Windsor Essex Local Immigration Partnership

Temporary Migrant Farm Workers: "Get to Know Your Neighbours"

Research Report

A Community Partnership Study

Dr. Glynis George, University of Windsor

Research Team: Erika Borrelli and Jemimah Amos

Purpose of Research Study

The main objective of this project is to advance the social inclusion of migrant farm workers in Essex County, Southwestern Ontario. It seeks to identify how migrant workers' needs, their uses of and access to services and supports, can better inform emergent best practices and advance community understanding of migrant workers and the social, economic, and cultural contribution they make to Windsor-Essex. It is anticipated that any such model could be applied, in principle, in other areas across the country. The sub-objectives are to:

1. Identify the barriers migrant workers face that inhibit their inclusion
2. Identify barriers and challenges that support the inclusion of migrant workers.
3. Identify supports and best practices that have emerged, over the last two years including during the COVID-19 pandemic to support and include migrant farm workers
4. Contribute to the ongoing efforts to highlight the social, economic, and cultural contributions that migrant farm workers make to Windsor-Essex.

Major Findings

- Migrant workers face challenges in accessing services and support due to systemic barriers, including working conditions; transportation and isolation; lack of information, communication, and language barriers and lack of recognition.
- Service providers and stakeholders face barriers in providing support due to barriers in systemic coordination; limited services; partnerships and lack of funding; challenges in organizational capacity and access to workers
- Best practices emerged and others were strengthened by responses to COVID-19 at federal, provincial and community levels.
- These include:
  - The emergence of a potentially sustainable framework of support that prioritizes migrant workers and draws on equity and diversity approaches.
  - Increased partnerships, collaboration, and funding.
  - Advanced or expansion of services in language, communication, information dissemination, and healthcare support.
  - Increased visibility of migrant workers and their needs.
  - Recognition of the value of reaching and including workers; of the importance and role of grassroots organizations and informal support.

Recommendations

- Strengthen and broaden flexible, virtual, and in-person professional translation services that ensure privacy and confidentiality.
- Hold an 'Annual Welcoming' event to introduce migrant workers to available services and to welcome them to the community of Essex County. This event should recognize the diverse cultural backgrounds of workers.

- Develop information tools to reach workers that use multiple pathways (virtual, in-person, visual, multiple formats, and modes of delivery, targeted for different times in the season).
- Develop a more migrant worker-centred process and pathways for workers to navigate available services and support.
- Include migrant workers in planning and developing initiatives moving forward
- Develop strategies to reach out to migrant workers.
    - To identify and access workers in a safe, private, and confidential format.
    - Learn more about migrant workers' lives and needs.
    - To gain feedback from migrant workers.
- Maintain and strengthen ongoing partnerships.
- Seek permanent sustainable funding for migrant workers.
- Migrant and Temporary Foreign Worker Initiative (or some similar strategy) should be permanent and housed in an entity such as the WE LIP to ensure leadership, stability, continuity and to draw on existing partnerships and collaborative strategies
- Encourage organizations and agencies to include migrant workers in their mandates and budget strategies.
- Engage farms and greenhouses to participate in community-based initiatives aimed to support workers, and to learn more about the challenges employers face in providing support and services for workers both on-site (farms and greenhouses) and off-site, in the community.
- Address systemic barriers, particularly those that reinforce or create ambiguity between employers and the 'community' when it comes to addressing the needs of migrant workers.

Context of the Research Project: Setting the Scene

The importance of migrant farm workers to national food supplies and agricultural industries was evidenced during the COVID-19 pandemic (Klassen & Murphy, 2020; Neef, 2020) with their characterization as 'essential' workers. Canada now receives some 61,000 migrant farm workers, an 81% increase from 2011 (Vosko et al., 2022). Despite the contribution these workers make to our local economies and our national food supply, migrant farm workers have limited access to their social rights, such as healthcare and to foster their inclusion in the communities where they work and live in Canada. Migrant workers were moreover disproportionately impacted by the COVID-19 epidemic as workers were at high risk of COVID-19 exposure and infection. The gaps in accessing their healthcare, both preventative and for treatment, became evident to service providers and the wider public in Windsor-Essex and across Canada. While the pandemic had tragic results – including the death of two workers in Windsor-Essex, it also provoked more systematic responses and attention from all levels of government, as well as service providers and organizations in Windsor-Essex. In sum, COVID-19 necessitated immediate, innovative, and organized responses that may provide opportunities to further the social inclusion of temporary farm workers in Windsor-Essex.

The study presented here emerged from the WindsorEssex Local Immigration Partnership Council *Migrant and Temporary Foreign Workers Initiative* which seeks to identify and examine ways of supporting migrant workers in Windsor-Essex. This project focuses on the barriers and opportunities for social inclusion for migrant farm workers. Workers benefit greatly from the wages they receive by working in Canada. Many workers describe how their work in Canada provides opportunities to support their families and for example, their children's education in their home countries. Migrant workers also contribute to the local economy and its cultural diversity. This project hopes to raise awareness in the community and identify how it can improve their social inclusion.

Defining the Problem: Addressing Gaps, Building Support

Social inclusion is a term that is closely associated with immigrant integration and has been used to identify and support the settlement and integration of immigrant newcomers to countries such as Canada and as essential in fostering their sense of belonging (Omidvar & Richmond, 2003; Bushell & Shields, 2018). Defined as "the full and equal participation in the economic, social, cultural, and political dimensions of life" (Omidvar & Richmond, 2003 p. 2), social inclusion is relative to social exclusions. Therefore, strategies to advance social inclusion include resources, investments, and initiatives to identify, support inclusion and remove barriers that inhibit inclusion or that exclude people from membership and participation in these spheres of social life.

Unlike immigrant newcomers, however, migrant farm workers are *temporary.* They are *included* as workers in Canada, but they are *excluded* from certain rights specifically, the right to labour mobility, family unity and for the most part, clear pathways to permanent residence and citizenship (Faraday, 2012; Nakache, 2013, 2018). These structural exclusions shape the living and working conditions of migrant farm workers to produce a process of *differential inclusion* for these workers (Mazzadra & Neilson, 2012; Koleth, 2017; Tervonen et al., 2018). The differential inclusion of migrant workers fosters vulnerabilities, fear of deportation, social segregation and precarity and excludes these workers from services afforded to immigrant newcomers, including language training which would support their language skills and knowledge about their rights, including access to healthcare, workplace protections (Barnes, 2013; Basok, 2004; Hennebry & Preibisch, 2012; Rajkumar et al., 2012; Roberts, 2020) and a sense of connection and overall wellbeing (Basok & George, 2020). The result is a narrow and restrictive frame for how social inclusion can be realized as the social inclusion of temporary migrant farm workers cannot conform to the comprehensive definition that informs permanent immigrant settlement. The differential inclusion of temporary farm workers then creates challenges for community-based efforts to support their social inclusion.

Despite the more restrictive scope for advancing the social inclusion of migrant workers, there is support for advancing their inclusion in government policy and at the community level, including calls to include temporary farm workers in settlement services (George et al., 2017) and more recently (Bushell & Shields, 2018). Inclusion can support well-being, as studies demonstrate a positive relationship between subjective well-being and quality social support, both formal and informal, provided by families, friends, community (Das et al., 2020), as well as workplaces (Pasca & Wagner, 2012). Moreover, communities may become

places where different levels of governance, capacity, and structural support (services) for immigrants and migrants are put in place to overcome the barriers (Das et al., 2020; Wood & Newbold, 2012; Schmidtke, 2018).

Support for temporary farm workers

Despite the contribution workers make, there is limited research on how migrant farm workers are supported in the communities where they work and live (Caxaj & Cohen, 2020; Caxaj et al., 2020). The barriers workers face to access their healthcare rights and related supports are, moreover, shaped by their living and working conditions (including cramped accommodations, repetitive tasks, and long work hours) and exacerbated by limited support (Colindres et al., 2021). Migrant workers are also largely excluded from social networks, that result from family, sustained peer relations and civic engagement that are associated with integration and belonging (Caxaj & Diaz, 2018; Straehle, 2019; Basok & George, 2020). Barriers to social support, including discrimination relating to age, ethnicity, race, and gender, can undermine their well-being and inform stress, anxiety, loneliness and depression associated with situational mental health (Das et al., 2020; Wood & Newbold, 2012; Ramos et al., 2015). The result is a sense of isolation, loneliness, and social segregation that is gendered (Grez, 2019) and intensified by the persistence of racism and the limited knowledge communities have of what temporary farm workers do, how they live and their contribution to the local economy.

In Windsor-Essex, before COVID-19, there was a thrust toward understanding migrant workers' experience, documenting the support they receive and identifying gaps in service, support, and inclusion. A community-based initiative led by the Ontario Greenhouse Vegetable Growers (OGVG) identified areas where support and inclusion could be advanced. Moreover, migrant workers in Windsor-Essex have been socially included through many informal social supports—including neighbours, employers, and co-workers (Basok & George, 2020). Our interest here, however, is to identify the **formal supports** that are available through government and civil society organizations (non-profit, voluntary, religious), which provide direct or indirect services and social connections for workers, or which facilitate, endorse, or foster the inclusion of temporary farm workers. In Windsor-Essex, a ***Migrant and Temporary Foreign Worker Initiative***, led by the Windsor Essex Local Immigration Partnership, was funded by IRCC to examine community efforts to improve services, promote collaboration, strengthen social integration, and encourage social and cultural connection with migrant workers. This study, intended to support that strategy and its initiatives, originally sought to identify, describe, and examine the barriers and supports for advancing the social inclusion of temporary farm workers. The 3rd and 4th waves of COVID-19 (Spring 2021-Winter 2022) however, narrowed and shifted the focus onto the areas of support that were most evident during this time.

Methodology: Community-based Study

The project employed a qualitative community-based research methodology, and conducted document analysis of news media as well as municipal, provincial, and federal policy initiatives underway during COVID-19. We conducted interviews with thirty-two (32) community stakeholders and service providers representing 25 organizations and agencies in Windsor-Essex, and with thirty (30) temporary migrant farm workers to identify workers' needs, how workers live in, make use of, and identify the barriers to inclusion they experience in Windsor-Essex. We examined how community and government responses during COVID-19 informed initiatives directed toward migrant workers. A community-based approach seeks to identify social issues, experiences and strategies that are relevant to a given community and develops modes of dissemination, strategies or initiatives that can be implemented by the given community (Johansson & Lindhult, 2008; Bergold & Thomas, 2012). The interviews were digitally recorded, transcribed, and subjected to primary and secondary analytic coding using a qualitative coding frame (Schrier,2014). The research team created interview summaries and conducted a thematic analysis (Braun & Clarke, 2006).

While the study originally sought to interview stakeholders in various sectors (including the local commercial sector) and migrant farm workers, COVID-19 restrictions, and the 4th wave of the virus, made it very difficult to access and engage with workers and reach out to the community. Hence, we opted to focus on stakeholders and service providers who were best positioned to identify barriers and best practices that were emerging during COVID-19. Social distancing measures and the restrictions structured by the *University of Windsor Research Ethics Board* meant that interviews were conducted virtually, most often through Zoom. The findings we present below are as a result, a work in progress that we hope nonetheless describes pathways forward to advance the inclusion of migrant workers.

Migrant workers were asked to 1) describe how they make use of services (commercial, health-related and social) in Leamington; 2) how they came to work in Leamington and why; 3) what they know about (including how to access) services provided for them; 4) their understanding of social inclusion; 5) the barriers they face in access and; 6) what do they need and what services or social supports would better support their inclusion; 7) whether and how supports and barriers emerged during COVID-19.

Stakeholders were asked to describe 1) what their organizations do and how they come into contact with migrant workers; their knowledge and perceptions of migrant workers; 2) what supports they offer; how and whether migrant workers access their services; what barriers they face in providing support for workers; 3) whether or how migrant workers are socially included or excluded in the services or direct and indirect forms of support they offer (including whether norms or values both positive and negative); 4) what supports, and barriers emerged during COVID-19 and; 5) whether any best practices emerged during this time. In the next section, we provide background to identify key components that shape the

experience of migrant workers in Windsor-Essex. We then turn to the findings from our interviews with stakeholders and migrant workers.

Migrant Workers in Windsor-Essex

The largest population of temporary migrant farm workers in Canada can be found in Windsor and Essex County (Basok & Bélanger, 2016). Migrants come to Canada to work under two streams, The Seasonal Agricultural Workers Program (SAWP) which receives workers from the Caribbean and Mexico, yearly for up to 8 months; and The Temporary Foreign Workers Program (Agricultural Stream), which draws workers from Guatemala, Mexico, Honduras, Thailand for example through Labour Market Impact Assessments (LMIA) to work for up to 2 years in Canada. While these streams provide slightly different conditions for workers, in both streams workers are tied by contracts to a single employer. Almost all live in congregate housing, the majority, but not all, on farms and greenhouses. These arrangements shape the living and working conditions of migrant farm workers to foster their precarity and vulnerability, including fear of deportation, social segregation, and exclusion from supports such as language training.

These agricultural workers *now* make up 62% of all temporary foreign workers in Canada, 34, 270 in the SAWP program (57%) and 26,730 in the Agricultural Stream (Vosko et al., 2022). Ontario receives the most workers, 24,000 this year, roughly 39% of the total. The largest concentration of workers in Ontario, some 10,000 workers, is found in Essex County where the agricultural sector is a 3-billion-dollar industry and growing at 5% per year. It is home to 53% of greenhouses in Ontario, and the largest concentration of greenhouses in North America(WE LIP, 2022). There are over 1630 farms covering 350,000 plus acres in land use and 84,000 plus square feet of greenhouse area (OMAFRA, 2016)). Migrant farm workers, 80% of whom return yearly, and as many as 2000 'undocumented' workers, work long hours to prepare fields, apply pesticides, fertilize, irrigate, harvest, package tomatoes, cucumbers, peppers, strawberries, flowers, and potted plants.

With a population of 28,000 and 22,000 respectively, Leamington and Kingsville are important centres for farms and greenhouses and Leamington. The agricultural sector also supports the local economies that surround and include these towns and workers contribute an estimated 6 million dollars yearly to the local economy (Basok & George, 2020). Indeed, Leamington Ontario has grown into a hub – a social and service centre for temporary farm workers, with the expansion of the agricultural industry and greenhouse farming over the last 50 years. Leamington has transformed, adapted, and responded to the growth of the agricultural industry and the increased number of migrant workers.

This environment has created both opportunities for and barriers to the social inclusion of migrant workers who welcome the shops and food provided, opportunities to meet for leisure such as playing soccer and joining in festivals organized by the Migrant Workers Community Program and the Mexican Consulate. There have over the years, however, emerged varied and contested responses to their presence, including tensions over how migrant workers use public space and alter the character of the town; the social and

economic impact of migrant workers on community capacity, and housing in particular; and concern over their health and well-being, including the racism, stereotyping, and isolation they experience (Basok & George, 2020).

Before COVID-19, there were several community-based organizations, such as the Migrant Workers Community Program (MWCP), C.A.R.E for International Workers, the Windsor-Essex Bilingual Legal Clinic, Unity Hopeful, Agricultural Workers Alliance (AWA), Justice for Migrant Workers (J4MW) and Frontier College who have provided support to workers despite in some cases, very limited resources. These organizations made significant contributions to welcoming workers, connecting with them, and providing support for specific issues and needs, including concerns over their working conditions, healthcare needs, translation services and social support (Basok 2004; Barnes 2013; Basok & George, 2020). In addition to these organizations, neighbours, and residents as well as local churches have provided valuable social and spiritual support for workers. Still, services and supports that are needed for workers to access their entitlements have been according to stakeholders and service providers, thin and ad hoc; supports have certainly not kept pace with the expansion of workers in the area and the overall growth of the agricultural sector in Essex County (Basok & George, 2020).

The barriers to migrant workers' well-being and inclusion were evidenced through our research before COVID-19 conducted as part of the community initiative supported by the Ontario Greenhouse Vegetable Growers (OGVG). Our research team examined migrant workers' sense of belonging and identified what supports were in place to support their well-being (Basok & George, 2020). We found that migrant workers have a thin sense of belonging to Leamington, due to structural conditions of their work and livelihood which separates them from their family, experiences of racism, difficulties in their living arrangements, devaluation of their work and the stress associated with their precarious status as non-citizens. Healthcare workers described depression, anxiety, and loneliness as significant and situational and described community services as thin, informal, ad hoc, and under-developed. We also documented a strong interest and passion amongst those stakeholders and service providers, in healthcare, in the settlement sector, the municipality as well as worker inclusive organizations such as MWCP and C.A.R.E, many of whom have struggled to support migrant farm workers. A systematic framework however was not present.

COVID-19

By the end of December 2021, when Canada entered the 5th wave of the virus with the onset of Omicron, 75.5% of the population was vaccinated (Vosko et al., 2022). Overall, the COVID-19 pandemic intensified the health risks migrant workers faced and the vulnerabilities which arise from their working and living conditions. The high rates of infection have been attributed to gaps in service and access to healthcare, unevenness in measures adopted to protect migrants from infections; disconnect between levels of government and between governments, public health, and employers; inadequate regulations and inspections; recalcitrant growers who ignored the quarantine period, limited access to PPE, and non-compliance with social distancing measures in their workplace and residences (Caxaj & Cohen, 2020; Macklin, 2020). Workers were subject to

changing regulations and uneven employer support for social distancing, COVID testing and access to protective gear (Doyle, 2020). Moreover, workers were reluctant to be tested because they feared losing income should they test positive. There is evidence that these conditions exacerbated migrants' mental health and well-being (Basok & George 2020; Minnings, 2021).

Migrant farmers employed in Essex County were disproportionately impacted by COVID-19. By the summer of 2020, the impact of the pandemic on migrant workers became most publicly apparent with the death of three workers, two of whom worked in this region. Migrant farm workers, like other essential workers, experienced higher rates of COVID infection. In Ontario in 2020, 12% of the temporary farm worker population had tested positive for COVID-19. Ontario recorded over 1,000 workers infected between April and July 2020. 253 on-farm outbreaks occurred between April 2020 and December 2021 which led to 3,238 COVID 19 cases (Vosko et al., 2022).

The pandemic also created greater awareness of migrant workers in Windsor-Essex and across Canada. During COVID-19, public support for migrant workers increased (Landry et al, 2021). In sum, despite its tragic outcomes, the COVID-19 pandemic provided resources, and the motivation to advance the support that did exist, in significant ways. To paraphrase Frieda, a stakeholder in healthcare, it is still too early to conduct an audit of the impact of COVID-19 on workers and Windsor-Essex as a whole. Still, there are some key milestones worth reporting that highlight the impact of COVID-19 on workers and the response of governments and organizations. In the section below we report the barriers and best practices that stakeholders and service providers identified that have impacted the inclusion of migrant workers and we include insights from migrant workers who describe their experiences of inclusion in Windsor-Essex during this past year.

Findings: What we learned from Stakeholders, Service Providers, and Migrant Workers

Table of Contents

Thirty-two stakeholders and service providers who were interviewed for this project represented 25 organizations or agencies that were identified as having a direct or indirect connection to migrant farm workers either through providing direct service and support; or supporting direct service and/or umbrella organizations that included migrant workers in their mandate or initiatives. The bulk of stakeholders and service providers are in the field of healthcare which is not surprising given that the attention of this sector was pre-eminent during the COVID-19 pandemic and healthcare represents services for which workers are entitled and for which they needed even more support during the pandemic. Other sectors include legal, some commercial, and social support (churches and/or grassroots

organizations). Of the 30 migrant workers we interviewed, the majority were from Mexico and others were from Guatemala and Jamaica. All but 3 were men which is reflective of the gender composition of migrant agricultural workers.

1. Barriers to Formal Support and Services

"So, it's like we have to look at the structures and make sure that there are levels of

protection for the worker."

Stakeholders and service providers identified several barriers that inhibit migrant workers from inclusion, accessing healthcare, participating in community life, and in being recognized and valued. Some stakeholders identified that migrant workers were excluded from services and/or support and/or other avenues of exclusions due to their working conditions and or terms of their residence. Several stakeholders pointed out that migrant workers were not entitled to settlement services such as language services. Stakeholders also identified a range of barriers that de facto inhibit workers from accessing service or actualizing support which we discuss in more detail below. First, we discuss systemic barriers which include issues such as fear of deportation and retaliation, working conditions, and living conditions. Secondly, barriers attributed to language and communication include issues such as communication gaps, information dissemination and cultural understanding, and stigmatization. Finally, we discuss barriers afforded by the relationship between employers, migrant workers and community members which is uneven and ambiguous.

A. Systemic Barriers

i. Deportability

The nature of temporary foreign worker programs ties employment to immigration status and thereby intensifies the existing vulnerabilities of migrant workers. Fear of reprisal and deportation, therefore, act as major barriers to workers' volition in accessing services. Migrant workers' precarity in this sense transcends sector-specific service provision. Although stakeholders in different sectors have discussed this issue differently, it remains a pertinent challenge in workers' unwillingness to make use of accessible services. Much like how fear of reprisal affects migrant workers seeking accessible services, this can also act as a major barrier to service providers who depend on utilization to continue current programs and initiatives. This will be discussed further in section 2.

> *"It's created issues just in terms of worker health. You know, the idea that even if they disclose themselves as having symptoms or being sick, that they could lose their positions on the farm. You know, there's all sorts of implications about that." – Valerie (Service Provider)*

> *"Challenges that I always say that migrant workers face is fear of repercussion for complaining about anything. It's pretty safe to say, there's a lack of trust towards the police*

in general. Secondly, they don't want to get kicked out of Canada later, they want to be able to come back here and work." – Megan (Service Provider)

"They want the help but are reluctant to share confidential medical information due to fear to job loss." – Cynthia (Stakeholder)

"We get a lot of hesitancy, worry and the need to keep things private. Anxiety and panic of getting a day off because of the fear that they will be sent back." – Andrew (Service Provider)

Anonymous tip lines have been recommended as future initiatives to bypass fear of reprisal for migrant workers. These tip lines could be fashioned in a way that preserved workers' anonymity and facilitated their speaking up regarding workplace conditions, living conditions etc. However, in the context of reporting a crime, some have indicated how even an anonymous tip line can act as a barrier to safety. This is attributed to not only the unique nature of crime and being the sole victim (therefore, easily identifiable), but the lack of knowledge of what 'being anonymous' really means. In sum, regarding initiatives such as Crimestoppers, the concept of anonymity does not *easily* overcome the fear of reprisal and migrant workers' distrust. Furthermore, current education initiatives could be unsuccessful if they are coming from superordinate community members (crime tip line information coming from police; or employment tip line information coming from employers) which could facilitate rather than eliminate distrust. Future initiatives must seriously consider educating migrant workers on the processes and inner workings of anonymous tip lines and this information should come exclusively from third-party individuals or services.

"Regarding anonymous tip lines like Crimestoppers, I still feel like it doesn't matter what you say. People are not going to want to put their job on the line and the risk of getting kicked out of their employment." – Megan (Service Provider)

Migrant workers have outlined that there is a double bind between fear of retaliation and family needs.

"For fear of reprisals, because you have a family to support so if you say something you might be forced to leave early, right? Or they won't ask for you to come back the following year. So, when you have the chance to come here, there are so many great opportunities to help move your family forward, to pay for your children's education, work on your house. And most of us when we come here, we come with those types of dreams, to do well by our families. So, you just have to remember 'well, if I say something, then I don't come back' "– Gregorio (Migrant Worker)

ii. Working Conditions

The ability of workers to access support is also shaped by working conditions. Stakeholders and service providers have pointed to the difficulties in rendering accessible services useful due to long working hours extending beyond traditional business hours. Migrant workers have identified that due to these long hours and the physicality necessitated by agriculture work, they don't have time for a lot of personal duties such as chores, laundry etc. making time to access services much more difficult. Additionally,

occupational hazards associated with agricultural work may further inhibit workers' sense of belonging and thus make issues like adequate access to health care all the more prevalent.

> *"It's hard for them to access care when they work 7 days a week." – Andrew (Service Provider)*

> *"We kind of like, yeah, we have a community Health Center in Leamington, but they do banking hours, so technically there isn't anything available for workers if you know what I mean. Right? No Sundays, no evenings." – Jasmine (Stakeholder)*

> *"Well, we hardly have time to go out like that, because we work from 7:00 am to 10:00 at night; that is, we have very little time to go to Leamington." – Régulo (Migrant Worker)*

> *"When we come as a migrant worker we are literally pushed to the limit. [...] They want us to do seven days a week, and I don't think that's fair because we don't get time to do our chores, wash our clothes, cook food to have something good to eat. You know a good strong meal so we can go back to work." – Preston (Migrant Worker)*

The need for a deeper level of understanding of the structural intricacies of temporary foreign worker programs work was called for. Only when levels of government and service sectors comprehend the structural barriers inhibiting workers from easily seeking services will there be better fluidity in the service provider landscape. In this way, stakeholders and migrant workers have identified that lack of accountability has served as a major barrier and the mismanagement of certain contexts such as the pandemic.

> *"They don't understand the situation. And you know, at the beginning of the whole COVID situation with the migrant workers. I remember saying [...] that they are not understanding how this works and that there's no shame or blame. But in order to do new regulations you have to understand how everything works. And I don't believe they do." – Alexa (Stakeholder)*

> *"You can't allow the industry to police itself [...] there needs to be accountability from the top down to the bottom."– Alexa (Stakeholder)*

This concept of accountability was also echoed by workers, who strive for more awareness on the part of employers. Enforcement on the part of government authorities was also identified as they highlighted the role of local consulates. While the consulate indicates an interest in visiting farms, the pandemic inhibited them from doing so. At the same time, there is a sense that there is only so much the consulate can do.

> *"I think they should visit us, for example, Mexicans need a visit from the Mexican Consulate. I think that once even a month they should take a tour of the farms where we are working; not just in the house, but in the farms." – Teodoro (Migrant Worker)*

> *"But what would be more impactful is if there was interference from the Canadian government equally. Because when the consulates intervene, they have no weight. But let's say there is an office of the Ministry of Labour here in Leamington, Then [everyone] would know [the rules] and have the weight of the Canadian law." – Eustaquio (Migrant Worker)*

iii. Isolation and Transportation

Almost all migrant workers live in congregate housing and the majority (but not all) live on farms and greenhouses. Stakeholders and service providers have pointed to the challenges of living in congregate housing. As much as housing has been identified as an issue before COVID, the substandard character of some housing became much more prevalent and visible during the pandemic.

"One of the things was the living conditions, there are some good companies that treat their workers well and are given good accommodations but some of them were put in old houses that had no air conditions. Four to six people sleeping in the same room in the middle of summer. They had no space for themselves. These are some of the things I personally saw."
– Piers (Service Provider)

"It's about safety, you can't have people basically living on top of each other." – Alexa (Stakeholder)

The challenges attributed to congregate living arrangements affect workers' sense of safety, comfort, and belonging; ultimately impeding their willingness and ability to access even the most available services. This sentiment was echoed by migrant workers and was intensified for undocumented workers.

"A safe place to live, a clean place to live, a place that they call their own spot, right? Like you have. You have to have some joy in where you live. You have to have some joy. You can't have people come here and work for 10 months and live in a hole. You can't do that, that's just not right. They have to have a spot where they have some joy and where they live." – Alexa (Stakeholder)

"Well, there are some problems because one you're living with many people. There were 18 people in one house. Sometimes three people in a small room. So, we had nowhere to put our shoes and we had to do our best. That's the problem. There needs to be better housing for everyone- that way we can feel better. Imagine, I come here for my 2-year contract, and I have to live with three people all the time? That's very difficult." – Eustaquio (Migrant Worker)

"The accommodation, some of them it's. It's, uh, I can't even talk about it, because it's... It's not good. I mean, you leave your [home country] to come here, and it's worse than where you're coming from. Yeah. That's not healthy." – Preston (Migrant Worker)

Based on the nature of farm work, migrant workers living in congregate housing tend to live further away from downtown areas and commercial hubs. This geographical isolation paired with unreliable and expensive transportation systems has been identified as a barrier to workers' ability to travel to-and-from service providers. This may have implications for things like accessing primary and specialty care.

"Transportation is a big one. They don't have cars or bikes and they need to pay a cab fee. It is expensive getting to Windsor on a taxi." – Dominique (Service Provider)

"They face barriers in all spades, even more so just because they live in conditions that are somewhat by nature of their work isolating."– Valerie (Service Provider)

"We don't have a transportation system where we can just go out there and catch a bus and the bus is $1.50 – but we don't have that." – Preston (Migrant Worker)

"It would be good if there was, like a bus that passed, that charged us less than taxis. Because taxis are expensive. We're unable to go into town and spend time with friends because it's so expensive and it makes me think about whether or not I want to go. So, I think some sort of collective transportation service, especially in the colder weather." – Teodoro (Migrant Worker)

B. Information, Communication, and Knowledge

i. Lack of Knowledge and Information

Stakeholders and workers themselves claim that they simply do not have adequate information to understand the terms of their contract, what they are entitled to and how they can find and access what support and services do exist even if the information is widely available. They pointed to 1) workers' basic lack of knowledge of available services and entitlements; 2) unidimensional information dissemination which includes an overreliance on documents that may not be user- and/or reader-friendly; 3) one-time delivery methods: including workplace training, and current orientation initiatives and 4) misinformation within the context of the pandemic.

Lack of Knowledge

"[Workers] have a lot of benefits. The problem is they don't know, and the lack of the information basically is the issue. They don't know how to use it. They don't know they have the right to go to the doctor. And we find that people don't go to the doctor because they think they're going to have to pay for the doctor." – Valentina (Service Provider)

"A lot of them don't know what the health card is for or don't even know what it is. There is a total misunderstanding of what the Canadian health care is and how it functions. There is the issue of every complaint going to the E.R even when it is not required. We need better communication and laying out how things work once migrant workers arrive Canada" – Oliver (Stakeholder)

"And I would say that sometimes the problem is that you have no information; there may be the services but sometimes you don't have the information." – Gregorio (Migrant Worker)

"No information, nothing. We just got our test back from the hospital, we were told we were positive [with COVID], and then sent to be quarantined right away." – Eustaquio (Migrant Worker)

"Well, for me yes, it was difficult for me, to translate all my [health] problems. Because I don't have the knowledge of any translation services available." – Régulo (Migrant Worker)

Unidimensional Information Dissemination

"We always struggled with having information coming from ministries or coming from public health, not necessarily addressing the literacy or the language needs of workers. So....throughout the years we would be saying... this is not in Spanish, and it would take a long time [to get translation]. And then it would be in Spanish, but it was very dense, and it was not at the level of like, easy [to] read for people, right? So that's always been a challenge in our work. Is information coming from ministries or even health and safety information making it accessible to these communities?" – Brandon (Stakeholder)

"How can it be possible that the workers as soon as they came to Canada and sign the contract, the employment contract, they don't have a copy of the employment contract in their language?" – Irene (Service Provider)

"[Our contracts] are in English. That's a very big barrier, isn't it? The conditions from where you come are quite precarious so you come here, and you just want to sign, but it comes in English, and then you can't understand what you are signing. That makes it very difficult. So that is one of the biggest barriers." – Gregorio (Migrant Worker)

One-Time Delivery Methods (Training, Education, and Orientation)

"I know that they sort of get an orientation when they first arrive. I would question how effective it is because yeah, I would question how effective it is, I would question how much real information they do." – Roxanne (Stakeholder)

"[All] employers have to provide training packages about the company's harassment, discrimination, or safety policies for example. Most employers do this, but they do it in English, so the workers don't understand. [...] they don't realize they even have the information about their rights." – Irene (Service Provider)

"Other industries you know have to get WHMIS training(Workplace Hazardous Materials Information System), the training where they teach you about pesticides and chemicals that they use. So, I had one group meeting [with migrant workers] last year and I asked them if they had ever seen the WHMIS book. There were 40 people in that meeting and none of them had ever seen it. Nobody knew what it was. So, you can see right there, there's an issue, right? And especially because everything in that book would have to be translated in their own language in order for them to know what to do" – Piers (Service Provider)

"Because there is nobody to train the workers. We need people to train us about the chemicals that we are working with in the greenhouse and on the farms. Because it doesn't matter what anyone says, they are toxic." – Preston (Migrant Worker)

Misinformation

"That's one of the things we wear to work on it, to make sure that we get information from government sources that we can relay to them, explained to them and tell them not to be afraid. Right. Some of them were to the point that they were afraid of going to hospitals because there was a rumor going out there saying that hospitals will take time and they will let them die in order for them to take their organs out. And then, you know, it was it was crazy." -Piers (Service Provider)

ii. Communication: Language Barriers and Translation

There was significant concern by workers, stakeholders, and service providers that language barriers are a fundamental problem that puts workers at risk and increases their vulnerability. There is no systematic support for workers who need translation to understand their rights, services, support, and how to address and navigate their illness and wellness. Moreover, the language barrier also impacts the capacity of healthcare providers by "*interrupting the flow*" of healthcare support. We discuss the options that have emerged in Section 3. Here, we outline how language barriers inhibit workers from understanding and accessing care and how barriers increase their risk and fears of deportation. The three main subsections identified are 1) translation and confidentiality; 2) qualifications of third-party interpreters and 3) overreliance on employers.

Translation and Confidentiality

While translators have been available to workers through, for example, the Migrant Worker Community Program, or in certain cases, nurses or service providers who speak Spanish, it can be difficult to find translators and it can be time-consuming for the translator. Volunteers have provided much-needed translated support, but stakeholders point to the problems in relying on volunteer translators, particularly when trying to explain sensitive and confidential medical issues to workers.

> *"Sometimes it's fine, sometimes it's problematic. Because you might not want to disclose so much in a medical appointment if the person who's interpreting for you is someone you know in a different capacity. To safely sum it up, I would say, I think we started looking at what is the access to professional interpreters for migrant workers." – Phoebe (Stakeholder)*

> *"Translation is another story, another barrier… We do have a nurse that we've hired that speaks Spanish. So that's huge. But* [in using volunteers] *then it's that confidentiality piece, too. You've got like, even when I did the vaccination clinics in the summer, I've got like 16-17 years-old translating for a 40-year-old from Mexico. And it's awkward, really. The questions were super private." – Cynthia (Stakeholder)*

> *"Ya it was pretty difficult. Let's say that you had an illness that was really personal or something it's not really great having to explain it to another person and say "oh I have this and this and this" like I'm telling personal things to a third-party so 'ya it's difficult in that way." – Mateo (Migrant Worker)*

Qualifications of Third-Party Interpreters

> *"We relied on volunteers. So, they tended to be new newcomers, usually young people who kind of have a passion for this coming from different Latinx countries. And then, so they would then pair up with our nurse and our or our physician and interpreter and translate. But then, more and more, other agencies, they kind of pointed out like, are these people professional? And so, then we started really making sure that we took that into account. But, it was really important because now there's a lot of research around the benefits of professional interpretation vs., you know, family members or just kind of volunteers." – Brandon (Stakeholder)*

"Very often, when there's compromised communication, when people don't have access to information and when they are relying on individuals who aren't trained as interpreters, we know that there's research that shows that there's an additional burden of disease on individuals and additional costs to the healthcare system, because there are unnecessary return visits to emergency or the use of emergency departments instead of, because people aren't just necessarily connected to a primary care provider" – Phoebe (Stakeholder)

Overreliance on Employers

The complications of using employers as a primary means of navigating healthcare and acting as translators are doubly problematic when considering issues of confidentiality and deportability.

"More often than not we found that it was the employer of the worker coming into care that would translate. And to me, I was like, that was alarm bells. I was like, it's a patient safety issue. But because we had a language barrier or people kind of looked the other way and said, 'You know what? It's better than nothing'. This is the biggest patient safety issue there is." – Jasmine (Stakeholder)

"Yes, but I mean, they rely heavily on that employer. If they get sick. Their employer is supposed to take care of them. You know there is not any other business where they say 'I take my employee to the doctor' no they are expected to be able to go on their own. But unfortunately, here they can't." – Maria (Service Provider)

iii. Cultural Understanding and Diversity

Most stakeholders recognize that workers have cultural assumptions when it comes to healthcare and support, as well as distinct approaches and systems of healthcare in their own countries that are different from Canada's healthcare system. Information, therefore, needs to be conveyed in culturally competent ways and be sensitive to distinct stigmas and norms regarding specific health-related issues and treatment. Caribbean migrant workers struggle at remaining visible and recognized as migrant workers in need of assistance. Some stakeholders have identified that this differentially impacts their access to services.

"Along the lines of being included, because they [Caribbean workers] don't feel like they're included when it comes to any improvements, resources, information or conversations about migrant workers. They don't feel like they're a part of that conversation, right?" – Elaina (Service Provider)

It's important to have service providers and outreach workers who relate well to these norms, often through their cultural connections.

"If you're talking to [Caribbean workers] *there are cultural kind of understandings when you're looking at vaccination or these are cultural misconceptions when you're looking at mental health. So in the Caribbean, there is a strong stigma for these words when you're talking about mental health and not ordinarily, I wouldn't have known that. So they tend to also be a great resource to us to kind of contextualize information to resonate with the*

cultural community that they're that they're working with and that they belong to, right?"
– Brandon (Stakeholder)

Cultural norms, therefore, contribute to stigma in accessing health care and mental health services. Workers have described feelings of anxiety, loneliness, and depression; however, the stigma associated with seeking help for mental health issues, fueled by cultural norms, remains a major barrier to migrant workers' accessing services for such complaints. Some stakeholders have also attributed gender as being the main catalyst for stigma and mental health. Within the context of mental health, some service providers outlined that simply providing workers with phone numbers to access services is insufficient at best. This has been attributed to stigma as well as fear of reprisals.

"Culturally [many workers] don't talk about mental health. And again, if you're walking into that building, everyone knows why you're going in there. So that's a barrier in itself." – Cynthia (Stakeholder)

"We do get issues of clinical depression and mental health because of the change in country and being separated from family. Sometimes, they don't recognize these symptoms are mental health related. There is a stigma around mental health. They are not comfortable discussing these issues. It's the barrier of "if I give this information, is it going to be held against me." – Dominique (Service Provider)

C. Community Access and Sense of Belonging

Previous research on workers' sense of belonging identified how workers' partial and ambivalent sense of belonging and even non-belonging is related to the way they are treated by residents, and by their employers in ways that devalue the contribution they make. At times they feel treated as workers only, not as people (Basok & George, 2020). The absence of personal connection and their sense of segregation among residents and Canadian citizens reinforces this ambivalence. The absence of connections, including family, contributes to their sense of loneliness, anxiety, and overall well-being. COVID-19 limited workers' ability to engage in the community and overall community events and festivals were curtailed due to social distancing measures. Therefore, below we focus on barriers that inhibit workers' sense of connection and belonging in ways that can undermine their access to support.

i. Community Responses

Members of rural communities, like Leamington, are generally unaware of migrant workers living and working conditions. This lack of knowledge on the part of the community directly impacts their ability to forge meaningful connections or facilitate an inclusive environment for migrant workers. Some workers have identified this issue as acts of racism targeting workers on the part of the community. Ultimately, educating the community about migrant workers can lead to acceptance which may enhance inclusion. This has been identified as particularly salient for workers, who have no direct social or familial support system in Canada. Interaction with and among fellow community members is hindered by the lack of recreation facilities, which was additionally exacerbated by the pandemic.

"A lot of people are unaware who the workers are and what they are about. They think that they just come here and work in a greenhouse, but there's so much more than that. Canadian people do not understand what the workers go through. It's a difficult job to work in a greenhouse and I would really suggest that the Canadian people get to know their workers, because they are people too you know." – Angela (Service Provider)

"There needs to be more education in the community. There are so many migrant workers all over Ontario and it's amazing that people don't really know who they are, how they come, and what their living and working conditions are. So, for me, [education] leads to more involvement with the community." – Maria (Service Provider)

"Well, it's certainly difficult and there's a whole set of challenges, so obviously they come to Canada without their families, so they're challenged just in terms of not having that, that family and community support." – Valerie (Service Provider)

"But it's not all about money. There doesn't just need to be economic stability, but you need to be somewhere, where you feel good." – Gregorio (Migrant Worker)

"But, I don't know, I think that there are people who have a frozen brain and treat you badly because you're Hispanic." – Ignacio (Migrant Worker)

"Because there are people like that they do not want to rub with Latinos." – Anna (Migrant Worker)

Additionally, many stakeholders identified that workers have been blamed by community members for the COVID-19 crisis. This was due to the nature of the pandemic, fear, and workers' immigration trajectories.

"At the beginning of COVID, there was a lot of blame on migrant workers. And you know they're coming over with their shots, they're quarantining, they're doing everything that they're supposed to be doing. So I don't get it? COVID was new to everybody at the beginning, and migrant workers just kind of got a bad rap because everyone thought they were bringing it here." – Savanah (Stakeholder)

ii. Recognition and Value

Lack of recognition for their value as workers and as persons was also identified by stakeholders, service providers and workers. This ultimately undermined workers' self-worth.

"You know if everyone fulfills their obligations […] to respect the workers as equals. Because, equally, we are all human." – Eustaquio (Migrant Worker)

"I think what needs to change is how we are treated. Because many times, as workers, we feel like we are not valued. They have come to see us as work machines rather than people." – Simón (Migrant Worker)

"It degrades humans to live in the conditions that they're living in. Really. For us in our country, shame on us that anyone would turn a blind eye to it. And yet solutions aren't easy and they're not quick." – Alexa (Stakeholder)

Moreover, the vulnerabilities that migrant workers traditionally experience, were intensified during the COVID-19 pandemic as workers were at high risk of COVID exposure and infection due in part to congregate living situations. While quarantine was not unique to migrant workers, the methods in which it was carried out, were. Feelings of anxiety and loneliness were exasperated due to quarantine spent in hotels, as well it was identified that no access to culturally appropriate food intensified these feelings.

> *"Some of them were getting depressed and just wanted to quit and say 'please send me home, I don't want to be here'. So, it was it was tough, you know, just try and imagine yourself being in that position. New country, you can't speak the language, and now you're basically not allowed to leave your room. They give you the food they want, and you have no communication. Like it's a really, really tough situation." – Piers (Service Provider)*

> *"And now in top with COVID, people that just came for the first time to another country and they send you to the hotels for two weeks, not talking to anyone and you don't know their language. Imagine how frustrated, how it was for that for those people, even if you have come before, the first two weeks, you have to be in a hotel without any interaction with nobody. Yeah, that's even more stress on top of their regular stress." – Declan (Service Provider)*

> *"I believe that the human being is not made to be locked up, right?" – Simón (Migrant Worker)*

2. Barriers to Providing Support

Stakeholders have identified several barriers they experience in supporting, accessing, reaching out to, responding to, and including migrant workers. These barriers have been categorized into three major themes and collectively, they highlight the barriers and challenges that impact the apparatus to support workers. The themes are systemic coordination, organizational capacity and the impact of COVID-19 and accessing workers. organization support and the impact of COVID-19, and access to workers.

A. Barriers in Systemic Coordination of Support and Services

i. Gaps in Service

Although the service provider landscape in Windsor-Essex County is continuously growing, some stakeholders have recognized that many sectors or areas are not adequately supported, as identified in <u>Section 1</u>. These gaps also inhibit service providers from supporting workers. While gaps remain unfilled, others have been recognized and prioritized for service growth.

> *"I think that it was like a missing piece for a little bit [LGBTQ Support]. So, we've got mental and physical health. But hey, let's see representation from this agency so that if   people are struggling with that or are, they, you know, they need support around   that?" – Millie (Service provider)*

"Liaison? That's what they call it? The invisible one? [...] Yeah, he is a liaison officer, we have one. But his name? I don't know." – Vergil (Migrant Worker)

ii. Limitations of Partnerships and Collaborations

Partnerships and collaborations between organizations are incredibly important to delivering comprehensive services for migrant workers (some of these initiatives will be discussed in <u>Section 3</u>). However, some stakeholders indicated that partnerships were thin. In other cases, partnerships can sometimes impede success due to parties' overcommitting to too many partnerships and affiliations as well as the diverse mandates and goals of each organization. Cross-sectoral partnerships were underdeveloped. And in the case of partnerships with provincial or federal funding bodies and agencies, the terms or types of support may not be what service providers, who know workers best, think is appropriate.

"Obviously, they [funding source] need to control things and we need to follow some requirements based on the funding agreement and the proposal that's the only thing." – Irene (Service Provider)

"Right now, we are not working together too much [with partners] because of the [funding source] project, it stopped us a little bit to be interconnected because we had a lot of commitments with the project and with the other partners on the project. Because we are now committed to too many things." – Irene (Service Provider)

"There are always issues like how like-minded all these collaborating organizations? How do you figure out how to work together?" – Valerie (Service Provider).

"What I see is, you know, again groups working independently of each other, right? And there, and I think that's another issue, right?" – Roxanne (Stakeholder)

"Some people don't know [what workers need] they try to help, and they give them bags of rice or beans. But the workers admit they are not asking for charity, they're not coming for that. They make good money. They don't make the most money, but they make a salary like any other worker on minimum wage. So, when I see people giving bags of rice, I get mad. I don't like that. They're not coming for charity you need to know what they want. They want support, they want to be part of the community. Don't give them charity." – Valentina (Service Provider)

Stakeholders also indicated that before COVID, there were hardly any partnerships and platforms for them to meet and share relevant information resulting in partners operating in vacuums and silos. One impact of COVID is that the need for partners and collaborators to share information has become apparent. Before COVID, initial meetings allowed stakeholders to discuss how barriers were inter-related to reinforce each other, undermine support and service to migrant workers and render service more difficult – for example, lack of language service meant that when a worker entered the hospital the patient flow came to a halt.

"Pre-COVID – following OGVG initiative, we have to do better like we did this huge community conversation... We created a healthcare specific working group and said can we just connect the existing resources? But there was no funding, so it wasn't that attractive

and so people kind of went out, you know, we'll just keep doing what each of us does." –
Jasmine (Stakeholder)

"That's a main challenge - is getting information out. Like we can all sit at the health table
and have a conversation about vaccines, but we're not done. We're trying to, we're trying
to connect with workers. And, and how do you, how do you bridge that gap between the
people working in support of, and the actual workers?" – Shannon (Stakeholder)

iii. Need for an Equity Perspective

Having a one size fits all approach to providing support for migrant workers has been
identified as a barrier and has proved to be ineffective. The current support paradigm must
recognize the different needs of particular migrant worker groups and tailor support to
those specific needs. In the context of the COVID-19 pandemic, there were notable
differences when it came to vaccine uptake and a missing piece was a focus on the
experiences of workers who identify as Black. What some stakeholders have shared with us
is that not tailoring initiatives to account for differences amongst workers is a barrier to
providing support.

Distrust within the Black and Caribbean migrant worker community offered many
differential impacts during the pandemic. Distrust with the vaccine and the system was the
main issue identified by stakeholders in this sector.

"Maybe a stigma around immunizations. That's one thing that we were finding with the
Black and Caribbean communities. So just providing information about that for them
because of the history of different types of immunizations and you know, like the syphilis
studies and all that stuff. So, there's a lot of like, they're unsure that it's going to help them
so there was a lot of people in that community that weren't taking the vaccine. So I'm
providing education that way." – Millie (Service Provider)

"There's also distrust in the system, like there's a lot of distrust. So like a lot of times they
don't see representation. I know that they recently had a vaccine pop up or a clinic where
there were actual black doctors that were there and they [the workers] were more attentive
to that and they actually attended." – Elaina (Service Provider)

B. Organizational Capacity

i. Organizational Capacity

Barriers to organizations were identified concerning their capacity and overall ability to
provide support. These barriers include 1) methods and capacity of service delivery; 2)
inclusion of migrant workers in organizational mandates; 3) inability to proceed with service
provision due to lack of funding and 4) contact and communication between service
providers and migrant workers.

Service Delivery

Service providers indicated that indirect service delivery is inadequate when it comes to accessing and reaching migrant workers. Outreach initiatives have proven difficult. Some difficulties include time, effort, and recruiting and maintaining volunteers. Some have also mentioned the difficulties in maintaining representative volunteers including, Caribbean outreach workers, and Spanish-speaking volunteers.

"You know, we're really in preliminary levels you know, workers are not going to go to your website like workers are not going to somehow know to go to the Ministry of Labor's website or to the or to the Ministry of Agriculture's website to get this information. That's just not going to happen unless you spend a season, you know, telling people how to get to your website, you know, like that's not just going to happen without that effort." – Brandon (Stakeholder)

"But really, the outreach is very challenging because it requires a lot of time. I have to organize everything volunteers all of that but also when there is a request of a worker depending on what they need it can take a lot of time that's one challenge." – Maria (Stakeholder)

"And we're about to hire another Caribbean outreach worker in the Windsor-Essex area. Because there is this concern that there is a bit of a lack of support for the Caribbean community, there's a lot of support for the Latinx community, but not so much [for the Caribbean community]." – Brandon (Stakeholder)

"But then we're relying on volunteers which is hard to do. And I know, we have to work at that again, because we work hard to maintain our volunteers. So, I feel like that's a hard part that I'm facing right now." – Maria (Service provider)

"Because a lot of times when we take stuff to the Spanish it's difficult, whereas we can just drive up to these English speaking and communicate with them you know? Done. [...] We also have a problem to get one person who speaks Spanish and translate for us at our events, but you know it takes time, Spanish volunteer is a big challenge for us." – Angela (Service provider)

"So, you know, like our model itself about these conversations we have tried with migrant workers. We're still kind of an innovation group ourselves, so we are still kind of piloting and refining our approach. And we don't necessarily have stable volunteers and all these different language communities." – Valerie (Service Provider)

Organizational Mandate

The organizational mandate determines what the scope of support is, likewise, the degree to which workers are included in service provision initiatives. We have found that the organizational mandate can sometimes serve as a barrier to inclusion.

"And again, I mean, unfortunately, they're [migrant workers] not eligible to participate. Right? So that's again, something else that we've learned, and we've worked [hard] [...] to be able to provide those opportunities for migrant workers who are interested." – Roxanne (Stakeholder)

23

Funding

Additionally, funding has been identified as an imperative barrier to service provision. This includes inadequate funding inhibiting overall service provision, funding opportunities affecting the scope of service, and lack of funding excluding migrant workers from specific programs or initiatives.

"We would because of our funding and our focus, we would try to advertise saying that we were interested in or that we were really there to support individuals whose health concerns they believe were related to their work. Because that's our funding, because that's kind of our focus, but we never turn anybody away." – Brandon (Stakeholder)

"We lack funding we have to do our own fundraising to run this program. […] we're hoping to get some government funding. We haven't been funded by the government for the past 11 years, we haven't had any money from them. So everything that we do we have to raise money for, it depends on donations from the community. We have some great people in the community, businesses that support us and has been supporting us for years. but other than that we have to raise all the money at this point. So that is also a challenge." – Angela (Service provider)

Contact and Communication

Having no access to a direct line of communication for patients remains a barrier for health providers to contact patients continuously.

"Some of them, they have phones, but they're tied to their plans in Mexico, so they don't want to use their minutes to book doctors' appointments or call a pharmacy or so. I wish there was a little bit more like maybe tools or resources that way, even if that's where, yeah, they could go to a hub or somewhere and get online and talk virtually with the doctor or counselor again." – Cynthia (Stakeholder)

"Another barrier is a lot of them don't have Canadian phone numbers, they have WhatsApp to communicate with their family back home. So, when we need to contact them, it's difficult. They'll give us their boss' numbers and that's also a problem." – Dominique (Service provider)

ii. Impact of COVID-19

Stakeholders pointed to the impact of the COVID-19 pandemic on service provision. Organizational capacity limitations were also exacerbated by the pandemic. These issues include 1) methods and capacity of service delivery; 2) increased workload and a shift in focus to advocacy and education; 3) the pandemic hindering the growth of current initiatives; 4) the question of sustaining current COVID-19 measures or services beyond the scope of the pandemic.

Service Delivery

Stakeholders also identified how COVID-19 inhibited them from providing support for migrant workers. One of the biggest challenges presented by the pandemic was the pandemic acting as a barrier to outreach methods and events.

"So, I would say that there would maybe have been more access, more readiness or availability to be going out already to farms. Whereas now, as migrant workers are coming back into Canada, and cases are increasing, they're not able to go on the farm, and they're in isolation areas. So, for us to go out there is risky too." – Millie (Service provider).

"In a regular season, we would have attended at least one or two community events in each of the main agriculture regions around Ontario. So we would have landed there, [...] put up information tables, we would have run some workshops. But during COVID none of that happened. So that really affected us. We felt very disconnected." – Brandon (Stakeholder)

"[Caribbean workers are] inquiring about resources, but we haven't been able to go out there to deliver them. Because there isn't one central location especially with restaurants closed because that's where we had our, where we would have our resources, was where it was at a café where Caribbean migrant workers would frequent. So because they were closed and available for takeout [only], they weren't able to go and access those resources. So, it was just kind of really there was no place. There was kind of no solution at our end because we were like, how do we --- we can't even go on outreach. We can't even do this." – Elaina (Service Provider)

Others have highlighted the absence of quality service provision during the pandemic. The inability to sit down, socialize and tell workers about the program has impacted the quality of service provided. Additionally, issues of confidentiality became more apparent during the pandemic.

"I'm telling you I prefer them coming to us because them coming to us we get to sit down and talk, and we get to plan and do a whole lot of things that we can't do going door to door. You know, there's just so much that we have to cut out going door to door. Even though we reach a vast amount of workers, that's the plus, but then we can't sit down and socialize with the workers and tell them about the program and do things that we would normally do." – Angela (Service provider)

"Trying to maintain confidentiality became more difficult because there are capacity limits, so they have to follow social distancing guidelines and wait outside." – Cynthia (Stakeholder)

The pandemic also affected coordination efforts which ultimately affected the success of pre-COVID-19 methods of service delivery.

"You know, and again, it [the pandemic] put a big time out on everything, so it was really kind of unfortunate because I had a year and a half to build up a bunch of excellent relationships. And then it was all put on hold for a year [...] I wasn't out there as much as I was physically. Now, since this past April, I'm working to build that up again, but it's still funny being restricted with COVID." – Megan (Service provider)

Workload, Advocacy, and Education

The fear and uncertainty for workers who tested positive for COVID-19 as well as an interest in the Agri-food immigration pilot program for permanent residency applications increased the workload for service providers.

"A lot of cases of migrant workers became interested in immigration applications for permanent residency [during COVID-19] through the Agri-food immigration pilot program application. They asked about how to extend their work permits, how to change employers, how to apply for an open work permit? So we had a lot of immigration claims all of a sudden." – Irene (Service Provider)

"You can imagine how many calls were received from workers. Positive with COVID, and they didn't know what to do, or where to go?" – Irene (Service Provider)

"Just in the last two years, we were very busy doing COVID support." – Declan (Service Provider)

Additionally, service providers' efforts were shifted to advocacy initiatives as staying (and keeping the community) up to date on the continuously changing landscape afforded by the pandemic.

"Yeah, but I had to review employment law, new products, new mediation programs, new pathways to cover workers with COVID-19. So, our law was changing all the time. So, what we are doing is trying to be aware [...]. We had to be updated. We had to learn more. We were learning all the time on how to cover workers and how to provide accurate service for them." – Irene (Service provider)

"COVID called for pure advocacy and education. And then we had to be educated too, trying to advocate and find a way to keep the workers safe and to educate and you know, and then the other piece was, we didn't want our residents then to look at these people like pariahs. So, it was a balancing act. Yeah, I get the shivers thinking back on that time and what that was like." – Alexa (stakeholder)

Hindered Growth

The pandemic and the resulting lockdown hampered the progress of some initiatives.

"Due to the lockdown, it's been so hard getting this initiative going. COVID really put a knife in this. Getting more people on board and growing as a service." – Oliver (Stakeholder)

Sustainability

The sustainability of COVID-19 efforts from service providers has also been an issue of contention. Questions have been raised about the sustainability of efforts that have been put into place as a result of COVID-19. Some of these initiatives have been described as short-term.

"You can't pay attention; you can't give it the attention that it needs. Not long term, so it's not sustainable." – Roxanne (Stakeholder)

"It's a temporary solution. I don't think it's a long-term solution. I think it's just temporary, because I know everyone is connected online now, more so than ever. So, we're just kind of seeing where it takes us." – Elaina (Service provider)

"So that's why a lot of people talk about proactive, proactive inspections, right? It's difficult because a lot of these ministries can't be everywhere at once. They can't visit every single farm, necessarily. I know that during COVID, like there was a dispatch of a lot of inspections and things like that trying to get to as many or like a lot of workplaces, because of the concern with COVID. But realistically, that's a challenge. So, it is about continuously also working to change the culture of the industry." – Brandon (Stakeholder)

C. Access to Workers

i. Access

Stakeholders and farmers point to the need for on-site service provision on farms to address the barriers that accompany accessing migrant workers. Service providers want to run workshops and presentations at the farms to better understand the conditions at the farm and provide recommendations at that level. Some stakeholders report that there seems to be some reluctance for onsite services and removing this barrier would facilitate the better provision of services. Additionally, issues of access include the abilities of migrant workers to leave the farm to access off-site services. As discussed in Section 1, migrant workers face barriers in accessing off-site services. However, service providers have also identified this as a challenge to their own methods of service delivery.

Need for on-site services

"So again, based on what we saw clinically, we run workshops with community groups and health fairs in the community, but we quickly said, you know, we really do want to do presentations, workshops at the farm level and be able to better understand the conditions on the farm to provide recommendations at that level." – Brandon (Stakeholder)

"There does seem to be some reluctance for on-site services. Right? I think we would see more we would be better able to address the results or the gaps if we could provide some on-site service." – Roxanne (Stakeholder)

"And they [employers] talk a lot about how we have to get closer to the workers themselves. We have to be able to engage closer to the worker opposed to only talking to the employer or only talking to the representatives in the outreach workers. How do we do that? So ,we talked about We Speak, if you don't have the language capability, you're in a pickle. But they [employers] agree that that's really important, too. We have to hear from them." – Jasmine (Stakeholder)

Barriers to on-site services

Due to the need for on-site service provision, employers and farmers play a critical role in accessing workers. One way the barrier to accessing migrant workers has been described is employers' distrust of service providers.

"Workers will use it to get out of work for free [RE: if primary care is offered on-site]. *It's been a challenging road. I think there has definitely been an opening up, but there was a couple of years where employers were quite, you know, there was just a lot of concern. It was very political. There was a lot of feeling like you were there to unionize workers who were there somehow. And so, it took us a long time to really ensure that employers understood that we're here to be a resource for both themselves and workers, but that, you know, ensuring that workers are informed about health and safety and understand it."* – Brandon (Stakeholder)

"I don't know if I'd call it push back. I think I would just call it like, we know we're not welcome there. Do you know what I mean? We have had a few situations where people are really adamant and standoffish. It's more of, it's more of this subtle, indifference." – Roxanne (Stakeholder)

In addition to the inability to provide services on-site, stakeholders additionally identify the challenges and implications of relaying information through employers.

"But some of the other ones [farmers] say, 'you know what? Just give us information to us and we'll give it to them'. So basically, all the information is being filtered. You don't even know if they [migrant workers] are get getting the information, right?" – Piers (Stakeholder)

There may, however, be reasons for limiting on-site access that are related to the agricultural industry or farm operations. Better communication between community service providers, stakeholders and employers would help to address these barriers appropriately.

Barriers to off-site services

Some service providers have commented on the difficulty in workers accessing off-site services and how it affects the utilization of services which in turn affects the efficacy of said service. If migrant workers are unable to use the services, then the service won't be seen as successful (from an optics perspective) and thus might not be seen as 'useful' or sustainable. The barriers to accessing off-site services also impact funding opportunities and the continuation of initiatives.

ii. Policing, Privacy, and Trust

In addition to being a barrier to accessing workers, employers play an important role in how migrant workers utilize existing services. This is mainly evidenced by their involvement in current healthcare initiatives (mobile clinics) limiting providers' ability to facilitate confidential medical support.

"[Some farms] are heavily involved in the appointment bookings or it actually books the appointments for the worker, or the worker arrives and doesn't really know what they're there for, or it asks for information to be shared. Or it doesn't really fill up the appointment slots, it's more for like proving why you took a sick day. So, it's almost like I'm using this opportunity to further police my workers and I think that's where the provider would say we're not doing this." – Jasmine (Stakeholder)

28

"But it cannot be policed, monitored the employer really just cannot be involved in that in that whole process other than to say of course you can take the time to go and have an appointment." – Jasmine (Stakeholder)

Likewise, some stakeholders have identified the issue of employers not trusting that workers need time off. If care is offered on-site some employers think workers will use this as a medium to get out of work for free. Employers' distrust in service providers has been identified as a barrier to accessing workers. We understand that there are issues to access that need to be better understood.

iii. Responsibility

What we found is that it is not always clear who is responsible for workers' care and support and how this responsibility is outlined. We find this topic of responsibility ambiguous, and it needs to be better understood who is responsible for workers.

"You know, migrant workers basically came in by their employer and the employer was responsible for getting them housing and healthcare and all that stuff." – Fiona (Stakeholder)

3. Moving Forward: Emerging Best Practices and Challenges

"It was kind of all-hands-on-deck"

"It took a pandemic I think for all of us to see the issue"

Despite the barriers we have identified above there are numerous existing and emerging examples of support that either address these barriers or provide direction for further supporting migrant workers. To summarize, we identify 1) an emerging framework for support; 2) discuss specific initiatives, strategies and/or programs that address barriers and/or exemplify the emerging framework.

By the summer of 2020, the end of COVID's first wave, the impact of the pandemic on migrant workers became most publicly apparent with the death of three workers, two of whom worked in this region.   As most stakeholders and service providers pointed out, despite the tragic outcomes of COVID-19, the pandemic shone a light on migrant farmworkers, generated funding for several programs and initiatives and gave the impetus for organizations, agencies, the municipality, public health as well as federal and provincial government to coordinate responses and support for workers. While these examples can largely be attributed to addressing COVID-19, they also provide direction for supporting workers moving forward. Rather than treat COVID-19 separately we incorporate where relevant the impact of COVID-19 on emerging responses and best practices.

Before the onset of COVID-19 stakeholders, service providers, migrant-centred organizations, and agencies, for example, The Migrant Workers Community Program, C.A.R.E., settlement service providers and health care providers were very aware and knowledgeable of the needs and barriers that temporary farmworkers experience.

Stakeholders were brought together to share experiences and build partnerships through the Community Based initiative, launched by OGVG in 2019 (Basok & George, 2020). While the initiative provided an opportunity to develop partnerships, there was no sustainable structure to foster collaboration and partnering at that time. COVID-19 necessitated immediate response and coordination of several sectors supported by an influx of money from the provincial and federal government and media attention and concern over food supply and concern for workers. Grassroots organizations such as CARE and the MWCP, alongside service providers in healthcare and settlement, were somewhat already prepared to mobilize in response to the pandemic due to their pre-COVID-19 efforts.

Figure 1: An Emerging Framework: Prioritizing Migrant Workers

Figure 1 maps the elements of a community response that emerged to form a more sustainable framework for support. We place prioritizing migrant workers at the center to address how each of these other elements informs and may be informed by prioritizing migrant workers.

Despite the expertise and experience, we have identified above, stakeholders describe an evolution in awareness before COVID-19, and how temporary farm workers emerged as a group in need of attention and support. With the arrival of the pandemic, however, concerns over Canada's food supply, the community transmission of the virus, and concern for workers themselves given their high risk coalesced, through media accounts and awareness from sectors such as public health and service providers.

"Regarding COVID there's always been a lot of articles about the life of migrant workers, and there has been a lot of research in terms of the challenges. It always seemed to be prompted by some type of tragedy. And that was a re-examination of the housing, you know what life in a bunkhouse like." – Fiona (Stakeholder)

"And then once the pandemic started, it was almost like every project I had been working on was now in hot demand. It was like, 'Oh my God, why?' Why have we done nothing ever until now? We need it now today because people are dying. It's shining a really bad light on the health care system. It's exacerbated by the language barrier like all of these things were absolutely bubbled up to the surface. So, it was time to, you know, for that traction we were looking for and luckily, we were able to pretty quickly implement." – Jasmine (Stakeholder)

Before COVID-19, those who worked closely, particularly in the settlement sector, voluntary organizations, churches, or those who came to know workers through healthcare or legal rights understood migrant workers worked "extreme hours, you know, 16 hours a day, six days a week.... didn't know if they were getting paid"; that there were only "a couple of clinics in Kingsville and Leamington", and access was limited by their long working hours". There was however limited opportunity for many organizations to devote time to understanding and addressing these needs.

A. Partnerships

The creation of partnerships has emerged as a significant outcome of the pandemic, and the creation of a more sustainable framework. Successes in partnerships and collaborative initiatives have been mentioned in several ways. First, facilitating networks allows for a deeper dive into important issues within the community Secondly, these networks allow for broader schemed organizations to gain access to migrant workers in the community. Next, working alongside trusted community organizations facilitates trust with migrant workers. In a crisis, - the notice of halting migrant worker entries in January 2022 due to the pandemic - community organizations also, worked alongside governmental organizations to achieve a common goal. The creation of the Migrant and Temporary Foreign Worker Initiative fostered a collaborative space and these collaborative elements are reflected in the Workplace Wellness for Agri-food Workers Task Force.

"We were always kind of prohibited from diving too deep into migrant workers, but it was always glaring that there were a lot of challenges or services that they didn't have access to." – Fiona (Stakeholder)

i. Migrant and Temporary Foreign Worker Initiative

Prior to COVID-19, there was a cluster of stakeholders who had already sought to develop partnerships and a collaborative approach to supporting workers through increased and flexible health care, language and social engagement supports. The inclusion and implementation of a Migrant and Temporary Foreign Worker Initiatives as part of the =Windsor Essex Local Immigration Partnership (WE LIP)mandate, is an important step to addressing barriers to workers and to supporting workers because it provided a 'space' to

build partnerships and collaborations as it brings together stakeholders and service providers in healthcare, and other social sectors.

> *"Coordination is so important. Those meetings bring everyone on the same page. You're not having to say the same thing 20 times at 20 different meetings. Right? So that was a very important part of the work." – Shannon (Stakeholder)*

This coordination is well illustrated by the formation of the ***Workplace Wellness for Agri-Food Workers Task Force, reconviened and coordinated with the help of WE LIP.*** This Task Force, has 20 plus participating organizations. It exemplifies one way that WE LIP can provide support to facilitate leadership, and build partnerships, collaboration and information sharing strategies across sectors. This collaboration is important because, for example, healthcare is only achieved through flexible delivery, effective and culturally sensitive communication, language translation, accessible transportation, and cooperation with employers.

> *"Workplace Wellness for Agri-Food Workers Task Force, which is a collective of, community organizations, health care providers, in Windsor-Essex, even government bodies or planning bodies that have come together monthly to talk about, you know, whatever is of concern or needs discussion. Or consensus or conversation around the needs of Agri-Food workers broadly." – Shannon (Stakeholder)*

ii. Insights on Community Partnerships

Stakeholders also discuss how partnering throughout helped to support collaboration, advance programs, share information, overcome silos, allow for deeper engagement with migrant worker issues,

> *"But what I can say is the partnerships have really, really helped us move a lot of our programs. [...] before we were not sharing as much information with community organizations. I think that was the problem, you know, before I think we were working in our own silos. Now having that coming together and working and looking at the problem and problem solving and coming back together and providing that solution, I think that has been a big success." – Josephine (Stakeholder)*

> *"Like there's been amazing work happening with Essex and the collaborative-ness of the work there. [...] Similar in some of the regions, not all of them, but they're just so comprehensive, the level of collaboration is amazing. So, I think it's [Windsor-Essex] definitely a leader in a lot of this, and I think it's also an area where we're being able to even go deeper. So right now, there's this awareness that, you know, some of the services are more supporting Latinx or they're just not as many Caribbean services. So in Windsor-Essex, we are really understanding that and we're trying to figure out how to address that. [...] And I think that it's very collaborative and well organized. There's a lot of really great work and momentum." – Brandon (Stakeholder)*

Partnerships also foster coordination in service and support, build trust and helps to increase service providers' access to important community resources and supports

"I received a note on Monday night that they were stopping the workers from coming because the numbers were too high for comfort. However, we worked within Windsor-Essex, we were reaching out to different partners and government partners. So I know there was a lot of stuff going on in the background. Then the letter was rescinded on Friday, so it was a very quick process. But it could have been very damaging, and we could have lost a third of our crops." – Savanah (Stakeholder)

"To me, that's really an excellent option [working with other community organizations] because I get, the more I can be known and trusted, the more migrant workers can feel comfortable with me. Those members of the community that might otherwise be hesitant to have anything to do with us at all, for sure." – Megan (Stakeholder).

"We would say 'Hey, where should we go? Or what grocery stores are workers usually doing their shopping and when?' And they [local community organizations] would say, 'OK, Friday night or Simcoe Friday night at this intersection, at that grocery store.' So based on what they would tell us, we would show up with our volunteers and we would give out pamphlets, you know, in a respectful manner, saying, 'If you need us this is where we are going to be, right?' So a lot of the outreach was really based on tapping into local knowledge from the community groups around where workers frequented, where it would be good to put up a poster. Things like that." – Brandon (Stakeholder)

B. Visibility

Prior to COVID-19, several research participants described migrant workers as *visible but invisible.* Their visibility was reproduced through racialized and cultural stereotypes that were pejorative and othering. They were, as several workers have told us, invisible as individuals, and as people. Moreover, previous research suggests that outside of a cluster of dedicated stakeholders and providers, and prior to COVID-19, there was a general lack of awareness of how migrant workers live and how their work and daily lives are structured as well as the risks and vulnerability they experience (Basok & George, 2020). When the pandemic began in early 2020, migrant farmworkers were subjects of fear and faced racist and negative treatment upon their arrival including fear of transmission and risk of contagion reinforced these negative responses.

Importantly, during COVID-19, we noted a significant increase in awareness and migrant workers became more visible in the sense of recognition. This visibility is reflected in the 1) emergence of migrant workers as a priority and valued worker; 2) increased visibility of organizations that support migrant workers; 3) increased presence of migrant workers in organization mandates; 4) campaigns directed towards educating the community about the contributions workers make to the community; 5) the emergence of an equity and diversity framework that reflects and attends to differences between migrant workers.

In sum, visibility as recognition addresses barriers for workers in accessing support as it enhances their inclusion and sense of self-worth; it normalizes their rights as people to be included in support and as part of the community. Visibility also addresses barriers to support by recognizing the value of workers as people and to the community.

i. Visibility of Migrant Workers and Migrant Centred Organizations

Of the 25 organizations in our sample, almost all of them indicated a shift towards including migrant workers in terms of direct service delivery and/or indirect support. Only a few of the organizations we interviewed, however, would be identified as migrant-centred, oriented, and migrant inclusive prior to COVID-19 in terms of their overall mandate, funding structure and/or their delivery of services. The majority we identified as partially inclusive, namely that they offer indirect support, and targeted and short-term programming or activities, but are unable to provide more explicit support due to resource limitations, jurisdictional restrictions, and multiple priorities. The pandemic has brought migrant worker issues to the forefront of the policy agenda.

"I think the migrant workers were put on the back burner [before the pandemic]. You know, they were always seen, as you know, those guys you see on the weekends walking on the street. But really, we didn't know much about them. Well, I did in a way, but most people didn't. And I think because it [the pandemic] brought these issues up, you know, the government agencies realized that you know, we have to do something about it and they decided to implement different policies and realize that, you know, they [migrant workers] are very important." – Piers (Service Provider)

"So locally, like there's been a focus and then I think that as things start popping up, like people are dying and the provincial government are now like 'oh no, we need to deal with this'. So, then they're popping in a little bit more money into that area. And then there's all these groups working together." – Millie (Stakeholder)

"I mean, they always tell you, 'Oh well yes, we need migrants, we need temporary foreign workers, we need migrant workers. They're very important.' They say that. But when it comes to like actual inclusion and services, it's a whole other ball of wax. Right? Right now [during the pandemic] it is starting to shift. [...] So, the feds are now paying attention because there's been enough noise made." – Roxanne (Stakeholder)

Additionally, the value of community organizations was also highlighted during the pandemic.

"It's very interesting because a lot of government health organizations saw the value in what we do as an organization. Even though the situation [COVID] has been bad, it has put a lot of focus on migrant workers especially when the two migrant workers passed away last year. That got everyone's attention. So the different levels of government and all the health organizations saw the value of what we do. And for us that has been really positive. They say now, 'okay we need you, we support you because we know what you guys do'." – Valentina (Service Provider)

ii. Social Media Campaign

The Social Media Campaign launched by the Migrant and Temporary Foreign Worker Initiative seeks to educate our communities on the contribution that workers make to the local economy and to enhance the cultural richness of towns such as Leamington. This

initiative exemplifies how a migrant-centred framework can build community support for workers.

> *"So, you know, getting the message out, like, did you know that a worker who comes here has access to. And pays taxes and EI and CPP just like everybody else does. Or did you know that they're filling these vacancies? That, that it's not like it's a taking jobs situations. It's we have a lot of jobs and not the workforce to support it and they [migrant workers] come, and they help make those industries and help them thrive." – Shannon (Stakeholder)*

> *"Again, it's kind of having the conversations, having the positive stories, trying to understand people as individuals, but also kind of what they bring to the community and again, kind of the value of that group of people as part of our whole population." – Valerie (Service Provider)*

iii. Diversity and Equity

A diversity and equity approach has surfaced in several ways which recognize that migrant workers are not a homogeneous group. They arrive through different programs, (SAWP or TFW-AS) from different countries. They have different types of support available to them as a result. They have a range of cultural tastes, preferences and viewpoints and they experience different types of racism and cultural stereotyping.

An equity perspective is beginning to inform the service provision framework. This includes the need to recognize the different needs of specific migrant worker groups and design initiatives that target specific migrant worker populations.

> *"And I also think we need to understand the communities within that community where do they factor into all of this or are some advocates you know? Something specific that would be useful there. For example, female workers, we don't often have conversations specific to that, group." – Jasmine (Stakeholder)*

> *"The Caribbean migrant workers don't know a lot of the resources because a lot of the resources are directed to the Hispanic migrant workers. A lot of times when there's programs and services for migrant workers, it's always directed towards Hispanic migrant workers. [...] A lot of times they [Caribbean workers] just think that it's not directed towards them. It's not for them. It's only for Hispanic migrant workers and not for them." – Elaina (Service Provider)*

> *"We identified a missing piece. What was missing was this focus on some populations for example, the Black community. So particularly the experiences of international agricultural workers who identify as Afro-Caribbean. So, we had collaborated with the Black Physicians Association of Ontario because their mandate is to advocate, educate and then vaccinate." – Kendall (Stakeholder)*

One key feature of current equity approaches has been the need for adequate **representation** for the Black and Caribbean migrant worker community. Occupational Health Clinics for Ontario Workers (OHCOW) has for example acquired funding to hire a Caribbean outreach worker for Windsor-Essex.

"It's really hard, because they [Caribbean workers] don't see representation when it comes to anyone that can provide them resources. So, it's important to see themselves in service provision. So, they can be like 'oh there is actually someone in the community who is Caribbean." - Elaina (Service Provider)

"In October, we mobilized partners to deliver a vaccine to primary care and vaccine kind of wellness clinics for international agricultural workers, with a focus on ensuring that there's representations of Black physicians to be able to create trusting relationships and engaged on Afro-Caribbean migrant workers so that if there are general questions about primary care general questions about the system in general and general questions about the vaccine, that they would be available at this clinic to answer those questions and address hesitancy." *– Kendall (Stakeholder)*

Finally, stakeholders recognize the need to have a better understanding of how many workers are coming each year, from what programs so that services can be better tailored to meet their needs and so that the resources allocated are appropriate. Brandon describes the need for **data-driven service provision**

"But these workers are coming through government programs. They register, they have there is, you know, there is a labor market. There's application that have to be done. So I don't know what that gap is about, but I think it's a very big gap that that really deters us to be able to say is one community health center sufficient to serve the number of migrant workers are in this area? With those numbers, I think we could really make a better case. We can understand the reach of initiatives because they could say, OK, well, we're seeing this melt, but in this region, there's way more. So where are those people going? Right? So I think data is a really big need, a clear, clear data. We need to figure out why that's not being collected or if it is why it's not being shared. Because again, I've talked to ministries that you're like, Well, if you don't have it, who would have it right anyway?" – Brandon (Stakeholder)

C. Funding

Different forms of funding increased significantly and were made available to build capacity, support programs and service delivery in the past two years. This includes High Priority funding for Mental Health initiatives, that permitted the hiring of additional support workers. A cross-Canada Migrant Worker Support Program funded by Employment and Social Development Canada was launched in 2021 to provide information, education and welcoming to workers supported capacity building for two grassroots organizations (MWCP and C.A.R.E.). ESL training and language translation (We Speak) is now underway. Funding at the regional level through OHCOW (Occupational Health Clinics for Ontario Workers) for example, will provide a Caribbean outreach worker in Leamington.

"And other than that, I think funding is interesting because I would have said funding, you know, before the pandemic, I would say funding was a challenge. Our funding line was quite small to begin with and we hear that a lot of other groups, you know, recently there was an injection of funding from various sources into this kind of space. [....]I think funding is still

definitely an issue. But for organizations like us, there's been more opportunities that have opened-up recently." – Brandon (Stakeholder)

"I mean, every level of funding. We're saying who's doing stuff for COVID, who's helping with COVID. Where can we put somewhere? Who else? What else needs help? I genuinely believe that levels of government, provincial, federal were told to get out there and see what else we can do." – Fiona (Stakeholder)

D. Supports and Services

In response to the pandemic, community organizations were able to access funding that allowed them to expand service in two areas discussed in <u>Section 1</u>, a) Communication and Language and Information; b) Healthcare provision. Service providers and stakeholders had long recognized the need for these services, some of which were already underway, such as the Mobile Clinic. Importantly, the services discussed below exemplify how partnering, increased visibility, attention to diversity and equity and funding inform the way stakeholders and service providers seek to deliver these services. They, therefore, address barriers in both Sections 1 and 2.

i. Communication, Information Dissemination, and Language

As discussed in Section 1, the absence of information and forms of dissemination pose a significant barrier for workers. Stakeholders and service providers discussed how COVID-19 necessitated a multi-pronged approach to communicating with, informing, and educating workers through pamphlets, visuals, videos, and the distribution of materials online and on farms in multiple languages.

Language Classes

Prior to COVID-19, several organizations provided English language classes to workers, including C.A.R.E. (Frontier College). There are signs of expansion in providing English classes by using virtual forms of delivery and accessing provincial funds.

"You know […] when the crisis of the COVID-19 in the farms started, they [migrant workers] were more interested in learning English." – Irene (Service Provider)

"They're [migrant workers] eager, they're eager to learn the language if they don't speak English. They're eager to participate in the community because they are here for significant periods of time. And for some of them, it's their second home. They've been coming here for years, right? Often working at the same farm, so they're very eager to be part of the community." – Roxanne (Stakeholder)

Multiple Platforms for delivery: Virtual strategies for communication

While COVID-19 placed significant limits on how workers could be supported, various organizations developed social media strategies such as MWCP's use of Facebook Live and C.A.R.E.'s use of virtual platforms, as a vehicle for support and a resource: to inform and educate workers including COVID-19 prevention, provide virtual English classes and mental

health support and education through the Workplace Wellness Initiative. The advantage of social media is that workers "*can look at it later when they're, you know, kind of relaxing*".

A second strategy was the development of **Hub Connect** which was underway prior to COVID-19. Hub Connect is an app that was intended to be a network of resources, a central source of information, that workers could use to learn about services, supports and a range of activities including food services and community events offered to them in the Windsor-Essex. Several stakeholders identified this app as a space where they placed information including videos about their service or aspects of their service.

"Another good example is like when we have local events coming up, we like to prepare notifications in there to remind everybody that it's coming up like we have a migrant worker health fair by the migrant program coming up next month. We do a lot of promotion for the events like that in the app as well." – Oliver (Stakeholder)

The app which provides information in English, French, and Spanish, is intended to provide local information for workers in different regions, including Essex County. The app exemplifies efforts to reach workers and "to meet [workers] where they're at." There is a recognition that such virtual platforms need to be designed with the understanding of what workers need and how they would best use virtual information sites. The app is undergoing review with the intent to either modify it or change the virtual delivery platform. Importantly there is a recognition that whatever evolves, facility of use, including built-in translation is a priority.

ii. Language Translation and Healthcare

The pandemic highlighted how language translation and information dissemination are significant barriers to accessing healthcare for workers. Attention was paid not only to translation as a technical requirement, but more so, the need to provide effective communication sensitively and confidentially that attends to a healthcare experience, as a situation in need of language support.

"We started to think, how do language barriers affect their [workers] access to care? Whether it's information about care or access in the actual delivery of care and I guess we also started just asking how does the lack of proper language support impact the exchange in a health-related situations." – Phoebe (Stakeholder)

The pandemic acutely highlighted the dialectic between the need for **professional interpreters and volunteers**, especially in the healthcare sector.

"I think of the impacts that we've made on increased awareness about the importance of working with trained interpreters and just increasing awareness about how language is a part of health. And so, whether that's access to information about health care, access to care itself, or the actual exchange during a healthcare assignment and for encounter effective communication goes both ways." – Phoebe (Stakeholder)

"I think it's really important also really focusing in on the professional interpretation. I think there's a place for both volunteers that help navigate and provide that support and understanding and that community feel. But sometimes in a health care setting, simply

rendering what's being said is the best way forward. So, I think that we have to distinguish, you know, the valuable efforts of the navigators and outreach workers and their language supports that they bring in cultural supports, but also the professional interpreters." – Jasmine (Stakeholder)

We Speak

We Speak is a 3rd party translation service offered through video or text. While service providers and stakeholders had been seeking such a service for years, the pandemic made funding available for this service. Several stakeholders identified the availability of We Speak as a valuable "game-changer" that was particularly helpful in healthcare situations because it was accurate, and, made workers comfortable in "stressful situations" where privacy is very important.

"We Speak was a game-changer because it just it was just able to put people at ease and make sure that healthcare people were getting accurate information. So yeah, it's worked out very, very well." – Fiona (stakeholder)

"It was easy because they told you what the vaccine could bring, and if you agreed they would give you the vaccine. [...] I mean, it was easy for me." – Demetrio (Migrant Worker)

Health agencies were able to keep funding We Speak because they incorporated it into their funding, but private clinics and doctors did not because it costs them money. Also, they need utilization to maintain the funding and the funding to maintain the use of the service. We Speak is an advance in support. However, a multi-pronged approach to translation is required moving forward.

"They have their tablets like the nurses have a tablet and they call in this number, and they were able to get somebody there. But the problem is, it's that system. It's very pricey. Plus, it's very busy. So yeah, so sometimes you have to wait to see if there's a person available for it or to do the job to translate. Right? So that's one thing that you have to also realize. I notice simply because when they were doing their vaccination, they were using it. But even then, we were there as volunteers and the nurses were so happy to have us there because they said it takes a long time." – Piers (Service Provider)

iii. Healthcare

It is not surprising that the pandemic shone a light on healthcare due to the challenges workers faced in preventing their own exposure to the virus. Moreover, as documented workers are entitled to healthcare, providers have long been concerned about improving workers' access to care. A holistic and equity-focused approach to health and wellness was already at play in local health providers' efforts to improve support for workers. This holistic model was reflected in the concern to address health promotion, primary care, mental health and wellness. A holistic approach is reflected in the implementation of the Isolation and Recovery Centre (IRC) established in the summer of 2020. The death of two workers prior to that underscored the need for better care. The IRC was one of 17 established across Canada but the only one devoted to migrant farm workers. Since April 1, 2020, the IRC has cared for 700 migrant workers and since the summer of 2020, a total of 1600 workers have

received care. The IRC employed an approach that focused on wrap-around supports, which stakeholders argued would provide care for workers during and after treatment (including follow-up). Two other initiatives developed and/or recognized as an important need for workers prior to COVID were also underway during this period: Mobile Clinic and Mental Health supports.

A mobile clinic was already in development prior to COVID. Stakeholders have drawn on examples of mobile clinics used elsewhere, including the Grand River mobile clinic located in a Brantford shopping mall that serves workers in the Simcoe region. Since Summer 2021, the Windsor-Essex Community Health Centre's mobile clinic in Leamington has provided care twice a week at hours that are more suited to workers' heavy working schedules. While the clinic is still in its early stages of use, there are plans to provide a flexible, multi-sited, dual model so that workers can access health support in ways that are structured around their working hours, and which address concerns over privacy and confidentiality. The mobile unit could go to farm sites, be housed in a central space and/or in a mobile unit situated in an outdoor public space.

However, as this model evolves, several issues require the cooperation of employers. Aside from language translation and communication (discussed in Section 1), stakeholders and service providers discussed the challenges of delivering health care while ensuring privacy and confidentiality For example, for the service to be used, workers need to feel comfortable enough to access it. This means it should not be stigmatizing for workers to seek care. Privacy is important as fear of deportation is a barrier: if they are seen accessing care, they fear it will signal illness to their employer. A dual model then would need to be well funded so it could serve workers through seasonal changes since a mobile unit may not work well in Winter. The increase in workers from the TFW (AS) stream indicates that many workers who are here for up to 2 years, may need year-round care. Sarah explains how a dual model could meet concerns over privacy and confidentiality while still providing access to workers.

> *"Let's say better resources can offer space to specifications and create that privacy where the Community Health Center basically brings the equipment, brings the staff and they work out of that space and the farm simply provides the space and the privacy and the exit and the running water and all of that." – Jasmine (Stakeholder)*

Brandon explains the challenges of providing good care and reaching workers with follow-ups through clinics.

> *"I think that was the hardest challenge of those clinics was almost the follow-through that making sure that we're not then disappearing, and the workers left, you know, not connected. So was difficult because in a lot of counties, there wasn't much right, like in a lot of communities to get work, to get lab work or blood testing or something, it was nine to five. Right. So our nurses really struggle to say, OK, well, then where do we send this worker or how do we? And then and then where do the results go?" – Brandon (stakeholder)*

Service providers are aware of these challenges and have tried to establish a process that ensures follow-up. Health care providers are proud that they have been able to serve

workers' healthcare needs despite the additional strain on resources that resulted from COVID.

Mental Health Initiatives

Mental health has continuously been identified as an important issue. Different approaches to mental health have emerged to address the mental health challenges workers face, including the effects of isolation, loneliness and anxiety that results from their working and living conditions. Stakeholders and service providers emphasized the importance of addressing wellness and mental health in ways that were culturally appropriate and did not reinforce the stigma that would form a barrier to workers accessing this type of care. Two types of programs have been established one aimed at training staff and service providers in providing mental health first aid certification and, the second provides workers with information and mental health supports more directly. The latter, while in its initial stages, seeks to reach out to workers and employers to build awareness regarding mental health and wellness and to foster a supportive working environment that recognizes the specific circumstances that shape migrant workers' sense of wellness.

A holistic approach to healthcare for migrant workers

In sum, stakeholders pointed to the different ways that employers are part of the support system. To overcome workers' barriers to care and the capacity to provide care, employers need to understand that "losing a worker to illness can be costly", and that there is a "good business case model for supporting workers and making their primary healthcare accessible."

"[Some farms] make no arrangements for care. They simply provide the space, they make sure everything is what the Community Health Center has asked for in terms of, you know, like, there needs running water. And like I said, privacy, private area confidentiality. And I think that goes quite well. I get good feedback from the provider who says Yep, I feel like this is a regular clinic." – Jasmine (Stakeholder)

Teodoro describes how his illness, and treatment, was supported by a range of stakeholders and service providers, and in so doing, illustrates the importance of a multi-pronged and coordinated approach to supporting workers.

"So, I was diagnosed [with Leukemia] in May and I went to the hospital and started getting chemotherapy right away, like a few days later. I had very good treatment, it was very fast and I received good care. I had to go to the hospital every day for 6 weeks and the employer put me up in a different apartment away from the workers. He helped me with rent and was very good to me, he helped me a lot. The Catholic community also helped me a lot some in Windsor and here in Leamington. So 6 weeks back and forth from the hospital to my house and I had to stay in Canada until the end of October." – Teodoro (Migrant Worker)

E. Grassroots Approaches

It is important to recognize that migrant workers have been supported in Leamington by a few grassroots organizations such as MWCP, C.A.R.E and Unity Hopeful, who already

provided support and services, often on shoe-string budgets. Several stakeholders and service providers identified that the strength of grassroots support is in the way participants, many of whom have been volunteers, come to know the workers as people.

i. Grassroots Organizations

There are at least three grassroots organizations that are migrant-centred in Leamington. They also provide formal and informal support, however; they cannot provide services or support in sustainable ways to meet a large number of workers' needs.

While formal support has been our focus, it's important to identify the important roles churches and grassroots organizations such as Unity Hopeful play in forging personal connections with workers and linking formal supports to the everyday supports that workers value.

"So, I think and with many organizations, we talk with different levels of the government, and I think we are kind of the bridge between the top and the bottom. We are the ones that bridge and bring the services to who really needs them. We are in contact with them [migrant workers] every single day, right?" – Valentina (Service Provider)

"I mean, I've seen guys I've seen workers who have had actual tears roll down their eyes they cried they can't even believe it. When I say here is bag full of clothes when they open it, and they take out the jacket and everything and they cry because they can't believe there are people like us. So those are the moments when I actually said that I cannot stop doing this because it's a well needed, it's a well needed program for these workers." – Angela (Service Provider)

Churches

Many workers identified churches as places they frequented for language support, to answer questions regarding their working conditions and address loneliness. Some churches have offered spaces for language classes as well as spiritual support to workers which several workers identified as being very important to them.

"But for me, that was the best thing that, even as a newcomer, want to be a role in the church to be able to talk to people, to be able to have a place where I can celebrate my language because the masses are in their own language, so I felt welcome. [...] when I first came to Canada, the first place that I went. It was a church, it is where I found my community where I found the supports that I needed, and it was the same people were trying to help me and if they couldn't help me, they would try to tell me where to go." – Maria (Service Provider)

"One of the things we noticed was the need for churches to be a part of the community. And we noticed that workers are concerned about their English, but churches can provide spiritual assistance which related to mental health. [...] They [migrant workers] are more likely to relate to a priest or someone they know than someone from an agency." – Piers (Service Provider)

"Through the church, I began to meet people, they began to tell me: 'Look, because this person can help you' and, they put me in touch with services. As I said, the problem is

sometimes that you don't have the information. But [with the church] we are able to get the information. If a person went to the Church and wanted to go to the clinic, someone would say, 'Come, I know where it is. I will take you.' And then take him to the clinic." – Gregorio (Migrant Worker)

"There was a time, when I was, when I came very close, that I was depressed, that I was sad, and I almost gave up. But that was before I felt part of the family of the Lord here, that I have Christian acquaintances, right?" – Simón (Migrant Worker)

"Well, the truth is that Leamington, because for me it is a very beautiful people; diversity of cultures; the beautiful thing about these people is that you can find the Word of God, right?, because there are some people that I know, that they have had to go to Quebec, and there is nowhere to congregate, there is nowhere to look for the Lord, right?, but here there are many churches, which are dedicated to helping people. And when I mention the word help, it is not synonymous with helping financially, but to help spiritually, right?, which in reality is that, since we come for a long time, many times the money we earn does not make us so happy, because we are here for two years, a year and a half of being away from our families, and we need something more than money, right?" – Simón (Migrant Worker)

They helped me financially because of my illness. So because I had Leukemia it wasn't something that I could prove I got here in Canada. So [health insurance] said that maybe I had had it for a long time, even back in Mexico, and that's what the doctor explained to me too. But because I was working hard, and we sometimes neglect food sometimes your body stops fighting and the disease wins you over. So for insurance, I was only paid a few weeks unemployment." – Teodoro (Migrant Worker)

Outreach

Many stakeholders identified the importance of modelling a grassroots approach by reaching workers or establishing outreach initiatives or outreach connections both on farms, in the community and through service delivery. For other organizations, an important aspect of reaching migrant workers, which has been discussed, is the importance of outreach. This has been a strategy recognized, adopted, and expanded by many service providers.

"They [outreach workers] do outreach, they kind of help us with needs assessment so they can reach and connect to workers. They usually have the phone numbers of workers directly and they'll say, 'Hey, you know, are you encountering any issues?' They're kind of a source to get workers [to talk] and to let us know what we should focus on. And then also, you know, we can send things out to workers through their channels as well." – Brandon (Stakeholder)

"Honestly, I feel like when you're meeting people, generally speaking, meeting people where they're at seems to be the most effective, right? A lot of times the service providers, we make an assumption that we're here. People will come to us. And it's more effective when you go out right and meet people where they are at. So when we participate in these health fairs, for example, right, we're going to a location where they will be right?" – Roxanne (Stakeholder)

"We have to be able to engage closer to the worker [as] opposed to only talking to the employer or only talking to the representatives in the outreach workers. How do we do that?

So, we talked about we speak, if you don't have the language capability, you're in a pickle. But they agree that that's really important, too, is we have to hear from them." – Jasmine (Stakeholder)

"Yes, yes. Because, in fact, as in the pandemic everything is closed, but yes, as I repeat, that is, the tools are there, because C.A.R.E., as an organization, I have seen that they do a very good job; they are very kind people who have also taken the time to arrive at the Christian temple of La Buena Semilla to guide us on rights, on security, but go and look for the one they want, right?" – Simón (Migrant Worker)

While COVID did inhibit service providers from reaching workers and employers, it did shift people's thinking towards different ways of accessing workers and in some cases, it contributed to **expanding the reach** of many services.

"Actually COVID has caused us to reach more workers because normally we would rent a venue and maybe 250 workers would come out. And with COVID, we were having to serve over 1000 workers. So, it's a good thing for COVID, for us, where that is concerned to reach workers." – Angela (Service Provider)

Valuing workers also contributes to how stakeholders have **prioritized workers' voices. Identifying workers' needs** by listening to them and catering service provision around these recommendations has been quite valuable. Many stakeholders have adopted bottom-up strategies which help them facilitate their service provision. Many have prioritized workers' voices to truly grasp their needs.

"We are more familiar you know - we listen to them. We listened to them one hour every Friday we had meetings with them, and we talk about many issues. We ask them 'how do you feel? What are you doing? What do you need, what you are expecting and what do you want?' We are more for them, so they notice that, and they feel comfortable and they feel that they are part of Canada." – Irene (Service Provider)

"One thing I feel like is when you were going to like, if anyone was to do an outreach, I feel like you need to go in their spaces and really listen to them and not come in like you're wearing a hat on your head, as if you're more of a superior. Because, they're not going to listen, they're just going to say 'okay who is this person talking?' So I'm being more relatable and talking to them without any labels. I guess I'm just talking to them as a friend and interacting with them without having the slight title with you." – Elaina (Service Provider)

F. Everyday Supports

The focus of this study has been on formal supports provided by organizations and agencies in the form of services, initiatives, and activities. Informal supports refer to the way that people are included, through their peers, families, interpersonal relationships, and social connections and activities. Workers face barriers to informal supports. Migrant workers are *differentially included* – which means they are included as workers and excluded from bringing families to Canada. Congregate living can provide supports amongst their co-workers, but also tensions that arise from living in cramped housing with little space for privacy.

These exclusions make it difficult for workers to have a range of connections and supports that would make them feel included and that many of us take for granted. Still, many workers have noted, that Leamington provides social and cultural opportunities that many communities across Canada do not for migrant workers, including a strong *Latinx* cultural presence through shops, restaurants and the recognition and celebration of festivals. Some of these events and forms of support were identified during the 2018 Community Based Initiative (Basok & George, 2020). Unfortunately, many of these activities were cancelled due to the demands for social distancing during COVID-19. However, we raise this topic because workers did identify informal supports, the friendliness of downtown shops and the general cultural milieu provided valuable support to them.

"I feel like that more involvement with the community but not just personal level but with the businesses they can support migrant workers somehow." – Maria (Service Provider)

"Yes, the stores in Leamington. Well, I think that it's not just about Mexico but Latin American things, like from countries like Guatemala, Honduras, and El Salvador. I think that now the stores accommodate the people who come you know they try and say 'okay people come continuously come here, so were going to have products for them' I also think that if you were to find something from your country, you're more likely to go to that store more often." – Andrés (Migrant Worker)

"We only came across one Latin store [in Hamilton] and they had products, but it was very expensive, and they didn't have everything. Here [in Leamington] it's a bit expensive, but they have so many products." – Roberta (Migrant Worker)

"I would describe Leamington as a familiar place. I left Listowel to come here because I felt alone there. You find more Latin places here, so you can buy things that you like from your country." – Gregorio (Migrant Worker)

Many stakeholders pointed to the need to increase their connections with workers, build more personal connections and learn more about workers and raise awareness of the contribution they make to our local economy. Workers also described their positive experiences with various businesses and residents.

"You know, [farm workers] never stopped working. They were-- they were working all the time, and that's the reason why they came in here for it to work. But at the same day, they were like, you know, essential workers. And that – everybody saw -even their owners realize how important they were there. Yeah. So I think it opened the eyes of the community, the government and everybody who, you know, basically care about what was going on for sure." – Piers (Service Provider)

"So, I do think a lot of the health and mental health issues can be addressed through these opportunities around social inclusion. And again, you know, part of our main approach which is talking to them about what they want and then rallying the community around creating those experiences. So, I continue to believe that that is the route to addressing the majority of challenges that people might feel that they're experiencing. The idea that a lot of the responses can be an informal response that doesn't always have to be a funded management program and service response." – Valerie (Service Provider)

Migrant workers describe how the activities, shops and cultural milieu in Leamington, mostly Latino but also with some Caribbean shops, of Leamington make them feel included.

"In fact I was saying it a while ago with the father who brought me, I tell him that it is like a place is being made as more Latin than Canadian because, because now there is a lot of Latino who comes to work here." – Teodoro (Migrant Worker)

"In fact, I was even surprised that in the banks they had someone speaking Spanish, in the CIBC. Before, there weren't many Spanish speakers in the businesses. That's what I mean, they're adapting. If it is necessary to speak Spanish to see things then some businesses accommodate."– Teodoro (Migrant Worker)

Caribbean workers however would like to see more products suited to Jamaican cooking.

"We need more, we need more, we don't have a Jamaican restaurant where you can go and have a proper Jamaican meal." – Preston (Migrant Worker)

G. Moving Forward

Some issues that we have not been able to discuss in detail, but which were raised by workers and stakeholders address the need for public spaces where workers can meet given the restrictive conditions of their housing arrangements, structural conditions of the TFW programs and the need for community spaces where they can meet better housing, regulation, and oversight.

i. Engaging Employers

Several stakeholders and workers indicated that they had good, positive experiences with employers and described employers as understanding and helpful. The indications are however that employer support, participation, and concern for workers as well as the workplace environment varies considerably across farms and greenhouses. Some pointed to the way that the structure of temporary foreign worker programs create ambiguity between employers and the community when it comes to responsibility for workers. Others pointed out that there needs to be greater sharing of information between employers and service providers so both parties can better understand the needs and parameters which can shape the way and degree to which workers can be supported.

"Some exploration that could occur to get some of the major farms more involved in developing social programs for the workers so that people are physically and mentally healthy and able to, you know. Kind of have a quality of life in doing the work that they're doing that you know would be some kind of an enhancement. So that I think there is some room for exploration in that too." – Fiona (Stakeholder)

"My suggestion what I had was all to have committees that are created in each farm should be a part of the law that the government of Ontario can do. But some of the members of the committee have to be members from outside the plant, outside the farm, so they're not bound by anything with the farm, you know, because it's like the supervisor if the supervisor is not going to go to war for the worker, the worker is not going to say anything because he's afraid

of losing his job. But like I said, if we have people from outside the farm, people from the community who know about migrant workers who will speak on their behalf, they can come up and say, 'You know what? This is what we need to do in this in the midst of the worker' and they can be like, they're their voice, basically. You need like independent voices. That can speak on their behalf. Right? So in their case, they can still be anonymous. But there's somebody speaking to what their needs are, right?" – Piers (Service Provider)

ii. Central Hub

Several stakeholders recognized that to be included, there need to be spaces where workers can get together. The need for such spaces has been discussed at the community level for quite some time.

"I mean, I mean, my work would be like if every year there would be like a group like a face, a center like the solidarity centre they have in Simcoe. I think this will be that incident that we haven't seen with all people working from then in this centre, they will have a legal paralegals, they will have any health clinic and they will have to have other things that the WSIB support their claims like that. And then and have they hope, people in different regions. I think that that's really far from happening because it will have to be done by the government." – Maria (Service Provider)

"One thing that really strikes me is a lack of social space provided for migrant workers. [...] Yeah, but. In my ideal world, I would say, like there needs to be a space that people can just call our social recreational space if it's OK and everybody fine. But specifically with the migrant workers involved and in mind, OK, where you can be out of crappy weather and I just hang out with someone and have a talk or hang out and use your phone, or maybe you can buy a coffee or something because." – Megan (Stakeholder)

But we can provide one of the things that would be great that I always looked at. It's like to have a like community center you know, as an example which they can go and perhaps, you know, play a sport, you know that somebody or and have information there. They can be, you know, when they can go there and there's going to be a person there in time to have what they need. And that's one thing that I always I keep that in mind because sometimes you think, 'Oh, the government is going to do this, but you've got to work on your own sometimes or you've got to get together as a community and do it yourself." –Piers (Service Provider)

Workers also describe changes they would like to see in the temporary foreign worker programs that would greatly improve their inclusion.

"If you are a good worker, I think that policies should be more favourable so that you had the possibility of changing employers. And that would not perhaps be breaking a contract or look bad on you, but would be seen as someone just looking for work where he feels loved and safe, right?"– Simón (Migrant Worker)

"Well, I think that we need open work permits for everyone. So that we don't feel like they own us, as workers, and that we don't feel locked up [...] or isolated to a single company." – Eustaquio (Migrant Worker)

"In May I was diagnosed with Leukemia and I was in the hospital for a while, they took care of me and they game me good treatment, thank God. The truth is they gave me excellent care and they took care of me very well. The doctor didn't want me to leave, but I had fulfilled my contract. I feel like that's one of the things that needs to be improved here. In my case I had to leave because my permit expired and so did the insurance so they couldn't provide me with free treatment." – Teodoro (Migrant Worker)

4. Conclusions

The COVID-19 pandemic provoked a coordinated response from all levels of government, additional funding which fostered organization capacity, the creation of partnerships and the delivery of additional services in Windsor-Essex. Community stakeholders and service providers were however able to draw on these resources because there was already a groundswell of support, and groundwork laid prior to COVID-19, to implement these supports. A framework for supporting migrant workers has started to surface, that was not present prior to COVID-19.

This framework and the services and support it enables are, however, very fragile. While COVID-19 generated an influx of resources and attention to migrant workers from provincial and federals governments, the absence of core funding for migrant workers makes current services and programming short term, strategic and in many cases largely directed to the crisis in our food security created by COVID-19. No initiatives have changed the structure of these programs. It is therefore a challenge for community-based initiatives to advance the inclusion of workers who remain differentially included by our TFW programs.

Responses to the pandemic did however produce several positive outcomes: it strengthened emerging partnerships and launched programs for language translation and health care that could be continued. It forged a discursive shift in support: locally, by raising awareness regarding workers who are so present and yet so invisible; but also, at the federal level insofar as the Windsor Essex Local Immigration Partnership can attend to migrant workers for now, in their mandate. Inclusion in the WE LIP can provide leadership to build greater cross-sectoral support, address gaps and improve the coordination of support for workers. and normalize our responsibility to support workers although admittedly, it can also normalize the persistence of temporary workers in our labour and migration schemes.

Therefore, a discourse of inclusion that frames these community initiatives has currency insofar as it fosters a more positive environment for workers and can make them feel more valued, address racism in the community and build certain forms of support. As our findings suggest, however, community-based initiatives require legislative and/or regulatory changes to address systematic barriers or even the basic terms of our temporary foreign worker programs: this includes, 1) improvement and inspection of housing conditions; 2) greater participation of employers in supporting workers and coordinating with community initiatives; 3) oversight on employers; 4) new pathways to support worker's mobility and; 5) a collective responsibility to support those workers **as people**, whose labour is essential to our food supply.

5. Recommendations

While several stakeholders identified specific initiatives or examples of how to move forward, here we summarize their ideas and identify broad recommendations.

A list of recommendations that address barriers that workers experience in accessing services and supports (as discussed in Section 1):

- Strengthen and broaden flexible, virtual, and in-person professional translation services that ensure privacy and confidentiality.
- Hold an 'Annual Welcoming' event to introduce workers to the community, and services and to welcome them to Essex County. This event should recognize the diverse cultural backgrounds of workers.
- Develop information tools to reach workers that use multiple pathways (virtual, in-person, visual, multiple formats and modes of delivery, targeted for different times in the season).

Next, we identify recommendations that address barriers that service providers and stakeholders identified in Section 2 and Section 3.

- Develop a more migrant worker-centred process
- Include migrant workers in planning and developing initiatives moving forward.
- Develop strategies to reach out to migrant workers
  - To identify and access workers in a safe, private and confidential format.
  - Learn more about migrant workers' lives and needs.
  - To gain feedback from migrant workers.
- Maintain and strengthen ongoing partnerships.
- Seek permanent sustainable funding for migrant workers.
- The Migrant and Temporary Foreign Worker Initiative (or some similar strategy) should be permanent and housed in an entity such as the WE LIP to ensure leadership, stability, continuity and to draw on existing partnerships and collaborative strategies
- Encourage organizations and agencies to include migrant workers in their mandates and budget strategies.
- Engage farms and greenhouses to participate in community-based initiatives aimed to support workers, and to learn more about the challenges employers face in providing support and services for workers both on-site (farms and greenhouses) and off-site, in the community.
- Address systemic barriers, particularly those that reinforce or create ambiguity between employers and the 'community' when it comes to addressing the needs of migrant workers.

References Cited

Barnes, N. (2013). Is Health a Labour, Citizenship or Human right? Mexican Seasonal Agricultural Workers in Leamington, Canada. *Global Public Health*, 8 (6): 654-669.

Basok, T. (2004). Post-National Citizenship, Social Exclusion and Migrants' Rights: Mexican Seasonal Workers in Canada. *Citizenship Studies*, 8 (1): 47 – 64.

Basok, T., & George, G. (2020). "We are part of this place, but I do not think I belong."Temporariness, Social Inclusion and Belonging among Migrant Farmworkers in Southwestern Ontario. *International Migration*, *59*(5), 99-112.

Basok, T. & Bélanger, D. (2016). Migration Management, Disciplinary Power, and Performances of Subjectivity: Agricultural Migrant Workers in Ontario. *Canadian Journal of Sociology*, 41(2): 139-63.

Bergold, J., & Thomas, S. (2012). Participatory research methods: A methodological approach in motion. *Historical Social Research/Historische Sozialforschung*, 191-222.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

Bushell, R., & Shields, J. (2018). Immigrant Settlement Agencies in Canada: A Critical Review of the Literature through the Lens of Resilience. *Paper of the Building Migrant Resilience in Cities (BMRC) Project, York University, Toronto. https://bmrc-irmu. info. yorku. ca/files/2018/10/ISAs-A-Critical-Review-2018-JSRB-edits-Oct-9-2018. pdf*.

Caxaj, S., & Diaz, L. (2018). Migrant workers'(non) belonging in rural British Columbia Canada: storied experiences of Marginal Living. *International Journal of Migration, Health and Social Care*.

Caxaj, C. S., & Cohen, A. (2020). Emerging best practices for supporting temporary migrant farmworkers in Western Canada. *Health & Social Care in the Community*, *29*(1), 250-258.

Caxaj, S., Cohen, A., & Marsden, S. (2020). Supports for migrant farmworkers: Tensions in (In) access and (In) action. *International Journal of Migration, Health and Social Care*.

Colindres, C., Cohen, A., & Caxaj, C. S. (2021). Migrant agricultural workers' health, safety and access to protections: A descriptive survey identifying structural gaps and vulnerabilities in the interior of British Columbia, Canada. *International journal of environmental research and public health*, *18*(7), 3696.

Das, K. V., Jones-Harrell, C., Fan, Y., Ramaswami, A., Orlove, B., & Botchwey, N. (2020). Understanding subjective well-being: perspectives from psychology and public health. *Public Health Reviews*, *41*(1), 1-32.

Doyle, S. (2020). Migrant workers falling through cracks in health care coverage. *Canadian Medical Association. Journal*, *192*(28), E819-E820.

Faraday, F. (2012). Made in Canada. *How the Law Constructs Migrant Workers' Insecurity. Toronto, Metcalf Foundation*.

George, G., Selimos, E.D., and Ku, J. (2017). Welcoming Initiatives and Immigrant Attachment: The Case of Windsor. *Journal of International Migration and Integration*, 18(1): 29-45.

Grez, E. E. (2019). Contestations of the heart: Mexican migrant women and transnational loving from rural Ontario. *International Journal of Migration and Border Studies*, *5*(1-2), 118-133.

Hennebry, J. L., & Preibisch, K. (2012). A model for managed migration? Re-examining best practices in Canada's seasonal agricultural worker program. *International Migration*, *50*, e19-e40.

Johansson, A. W., & Lindhult, E. (2008). Emancipation or workability? Critical versus pragmatic scientific orientation in action research. *Action research*, *6*(1), 95-115.

Klassen, S., & Murphy, S. (2020). Equity as both a means and an end: Lessons for resilient food systems from COVID-19. *World Development*, *136*, 105104. https://doi.org/10.1016/j.worlddev.2020.105104

Koleth, E. (2017). Unsettling the settler state: The state and social outcomes of temporary migration in Australia. *Migration, Mobility, & Displacement*, *3*(1), 33-50.

Landry, V., Semsar-Kazerooni, K., Tjong, J., Alj, A., Darnley, A., Lipp, R., & Guberman, G. I. (2021). The systemized exploitation of temporary migrant agricultural workers in Canada: Exacerbation of health vulnerabilities during the COVID-19 pandemic and recommendations for the future. *Journal of migration and health*, *3*, 100035.

Macklin, A. (2020). (In)Essential Bordering: Canada, COVID, and Mobility. *Front. Hum. Dyn.* 2:609694. doi: 10.3389/fhumd.2020.609694

Mezzadra, S., & Neilson, B. (2012). Between inclusion and exclusion: On the topology of global space and borders. *Theory, Culture & Society*, *29*(4-5), 58-75.

Minnings K. (2021, January 25). "*Already it was hard. Now, it's become impossible': Pandemic highlights barriers to healthcare for migrant workers,*" Healthy Debate. https://healthydebate.ca/2021/01/topic/healthcare-migrant-workers/

Nakache, D. (2013). The Canadian temporary foreign worker program: Regulations, practices and protection gaps. *Producing and negotiating non-citizenship: precarious legal status in Canada*, 71-95.

Nakache, D. (2018). Migrant workers and the right to family accompaniment: A case for family rights in international law and in Canada. *International Migration*, *56*(6), 221-235.

Neef, A. (2020). Legal and social protection for migrant farm workers: lessons from COVID 19. *Agriculture and Human Values*, *37*(3), 641-642.https://doi.org/10.1007/s10460-020-10086-w

Omidvar, R., & Richmond, T. Laidlaw Foundation.(2003). *Immigrant settlement and socialinclusion in Canada*, 1-23. https://laidlawfdn.org/assets/wpsosi_2003_jan_immigrant-settlement.pdf

Ontario Ministry of Farming, Agriculture, and Rural Affairs. (2016) County Profiles: Agriculture, Food and Business. http://www.omafra.gov.on.ca/english/stats/county/index.html

Pasca, R., & Wagner, S. L. (2012). Occupational stress, mental health and satisfaction in the Canadian multicultural workplace. *Social indicators research*, *109*(3), 377-393.

Rajkumar, D., Berkowitz, L., Vosko, L. F., Preston, V., & Latham, R. (2012). At the temporary permanent divide: How Canada produces temporariness and makes citizens through its security, work, and settlement policies. *Citizenship Studies*, *16*(3-4), 483-510.

Roberts, S. E. (2020). The bureaucratic and political work of immigration classifications: An analysis of the temporary foreign workers program and access to settlement services in Canada. *Journal of International Migration and Integration*, *21*(3), 973-992.

Ramos, A. K., Su, D., Lander, L., & Rivera, R. (2015). Stress factors contributing to depression among Latino migrant farmworkers in Nebraska. *Journal of immigrant and minority health*, *17*(6), 1627-1634.

Schreier, M. (2014). Qualitative Content Analysis. In Flick, U. (Ed.), *The SAGE handbook of qualitative data analysis* (pp. 170-183*)*. Sage.

Schmidtke, O. (2018). The civil society dynamic of including and empowering refugees in Canada's urban centres. *Social Inclusion*, *6*(1), 147-156.

Straehle, C. (2019). Vulnerability, Rights, and Social Deprivation in Temporary Labour Migration. *Ethical Theory and Moral Practice*, *22*(2), 297-312.

Tervonen, M., Pellander, S., & Yuval-Davis, N. (2018). Everyday bordering in the Nordic countries. *Nordic Journal of Migration Research*.

Vosko, L. (Basok T. Candiz, G., Spring, C. George, G.) 2022. Valuing the essential: Building resilience in the world of work, Report submitted to the International Labour Organization (ILO), in progress.

Windsor Essex Local Immigration Partnership. (2022). Growing Communities: The Economic and Social Impact of Migrant and Temporary Workers in Essex County, 2021-2022.

Wood, J., & Newbold, K. B. (2012). Provider perspectives on barriers and strategies for achieving culturally sensitive mental health services for immigrants: A Hamilton, Ontario case study. *Journal of International Migration and Integration*, *13*(3), 383-397.