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Immigrant Workers' Experiences after Work-related Injury in British Columbia: Identifying Key Questions and Building Research Capacity

January 2011

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RS2008-DG10



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File Number: RS2008-DG10**

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Revised Final report - WorkSafeBC development grant – January 2011

Immigrant workers' experiences after work-related injury in British Columbia: identifying key questions and building research capacity

File Number: RS2008-DG10

One page summary

- This grant was a development, or “process” grant. As such, there are not traditional “research findings”, but rather a description of the process and outcomes to an activity (the Forum on Immigration, Work and Health).
- A main activity of the grant was to bring together approximately 50 stakeholders from Ontario and British Columbia working in the field of immigration, work and health to participate in a research and policy forum
- Stakeholders represented a broad and diverse network in terms of professional affiliation and geographic diversity
- Knowledge was shared and transferred by means of formal presentations and informal yet facilitated discussion
- Networks and linkages were created, both between stakeholders in the two provinces, and amongst stakeholders in British Columbia
- Through facilitated discussion, gaps in current research, policy and knowledge around immigration, work and health were identified and discussed. These identified gaps included:
 - There is a lack of linguistically appropriate and easily accessible support and information available to new immigrant and migrant workers.
 - Little research and data are available on the numbers of im/migrant workers who are unaware of their rights or reluctant to report injury.
 - Im/migrant workers are often uninformed about OHS or compensation systems until after they experience and injury. Workers need to be informed of this information/these processes in a timely manner.
 - Little is known about programs and services available to im/migrants in jurisdictions across Canada.
 - There has been little evaluation on the quality/accessibility of linguistic/interpretation services offered by compensation boards. Are these services having their maximum effect?
 - A complete list of identified research, knowledge and policy gaps is included in the “Forum Report” (Appendix B), as well as in section 5 of this report
- Outcomes of the forum were disseminated to participants in both electronic and hard copy.
- A website was created to further disseminate the formal presentations from the forum, as well as the outcomes of the forum
- The website included the contact information (where permission granted) of the forum participants to facilitate ongoing connections and collaboration.
- A proposal for future research has been generated out of the forum findings.

Executive Summary

Immigrant workers are very important to the Canadian labour force, and represent the majority of future labour force growth in Canada. Yet there is some indication that the experiences of these workers can be problematic. Immigrant workers are more likely to work in poor-quality, low-paying jobs. Workers with low job security, poor English language skills and limited familiarity with Canadian social programs (such as our health care or workers' compensation system) may face particular challenges when injured at work. They may not report injuries if they have poor knowledge of their rights or fear losing their job. These workers may also have trouble accessing and navigating the compensation and health care systems after an injury. While immigrant workers may face these challenges, these issues are often magnified for temporary foreign workers (TFW). TFWs may grapple with the above mentioned barriers, as well as with work permits that tie them to specific employers, difficulty accessing health care and a lack of knowledge about their rights and responsibilities in Canadian workplaces.

A team of researchers, led by Dr. Agnieszka Kosny from the Institute for Work & Health in Toronto, has been exploring immigrant workers' experiences after a work-related injury in Ontario. In order to begin examining similar issues in British Columbia, WorkSafe BC awarded us a development grant to identify key research questions in the British Columbia context, and to begin to build research capacity by creating networks and linkages with academic researchers and community based partners.

In order to do so, the research team first undertook an extensive literature review. This literature review explored some of the issues facing immigrants in Canada, specifically around labour force participation, work, and injury risk. We also explored the demographic and immigrant profiles in Vancouver, as well as the labour force participation and occupations of immigrants in Vancouver (see Appendix A). Additionally, we sought to gain a richer understanding of the BC policy and legislative background.

An environmental scan was done to discern who was doing work around the topics of immigration, work and health in British Columbia. Once we had ascertained who some key stakeholders were, our research team planned a research and policy knowledge exchange forum focusing on immigration, work and health in British Columbia. Our aim was to convene a group of interested individuals and organizations working around the intersection of immigration/migration and occupational health, safety and rights. The goal for the forum was to gather stakeholders from diverse backgrounds, geographies and disciplines who were interested in sharing their understanding of immigrants' labour market experiences and health, and who might be interested in collaborating on future research projects exploring immigration, work and health in British Columbia.

The forum was remarkably successful, with approximately 50 participants from across Ontario and British Columbia coming together to share research (either in-process or completed), and to discuss where there were gaps in our current research, knowledge and policy initiatives concerning im/migrant occupational health and safety.

Among the outcomes of the forum were: A website cataloguing the findings from the forum and creating a virtual space for participants from the forum to continue their networking and knowledge exchange; the building of community and academic linkages to better enable the Ontario-based research team to pursue future research in BC; and the identification of knowledge and policy gaps to ensure a relevant focus for future research around immigration, work and health.

After the forum wrapped up, results were disseminated to all forum participants, incorporating participants' feedback, and participants were encouraged to use the virtual space of the website to continue their networking. Collaborations were started with a number of forum participants to develop a proposal for future research on im/migrants, work and health. Recently, a grant proposal was submitted to the Public Health Agency of Canada to conduct a national scan of resources and programs focused on employment standards, OH&S and workers' compensation aimed at newcomers – one of the research gaps identified at the research and policy forum in BC.

Final report - WorkSafeBC development grant – January 2011

Immigrant workers' experiences after work-related injury in British Columbia: identifying key questions and building research capacity

The purpose of this development grant was to make links with researchers in British Columbia (BC) who are working in the area of immigration, work and health. We wanted to share information with researchers in BC, identify key issues of concern and begin creating research linkages with the expectation of future, larger-scale collaboration.

This report details our activities during the grant period, including some of the changes made to the plan we had originally proposed.

We also apologize for the delays in submitting this final report and completing the work. Both the research coordinator (Marni Lifshen) and PI (Kosny) went on maternity leaves during the time period of the study. This caused some delays.

The final report includes the following sections:

1. Research Problem/Context
2. Methodology
3. Literature review
4. Forum planning
5. Research Findings: The Research, Policy and Knowledge Exchange Forum on Immigration, Work and Health
6. Dissemination & Knowledge Transfer: Work after the Forum
7. Implications for future research on occupational health: Future work
8. Policy and Prevention
9. Financial statement

1. Research Problem/Context

Immigrants are very important to the Canadian labour force. Between 1991 and 1996 immigrant workers accounted for 70% of all labour force growth and are expected to account for almost all net labour force growth by 2011. Immigrants, particularly visible minorities, tend to be concentrated in precarious, low waged jobs (processing, services, manufacturing) and many hold jobs incommensurate with their education and experience. Immigrant workers may have problems getting their qualifications recognized and although most new immigrants have competency in English, they may not be fluent. In order to support dependents, sponsor family members or send financial aid to their country of origin, new immigrants may keep jobs even when faced with poor working conditions or injury. Those workers with high job insecurity, poor language skills, and a lack of familiarity with Canadian social programs may face particular challenges when injured at work. They may fear reporting an injury if they think doing so will jeopardize their job; they may not know their rights; and they may have trouble accessing, understanding and navigating the compensation system.

The research team has a series of ongoing projects in Ontario exploring the experiences of injured immigrant workers (IIW). As Toronto and Vancouver have historically been the

Canadian cities with the highest levels of immigration, we applied for and received a WorkSafe BC development grant to facilitate the development of a fuller research proposal examining the labour market and injury experiences of immigrants in British Columbia. In order to do so, we sought to develop community linkages, identify key knowledge gaps and build capacity with British Columbia-based stakeholders in order to support future research on the health of new immigrant workers in the BC context.

2. Methodology

In order to share findings from our research in the Ontario context, and to ensure that appropriate research questions would be developed for the BC context, we proposed the staging of a research and policy knowledge transfer and exchange forum in Vancouver, BC. This forum was critical in terms of sharing research findings about the labour market experiences and health of immigrant workers with key regional stakeholders, and in developing a network of community partners, researchers and policymakers interested in this research area.

Through the convening of key community leaders and policymakers, academics, injured worker representatives, and service providers that work with immigrant and injured workers, this development grant allowed us to build research capacity in Ontario and in British Columbia.

Our specific methodology included:

- A literature review at the beginning of the grant period and prior to forum planning. We spent some time reviewing the BC prevention and workers' compensation system to familiarize ourselves with the social and policy context in BC which is quite different to the Ontario system. We also undertook to update a literature review focusing on the areas of immigrant workers, work and health during the second half of the grant period. The actual literature review can be found in section 3, as well as further literature and background data in Appendix A
- The planning and conducting of the Research, Policy and Knowledge Exchange Forum on Immigration, Work and Health (see sections 4 & 5 of this report)
- The ongoing facilitation of linkages and networks created at the forum for the development of future research proposals on immigration, work and health.

3. Literature related to Work, Immigration and Health (updated)

Introduction

Immigrant workers represent a substantial and growing segment of the Canadian labour force. Over 17 % of all Canadian immigrants settle in British Columbia, most choosing the city of Vancouver (2006). Vancouver's immigrant population increased by 88% between 1986 and 2001 (the city's Canadian born population grew by only 24%) (2005b); (Citizenship and Immigration Canada, 2005) In the Vancouver area, immigrants now make up nearly 40% of the

population, with recent immigrants (defined as those arriving after 1991) comprising over 20% of that total. Thus, about one in five people in Vancouver is a recent immigrant (2006).

Immigrant workers are very important to our labour force, yet very little research has been done to examine immigrant workers' experiences after a work injury. There is some indication that immigrant workers may experience particular challenges post injury. New immigrants may not know their workplace rights or be familiar with social programs (such as workers' compensation). They may have trouble accessing and receiving culturally and linguistically appropriate services. Given that many immigrants come to Canada for reasons of employment, a work injury can have a significant effect on their future, finances and family. It is important that our compensation and allied systems meet the needs of these workers and make the path to recovery and return-to-work as smooth as possible.

Immigration to Canada – Background

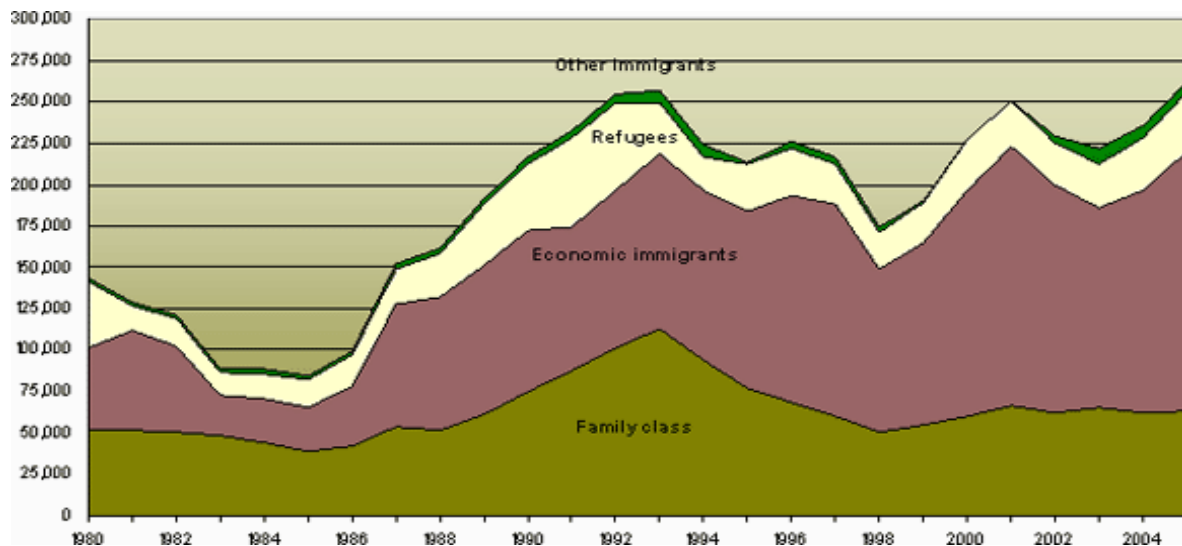
Immigrants coming to and living in Canada are a diverse group, in part because they come to Canada under different immigrant categories which are associated with different educational, language and work experience expectations (2006):

Economic category: Immigrants in this category are chosen for their skills and ability to contribute to the Canadian economy. This group includes skilled workers, business immigrants, as well as, their dependents and spouses. Principle applicants in this group (but not their spouses or dependents) must have educational credentials, work experiences and language skills that would make them likely to succeed in the Canadian labour market.

Family category: This group consists of foreign nationals sponsored by family members in Canada. This includes spouses, children, parents and grandparents of landed immigrants or Canadian citizens. Family class immigrants and their dependents are expected to be supported by their sponsor for up to 10 years. Family class immigrants are not required to have the same credentials or language skills as those in the economic class.

Refugee category: These immigrants include asylum seekers who have made their way to Canada, as well as, government sponsored refugees drawn from refugee camps and countries in political turmoil. Many of these immigrants, their spouses and dependents have not had an opportunity to prepare for their transition to Canada and are not selected based on their language skills or credentials.

The proportion of immigrants coming to Canada under each category has changed over time. In particular the proportion of economic and family class immigrants has almost completely switched. In the 1980s family class immigrants made up a clear majority of those coming to Canada. In the 1990s and 2000s economic immigrants have dominated. In 2005, 24% of immigrants were in the family class, 60% were in the economic class and 14% were in the refugee class (2006).



As noted above, *principal applicants* in the economic immigrant class tend to have higher levels of education, greater work experience and more advanced language skills than immigrants in the other classes (2006). However, one Statistics Canada report indicated that only 47% of workers in the economic class are known to be “skilled workers” because their dependents and spouses are also included in this category (2007a). Spouses and dependents, however, do not face the same selection criteria as the principal applicant. As such they tend to have lower education and language skills. The vast majority of the principal applicants in the economic class are men, and the majority of those that make up their dependents and spouses are women.

The cultural and linguistic composition of immigrants has also changed over the last 50 years. Before 1986, most people immigrating to Canada were of European origin, with Italy and United Kingdom being the most common countries of birth. In the 1990s and 2000s most immigrants are visible minorities and come from Asia, with Chinese, Indian and Pakistani immigrants predominating (2005b).

We have provided this background to demonstrate that the profile of immigrants in Canada is diverse. Because the proportion of individuals entering Canada under each immigration category has changed dramatically over time, the immigrant population in Canada as a whole is comprised of a varied mix of economic, family and refugee class immigrants. Immigrants in Canada also come from a variety of ethnic and cultural backgrounds.

Immigrants and work

It is perhaps not surprising that different classes of immigrant workers have very different labour market experiences in Canada and their experiences can also vary depending on their ethnicity, gender and age. Research on immigrant workers must be carefully evaluated. Some researchers solely focus on the experiences of principal applicants in the economic class group, since policy makers are curious to know how this group – chosen to come to Canada because

of their potential for contributing to the Canadian economy – is faring. For example, a recent Statistics Canada Survey (2007a) focused on the labour market experiences of the principal applicants in the skilled worker category between the ages of 25-44. The study determined that almost all these workers found work within their first two years in Canada and 42% found it in their intended occupation (in jobs commensurate with their education and training). However, this group of workers should not be seen as representative of all immigrant workers. This particular study included only principal applicants in the economic class and *excluded* their spouses and dependents, young workers (ages 15-24) and older workers (those over the age of 45) who may have more difficulty finding work and may end up in poor quality jobs. Teelucksing and Galabuzi (2005) for example, found that many immigrants were relegated to employment in low quality and low wage jobs. Examining earning differentials between new immigrants and Canadian born workers, the authors found large wage disparities between immigrants and non-immigrants, particularly among young workers and older workers who, respectively, earned 42% and 28% less than their Canadian born counterparts. Picot (2008) reported a steady deterioration of economic outcomes for immigrants in Canada for the last 25 years. Wage disparities between immigrant and non-immigrant workers tend to persist even when levels of education are taken into consideration (2007b)

Visible minority status may also have an impact when it comes to job quality. Research has shown that racialized immigrants have the most trouble finding work in Canada. One Canadian study (Teelucksingh & Galabuzi, 2005) found that immigrants from Oceania and North America had almost twice the employment rate of immigrants from Africa. Visible minority immigrants are at particular risk of ending up in jobs with the lowest pay and poorest working conditions (Smith & Jackson, 2002).

Immigrants and Canadian-born workers tend to work in different types of industries. Immigrants are much more likely to work in sales and service jobs and processing and manufacturing jobs than Canadian born workers. Jobs in these types of occupations tend to be classified as low skilled (2007a). Immigrant workers are much less likely to be in public sector jobs and in managerial positions (2005b). Although new immigrants are increasingly likely to have high levels of education and considerable work experience, these trends persist. A large proportion of new immigrants take on poor quality work in order to quickly enter the labour market. Many have difficulty finding high quality jobs that are commensurate with their education and experience because their foreign credentials are not be recognized, they have fewer Canadian social networks (Buzas & Nesterenko, 1992), lack Canadian work experience (Smith & Jackson, 2002) and do not have full fluency in English(2007b);(2007a).

Some recent studies indicate that immigrant workers have higher occupational health and safety risks than Canadian-born workers. Smith et al. (2009) found that workers with a poor English proficiency, family class immigrants and refugees were most likely to be employed in occupations with higher physical demands two and four years after arrival in Canada. Smith and Mustard (2009) also found immigrants to be at increased risk for work-related injuries compared to Canadian-born workers. This was due in part to the high proportion of immigrants employed in physically demanding occupations that are non-commensurate with their education and training. Another study, using data from the Statistics Canada Survey of Labour and Income

Dynamics (Smith & Mustard, 2010) found that immigrants were more likely to be in work situations that put them at greater health and safety risk including non-membership in a union, employment in physically demanding occupations, employment in a small workplace, regular shift work, and non-permanent employment. Authors used length of time in Canada, visible minority status, mother tongue, and location where highest level of education was attained to describe aspects of immigration status.

Immigrants, work and injury/illness

Given the important role that immigrant workers play in the labour market, there is a paucity of research examining their working conditions, knowledge of health and safety rights, and experiences after work injury. In part, this absence comes as a result of methodological challenges involved in doing research with immigrant workers. Statistics collected do not always distinguish between immigrant and Canadian born workers. For example, many workers' compensation boards do not collect statistics that would distinguish immigrant and non-immigrant injured workers. There are challenges related to classification – for example, when does someone stop being an immigrant? Should someone who has lived in Canada for 30 years still be considered an immigrant? As we have argued above, immigrants are not a homogenous group and their experiences may vary widely depending on things like language knowledge, work experience, their ethnicity, gender and age. There are other practical issues related to accessing immigrant workers for the purpose of research – they may be reluctant research participants if English is not their first language, if they are still adjusting to life in a new country, or if they fear that talking about their working conditions may somehow jeopardize their job. Research with immigrants can be expensive if it requires interpretation and translation of materials. Despite these challenges, we feel it is important to engage immigrant workers in research and examine their experiences at work. Immigrant workers are concentrated in sectors where there are high rates of injury (Thurston, 2003). Although many immigrants come to Canada with both education and training, they often end up in jobs their experience has not prepared them for (2007a). Some immigrant workers may not be fluent in English and as such may not receive proper training.

There is some indication that immigrant workers' experiences once they have been injured at work may also be uniquely challenging:

Immigrants may come from countries where occupational health and safety is not a priority and may believe the same to be true in Canada.

Numerous studies have indicated that the state of workplace health and safety is poor in many developing countries (Shahnavaz, 1987);(Hamalainen, Takala & Saarela, 2007; Nuwayhid, 2004; Parker, 1997). Workers who come from countries where working conditions tend to be poor and workplace rights are weak, may not feel that they have a right to a safe workplace or that they can receive help (compensation, health care, etc.) if they are injured in Canada. In particular, refugees who have been persecuted in their home countries may have little faith in governments or bureaucracies to provide help and protection. This can act as a barrier to accessing compensation services.

Immigrants may be unfamiliar with existing Canadian social programs, workplace rules, their entitlements and responsibilities.

When immigrants come to Canada they are faced with a myriad of change and they may have trouble locating and using information resources so that their needs are met (Caidi & Allard, 2005). Workers may not know what their rights and responsibilities are in the workplace when it comes to occupational health and safety. There is little information available on whether information needs are met as immigrants pass through various stages of integration and familiarity in the workplace and Canadian society more generally. More information is needed about immigrant workers' information needs and knowledge of rights and responsibilities (for example, the right to report and be compensated for a work-related injury).

Immigrant workers may be reluctant to report workplace injuries, particularly if they feel that doing so may jeopardize their jobs and financial security.

Nevitte and Kanji (2007), using data from the World Values survey, found that immigrants place a higher priority on work than native born Canadians. Several Canadian studies (2005b);(Smith & Jackson, 2002) have found that new immigrants are more likely to live in poverty than Canadian-born people. If immigrant workers and their families are living close to the poverty line, they may be particularly ardent about finding and keeping a job. The authors also report that immigrant workers are more concerned with job security and less likely to be deterred by poor working conditions than Canadian-born workers. Because immigrant workers may feel pressure to sponsor other family members or send money home (one study found that only after 6 months in Canada 17% of immigrants send money back to their home country) (2005a), they may have an added imperative to remain in jobs with poor working conditions or continue working when hurt. A number of studies have quantitatively studied under-reporting of work injury. Under reporting has been associated with perceived severity of injury (Shannon & Lowe, 2002), as well as, workplace "safety incentives" that can discourage the filing of claims, workers' fear of reprisal and job loss (Pransky, Snyder, Dembe & Himmelstein, 1999). Based on research with immigrant workers in the US, Brown et al. (2002) found that workers were reluctant to speak up about dangerous health and safety conditions or report injuries. The workers in her study felt their positions at work were precarious and did not feel they had the skills (language, education) to take action. Research is required to determine if there are additional barriers in place that deter immigrant workers from raising workplaces concerns, reporting injuries to their employers and filing workers' compensation claims when they have a work-related injury.

Problems new immigrants have with the health care system point to possible problems they may have with the compensation system.

There has been very little research examining immigrant workers' access and use of the compensation system. However, some insight can be garnered from research on immigrants' experiences with the health care system. New immigrants report certain barriers to getting the health care they need. These include the perception that care will not be adequate, not knowing where to access care they need, and language problems (Wu, Penning & Schimmele, 2005). Even when interpreters are used, health care quality can suffer. One large US study of patients with limited English proficiency compared those who went to a health care provider who spoke

their language with those who used interpretation services. The authors found that those using interpreters were much more likely to have unanswered questions about their care. In particular, they had questions about mental health issues that they did not feel comfortable raising with their doctors (through an interpreter)(Green, et al., 2005). Other studies have found that immigrants are far less likely to access mental health services (Chen & Kazanjian, 2005) and this may be due to factors such as past experiences with discrimination when accessing health care (Lauderdale, Wen, Jacobs & Kandula, 2006) ; a perceived dismissive attitude and lack of time from physicians in previous encounters; and a feeling that doctors rely too heavily on pharmaceutical interventions (Whitley, Kirmayer & Groleau, 2006) . It is possible that injured immigrant workers may face similar types of barriers when accessing the workers' compensation system (for example, language difficulties or perceptions of discrimination). Further, given that workers' compensation claimants must access health care, injured immigrant workers may have similar problems when receiving treatment for their injuries/illnesses.

Immigrant workers may face challenges going through the workers' compensation system

Because accessing information can be a particular problem for immigrants (Caidi & Allard, 2005), immigrant workers may not understand certain compensation system requirements, such as prompt reporting and regular communication (Gravel, Boucheron & Kane, 2003). This may impact their ability to receive and maintain compensation benefits. Smith, Kosny and Mustard (2009) also found that new immigrants were less likely to receive wage replacement benefits from workers' compensation or other wage replacement programs after a work-related injury or illness. Language can also be a barrier. Although compensation boards offer translation services, it is unclear if there are obstacles to accessing these services, if translated documents are understandable to workers, or if translation proves to be an added layer of complexity. Injured workers may also have a hard time accessing health care that meets their needs. One study found that 57% of immigrants said it was important or very important that the person providing them with health care speak their language (Green et al., 2005). Research is needed to examine whether the relationship between the compensation system, the health care provider and the injured immigrant worker is functioning well and that the workers' needs are being met. We also know very little about immigrant workers' experiences with other compensation services such as return-to-work programs or vocational rehabilitation.

The consequences of work injury on immigrant workers and their families may be particularly difficult

Little is known about how work injuries affect immigrant workers and their families. Certainly, work injuries can have devastating effects on all workers but immigrant workers may face unique challenges. First, because many immigrant workers take on low paying jobs that are below their skill level when they first come to Canada, an injury can jeopardize their future (upward) mobility, particularly if it has long term health consequences. Even in circumstances when an immigrant worker has a high level of education, foreign work experience and great earning potential, compensation benefits are only based on the earnings workers have at the time of injury. Because immigrants tend to have lower income levels and immigrant families are

more likely to live in poverty than Canadian-born families (Picot, 2008), a work injury that further decreases financial resources can have particularly dire consequences. Further, a work injury can have serious psychological consequences. One study of injured Latino day labourers (Walter, Bourgois & Loinaz, 2003) found that work injuries led to serious depression and thoughts of suicide among workers. Because workers often emigrated for work-related reasons, when they were injured they felt as if they had failed as providers. There was considerable shame associated with work injury which negatively affected the entire family unit.

Further literature reviews, including data tables and references for the literature above, can be found in Appendix A

4. Forum planning

After some discussion with the researcher team and partners it was decided that we should expand the scope of the Forum. It was felt that the forum was a key opportunity to bring together interested parties working in the area of immigration, work and health from all over BC. We also felt that this forum would allow us to showcase some of the research being done in Ontario, hear about research being done in BC and engage in a broader consultation about research gaps in this area.

We submitted a grant proposal to the Canadian Institutes for Health Research (CIHR) to host a forum on Immigration, Work and Health in BC that was larger in scope and size than the one we had originally proposed to WorkSafeBC. We were successful in our proposal and the grant we received from CIHR supplemented the funds we received from WorkSafeBC.

Prior to submitting the proposal to CIHR, the research team undertook a policy and literature review to better understand current developments in this field. We also corresponded with our existing network in British Columbia to identify key policy makers, researchers and community organizations in the field of immigrant work and health. One of our principal goals was to identify regional researchers, policy and decision makers, community based organizations, injured immigrant workers, advocates, settlement workers and others who are concerned about immigrant worker health and who would be interested in future and ongoing involvement in research in these areas.

We hoped that convening this broad and diverse network of stakeholders would ultimately allow us to facilitate collaboration across disciplines and sectors, and inform our current and future research in ways that are meaningful and relevant to researchers, policy makers, advocates and others interested in improving immigrants' labour market experiences in British Columbia. Additionally, we wanted to be sensitive to regional differences such as rural/urban and northern /southern variations in working conditions or health service availability for new immigrant workers.

The research and policy knowledge exchange forum was publicized through our networks in British Columbia. Interested stakeholders engaged in research, policy and community work with immigrant and migrant workers were invited to attend. The research team at IWH, in conjunction with our networks in British Columbia determined who to invite and sent out invitation letters, including:

Request for nominations

These letters, addressed to our existing networks, asked network members to nominate any specialists/service providers or policy makers working in the area of immigration, work and health. Once the names of the nominees were forwarded to the IWH, the following types of invitations were sent directly to the individual:

Self-sponsored participants

Letters of invitation were sent to individuals/organizations that paid the cost of their own attendance (transport, accommodation, etc.) These invitations provided general details about the forum, but made no offer of financial support.

Sponsored participants:

These letters of invitation were directed to the person or organization whose attendance was being requested at the forum. These letters included information that outlined our willingness to offer support for the cost of attending the forum (i.e. an economy class round-trip ticket from their home location to Vancouver, accommodation costs, modest per diem). Sponsored participants included those working in organizations (Community-based groups, injured immigrant workers) that did not have the funding to pay for themselves, academic researchers and policy markers in remote areas, graduate students.

We recruited a variety of speakers to make presentations at the forum (detailed further below and in Appendix B), and worked closely with them to ensure a diversity of topics were presented on. Additionally, the research team undertook the exercise of creating discussion questions for a facilitated small-group activity at the forum that we hoped would assist us in determining where some of the knowledge gaps lay around im/migration, work and health.

5. Research Findings: The Research, Policy and Knowledge Exchange Forum on Immigration, Work and Health

The Forum took place at Simon Fraser University (Harbour Centre). The forum was a success, attracting approximately 50 researchers, community organization representatives and policy makers from across the province. A number of researchers from Ontario who had collaborated with groups in BC also participated.

Interest in the forum was even greater than we thought it would be and the event took more time and resources to plan than we anticipated. For example, we prepared an entire grant proposal to CIHR to help fund an expansion of the forum (from an initially proposed 10-15 people to the aforementioned 50). We took great care to contact and connect with participants who were working in our area of interest. Forum follow up activities were extensive. A detailed report was written for forum participants and also for CIHR. A website was created to facilitate ongoing networking.

Overall, we were able to bring together individuals from the following broad backgrounds:

- Researchers and academics affiliated with post-secondary institutions, independent researchers and researchers working for community-based service organizations and research institutions.
- Community Service and Settlement Service organization employees interested in a range of issues around the health, safety and rights of immigrant and migrant workers
- Government and Policy representatives, including those working for the Province of British Columbia, WorkSafeBC, the Office of the Worker Advisor and the Office of the

Employer Advisor

- Trade Unions and Trade Council members who represent the construction industry, the longshoreman, health care workers, hospital employees and the BC Federation of Labour
- Legal representatives who work with injured workers and with employers

We were also concerned with representing British Columbia's geographic diversity. Thanks to our funders (the Canadian Institute for Health Research and WorkSafeBC), we were able to support travel costs for individuals from across the province. We were thrilled to be able to welcome participants to the forum based in seven cities in British Columbia (Greater Vancouver; Victoria; Prince George; Penticton; Kamloops; Nanaimo and White Rock.) as well as three cities in Ontario (Toronto, Guelph, Hamilton).

The one-day event was put on with no cost to participants and was structured as a series of short presentations in the morning, followed by facilitated discussion groups in the afternoon leading to the prioritization of research, policy and advocacy goals.

The goal of the morning speakers was to share current and ongoing research being done in Ontario and BC, as well as to assist the Ontario based research team in establishing the context for doing future research work in BC. The presentations were as follows:

- Agnieszka Kosny, presented an overview of her ongoing, qualitative study examining the experiences of new immigrants to Canada (Toronto-region) after a work-related injury or illness.
- Peter Smith, presented his study titled "An examination of the working conditions and risk factors for work-related injuries among immigrant workers in Canada". The study utilized various Statistics Canada databases examining immigrant labour market experiences and injuries between 1993-2005.
- Janet McLaughlin presented her research with migrant farm workers in Ontario, focusing on health, healthcare and compensation after a work-related injury.
- Habiba Zaman presented research from her work on the project "Asian Immigrants in BC: What does government restructuring mean for immigrants in the labour market?"
- Terry Bogoyo presented on WorkSafeBC's policy and legislation aimed at newcomer workers.
- Charan Gill presented an account of his personal and professional experience with farm work and with the Seasonal Agricultural Worker Program
- Mark Thompson spoke about enforcement issues with the Temporary Foreign Worker Program.

A fuller description of the content of each speakers' presentation is available in Appendix B.

The presentations themselves are available at: www.iwh.on.ca/immigrant-workers-forum-2009

The speakers' presentations included allotted time for questions, and lively discussion ensued around many of the topics. These discussions helped lay the groundwork and break the ice for the facilitated group conversations in the afternoon.

For the second part of the forum, participants took part in facilitated small group discussions on some key issues concerning the occupational health and safety of immigrant workers. Participants were asked to self-select into focus groups that best described their backgrounds or

current work. These groups included:

- Service providers, community organizations, settlement workers
- Government and Policy workers
- Academics or researchers
- Legal workers, Union, Association or Trade Council workers

The discussion was structured around a series of questions prepared by the research team. The questions were as follows:

- What do we already know (where have we done enough research)? Based on the presentations today what do you identify as the key issues affecting the working lives and health of immigrant workers and temporary foreign workers in BC? In Ontario? In Canada?
- Where can we act? How do we apply the research we have? Are there gaps in services, policy and practice that have been identified and need to be addressed? What are these gaps? How can they be addressed? What role can be played by researchers? Policy makers and government? Service providers? Prevention bodies and Unions?
- Are there services, policies and practices that are working well? Which ones?
- What do we still need to know? Where do research gaps exist? What are the most pressing research questions?
- Who should act? Who is best situated to address these research questions? What methods should be used? Who should participate? What are the barriers that you face around participating in research? How can these barriers be overcome?

A number of themes emerged during the group discussion, highlighting gaps in our knowledge and areas for future work and research around immigration, work and health. These themes were best categorized as:

- Structural (concerned with or affected by politics or the economy)
- Legislative (concerned primarily for the legislative or law-making branches of government)
- Linguistic (issues of language barriers or language comprehension)
- Geographic
- Educational/Informational (concerned with access to knowledge or information, or the appropriateness of information and how it is delivered)
- Worker Concerns
- Employer Concerns

1. *Knowledge, Service and Policy: What do we know, what don't we know about immigrant and migrant worker OHS concerns?*

- One theme emerging clearly from the discussion was that both employers and employees require greater awareness of their rights and responsibilities (Worker & Employer Concern, Information/Education).

- Following from the above point, it seems that even though a legal framework for workers to invoke their rights exists, workers are often not able to do so. The necessary tools are not reaching workers, and enforcement is often lacking in workplaces (Worker Concern, Structural, Legislative)
- We know that language barriers hinder worker reporting of injury (to both employers and compensation boards), as does fear and economic insecurity (Worker, Linguistic, Structural)
- There is a lack of linguistically appropriate, easily accessible information and support services for new immigrant and migrant workers (Structural, Education/Information, Linguistic Issues)
- Further research is required to determine the scope of the problem facing immigrant and migrant workers in Canada. We don't know what percentage of immigrant and migrant workers are reluctant or unable to report OHS risks. We don't know what percentage of workers are unaware of their rights at work (Structural, Legislative, Linguistic, Educational/Information)
- Available data on injury to immigrant and migrant workers is not always accurate or usable. Statistics can only capture what is reported and we have seen that workers do not always report their injuries. As such, there may be discrepancies between official data and 'on-the-ground' reality (Linguistic, Information, Legislative, Structural)
- Workers in general, but especially immigrants and migrant workers often are not informed about OHS or about the compensation system until after they experience an injury. Workers need to receive this information in a timely manner, and cannot always depend on employers to provide this information (Worker and Employer Concern, Education/Information, Legislative)

2. Occupational Health and Safety Programs: How do we design and build better OHS programs, now and in the future?

- There is a lack of funding for programs that serve the needs of TFW, and a concomitant lack of services available to these workers (Structural)
- Resources are scarce and many organizations face barriers to participating in research. For example, the resource commitment (both time and money) required by a community organization to partner equally with academics or government in research can be unfeasible and community organizations are often not appropriately compensated for their contributions to research (Structural)
- There may be too much emphasis placed on front-line workers in social service and settlement organizations. How can governments connect directly with workers and employers? (Structural)
- Workers Compensation is a highly complex, evolving system and many

immigrant serving organizations do not have the resources (both financial and human) to administer programs that address compensation issues (Structural, Education/Information)

- There is a lack of coordination among different groups of policy makers (e.g. immigration, employment standards, compensation etc). This makes it difficult to enact changes or work with researchers or service providers (Structural, Legislative)
- There can be a lack of alignment and communication about the goals and programming of different federal and provincial agencies (e.g. CIC, HRSDC, etc.) (Structural, Legislative)
- There can be geographic barriers to coordinating action or services. For example, it can be difficult to access and talk to employers and workers who are located in remote areas. There is also a concern that there may be a geographic bias as to who is consulted during the process of policy development (Geographic, Information)

3. Areas for future research around OHS and immigrant/migrant workers

- What are the best practices in services and programs for new immigrant and migrant workers across jurisdictions? (Structural, Legislative)
- What is the situation for undocumented workers who get injured on the job? Do they have access to benefits? What happens to these workers? (Legislative)
- Are translation/interpretation services effective? What is the quality of linguistic services in social service organizations and at the compensation board? What are users' experiences with these services? (Linguistic)
- What is the role of temporary work agencies in the labour market experiences of new immigrants? What are the OHS implications for workers in temporary work agencies? (Structural, Legislative)
- How much variation is there in the experiences of TFWs? Are some temporary workers more vulnerable than others? What impact do different types of contracts, different sorts of industries have on worker vulnerability and safety? (Structural)
- How do labour shortages and labour market structure contribute to the 'need' for TFWs? What alternatives are there to the TFW programs? Should workers be allowed to immigrate permanently to Canada? How does the immigration 'points system' meet (or not meet) Canadian labour market needs? (Structural)
- Other than labour recruitment, what is the role played by various national consulates in the TFW program. Do the governments of labour exporting countries have a sense of responsibility (or a legal obligation) for their citizens

working in Canada? (Structural)

- How do we determine 'fair' compensation to migrant workers?
- How do employment standards bear on labour contracts for TFWs? Are contracts binding when workers sign without complete understanding or appraisal of their rights and responsibilities? Are contracts designed to be accessible, informative and linguistically appropriate? (Linguistic, Information, Legislative)

As can be seen from the above, the forum allowed the research team and the forum participants to identify a number of areas for future research and work. The research team has developed a research proposal to explore some of these key areas of emerging concern (see section 7).

We believe that the information exchanged at the forum, combined with the opportunity for interested participants to network during the forum will ultimately strengthen the development of research, policy and advocacy around work-related disability prevention and immigration.

As previously noted, a complete forum report, a fuller description of the speakers' presentations, an identification of priority areas and an event evaluation can be found in Appendix B. Due to file size, forum presentations are not attached but can be accessed on the forum website:

<http://www.iwh.on.ca/immigrant-workers-forum-2009>

4. Dissemination and Knowledge Transfer: Work after the forum

Our original plan was to have a small forum (approximately 10 researchers and policy makers) and then conduct 8-10 interviews with those working in the community on immigration, work and health issues. However, because the scope and size of the forum was much bigger than we originally planned and we spent an entire afternoon identifying and discussing important research areas, gaps in knowledge and service, we felt there was no need for further interviews. In addition, the synthesis of this information, from a diversity of stakeholders, was very time consuming. Eventually we distilled the participants' identified research priorities and gaps into the list in the previous section (and beginning on page 11 of the forum report, attached as Appendix B). We identified key themes and various subthemes and also indicated key stakeholders connected to each priority.

Once a draft forum report was written, the presenters were asked to give feedback on the report. This was incorporated and presentations were added to the report as an appendix (please note some presenters preferred that their full presentation was not attached). This revised report was then sent out to those who attended the forum for feedback and also as a record of the research, policy and service priorities that were identified.

In addition, we created a website where the information on the Forum was posted (including the report, forum presentations and contact information). Participants were encouraged to circulate this information to their networks and also connect with each other using the contact information we included.

Our research team identified themes which we had an interest in pursuing in the form of research studies. However, then the PI (Kosny) went on maternity leave and the project was put on hold.

Upon return from maternity leave the project resumed. The PI (Kosny) contacted Dr. Janet McLaughlin who has done a great deal of research with migrant workers and attended the BC forum. Since the experiences and OHS problems facing migrant workers were such predominant themes at the forum we discussed developing a research project that would include this group of workers. We discussed potential research and community partners for our proposed project. Our idea for this project, described below, is strongly supported by the discussions and research gaps identified at the BC forum. Kosny planned a second trip to BC to meet with potential collaborators and present at a research conference on the challenges of doing research that requires language interpretation. In BC we have begun leveraging the networks we formed around the forum, having had discussions and meetings with Terry Bogyo at WorkSafeBC, Dr. Gerardo Otero (SFU) and Ms. Dora Replanski from AMSSA (The Affiliation of Multicultural Societies and Service Agencies of BC) about their involvement in a future study.

7. Implications for future research on occupational health

As noted above, the forum allowed connections to be made across disciplines and geographies, in the hopes that future research on immigration, work and health will be grounded in methodologies and approaches that make full use of the vast community interest and resources circulating around these topics. As well, the forum participants were able to identify a range of knowledge and policy gaps (outlined in section 5) that are ripe for future research.

Below we describe the proposal for a research project originating from the BC Forum. Originally the plan had been to submit this project to WorkSafeBC for the 2011 RFP. However, in December 2010, discussions were started with a senior policy analyst at the Public Health Agency of Canada where there was interest in the study outlined below. A proposal was written in December and is now under review. If accepted it will begin in February 2011.

An inventory of services and programs for immigrant and migrant workers offered by compensation and government prevention bodies across Canada

Agnieszka Kosny & Janet McLaughlin

The burden of work injuries in Canada is a serious public health concern. Nearly one million Canadian workers experienced nonfatal injuries that led to time off work in 2005 (Association of Workers' Compensation Boards of Canada, 2006). Rates of injury are not, however, evenly distributed among population groups. Certain groups of workers, for example new employees (Breslin & Smith, 2006) and recent immigrants (Smith & Mustard, 2008) are more likely to experience a work-related injury.

The workers' compensation system can be difficult to navigate for Canadian born workers, while new immigrants and migrant workers may have even greater challenges (MacEachen, Kosny, Ferrier, Chambers & Cole, 2008; McLaughlin, 2009). An unclear understanding of system requirements and poor reporting can prolong and complicate compensation claims. Workers who are new to Canada are likely to be unfamiliar with

compensation system requirements and may have difficulty understanding terms used by compensation system case managers (Gravel et al., 2003).

This project will examine the services and programs available to new immigrant and migrant workers through prevention and compensation systems across Canada. We will also examine if local community organizations have resources on occupational health and safety, employment standards and workers' compensation specifically for im/migrant workers. While some jurisdictions, such as British Columbia and Ontario, have historically been common destinations for im/migrants and may have well-established programs aimed at preventing work injuries and helping im/migrants navigate the workers compensation system, other jurisdictions, that are new destinations for im/migrants, may not have such resources available.

This project will examine and document the nature and extent of prevention and compensation resources available in each province and territory in Canada. This will include language resources, translated materials, prevention and educational programs aimed at new immigrant and migrant groups, outreach activities and support. Gaps and service needs will also be identified. The final inventory will be a resource for organizations working with new immigrants and migrant workers. Decision makers and program planners can learn from the best practices and resources offered in other jurisdictions to better meet the needs of workers who may be particularly vulnerable.

8. Policy and Prevention

a) Identification of policy and prevention implications arising from this research

While the main policy and prevention implications arising from this research are the “key knowledge and policy gaps” that were identified at the forum (see section 5), a more amorphous implication is in the very creation of cross-disciplinary and cross-geographic networks that we sought to facilitate through this grant. Networks such as those created through the forum, that bring together a range of community based, academic and policy stakeholders into a shared concern around key questions can have real policy and prevention effects. These include the means and methods by which future research is conducted (for example, in a community-based setting or from a community-informed/collaborative perspective) and the ways in which future research is disseminated (linkages such as those created could potentially reduce some of the standard bottlenecks encountered in the flow of information or can lead to the uptake of new prevention methods).

b) Relevant user groups for the research results

Relevant user groups for the outcomes of the forum include all of the forum participants. By extension, we would include participants' respective organizations (government, settlement services, unions, injured worker or immigrant advocacy organizations, etc.), academic collaborators (in the case of university-based or independent researchers) and policy makers (for example WorkSafeBC could allow the knowledge-gap identification done at the forum to inform future research funding decisions).

c) Policy related interactions undertaken by the PI

Our recent connection with a federal government agency (Public Health Agency) and the research proposal submitted to that agency will place us in a good position to inform policy discussions taking place at the national level related to the resources and programs delivered to newcomers. We also hope to identify points in the immigration and settlement process where information on employment standards, occupational health and safety and workers' compensation can be delivered effectively and efficiently.

Appendix A – Background information, statistics and literature references

Background information on BC/Vancouver labour market and immigration trends

Immigration profile of Vancouver - general

Vancouver, like other major urban centres, has a higher proportion of immigrants than Canada as a whole. In the Vancouver CMA (Census Metropolitan Area), immigrants make up nearly 40% of the population, with recent immigrants (defined as those arriving after 1991) comprising over 20% of that total. Thus, about one in five people in Vancouver is a recent immigrant.

	Canada	Vancouver CMA %
Total population	100	100
Non-immigrant population	79.3	58.5
Immigrant population	19.8	39.6
Immigrated before 1991	10.9	18.5
Immigrated between 1991 and 1995	2.6	6.8
Immigrated between 1996 and 2000	2.7	7.1
Immigrated between 2001 and 2006	3.6	7.2

However, the proportion of permanent residents declaring Vancouver to be their destination has dropped markedly in the last decade. In 1997, one in five permanent residents was headed to Vancouver; by 2006 this had dropped to 14.4%.

Table 1 Permanent residents by stated destination, 1997 and 2006 years of arrival

	1997	2006
Total all of Canada	100%	100%
BC subtotal	22.1%	16.7%
Vancouver	20.1%	14.4%

Source: Data adapted from Citizenship and Immigration Canada, *Facts and Figures 2006*

Place of birth

By virtue of its location, Vancouver has a high proportion of immigrants who arrive from the Pacific Rim countries as well as South Asia. The largest group, who make up over one-quarter of immigrants arriving in the period between 2001 and 2006, are immigrants from China. India and the Philippines are also well represented, with about 12% and 11% of the most recent arrivals.

Table 2 Place of birth by period of arrival, Vancouver

	Total immigrant population	Arrived before 1991	Arrived 1991 to 1995	Arrived 1996 to 2000	Arrived 2001 to 2006
	%	%	%	%	%
Total	100	100	100	100	100
China, PRO	16.5	11.2	16.5	20.4	26.2
India	10.8	9.6	12	11.4	12.4
Philippines	7.6	5.4	8.9	8.8	10.9
Korea, South	3.7	1.5	3.7	5.5	7.7
Taiwan	4.9	1.3	8.2	11.6	4.6
Iran	2.6	1.4	2.3	4.5	4.2
USA	3	3.9	1.4	2	3
UK	7.7	14	2.2	1.8	2.5
Hong Kong SAR	9.1	8.6	17.7	9.6	1.9
Russian Federation	0.7	0.2	0.5	1.3	1.5
Japan	1.1	1	0.7	1.1	1.4
Pakistan	0.9	0.4	1	1.6	1.4
Romania	0.7	0.3	0.7	1	1.2
Mexico	0.6	0.3	0.4	0.7	1.2
Fiji	2.1	2.9	2.2	0.9	1.1
Afghanistan	0.4	0.1	0.3	0.6	1.1

Source: Data adapted from Statistics Canada. 2007. Place of birth for the immigrant population by period of immigration, 2006 counts and percentage distribution, for census metropolitan areas and census agglomerations – 20% sample data (table). Immigration and Citizenship Highlight Tables, 2006 Census. Statistics Canada Catalogue no. 97-557-XWE2006002. Ottawa. Released December 4, 2007.

Languages spoken

Table 3 Language spoken most often at home, non-official languages (1% or more), immigrant population in Vancouver 2006

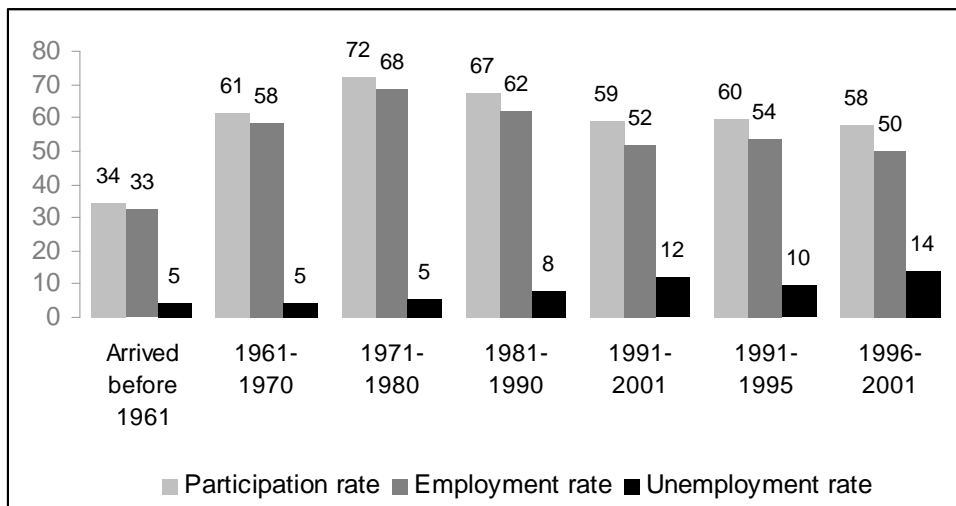
	% of total non official languages
Chinese languages	49.7%
Panjabi (Punjabi)	14.2%
Korean	5.8%
Tagalog (Pilipino, Filipino)	4.5%
Persian (Farsi)	3.8%
Vietnamese	2.7%

Spanish	2.3%
Hindi	1.9%
Russian	1.7%
Polish	1.1%
Japanese	1.1%
Italian	1.0%
<hr/>	
Top non official languages subtotal	89.7%
All other languages	10.3%
<hr/>	
Total all non official languages	100%

Source: Data adapted from Statistics Canada. 2007. Language spoken most often at home by immigrant status and broad age groups, 2006 counts, for Canada and census metropolitan areas and census agglomerations – 20% sample data (table). Immigration and Citizenship Highlight Tables, 2006 Census. Statistics Canada Catalogue no. 97-557-XWE2006002. Ottawa. Released December 4, 2007.

Labour market

Figure 1 Participation, employment and unemployment rates for immigrants in Vancouver by period of arrival



Source: Data adapted from Selected Cultural and Labour Force Characteristics (58), Immigrant Status and Place of Birth of Respondent (21B), Age Groups (5A), Sex (3) and Immigrant Status and Period of Immigration (11) for Population 15 Years and Over, for Canada, Provinces, Territories and Census Metropolitan Areas, 2001 Census - 20% Sample Data.

Form of employment

More recent immigrants are less likely to be self-employed, and more likely to be paid employees, than their earlier counterparts. However, there are differences by gender. Women are much more likely to be employees than self-employed regardless of period

of arrival. Nevertheless the gap between men and women is closing as more recent male immigrants are much more likely than their earlier-arriving counterparts to be employees.

Table 4 Form of employment among immigrants in Vancouver by period of arrival

	Employees	Self-employed (incorp)	Self-employed (unincorp)	Unpaid family workers	Total
Arrived before 1961	75.0%	9.5%	15.2%	0.4%	100%
Arrived 1961-1970	79.6%	7.8%	12.2%	0.4%	100%
Arrived 1971-1980	83.8%	6.8%	9.2%	0.2%	100%
Arrived 1981-1990	85.3%	5.5%	8.8%	0.4%	100%
Arrived 1991-2001	85.7%	4.8%	8.8%	0.7%	100%
Arrived 1991-1995	85.1%	4.9%	9.5%	0.5%	100%
Arrived 1996-2001	86.3%	4.6%	8.2%	0.9%	100%
Difference between earliest and most recent cohort	11.3%	-4.8%	-7.0%	0.5%	

Source: Data adapted from Selected Cultural and Labour Force Characteristics (58), Immigrant Status and Place of Birth of Respondent (21B), Age Groups (5A), Sex (3) and Immigrant Status and Period of Immigration (11) for Population 15 Years and Over, for Canada, Provinces, Territories and Census Metropolitan Areas, 2001 Census - 20% Sample Data.

Table 5 Form of employment among immigrants in Vancouver by period of arrival and sex

		Employees	Self-employed (incorporated)	Self-employed (unincorp)	Unpaid family workers
Arrived before 1961	Men	69%	12%	19%	0%
	Women	83%	6%	10%	1%
Arrived 1961-1970	Men	76%	11%	14%	0%
	Women	84%	4%	10%	1%
Arrived 1971-1980	Men	80%	9%	10%	0%
	Women	88%	4%	8%	0%
Arrived 1981-1990	Men	81%	8%	11%	0%
	Women	89%	3%	7%	1%
Arrived 1991-2001	Men	83%	6%	10%	0%
	Women	89%	3%	7%	1%

Arrived 1991-1995	Men	82%	6%	11%	0%
	Women	89%	3%	8%	1%
Arrived 1996-2001	Men	84%	6%	10%	1%
	Women	89%	3%	7%	1%

Source: Data adapted from Selected Cultural and Labour Force Characteristics (58), Immigrant Status and Place of Birth of Respondent (21B), Age Groups (5A), Sex (3) and Immigrant Status and Period of Immigration (11) for Population 15 Years and Over, for Canada, Provinces, Territories and Census Metropolitan Areas, 2001 Census - 20% Sample Data.

On one hand, immigrants who arrived after 1971 are more likely to be working, simply because they are younger than those arriving earlier. On the other hand, rates of nonwork increase by period of arrival. Nearly half of female immigrants, and over one-third of male immigrants, who arrived in the late 1990s and early 2000s report that they did not work in 2000. When men and women did work, their incomes were relatively lower than their earlier-arriving peers, particularly if they worked part-year or part-time.

Table 6 Labour force participation and employment income among immigrants in Vancouver by period of arrival

		Did not work	Worked full year full time		Worked part year or part time	
		% of cohort	% of cohort	Average employment income	% of cohort	Average employment income
Before 1961	Men	56.5%	26.1%	\$62,183	17.4%	\$37,902
	Women	69.9%	14.3%	\$45,565	15.8%	\$21,982
1961-1970	Men	28.8%	45.9%	\$58,475	25.3%	\$35,961
	Women	42.1%	29.2%	\$40,753	28.7%	\$23,486
1971-1980	Men	19.4%	52.5%	\$51,510	28.1%	\$33,114
	Women	32.3%	36.4%	\$38,168	31.2%	\$22,155
1981-1990	Men	25.9%	40.9%	\$43,777	33.2%	\$21,883
	Women	36.4%	29.5%	\$32,382	34.1%	\$17,606
1991-1995	Men	34.8%	32.5%	\$38,230	32.7%	\$18,448
	Women	43.5%	22.3%	\$29,247	34.2%	\$14,064
1996-2001	Men	35.3%	26.5%	\$38,231	38.2%	\$17,242
	Women	48.4%	15.8%	\$26,173	35.8%	\$12,232

Source: Data adapted from Selected Income Characteristics (35), Immigrant Status and Place of Birth of Respondent (21B), Age Groups (6), Sex (3) and Immigrant Status and Period of Immigration (11) for Population, for Canada, Provinces, Territories and Census Metropolitan Areas, 2001 Census - 20% Sample Data.

Industry and occupation

Most notable is the increase in workers in the retail, accommodation and food services sectors, and the decrease of workers in construction, education, health care and public administration. These latter four sectors are generally unionized, with a relatively higher proportion of “good jobs” that are full-time, full-year (with the exception of construction)

and well paid with extensive benefits. Conversely, retail, accommodation and food services are typically characterized by “bad jobs” that are part-time, often temporary or contract, lower paid with few benefits, and often poor union coverage.

Table 7 Industry of immigrant workers by period of arrival, Vancouver

> 2% increase between earliest and latest cohort
> 2% decrease between earliest and latest cohort

	1961-1970	1971-1980	1981-1990	1991-1995	1996-2001	Difference between earliest and latest cohort
All industries	100.0%	100.0%	100.0%	100.0%	100.0%	
11 Agriculture, forestry, fishing and hunting	1.1%	0.9%	1.3%	2.0%	2.3%	1.2%
21 Mining and oil and gas extraction	0.2%	0.2%	0.1%	0.2%	0.2%	0.0%
22 Utilities	0.9%	0.4%	0.3%	0.2%	0.2%	-0.7%
23 Construction	6.5%	4.2%	4.4%	3.7%	2.8%	-3.7%
31-33 Manufacturing	10.8%	12.0%	12.3%	12.7%	12.6%	1.8%
41 Wholesale trade	4.5%	4.8%	5.1%	5.9%	6.0%	1.5%
44-45 Retail trade	7.4%	9.2%	11.1%	12.1%	12.8%	5.4%
48-49 Transportation and warehousing	7.5%	6.3%	6.3%	6.0%	4.6%	-2.8%
51 Information and cultural industries	3.4%	3.2%	2.8%	3.1%	3.8%	0.3%
52 Finance and insurance	5.1%	6.3%	5.7%	4.7%	4.6%	-0.5%
53 Real estate and rental and leasing	3.4%	3.0%	2.6%	2.0%	1.7%	-1.7%
54 Professional, scientific and technical services	9.8%	8.3%	7.5%	7.8%	10.6%	0.7%
55 Management of companies and enterprises	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%
56 Administrative and support, waste management and remediation services	3.9%	3.7%	4.9%	5.6%	6.1%	2.2%
61 Educational services	8.2%	6.3%	4.7%	4.4%	4.8%	-3.4%
62 Health care and social assistance	11.8%	12.6%	10.7%	8.5%	6.5%	-5.2%
71 Arts, entertainment and recreation	1.8%	1.5%	1.6%	1.5%	1.6%	-0.2%
72 Accommodation and food services	4.9%	7.4%	10.8%	12.2%	12.1%	7.2%
81 Other services	4.6%	5.5%	5.5%	5.8%	5.6%	1.0%

(except public administration)						
91 Public administration	4.2%	4.0%	2.1%	1.6%	1.0%	-3.1%

Source: Data adapted from Selected Cultural and Labour Force Characteristics (58), Immigrant Status and Place of Birth of Respondent (21B), Age Groups (5A), Sex (3) and Immigrant Status and Period of Immigration (11) for Population 15 Years and Over, for Canada, Provinces, Territories and Census Metropolitan Areas, 2001 Census - 20% Sample Data.

The largest occupational category for recent immigrants to Vancouver is the sales and service sector – nearly 1/3 of immigrants arriving in the late 1990s were employed in this domain. The difference in this occupational group between earliest and latest arrivals is striking – a difference of 14 percentage points between the two groups. More recent immigrants are also more likely than their earlier counterparts to be found in occupations unique to processing, manufacturing and utilities.

Fewer recent immigrants were employed in management compare to their earlier-arriving counterparts, particularly those arriving between 1961 and 1980. More recent immigrants are also less likely to be employed in business, finance and administrative occupations, social and public services, and trades and transport.

Table 8 Occupation of immigrant workers by period of arrival, Vancouver

	1961-1970	1971-1980	1981-1990	1991-1995	1996-2001
All occupations (NOC)	100.0%	100.0%	100.0%	100.0%	100.0%
A Management occupations	15%	14%	13%	10%	10%
B Business, finance and administration occupations	21%	21%	20%	16%	16%
C Natural and applied sciences and related occupations	8%	7%	7%	10%	8%
D Health occupations	4%	7%	8%	4%	5%
E Occupations in social science, education, government service and religion	10%	9%	7%	5%	5%
F Occupations in art, culture, recreation and sport	4%	4%	3%	3%	3%
G Sales and service occupations	18%	19%	23%	32%	32%
H Trades, transport and equipment operators and related occupations	14%	14%	12%	10%	12%
I Occupations unique to primary industry	2%	2%	1%	2%	2%
J Occupations unique to processing, manufacturing and utilities	3%	4%	6%	8%	8%

Income

The incidence of low income among immigrants is higher in Vancouver than in Canada as a whole, and the divisions are particularly acute among later groups of immigrants.

Table 9 Incidence of low income in 2000 (%) among immigrants in Vancouver and Canada, by period of arrival

	Pre-1961	1961-1970	1971-1980	1981-1990	1991-1995	1996-2001
Vancouver	8.5	8.8	11.5	19.4	31	47.7
Canada	6.8	8.2	10.4	17.2	25.2	41.2
Difference between Vancouver and Canada (percentage points)						
	1.7	0.6	1.1	2.2	5.8	6.5

BC Policy and Legislative Background Information

Introduction

The Workers' Compensation Board in B.C. was established in 1917 when the *Workers' Compensation Act* was passed. Since that time, it has been providing compensation to injured workers and engaging in injury prevention regulation and enforcement.

The mandate of WorkSafe BC is four-fold:

1. To promote the prevention of workplace injury, illness and disease
2. To rehabilitate those who are injured and provide timely RTW
3. To provide fair compensation to replace workers lost wages during recovery
4. To ensure sound financial management for a viable workers compensation system.

British Columbia's scheme of OHS regulation has two distinctive features.

First, its workers' compensation board was given the responsibility for occupational health and safety, which is mandated and legislated. In the absence of specific OHS legislation, it is exercised through regulation making. This is unique among WCBs in Canada (though the WCB's of both PEI and the Territories take some OHS role).

Second, as of 1994, WorkSafe BC offers a system of Universal Coverage, the only province other than QC to do so explicitly (though NT/NU, NB and PEI all cover between 92-100% of their workforce, they do not articulate a claim to provide universal coverage). As of 2006, 93.1% of the BC workforce were included in coverage. As a matter of policy, the WCB may exempt employers or workers (for example, professional athletes and sports teams are exempt, as are home-care workers working less than 8hrs/week).

General structure of the WCB/WorkSafe BC

The WCB performs two central functions. The first function is to provide compensation to injured workers. (The WCB also administers the criminal injuries compensation board which provides small amounts of compensation to victims of crime. Overall, this task represents a very small proportion of WCB activity.)

The second major function of the WCB is to prevent injury in the workplace. BC is unique in that it has one of the few boards which engage in prevention activities. (In other provinces, it is other ministries of the government which engage in regulation and enforcement.) The prevention division of the WCB employs inspectors who have the authority to write orders and assess penalties against employers who do not adhere to regulated safety standards.

In addition, the governing body of the WCB is responsible for reviewing current regulations in health and safety and recommending changes where needed. In that sense, the board's power is absolute, having the exclusive authority to create and enforce its own regulations. The WCB is solely responsible for making decisions regarding when to review regulations, which regulations to review and what the regulations should ultimately state. At the same time, the WCB is responsible for identifying violators of the regulation, and how sanctions should be applied.

WCB regulations

The regulations which protect the health and safety of workers in B.C. include the Occupational Health and Safety Regulation, the Occupational Environmental Regulation and the Workplace Hazardous Materials Information System (WHMIS) Regulation. The regulation most often referred to is the Occupational Health and Safety Regulation. Many of the standards which are now outlined in the new legislation, represent either a restatement of what currently exists in Regulation or, alternatively, a slight amendment to what exists in legislation. This raises the obvious question with respect to the legal effect of certain sections of the Regulation. Generally speaking, the legislation states that in any place where the legislation and the Regulation are deemed to be in conflict, the legislation takes precedence.

WCB enforcement

As described earlier, the work of the WCB is divided into two principal areas – prevention and compensation. The prevention division employs officers across the province to inspect workplaces to ensure that employers are operating in compliance with safety regulations. These inspections may be proactive as part of a regular industry compliance program or they may occur reactively, as a result of a complaint received from a worker or union.

Workers and employers both have the right to have a representative accompany a board officer on an inspection. Board officers have the authority to issue orders against the employer, or to close down an operation altogether (section 12-3). In the event that the order is not complied with, the board can levy a financial penalty against the employer. The employer has the right to appeal a penalty and workers or unions have a right to participate in that appeal.

Recent history of the WCB 1990-2008

There has been considerable change in the WCB over the last 18 years. In 1990 the existing WCB was re-organized. It was to be governed by a board of governors comprised of 13 members – five employer representatives, five worker representatives, two public interest governors and one chair of the board. In 1992 the new board of governors established a regulation advisory committee (RAC). This committee was charged with the responsibility of reviewing the current health and safety regulation in BC and revising it to make it more effective. From this group approximately 20 sub-committees were established to address specific regulatory areas and industries. In 1993 the government passed Bill 63, a bill establishing that all employees in BC are covered by the *Workers' Compensation Act* with very limited exceptions. This expanded the number of workers in BC who benefited from workers' compensation coverage.

In the latter part of 1994 tensions between employer representatives and labour representatives heightened (specifically around new ergonomic regulations). This resulted in the December 1994 resignation of the chair of the WCB, and a continuing deadlock in negotiations between employer representatives and the WCB. In the summer of 1995, the government passed Bill 56. This Bill allowed the government to replace the board of governors with a panel of administrators for a short period of time (which was ultimately 8 years- a new board was not appointed until 2003). As a result of the controversy around the WCB's governance (as well as several other issues around the administration of compensation), the government appointed a royal commission to examine the system, headed by Justice Gil. The commission was directed to divide its report into two parts. The first portion, which was completed in November of 1997, included recommendations around the regulatory development and review process, the more general issue of how, and by whom, health and safety should be administered and on the administration of fatality benefits before 1972. In May of 1998 the government introduced Bill 14, the *Workers' Compensation (Occupational Health and Safety) Amendment Act*. The second part of the commission's report dealt with all other issues around the fair administration of the compensation system. In 1999 the Royal Commission published a 3 volume report "*For the common good: final report of the Royal Commission on Workers' Compensation in British Columbia.*" In October of the same year, the Worker's Compensation Amendment Act took effect, introducing further OHS requirements. At this time, the board also opened a Research Secretariat.

WCB legislation- Outcomes of the royal commission

Until May 1998, the vast majority of the authority relied upon by the Workers' Compensation Board in the course of regulating and enforcing occupational health and safety in British Columbia arose from a very broad interpretation of three or four sections of the previous *Workers' Compensation Act*. As a result of the 1997 Royal Commission on Workers' Compensation, the government determined that it would enshrine in legislation the practices and procedures of the Workers' Compensation Board prevention division which had developed over the years through regulation and policy. In July 1998, the government introduced a significant amendment to the current *Workers' Compensation Act* by adding a new part to the Act (part 3), setting out the legislative framework for OHS in BC. A great deal of what is included in Part 3 of the *Workers' Compensation Act* represents either a codification of practices of the Workers' Compensation Board and/or a restatement of that which is already included in regulation.

Changes to BC compensation system as of June 30,2002

In 2001, an ideologically right-wing liberal government was elected in BC and proceeded to implement a de-regulation process across the province. The 'Core Services Review' applied to all ministries, boards, commissions, and government agencies in BC, including the WCB. The goal of the CSR was to reduce "the regulatory burden in BC by one-third over 3 years" (WCB Resolution, 2005). At the time, BC's costs and assessment rates were increasing, appeals to the system faced long delays, and the accumulated WCB deficit was forecast to be \$900 million by 2005.

Alan Winter was appointed in September 2001 to conduct a comprehensive review of all WCB policy and regulation. Legislative changes to the *Workers Compensation Act* followed in 2002, with the introduction of Bills 49 and 63.

- Bill 49 changed how benefits for injured workers are calculated, clarifies coverage for mental stress and restructures Workers' Compensation Board governance.
- Bill 63 reduced a level of review and appeal of WCB decisions (from three to two), creating the current structure of an internal review and an independent appeal tribunal as the final level of appeal for workers' compensation matters.

WorkSafeBC underwent another process of restructuring, with the goal of reducing administrative costs and refocusing operations on 'core service delivery'.

According to the British Columbia Federation of Labour, the results of deregulation and legislative change at WorkSafeBC included significant cuts to enforcement and the replacement of specific regulations with more generic guidelines that employers are not required by law to apply. WorkSafeBC began to place a greater emphasis on self-regulation.

Between 2001 and 2005, 550 staff positions were cut from WorkSafeBC. The number of prevention officers inspecting workplaces was reduced by 30% (Fairey, 2005). Inspection reports decreased by 44%, resulting enforcement orders fell by 46%,

penalties recommended dropped by 45%, and penalty amounts decreased by 57%, from \$4.27 million to \$1.8 million. This change was not reflective of a growing compliance with OHS regulation, but rather was tied to staff cuts, and an emphasis on employer self-regulation.

In 2003 WorkSafeBC closed its residential rehabilitation centre and clinic in Richmond BC, which served injured workers living outside the Lower Mainland, and closed 4 of its regional offices (out of a total of 19), making it more difficult for workers to access board services. The reorganization at WorkSafeBC continued until 2004. 2008 saw a new appointment to Board chair, the first significant board changes since 2003.

WorkSafeBC initiatives of specific interest to the Injured Immigrant Worker study.

In 2005 WorkSafeBC instituted a long term “ethnic community outreach strategy”. This resulted in a 2006 collaboration with 4 immigrant serving social service organizations to produce a “Small Business Primer” which includes information regarding compensation, registration, assessments, claims and prevention advice for small business owners in the province. The pamphlet was produced in Traditional Chinese and English.

Also in 2006, WorkSafeBC conducted a “Safety Initiative Symposium” for the construction industry. This symposium assisted WorkSafeBC in identifying barriers facing immigrant workers. These barriers included language issues, lack of awareness about OHS and rights and unregistered employers. Emerging from this, WorkSafeBC translated its materials and publications into several languages, though there is some variation on what materials have been translated for each language group.

As of January 2009, WorkSafe BC offers general information, online resources and forms in 7 languages (Korean, French, English, Chinese - both simplified and traditional, Spanish, Vietnamese and Punjabi). The languages were chosen based on the frequency of calls and requests received by WorkSafeBC.

These new language sites provide workers and employers with information on how to report a work-related injury and start a claim, details for employers on how to register a business, and links to WorkSafeBC’s translated health and safety publications, though not all publications are translated for all language groups. In January 2009 there were 23 translated publications available in Punjabi, but none in Korean (with the breakdown being: 23 documents in Punjabi, 13 in Chinese, 8 Spanish language documents, 6 Vietnamese, 3 French and no Korean). As well, while the WorkSafeBC language sites offer translated *links* to necessary documents, some documents are only available in English.

Other official OHS information available to newcomers is through the “Welcome BC” website, the provincial governments’ official gateway for newcomers to the region. Translated publications are available in the following languages: Chinese (both traditional and simplified), Farsi, French, Hindi, Korean, Polish, Punjabi, Russian, Spanish, Tagalog and Vietnamese. Clicking on the language links brings one to links

for 'translated publications', but the links and titles/headings are all in English (even the link for French brings one to document headings all in English). There is a wide variation in the documents that are available in different languages. As our study is concerned primarily with OHS and health and compensation access for newcomers, I pay specific attention to documents related to these topics. The breakdown looks something like this:

The only languages in which the Province offers a range of translated documents concerning health, labour and OHS are Traditional Chinese and Punjabi. For these languages there are documents about health and health care access, documents about Employment Standards and a range of documents specific to WCB (how to appeal, reviews of WCB decisions, guides to bill 63, as well as fact sheets that refer where to go for assistance with a WCB claim).

French and Spanish language links bring translated employment standards factsheets (hours of work, vacation, termination), but nothing specific to compensation, injury or WCB. Polish has links to "service code translations" and "organizational values translation" (which none of the other language groups had), but nothing else for OHS or ES. The other languages (Farsi, Simplified Chinese, Hindi, Korean, Russian, Tagalog and Vietnamese) have no translated documents available on health (other than documents on SARS), OHS or labour and employment standards.

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Report from the Research and Policy Knowledge Exchange Forum on Immigration, Work and Health in British Columbia

Held on: February 12, 2009, 8:30-4:30

Location: Simon Fraser University at Harbour Centre, Downtown Vancouver

Overview: Purpose of the forum

Immigrant workers are very important to the Canadian labour force, and represent the majority of future labour force growth in Canada. Yet there is some indication that the experiences of these workers can be problematic. Immigrant workers are more likely to work in poor-quality, low-paying jobs. Workers with low job security, poor English language skills and limited familiarity with Canadian social programs (such as our health care or workers' compensation system) may face particular challenges when injured at work. They may not report injuries if they have poor knowledge of their rights or fear losing their job. These workers may also have trouble accessing and navigating the compensation and health care systems after an injury. While immigrant workers may face these challenges, these issues are often magnified for temporary foreign workers (TFW). TFWs may grapple with the above mentioned barriers, as well as with work permits that tie them to specific employers, difficulty accessing health care and a lack of knowledge about their rights and responsibilities in Canadian workplaces.

A team of researchers, led by Dr. Agnieszka Kosny from the Institute for Work & Health in Toronto, has been exploring immigrant workers' experiences after a work-related injury in Ontario. In order to begin examining similar issues in British Columbia, a research and policy knowledge exchange forum was planned. We aimed to convene a group of interested individuals and organizations working around the intersection of immigration/migration and occupational health, safety and rights. The goal for the day was to gather stakeholders from diverse backgrounds and disciplines who were interested in sharing their understanding of immigrants' labour market experiences and health outcomes.

We were able to bring together individuals from the following broad backgrounds:

- Researchers and academics affiliated with post-secondary institutions, independent researchers and researchers working for community-based service organizations and research institutions.
- Community Service and Settlement Service organization employees interested in a range of issues around the health, safety and rights of immigrant and migrant workers

- Government and Policy representatives, including those working for the Province of British Columbia, WorkSafe BC, the Office of the Worker Advisor and the Office of the Employer Advisor
- Trade Unions and Trade Council members who represent the construction industry, the longshoreman, health care workers, hospital employees and the BC federation of labour
- Legal representatives who work with injured workers and with employers

We were also concerned with representing British Columbia's geographic diversity. Thanks to our funders (the Canadian Institute for Health Research and WorkSafeBC), we were able to support travel costs for individuals from across the province. We were thrilled to be able to welcome participants to the forum based in seven cities in British Columbia¹, as well as three cities in Ontario.

The one-day event was put on with no cost to participants, and was structured as a series of short presentations in the morning, followed by facilitated discussion in the afternoon leading to the prioritization of research, policy and advocacy goals.

We believe that the information exchanged at the forum, combined with the opportunity for interested participants to network during the forum will ultimately strengthen the development of research, policy and advocacy around work-related disability prevention and immigration/migration.

¹ Geographic diversity was facilitated through the participation of individuals or organizations from the following cities. In British Columbia: Greater Vancouver; Victoria; Prince George; Penticton; Kamloops; Nanaimo and White Rock. In Ontario: Greater Toronto, Guelph and Hamilton

Overview: Speaker Presentations:

The morning session of the forum featured seven presentations from a range of speakers. Where permission was given, copies of the presentation are available on our study website at www.iwh.on.ca/immigrant-workers-forum-2009.

A brief recap of each presentation follows below:

- **Agnieszka Kosny**, from the Institute for Work & Health in Toronto provided an introduction to the day as well as a brief overview of an ongoing study examining the experiences of new immigrants to Canada after a work-related injury or illness. The aim of this study is to gain an understanding of new immigrants' experiences after a work-related injury, as well as to examine the context and processes that drive work-related injury trajectories. The study explores injured immigrant workers' (IIW) knowledge of their rights at work; factors that facilitate or impede the filing of compensation claim by IIWs; the experiences that IIWs have with the workers compensation system, with employers and with health care providers at the time of injury and afterwards; and the effects that the injury has on the worker, their family, finances and future in Canada.

At the time of the forum, the research team had completed 14 in-depth qualitative interviews with a variety of Service Providers (SPs), and 13 interviews with IIWs. She presented some of the preliminary findings:

- IIWs interviewed expressed a lack of knowledge about standard workplace rules, rights and safety information
- IIWs experienced difficulty with the nuances of language and Canadian occupational health and safety contexts, for example the difference between "being sick" and "being sick from work"
- IIWs explained that the Canadian process of "reporting" an injury could be quite new to them, and had difficulty with record keeping and writing down the events surrounding their injury
- IIWs were at times unfamiliar with Canadian social programs and services such as employment insurance, disability benefits and the workers' compensation system.
- IIWs expressed reluctance to report their injury or to fight for their rights because of a desire to not "rock the boat", risk losing their jobs and jeopardizing their financial security at a time when they were settling in Canada.

Please see: <http://www.iwh.on.ca/researchers/agnieszka-kosny> for more about Dr. Kosny's work. Dr. Kosny's presentation is available at: www.iwh.on.ca/immigrant-workers-forum-2009

- **Peter Smith**, from the Institute for Work & Health, presented a study titled "An examination of the working conditions and risk factors for work-related injuries among immigrant workers in

Canada". The study utilized various Statistics Canada databases examining immigrant labour market experiences and injuries between 1993-2005.

The main research questions that this study sought to explore were about the labour market experiences of immigrants to Canada, specifically those related to occupational health and safety risks, and whether immigrants were more likely to sustain work-related injuries.

This research found that there is an unequal distribution of occupational health and safety risks among immigrants to Canada compared to Canadian-born labour market participants. Some of the key conclusions of the study were:

- ◊ Recent immigrants (up to 10 years in Canada) were more likely to work in physically demanding occupations and small workplaces. Those in Canada less than five years also were more likely to be in temporary jobs. Physically demanding occupations, small workplaces and temporary work are all associated with an increased occupational health and safety risk.
- ◊ Immigrants who had been in Canada up to 20 years were less likely than Canadian-born residents to be members of a union.
- ◊ Visible minority status and not having a degree from Canada was associated with working in physically demanding occupations and regular shift work. Physically demanding work and regular shift work are both associated with an increased OHS risk
- ◊ The risk of serious work-related injury is twice as high for recently landed immigrant men, as compared to Canadian-born men (although the true risk may be higher, due to under-reporting). Examining the risk of injury among women was hampered by smaller numbers of injuries and lower labour force participation among female immigrant groups.

The study authors made some key policy recommendations, including:

- ◊ Resources need to be targeted at accurately estimating the number of work injuries that require health care among immigrants, compared to the Canadian-born population.
- ◊ Given the number of occupational health and safety risks that immigrants are exposed to, resources need to be devoted to the developing and translating tool(s) that will increase the knowledge of immigrants about their workplace rights, occupational health & safety, and workers' compensation – ideally before immigrants start work.

An interview with Peter Smith discussing his findings can be found here:

<http://www.canadianimmigrant.ca/careers/workplaceissues/article/1447>

Dr. Smith's presentation is available at: www.iwh.on.ca/immigrant-workers-forum-2009

- **Janet McLaughlin** is completing her PhD in Medical Anthropology at the University of Toronto, and currently teaches in Sociology, Anthropology and International Development Studies at the University of Guelph. She presented her research with migrant farm workers in Ontario,

focusing on health, healthcare and compensation after a work-related injury. This study explores some of the ways that structural vulnerability is built into the Seasonal Agricultural Worker Program (SAWP), through, for example, the inability of SAWP participants to change employers without permission or to organize into collective bargaining units.

Her research also examines some of the health concerns raised by participants in the SAWP. These concerns include issues related to general health (sleep, nutrition, weight); sexual and reproductive health issues (pregnancy and sexually transmitted infections); mental and emotional health (depression, anxiety and addiction); exposure to the elements (heat, rain and cold); Pesticide exposure; musculo-skeletal injuries; and concerns around unsafe transportation.

The study also explores the nature of health care coverage for SAWP workers in Ontario, and some of the barriers that workers face in accessing health care or compensation. Some of these barriers include:

- Employers' mediation of health care and employers' relationship with health care providers
- Health card access
- Worker isolation and lack of transportation
- Language and literacy issues
- Fear of reporting injury or illness
- Few rural doctors and occupational health specialists
- Workers' limited understanding of rights/entitlements
- Repatriation of many sick/injured workers (workers sent back home if sick or injured)
- Poor follow-up and lack of regular health care both in Canada and across international borders

The full report can be accessed on our website at www.iwh.on.ca/immigrant-workers-forum-2009.

You can read more about Ms. McLaughlin's work here:

<http://www.focal.ca/publications/focalpoint/fp1208/?lang=e&article=article6>

- **Habiba Zaman** is Associate Professor of Women's Studies at Simon Fraser University. She presented research from her work on the project "Asian Immigrants in BC: What does government restructuring mean for immigrants in the labour market?", conducted in partnership between SFU Women's Studies, Centre for Canadian Policy Alternatives and Philippine Women Centre.

The study used interviews and surveys to explore how changes in the Employment Standards Act (ESA), and in wages, working conditions and job security, affected Filipino immigrants in Vancouver. Study participants relayed that they had not been informed about the ESA or

about WorkSafeBC regulations. The study also found that immigrant workers helped each other to become familiar with the work and oriented each other to possible dangers in the workplace. Nonetheless, some participants described working in jobs or in physical positions (such as repetitive tasks in a greenhouse, or prolonged standing) that led to a “cross cutting body pain”.

Further impact on worker health was apparent through examples of:

- Handling dangerous machinery without training, and performing physical job tasks without training
- Inhaling chemical fumes and working without masks or other protection
- Enduring cold outdoor temperatures without shelter
- Working with workplace hazards without WHIMIS training or information
- Workers’ describing their jobs as “stressful, hazardous and monotonous”

In response to these hazards, participants often employed job-hopping as a coping mechanism, quitting their jobs rather than demanding their rights or complaining about workplace violations. However, job-hopping did not seem to improve their workplace conditions. Participants who did quit frequently found new jobs of a similar kind, with similar hazards.

The full report on the project is titled: “Workplace Rights for Immigrants in BC: The Case of Filipino Workers” and is available at: www.policyalternatives.ca

- **Terry Bogyo**, is the Director of Corporate Planning and Development at WorkSafeBC’s. He presented on WorkSafeBC’s policy, legislation and responses to OHS and newcomer workers.

WorkSafe BC has addressed some of the needs of ‘newcomer’ workers through their multilingual web presence, a language line service, and a focus on young workers. In BC, ‘newcomer’ workers, both those with legal status and without, have the same rights and legal access to workers’ compensation. Mr. Bogyo’s presentation focused primarily on temporary foreign workers in BC. The numbers of temporary foreign workers (TFW) in Canada have more than doubled during the years 1997-2006, and the number of TFWs is increasing in both BC and in Canada.

Research from the United States indicates that TFWs have higher injury rates than citizen workers where there are language differences among workers. WorkSafeBC wanted to explore whether TFWs in BC were being injured at different rates than permanent resident/citizen workers, and if so, what might account for that difference.

- The preliminary analysis conducted by WorkSafeBC demonstrated numerous challenges in assessing injury risk among TFWs using data from compensation claims

- The data from WorkSafeBC claims indicate that the injury rates for TFWs are about 1/3 lower than for all workers
- Based on the available data, it seems plausible that there is a substantial under-reporting of work-related injuries among TFWs

Possible causes of this might include:

- Lack of knowledge of rights
- Injured TFW leave the country for treatment
- Injuries are under-reported or otherwise suppressed

In response to these potential issues, WorkSafeBC has been focusing increasing resources on 'vulnerable workers', expanding their work with TFWs and other groups who may face cultural, social and linguistic barriers to compensation access.

Mr. Bogyo's presentation is available on our website at: www.iwh.on.ca/immigrant-workers-forum-2009

More information about WorkSafeBC can be found on their website at: <http://www.worksafebc.com/>

- **Charan Gill**, is the founder and CEO of Progressive Intercultural Community Services (PICS). Mr. Gill gave an account of his personal and professional experience with farm work and with the Seasonal Agricultural Worker Program (SAWP).

Mr. Gill related his primary knowledge of immigrant farm worker conditions, having worked picking berries with his family when he first immigrated to Canada. He began trying to get farm workers organized by talking to his friends and co-workers, and reaching out to established unions for assistance. Mr. Gill found that the difficulty of organizing farm workers was exacerbated by the farm labour contracting systems, and the ways in which powerful interests could come to control 'space'. For example, Mr. Gill described how labour contractors came to operate within Sikh temples, which in turn barred organizing efforts from their temples and provided a way for labour contractors to recruit newcomers.

There were additional barriers to organization. These included:

- ◊ Cultural issues (for example, that unions may not be strong, transparent or trusted in workers' countries of origin)
- ◊ Issues of access to information (such as rumors that if one joins the union they will be deported)
- ◊ Concerns over revenue generation for the unions (farm workers often work 'piece-work' jobs, and are low-income earners, begetting the question of how unions will earn revenue from these workers, and resulting in a diminished interest from the unions)

- ◊ Struggles around getting recognition for farm workers in the labour code and under the workers compensation act.

Mr. Gill also spoke about the SAWP in BC. PICS has a program focusing specifically on immigrant and migrant agricultural workers and Mr. Gill spoke about the PICS experience serving these workers. He noted that:

- ◊ Workers who come to Canada through the SAWP typically have low literacy and low skill levels
- ◊ Immigrant/migrant workers tend to have a limited knowledge of their rights
- ◊ There are a multiple agencies and levels of government involved in conducting the SAWP, resulting in complexity (and sometimes confusion) communicating and SAWP oversight.
- ◊ There is little occupational health and safety outreach in the program
- ◊ There is a lack of both inspection and enforcement in the SAWP
- ◊ There are also structural barriers to the SAWP that may make it difficult for workers to invoke their rights. For example, SAWP work permits are usually tied to a single employer, making it difficult for workers to change jobs if their working conditions are poor
- ◊ There have been instances where workers have been fired or repatriated after trying to organize.

Further information about PICS services can be found at <http://www.pics.bc.ca/>

- **Mark Thompson** has a Ph.D. in Industrial Relations Labour Law from Cornell University. He is Professor Emeritus of Industrial Relations at the Sauder School of Business, University of British Columbia, He has taught at McMaster University and the University of British Columbia from 1971 to 2002, and has been a faculty member or visiting scholar at universities in the US, UK, Mexico and Australia.

Dr. Thompson spoke about enforcement issues with the Temporary Foreign Worker Program.

- Despite formal protections for migrant workers in Canada none of our legislative frameworks adequately protect foreign workers admitted under TFWP. In essence, these failures are the most controversial elements of the Canadian TFWP.
- Canadian employment standards laws are primarily complaint-driven. Enforcement of the law depends on the willingness of a worker to approach the enforcement agency and allege that the employer has not provided the minimum conditions prescribed in the statute.
- The most obvious problem with the application of this legislation is worker knowledge of their rights. There is limited access to documents in languages other than English or French. In British Columbia, “fact sheets” setting out basic information on the law are available in Spanish, French, Punjabi and Chinese. No information is available in other European or Asian languages.

- The administrative capacity of enforcement agencies to deal with complaints in languages which are not spoken widely in immigrant communities is almost non-existent. Even where fact sheets exist, they are, by definition, written, and many migrant workers in less skilled jobs are not fully literate in their native languages. No well-developed mechanism for distributing information to migrant workers explaining their rights and the procedures for enforcing their rights exist.
- In some locales, advocacy groups work to assist TFWs to obtain their rights or deal with government agencies. None of these organizations receive government funding, and they are generally not included by governments and labour importers as possible participants in an integrated enforcement systems.
- The federal government has no systematic program for notifying provincial employment standards agencies of the location, occupations and nationalities of TFWs. Thus, even the provincial agencies who are the most enthusiastic about enforcing employment standards are severely handicapped in their efforts to tailor their activities to the needs of TFWs

Dr. Thompson is co-author of the recent CCPA report “Cultivating Farmworkers Rights: Ending the Exploitation of Immigrant and Migrant Farmworkers in BC”, available here:

http://www.policyalternatives.ca/documents/BC_Office_Pubs/bc_2008/bc_farmworkers_full.pdf.

A report by Dr. Thompson on Migrant workers in Canada is available on our website:

www.iwh.on.ca/immigrant-workers-forum-2009

Discussion Group Notes

Emerging Themes

For the second part of the forum, participants took part in facilitated small group discussions on some key issues concerning the occupational health and safety of immigrant workers. Participants were asked to self-select into focus groups that best described their backgrounds or current work. These groups included:

- Service providers, community organizations, settlement workers
- Government and Policy workers
- Academics or researchers
- Legal workers, Union, Association or Trade Council workers

The discussion was structured around a series questions:

- What do we already know (where have we done enough research)? Based on the presentations today what do you identify as the key issues affecting the working lives and health of immigrant workers and temporary foreign workers in BC? In Ontario? In Canada?
- Where can we act? How do we apply the research we have? Are there gaps in services, policy and practice that have been identified and need to be addressed? What are these gaps? How can they be addressed? What role can be played by researchers? Policy makers and government? Service providers? Prevention bodies and Unions?
- Are there services, policies and practices that are working well? Which ones?
- What do we still need to know? Where do research gaps exist? What are the most pressing research questions?
- Who should act? Who is best situated to address these research questions? What methods should be used? Who should participate? What are the barriers that you face around participating in research? How can these barriers be overcome?

A number of themes emerged during the discussion. These themes are best described as:

- Structural (concerned with or affected by politics or the economy)
- Legislative (concerned primarily for the legislative or law-making branches of government)
- Linguistic (issues of language barriers or language comprehension)
- Geographic

- Educational/Informational (concerned with access to knowledge or information, or the appropriateness of information and how it is delivered)
- Worker Concerns
- Employer Concerns

1. Knowledge, Service and Policy: What do we know, what don't we know about immigrant and migrant worker OHS concerns?

- One theme emerging clearly from the discussion was that both employers and employees require greater awareness of their rights and responsibilities (**Worker & Employer Concern, Information/Education**).
- Following from the above point, it seems that even though a legal framework for workers to invoke their rights exists, workers are often not able to do so. The necessary tools are not reaching workers, and enforcement is often lacking in workplaces (**Worker Concern, Structural, Legislative**)
- We know that language barriers hinder worker reporting of injury (to both employers and compensation boards), as does fear and economic insecurity (**Worker, Linguistic, Structural**)
- There is a lack of linguistically appropriate, easily accessible information and support services for new immigrant and migrant workers (**Structural, Education/Information, Linguistic Issues**)
- Further research is required to determine the scope of the problem facing immigrant and migrant workers in Canada. We don't know what percentage of immigrant and migrant workers are reluctant or unable to report OHS risks. We don't know what percentage of workers are unaware of their rights at work (**Structural, Legislative, Linguistic, Educational/Information**)
- Available data on injury to immigrant and migrant workers is not always accurate or usable. Statistics can only capture what is reported and we have seen that workers do not always report their injuries. As such, there may be discrepancies between official data and 'on-the-ground' reality (**Linguistic, Information, Legislative, Structural**)
- Workers in general, but especially immigrants and migrant workers often are not informed about OHS or about the compensation system until after they experience an injury. Workers need to receive this information in a timely manner, and cannot always depend on employers to provide this information (**Worker and Employer Concern, Education/Information, Legislative**)

2. Occupational Health and Safety Programs: How do we design and build better OHS programs, now and in the future?

- There is a lack of funding for programs that serve the needs of TFW, and a concomitant lack of services available to these workers (**Structural**)
- Resources are scarce and many organizations face barriers to participating in research. For example, the resource commitment (both time and money) required by a community organization to partner equally with academics or government in research can be unfeasible and community organizations are often not appropriately compensated for their contributions to research (**Structural**)
- There may be too much emphasis placed on front-line workers in social service and settlement organizations. How can governments connect directly with workers and employers? (**Structural**)
- Workers Compensation is a highly complex, evolving system and many immigrant serving organizations do not have the resources (both financial and human) to administer programs that target compensation issues (**Structural, Education/Information**).
- There is a lack of coordination among different groups of policy makers (e.g. immigration, employment standards, compensation etc). This makes it difficult to enact changes or work with researchers or service providers (**Structural, Legislative**)
- There can be a lack of alignment and communication about the goals and programming of different federal and provincial agencies (e.g. CIC, HRSDC, etc.) (**Structural, Legislative**)
- There can be geographic barriers to coordinating action or services. For example, it can be difficult to access and talk to employers and workers who are located in remote areas. There is also a concern that there may be a geographic bias as to who is consulted during the process of policy development (**Geographic, Information**)

3. Areas for future research around OHS and immigrant/migrant workers

- What are the best practices in services and programs for new immigrant and migrant workers across jurisdictions? (**Structural, Legislative**)
- What is the situation for undocumented workers who get injured on the job? Do they have access to benefits? What happens to these workers? (**Legislative**)

- Are translation services effective? What is the quality of linguistic services in social service organizations and at the compensation board? What are users' experiences with these services? (**Linguistic**)
- What is the role of temporary work agencies in the labour market experiences of new immigrants? What are the OHS implications for workers in temporary work agencies? (**Structural, Legislative**)
- How much variation is there in the experiences of TFWs? Are some temporary workers more vulnerable than others? What impact do different types of contracts, different sorts of industries have on worker vulnerability and safety? (**Structural**)
- How do labour shortages and labour market structure contribute to the 'need' for TFWs? What alternatives are there to the TFW programs? Should workers be allowed to immigrate permanently to Canada? How does the immigration 'points system' meet (or not meet) Canadian labour market needs? (**Structural**)
- Other than labour recruitment, what is the role played by various national consulates in the TFW program. Do the governments of labour exporting countries have a sense of responsibility (or a legal obligation) for their citizens working in Canada? (**Structural**)
- How do we determine 'fair' compensation to migrant workers?
- How do employment standards bear on labour contracts for TFWs? Are contracts binding when workers sign without complete understanding or appraisal of their rights and responsibilities? Are contracts designed to be accessible, informative and linguistically appropriate? (**Linguistic, Information, Legislative**)

Final Thoughts from the Forum and Forum Evaluation

The research team in Toronto found the forum to be informative and energizing. Our hope now is to continue our Ontario-British Columbia connection with forum participants and other interested parties in BC, with the goal of collaborating on future research around the working health of immigrant and migrant workers in BC.

We have submitted a report on the forum to CIHR, as well as an interim report on the project to WorkSafeBC. Both reports were well received.

Over the coming months, the team from the Institute for Work & Health plans to keep identifying research gaps in our knowledge around policy and services for immigrant and migrant workers in BC.

One way we intend to do this is through conducting in-depth one-on-one interviews with a range of service providers in BC, some of whom were unable to attend the forum. Our goal is to have the broadest possible conception of the OHS concerns facing immigrant/migrant workers in BC today. We also plan to maintain relationships with interested participants who did attend the forum, in order to develop partnership opportunities between BC stakeholders and the Toronto based team for the submission of future research grant proposals.

Agnieszka Kosny, the principle investigator on this project is currently on maternity leave. Upon her return in 2010, we plan to travel and re-connect in person with participants from the forum who are interested in moving forward with research proposals on particular topics around OHS and immigrant/migrant workers.

If there are issues around immigrant worker health and safety that you are interested in, but have not been highlighted in this report, we invite you to connect with our team. We are invested in collaborating with stakeholders from across the spectrum, and would like to hear your thoughts and ideas.

Thank you all for joining us, we look forward to connecting with you soon.

Forum Evaluation Results

- We received a total of 25 completed forms. The breakdown of results is as follows:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The Forum was informative and useful				12 (48%)	13 (52%)
The Forum addressed important issues in my work or studies			2 (8%)	12 (48%)	11 (44%)
Based on this Forum, I will make changes or consider new issues in my work, advocacy and/or studies			6 (24%)	14 (56%)	5 (20%)
I plan to contact people I met today to follow-up on ideas we discussed			5 (20%)	15 (60%)	5 (20%)
I plan to collaborate in some way with people I met today			4 (16%)	15 (60%)	6 (24%)
The Forum met or exceeded my expectations			2 (8%)	17 (68%)	6 (24%)
The Forum provided me with opportunities to engage with other parties interested in these issues				8 (32%)	17 (68%)

Selected Comments:

What was the best part of the forum?

- Connecting with new people who have similar interests; Networking
- Great presentations and sharing of knowledge/discussions
- The cross-section of participants- all were present (policy makers, legal and community workers, union and academic/research)
- Participation in the small group sessions
- Useful comparison between Ontario and BC

The worst part of the forum?

- Being part of a “silo” group to discuss the way forward- being with people whose background is more similar to ones’ own instead of having the benefits of more cross-fertilization in our discussion
- Some people were dominating the questions, not leaving much time others
- The realization of many overwhelming challenges
- Needed tighter facilitation

What changes should we make for future forums?

- Have a discussion group focusing on TFW; Have TFWs attend
- Include employer groups
- Greater cross section of representation from the community, including management organizations, thereby getting a more diverse debate
- Mix up the discussion groups (rather than segregating by sector)- learn from each other, have a more diverse dialogue
- Focus the discussion groups more re: conclusions and actions and reporting back- one main priority for research, one main priority for service providers, one for policy
- Make it a 2-day forum

Participant List and Contact Information
Forum on Immigration, Work and Health in BC
February 12, 2009

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Visit the injured immigrant worker study website: <http://www.iwh.on.ca/iw.php>

Visit the Forum on Immigration, Work and Health website: <http://www.iwh.on.ca/immigrant-workers-forum-2009>

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