



Unheard Voices of Migrant Women Farm Workers (Migrant Women Farm Workers Initiative) Windsor -Essex County

Funded By Women and Gender Equality Canada
(WAGE)

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We acknowledge and appreciate the migrant women and men farm workers in this study that have demonstrated tremendous strength and courage by sharing their experiences. The data provided by the participants including employers and farm owners, service providers, and community members in Windsor-Essex County will be used to develop a community-based Action Plan. We have had successful and memorable events which contributed significantly to the lives of migrant farm workers in our community through the donations and services provided by our local business establishments, health care professionals and service providers.

This project was made possible by our dedicated and diligent staff, volunteers, partners, and contributors.

Below is a list of contributors in this study:

Name of Partner	Description of Contribution
Access Alliance Multicultural Health and Community Services	Provided translation Services
Bayanihan Center	Provides Services and Programs for Filipino Migrant Workers
Black Health Alliance	Provided support to the project
Black Physicians of Ontario Association	Provided 100+ blood pressure monitors for Migrant Worker at the First Caribbean Health Fair
Canadian Mental Health Association	Provides Mental Health Services and Programs Migrant Workers
C.A.R.E./Windsor-Essex Bilingual Legal Clinic	Provides Services and Programs for Migrant Workers
Devon House	Provided catering service
Healthy Babies Healthy Children	Provided care for pregnant women and moms who participated in the MFWFI project
Global Resources Centre	Provided support to the project
Irek Kusmieczyk - MP	Provided support to the project
Justica	Provides Services and Programs for Migrant Workers
LC Migrant Worker Ministry	Provided support to the project
Legal Assistance of Windsor	Provides Legal Services for Migrant Workers
Medical Mobile Service (MMS)	Provided medical care for Migrant Workers at the First Caribbean Health Fair
Migrant Worker Community Program	Provides Services and Programs for Migrant Workers
Ministry of Labour	Provided support to the project
Ministry of Municipal Affairs and Housing	Provided support to the project
Occupation Health Clinic for Ontario Workers	Provides Services and Programs for Migrant Workers
Ontario Health	Provided support to the project

Ontario Vegetable Growers' Association	Provided support to the project
Pozitive Pathways	Provides Services and Programs for Migrant Workers
Rural Voice	Provided support to the project
Smile Wagon	Provided dental care for Migrant Workers at the First Caribbean Health Fair
South Essex Community Council	Provided support to the project
St. Clair College	Provided support to the project
St. Michael's Parish	Provided an event space for the First Caribbean Health Fair
Substance Abuse Program for African Canadian and Caribbean Youth	Provides Services and Programs for Migrant Workers
Templo Cristiano La Buena Semilla	Provides Services and Programs for Migrant Workers
The Ontario Ministry of Agriculture, Food and Rural Affairs	Provided support to the project
Transportation for County of Windsor-Essex	Provided support to the project
Unity Hopeful	Provides Services and Programs for Migrant Workers
University of Windsor	Provided support to the project
Vitos Pizzeria	Provided catering service
Various Farm Owners and Operators	Provided support to the project
WE-SPARK	Provided support to the project
Windsor-Essex Community Health Center	Provided support to the project
Windsor-Essex County Health Unit	Provided support to the project
Windsor Essex Local Immigration Program	Provided support to the project

ABOUT ACTIVE CARE RESPONSE TEAM (ACrT)

ACrT was envisioned in 2000 through the work of Lizzy Walker. Travelling to developing countries, ACrT began working with local groups and individuals, returning yearly with medical supplies, nutritional supplements, and donations to help people suffering from HIV/AIDS and other poverty related diseases.

With the help of the Emergency Community Support Fund (ECSF), ACrT was able to connect with migrant farm workers in the Windsor-Essex County and Chatham-Kent County communities to fully understand their needs, provide access to translators to remove language barriers, transport them to medical appointments, disseminate important information on health and safety measures on COVID-19 in our clients distinguished languages, deliver culturally appropriate food, assemble and distribute health kits, and support the coordination of COVID-19 testing for workers waiting to return home.

ACrT continues to adapt in preparation for response to crisis situations developing on a local and global level. Our team members offer a variety of skills to initiate recovery through crisis intervention, short-term care to clinics, assisting orphanages, self-sustaining work, and training opportunities. Our community partnerships, dedicated staff, and volunteers diligently ensure that services and community development initiatives continue to serve our local and global community members including seniors.

BACKGROUND FOR RESEARCH PROJECT

According to Statistics Canada, about 30% of women make up the migrant farm workforce while 70% are men. Even with 30% being women, less than 0.01% are being represented in supervisory roles in the Windsor-Essex County.

Migrant Women Farm Workers (WMFW) are particularly vulnerable to abuse; as of present, there is no systemic monitoring to ensure their rights are being protected.

Encouraging women and girls into leadership positions is essential because their voices must be heard when new policies and procedures are being developed to ensure all areas of their needs are being addressed. These areas include and are not limited to:

- Housing
- Women's health
- Gender inequality
- Lack of access to government services
- Lack of access to basic information regarding their rights
- Transportation

These problems and barriers have increased exponentially since the start of the COVID-19 pandemic. The pandemic has exposed longstanding structural issues in Canada's temporary agricultural labour and migration system. In 2020, migrant farm workers who are essential to the production of the country's food supply, were amongst the most vulnerable groups to COVID-19 exposure and infection.

As a result, organizations have received support to assist Temporary Foreign Workers in Canada. Although there have been well needed efforts, migrant farm workers; especially women require more tailored services.

PROJECT DESCRIPTION

This 30-month project will support a feminist response and recovery from the current impacts of COVID-19, through systemic change. The Active Care Response Team (ACrT) will achieve this by identifying key issues and barriers concerning migrant women farm workers. Through research of current legislation, policies, and practices as well as stakeholder input, the organization will make recommendations for change and develop an action plan to address these issues.

The success of this project will rely on collaborative efforts with community partners, service providers, employers and farm owners, migrant women farm workers and other stakeholders. This collaboration will advance systemic change and endorse policy and recommendations to increase migrant women farm workers participation in decision-making processes.

PROJECT CHALLENGES

During this project we faced challenges, below are a list of obstacles faced during our data collection process:

STAFFING:

During our project we were diligently seeking adequate staffing to conduct the workload of this project in a timely manner. We faced challenges adapting to a pandemic workforce. Due to the confidential nature of the project staff members were not able to take work home. We adapted as best we could by investing in providing training to equip staff to conduct the research and at times had to result in termination due to their inability to comply, therefore, impacting our funding resource.

EMPLOYERS:

Despite our efforts we were only able to interview 6 Employer's out of the 56 contacted. We understand to better compare the data we collected from migrant women and service providers more employers and farm owners' sample was required. Employers were invited but did not participate due to various reasons such as time constraints, fear of being ostracized, lack of interest to participate, and some cancelled last minute multiple times.

METHODOLOGY

ADMINISTRATION:

Once the research team was hired, training was provided in the following areas:

- Project Orientation & Research Method Knowledge
- Confidentiality & Ethics
- Safety & Crisis Protocols
- Interview Skills & Public Speaking Training
- Data Collection Process & Procedures
- Piloting Interview Questions & Revisions
- Transcription & Scribing Training
- Data Analysis & Digital Data Storage
- Reporting & Evaluation Writing Training

Upon the completion of:

Unheard Voices of Migrant Women Farm Workers
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- All training for staff, volunteers, and team members
- Creation of documents for participants and staff to fill out based on training
- Purchase of research tools and equipment's such as laptops, recording devices and zoom subscription
- Pilot of all developed questionnaires
- Inform community members of project and outline of objectives

We proceeded to recruit interview participants as outlined below.

RECRUITMENT STRATEGY:

The Unheard Voices of Migrant Women Farm Workers (Migrant Women Farm Workers Initiative) recruited research project participants through various methods such as attending events, making phone calls, and emailing project candidates. We shared our project objectives with partners, community members and interested parties to raise awareness as well as find our sample group. Our staff recruited participants by visiting local farms to raise awareness and encourage participation, attending events designated for migrant workers, and involving existing migrant workers accessing ACrT services.

DATA COLLECTION METHOD:

The Unheard Voices of Migrant Women Farm Workers (Migrant Women Farm Workers Initiative) used qualitative research method. The data was collected through interviews and focus groups. Our research assistants and staff developed tailored survey questions for interviews designated for individuals, employers, migrant women, and service providers. We piloted these questions with migrant women and subject matter experts mixed with individuals that have limited information about the industry.

After the questions were piloted, we proceeded to gather data through a series of interview questions for focus groups and in-depth interviews. All participants completed a participation agreement, confidentiality agreement, and a consent to record form. Data was collected through recorded zoom interviews, and audio recording device was used for in person in-depth interviews.

DATA SAMPLE BREAKDOWN:

TOTAL NUMBER OF PARTICIPANTS: 67

TYPE OF DATA COLLECTED	NUMBER OF PARTICIPANTS	LANGUAGE
Focus Groups with Migrant Women Farm Workers	20	Spanish Thai Tagalog
In-depth Interviews with Caribbean Migrant Women Farm Workers	7	English
In-depth Interviews with Filipino Migrant Women Farm Workers	2	Tagalog
In-depth Interviews with Migrant Men Farm Workers	16	English
Service Providers	12	English
Employers	6	English
Community Members	4	English

Our research project reached more than 711 participants which includes migrant farm workers, employers, service providers, stakeholders, and community members.

DATA ANALYSIS:

The data collected was translated into English from Spanish, Thai, and Tagalog languages. After translation, we transcribed the data in preparation for analysis. The data analysis process involved coding the transcription to maintain confidentiality. Participants identification was changed to numbers both in focus groups and in-depth interviews.

Example: If Suzy was a participant in the Indonesian Migrant Women focus group, during the data analysis Suzy will be identified as PARTICIPANT 1 or P1. This data would be saved under the Focus Groups category.

Service Providers, community members, and employers were not identified by name, they were labeled by the sector or part of the migrant worker industry the participant was affiliated with or representing.

Example: Migrant Housing Commission representative would be identified as a community service provider, Participant 1. This data would be saved under the Service Provider category.

The manual data analysis process involved reading the questions and answers for all the data transcribed and highlighting any themes, patterns, correlations, and notable information. Further interviews were required to dig deeper into vague areas and gather more information, our research team scheduled interviews and completed the process of transcription and data analysis of the additional interviews.

DATA STORAGE AND CONFIDENTIALITY:

The data collected and recorded was kept in the confidential office of Active Care Response Team in a project specific filing cabinet which was always locked. The recording devices were stored in a safe storage unit and log sheet was maintained. Audio files were uploaded into MS Teams and secured. In addition, all zoom interviews were transferred and organized along with research related documents to our digital storage in which is password protected.

All ethical protocols were followed by staff to maintain confidentiality and the risk of loss or compromised data.

SUPPORTS PROVIDED FOR MIGRANT FARM WORKERS

Throughout the pandemic, Active Care Response Team (ACrT) connected with migrant farm workers in the Windsor-Essex County and Chatham-Kent County communities to provided various forms of support. These supports include disseminating information on COVID-19 health and safety measures in English, Spanish and Thai.

In addition, ACrT provided transportation services for migrant farm workers to attend medical appointments, access to translators in Spanish, Thai, and Tagalog. ACrT staff also delivered culturally

appropriate food and groceries, assembling and distribution of health kits, as well as supporting the coordination of COVID-19 testing sites.

During these efforts our team was able to observe and document the impacts of the pandemic and the gaps in the system regarding migrant farm workers.

June 23rd, 2023, we partnered with Occupational Health Clinics for Ontario Workers (OHCOW) for an event on Migrant Worker Day by C.A.R.E as there are growing concerns regarding hydration resulting in serious health risks for migrant farm workers. The event had 500 attendees and we have acquired 3 new partnerships with program and service providers for migrant women farm workers.

During the first Caribbean Health Care Fair held on **August 27th, 2023**, 6 care packages were provided from donated and purchased items which included imported cultural food items, noise cancelling headsets, gift cards, over the counter medicine, and hygiene products. In addition to the care packages, 2 brand new bicycles were donated with basket attachments.

During this event, the following health care services were provided through partnership with Smile Wagon, Mobile Clinic and Black Physicians of Ontario Association:

Access to General Health Services:

- 15 Migrant farm worker women sought out health services during the event
- 2 Farm owners sought out care for their migrant farm employees

Blood Pressure:

- 153 Blood pressure monitors were given out to migrant farm workers
- 25 Migrant farm workers accessed screening service for blood pressure with the Mobile Clinic. 5 were diagnosed with high blood pressure and treatments information.

Cancer Screening:

- 2 Migrant women were diagnosed with cancer and referred to specialist. 1 out of the 2 being breast cancer and information was provided of next steps.

Dental Services:

- 9 Dental cleaning services were provided by Smile Wagon
- 1 Migrant farm workers had severe dental health issues and needed serious invasive treatment. The Unheard Voices of Migrant Women (Migrant Women Farm Workers Initiative) project paid for consultation with a specialist
- 3 Dental referrals

Mobile Clinic Services:

Migrant Caribbean women were educated and encouraged to access health checks, pap test, Mammograms, and book OBGYN appointments by the Mobile Clinic:

- 21 New patients encounter and 2 Diagnostic imaging requisition
- 2 Lab requisitions
- 6 General health assessments
- 9 prescriptions

During these events and in interviews, participants inform us of issues and challenges they are facing. We refer participants to appropriate community resources and contacts as needed. For example: 2 women needed assistance with information pertaining to family life. We were able to refer a pregnant first-time mother and a pregnant mother with a toddler to Healthy Babies & Healthy Families.

We were able to assist 2 migrant women farm workers with paying their rent as well as provide gift cards for expecting mothers to purchase what they need.

In addition, we provided mobile vision care clinic, over-the-counter medicine, blood pressure tests and referrals to mental health services and support.

We continue to network with community partners and provide resources to inform migrant farm workers regarding their rights and responsibilities pertaining to employment, housing, nutrition and more.

EXPERIENCES OF MIGRANT WOMEN FARM WORKERS

Based on our data analysis here are some concerns brought to attention by migrant women and these are not placed in any order:

- Concerns with living accommodations & workplace safety.
- Labour laws - shifts are 14-16 hours with limited to no breaks. If the speed of work is not up to the standards of the employer, a payment deduction will be enforced.
- Payment reductions or held back by employer.
- Threats of deportation consequently for speaking up against injustice or wrongful acts.
- Have passport and legal documents confiscated.
- Discrimination, mistreatment, and feeling of exploitation from employer.
- Women don't have private bathrooms in the workplace.
- Sexual Misconduct.

- Lack of privacy in the bunker, unable to rest due to multiple shifts and non-conducive living arrangements.
- Language barriers in the workplace causing lack of confidence and posing vulnerability to migrant women.
- Isolation & Mental Health.

A quote from a participant regarding experience finding employment and housing:

"There is no room for women, I had to beg for a job and I wasn't allowed to live on the farm, so I had to find my own place."

THEMES FROM MIGRANT WOMEN FARM WORKERS INTERVIEWS:

During the analysis of the interviews and focus groups the following themes were uncovered:

1. Improved and tailored access to health care services and programs:

They are requesting mobile health services to come to them and their place of work as well as transportation to access health resources and services.

There is a lack of awareness, information, and knowledge regarding health checkups for women such as mammograms and pap tests, pre-natal and postnatal care. There is also a discomfort with male health care practitioners performing these tests which require the women to be physically exposed. Female practitioners and translators for these tests and appointments is preferred.

2. Support system for migrant women farm workers to voice their concerns:

Migrant women farm workers are seeking a system where employers and farm owners can assist them in the areas pertaining to citizenship, housing, accessing services and regulated working conditions. The fear of deportation, unemployment, and retaliation are concerns faced by migrant farm workers.

3. Harassment and Discrimination against farm workers needs to be addressed:

Farm workers and employers need more awareness and education on what harassment and discrimination in the workplace is so that existing policies and regulations can be used and adhered to in the place of work. Furthermore, councils in the workplace monitor and mediate these issues that arise under the compliance of the legislation, policies by labour laws and human rights.

4. Access to Language services and programs:

Migrant workers stated the following reasons for lack of access to language services:

- Long working hours
- Feeling overwhelmed
- Transportation issues

Participants recommended greater benefit from Language services provided where they spend the most time—at work.

5. Living conditions:

Migrant workers in this study have stated the following issues with living conditions:

- Overcrowding
- Living arrangements with similar shift workers
- Participants suggested needing a recreational space
- Lack of privacy

6. Working conditions:

Regarding working conditions, migrant workers in this study have stated that in some working environments due to the nature of the agricultural industry, they are restricted from taking breaks and resulting in dehydration and exhaustion. The chemicals or pesticides used can cause issues to their health and migrant farm workers stated they need information about the nature of their work and wearing safety equipment as examples.

7. Isolation and impact of mental health:

Migrant farm workers stated there is minimal access to the internet on farms and greenhouses which limit their connection to family and friends back home. Migrant workers state feeling isolated and living in a cage which impacts their mental health. Some migrant workers disclosed to using substances such as alcohol and drugs to cope.

ACCESS TO HEALTHCARE SERVICES

MIGRANT WOMEN FARM WORKERS

Migrant Women we interviewed stated difficulty in navigating the healthcare system. One of the primary issues disclosed during the interviews by migrant women farm workers is lack of access to privacy during appointments.

There is limited access to translators, either paid or free, and health care agencies do not always have translators on duty. Some employers accompany migrant women farm workers to appointments and provide translation which raise a concern for privacy as well as concerns of accuracy of translation.

Migrant women farm workers who become pregnant while working in Canada may be exposed to strenuous physical activity and exposure to pesticide. These unsafe working conditions pose risk to the mother and infant. Participants stated that pregnancies among migrant women farm workers are also often unexpected and sometimes undesirable because they put workers at risk of losing their employment and source of income. These fears can lead to unsafe abortion options and participants have disclosed that some employers encourage abortion to maximize the farms' production.

If a migrant woman farm workers visa expires while on maternity leave or postpartum, they lose all health benefits and there is currently no avenue to protect migrant women farm workers under these circumstances. A woman we interviewed had this experience as her work visa expired while she was on maternity leave and her benefits were revoked during pregnancy and postpartum, eventually her daughter's health benefits were also paused because the mother did not have a valid work visa.

"For my current situation, honestly because I have a baby here thirteen months old now. When I started to lose my status, because my work permit expired. Everything stopped even for my daughter. So right now, we are not receiving anything from the government. I don't have benefits; she doesn't have benefit. The government stop that (child's health benefits). I don't know why the government would make policy like that, that in the birth certificate of the child she's Canadian citizens. But for benefits they tie up with the parents. So, that's why I don't understand. They should not cut the benefits for the child. It's only the parents who doesn't have status, so for the child they should not cut that because the benefit is so important for the child."

IMPACT OF COVID 19

MIGRANT FARM WORKERS/ EMPLOYERS/SERVICE PROVIDERS

MIGRANT FARM WORKERS:

Through our research analysis COVID-19 has impacted the treatment of migrant farm workers in the workplace, especially regarding safety. Our research participants have disclosed exploitation in the workplace with several employers compounded with fear and lack of knowledge of rights.

Participants have disclosed employee's being infected with COVID-19 not having to quarantine while sick and were forced to work. When workers raised concerns, it was stated there were constant threats of termination and deportation. Workers described also feeling abandoned by the government, employers, and healthcare services. It was expressed that migrant farm workers experienced discrimination and lack of concern from pharmacies and clinics as well as hospitals.

A participant explained their experience of living in the bunk house while work was slow:

"And it was during the time when things were slow too. So it's like, not like you were at work where you could focus on work. Most of the ...times you were home all day. That just imagine being in a house with, let me see 1, 2, 3, 4, almost eight women every day."

Some participants struggled with being in a bunk house with colleagues that didn't share their culture such as speaking the same language:

"....have to just sit there and watch them talking about me. And I'm like, okay. Yeah. I almost go crazy. I can tell you that it was the hardest thing, because we had no freedom. We couldn't go out, especially in the wintertime. Yeah. We couldn't go. Yeah, we couldn't go outside. Like, okay. Then if it was summer, at least you could....go walk outside. Right. Give the house a break, but it's snowing."

During our research we conducted a focus group with migrant farm worker men who shared that they had a difficult time during Covid, and wish there was more information provided.

EMPLOYERS:

Employers stated they were impacted significantly due to the pandemic, such as ending crop variant due to quarantine of employees affected:

".....your workforce is quarantined, we have to end that crop, you know, and uh, we have to get some losses, you know, out of that."

During an interview with an employer, it was stated that monetary support provided to employers was not sufficient, even for protective gear such as gloves, especially with the cost of running the farm:

".....in a farm where your expenses are 7, 8 million, um, you may have received maybe 15, \$20,000 or something like that."

Employers were also heavily impacted due to being frontline workers as well, like health care service providers:

"Healthcare or agriculture that we never stopped. Personally, I, I don't remember your having sore throat or headache and not going to work. "

An employer during an interview speaks about the hardships of the industry that others do not understand until they have experience:

"That that's how we work and uh, that's how people sometimes would appreciate that, how hard it is, you know, that kind of business, the way how it's run and how it's done and all the things. Sometime we get it for granted, but when the people do it, then they. It's not as easy as it looks."

An employer during an interview stated that symptoms were demonstrated in variety of ways and for some migrant workers who bunked in the same house as well as worked in the same line, experienced covid differently. This made it challenging to adequately determine the next steps:

"Some people get hit hard and some people don't feel anything. Why you should treat everybody the same for me. Doesn't make sense."

"....people who have no symptoms for me, they're able to perform their duties there to keep going."

"So we have a paper that everybody has to sign that is not having any symptoms and any signs or any problem at all. And in terms of, as I say, communication with people for any complaints, we always keep in touch..."

Employers mentioned that employees feedback received regarding strict regulations to isolate posed to be an issue due to existing isolation and employees stated they wanted relaxed and less strict regulations contrary to the government prescribed mandates:

"...wanted a bit more, you know, to, to get out and, uh, because they have other friends and all girlfriends or whatever they have. I know. But, uh, you know, in, in, in general, people wanted to have a little bit more option of, uh, getting out..... Yeah, not being too much strict as, as it was. Not that they don't respect the thingsthe people that say all time has to be a little bit more option for us because even for us, they should understand that we are already limited And, uh, we needed other option....Getting out of the, all the place and see all this stuff"

One employer spoke about the nature of the tasks as well as the structure of the farms being extremely challenging to create isolation based on safety regulations and protocols. However, they adapted, and it came at a hefty cost:

"So one thing that hadta happen there is we had to implement some, some different things, so, we were, we put up shields everywhere. So that was one, again that was one of those things that cost us big because uh, so there was this big set-back there. And that really de-motivated the workers because now they couldn't do what they were used to doing.."

Lastly, but not least, employers stated they were spending a lot of time taking employees to access healthcare services. Due to the nature of the industry that required a steady workforce across small and large farms, this posed additional stress on employers especially farms that operate longer hours:

"...our workers started getting vaccinated we are spending A Lot of Time on the road to the hospitals. We are spending a Lot of time in doctors' offices with our migrants. So that part is definitely a big challenge, because we have an operation that requires a workforce, to be on the floor..."

SERVICE PROVIDERS:

A service provider speaks about the value migrant farm workers have on our lives:

"Actually, we can say that due to the covid, a lot of people turn around and see us "oh, you are part of the migrant worker community, ah now we know that you are an important key in the community". Because before covid, we always struggling with financially, support of a lot of organization because they don't know us. They don't know the importance to the migrant workers community in Leamington. After the covid, they saw the importance of each one of them, that without them we are not going to eat."

During the pandemic organizations were able to gain financial supports to provide services and in some cases partnerships with other organizations was necessary to carry out services and programs to migrant farm workers:

“After the covid, we can say – very few provinces can say that after the covid we received a lot of support even from the government.”

“it’s kind of ironic, it’s like a double-edged sword. It’s sad, but then again it kind of is what it is. I understand that people – covid shouldn’t be the reason that people understand the importance of migrant workers, but that’s what had happened. It’s not just the people, it’s also the government. And also, as service provider 2 mentioned, different organizations, we have been partnering with a lot of different organizations.”

“To get all the information for what’s going on because a lot of migrant workers, they didn’t know what’s going on, what was happening. Because everything was in English, or everyone was isolated. They didn’t know, they didn’t receive the information. So, we were like the bridge between the migrant workers and the community. Trying to provide all the information, try to – come on here get your shot, we need to get you vaccinated. That kind of things that we tried during this period, that it was a lot, it was a lot to work.”

SERVICE PROVIDER

We interviewed 14 service providers and 12 of them stated although they do not have specific programs and services for migrant women, it is a category they would be interested in expanding due to the difference in care women may need.

Our data analysis has discovered that service providers are struggling to connect with migrant workers and build good relationships with greenhouses and agricultural businesses in Windsor-Essex County. One service provider described wanting to provide food, emergency needs and Protective Personal Equipment (PPE) for workers but the farms they contacted would not allow them to visit the workers.

“In my experience, during the pandemic emergency needs, food, glossing, PPEs to the workers. But when you call and set an appointment with the farm, they are just going to say ‘I have four hundreds of employees just leave your gift bags for the workers with the front desk and we’re going to distribute to them.’ I think I have lots of farms that you know, I went to, but I can count on my hand. That was only farm, which allow us to get in and see their employees.... That’s why I go to the bunk houses. I connect one person in every bunk house. It’s important to me that I connect with the workers and build trust, but I can’t do that if farms are always creating a barrier.”

“... They’ve been dumped off a plane and have to do testing, go set up a bank account, do lots of confusing stuff and every step should be explained beforehand and workers should know ‘hey, we could reach out to these people for help with this stuff.’”

A service provider had the following to say regarding needing migrant farm workers:

“....you need a farmer. So these people are there and they're supporting us, um, to eat. And, um, we need to support them with funding in accessible services.”

Another service provider spoke about witnessing migrant workers struggling prior to the pandemic:

“Lately it's been, it's been brought to the attention of everyone, of how migrant workers have been living. But I, I was witness to how their living conditions were before that and, and how some of them, uh, were struggling, you know, in their work areas.”

Another quote indicates the conditions migrant farm workers experienced:

“...Um, they had issues when it came to like, knowing what happened, why they're there. And issues with, uh, the kind of food that they were serving, uh, and issues of, or mental issues, be it because being in that position you felt like you were, uh, you did something wrong. Uh, and they felt like they were in prison.”

A service provider indicated that some women speak to them about the jobs or tasks they are assigned:

“They are afraid to say “I can't, it's too hard for me, I'm too weak” because they are going to be fired or something. So, they don't say too much, and they keep working without considering their situation. So that's the kind of things I've also received.”

EMPLOYERS

Based on that data collected from the 6 employers interviewed, only 1 provided the below listed working environments and migrant women farm workers with the following amenities and opportunities.

- Intentionally hired migrant women, this specific farm hired husband and wives to keep families together.
- Conduct annual staff and surveys/questionnaires.
- Hire staff members who speak the languages of their migrant employees and work in the field daily to listen to workers' feedback.
- Promote migrant women into leadership positions.
- Encourage employees to access local services, programs, and events, including paying for Rosetta Stone so migrant workers can learn English at their own pace.
- Provide phone lines where workers can call at any time to get to the ER/hospital in case of an emergency.
- Recommended there should be an independent entity to hold farms who mistreat workers accountable.
- Aid and support for migrant workers employed at their farms to apply for Permanent Residency if desired.

An employer's statement on hiring migrant women:

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“the biggest reason why we do not bring women, is these, um, it’s going to sound strange but a lot of these men... if we would have to house them (women) onsite in our bunkhouses... just to put it out plainly, we are not interested in creating a whore house.”

Employers stated that they are responsible for the care of employees and may not be aware of other services or assistance that could be of benefit for both employees and employers. The main aid Migrant workers require based on employers’ interviews is financial assistance when they are unable to work due to illness, modified hours, or disability etc.

“.....we take that on as our responsibility at the company to make sure that our workers have the care that they need, and so in that regard when it comes to all these extra issues going on, we don’t have any, uhm, I don’t know of any programs where we would ah, be able to benefit from, that would help us out. Most of these guys they need financial help, because when they can’t work, they’re not making any money and they’re trying to support their families in Mexico or in the Philippines or, which is the two areas where we have workers from.”

“And, when, when these guys, can work two, three, four hours a day because they have to be on modified work or they, uhm, they can’t work at all because of a, a disability that is, that they received, uh, over the last while, uhm to where the company is continually bein’ asked to help out, with their families. And, the thing is, when you’ve got that many employees, you do it to, if you do it to one, then they all, you need to do it to them all and it’s something that we can’t afford especially with everything going on-it doesn’t work...”

MIGRANT MEN FARM WORKERS

Our research participants sample group included migrant men farm workers as the industry is male dominated. We were able to highlight the shared experiences with migrant women farm workers to compare the data collected.

A focus group with 16 men was held. The following results were the outcome of the focus group.

1. Leadership opportunities in the workplace:

Migrant farm worker men have opportunities to advance in the workplace and assume roles such as bunk representatives, supervisors, and receive sponsorship opportunities for permanent residency.

2. Health care services:

Most migrant farm worker men do not access health care services, if they need to access it; the employer does not have an issue. Mental health is something they do not believe in, however; stated that they are happier when they go home.

3. Activities and Events:

The migrant men farm workers are aware of some of the services and programs, however; they do not believe it is inclusive or culturally sensitive, so they do not attend.

CONCLUSION

The Unheard Voices of Migrant Women Farm Workers research project under Active Care Response Team will continue to advocate for migrant farm workers of Windsor-Essex County. Through the outcomes of our data collection, we seek to identify the concerns of migrant women farm workers.

In collaboration with migrant women farm workers, service providers, employers, community leaders and members of the federal, provincial, and municipal government we hope to create an action plan to address the identified issues.

<p>Website: https://acrtinternational.org/what-we-do/#research https://acrtinternational.org/</p> <p>Email / Facebook / Instagram info@acrtinternational.org https://www.facebook.com/acrtinternational/ https://www.instagram.com/acrt_canada/</p>	<p>Location: 30 Tuscarora St Suite 816, Windsor, ON N9A 6Y6, Canada</p> <p>Office Hours: Monday to Thursday 9am – 4pm</p>
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After the Research

On **February 22, 2024** we held a community presentation via zoom. The meeting provided a valuable opportunity to present our research findings and share our report with the community, with the ultimate goal of mobilizing an Action Plan Committee to drive next steps and turn our discoveries into tangible actions.

We had 47 attendees composed of service providers, community members, educators, and community advocates. We had 24 volunteers for the Action Plan Committee members.

Our next step was to host an action plan committee meeting to discuss research outcomes and next steps. We provided the following documents so that when discussing the action plan our participants are well informed:

- ✓ Information Sheets
- ✓ Presentation Document
- ✓ The research Project Report

We held three meetings to accommodate diverse schedules and availability for Action Plan Committee Members. The dates these meetings were held are **February 27, 2024, March 9, 2024, and March 19, 2024.**

THE GROUP DISCUSSION:

The Action Plan Committee (APC) members were provided with 6 information sheets and the full research report prior to the meeting to review the results of the research project. The meeting consisted of going through one information sheet at a time and inviting members to engage in discussion among themselves, ask questions for clarification and provide recommendations.

The Action Plan Committee is composed of 29 members. As a collective the recommendations made pertain to the following categories:

Human Resources

Example: Information regarding rights, responsibilities and policies provided to employers and employees.

Labour Laws

Example: A method of reporting labour law infractions and regulated working hours including breaks.

Recreation

Example: Providing a space for activities, social gatherings, learning and more.

Access to Health Care & Privacy

Example: Migrant women farm workers require an assistant that can translate their medical condition(s) adequately during doctor's visits and preferably a woman and not their employers or supervisors.

Community Resources

Example: Migrant farm workers would benefit from services and resources that are mobile and accommodate their availability.

Language Services and Resources

Example: Migrant farm workers require language training services and resources that accommodate their availability and are easily accessible.

We held an additional meeting with a service provider to discuss opportunities to assist Migrant Women Farm Workers related to family planning and supports. Below are the main points:

1. Discussed the challenges and needs of migrant farm workers, particularly in terms of access to healthcare, education, and support.
2. Discussed the importance of collaboration and mobilizing resources to address these issues.
3. Emphasized the need for a more integrated approach to supporting migrant workers, rather than focusing solely on their immediate needs.
4. Discussed the limitations service providers and organizations may face due to funding restrictions and the need to find alternative solutions.
5. Expressed the need for commitment to continuing research and advocacy efforts to support migrant farm workers.
6. Discussed the importance of community resources and the need to build a "one-stop shop" for services where migrant women farm workers can access.
7. Discussed the importance of understanding the specific situations of migrant workers, such as their language needs and issues pertaining to access of healthcare services as it relates to migrant women farm workers immigration status.
8. Discussed the importance of addressing the root causes of the issues faced by migrant farm workers, rather than just treating the symptoms.

Next Steps:

It is our goal to continue this imperative work in collaboration with our community partners and the Action Plan Committee members. We seek an opportunity to move forward in creating a space to detail and pilot the recommendations made.