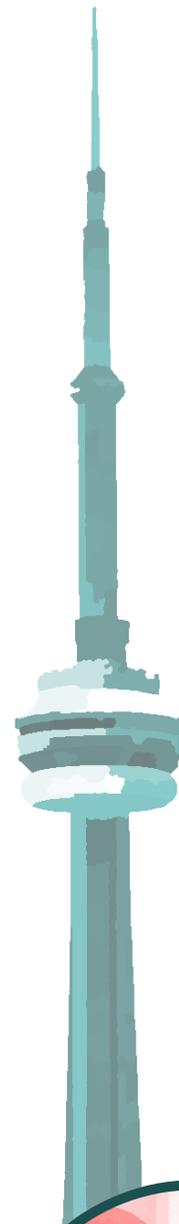


MULTIPLE JEOPARDY

**Impacts of the
COVID-19 pandemic
on non-status
families and workers
in the GTA**



FCJ Refugee Centre
Walking With Uprooted People



UNIVERSITY OF
TORONTO



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada

Canada

Multiple Jeopardy: Impacts of the COVID-19 pandemic on non-status families and workers in the GTA

Acknowledgements:

Luin Goldring and Patricia Landolt are grateful to the FCJ Refugee Centre for partnering with us in this and other collaborative initiatives. FCJ's former co-director, Francisco Rico Martinez, was the community co-applicant. He contributed to the original proposal, project design and early implementation. Loly Rico, Executive Director, and Diana Gallego, Senior Director, continued FCJ's support for the project.

Research for this collaborative project was funded by a Partnership Engage COVID-19 Special Initiative Grant from the Social Sciences and Humanities Research Council (SSHRC, #1008-2020-0118), and in-kind support from the FCJ Refugee Centre.

Research Team:

This project rested on a collaboration between academic faculty and graduate students, and experienced community workers at the FCJ Refugee Centre. FCJ, as a community organization, had the reputation and track record necessary to recruit study participants. Interviews were carried out by pairs of interviewers, one academic and one FCJ staff member. All parties learned in the process.

The academic research team included Luin Goldring, Patricia Landolt, Sara Hormozinejad, Sarah Marshall, and Jana Borrás, Gabriela Beltrán Gonzalez, and Nira Elgueta (also project coordinator). The FCJ research team included Jessie Kohut, Melina Castro Caroprezo, Diana Sánchez, and Arturo Calleja. Kathy Bischooping (York University) provided interviewer training.

Suggested citation:

Luin Goldring, Patricia Landolt, Jana Borrás, Nira Elgueta, Sara Hormozinejad, Sarah Marshall. 2024. *Multiple Jeopardy: Impacts of the COVID-19 pandemic on non-status families and workers in the GTA*. Toronto: FCJ Refugee Centre, York University and the University of Toronto. <https://cep.info.yorku.ca/fcj-cep-covid-19-project>



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada

Canada

Table of contents

Introduction	4
Non-Status Families: New Pressures, Double Shifts and Changing Roles	9
Staying Healthy without Status in a Pandemic: Patchwork Access	14
Essential and Unprotected: Non-status Migrants, Work and Income Insecurity During the Pandemic	19



Introduction

Introduction

Precarious Legal Status (PLS) describes the vulnerability that accompanies having an insecure or temporary ability to work, live, and/or access services in Canada, due to immigration status (lack of permanent residency).

Non-Status Migrants (NSMs) have no official immigration status and no work permit. They are the most vulnerable among those with PLS.

This report is about the complex impacts of the pandemic on non-status migrants (NSMs) in the GTA. How did this *already* highly vulnerable population cope? How did the additional jeopardy of precarious immigration status intersect with low-income work, racialization and gender to shape experiences?

Our study describes the harmful and potentially long-lasting impacts of the pandemic for this population. It details the strategies and key points of support that contributed to their ability to survive amid enormous stress. Our findings also reveal the limited effectiveness of policy change when the specific needs of a target population are ignored, and when policy changes are not effectively communicated.

We bring our respondents' working lives into focus, but we also stress the value of considering their experiences as parents and partners. This series of three research briefs highlight separate but interconnected spheres of NSM life: 1) Family, 2) Work & income, and 3) Health.

This document provides background information and context to ground the three briefs' findings.

This work is part of the [Pandemic Precarities Project](#) - a collaboration between the FCJ Refugee Centre, a migrant and refugee rights organization, and researchers from York University and the University of Toronto. In 2021, we surveyed 192 current and former non-status people affiliated with the FCJ Refugee Centre.

These briefs are the result of in-depth interviews with 27 of these respondents, including 8 men and 19 women. Our respondents arrived in Canada as early as 1984, and as recently as 2020, with most arriving in the last decade. They include people from 14 countries (Nigeria, Brazil, Mexico, St. Lucia, Bahamas, Philippines, Russia, Colombia, Venezuela, Guyana, Sudan, United States, India, and Jamaica).

We asked people about their pre-migration work experience, employment before and since COVID-19, family lives, housing, access to healthcare and experiences seeking healthcare, and sources of food and economic support.

BACKGROUND AND CONTEXT

COVID-19 and its effects

We know that the COVID-19 pandemic had uneven impacts, resulting in more illness and death among low-income and racialized people. In the GTA, as elsewhere, the working poor were vulnerable in large part because they worked in ‘essential’ jobs – those that cannot be performed from home – and lived in crowded housing and multi-generational households. The inability to social distance and to isolate when sick increased risk enormously. Early research on COVID-19 focused on the distribution of illness. Yet the social and economic impacts of the pandemic are just as unequally distributed.

In the GTA, the neighbourhoods hit hardest by COVID-19 have a higher concentration of immigrants and racialized people. Many of the workers and families in these working-class neighborhoods also have precarious legal status (PLS). Yet people with PLS have been largely left out of the conversation about the pandemic’s effects. Our study addresses this gap. It focuses on non-status migrants: the most vulnerable in this group. Non-status migrants (NSMs) have no official immigration status and no work permit. Typically, they are people who have stayed in Canada beyond the terms granted by visitor, student or work visas, or have been denied a claim to refugee status.

For NSMs, investing time, effort, and money to improve legal status is often front of mind, particularly for adults with children, and even during the pandemic. Those able to renew temporary permits try to stay on top of that process. People spend money on legal services and application fees, and often file more than one type of application to obtain permanent residence. Many applications, particularly the few available to NSMs, involve an expensive process, wait-times of 1.5 to 2.5 years, and unpredictable outcomes.

Life without status pre-COVID

Families and workers without authorized status were vulnerable *before* the pandemic. Their legal status acts as a barrier to accessing almost everything most of us take for granted: healthcare, workplace protections, decent and affordable housing, settlement services and information, protection via the justice system, formal financial systems, and sometimes, education for children.

Most non-status workers have precarious jobs. Because they fear deportation, they have limited or no recourse against abuse or mistreatment. Living and working under the radar means not rocking the boat and putting up with poor housing, work, employers, landlords, roommates, etc.

Despite being formally ineligible, some non-status migrants develop “patchwork” access to social and health services, by cultivating relations with a few trusted individuals.

The pandemic's effects and government policy response

With the onset of the pandemic, NSM residents and their families faced acute income insecurity, like other low-income workers. The federal government recognized the dangers and introduced income supports. Eligibility for these programs was not based on immigration status, but a valid social insurance number was necessary. This made them unavailable to those without active work permits. The requirement of \$5000 in earnings in the previous year (in Canada or abroad) was also impossible to document for those working without papers, or for anyone unable to produce records. As a result, NSMs faced acute income insecurity without any protection. This had ripple effects on family dynamics, housing and food security, employment, and health.

The provincial government provided pay for up to three sick days in the period between April 2021-April 2023, another program not available to non-status workers. Many respondents were unable to protect themselves from exposure at work and had to keep working while sick or risk losing badly needed income. Some who took time off while ill lost their jobs.

Public health officials recognized the importance of barrier-free access to basic healthcare. COVID vaccines and healthcare were made available regardless of status. Vaccine take-up worked well. Almost all our respondents complied with vaccine mandates. However, the temporary extension of medical services (the program was cancelled in March 2023) did not always translate into improved access. Our health brief details the reasons. These include confusion and lack of information on the part of providers and migrants alike. Some benefited from the program, but it was not in place long enough, nor widely enough publicized, to change behaviour significantly. Distrust and fear are not easily overcome.

Without government income support, legal protections, or reliable access to healthcare, non-status residents faced multiple jeopardies. They put up with bad jobs characterized by wage theft, poor treatment, harassment, and no protections because they needed the income and feared being reported or deported. Families faced stress related to income loss, insecure housing, social isolation, and schooling children at home with insufficient equipment, data, or physical space. Increased police surveillance of neighbourhoods during lockdowns increased anxiety. Those with family members abroad experienced social isolation more acutely. For these and other reasons, many of our respondents experienced a deterioration in mental health.

Sources of growth and support

The pandemic increased hardship and isolation, while also pushing people to extend their reach by developing new contacts and strategies for survival. At home, parents became camp counsellors and conflict mediators, health protectors and risk managers,

and gained expertise figuring out how to access food banks, computers, and other supports. Many did so while also working for pay outside the home. Our respondents, particularly women with children, developed new capacities and expanded their roles at home and beyond. Many reported changes in the gendered division of paid employment and unpaid work at home.

Some organizations found ways to help non-status residents despite limited or no funding. Community health clinics and a few migrant and refugee serving organizations, food banks and legal clinics stepped up to do what they could. The FCJ Refugee Centre, our partner in this study, was a forward-looking leader on the frontlines of care. They showed courage and creativity and took risks to continue their work. The NSM clients they served were experiencing significant job loss, food insecurity, housing insecurity, and for some, exposure to unsafe housing situations, workplaces, and transportation. Demand for support from FCJ increased dramatically during the first year and a half of the pandemic. FCJ's advocacy contributed to the City of Toronto's decision, at the end of the first year of the pandemic, to fund selected NGOs to support NSM residents. This extended FCJ's ability to offer food hampers and grocery gift cards to more non-status migrants, along with emergency income replacement and other kinds of support.

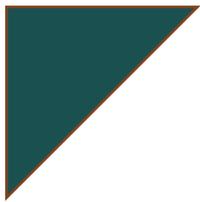
FCJ and other non-government organizations that provided support to non-status migrants faced many challenges. Their ability to sustain and expand services during the pandemic was limited. Their funding to work with non-status migrants was temporary and it was not enough to hire the staff they required to keep up with demand.

LOOKING FORWARD

The only way to eliminate discrimination and vulnerability based on immigration status is to grant secure status for all on arrival in Canada. In the absence of such far-reaching reforms, and consistent with efforts to protect society by safeguarding the health and well-being of all our residents, our findings make clear that:

- 1) all workers, regardless of immigration status, should be eligible for emergency income supports;
- 2) all workers should be eligible for government-provided sick pay, regardless of status;
- 3) all workers should enjoy the protection of the government with regard to statutory workplace protections and employment standards, regardless of status;
- 4) basic healthcare and settlement services should be available to all (potentially with a residence requirement for those without work authorization and temporary residents); and
- 5) community based and service provider organizations must be provided with sustained rather than emergency funding.

While the most severe periods of the pandemic have passed, these recommendations remain relevant if we value equitable health and wellbeing.



Non-Status Families: New Pressures, Double Shifts and Changing Roles

We are adults, we can adjust, we don't need to eat much, but we make sure that the kids eat good food every day. (Father, arrived from Nigeria in 2017).

COVID meant that (government) offices were closed. I could not renew my visa; my country closed the borders. I was pregnant and I could not go back to my country or my family. (Single mother, arrived from Colombia in 2019).

During the pandemic, non-status migrant (NSM) families in Toronto endured extremely difficult circumstances. Denied government protections made available to those with secure legal status, these families were left fully exposed to the pandemic's dangers and uncertainties.

All our study participants had family responsibilities. Some had children overseas; some gave birth in Canada; and some sent remittances to parents and siblings back home. Some developed close and supportive relationships with roommates.

These families' struggles and achievements during the pandemic echoed those of other working poor and immigrant families. They were the essential workers taking the TTC to work, working difficult jobs, and figuring out what to do with kids in crowded housing when schools closed. Yet their lives are also different in crucial ways.

NSM families cannot risk complaining about a bad employer or landlord and finding new work or housing is a daunting undertaking. Their social networks are limited, and their knowledge of social services is narrow. They depend on a few trusted relationships for everything. And living without papers means living with the chronic threat and fear of deportation.

NSM families struggled financially and emotionally but they also showed creativity and determination. Family members adapted and adjusted everyday routines to the shifting challenges of the pandemic. They adopted new roles, developed skills, and tapped into new sources of support. Despite this, housing and financial insecurity increased, and many family members' physical and mental health deteriorated. They reported feelings of helplessness, confusion, isolation, and diminished self-esteem.

The length of time NSM families had lived in the GTA mattered. Families who had only recently arrived struggled the most - because of thin social networks, lack of experience with living without status, and limited understanding of their rights.

Heightened fear of detection and deportation

Before we had started our application and later gotten status, the children used to run and hide under the bed when someone knocked at the door. (Married woman, arrived with family from Nigeria in 2017).

- A perceived increase in surveillance and police presence in communities increased anxiety among many NSM families, especially during the pandemic lockdowns.

Severe forms of housing insecurity

My roommate is rude to me. He eats my food, does not work, drinks often, and never cleans. I have no other place to go; I have no status or money. Every morning, I put my baby in the stroller and go out for most of the day. When I return, I clean and cook. I have no peace at home. (Single mother, arrived from the Bahamas in 2016).

- Lack of adequate housing forced many to deal with difficult landlords and roommates and stay in unsuitable housing, with no room for self-isolation.
- Difficulties with online schooling were caused by a shortage of quiet places, creating stress for parents, and putting children at risk of falling behind.

Struggles with technology and home schooling

Doing classes online with COVID isolation is difficult, I share a laptop and earpiece with my two kids to do schoolwork. (Father with two children, arrived from Mexico in 2018).

We have 4 kids in a small apartment, and my husband is the only one working. We did not have the space at home for 4 computers. The kids were getting bored and depressed. I had to get creative and organize activities. Walks, crafts, play time, yoga, homework and cooking activities... I oversaw all of that plus their schooling. Taking them to a park was the only time I would get time for myself. (Mother, arrived from Mexico in 2007).

- A major challenge was lack of electronic devices to access online schooling. Some families received devices from schools but had to learn how to use the system to connect to online classrooms. Parents had to become IT specialists for their children.
- Most parents reported that online schooling was difficult and stress-inducing. Internet connectivity and limited space were among the issues faced. Without enough quiet spaces to connect to virtual classrooms, parents became conflict mediators.
- Children felt demotivated and stressed because of online schooling and confinement. Parents learned to play the role of tutor, camp counsellor, sports coach, and school friend while taking up more household chores as children were always at home. They entertained children by painting with them, scheduling video game time, and taking them for daily walks. They provided constant emotional support.

Managing tension between family members

- Income insecurity and employment precarity were major contributors to economic stress and tension in relationships. Some couples reported learning how to talk about these issues to figure things out.
- Respondents reported acting as mediators to resolve tensions between family members and roommates, especially during the lockdowns. Unsuitable housing conditions with minimal options to move were a contributing factor to household tension. Many respondents lived in shared basements or small rental units. Sharing a small space was stress-inducing, especially with children.

NSM families reported changes in the household division of labour, roles, and activities

My wife is Canadian and has a stable job. When the restaurant I worked for closed during the pandemic, I stayed at home to care for my daughter and take care of the home. (Father, arrived from Venezuela in 2017).

- While unpaid domestic work was still mainly done by women, some men started actively participating in household chores, childcare and online schooling.
- Changes in behaviour and activities included children, who often took on the new roles of looking after younger siblings or participating in cooking and cleaning.
- In the face of limited formal services and eligibility, the family – most often the women - became the primary source of mental health care, providing emotional support and informal stress therapy.

Women reported that the pandemic multiplied their 'jobs'

Women were often the leading family members who managed the household and searched for and negotiated access to scarce resources. Women's care work and emotional labour became even more crucial as they taught themselves new skills (e.g., how to search for resources online) and took on new roles. They continued to carry out unpaid domestic work, sometimes with more help from partners. Many also worked outside the home, often juggling multiple jobs and shifts.

Women became household risk managers

- They provided for the family while actively trying to keep the family COVID safe, which was an extra challenge for those working outside the home.
- A constant search for information was necessary for the family's survival during the pandemic. Enormous time was spent, mostly online but also in person seeking access to social supports, learning to apply for Humanitarian and Compassionate PR, and researching COVID-19 protocols.

- Women learned how to access food banks and get computers from schools. They found out about and made use of free and low-cost community programs.
- Respondents reported information overload and feeling overwhelmed. They were learning new skills. They were figuring out whether information was reliable or not.

The pandemic challenges were often worse for NSM single mothers

With often narrow social networks and no formal government support, single mothers had to look after their children single-handedly and often reported being severely stressed and tired.

During the pandemic, I moved to a family shelter in Toronto. My husband was abusive towards me and our children; two of them are autistic. Every day I make sure my kids are safe, have the resources they need and are happy and entertained. I make sure no one gets COVID-19 while at the shelter, school, or doctor appointments. On top of that I need to work on my immigration status and gain full custody. At least at the shelter I have a roof and food – but I don't know for how long. (Single mother of three, arrived from the United States in 2003).

Families were brought closer together and pushed further apart

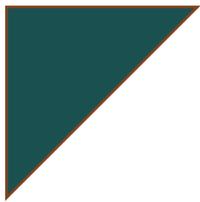
The silver lining of the pandemic for some NSM families was the opportunity to spend more quality time together. Where time spent working was reduced, respondents expressed gratitude for having more time to spend with family members.

Gratitude felt by those who had more time together contrasts sharply with the intense loneliness experienced by those separated from family geographically. Family separations were felt more acutely not only because of heightened anxiety about illness, but because temporary closures of borders and of immigration offices and services delayed reunification and travel plans. In addition, there was guilt over not being able to send money to family back home because of job and income loss.

Parents with children overseas tried to live up to their childcare responsibilities remotely. One respondent reported being remotely engaged with her three children in Brazil to support them emotionally and ensure their physical and mental well-being during the pandemic. There were many reports of homesickness and increased anxiety.

Even though we are struggling and only my wife is working, I send my mother money in Nigeria... Sometimes I use my credit card. (Father, arrived from Nigeria in 2018).

If I could bring just one daughter here, it would be much better. (Mother, arrived from Sudan in 2017).



Staying Healthy without Status in a Pandemic: Patchwork Access

I spent the first 6 months of my pregnancy looking for a free clinic. Pregnant, alone, and with no source of income ... one of the hardest things I have ever endured. When I finally connected with a clinic, I was so afraid of being charged or rejected that going to any exam or pregnancy follow up would give me a panic attack. Finally, I requested a letter from the clinic to confirm that I would not have to pay for services. (Single mother, arrived from Colombia in 2020).

Non-status migrants (NSMs) struggled to stay healthy during the pandemic, and to access treatment when ill. Their lives were like those of other working-class immigrants across the GTA, but NSMs had far less protection and support. Fear of deportation made them unable to complain about situations that put their health at risk, or to demand care when it was denied to them. Fear of detection by authorities was made worse by increased surveillance during lockdowns. On top of their battles with isolation and the stress of poverty, respondents worried about delays in immigration processing and long-term separation from loved ones back home. The uncertainties everyone felt during the pandemic were multiplied by the immense vulnerabilities tied to lack of status. As a result, the risks to mental health for NSMs were as serious as those connected more directly to the virus.

Non-status migrants are normally not entitled to healthcare. However, at the beginning of the pandemic the Ontario government extended health care access to them. The program ended two years later, in 2023.¹ Unfortunately, it did not significantly alter behavior or access to care among our respondents. Both respondents and healthcare providers were unaware of - or confused about - the access rules. NSMs were often still turned away or charged fees. Distrust tied to histories of discrimination and poor treatment in the healthcare system played a part in their reluctance to seek care. So did economic vulnerability. Participants often could not afford to take time off work. They feared job loss, being unable to pay fees, and being reported to immigration authorities.

NSMs continued to access healthcare as they had before the pandemic – with great difficulty. They sought primary care through community health clinics (CHCs) with long waitlists. When in crisis, they used walk-in clinics and hospital emergency departments. Access to healthcare relied heavily on trustworthy social networks that had been cultivated over time. Limited services during lockdowns, staff shortages and staff turnover disrupted these personal relationships and reduced access. Respondents coped by seeking help from family, friends, and settlement agencies. They addressed mental health challenges with a very limited toolkit of informal self-help measures.

¹ Health Services Branch, Ministry of Health. 2020. Bulletin Number: 4749. "COVID-19 Expanding access to OHIP Coverage and Funding Physician and Hospital Services for Uninsured Patients." March 25.

Workplace risks and employer abuses

I was picked up in a van... I didn't know anything about the site I would be going to, who I would be riding with, and whether anybody I was riding with was safe... (Single man, arrived from Mexico in 2017).

- NSM's workplaces often did not comply with public health mandates or COVID protocols and safety precautions (such as wearing PPE). Some employers discouraged testing and warned workers not to report infections to public health authorities.
- Respondents reported difficult choices between putting their health (and others') in jeopardy and being able to make a living. This meant working while sick or working at multiple job sites, which increased their health exposure.
- Unable to take time off unless severely ill, and without paid sick leave when they quarantined, many lost jobs when they took time off for illness or injury.

Limited ability to social distance and isolate when sick

It is six of us in a 2-bedroom apartment... It was impossible to isolate... (Filipino family with three children, arrived in 2012).

- Facing crowded housing situations, an overwhelming majority of the respondents had no space at home to self-isolate. When one person got COVID, the whole household got sick.
- Respondents avoided being in public spaces, but many had to take public transportation or carpool to get to work.
- Respondents in low-end service and construction jobs worked at multiple job sites and with a revolving door of job crews. Each new job site and crew triggered uncertainty and a new potential for COVID exposure.

Mental health challenges were extreme

Living without status is depressing and devastating... so mentally draining. (Mother of two, arrived from Mexico in 2019).

I have no status; I need to make myself invisible and not go out. I spend all my time in my room or at work. I never leave my room. (Single man, arrived from Jamaica in 2017).

Sometimes I wake up the baby because I feel lonely. (Single mother, arrived from Nigeria in 2018).

The stress and fear everyone felt during the pandemic was amplified for NSM workers and families. Lockdowns and restrictions on social gatherings ruptured routines, created social isolation, and increased fears of detection. Recently arrived NSMs had no opportunity to build up networks. Migrants reported facing worsening mental health: feeling lonely, anxious, and depressed.

- Loss and change in routines (such as going to school, the gym, church, and work) led to a decrease in social connections.
- Restricted social contact prevented people from making new connections and maintaining or finding support.
- Prolonged separation from family back home increased isolation. Separation was due to delays in immigration processing and restrictions on travel.
- Legal status limbo triggered worry and fear. Immigration offices were closed or short staffed. Processing delays and backlogs grew, while chances of a speedy resolution to an application became less and less likely.
- Lockdowns and increased surveillance and police presence in communities heightened fear of detection by authorities

We couldn't extend or renew our permit because the [government] offices were closed. Everything was at a standstill. We didn't want to return to Mexico out of fear. At first the kids weren't in school, but then we enrolled them. We went to a lawyer, explained, and we're now making a refugee claim... (Single mother with two children, arrived from Mexico in 2020).

The presence of children encouraged health care use

Parents sought care for sick or injured children, while individuals or couples without children were less likely to seek care unless critically ill or injured. Children provided a link to healthcare services before COVID, and this continued during the pandemic.

NSMs complied with Vaccination and Distancing Mandates whenever possible

NSMs' responsiveness to public health recommendations and mandates mirrors the pattern for the city and province.

- Nearly all the respondents had been vaccinated early in the pandemic.
- Respondents consistently reported that they followed recommendations and did their best to reduce risk and illness within areas they could control.
- They wore masks, washed their hands, and disinfected their homes. They avoided social gatherings and postponed family celebrations.
- They accessed COVID-19 testing sites and quarantined if they could take time off work.

Healthcare Coverage: Serious Gaps between Policy and Practices

Despite the formal extension of health insurance to NSMs, many respondents reported having to pay for services and/or being denied care. Most avoided seeking healthcare, especially for non-COVID related concerns. Policy changes, as one respondent noted, were “not clear or understood by medical and admin staff.” Networks of support from community organizations continued to play an important role in helping NSMs access healthcare.

- One respondent who was charged for care requested a letter from their CHC to provide to the hospital, stating that they did not need to pay for services. Only then did the hospital drop the charge.

In one case, extended provincial coverage made a significant difference for a respondent with long-COVID. Even here, confusion over coverage had to be clarified by FCJ.

- One respondent had severe and long-term COVID. Once he was sent home, the family received a bill for \$300,000 - causing severe distress. The FCJ Refugee Centre clarified that it was not a bill, but an invoice outlining what the cost would have been, had they not been covered by the extended care mandate.

Mental health Crisis

The province is facing a general shortage of mental health services.² The situation for non-status migrants is at crisis levels.

- Most respondents never had and continued to lack access to professional mental health support.
- There was reliance on family and friends back home, faith communities, and even roommates and landlords for help with essentials like food and rent, but also for emotional support.
- Respondents experienced a loss of self-esteem when they could not support their families or became a burden to others.
- Mothers worked hard to ensure their children’s mental health and wellbeing. They supported children with their online schooling and finding creative ways to keep their children occupied and busy during the lockdowns.

I used to help my daughter [financially], I helped my wife, I helped my family in Mexico. I felt useful. When they let me leave (the hospital) ... Now I can't walk, I can't do anything. My wife changed my diaper, changed my clothes, spoon-fed me, dressed me, bathed me, and all of that hurts me. I was a strong man (crying). I can't offer anything now. I am nothing. (Father and grandfather, arrived from Mexico in 2016).

It took a lot of courage to call the center and ask for help, and it was like darkness just lifted off of me. (Single woman with a newborn baby, arrived from the Bahamas in 2016).

² Moroz, N, I. Moroz, and M. Slovinec D'Angelo. 2020. “Mental health services in Canada: Barriers and cost-effective solutions to increase access.” *Healthcare Management Forum* 33(6): 282-287. doi:[10.1177/0840470420933911](https://doi.org/10.1177/0840470420933911)



Essential and Unprotected: Non-Status Migrants, Work and Income Insecurity during the Pandemic

We all got COVID at work, one passed it to the other. The boss came to visit me and brought me Tylenol – but also told me not to go to the doctor. We are all working cash and with no papers. (Single man, arrived from Mexico in 2017).

When the outbreak happened at my husband's construction site, he got sick, but his boss wouldn't give him any time off and told him not to tell Public Health (for contact tracing). Then a guy he was working with told him he'd call the police if he came to work sick... (Married woman with children, arrived from Philippines in 2012).

Non-status migrants (NSMs) suffered both extreme levels of income insecurity and increased vulnerability to exploitation during the pandemic. Despite lacking work permits, economic survival required that our respondents work. The jobs they held were precarious - offering low pay, irregular hours, no benefits, and no job security. Like other racialized and low-income workers across the GTA, their workplaces also had the highest rates of COVID-related illness and mortality.³ What made things worse for NSMs is that fear of deportation made them unlikely to complain about wage theft, employment standards violations, or harassment. This left them completely without protection against employer and co-worker abuse.

NSMs put up with insecure and sometimes unhealthy conditions to survive and remain in Canada. Most worked in jobs in cleaning services, care work, construction, food preparation and restaurants, Uber driving and manufacturing. Only a few of our respondents were unemployed – mostly women caring for children. Other reasons for unemployment included injury, being in school, and looking for employment. For each household in the study, at least one person was working.

Wherever they worked, respondents shared similar experiences of unpredictable hours, low wages, job insecurity, cash payment, being assigned the least desirable work, and abusive treatment.

Their economic insecurity worsened during the pandemic. The risk of contracting the virus threatened their ability to work and earn income. Because they were excluded from the government's COVID-19 income support programs, they had no safety net. Even if they avoided illness, for most, the pandemic reduced hours, increased unpredictability, and led to job and income loss. For a few, work opportunities expanded, but without any improvement in conditions. The exceptions were a few cases where a respondent gained secure legal status partway through our study. Many of our NSM respondents reported workplace abuses.

The short- to medium term impacts of this intensification of hardship include an increase in food, housing, and income insecurity. Effects on health and mental health are described in a separate brief.

³ Buchan, S.A. P.M. Smith, C. Warren, et al. 2022. "Incidence of outbreak-associated COVID-19 cases by industry in Ontario, Canada, 1 April 2020–31 March 2021." [Occupational and Environmental Medicine](#) 79: 403-411; Mojtehedzadeh, Sara. 2022. "They made doors, gum and jerry cans. Ontario's 'essential' workers in manufacturing accounted for more workplace COVID deaths than any other sector – even healthcare." [Toronto Star](#) (October 2)7. Rao, A. Huiting, G. Maloney, G. Moloney, J. C. Kwong, P. Jüni, B. Sander, R. Kustra, S.D. Baral, S. Mishra. 2021. "A disproportionate epidemic: COVID-19 cases and deaths among essential workers in Toronto, Canada." [Annals of Epidemiology](#) 63: 63-67.

The pandemic transformed employment

My husband and I worked cleaning offices. A van would pick us up every night. With COVID, the job just vanished, like it never existed. (Woman with newborn baby, arrived from Brazil in 2019).

Before COVID my husband worked in construction, and I worked in cleaning. In the first year of COVID, my husband lost his job because construction shut down. So did I. When I tried to find cleaning jobs, there was nothing. Now he is back in construction, and I am doing painting – anything. (Married woman, arrived from Mexico in 2017).

Most respondents had a reduction of hours and suffered extreme income insecurity due to lockdowns and restrictions.

- With offices closed, cleaning companies lost contracts during the lockdown, which resulted in reduced hours and income.
- Uber drivers experienced a reduction in hours; not all pivoted to delivery.
- In the construction sector there was unemployment for a few weeks due to slowdowns at the beginning of the pandemic. After returning to work, construction workers reported unpredictable hours, insufficient protective equipment, and a heightened sense of risk.

A small number of respondents had an increase in work hours.

- Some increased their hours by finding an additional job. Some did so by working longer hours at existing jobs. None received overtime pay.

Even though I worked full-time hours, my benefits and contract are still for a part-time employee. (Single woman, arrived from Guyana in 1984).

Employers continued to take advantage of NSM workers, especially regarding wages and COVID-19 protections

...Because of my status, I was given more hours and sent to different buildings each day. I am the only employee without status. (Woman, arrived from Sudan in 2017).

- Delayed wages and wage theft continued during the pandemic. Employers used COVID-19 restrictions as an excuse to delay the release of their wages, while others shared that employers refused to pay them at all during the pandemic.
- One respondent said she was only paid \$8.00 per hour in a restaurant job. In addition to being paid in cash, her employer treated her poorly.
- Respondents felt at risk of contracting COVID-19 as employers did not supply adequate personal protective equipment (PPE) in the workplace.

- Employers did not provide paid sick leave when respondents got infected with the virus. One person shared that when she got sick early on, she stayed away and got tested. She returned to work after getting the results under the impression she needed to show the negative test to continue at a deli-counter. She was not paid for the time she did not work.
- Fear of job loss or being reported to authorities meant that those who didn't lose their jobs were stuck doing work under difficult, demeaning and sometimes dangerous conditions.

... I was lucky to have a job during the most brutal months of the pandemic, despite the low wages, discrimination, racism, and the risk of contracting the virus. (Single man with children in St. Lucia, arrived in 2012).

New strategies for finding additional or alternative sources of income

COVID-19 made finding and maintaining safe employment challenging. For NSM workers, these challenges and risks were more extreme. Finding and keeping a new job involved skirting around the lack of a valid SIN and work permit.

NSMs got jobs in the gig-economy, such as Uber delivery and Instacart. Respondents relied increasingly on word of mouth and social media (e.g., Facebook groups) for job finding. These strategies proved indispensable during the pandemic.

Income insecurity heightened food and housing insecurity

For most NSM, work is their only source of income. Most respondents had no significant savings. Any savings they came to Canada with or accumulated here had gone for necessities or were earmarked to apply for secure status. Income nosedived but expenses stayed the same.

We are six adults and one baby in a three-bedroom apartment; my family [of six] is in one of the rooms. 70% of our income goes to rent. (Married woman with mixed-status family, arrived from Brazil in 2019).

- Two respondents changed their housing arrangements to protect their family from contracting COVID-19 and reported paying higher rent despite significant income loss.
- Respondents reported cutting expenses as a coping strategy such as not buying clothes and electronic devices for children.
- Food insecurity increased and many respondents reported using food banks for the first time.

No government support or social safety net

- Despite often working in jobs classified as essential, they were excluded from any government-funded pandemic financial assistance, such as the Canadian Emergency Response Benefit (CERB), and from sick-pay.

- Respondents who were self-employed and ran businesses were also not eligible to access government-funded support for businesses. The lack of government support compounded the financial hardship experienced by NSMs.
- Difficulties accessing healthcare added another enormous challenge as people debated working while sick or injured.

The plant had 3 outbreaks, but they never sent us home. We are mostly undocumented employees. (Married man, arrived from Nigeria in 2014).

I lost my kitchen job during the lockdowns. I rented an e-bike to do deliveries, I got hit by a car, ended up in the hospital and owing \$1,300 to repair the bike. (Single man with children in Jamaica and the US, arrived from Jamaica in 2017).

Coping strategies depended on support from NGOs, family and social networks

My church helped me pay for rent for the months I was laid off... I wasn't eligible for CERB (Single woman, arrived from Brazil in 2004).

The gradual worsening of working conditions, loss of income and lack of government support created great income insecurity and stress. To survive, some respondents relied on their thin social and community networks for help, received small loans from friends and family, or amped up credit card debt to afford rent and necessities. Budgeting sacrifices were common.

- Many respondents relied on food banks and emergency food relief programs to avoid going hungry. The FCJ COVID-19 programs, such as the food relief hampers and emergency rent subsidies, were vital.
- Respondents withstood the employment and financial hardships during the pandemic by cutting back and receiving help from family and friends. They found support in community, refugee- and migrant-serving, and faith-based groups.
- Some of these centers received funding that allowed them to support non-status residents. However, this funding was temporary, not sustainable, and inadequate in the face of vulnerabilities created by immigration and social welfare policies.

A settlement worker from the library connected me with the FCJ and a free clinic for my pregnancy. FCJ has helped me with food hampers and rent support since June 2020. They also gave me a crib, a stroller, and diapers for my baby. I was desperate before I found their help. (Single mother with a newborn, arrived from Colombia in 2019).

I hope that God takes me before I get old. I have no savings, I have no status, and I have no place to go. Before COVID-19, I was hopeful and optimistic. Yes, I had no papers, but I worked independently and was able to support myself and send money to my daughter—I had plans, I was moving forward. When COVID-19 hit, I could not work, and I lost most of my income and my dignity. I have not heard from my H&C application; nothing is going the way I planned it. (Single woman, arrived from Russia in 2018).