation.

Recommendations

Recommendations listed below are derived from consultations with participants. All participants stressed the need to modernize safety nets to meet their current realities. The following are recommendations to modernize safety nets:

- Redefine labour market attachment to reflect the current realities of precarious work.
- Implement a reasonable minimum rate benefit to all workers who are attached to the workforce and experienced multiple interruptions for lack of work, illness, maternity, etc. People facing work interruptions should be eligible to receive a reasonable benefit regardless of length and time of work or earnings.
- Workers employed in more than one job should still be eligible for benefits, regardless if one of their jobs is terminated.
- Launch a forensic audit into THAs to investigate Record of Employment frauds or any other activities to support EI benefit claims.
- Criminalize claim suppression and conduct a forensic audit on employers, THAs, medical practitioners, and WSIB officers.
- End injured worker compensation board policies which unjustly block benefits, including those on deeming, pre-existing conditions and use of in-house doctors.
- Upgrade and modernize OW and ODSP programs to provide income support that help individuals meet their basic needs.
- End policies that discourage OW and ODSP recipients from employment such as claw-backs and penalties. Implement policies that support the gradual transition of recipients from social assistance for recipients who are recently employed (that is based on their income and work arrangement).
- Increased access to community-based, language-specific, one-on-one services to increase community people's awareness and access to income supports and work-related benefits.
- Allow for reliable third-party support (legal representative, certified community organization, etc.) for individuals who face difficulties in navigating and communicating with federal and provincial departments that provide income support.

HEALTH AND SAFETY

“I was in severe stress. I couldn’t sleep properly. All the time I was thinking about my finances...and everyone was depressed since socialization is really important for us but we couldn’t see and talk to other people...It was like house arrest. We couldn’t even get paid time off to get vaccinated. I had to work all day and by the time I had a chance to go, the vaccines would be finished. I also couldn’t get tested when someone in my house would be exposed. We are living with so many people and there are no testing sites close by to go to when someone is sick.”

Although COVID-19 has put a spotlight on the disproportionately negative health outcomes faced by racialized and immigrant communities, these health disparities existed long before the pandemic. Social determinants of health - such as income and employment, housing, health literacy, inadequate housing and healthcare access - have largely contributed to these gaps. Racialized and immigrant communities are more likely to hold low-income and unstable jobs and therefore struggle with financial precarity. They are also more likely to live in overcrowded multi-generational housing, and are often situated in areas that lack adequate access to quality healthcare and affordable child care resources. These factors have contributed to higher rates of chronic health conditions in immigrant and low-income communities, which has increased their vulnerability to negative COVID-19 health outcomes. The impact of these social determinants became even more pronounced during the COVID-19 pandemic as the health of members from marginalized communities became compromised due to the lack of adequate health and safety measures in their workplaces and communities. Additionally, the economic implications of the pandemic such as increased financial and job precarity has further exacerbated health disparities by significantly impacting members of racialized and immigrant populations, who were already struggling with affording basic needs such as groceries and housing.

According to Institute Clinical Evaluative Sciences’ report regarding testing and positivity rates in Ontario although immigrants and other newcomers make up over 25% of the Ontario population, they accounted for 43.5% of all COVID-19 cases. This indicates that COVID-19 is primarily affecting newcomer populations who are likely to be financially disadvantaged and live in overcrowded housing (Guttmann et al., 2020). Health and safety, which has always been compromised in workplaces that frequently employ newcomers, became even more precarious during the pandemic and exposed workers to frequent outbreaks. This is compounded by immigrant and racialized populations’ overall lack of access to health and medical supports such as COVID-19 testing as well as primary health care and emergency services. We are still in the midst of dealing with the impacts of this pandemic. COVID-19 has served to highlight the contributions of social and economic inequalities to health outcomes, which are still very much present and can only be addressed by giving these populations the rights to a dignified life that consists of adequate employment, income, housing, healthcare, and childcare support. Addressing these factors will require a multi-dimensional approach from all levels of government done in close consultation with the impacted communities.

Key concerns

Based on consultations with women from immigrant communities, particularly the Bangladeshi community localized in the Scarborough region of Toronto, these are key concerns highlighted by participants.

- Community members reported lack of adequate safety measures in the workplace. Workplace transmission was reported as the second most common source of COVID-19 infection among the surveyed participants.
- Workers felt that they were unable to voice their concerns to employers.
- This increased workers' anxiety about workplace transmissions and infection of vulnerable household members.
- Almost half of participants reported that they or members of their household had underlying health conditions which made them vulnerable to COVID-19 infections.
- The primary method of transmission in the community appeared to be from workplace contamination and from household members who worked high-risk and essential jobs.
- 93.1% of surveyed community members reported significant impacts of COVID-19 on mental health, which include anxiety around social/economic implications of pandemic.
- Community members felt that health services were inaccessible due to the fact that health services are not proportional to the needs of the community (lack of available physicians, delayed testing and procedures) and due to lack of coverage for a range of health services (eye, dental, physiotherapy).
- International students, asylum seekers, and refugee claimants reported exclusions from OHIP coverage for a range of services.
- Many participants mentioned that they could not afford their regular medication, especially due to significant economic impact. Participants had to substitute their medications for alternatives that were not prescribed by their doctors.
- Community members reported that despite high needs in the community, testing sites were inaccessible and that there were long wait times for vaccines since adequate numbers were not allocated to hotspot areas.
- Workers also could not get paid time off in order to attend appointments and receive vaccines.

Recommendations

Recommendations were made based on consultations with women from immigrant communities, particularly the Bangladeshi community localized in the Scarborough region of Toronto, and using suggestions made by public health officials.

- Improve healthcare access by increasing the number of practicing physicians - increase spots in medical schools and recognize the credentials of immigrant doctors in residency matching.
- Improve healthcare quality by educating physicians on the health concerns specific to immigrant and racialized communities.
- Address the mental health epidemic in immigrant communities by establishing more affordable, accessible, and culturally sensitive mental health services.

- Increase accessibility of COVID-19 resources by including more testing options (such as mobile testing), increasing vaccine distribution to at-risk areas, and expanding COVID-19 testing eligibility.
- Address housing determinants by securing funding to house those who cannot safely quarantine in their homes.
- Address workplace transmission by implementing more government regulation of health and safety practices in the workplace, mandating paid sick leave for all employees, and promoting better training and enforcement of safety measures (e.g. proper handling and use of PPE).
- Provide income supplements for workers who must quarantine but do not have employer-sponsored sick leave.
- Facilitate collaboration between public health units and local organizations that represent immigrant communities to develop programs that address emerging issues.
- Implement medication subsidy programs that are accessible to low-income families regardless of their health needs.

HOUSING

“Nowadays low income families like us are not only worried about getting food, but also they are worried about having a roof on top of their head! Food somehow we can manage, but an affordable home? Impossible. If tomorrow I do not have any job, how could I pay my rent?”

Right to affordable and qualitative housing has been a long-standing issue for low-income racialized immigrant women and their families in Toronto and to the detriment of many under-resourced households, it took a pandemic to expose the severity of this crisis. Individuals, especially immigrant women who are precariously employed are not able to afford the skyrocketing real estate prices and need to worry about basic sustenance as a huge chunk of their wages goes into paying the rent or other expenses. Like SAWIS, several housing rights activists and organizations have been rallying for an increase in social housing to reduce unreasonable wait time. While these concerns have been raised prior to the pandemic, the COVID-19 crisis brought about a lack of proper and accessible housing culminating into a health and safety issue as many were unable to follow the social distancing public health guidelines owing to paucity of adequate space to isolate. Following COVID appropriate protocols was not a possibility for most, rendering them vulnerable to contamination and infection, thereby creating inhuman conditions for them to survive.

This was further exacerbated by the for-profit mentality of housing corporations and landlords, who inadvertently resorted to unethical practices and exploited the most vulnerable. South Asian immigrants were one of the most impacted communities as many were illegally evicted or faced with exponential rent hikes. This disproportionately affected women as they were faced with the double burden of working in essential services, as well as caring for their family with limited space and resources, hence increasing the risk for contraction of the virus. The economic crisis as a result of the government imposed lockdown, further gave rise to housing inequity, forcing many women to deplete their life savings to maintain a roof over their head. The community consultations conducted by SAWIS, offered the community women to voice their concerns about living in insecure unaffordable housing arrangements for their families in Toronto, highlighted below are the key concerns and recommendations that were gathered from the discussions.

Key concerns

After the consultation with women from the Bangladeshi immigrant community who shared their lived experience, we found some key concerns.

- Due to office, school and daycare closure, households became overcrowded, with no extra space for COVID-19 infected family members as a result of which many families contracted the infection. From the surveys conducted by SAWRO, 77 participants out of 101 live in rented houses and of those 56% are paying \$1200 to 2000 rent per month, in spite of having family income that lies below \$5000 (with usually one person as the breadwinner).

- There was also paucity of space for special needs children and elderly family members.
- Many were unable to access COVID-related social benefits on account of irregular working hours and income, this further impacted their ability to pay rent and meet basic expenditure.
- Because of the national lockdown imposed by the government, many low-income families lost the capacity to pay the rent.
- Overcrowded and multigenerational households further posed barriers to economic independence and sufficiency. 78% participants from the survey reported living in multigenerational overcrowded homes.
- Participants reported that during the pandemic landlord or apartment authority resorted to unethical practices to evacuate existing tenants and increase the rent for new tenants.
- To avoid any community backlash and chaos, owners purposefully conducted the eviction at night, leaving the tenant to fend for themselves.
- Participants also mentioned being severely affected by the government's skewed policies that favored landlords, leaving tenants vulnerable to predatory practices.
- Those with precarious immigration status (like international students, refugee claimants and non-status women) were forced to live under unhygienic and poor conditions.
- On account renovation, many landlords illegally increased the rent, especially during the pandemic that gravely affected low-income families.
- Participants also reported instances where the landlords did not adhere to the state mandated rent freeze.

Recommendations

In order to have a feminist and equity-based pandemic recovery response to housing needs, the following are urgently needed:

- Mandating freezing of rents as a disaster management and preparedness response, like in the case of the on-going pandemic crisis.
- Government must impose a cap on rent based consumer price index and equalize the same for existing and new tenants.
- Focus on increasing access to social housing for low-income families rather than just affordable housing.
- Social housing must be fast tracked for newcomers to avoid long waiting periods to offer them with a social safety net upon immigration.
- The government must intervene to conduct regular inspection into rentals to ensure safety of tenants and safeguard them from predatory practices.
- Ensure equitable access to housing subsidies and rent assistance from the government in times of crisis like the COVID-19 pandemic.
- The amount of \$11 billion the federal government has promised to spend on housing must go to social housing instead of private builders.
- Expand investments to support the hiring of immigrant and racialized women in publicly funded construction projects.

CHILD CARE

“The daycare was closed. I was thinking of applying, but it was closed. When it opened, I saw that it was too expensive to enroll two children. One child is also above 12 years old, so one would get daycare, and the other wouldn’t. At school, it would always be on the teacher, but at home, during recess and lunch time, we would have to arrange meals. My husband is working from home and I also have to take care of him since he doesn’t do anything by himself. My whole body would hurt as I didn’t sleep all night.”

For many years, immigrant women living in the East-Danforth neighborhoods have been speaking out about the lack of access to quality and affordable childcare, which has been and continues to be a significant barrier for women in Canada. SAWIS has been advocating for community women and has long been involved in advocating for childcare that is accessible to low-income families, precariously-employed parents, and other marginalized groups who have been excluded due to inequitable policies.. Despite collective efforts, time and again we have seen that the needs of low-income and precariously employed immigrant women, who are the backbone of our economy, are being tabled. Systemic barriers faced by racialized immigrant women compounded by policies that do not recognize intersectional inequalities that seek to structurally exclude women from accessing inclusive child care services is a pre-pandemic reality (SAWRO, 2012). Although the average \$10 a day parent fee per space was introduced, as promised by the federal government, it is still unaffordable for many low-income families. From SAWIS’ community consultations, it was evidence that many under-resourced community women are unable to make upfront child care payments, which further dissuades them from accessing quality day care and the current plan does not take into account the needs and realities of low-income caregivers and their right to quality and affordable childcare. We must ensure that our new system’s approach to affordability is equitable. Women are disproportionately dropping out of the labor force, especially due to the impact of the pandemic and child care is the obvious pathway to pandemic recovery - not just for women but for our economy overall.

Key concerns

Women leaders spoke to community women about significant concerns regarding caregiving and access to childcare, especially during the pandemic:

- Out of 101 women who were surveyed, the majority were predominantly caregivers (64.4%) and mentioned that online school caused increased caregiving responsibilities and they did not have the needed tools to support online schooling.
- Most daycares were closed during the pandemic because of the government imposed lockdown that translated into women not being able to stay employed.
- Many also reported that lack of childcare subsidies impacted their employment, as almost half of the women from the surveyed had to leave their job voluntarily.
- 92% reported that their household responsibilities had significantly increased during the pandemic. Community women also revealed that they were often not supported by their

spouses and the burden of caregiving and managing household responsibilities fell solely on them.

- Several participants also expressed that following safety precautions during the pandemic like ensuring the kids are constantly masking and washing hands, buying hygiene products like sanitizers and rapid antigen test kits also caused a strain to their finances. Women were also constantly worried of infecting their children, because of the nature of the virus, resulting in paranoia and anxiety.
- Participants also pointed out that online schooling coupled with their husbands working from home, were now burdened with additional responsibilities of grocery shopping, cooking, cleaning and supervising school work, leaving no time left for self care.

Recommendations

In order to advance feminist and equity-based pandemic recovery response to address child care needs of community women, the following are urgently needed:

- Deliver the long-promised national universal childcare/early learning system.
- Ensure day care subsidies for no-income to low-income women, especially those who tend to be home-bound and are financially dependent on their husbands.
- Immediate full funding of low-income childcare subsidies.
- Revise low-income child care subsidy eligibility criteria to accommodate precariously employed parents.
- Develop childcare services for parents working irregular hours.
- End diversion of low income childcare subsidies to home child care services.
- End staffing of childcare centers through THAs.
- Recognize the unaccounted labor involved in caregiving and allot child care subsidies to housewives to offset the cost of staying at home.
- Offer benefits commensurate with the kind of work caregivers, early childhood educators, and childminders do.
- Ontario's current parent fee subsidy system must be reformed into a geared-to-income sliding fee scale that is affordable for every family.
- Invest sufficiently in community-based services that provide targeted support for racialized and immigrant women.

GENDER-BASED VIOLENCE & DISCRIMINATION

“When I couldn’t work regularly or my husband couldn’t we would stay home and an argument would start about financial needs etc. We would often blame each other for things and sometimes tensions lead to violence. Also, since we haven’t spent so much time indoors with each other, fights or misunderstandings would start on the littlest things. Everything is always blamed on the women of the house. There were times I was upset and couldn’t tell someone about it. I don’t know who to ask for help. I felt hurt and sad. If I had more mental support, it would’ve made it easier.”

“My manager is very rude. He mentally tortured me after that, and that’s why I got sick. He would make me go take out the garbage, and do so many things. He is always name calling because I am Bangladeshi. I was on bed rest at one point, I didn’t know how I would go back to work. I’m still scared to go back to work.”

Gender-based violence significantly impacts racialized immigrant women in Canada and is a growing concern for women in low-income communities, owing to systemic barriers that hinder their capability of seeking help and accessing healthcare and social benefits to safeguard themselves. Although GBV has existed prior to the pandemic with experiences of gender inequity pervading across societies, for low-income precariously employed racialized immigrant women this has been exacerbated during the pandemic owing to interlocking and systemic oppression specifically faced by this community (Bhuyan, & Schmidt, 2018). As a representative of the racialized immigrant community in East Danforth, SAWIS has been privy to several incidents of harm inflicted on community women, and therefore decided to capture their lived experiences through community consultation to address and prevent family and spousal violence, that is most often interlinked with structural violence in the form of financial and civic exclusion. Through the consultations it was found that many community women were unable to access pandemic related social benefits and were excluded from the government’s recovery policies and programs due to their status in labor markets. Compounding responsibilities that include child care, elder care and household responsibilities has further impacted their mental and physical wellbeing.

Key concerns

From the community consultations and surveys that were conducted with the community women, it was found that:

- Women experienced more arguments in the household because of having to spend all day together, often being targeted and blamed by their spouses for everything that goes wrong.
- Women also reported facing discrimination and abuse at workplace, wherein their managers/supervisors treated them unfairly, often passing racist comments. Their requests and needs were often met with inconsideration and apathy. Many participants reported being discriminated against by their employer on the basis of race, ethnicity and culture.

- Several precariously employed women were constantly threatened by the employer and forced to work irregular hours.
- Women also reported feeling physically and emotionally drained from the constant workplace and household tussle, this had a detrimental effect on their overall wellbeing, with many reporting an increase in suicidal ideation.
- Additionally, participants felt that culturally responsive physical and mental health services were not easily accessible and inclusive, with very few professionals trained to engage with racialized immigrant women.
- Women also said that due to the rising workplace tensions because of COVID-19, there was also an increase in conflict at home as their spouses would take that frustration out on them.
- Women also reported feeling isolated, as their needs and wants would often go unnoticed and when verbalized would be silenced.
- Furthermore, women also reported facing abuse from their in-laws and the lack of support from their spouses.
- This was compounded by the financial abuse that most women faced, as the slightest hint of financial independence would lead to spousal disagreement and conflict.
- The pandemic also exposed a critical lack of safe spaces like community centers for women to access when faced with instances of abuse and violence.

Recommendations

To prevent gender-based violence and respond to the intersectional needs of community women to address the systemic barriers rooted in patriarchy, the following are urgently needed:

- Recognition of the integral role that community-based organizations play in fostering help-seeking behavior for women because of cultural safety and familiarity; therefore focus on upscaling community services.
- More culturally-competent, trauma-informed, and empathy-focused first responders and counselors made available to support the community women that can recognise their intersectional needs and do away with victim blaming.
- Reduce or subsidize the cost of counseling to make it more accessible, affordable and inclusive.
- Provide financial support (in the form of needs-based bursaries) to low-income women to do away with their dependability on their spouses, that often makes them more vulnerable to abuse.
- Low-income racialized immigrant women's voices should be amplified and their needs must be addressed as part of the National Action Plan to end GBV in Canada.
- Community men must also be involved in the discussion to prevent gender-based violence.
- Increase access to shelters and safe spaces, to allow individuals seek help and leave abusive relationships.
- Invest to increase the social safety net for protection from GBV including adequate housing, women shelter and free legal services, ensuring employment, and childcare so every woman can live a life of dignity and independence.

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