

Alliance for Gender Justice in Migration: Literature Review

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Introduction

This literature review was undertaken as a component of the Alliance for Gender Justice in Migration program led by the Migrant Workers Centre in British Columbia. The document is intended to be read by NGOs, individuals with lived experience, advocates and researchers directly involved in the service and advocacy of women and gender diverse individuals with precarious immigration status across Canada to gain an understanding of what has been written about these groups in Canada. In this document we provide brief insight into the academic literature that has been written about women and gender diverse individuals with precarious status in Canada.

Structure of the document: The substantive part of the document starts with an exploration of the concept of precarity and how this is created through the design of visa programs. The remainder of the document is structured around specific visa categories. Although all visa categories under study come under the umbrella term of precarious, there are specificities to each visa which creates different dynamics that women must confront as they navigate their lives in Canada. Depending on the category the reader is most interested in, they can go directly to this section to learn about what is currently known about the situation of women and gender diverse individuals on these visas.

It should be clear to the reader that the ultimate result of all of the different visa categories is the same: to place migrants on the periphery. We should take heed from the mantra that strength exists in diversity and recognise that there is a common struggle between these migrant women and gender diverse individuals. Our efforts, as the National and Regional Committees for the Alliance for Gender Justice in Migration, can serve to produce change that will have an impact across the board.

Based on your experience working with women and gender diverse individuals in these categories, we are certain your wealth of experience will come to bear on identifying what possible areas of research the Alliance could undertake or propose to bolster what is currently known and that could support our collective advocacy work.

Methodology

To gather relevant articles focused on migrant women and gender diverse individuals in precarious immigration situations in Canada we used key terms (migrant worker, precarious migrant, migrant sex worker, care worker, international student, refugee claimant, undocumented, undocumented worker, trafficked,

sponsorship/sousal visa, dependent) and conducted a search through the Web Of Science database. We limited the time period from 2007 to 2022, to cover the last 15 years of academic work. Through this database we found an initial 302 articles which we decided to include based on a review of their title and abstract. The research assistant then read the relevant articles to determine if they should be included or not. Papers were included if they related to migrant women and gender diverse individuals on a particular visa category (listed above). In the event that the research assistant was unsure whether an article should be included the research assistant discussed this with an academic advisor. For those categories that we were unable to find relevant articles through this methodology we searched manually through google or identified missing pieces based on existing team knowledge. 141 papers were included in total, with a breakdown by category. As some articles refer to multiple categories, we included these in multiple sections.

Limitations

It is important to note some limitations of this literature review.

1. As we only utilised one database we cannot say comprehensively that there are no other articles currently circulating that relate to our area of focus. For reasons of time and workload, we restricted our search to the Web of Science as this was advised by our academic advisors to be one of the most comprehensive sources of articles for our area of focus. We supplemented this search with manual searches through google in the event that no relevant articles were found.
2. Many studies did not explicitly indicate which category of migrant women and gender diverse individuals they were referring to. For example, in Gailitis et al (2021), they merely mentioned that the individuals they spoke with had a variety of immigration statuses but within the results referred to individuals being undocumented. It is possible that other reports were discounted for inclusion because the status of the individuals understudy were not clear for our research assistant, who consequently did not include them in the review.
3. The database search did not find any papers explicitly focused on the International Mobility Program (IMP), international students or labour trafficking with a gender focus. To address this, the research assistant searched manually through google for relevant articles that could be included. No papers with a gender focus were found. To provide some insight as to what academics are writing about the IMP, international students and labour trafficking, we included a general snapshot of recent literature focused on these categories.

4. This literature review has not included any grey literature for reasons of time and workload. Grey literature has a wealth of knowledge that could be beneficial to our understanding of the experience of women and gender diverse individuals with precarious immigration status and may be undertaken at a later stage as a complement to this review.
5. Finally, we limited the scope of this literature review to articles published in the English language. For the next phase of the literature review, we plan to research French language publications to ensure that Francophone authors from Quebec are included.

It is possible there are other limitations that have not been considered here.

Key takeaways

1. In terms of quantity, there is a clear focus within academic literature on refugee claimants and asylum seekers, for which we found 26 articles, and care workers, for which we found 19 articles.
2. There is a major focus on access to and experiences in the healthcare system in Canada across all categories. Considering that migrant women and gender diverse individuals with precarious status face structural barriers to access, this is an understandable focus.
3. There is a tendency within the literature to focus on the majority experience within each category. For example, for female agricultural workers most articles are focused on Mexican women who represent the majority of agricultural workers and very limited research on migrants from other national backgrounds.
4. There is a bias in terms of geographic location. The vast majority of research across all categories was conducted in Ontario followed by Quebec.
5. Most articles were written within a number of core disciplines namely social work, medicine, sociology, law, political economy, anthropology.
6. Notably, most articles did not include as research subjects individuals who were gender diverse and instead focused on women. We conducted a targeted search to ensure that we covered literature relating to gender diverse individuals who hold precarious status.

Precarious immigration status

Understanding what precarious means in Canada largely relates to a lack of permanent status. As Villegas (2019) states 'precarious immigration status is an umbrella category that encompasses a diversity of statuses that do not provide the privileges of citizenship and permanent residence.' This can include people on any non-permanent visa. In the case of Canada, this includes temporary foreign workers, international students, refugee claimants and asylum seekers, refugee claimants who have had their cases rejected, tourists, people who arrive on an International Experience Canada visa, a spousal or common law visa or family sponsorship visas, those who arrive through irregular routes, and those who have overstayed their initially legal visas. It is precisely because of their precarious status, and consequent inability to claim rights and access services, that many migrant women and gender diverse individuals find themselves in vulnerable positions.

For the concept of precarious, we found 12 articles published between 2011 and 2022. (2011=2, 2012= 1, 2013=1 2016=2, 2019=1, 2020=2. 2021=1, 2022=2) with a mix of qualitative and quantitative papers. There were four major themes arising out of this literature:

a) The increase in temporary visas and precarity

The literature has clearly identified that precariousness is constructed. In recent decades, Canada has intensified its focus on the immigration of temporary rather than permanent residents and thus workers and students within the country. This is significant because of the different rights attached to each status, including the eventual right to remain. As Strauss and McGrath (2017) indicate 2008 was the first year that the number of non-permanent residents entering Canada outweighed those immigrants who were arriving with permanent residency. These authors connect this to the 1980s shift towards managed migration that enabled the entry of highly skilled workers as potential citizens and migrants with 'low skills' to enter as precariously placed non-citizens. Those arriving on what we deem precarious visas do not have access to the same rights to health care, services, and are subject to lesser labour standards because of the type of work they perform such as care work or agricultural work. This denial of rights and exclusion from traditional social goods necessarily leaves these individuals in positions of vulnerability.

Holding a precarious status indicates a lack of permanence and stability. It is by design not something to be kept for long. Many academics indicate that the Canadian immigration system is complex and difficult to navigate (Hanley, Larios et al 2020). A consequence of this complexity is that many individuals who initially arrive with legal (precarious) status can fall out of status (and back in again) (Gagnon et al 2022), as many rely on an employer for work and residency rights

which can be taken away. For example, those working in the field of agriculture, care work, and other temporary foreign work programs, which we explore in more detail in following sections.

b) Precarity increases the risk of exploitation

There are a number of academic articles which consider women with precarious status, regardless of their specific visa category, as a group which confronts similar challenges in navigating life in Canada, including labour exploitation and other forms of abuse. Villegas (2019) indicates how Mexican women with precarious status in Toronto are exposed to greater risk of sexual harassment because they face legal violence which limits their power to act against abuse. Legal violence was defined by Villeagas as 'violence enacted or facilitated through the law'. In Ontario, workers should be protected from harassment and discrimination under the Occupational and Safety Act and the Human Rights Code. However, in the case of migrant women with precarious status, the fear of deportation prevents some migrants from taking legal action against the abuse or harassment they have suffered. Migrant women with precarious status may also not have knowledge about their labour rights and lack access to institutional resources. As Strauss and McGrath (2017) indicate 'unfreedom is not an intrinsic attribute of migrant workers themselves, or the jobs they do, but rather describes relationships that are actively produced and institutionalised by employers and the state.'

c) Access to and experience in healthcare

Across all the visa categories, barriers to healthcare access was of major concern. Research using the umbrella category of precarious migrant women in Canada highlights how their status as temporary or undocumented limits their access to health care (Oxman-Martinez and Hanley 2011). A recent systematic review of literature concerning access to mental health services in Canada confirms the impact that lack of status has in relation to access (Salam et al 2022).

A study led by Hynie (2016) indicates that the percentage of visits to emergency rooms from uninsured migrants in Ontario has been increasing, with more than a third of visits coming from children. Hynie and their team found that uninsured patients are sicker than the general population, have worse health outcomes, are less likely to be admitted, more likely to leave and more likely to die. Clearly demonstrating the major health impacts of lack of status on individuals as well as the healthcare system that must eventually treat them. Hynie et al (2016) tie this increase in visits by uninsured individuals to the expansion of temporary work permits.

Research has found that pregnant migrant women who hold precarious status and are often uninsured are more likely to receive 'inadequate care' (Jarvis et al 2011). A study led by Hamel-Smith Grassby (2021) in British Columbia found that the mandatory waiting period of three months to access health care for migrants exacerbates inequitable health and social outcomes for migrant women which has led to unmet care needs, negative pregnancy and children's health outcomes, as well as internalised stigma and socioeconomic stressors.

Wilson-Mitchell and Rummens (2013) found that four in five uninsured pregnant women received less than adequate prenatal care and more than half received clearly inadequate prenatal care, with 6.5% of uninsured pregnant women receiving no prenatal care at all. Within the cases that they studied, these authors found that uninsured mothers had a higher percentage of caesarean sections as a consequence of abnormal foetal heart rates which require more neonatal resuscitations. In Larios' (2022) research focused on pregnant migrant women with precarious status in Montreal, migrant women who held work permits faced barriers to access a number of provincial and federally provided supports and protection that are accessible to all other pregnant women, for example, the protection from unfair dismissal because of pregnancy, access to parental leave, and access to public childcare. This clearly shows how one's immigration category limits fundamental rights and the health and safety of women with children. Similar findings were made in Hanley, Larios et al (2020).

Munro et al (2013) indicate in their study of physicians in Montreal, how they deal with and think through their provision of healthcare to migrant women who are uninsured. Physicians saw these women as socially vulnerable and felt compelled to provide care to them despite the difficulty in providing such care, considering the women's exclusion from the healthcare system. In contrast, Vanthuyne et al (2013) found that many health care practitioners view healthcare access as an entitlement/right of citizenship and are suspicious of people who are provincially uninsured.

Richter et al (2020) explored the experiences of African female economic migrants with various statuses from South Africa, Ghana and Nigeria and their perceptions of healthcare access in Canada. They indicate that access depends on social connectedness, as well as highlighting the importance of one's country of origin, experiences of financial accessibility, and historical and cultural orientation towards healthcare. Except for the wait time to access healthcare, these women indicated positive experiences with the healthcare system in Canada.

d) Access to housing

Although there was limited research focused on access to housing for migrants with precarious status, the fundamental importance of housing in Canada, with such a vicious winter, cannot be overlooked (Walsh et al 2016). Research undertaken between two academic teams from Quebec and Alberta found that there are a number of major causes of housing insecurity for newcomer women. These relate primarily to inadequate income in the face of increasing housing expenses; discrimination due to the presence of children, or ethnicity; language barriers, and a history of trauma (Sjollema et al 2012). We have included this study here despite the authors providing no indication of the exact status of the women involved. More recent research has illuminated how health problems further instigate migrant women's housing insecurity and homelessness (Hanley, Ives et al 2020).

Other research specifically focused on care workers indicates that even now with the requirement to live with their employers removed, many care workers are unable to do so because of cost. Their low wages necessarily make them reliant on accommodation within their employers' homes regardless of the conditions they may find there (Bhuyan, et al 2018).

Summary

Precarious status results from all of the visa categories under study in this literature review. This section has attempted to highlight the major challenges that arise from holding precarious status. We will go into more detail of each category in the following sections.

Temporary Labour Migration Programs

Foreign workers have long been an essential part of the Canadian workforce. The main avenues through which employers are able to bring foreign workers into the country is through the Temporary Foreign Worker Program (TFWP) and the International Mobility Program (IMP). Both programs have undergone many variations throughout the years; most recently with the movement of the care worker program, now known as the Home Child Care Provider Pilot and the Home Support Worker Pilot, from under the umbrella of the TFWP to the IMP in 2019. Although the details of the programs are different we discuss them under one heading here because of their similarities.

Temporary Foreign Worker Program (TFWP)

The TFWP program is employer driven and employers have to demonstrate a need for such workers through a labour market impact assessment (LMIA). LMIA's allow employers to find workers who then use their job offers to get a closed work permit. For migrants holding visas through the TFWP, workers are tied to their employer and are only permitted to remain in Canada while they are connected to their employer and for a specific period of time, depending on the type of work and contract.

Foster and Barnettson (2017) indicate that the TFWP was originally restricted to higher skilled occupations but was amended by the federal government to include lower skilled workers in 2002. These authors indicate that the growth in the use of the TFWP represents a shift in Canada's postwar immigration policy from a focus on multicultural citizenship toward what they call differential exclusion or partial citizenship. Strauss and McGrath (2017) suggest that this shift facilitates 'extreme flexibility' for employers while severely disadvantaging workers.

Consequently, authors critique the design of the program. Robillard et al (2018) discuss the TFWP as an 'opposite example of the manifestation of ... structurally violent processes.' With similar argumentation, Strauss and McGrath (2017) indicate how the government creates the unfreedom and exclusion of temporary migrant workers.

In the following sections we review specific programs that fall under the TFWP including agricultural workers and workers in other occupations. We then move to discuss the IMP.

Women agricultural workers under the primary agricultural stream of the TFWP

We identified 12 articles written between 2010 to 2022 that focused on the experiences of migrant women in the agricultural sector in Canada. Leading scholars in this area include Kerry Preibisch who wrote three of the articles, two of which were with Evelyn Encalada Grez. Most of these articles focused on the Seasonal Agricultural Worker Program (SAWP) and only one paper exclusively focused on the Agricultural Stream.

The majority of papers were written based on interviews with participants in Ontario, with a few without geographic focus. Some papers also interviewed migrant workers after they returned home to their respective countries, most of which were in Mexico and Guatemala.

Authors continually stated that the structure and design of these temporary work programs creates a vulnerable and flexible workforce. There were a number of core themes running through these papers.

a) Women as a minority of farm workers

All the papers indicate that women are a minority of the overall programs (approximately 3%) with farmers having an apparent preference for male migrant workers. These articles point to the highly controlled entry of these women workers. There are preferences for what sort of women can apply (mothers from rural and land poor countries); preferences which serve to ensure that the program remains a demonstration of circular rather than permanent migration, through forced rotations (Preibisch 2010). For example, Preibisch and Encalada Grez (2013) indicate that in 2009 93% of Mexican women participating in the SAWP were mothers and over half were single mothers. With such characteristics, it is assumed women will return to their country of origin and not settle in Canada permanently thereby enforcing family separation while in Canada.

b) Difficult working conditions but possible economic benefits

Migrant farm workers in Canada, regardless of their gender, face difficult working conditions. Long hours, poor living situations, gruelling physical and dangerous work, potential exposure to pesticides and restricted mobility. The structural arrangement of the SAWP and agricultural stream means that migrant workers are in a weak position to negotiate or challenge their working conditions.

A major theme across all of the papers was the fear that women migrant workers have about being repatriated by their employers. It is for this reason that they do not complain, do not seek medical attention when needed, amongst other things. Women migrant agricultural workers are aware that they can easily be 'repatriated' if their employer deems that they are not working well, are sick or even pregnant. This serves a disciplinary function. Women have been deported for leaving the farm without permission, attending social events, receiving male visitors, having a lover or being pregnant.

The fear of repatriation is significant for migrant workers in the agricultural industry, despite the harsh conditions, precisely because participating in the program offers them and their families economic opportunities that would be inaccessible if they remained in their home countries.

c) The challenge of transnational mothering

Many of the articles indicated the struggles that women migrant workers in the agricultural industry face with their obligations to ensure the economic stability of

their families as well as their emotional stability. As Preibisch and Encalada Grez (2013) put it, women migrant workers are 'between hearts and pockets'.

Mothers have to negotiate with other family members as to who will look after their children while they are away. This exposes some women to the charge that they are 'bad mothers', which many women grapple with. As Edmunds et al (2011) mention, women are in a 'contradictory role of providing economic support from a distance in order to provide reproductive care to their families'.

Women feel compelled to come to Canada to work because of their families' low socioeconomic status in their home countries and yet feel a heavy burden that they are not able to be by their children's side as they grow. Many women expressed sadness about the loss of intimacy with their children, even when they return as the children have developed mother-child relations with other family members.

The literature indicates that it is especially challenging for women to maintain their familial responsibilities as mothers not only because of the physical distance between them and their families but because of the restrictions placed on them in their workplaces in Canada and the limited communication they are allowed.

d) Inaccessible rights: health, safety, reproductive rights

Migrant farm workers face barriers to receiving comprehensive and appropriate health care and adequate compensation in case of accident, access to social services and labour rights. Edmunds et al (2011) indicate that women migrant farm workers experience considerable psychological stress and mental health concerns because of their dual and conflicting responsibilities to their families. Research has shown that compared to their male compatriots, women migrant workers have greater levels of depression, loneliness, acculturative stress, obesity, and hypertension (Edmunds et al 2011).

Research has found that the provincial, national, and international structure of the temporary agricultural programs have a greater impact on migrant workers' health than individuals' actions. Indeed, as Caxaj et al (2020) suggest the barriers for agricultural migrant workers from accessing health and social services functions to keep them on the periphery, which serves to keep them within the confines of the program. The unique reproductive needs of women agricultural migrant workers is complicated by the inability to access birth control and/or abortion due to geographic location, depending on their employer to help navigate the healthcare system and stigma associated with sexual and reproductive needs.

Because the long-term health effects of working with pesticides is difficult to track, temporary migrant workers are in a vulnerable position to obtain health care related

to their exposure. Smith and Stiver (2015) argue that the design of the temporary migration framework gives rise to acute concerns about chemical exposure. Migrant workers may be at greater risk because of their compounded exposure and proximity to pesticides but have little recourse following their departure from Canada.

Summary

Women migrant workers in the agricultural industry in Canada, whether arriving on the SAWP or the Agricultural Stream, face difficult working conditions that they are largely unable to contest for fear of being returned to their home countries without reaping the economic benefits that they signed up for. Their work in Canada impacts their families considerably, because of their physical separation from them, but the economic benefit of working in Canada enables other positive benefits such as building a home, sending children to school amongst others.

Care workers

Canada has a long history of bringing care workers into the country to support families to care for their young and old family members as well as people with disabilities. Until the end of 2014, Canada hosted a specific program to recruit live-in care workers which provided single employer-tied work permits to workers who, after 24 months of work, could be eligible for permanent residency through the TFWP. There was another change in 2019. While care labour migration is no longer facilitated through its own unique program in the TFWP, now coming under the IMP, and the most problematic aspects of the program have formally been removed, many women and their families are still living with the impacts of these programs and this research continues to inform our understanding of temporary labour migration in Canada.

We found 19 relevant articles to include in this literature review. These articles were written between 2011-2022. Of the literature we found, the majority focused in the province of Ontario (6), followed by Quebec (3), Alberta (3), Manitoba (3), Saskatchewan (1) and British Columbia (1) or did not have a geographic location. Of all the articles included, the vast majority were focused on Filipina women and utilised a qualitative approach to data collection.

Research has consistently shown that care work in Canada is stratified by race, ethnicity, gender, and immigrant status. Over 90% of care workers are women, the majority of whom are from the Philippines, with a growing number of people arriving from Haiti and other African, Latin American, and Asian countries (Hanley et al 2017). Care workers without permanent residence are disproportionately located in in-home care arrangements, shaped largely by the conditions of the care worker pilot programs. Researchers have consistently argued that the design of the program

creates a site ripe for exploitation as employers are put in positions of power that care workers are unable to contend with, for fear of losing their status and the future prospect of settling in Canada. This was one of the major recurring themes identified through the literature, as described below.

a) Commitment to endure despite hardship

Women migrant care workers in Canada endure the difficult working conditions they face to be able to obtain the economic and citizenship benefits that the programs purports to provide for themselves and their families (Pratt, Zell, Johnston and Venzon 2020). Academics have described their circumstances in the program like 'second class workers', 'a form of servitude' (Bonifacio 2015) and reiterated time and again that the precarious migratory status that these women hold is what makes them exploitable (Robillard, McLaughlin, Cole, Vasilevska, Gendron 2018).

Even with the removal of the live-in requirement of the live-in caregiver program, many women continue to live with their employers because they either cannot afford to live elsewhere or their employer requires them to be in the home (Bhuyan, Valmadrid, Panlaqui, Pendon, Juan 2018). Living with one's employer creates dynamics of power and control that are difficult to navigate but place migrant care workers in positions of weakness. Migrant care workers report a lack of privacy and autonomy and many have reported consistently being deprived of pay for overtime, often not paid or paid late, etc. Because of the informality of the working environment there is limited regulation and oversight of the workplace and thus difficulty in being able to enforce those rights that are delineated. There is an institutionalised asymmetry between the worker and the employer. The impact of termination of employment on the care worker's right to remain in Canada is what convinces the migrant to think that silence is their best option, despite the hardships they endure. Ultimately, people feel powerless (Vahabi and Wong 2017). Indeed, as Robillard et al found, migrant workers tend to minimise what happens to them and only reach out for help in the most severe cases (2018).

Speaking in reference to the former live-in caregiver program, Hanley et al (2017) argued that the program held people in substandard employment, with very little care for migrant care workers whether in terms of labour rights, their family relationships or their sense of belonging and citizenship.' (Hanley et al 2017).

b) Lack of access to rights, services, and protection

Women migrant care workers report that their work responsibilities, long work hours, living-in, and separation from their families negatively impact their health (Carlos and Wilson 2018). Research indicates that there is a high psychological distress amongst live-in care workers which relates to concerns about their family back home, inability to fulfil requests for money, their precarious employment and immigration status,

excessive work demands, amongst other things (Fung, Vahabi, Moosapoor, Akbarian, Liu, Wong 2021).

Despite such difficult situations, there are limited services available for care workers. Service providers indicate that they find it difficult to reach this group of women whether because migrant workers don't come forward or because of the regulatory environment of services. Research indicates that care workers and their allies have consequently established informal associations to support each other. Some unions have also attempted to advocate for care workers (Robillard, McLaughlin, Cole, Vasilevska, Gendron 2018).

In terms of protection when and if injuries occur at work, care workers face challenges to accessing their wages or other entitlements. At the most basic level, while care workers are subject to provincial employment standards, employment standards laws may contain exclusions for care workers that apply to all workers regardless of immigration status. Research has indicated that in Quebec migrant care workers may not be compensated for health costs or loss of wages due to work related injuries because domestic work has been excluded from Workers Compensation (Robillard, McLaughlin, Cole, Vasilevska, Gendron 2018). Hopkins (2017) highlights a case where a care worker was injured while performing her duties. She made a claim with the Quebec workers compensation board but was denied because of the exclusion of domestic work (Hopkins 2017). It is apparent that there is very little recourse available to them to rectify negative situations.

c) Deskilling

Literature attests to the fact that women who enter Canada as care workers are overqualified for the positions they are undertaking and that they experience deskilling through the process of their work (Tungohan 2019). This impacts their future as they finally transition out of their 24-month commitment to working in care work to receive their permanent residency as they effectively become typecast and are unable to find other, more highly compensated, work. Deskilling has the effect of enforcing a downward social mobility (Vahabi and Wong 2017).

d) Challenge of transnational motherhood

Until 2019, a significant condition for women to become care workers in Canada was that they leave their families behind. Just like for agricultural workers, many care workers feel a sense of sadness about not being close to their children (Bonifacio 2015). For care workers, this separation occurs while they are looking after other people's children to be able to provide for their children. In an attempt to compensate for this distance, Tungohan has described the maternalism that Filipina care workers exhibit as 'hyper-maternalism' as they attempt to make up for the loss of being physically absent by being virtually present (2013).

Research also points to the difficulties that care workers face when they do finally manage to bring their family members to Canada (Pratt 2012); as care workers battle to ensure their children are able to go to school and maintain the expenses of life in Canada.

e) Truncated process to permanent residence and family reunification

Migrant care workers accept the restriction on their freedoms and the difficult working conditions because of the possibility to obtain permanent residency following 24 months of work as a care worker. Obtaining PR is not a linear process. If a worker leaves the employ of a particular employer they lose their right to work unless they are able to find another employer, which takes time that is not counted towards their 24 months. During this time care workers are unable to legally work but many work under the table to make ends meet. However, this exposes them to the possibility of losing their immigration status if they are found out (Bhuyan, Valmadrid, Panlaqui, Pendon, Juan 2018).

Summary

The situation of women care workers in Canada is well documented in the academic literature. The literature shows us that care workers in Canada are economically and socially excluded and have been for a long time, regardless of recent policy changes. This has been institutionally determined by the way that the program has been designed. Even once the migrant worker has completed her 24 month commitment to work in care work in Canada the effects of the program largely remain with her; with care workers having suffered from deskilling which makes it difficult to obtain other forms of work. Recent research has also demonstrated the lasting impacts of inclusion in the program in terms of finances, with care workers remaining in a low socio-economic position after many years in Canada (Lightman, Banerjee, Tungohan, de Leon and Kelly 2020).

Other occupations in the Temporary Foreign Worker Program

We identified eight articles to include in the review focused on migrants who are employed in other occupations but who arrive through the TFWP. Most of this literature pursued a qualitative methodological approach. This literature largely confirms that found about agricultural and care workers already discussed, because of the way programs are designed to put temporary foreign workers in positions of vulnerability.

a) Structurally marginalized positions

Authors are strident in their critique of the TFWP because of how it places migrant workers in structurally disadvantaged positions that are deliberately stratified by

race, gender, and class. Authors call out how this is a continuation of a colonial-capitalist system (Jubany and Lazaro Castellanos 2021). This is a system designed, controlled, and sanctioned by the state for the benefit of employers. Largely regardless of the different subprograms under the TFWP the fundamental features of the program, that workers are tied to employers to have a legal right to remain and work in Canada, creates situations of unfree labour relations (Strauss and McGrath 2017) and this is what encourages migrants to acquiesce to employers demands and accept unsafe and unfair working conditions. This is clear in the comparison Tungohan (2020) provides in her exploration of the experiences of Filipinos who arrived under different visa categories in Saskatchewan. She indicates how the different visa programs (whether as a family member, TFWP, or entrepreneur) have lasting impacts which indicates that immigration policies do not function neutrally and instead create and reinforce race, gender and class hierarchies, with those not able to secure permanent residency based on their visa category in the most difficult positions.

In her exploration of the experiences of Filipino/a workers employed as cleaners on TFWP visas in Manitoba, Bryan highlights that the desire to remain in Canada leads to workers effectively performing positivity at work, despite what they are feeling and what is happening at home, to ensure they can remain and thereby continue to support their families (Bryan 2017). In the case Bryan studied, migrant workers were working in a hotel and felt they needed to remain cheerful, friendly and approachable to make customers feel welcome and to encourage their return; and thereby the continuation of their jobs.

b) Migrants as agentic

Despite the positionality of migrant workers in relation to their employers, authors highlight the importance of recognizing that migrant workers express their agency and should not be viewed one-dimensionally. Firstly, this is acknowledged by the fact that workers ostensibly choose to migrate through the TFWP for the 'opportunity' to work in Canada in the service of supporting their families (Pratt, Zell, Johnston, and Venzon 2020). Workers are able to send money home which enables their families to send children to school, to build homes, or ensure their basic needs. Second, once migrants are in Canada many join organizations to support their work or that of other migrant workers (Tungohan 2017). As Tungohan says, 'migrant workers are aware of the structural elements that make their labour migration necessary and are strategic about navigating neoliberal landscapes by both critiquing them and seeking to benefit from them economically' (Tungohan 2017). Indeed, Tungohan (2020) indicates how one woman did not have the right to remain in Canada but was industrious in finding a way to stay after first losing her status.

Summary

Literature focused on women in non-specific TFWP points to many of the same challenges that agricultural workers and care workers face in their working arrangements. Namely, that they are in structurally marginalised positions which inhibits their demand for better working conditions and rights because of the fear of losing their work in Canada and the right to remain which is what enables them to support their families at home. However, these workers find ways to resist their conditions and benefit from the system.

International mobility program

The International Mobility Program (IMP) has the largest number of migrants arriving through it and yet little is known about it. In 2014 the IMP stream was separated from the TFWP, and is managed by Immigration, Refugees, and Citizenship Canada (IRCC). The IMP is ostensibly designed to facilitate the temporary employment of migrants from source countries that have signed international agreements with Canada. There are approximately 90 subprograms. The IMP targets a different segment of the potential global migrant population than the TFWP with a more concerted focus on professionals, skilled workers and youth (Vosko 2020).

Despite the purported regulatory and institutional differences between the IMP and the TFWP, academics in recent years have come to pay attention to the similar ways in which migrants within these streams are placed in potentially vulnerable positions. Just as migrants under the TFWP there is a lack of practical access to rights and protections for individuals who arrive through the IMP. Most notably the temporary residence status largely disqualifies temporary migrant workers under the IMP from realising rights, such as those that require a longer presence in the country, more knowledge about law and policy (Chartrand and Vosko 2021).

While some IMP subprograms have open work permits, others have closed work permits which exposes them to similar challenges as those under the TFWP including precarious conditions of employment, low wages, and limited access to regulatory protection (Vosko 2020).

Coderre and Nakache (2021) have argued that despite the perceptions that migrants under the IMP are more privileged there is a need to critically examine these 'taken for granted' attitudes. In the case of the International Experience Canada (IEC), although conceived of as a youth mobility program, in practice it is a labour migration program.

To date, there is limited qualitative research on the migrant populations that fall under this program. The literature could benefit from focusing on the experiences of

spouses, students, skilled workers and youth who arrive in Canada through one of the IMP subprograms.

Migrant sex workers

We found 15 articles relevant to the topic of migrant sex workers in Canada. Of these 15, the majority were based in Vancouver, BC. There is an apparent commitment by a number of leading scholars to study the experiences and challenges that face migrant sex workers in the Vancouver metropolitan area. This research has been able to demonstrate the significant harms that end-demand sex work legislation has on migrant sex workers with precarious status, especially how it undermines their agency, exposes them to increased interactions with police, undermines their access to healthcare, as will be detailed below.

Research attests that most migrant sex workers come to Canada through legal channels and without any prior experience working in the sex industry. These migrants generally engage in sex work to be able to meet their financial obligations in Canada considering existing systemic barriers to their entry into industries, with their qualifications often not being recognized (McBride, Shannon, Braschel, Mo, and Goldenberg 2021; Goldenberg, Shira, Krusi, Zhang, Chettiar, and Shannon 2017). After working in low wage jobs when they first arrive in Canada, migrant sex workers report to turn to sex work because it is seen as higher paying and flexible (Goldenberg, Shira, Krusi, Zhang, Chettiar, and Shannon 2017). Within the literature focused on Vancouver, the majority of migrant sex workers come from an Asian background, and mainly are Chinese. Interestingly, most literature focused on migrant sex workers was quantitative.

a) Criminalization through end-demand legislation

Most aspects of the sex industry have been criminalized historically in Canada. This included any form of public solicitation, running a 'bawdy house', and 'living on the avails of prostitution' (Goldenberg, Shira, Krusi, Zhang, Chettiar, and Shannon 2017). Following a Supreme Court ruling which found the previous laws unconstitutional, new legislation was introduced in 2014. The Protection of Communities and Exploited Persons Act (PCEPA) was introduced into Canadian legislation. This legislation criminalizes the purchase of sex services, solicitation in public areas where minors may be present and third parties who receive financial benefit from sex work. This law impacts sex workers differently depending on their legal status within the country. For example, migrants holding temporary visas in Canada are explicitly denied the right to work as sex workers. Sex work is thus a serious offense for open work permit holders and temporary residents, unlike for

Canadian citizens and permanent residents. If migrants are found to be working as sex workers, they can be detained and deported.

b) HIV prevention difficult in a context of criminalization

Sex workers with precarious status had higher levels of client condom refusal compared to other migrants or citizen sex workers (McBride, Shannon, Braschel, Mo, and Goldenberg 2021). In fact, sex workers with precarious immigration status faced over twice the rate of client condom refusal. Consequently, McBride et al suggest that the criminalization of sex work has served to perpetuate gendered power imbalances that results in the reduction of control over working conditions and transactions between the sex worker and the client. Fear of being identified as working in the sex industry, being exposed to family members, and having one's status to remain in Canada revoked serves to entrench the power imbalance between the sex workers, third-parties, and clients (McBride, Shannon, Braschel, Mo, and Goldenberg 2021).

The criminalization of third-party benefits from sex work has disproportionately impacted migrant sex workers who predominantly work in managed indoor venues, for reasons of safety and access to support services (McBride, Shannon, Braschel, Mo, and Goldenberg 2021). The result of the criminalization of third-parties has been the progressive refusal or denial of access to condoms and other sexual health support services by managers of indoor venues, such as blood tests, because these things can be used as evidence by police that sex work is occurring in managed venues (Anderson, Shannon, Lee, Chettiar, Goldenberg and Krusi 2016). Because police are searching for used condoms as evidence that sex work is taking place, managers of venues have imposed limits on the number of condoms that workers can have access to and prohibit the delivery of other forms of sexual health services from outreach organizations. This is troubling because indoor venues were previously known to be the spaces where condom usage was more consistent and thus more focused on HIV/STI prevention (Sou, Shannon, Li, Nguyen, Strathdee, Shoveller, and Goldenberg 2015).

Anderson et al (2016) found that criminalization has led to a hands-off approach to sexual health by management in managed venues, so to avoid any negative legal consequences. The authors indicate unequivocally that 'findings indicate that laws criminalizing third-party actors generate a legal environment and policing practices that actively undermine workplace health and safety, since management must distance themselves from any actions (e.g., providing condoms, access to health services, education or training, etc.) that could be used as evidence of encouraging an employee to provide sexual services.' (Anderson, Shannon, Lee, Chettiar, Goldenberg and Krusi 2016).

c) End-demand has led to less reporting of violence to authorities

Migrant sex workers face significant levels of violence and police harassment. Goldenberg et al (2015) suggest that language barriers, limited access to services and immigration information may be the variables that increase vulnerability to abuse and mistreatment. Already in a precarious position because they may be working illegally in undertaking sex work, criminalization of sex work through end-demand legislation has amplified the fear of authorities (McBride, Shannon, Bingham, Braschel, Strathdee, and Goldenberg 2020). McBride et al (2020) have highlighted how venue raids by the police serve to enhance sex workers' vulnerability to violence and actually serve to undermine their access to any form of recourse as migrant sex workers avoid contacting authorities even during violent incidences because of fear of arrest, police harassment, potential charges, detention and deportation. In fact, migrant sex workers are 58% less likely to report violence than Canadian sex workers. This is despite end-demand legislation's aim to encourage sex workers to report incidences of violence (ibid 2020). Such findings have been corroborated most recently by Fudge, Lam, Ka Hon Chu and Wong (2021) who found that the carceral web of federal, provincial and municipal laws targeting anti-human trafficking has led migrant sex workers to a point where they are actively evading police and other law enforcement bodies because of fear of being detected, surveilled and apprehended due to the criminal status of their work and their precarious status.

d) Deteriorating health and poor access to health care

It is well documented that health and social inequities are worsened for those with precarious immigration status. This is no less the case for migrant sex workers. Criminalized working environments have been found to cause poor working conditions and increased levels of work stress for migrant sex workers (McBride, Shannon, Bingham, Braschel, Strathdee, and Goldenberg 2020). Those migrant sex workers who have been in Canada for five years or less had a threefold increase in odds of unmet health needs compared to non-migrants. This is consistent with research which shows the connection between policing, workplace violence, and reduced access to health services (Sou, Goldenberg, Duff, Nguyen, Shoveller and Shannon 2017). Alongside the fear associated with accessing health care migrant sex workers may also be blocked from accessing health care because they often do not have a provincial health care card. Researchers have highlighted how this impacts migrant sex workers who have HIV. While they may be able to access HIV medication free of charge, they are unable to access primary care (Deering, Chong, Duff, Gurney, Magagula, Wiedmeyer, CHettiar, Braschel, D'Souza, and Shannon 2021).

Most recently, Pearson, Shannon, McBride, Krusi, Machat, Braschel and Goldenberg (2022) found that COVID 19 brought into sharp relief the unmet occupational health priorities of sex workers including migrants. In their study, they found that migrant sex workers had the lowest reported levels of participation in community organizations or peer-based initiatives. This is significant because sex workers who did engage in community participation had reduced odds of STI seropositivity. The researchers posit that migrant sex workers may be reluctant to access services, including sex worker specific services, because of their fear of possible legal ramifications.

e) Conflation of sex work with sex trafficking

Researchers highlight that there is a conflation of sex work and trafficking in Canadian legislation (Fudge, Lam, Ka Hon Chu and Wong 2021). In an effort to protect those who may be trafficked, anti-trafficking raids have in fact led to the arrest, charge, detention and deportation of migrant sex workers (McBride, Shannon, Bingham, Braschel, Strathdee, and Goldenberg 2020). This is despite research which highlights that of the convictions related to trafficking only 7% involve cross border trafficking allegations, the majority of which are for the purpose of labour exploitation (Hodgins, Mutis, Mason and Du Mont 2022). In Canada, the incidence of sex trafficking is more prevalent amongst Indigenous girls and women.

Authors indicate the conflation of consensual sex work and trafficking serves to jeopardise the income and safety of migrant sex workers. And that initiatives to end the demand for commercial sex work have not led to a reduction in trafficking or violence against sex workers. Instead, these authors indicate that such initiatives embolden law enforcement's power which threatens working conditions of sex workers as the number of respectful clients diminish and predators remain (Clancey, Khrushrushahi and Ham 2014; Lam and Lepp 2019).

Summary

Researchers who are focused on studying the experiences of migrant sex workers in Canada have demonstrated how the macrostructural factors - criminalization, stigma, and lack of occupational standards - negatively impact the working conditions of migrant sex workers and their health (Sou, Shannon, Shoveller, Duff, Braschel, Dobrer, and Goldenberg 2019; Goldenberg, Krusi, Zhang, Chettiar and Shannon 2017). This is important work because it points to the institutional environment and how it impacts the conditions of work and status of individuals and thereby points towards clear pathways for resolution. Namely, the decriminalization of sex work and the acceptance of temporary residents with an open work permit as sex workers. Decriminalization would ensure that health and safety is of primary concern for the

third parties that manage venues, for the workers in their negotiation with clients and to ensure access to appropriate health care services.

Labour trafficking

We found 12 articles relevant to labour trafficking, however, this literature was not focused on women or gender diverse individuals. This literature was written between 2011 and 2020 (2011(1), 2012 (1), 2014 (3), 2015 (1), 2016 (1), 2017 (2), 2019 (1), 2020 (1)). The majority of articles in this section were focused on critical analysis of secondary sources including legislation and media as well as interviews with practitioners involved in trafficking cases.

In 2000, Canada ratified the international protocol which governs state relations for human trafficking (Palermo Protocol). On the 28th of June 2002, under Section 118 of the Immigration and Refugee Protection Act trafficking in persons officially became an offence in the country. Then on November 25th 2005 Sections 279.01-279.04 of the Criminal Code of Canada made it possible to prosecute domestic human trafficking cases. While on the face of it, this legal framework appears to combat human trafficking there are major critiques of it, as discussed below.

a) Perception over reality in law, practice and advocacy

A major theme running through these articles is the lack of evidence to justify both the state and public's focus on sex trafficking and migrants. Rather than sex trafficking, the evidence suggests that migrants are indeed trafficked in Canada but primarily for reasons of labour and yet there is little focus on this area (Beatson, Hanley and Ricard-Guay 2017; De Shalit and Van Der Meulen 2016; Roots and de Shalit 2015). Millar, O'Doherty and Roots (2017) suggest consequently that the law and practice of combatting human trafficking is a 'rigour free zone' which is largely a byproduct of Canada's international commitments as well as bilateral pressure from the US.

De Shalit, Heynen and van der Meulen (2014) extend this critique to include the work of NGOs who receive funding from the state to enable their anti-trafficking initiatives. These NGOs reinforce a particular set of narratives about trafficking which actually serve to reinforce the states approach to migration, including policing, border security and surveillance of the sex industry. Roots and de Shalit (2015) indicate that the image perpetuated is of a 'hopeless, agencyless, and often sexually enslaved trafficking victim' who is a woman. This narrative plays on deeply ingrained gendered and racialized conceptions of global relations and feeds, what De Shalit, Heynen and van der Meulen (2014) deem, a "media-friendly framework focused on individual responsibility and redemption, as well as a benevolent state."

We have already discussed the impact that the focus of the state's anti-trafficking efforts on the sex industry has on migrant sex workers in the section above. Here we will discuss how the focus on sex trafficking leaves migrants with precarious status in vulnerable positions as their experiences are invisibilised through the institutionalisation of their status and legal relationship to their employer through immigration programs.

b) Structure of temporary work programs can foster conditions for trafficking

Beatson, Hanley and Ricard-Guay highlight how precarious immigration status is central to labour trafficking in Canada. Rather than the assumed involvement of organized crime, the majority of trafficking that occurs happens under the auspices of legal immigration programs and is conducted by small business owners in legal employment sectors (2017). Migrants could be brought to Canada under false pretences, could be denied their pay, have their documents confiscated and asked to work excessive hours, and denied freedom of movement, all of which can constitute cases of trafficking. The case of Domotor, in which men were recruited from Hungary to come to work in Canada is a clear example of this occurring (Hastie and Yule 2014).

Strauss and McGrath (2017) argue that the very design of temporary foreign worker programs creates the conditions under which trafficking, unfreedom and coercion is possible. Match the design of these programs with the state's trafficking policies, which focuses on sex trafficking, and the result is to stabilise rather than disrupt exploitative practices occurring through legal channels of migration.

Indeed, labour trafficking has occurred in retail and hospitality, domestic work, agriculture, skilled and technical work and manual labour, with domestic work and agricultural work the two sectors with the most number of cases. In their analysis of trafficking cases, Beatson, Hanley and Ricard-Guay found that all the victims were migrants with precarious immigration status. Physical violence was not often associated with these cases and instead it was the threat of deportation or detention which dissuaded migrant workers from taking action against their employers (2017).

Migrants are hesitant to come forward to authorities if they have suffered from abuse because of their fear of being forced to leave Canada (ibid 2017). Although Canada has established a temporary resident permit for victims of trafficking, this only provides victims with 180 days and no certainty of remaining in the country after that time. Indeed, Lam and Lepp (2019) indicate that the moment authorities discover a migrant sex worker is voluntarily conducting such work they immediately involve the CBSA which can lead to deportation.

a) Wasted resources and legal hurdles

The consequence of these deep seated perceptions is that there is an underutilisation of resources directed at trafficking not to do with sex work, with law enforcement openly prioritising sex trafficking cases over labour trafficking (Kaye and Hastie 2015). Millar and O’Doherty (2020) consequently suggest the need to challenge the presumption that the criminal justice system effectively protects racialized and marginalized groups including migrants.

Because the law requires that victims of trafficking must have feared for their safety, there is a barrier for prosecution. Researchers point out that although victims of labour trafficking may have experienced other forms of deprivation they did not fear for their safety (Kaye and Hastie 2015). This indicates how the law is not attuned to other forms of trafficking other than sex trafficking. Kaye and Hastie indicate that the narrow interpretation of the ‘fear for safety’ means that cases can not be prosecuted. Another barrier to prosecution relates to the fact that many victims may not seek to participate in the case against their traffickers precisely because they are on precarious immigration statuses and fear authorities.

Summary

Literature on trafficking in Canada has resolutely argued that the state, media and NGOs have incorrectly focused on sex trafficking. This lack of sufficient attention to the potentially exploitative dynamics that temporary migration programs create leaves migrants with precarious status in vulnerable positions. Authors indicate a need for a change in law to reflect the evidence of labour trafficking.

Refugee claimants and asylum seekers

For this category we found 26 articles. Papers were written between 2007 to 2022 (2007 (1), 2009 (1), 2010 (1), 2011 (1), 2012 (1) 2013 (5), 2014 (5), 2015 (1), 2017 (1), 2018 (3), 2020 (1), 2021 (1), 2022 (2)). Articles pursued both quantitative and qualitative approaches to data collection. The vast majority of these papers were located in Ontario (7) and Quebec (7), with only a few articles in other provinces or with no provincial focus. No articles were in non-urban settings, which may reflect the fact that the majority of refugee claimants are in urban settings, where the majority of relevant services are located and often members of their national community. There was a clear disciplinary focus within the literature with the majority of articles focused on access to, and refugee claimant’s experience of, the health care system in Canada (16). This largely appears to be the case because of changes in the law under the previous Conservative government, which caused major confusion for both refugee claimants themselves as well as health care providers as to what claimants were eligible for.

Established in 1957, the Interim Federal Health Program (IFHP) has provided basic and supplementary services for refugee and other vulnerable populations in Canada. In 2012 the then Conservative government changed the IFHP to restrict access to health care for refugee claimants. As Connoy (2020) suggests the then government claimed that these types of legislative changes were required to remove the “pull factors” that were bringing refugees to Canada who would then exploit the system. The government sought to ‘protect public health and public safety in Canada’ while critics claimed it was an effort to reduce the number of refugee claimants in Canada and encourage claimants to leave the country. A group of NGOs and associations challenged the change and in 2014 the supreme court ruled that the government violated sections of the Charter (12 and 15) and had to draft a new policy. While the government was trying to appeal the Supreme Court decision they released a temporary IFHP. The Supreme Court victory was short lived because the new program caused so much confusion (Connoy 2020). It was not until 2016 when the Liberal government came to power that the IFHP was fully restored to its pre 2012 levels and then later expanded in 2017.

a) Access to health care

Research consistently highlighted that access to health care and other social services depends more on the legal entitlements that refugee claimants are entitled to, rather than cultural or ethnic considerations (Newbold, Bruce, and McKeary 2013; Campbell, Klei, Hodges, Disman and Kitto 2014). Interestingly, Newbold et al (2013) found that refugee claimants have the same unmet needs in terms of health care as those women who had refugee status and other newly arrived immigrant women. The only real difference these researchers found was that refugee claimants could be refused access merely due to their status and form of insurance.

Beyond institutional barriers, researchers have highlighted a number of other common barriers to accessing health care including language barriers, due to a lack of interpretation services (Newbold et al 2013; Campbell 2014). Wahoush found in the case of refugee claimant mothers and their children in Toronto that perceived high cost and negative previous experiences with healthcare providers served as barriers to mothers to accessing health care for their children (2009). Wahoush indicates that merely having health insurance was not the primary determinant of whether someone would be able to access health services. Even those mothers who had coverage in Ontario had little information on health services available to them. Because refugee claimants are excluded from accessing settlement services, refugee claimant mothers would form small social support networks of other women they met at clinics or a shelter to support each other. Ochoa and Sampalis (2014) found that the three main barriers to accessing (sexual and reproductive) healthcare was discrimination, language, and difficulty obtaining an appointment. These authors

indicated that the inability to access health services had a variety of consequences including miscarriages, unplanned pregnancies and STIs.

Newbold et al (2013) found that refugee claimants within their study faced a lack of continuity of care and consequently many refugee claimants felt frustrated by the poor care that they received within the system. Importantly, this was even the case for those people who did have access to insurance. Even when refugee claimants were referred by one doctor to another, Gagnon, Carnevale, Saucier, Clausen, Jeannotte and Oxman-Martinez (2010) found that there are barriers to women following through with the referrals. This related again to language barriers as well as transportation problems, difficulty making appointments, the absence of a partner, cold weather, the perception that the referral was inappropriate and differences within cultural practices.

For those people who do not have insurance there are organizations attempting to help find them access. However, as Newbold et al explain these providers are not stable or consistently available, existing within a fragile ecosystem of alternative health care providers (2013).

b) New mothers and their access to health care for themselves and their children

Stewart et al (2018) found that there is a statistically lower number of doctors offering prenatal care to refugee claimants compared with other non-refugee patients. Anecdotal evidence indicated that this can even be the case with refugees who are eligible for prenatal care. There were a variety of factors that doctors mentioned to justify the refusal of care and this related to confusion in regard to policies, the presumption that it was time consuming to address administrative requirements, and that there would be a slow reimbursement process (Stewart, De Souza, and Yudin 2018).

Gagnon and her team (2007) found that there was no statistically significant difference between refugees and refugee claimant women in terms of unaddressed concerns following the birth of their children. They did find that there were differences of care provision by city (Montreal, Toronto, Vancouver) and indicated that new mothers and their children may require additional support for their health and social concerns to be addressed in Montreal and Toronto. The situation would have evolved since this time.

In a study by Gagnon and Stewart (2014) they found that migrant women (including asylum seekers, refugees, and immigrants) relied on different forms of resilience that they attributed to internal, external, and systemic factors to overcome violence they faced during pregnancy. In another study by Gagnon et al (2013), they found that

asylum seekers are at greater risk of having professionally identified concerns at both one week and four months postpartum compared to Canadian women. This research also found that asylum seekers have a higher psycho-social risk profile than other women, which may be connected to their previous experiences before arriving in Canada and the anxiety and stress related to not knowing whether they can remain in Canada. In another study led by Gagnon (2013b), which investigated the predictors of emergency caesarean amongst different groups of international migrants in Canada across Toronto, Vancouver, and Montreal, found that those migrants without health insurance and who have a low income were more likely to have higher rates of emergency caesareans.

c) Service providers perception of refugee claimant's access to healthcare

Changes to the IFHP have caused major confusion for healthcare providers as to whether refugee claimants are in fact eligible for healthcare. A study led by Ruiz-Casares in Montreal in 2015 highlighted that there was a very low level of understanding and knowledge about refugee claimants' eligibility, with only 2% of respondents to their survey successfully answering all knowledge questions and 39% giving the wrong answer to all the questions. The authors indicate that this extremely low level of knowledge is related to the changes made to the IFHP which generated a lot of confusion. This confusion may have led to refusal of services to individuals. Indeed, in another study in Toronto, Stewart et al found that even just mentioning the word refugee could lead to an individual being refused, even if they had eligibility (2018). A more recent study by Leps et al (2022) found that the IFHP is still poorly understood and utilised by paediatric providers. With only 16% of those surveyed being able to identify 80% of the services that are covered by the IFHP.

In their study focused on health care professionals' perceptions of refugee claimant access to health care, Vanthuyne, Meloni, Ruiz-Casares, Rousseau and Ricard-Guay (2013) found that one third of respondents disagreed with access, one third agreed with universal access and another third had arguments for and against access. In a later study conducted by Rousseau et al (2017) in Montreal, the researchers found that the institutions in which individuals work influence workers' attitudes about refugee claimant access to healthcare. Within institutions that have negative attitudes towards refugee claimants, the eventual contact with a refugee claimant will actually serve to reinforce negative perceptions. Within their survey 49% of respondents agreed with restricting refugee claimant access to health care based on the argument that these individuals take advantage of the healthcare system. They found that overall social workers have the most positive attitudes towards claimants and administration having the most negative.

Finally, Robert and David (2018) showcase how one clinic tried to deal with the changes to the IFHP in Montreal to ensure that refugee claimants would continue to have access to primary health care despite the changes in policy. What enabled them to do this was their professional ethics, commitment to human rights and the right to health and perception of refugees' vulnerability and a dedicated team who was committed to these things. An example of this in action is when they would write to pharmaceutical companies to ask for compassionate access to treatment- which went far beyond the traditional role of a pharmacist and involved the entire team, including doctors, technicians and social workers. In response to the 2012 IFHP changes they went to the media to protest the changes, as well as internal advocacy to ensure the continuation of services for these clients.

d) Gender-based violence, and how this is understood in decision-making on refugee claims

In those articles that were not discussing health, the major theme was gender-based violence (GBV). There were four articles focused on how GBV is understood in relation to the refugee determination process (MacIntosh 2011; Malik and Mulay 2014; Bhuyan, Vargas, and Pintin-Perez 2016; Arbel 2013). These researchers indicate how GBV is often refused as a justification for refugee status because of the perception that the countries of origin that women are coming from are 'safe' and thus women have recourse to the law to address the crimes that have been committed against them (Bhuyan et al 2016). In her review of cases to do with GBV, Arbel found that adjudicators routinely offered refugee status to individuals whose persecution could be deemed 'cultural', such as genital mutilation, but had much more difficulty offering status to individuals who faced GBV akin to what many women in Canada face. MacIntosh (2011) indicates that although there are guidelines to guide decision makers in understanding GBV cases, the guidelines are used inconsistently and a gendered analysis is often lost in the final decision.

In a study led by Mezzatesta in Montreal, the research team found that amongst a group of refugee claimants and accepted refugees who were referred to a specialised cultural consultation service 80% reported having suffered from GBV. One third of women within the study reported GBV as the principal reason for seeking asylum in Canada and a large majority had suffered from GBV but it was not their principal claim for protection in Canada. These women require specialised care and attention to ensure that they are not continuing to face GBV in Canada and receive the support necessary for any physical or mental conditions that they suffer as a result of the abuse they experienced.

One shocking statistic arises out of a study focused on violence against migrant women during pregnancy in Montreal, Vancouver, and Toronto. Stewart et al (2012)

found that of the migrant women in their sample who had experienced abuse (7.6% of 774), 81.4% were asylum seekers.

Finally, Efrat (2014) explored how the implementation of the Safe Third Country Agreement (STCA) between the US and Canada has impacted women seeking refugee protection in Canada. Since the implementation of the STCA there has been an overall decline in the number of cases being brought by women. This situation has been changing since the rise in irregular migration (particularly via Roxham Road) in 2017 and the increasing number of women and children entering Canada through this route. Efrat indicates that this is troubling because the US does not have an established practice of recognising women who have suffered gender-based violence as refugees and thus sees them refouled to their home countries.

Summary

The majority of asylum seekers make their way to either Ontario or Quebec. Accordingly, it makes sense that the majority of articles are focused on these areas. However, and as one article focused on the Atlantic provinces brought to light, the experience in Toronto or Montreal, is incomparable to other provinces where focused services for refugee claimants are not as robust and accessible (Tastsoglou, et al 2014).

Trans, LGBTQI+ and gender non-conforming individuals with precarious status

We identified eight articles relevant to the issue of trans, gender non-conforming, and LGBTQI+ migrants in Canada. Two of these articles had a focus in Quebec, one in Ontario, and the others did not have a physical location. They were written between 2017-2021 and pursued either qualitative approaches to data or were based on legal analysis.

a) Experiences of exclusion and how to overcome

Three of the articles focused on the experiences of working with trans, gender non-conforming, and LGBTQI+ migrants with some form of precarious status. Gailits, Pastor-Bravo-Gastaldo, Bajwa, Bilbao-Joseph, Castro and Godoy (2021) found that there are multiple forms of oppression faced by trans migrants from Latin America in Toronto. While migration was initially seen as a safety mechanism for many of these individuals, they experienced multiple and compounded forms of oppression post-migration including transphobia and xenophobia which impacted their ability to find housing and find and maintain employment. Participants indicated how this impacted

their feelings of safety in Canada, their health, as well as whether they were able to express their gender identity. Participants also expressed a sense of loss of cultural identity. Consequently, participants felt disappointed with their lives in Canada. Despite the challenges, the authors indicate that these trans migrants fought for inclusion across the multiple borders of exclusion by building social and human connection through the political and social networks that they established both before and after migration (Gailits et al 2021; Lee 2019).

The article by Lee and Leon (2019) explored their experiences working with trans, gender non-conforming, and LGBTQI+ migrants with precarious status and what they have learnt in the process of how research should be conducted with these types of individuals. This included the importance of establishing research projects as initiatives for the co-construction of knowledge, of ensuring ongoing critical self-reflection and working towards an ethics of accountability to ensure the focus and result of the research will have bearing in the lives of individuals with precarious status. Lee's 2019 article also indicates how practitioners should work with trans and queer individuals with precarious status and take into account the importance of informal support networks and how these can be organized to be more effective.

b) Decision making for refugee cases based on sexual orientation

Three articles focused on how LGBTQ individuals seeking protection in Canada have been interpreted by Canadian law. Rehaag and Evans Cameron (2020) highlight that credibility is one of the primary reasons that claims for refugee status are denied to sexual minorities. These authors argue that decision makers often relied on physical appearance to determine credibility; however, they did not explicitly mention this in their written decisions. Lee (2021) indicates how despite Canada's presentation as a safe haven for sexual and gender diverse individuals the assumption of decision makers is that their claims are non-genuine and this has dangerous consequences if people are returned to their home countries. Liew (2017) found that individuals seeking protection based on sexual orientation face similar challenges as those claims being made on the basis of gender. There is an evidentiary hurdle in finding sufficient proof of the lack of state protection. As Liew states: 'Refugee claims involving sexual minorities and gender-based claims not only have an evidentiary hurdle in finding proof of the lack of state protection, but they also face the near impossible task of rebutting presumptions and meeting legal burdens without available evidence.' Rehaag has found elsewhere that the success rate for sexual minorities exceeds the average success rates at the IRB however success rates for bisexual claimants is much lower (2009).

c) Contradictory imperatives: rescue and detention

The final article explores two refugee focused policies in Canada, that enables the resettlement of LGBTQI people and the detention of LGBTQI individuals. The Canadian government determines who is 'rescuable' through the resettlement process, with persecution based on sexuality a justifiable reason for rescue. And yet, at the same time the state is detaining and deporting similar individuals (Tian 2020).

Spouse/partner sponsorship

We identified seven articles for inclusion in the spouse/partner sponsorship visa category. The majority of this research was focused on the policy level and did not engage in data collection. There were two empirical articles, set in Ontario. All these articles were critiquing the varying ways that the Canadian government has tried to restrict and control the entry of partners to Canada and the impact this has on individual women. Of the seven articles, there were two articles from 2021, one article from 2020, two from 2018, one from 2017 and one from 2009. Three of these articles focused explicitly on the now defunct Conditional Permanent Residence process that the previous Conservative government introduced to halt 'bogus' marriages.

a) Sponsorship and increased risk of IPV

Alaggia, Regehr and Rishchynski (2009) found in their study of refugees and other immigrants in Toronto that women who are sponsored by their partners and who have experienced a breakdown in their relationship due to intimate partner violence have limited options to leave their relationship for a number of interpersonal, socio-cultural, legal and structural reasons. The result is that many women are forced to stay in abusive relationships.

In 2012 the Conservative government introduced conditional permanent residence as a regulatory change to the Immigration and Refugee Protection Act (IRPA) in an attempt to identify marriages they suspected were entered into solely for immigration purposes. Conditional permanent residence required that some newly sponsored spouses (those who had been in a relationship for less than two years without shared children) cohabit with their spouse for two years after their arrival in Canada to be able to retain their permanent residence (Bhuyan and Bragg 2021). Researchers indicate that there was uproar amongst women's rights and immigrant advocacy groups because of the concern that a cohabitation requirement could leave some women in abusive and dangerous relationships, when this was already occurring, as highlighted by Alaggia et al above. The government consequently introduced an exception clause if abuse and neglect could be proven (Gabriel 2017).

Between 2013 and 2015 35% of sponsored spouses received conditional PR (Bhuyan and Bragg 2021).

In their study with service providers in Quebec, Alberta and Ontario, Bhuyan and Bragg (2021) found that women who had been sponsored by their partners were fearful of being deported and for this reason would remain within an abusive relationship. This fear served to silence women and gave their partners immense power. Because of the exception clause for abuse, service providers were called upon to attest to abusive relationships. This positioned service providers as participating in bordering practices and positioned migrant women as untrustworthy.

Although the new Liberal government removed the regulations for conditional PR in April 2017, Bhuyan and Bragg (2021) indicate that many of the measures used to prevent marriage fraud, such as the fraud tip line, scrutiny of 'fraud' sponsorship applications, remain in place. There also remains a 'bad faith' clause which requires spousal-sponsorship applicants to prove to visa officers that their relationship is genuine. Tran (2021) has found that the requirements to demonstrate 'genuine' relationships can and has led to elaborate efforts to produce the evidence to meet 'genuine' requirements. Interestingly, in some cases, in producing the requirements of the relationship for the application, individuals have in fact fallen in love.

b) Racialized and heteronormative

Bhuyan and Bragg (2021) indicate how conditional PR disproportionately impacted racialized women. 63.5% of immigrants granted conditional PR were female and originated from the global south. They indicate in another article (2018) that although the policy was constructed with race- and gender-neutral language, the policy served to reinforce a gendered and racialized gaze on relationships that were viewed as suspicious. In a similarly critical vein, Pringle (2020) indicates that the sponsorship program relies on a heteropatriarchal understanding of relationships because it privileges conjugal, monogamous, and nuclear families, and sees any other formation of relationship as deviant and not genuine.

c) The creation of precarity

Conditional status can lead to precarity. As Pringle (2020) indicates, there are cases of migrant women making their way to Canada only for the spousal visa to be denied. The consequence of this, if the woman does not want to return to her country of origin, is that she becomes undocumented and must endure a precarious life in Canada as she becomes ineligible to most if not all services, as well as not being able to find legal work.

Even if women have not lost their status within Canada, they face restrictions on what they can access in terms of health and social services and support because of the sponsorship agreement, which states that an individual will not access services, such as financial assistance for two years (Jayasuriya-Illesinghe 2018).

Summary

This research draws attention to the ways in which the Canadian government's legislation in relation to sponsorship can create an unsafe environment for women who have been sponsored. The majority of this research was focused on the policy level. One point that was not sufficiently covered within the literature is about the discretionary visa that sponsored partners are provided while they await the decision on their inland sponsorship application. This is a very vulnerable time as those being sponsored are given a work permit but are not eligible for basic services such as health insurance in most provinces.

Undocumented/Non-status migrants

We found 14 articles relevant to the topic of undocumented migrant women in Canada. These articles spanned 2012 to 2022 (2012 (1), 2013(1) 2014 (2), 2016 (2), 2017(1)2018 (1) 2019 (2), 2021 (1), 2022 (2)). Five of these articles were focused on undocumented migrants' access to and experience accessing healthcare in Canada. Articles pursued both qualitative and quantitative approaches to data collection.

Becoming undocumented in Canada has become a common occurrence for many migrants on temporary visas (Bhuyan et al 2016). Because of the structure of visa programs, such as being tied to an employer, having to return to one's home country after a work contract is completed, or connection to a spouse, there are multiple ways that an individual can fall out of status or be between statuses. These individuals often have limited options to obtain a permanent status and consequently live under the threat of arrest, detention, and deportation. Their undocumented status impacts all areas of their life because of the limited access to services, be it health care or social support, the ability to find decent work, and the ability to find recourse if abuse occurs. There are campaigns for the regularization of undocumented migrants in Canada, which brings together activists, allies and more traditional service providers such as women's shelters.

a) Access to health and support services

Ruiz et al (2013) found in a study of clinicians and support staff in Montreal hospitals that clinicians are more likely than support staff to support full access to healthcare for undocumented migrants, compared to support staff. Canadian born workers

within the healthcare system were more likely to believe in restricting healthcare access to undocumented migrants on the grounds of that access enabling an abuse of the system. In contrast, foreign born respondents indicated that they endorsed an extension of services based on human rights. In terms of access to healthcare for undocumented migrants, research led by Gagnon (2022) found that stigmatization, criminalization, and fear of deportation led to healthcare avoidance amongst undocumented migrants and consequently has the effect of producing ill health. Gagnon et al found that immigration status is the most important determinant of health for people without status in Canada, which was found similarly by Campbell et al (2014). Campbell et al found that immigration status was the most important factor impacting whether an individual would seek healthcare and her experiences when trying to access it. Campbell et al (2014) also underlined the significance of language barriers as an impediment to access, as have other authors in relation to other precarious migrant groups.

Jarvis et al (2011) found that uninsured pregnant women presented themselves for initial care 13.6 weeks later than insured women, had fewer blood tests, fewer ultrasounds, cervical swabs and visits to health care providers. The impact of this is that uninsured pregnant women are more likely to receive 'inadequate care'. Hanley, Larios et al (2020) underline the lack of access to regular social and health supports that undocumented women face in Canada and how this leaves many in positions where they are unable to stop work up until the last moment of their pregnancy. As they must take irregular work they have very limited job security which could enable them to take time off for prenatal checkups. But as they are undocumented and without provincial insurance access to such checkups, if they are able to take time off, is cost prohibitive. These challenges do not abate after the child is born, with undocumented mothers ineligible for parental leave, child benefits and childcare subsidies.

A study led by Hanley (2019) found how an individual's migrant status or lack thereof impacted their health as well as their housing precariousness. Undocumented migrant women were fearful of seeking out health care services in case this could trigger deportation or could impact their future permanent residence application, due to the Canadian immigration's practice of denying people residence based on potential excessive demand on the healthcare system. In terms of housing, health problems served to perpetuate housing insecurity and homelessness. While service providers and the women themselves attempt to find interim solutions to their health and housing needs, unless fundamental changes are made to access, these issues will perpetuate.

In their systemic review of literature focused on access to sexual and reproductive health care for im/migrants in Canada, Macado et al (2022) found that there are multiple barriers to access from the systemic, insufficiency of translation services,

lack of availability of culturally safe care, the isolation of migrant women and other immigration factors which predate arrival in Canada, and discrimination and racialization. While their analysis was not specific to undocumented migrant women exclusively they indicated, like many have previously, that undocumented migrant women are fearful of negative interactions and how this may impact their immigration status.

b) Denied status, lives lost

In their study about undocumented migrant women in Toronto, Bhuyan et al (2016) find that immigration policies that deny women legal channels to seek protection produce illegality that in turn leads to women's exposure to other interpersonal and structural forms of violence, including employment abuse. Bhuyan et al (2016) found that the women they interviewed had faced interpersonal violence in their home countries, often linked to political or communal violence. These women came to Canada in the hope of receiving protection and yet their experience of being denied refugee status shifted their thinking from Canada as protector to Canada as perpetrator. Despite their exclusion these women continued to see themselves as deserving of rights. This was found similarly amongst a group of trans women in Toronto (Gailits, Pastor-Bravo-Gastaldo, Bajwa, Bilbao-Joseph, Castro and Godoy 2021)

Bagelman and Kovalchuck (2019) explore the case of Lucia Vega Jimenez who died by suicide after being apprehended on public transport and then transported to detention in Vancouver for not providing proof of residency. Lucia had previously applied for refugee status but was denied this status and had consequently gone underground like so many others. Bagelman and Kovalchuck's article points to the invisible forms of violence that the immigration system produces and which creates the precarious statuses that people like Lucia must live with. Through the case of Lucia, Bagelman and Kovalchuck (2019) indicate how immigration controls are no longer restricted to the border and in fact function like capillaries throughout urban space, in Lucia's case, while on a train.

A study of migrant women in Montreal led by Walsh (2016) found that migrant women on various statuses face major barriers to accessing secure housing and that women who are undocumented faced an increased level of vulnerability to exploitation as they were unable to demand their legal rights. Undocumented women faced abuse from the sorts of jobs they were forced to take, or the housing situations they were able to find.

Meloni et al (2017) highlight how undocumented children are 'institutionally invisible' and consequently have difficulty accessing education in Montreal. Their access is dependent on the discretion of actors such as school administrators, and advocacy

by community organisations. In this study, the researchers initially intended to understand the difficulty of undocumented women in accessing healthcare and instead came to focus on access to education for undocumented children based on the major concerns raised by the undocumented women they were interviewing.

c) Resisting structural exclusion

Abji (2016) showcases the Shelter, Sanctuary, Status campaign. Abji highlights how this campaign was significant because it brought together a coalition of 200 feminist and migrant rights organizations and groups including state funded women's shelters and settlement agencies as well as activists from No One Is Illegal. This campaign developed in response to the increasing security turn and emphasis on temporary migration within Canadian immigration, with new restrictions on access to permanent residency and citizenship introduced at the same time as the deportation regime grew.

In a different vein, Bhuyan (2012) highlights how service providers attempted to resist the demands of the Canadian border agencies who sought to deport undocumented women from their shelters. Service providers found ways to house migrant women and connect them to services despite their undocumented status.

Summary

There is significant research which points to the barriers that undocumented migrants face in accessing healthcare. Although mentioned within studies, there was limited exposure to the challenges that undocumented women face in terms of accessing and maintaining employment and the conditions that they face in their work places.

International students and their dependents

We did not find any specific papers focused on women international students holding precarious status. Consequently, we searched manually to find articles that could provide insight into the experiences of women international students in Canada.

International students are big business in Canada, the presence of whom has been increasing drastically since 2000 (Barrantes and Ovie 2021). Whether for primary, secondary or tertiary studies, international students pay significant fees to study within the country. For example, Johnston and Lee (2014) indicate that international students attending elementary school in Toronto pay \$11,500 in tuition and secondary students pay \$13,000, education which citizens and permanent residents have access to for free. In 2010, it was estimated that international students spent \$8 billion on tuition fees, their accommodation and other expenses while in the

country which resulted in 86,000 jobs and \$455,000,000 in taxes (Doyle, Loveridge and Faamanatu-Eteuati 2016). School boards, universities and provincial and federal governments consequently invest considerable resources to attract international students to accrue these economic benefits.

Johnston and Lee (2014) indicate that despite the significant efforts school boards, universities and governments go to to attract international students, there is an insufficiency of specialised services for these students resulting in what they describe as a service gap. Villegas and Aberman (2019) draw attention to the double punishment that students with precarious status (such as refugee claimants, children of migrant workers) face in attempting to access higher education in Canada, after having been permitted to enter primary and secondary education. Their only option is to switch to an international student visa and thereby pay international tuition, which is cost prohibitive for most. There is currently an initiative being undertaken at the University of York to permit entry.

Doyle, Loveridge and Faamanatu-Eteuati (2016) indicate that despite the significant presence of international students they are not assumed to have roles and responsibilities outside of their scholarly work, when in fact many international students bring their partners and children with them to Canada. Most academic work focuses on the international students themselves and not their family members (Cui, Arthur and Domene 2017). Canada permits spouses or common law partners of full time students to enter the country and to apply for open work permits; children of international students are also permitted to attend school on the same basis as citizens. Canada does not provide free early childhood education which needs to be paid by the international student. International students (and their families) are also required to pay for their own private health insurance (ibid).

Cui, Arthur and Domene undertook a literature review of the experiences of women partners of international students. Although not Canada specific, this work points to some common experiences that these individuals face in arriving and trying to settle in Canada. They face issues in relation to language proficiency, lack of social support, psychological stress, and a sense that they fall between institutional services. Martens and Grant (2008) found that women partners of international students were largely unable to continue their own education because of the cost of international tuition and the challenge to fund two sets of tuition on international prices. Of the cohort they studied, only 7% were able to continue their education. The consequence of this is that many women partners of international students face a career gap or vacuum on arrival in Canada - despite themselves having professional employment and education in their home countries. Considering the time elapsed since this study was undertaken it is probable that the statistics have changed. We believe that an increasing number of female international students at universities would suggest that there is a greater balance now.

Discussion

Existing literature focused on migrant women with precarious status in Canada points to some areas for future research and advocacy work. We will discuss them based on category:

Agricultural workers

There is a clear need for greater policy and regulation around the working conditions of migrant workers and the subsequent enforcement of policies to ensure that growers do not restrict the rights of agricultural migrant workers while they are in Canada.

In terms of research focused on migrant women agricultural workers, there is a clear trend towards studying the majority population of women agricultural migrant workers in Canada. Research could attempt to study the experiences of migrant workers from other countries to determine the experiences of these minority groups and assess whether they are receiving the support they need to understand their rights while in Canada, in a language accessible to them. There is also a need to expand the geographic focus of research away from Ontario into other provinces that receive female agricultural migrant workers.

Care workers

There is an abundance of literature focused on care workers in Canada. In terms of future direction of research, there is a focus on studying the experiences of care workers in Ontario and more generally in metropolitan cities. It may be beneficial for researchers to probe the experiences of workers in other provinces and non-urban domains to ascertain whether care workers are facing the same problems identified in Toronto and if different environments impact their work positively or negatively. It may also be beneficial for researchers to explore the experience of the non-majority group of care workers coming to Canada, not only those from the Philippines. Do these women have access to the information they need to know their rights and entitlements? Do they have access to services within their areas? And are they connected to other migrant workers or associations who may be able to assist them in case of a crisis?

Sex workers

There appears to be a significant bias in the literature to studying migrant sex workers in Vancouver and very little research in other provinces. There is a need for greater understanding of the experiences of other migrant sex workers in other major cities as well as less known and developed areas. Do migrant sex workers experience the same level of police harassment and intimidation in non-urban settings/other provinces? What strategies are sex workers employing to protect

themselves considering limited access to health care services and social services focused on them?

Further, current literature about migrant sex workers pursues a quantitative approach. This could be a result of the difficulty to undertake qualitative research with these workers. However, this means the literature is limited in understanding the nuances of migrant sex workers' lives. It would be interesting for more work to be undertaken utilising a qualitative methodology. This could occur in collaboration with organizations focused on the support of migrant sex workers to ensure that trust is established between the research team and the migrant sex worker.

Labour trafficking

There is a consistent message arising out of academic literature focused on labour trafficking: that the government's focused attention on sex trafficking has been to the detriment of many sex workers and has neglected others who are actually being trafficked. Indeed, researchers have documented how the TFWP and other migrant work programs in Canada serve to create an environment and conditions for precarious status workers which makes them vulnerable to trafficking. Of those labour trafficking cases which are prosecuted, care workers are overrepresented, clearly demonstrating the link between immigration programs and abuse. Considering the wealth of evidence against the government's position it would be interesting for researchers to investigate why the government's position has not changed.

Refugee claimants

There was significant research undertaken in relation to refugee claimants in Canada. There needs to be more of an understanding about the institutional environment in non-majority areas to ascertain how these environments impact refugee claimants' experiences. It would also be relevant to study other non-health related experiences of refugee claimants. It is interesting that there were no studies focused on ensuring access to education for refugee claimants' children and how mothers deal with navigating this new system. It would also be relevant to explore the economic lives of refugee claimants to understand what they are doing to provide for themselves while their cases are being processed. It would be interesting also to explore the social and cultural connections of refugee claimants to understand whether and if they are relying predominantly on members of their own community in the event that they are unable to receive the support they need from existing services. An exploration of the housing situation of refugee claimants would also be beneficial. Important to note that there is a lot being written about this in French in Quebec.

Sponsorship

There is a paucity of recent research focused on the experiences of women who arrive in Canada through sponsorship from their partners, children or grandchildren. It would be interesting to explore more qualitatively the experience of women who are arriving on sponsorship visas and what her experience is in attempting to find work, develop social relations, and connections in the community.

Trans, LGBTQI+ and gender non-conforming individuals

Of the literature that exists about sexual and gender diverse individuals with precarious status in Canada there is a clear focus on refugees and asylum seekers and less attention paid to individuals within other visa categories. Further research with such groups would be beneficial to understand their experiences and allow a deeper understanding of the intersectionality of their sexual and gender identity with their precarious status.

Undocumented migrants

Considering the apparent challenges that undocumented migrants face in securing decent work there are undoubtedly challenges arising in relation to access to housing. It would be pertinent to explore how undocumented migrant women negotiate secure, safe, and affordable housing. Do they for example rely on community members, support services or themselves?

Summary

We have gained a lot of important and critical insights from academic literature focused on women with precarious status. As indicated in the sections above, there are gaps in existing knowledge that could help us understand the particular situation of migrant women and how their experiences change as programs change, as they fall out of status and interact with authorities, services and the law.

Recommendations for future research

We believe that this literature review provides important insights into the academic literature concerning migrant women with precarious status in Canada. Based on what has been reviewed it is clear that there are gaps in knowledge which can be rectified through the knowledge generation and mobilisation activities of the Alliance for Gender Justice in Migration. We propose that fruitful lines of inquiry could focus on:

1. Experiences of migrant women with precarious status in provinces other than Ontario and Quebec as well as a focus on non-urban settings.
2. Engage with minority voices of different national groups represented in the diverse migration categories
3. Explore the experience of mothers with precarious status' and their experiences accessing education their children
4. Explore relationships between migrant women on precarious visas and Canadian citizens
5. Further exploration of access to housing for all visa categories
6. Research may also benefit from an exploration of other countries' experiences in campaigns to regularise migrants without status or who are currently in positions of precarity.
7. Research could further explore the experience of 'other' low wage categories of work, barriers to unionising for migrant workers, issues around policing of individuals with precarious status (CBSA), the 'protection' environment for migrants with precarious status who have faced crimes such as GBV, labour trafficking as well as an exploration of legislative exclusions in terms of employment rights and social security/benefits.
8. Further research of the experience of gender diverse individuals with precarious status is warranted to gain a deeper understanding of the experience of these individuals beyond the refugee/asylum seeker category.

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