**Title: The Challenges Encountered by Immigrant Serving Agencies in Addressing the Health of Temporary Foreign Workers**

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We have no conflict of interest

**The Challenges Encountered by Immigrant Serving Agencies in Addressing the Health of Temporary Foreign Workers**

**ABSTRACT**

This study sought to examine the challenges encountered by immigrant-serving agencies in meeting the health needs of temporary foreign workers and their families in one Canadian province. We interviewed eleven representatives of immigrant serving agencies and two policy makers. Some of the challenges that agencies face in delivering programs and services for temporary foreign workers and their families include the time required to build trust with this population, temporary foreign workers’ reluctance to use services due to fear that it will affect their immigration status, and the emotional labour associated with working with temporary foreign workers.

**Keywords:** Canada; immigrant health; migrant workers; migration; temporary foreign workers; transients

**INTRODUCTION**

The Canadian Temporary Foreign Worker Program has expanded rapidly over the last decade, including in the low-skilled labour category. Between 2004 and 2013, the number of individuals who entered Canada as temporary foreign workers more than doubled—from 86,570 to 176,613 (Citizenship and Immigration Canada, 2014). Since 2014, the Government of Canada, under former Prime Minister Stephen Harper, has implemented measures to reduce the growth of applicants in the low-skilled, especially by limiting how long temporary foreign workers can remain in Canada. This recent change to the Temporary Foreign Worker Program has the potential to increase service needs for this group of migrants and affect their health status, which also means that immigrant-serving agencies may face an increased demand for services.

Although the Temporary Foreign Worker Program is federally regulated, health and workers’ labour standards fall under the jurisdiction of each province. Therefore, the policies of occupational safety and health of temporary foreign workers and their families vary from province to province (Pysklywec, McLaughlin, Tew, & Haines, 2011). Research on migrant health and occupation safety in Canada indicates that temporary foreign workers in the low-skilled work category do not benefit from equitable access to health care services (Lebrun, 2010; Rousseau et al., 2008). For example, studies of migrant farm and low-skilled workers in Canada have identified specific health and safety concerns, including musculoskeletal problems, machine injury, pesticide- and weather-related ocular and skin problems, infectious diseases such as HIV, sexual transmitted infections (STIs), reproductive and mental health problems (McLaughlin, 2009; Preibisch & Hennebry, 2011; Pysklywec et al., 2011). Although there are differences between migrant farm workers and temporary foreign workers, these studies suggest that health and safety risks for temporary foreign workers could arise not only from workplace hazards but also from broader social determinants of health that result from their precarious status.

To meet the settlement needs of immigrants in Canada, there are social service organizations, funded by Citizenship and Immigration Canada (CIC), which provide free services for immigrants. However, given that temporary foreign workers have no permanent resident status, and that there is less regional autonomy over settlement services, the majority of these services are limited to immigrants who are permanent residents. Limited funding and resources also can serve as barriers to services for temporary foreign workers. Also, in Canada, settlement services for temporary foreign workers are largely within provincial jurisdiction. Despite the service needs of temporary foreign workers and their families in Canada, research and literature on the role of immigrant serving agencies in promoting the health of immigrant populations, specifically the health of temporary foreign workers in Canada is very limited. The purpose of this research was to examine the challenges encountered by immigrant-serving agencies in meeting the health needs of temporary foreign workers and their families in Alberta.

**METHODS**

This pilot study used a qualitative methodology situated within a critical social paradigm to examine the experiences of individuals who work in the immigrant service sector and their views on factors that contribute to the health of temporary foreign workers in Alberta. This study used a transnational feminist theoretical perspective, which has been used widely to examine the well-being of temporary foreign workers and the health of migrants (Parreñas, 2001; Tang, 2015; Wang & Kwak, 2015). Transnational feminism acknowledges the intersection of gender, race, class, and nationality in the experiences of temporary foreign workers and emphasizes the importance of accounting for the specific contexts of experiences as migrants maintain transnational links across the globe (Mohanty, 1997; Parreñas, 2005). Complementing the transnational feminist lens, this study was also situated within a critical social feminist qualitative paradigm (Denzin & Lincoln, 2005), which seeks liberation and human emancipation in circumstances of oppression. This paradigm provides a descriptive and normative basis for social inquiry aimed at decreasing domination and increasing freedom in all forms.

Ethics approval was obtained from the University of Alberta Research Ethics Board. Furthermore, we considered ethics as a process by being sensitive to ethically important moments during the conduct of research (Guillemin & Gillam, 2004). Consistent with transnational feminism as a theoretical lens, ethically important moments necessitated that we exercise reflexivity in the field by being sensitive to our biological and social positions in relation to participants during our research.

A purposeful sampling approach was used for this study by selecting individuals who could provide significant information on the topic of investigation. After using the Internet to identify relevant organizations, invitations were sent to immigrant-serving agencies, including advocacy groups that provide services to temporary foreign workers and their families in Alberta. We also invited individuals we were already aware of who work for immigrant-serving agencies and have in-depth knowledge of temporary foreign workers and their families; this process was facilitated by two co-authors who head immigrant service organizations in the province. In total, eleven representatives of immigrant-serving agencies and two policy makers were interviewed.

Interviews lasted approximately one hour; all but two interviews were audio recorded and transcribed verbatim. Participant 3 and 13 did not consent to have their interviews audio recorded, perhaps out of a sense of vulnerability during a time of rapidly changing policy and funding structure. The interviewer (the first author) took reflexive field notes at the end of the interviews, especially during the two unrecorded interviews. These field notes were provided to the participant who further provided comments to enhance the data gathered. Data collection and data analysis followed an iterative process. Data were analyzed using thematic analysis aided by NVivo 10 qualitative software (QSR International). Thematic analysis is a method for identifying, analyzing, and reporting repeated patterns of meaning (themes) across a data set (Braun & Clarke, 2006). The steps in data analysis included familiarizing ourselves with the data, generating initial codes, searching for themes, reviewing and refining themes, defining and naming themes, and writing the report. Consistent with a transnational feminist methodology, we kept a reflexive memo to record our ongoing awareness in the field. Also, to ensure a transnational feminist approach and attend to issues of voice in our research, we made the preliminary results of the study available to participants for their validation.

**RESULTS**

The challenges that agencies face in delivering programs and services for temporary foreign workers and their families include limited funding to support temporary foreign worker programs and services; limited resources for and access to services for temporary foreign workers and their families; the time required to build trust with this population; the reluctance to use services due to fear that it will affect that immigration status; and the emotional labour associated with working with temporary foreign workers.

**Limited Funding**

Agencies consistently described limited funding as the biggest challenge they face while working with temporary foreign workers.

**Interviewer:**What challenges do you face in delivering services?

**Participant 6:**Money *(laughs)*. Funding.

**Interviewer:**I was wondering what challenges your organization faces in terms of delivering programs and services to temporary foreign workers and their families.

**Participant 9:**One, government funding…So there is no specific funding envelope from the government for temporary foreign workers.

Funding for services for temporary foreign workers and their families is difficult as the provincial government does not have a specific policy to fund services for temporary foreign workers and their families, and this group is often ineligible for federal funding. Provincial and/or municipal funding is renewed every year without long-term guarantees. The lack of funding restricts access to services for temporary foreign workers. As one participant stated, “At times, we have nowhere to refer them. We are the only NGO [non-governmental organization] in the city funded to serve this clientele. There are not many resources available for temporary foreign workers.” The lack of specific policies and a stable funding envelope for temporary foreign worker services is particularly problematic. Participant 13, a policy maker, described that one reason for the limited service is that the government expects that employers will play a role in the health and settlement of temporary foreign workers and their families. However, employers may not be willing or have the capacity to respond to the settlement and health service needs of this population, and there is no policy mandating employers to do so. With the lack of funding, service organizations are often faced with widening gaps between support need and the ability to provide supports. Some participants described working volunteer hours just to ensure that they are able to adequately address the needs of temporary foreign workers and their families.

**Limited Resources and Access to Services**

Another major problem that service organizations face is the limited services and programs to which temporary foreign workers and their families have access. Often times, they are unable to access services that are free for Canadians and permanent residents, including those that are offered by charitable organizations. For instance, Participant 4 (an immigrant service provider) described the challenges she faced with helping a temporary foreign worker access services for cancer treatment:“One of the challenges that we have is that when we are approached by a cancer patient, and they have no medicine, we don’t know what to do. We don’t know where to refer them but we will check on the website of cancer society, but really, still there are eligibility criteria for them and we can’t blame them because they will prioritize.”

Temporary foreign workers often work long hours, including overtime and shift work. Considering their overtime hours, they may be unable or unwilling to access services. Even those who want to access services often are unable to do so because most agencies are open only on weekdays during regular business hours between 8 a.m. to 5 p.m. Temporary foreign workers who work at this time would likely need to take unpaid time off work to access such services, and missing work could result in termination of employment.

**Reluctance to Use Services Due to Immigration Status and Stigma**

Service organizations struggle with encouraging temporary foreign workers and their families to use services. Temporary foreign workers are reluctant to use services for fear that accessing services may jeopardize their ability to stay in Canada and continue to provide for their families as well as their future application for permanent resident status. This serves as a barrier to seeking health and social services. As Participant 7 (an immigrant service provider) remarked, “I know when I have people come to my office, lots of times there’s underlying issues that they don’t feel comfortable talking to other people about, or they don’t want to bring up because they are afraid for their status, or it getting back to employers, or things like that.”

Stigma and cultural perceptions regarding the use of services related to emotional well-being and mental health, such as counselling, are another barrier that deters individuals from accessing and using the services. Participant 11 (a temporary foreign worker advocate) described temporary foreign workers’ hesitance to use counselling services:“The problem is, even if we had that services, how do you then convince families to actually use it? To take time to use it or to use it period, because there is always a stigma, it’s still a small-knit community, so if my family went to counselling, oh then everybody will know something’s wrong with us.”

**Building Trusting Relationships**

Another challenge for agencies is the length of time it takes to build and maintain trusting relationships with this highly vulnerable population. It is particularly difficult to build trust with these workers given their vulnerable immigration status in Canada. Participants explained that temporary foreign workers often fear that information they provide to service providers can be used against them and jeopardize their immigration status. Participant 5 (an immigrant service provider) noted, “Like even most of them don’t wanna talk about [their issues] unless they trust you…until they develop like a trust relationship with you…Sometimes they think we are in connection with the employer or we are in connection with the secret services or government services. So they are reluctant to tell you [their problems].”

Compounding the challenge of building trust is that temporary foreign workers and their families often have misperceptions and inaccurate information about available services. They often rely on information from their networks, especially within migrant communities, which may be inaccurate. As Participant 7 explained, “So they end up getting information, and sometimes this information is second, or third hand or it’s anecdotal, or out of date. So sometimes that’s challenging, when people will go to other resources and those resources are incorrect, and then they come to me, and sometimes it’s too late to rectify the problem.”

**Emotional Labour**

The tight budget constraints, demand for services, and work required to build trust with this population can create a high emotional burden for agency staff. During the interview process, one of the participants, a service provider, burst into tears because of these stresses. A snippet of the conversation below sheds light on her experience.

**Interviewer:** How do you deal with the mental health on your part, in terms of working with temporary foreign workers?

**Participant 2 (Immigrant Service Provider):** Uh, to be honest with you, I have lost seven kilos since the moratorium [on employing low-wage workers] was announced. Like, uh, I work crazy…um…It, sorry (*voice is breaking*). (*Pause*). It’s just tough (*crying*) to (*crying and sniffing*) say no to people on a daily basis. No, you can’t do this; no, you can’t be a permanent resident (*sniffs*). No, your kid can’t have a work permit because you are a low-wage worker (*crying*).

Providing health and social services to temporary foreign workers and their families not only requires physical labour; it also requires emotional labour, especially given limited access to services and a changing immigration policy. Immigrant service providers and advocates often need a lot of time to attend to and deal with the complex set of immigration policies that surrounds the life of temporary foreign workers. The emotional work is intensified by the limited amount of services and rights to which temporary foreign workers and their families have access.

Despite the challenges, service providers and advocates are driven by a strong commitment to ensure the well-being of temporary foreign workers and their families, as well as a deep passion for the work that they do. Participant 6, an advocate for temporary foreign workers described his commitment: “It is something that I feel I have to do, you know? That’s the bottom line. Otherwise, if it’s the money, this is not going to be my job.”

**DISCUSSION**

This pilot study examined the experience of individuals who work in the immigrant service sector in general and who work with temporary foreign workers and their families in particular. The current study findings reveal that majority of foreign workers, particularly in low-skilled work, are unable or unwilling to access settlement services due to their working conditions or working hours as well as immigration status. Similarly, Esses et al.’s (2012) survey of immigrant services in Alberta also identified barriers in access to services for immigrants, including inflexible hours of service delivery and discrimination due to immigration status (Esses, Ravanera, Burstein, Hallman, & Medianu, 2012). However, a 2015 survey of settlement services and gaps in Alberta found that, in spite of temporary foreign workers’ ineligibility for Citizenship and Immigration Canada–funded services, 75% of the participating service providers (37 immigrant service organizations) do provide services to these newcomers (Kirova & McCoy, 2015). Other studies in this area also reported that working conditions, time constraints, a language barrier, and lack of knowledge about settlement services are the primary barriers for immigrants in accessing support from service organizations (Dastjerdi, 2007; Hennebry, 2012; Lasser, Himmelstein, & Woolhandler, 2006). Participants in this study mentioned that some of their clients often fear that information they provide to service providers can jeopardize their immigration status in Canada. Fear of repatriation as a barrier to access to health services has been well documented in studies focused on the health and well-being of temporary foreign workers (England, Mysyk, & Gallegos, 2007; Hanley, Gravel, Lippel, & Koo, 2014; Hennebry, 2010). As highly disposable migrants, this fear of repatriation negatively affects trust between clients and service-providing agencies. Several other researchers have also identified trust in organizations as one of several factors that hinders the use of services; they emphasize the importance of creating a warm and accepting atmosphere, establishing rapport, and building relationships (Dahal, Qayyum, Ferreyra, Kassim, & Pottie, 2014; Dastjerdi, 2012; Lindsay, King, Klassen, Esses, & Stachel, 2012; Walker, Smith, & Adam, 2009).

The limited access and use of services for temporary foreign workers reflect their position in the hierarchies of rights of individuals who reside in Canada. Their status as precarious migrants in destination countries restricts the services they have access to and their willingness to access such services. Furthermore, other researchers have found the influence of class status on access to services for temporary foreign workers (Hanley et al., 2014; Hennebry, 2010; McLaughlin, 2009). As “low-skilled” and “low-wage” disposable workers with precarious status, they often rely on informal networks for information; our study on service providers’ perspectives found that information from such networks may be incorrect. Similar studies have found that migrants often access health and social service information through alternative channels, such as informal networks (Kowal, Jardine, & Bubela, 2015; McLaughlin, 2009), and participate in a transnational use of health resources (including medications) from source countries (Wang & Kwak, 2015). From a transnational perspective, the role of class status and nationality are evident, as is migrants’ motivation to draw on transnational links to meet health service needs.

One unexpected finding of our study is the emotional work required by service organizations that work with temporary foreign workers and their families. Hochschild (2003) described emotional labour as requiring “one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others”. Our findings suggest that immigrant service agency staff engage in emotional work to ensure they meet the needs of temporary foreign workers and their families. The gaps in mental health service for temporary foreign workers, especially during a period of changing policy, may contribute to the emotional demand required of service providers. Given our findings on emotional work, more research is needed to look into how service organizations deal with the emotional aspects of their work. Also, there is a need to further support service providers. For instance, provision of debriefing sessions or communities of practice where service providers share their experiences may help to relieve the emotional toll of providing services to this population.

A limitation of this pilot study is that it was conducted in one Canadian province. The findings of this study may be limited given the focus on a particular province. Also, the sample size of thirteen participants may not be considered representative. Despite these weaknesses, strengths of our study include our use of member checking and reflexive memos, in line with a critical feminist informed methodology. Our findings provide implication for researchers to improve the health of temporary foreign workers and their families. Further research is needed from the perspective of temporary foreign workers themselves to identify strategies that service organizations can utilize in leveraging their health in destination countries. Also, a cross-country comparative study may be useful to explore the policy dimensions that shape the work of service organizations in addressing the health of temporary foreign workers. This may help shed light on specific provincial policies and contexts that influence the health of these migrants.

In spite of the limitations, our findings provide useful information to policy makers. One implication is the need to ensure sustainable funding that incorporates health into service mandates for temporary foreign workers and their families, especially due to their vulnerability and the amount of time it takes to build trust and work with this population. Given the sheer number of temporary foreign workers in Canada, this will serve useful in improving population health in the country. Due to the work schedule of this group of migrants, it is also important that programs and services offer flexible access. Offering programs and services during evenings and weekends may contribute positively to the health of these migrants. As immigrant service providers noted, sensitivity to immigration status as a determinant of health is of vital importance when working with this population. There is also a need to enforce policies related to the employer’s role in supporting temporary foreign workers. Care must be taken to ensure the rights of this group of workers are protected. There is a need for all levels of government to work more closely with the employers to raise awareness about their health issues and to seek cooperation to address them.

In conclusion, our findings have highlighted several challenges service organizations face in improving services for temporary foreign workers and their families. Our findings emphasize the need for more support for temporary foreign workers and their families, as well as the need for service providers to attend to the unique context and influence of precarious immigration status on the health of these workers. Temporary foreign workers’ precarious immigration status raises issues related to accessing services and building trust with these workers. There is also a need for more support for individuals who provide services to temporary foreign workers and their families. Attending to the health of temporary foreign workers by strengthening the capacity of service organizations will serve as a useful strategy for improving population health in destination countries.

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