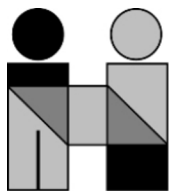


**The Situation of Precarious Status Residents in the City of Hamilton,  
Ontario and Canada**



**Hamilton Community Legal Clinic  
Clinique juridique communautaire de Hamilton**

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Below reflects research conducted by the Hamilton Community Legal Clinic/ Clinique Juridique Communautaire de Hamilton (HCLC). The following report represents findings from interviews with fourteen of Hamilton's non-governmental organizations, including sixteen case workers, as well as academic literature regarding the situation of those with precarious status in Canada.

### **Research Methodology**

No previous research has been conducted in the City of Hamilton inquiring as to the state of the research population; however, there have been attempts at gathering information in other large municipalities in Canada with a particular focus on Toronto. Interviews were conducted in Hamilton with key informants from various agencies, as opposed to those who possess precarious status due to the nature of the subject matter being both sensitive and relatively 'underground'. Qualitative methodology was employed primarily to explore and understand the experiences of precarious status migrants as they are relayed to caseworkers. The qualitative research approach utilized by the researchers was in-depth semi-structured interviews. Semi-structured interviews consisted of an outline of eight interview questions asked to all participants; however, questions were not structured or ordered in any specific way. The Hamilton Community Legal Clinic (HCLC) researchers provided both English and French language options for the interviews.

### **Study Sample**

The study sample included sixteen caseworkers from fourteen different community organizations who provided services to immigrants in a variety of areas,

including: health care, shelters, women services, legal services, food banks, counselling and other settlement related services, all of which were not-for-profit.

### **Data collection and analysis**

The HCLC contacted community organizations relevant for the research being conducted on Hamilton residents with precarious status and their (in)access to various City services in order to collect the appropriate data. Interviews with caseworkers were predominately approved by executive directors prior to the interviews. Furthermore, prior to initiating interviews, participants were given consent forms in regarding whether they would be willing to publicly disclose their names and/or their organization's name, as well as consenting to a recorded interview of the information being provided. All but one organization consented to a recorded interview. For that specific interview, researchers took handwritten notes as the caseworker relayed information.

In regards to keeping names and organizations anonymous or disclosing information, the responses varied. Some participants declined to give both their name and their organization's; others consented to only using their names. Furthermore, a few consented to sharing both their name and their organization's name. For a list of participant organizations and key informants who chose to publicly share their name, please refer to page 24 of the report.

### **Scope of the Literature**

Included with our qualitative interviews was an attempt to incorporate secondary studies from articles taken from formal academic publications relevant to the subject matter within the Canadian context between 2007 and 2012. To locate peer-reviewed literature, searches on the academic database 'Scholar's Portal', as well as the website

'Google Scholar', were employed. Keywords used to conduct searches included: 'undocumented', 'non-status', 'precarious status', which we're crossed referenced with 'Canadian', 'immigrant' and 'migrant'.

### **Defining 'Undocumented'**

'Undocumented' is the term most commonly used to define those without full legal immigration status in Canada; however, after reviewing the academic literature on the subject and consulting with Hamilton's non-governmental organizations, it became evident that 'undocumented' should be replaced by either 'precarious status', 'non-status migrant' or 'resident without full status'. This terminology encompasses the nature of the issue, which stipulates that the majority have documents and are known to authorities; however, they may not have legal immigration status, access to essential services and limited citizenship rights. The research by Luin Goldring, Carolina Berinstein and Judith K. Bernhard, states that the context of immigration in Canada provides a "confusing array of gradations of uncertain or 'less than full' migratory status", reflecting the need to use more encompassing terminology (2009, p.240).

Precarious status can therefore be defined as the absence of any of the following: the authorization to work, a residence permit, the ability to reside in Canada without dependence on others (as is the case with sponsorship or temporary employment) and the absence of the rights granted to permanent residence (Goldring et al., 2009). Therefore, those with precarious status can be categorized as: visitors who overstay their visa; refugee claimants awaiting a response; failed refugee claimants who have not left Canada, are awaiting deportation, or are exploring alternative procedures; sponsorship breakdowns; and workers whose visas have expired (Simich, Wu & Nerad 2007;

Goldring et al., 2009; Magalhaes, Carrasco & Gastaldo, 2011). The majority of those deemed to have precarious status initially entered Canada through legal channels (Magalhaes et al., 2011). Overall, the reality is that precarious status migrants have fluid status and experience different degrees of legality throughout the processes, often acquiring legal status for a temporary time and then staying in the country once it has expired (Marsden, 2012). The majority of people with precarious status pay taxes while residing in Canada and perform much of Canada's unwanted and underpaid work, ultimately contributing to the growth of Canada's economy and society (McDonald, 2009; Magalhaes et al., 2011). Despite such contributions, their unrecognized status excludes them from access to health care, education, social services and legal aid (Magalhaes et al., 2011).

### **Undocumented Status: The Numbers for Canada and Hamilton**

Under the umbrella term of 'precarious status', it is estimated that approximately 60.5 percent of all migrants with precarious status reside in North America and Europe (Ruiz-Casares, Rousseau, Derluyn, Watters and Crepeau, 2010). In Canada approximately 1 in 34 people reside without full status (Bhuyan, 2012). Most people with precarious status tend to reside in larger cities such as Vancouver, Montreal and Toronto, with an estimated 50 percent choosing Toronto as their place of residence (Magalhaes, 2011). The academic literature from 2009 to 2011 indicates that the lowest estimate of numbers for those with precarious status in Canada is 200,000 and the highest is approximately 500,000 (Ruiz-Casares et al., 2010; Goldring & Landolt, 2011; Goldring et al., 2009). This gap in the estimates is due to an absence of a large and systematic gathering of information on the group as a result of the underground nature of the issue

(Goldring et al., 2009). It should be noted however that Goldring et al., (2009) state that the number of people with precarious status in Canada is relatively small.

Temporary foreign workers and refugee claimants are among the many legal status categories that may overtime become precarious. Within the temporary foreign worker category, which allows foreign workers temporary residency in Canada for employment purposes, the numbers were 182, 322 in 2010 (Marsden, 2012). This number is reflective of the overall growth in temporary foreign workers within Canada, which has grown from 1980 to 2006, from a large increase of approximately 39, 234 workers to 171, 844 (Goldring et al., 2009). The temporary nature of the work these migrants do and its significant growth in numbers indicates that they account for a growing number of migrants in the nation and Goldring et al., (2009) note that many are staying.

Although the number of foreign workers is growing, the number of refugee claimants finalized in the country is steadily declining. In the three year period between 2003 and 2006, the number of finalized applicants went from 42, 477 to 19, 828 (Goldring et al., 2009). According to Sarah Marsden, by the end of December 2009, the number of refugee claimants that were residing in the country with unresolved cases was estimated to be 100, 000. Although refugee claimants have access to limited social services, there are numerous constraints associated with their status, which ultimately places them under the precarious status umbrella (Marsden, 2012). Options for refugee claimants who get denied are characterized as a judicial review, a pre-removal risk assessment and a humanitarian and compassionate consideration application. Goldring et al., (2009) highlight that between 1998 and 2004 only 11 percent of applicants were successful in getting a review of their applications. Furthermore, only 43 percent of those

whose applications were reviewed were successful in overturning the previous negative decision (Goldring et al., 2009). Similarly, the success rate for a pre-removal risk assessment was only 3 percent in 2005 and lawyers estimate that the success rate of a humanitarian and compassion consideration application is only 2.5 to 5 percent (Goldring et al., 2009). These statistics demonstrated not only the precarious status of refugee claimants, but also how easily it is to be refused and subsequently stay in Canada by living through underground networks.

In direct relation to Hamilton, community organizations that the HCLC interviewed confirmed the lack of definitive numbers of people with precarious status locally, due to the small number of those that seek services from their agencies. The majority stated that the number of people with precarious status was relatively low compared to other newcomers. This may in part be due to the fact that the majority of organizations interviewed do not ask for documents and thus do not have exact numbers on how many precarious status clients they encounter. Most community organizations stated that a small minority of their clients are people with precarious status. This however, may also be due to an overarching fear of accessing any services, regardless of funding.

### **Reasons for Coming to Canada**

There are various legitimate reasons for why people decide to make Canada their new permanent home. According to a study conducted by Simich, Wu & Nerad (2007), the primary reason their interviewees chose to come to Canada was personal security, to escape violence (police and political terrorism), criminal threats, as well as sexual assault and violence. Most were not looking for economic gain persay, but rather economic

stability (Simich et al., 2007). Moreover, the methods in which migrants enter Canada are through legal channels, which include: “refugee claimaints, sponsored immigrants, or as an individual with a valid student, work or visitor visas” (Magalhaes et al., 2011, p.2). However, after loosing their claim or temporary status, they have chosen to stay, in many cases, out of necessity and personal safety (Simich et al., 2007). **One organization interviewed stated that some refugee claimaints arrive in Canada, but are afraid to make a claim because multiple people from their country of origin had been refused.**

### **Types of Services Sought**

The services that residents without full status seek in Hamilton from non-governmental organizations are diverse. The vast majority of the organizations interviewed stated that residents without full status approach them either for aid in acquiring basic necessities and/or for information regarding immigration processes and legal aid. Basic necessity services included accessing food banks, primary health care, help making payments, as well as speaking to a housing workers and seeking shelter. Of the fourteen organizations interviewed, only one redirected undocumented migrants (those with no legal status in Canada) to other organizations that would be able to assist them, due to the organization’s source of funding. The majority of organizations interviewed simply did not ask for status or would not turn anyone away as their mandate is to serve all vulnerable populations. Furthermore, it should be noted that two organizations stated that they frequently do not know what happens to some of their precarious status clients, as they assist them primarily in a time of crisis and transition, but rarely get details as to what happens to their livelihoods.

### **Primary Concerns and Impacts of Lack of Access**



All the organizations interviewed by the HCLC commented on people with precarious status' inability to access services due to ineligibility, fear and/or inconsistent City protocol (in regards to needing or not needing documents). The HCLC and many caseworkers interviewed recognized that this may be due to an overarching confusion regarding what can and cannot be accessed due to funding sources, whether provincial, federal or municipal. Therefore, organizations may be hesitant to recommend services to clients where there is uncertainty.

Health care and police services were mentioned the most frequently by Hamilton organizations as a cause for concern for their precarious status clients. Although health care is a provincial service; fear of costs, fear of being denied and fear of being detained and/or deported as a result of accessing any health service is trickled down to a fear of accessing municipal health services administered by the City such as public health. According to Simich et al., (2007) both migrants and service providers have testified to the fact that the overwhelming fear of deportation prevents migrants with precarious status from accessing social services and health care. This in effect may have major health consequences on those with precarious status who do not access health care, whether provincially or municipally run (i.e. public health) due to an overall lack of knowledge regarding what services they are or are not able to access.

The academic literature outlines various consequences of not accessing health care for both children and adults with precarious status (Ruiz-Casares et al., 2010; Simich et al., 2007; Magalhaes et al., 2011). For instance, Magalhaes et al., (2011) argue that many with precarious status avoid health services by cancelling their medical appointments, which can have detrimental affects on health, as medical attention is then

often sought at very late stages of an illness. In addition to fear of access which may have fatal consequences, many migrants with precarious status also face cultural and linguistic barriers, which impedes on their ability to adequately access many services, including health services (Simich, 2006). Moreover, in terms of lack of access associated with the lack of status, Ruiz-Casares et al., (2010) state that it is more cost effective for hospitals to be providing on-going support, rather than wait for a medical emergency to begin administering treatment. The current policy requiring status to access health care ultimately leads to longer stays in hospitals, which creates a more costly situation.

Health care was a concern mentioned by 12 of the 14 organizations interviewed. Residents without full status sought these organizations' assistance in receiving health care because of their inability, or their perceived inability, to access. Along with health care, police services was mentioned by Hamilton organizations as a primary cause for concern for their precarious status clients, due to the belief that they will be incarcerated and ultimately deported if their lack of status is identified.

Most women's organizations interviewed stated that their precarious status female clients do not access police services when their partner abuses them because they fear detention and ultimately deportation if they access police services. The article by Peter Nyers (2010) mentions cases wherein women living in Toronto have been detained for calling 911 for an emergency or in situations of domestic violence, with some eventually facing deportation orders once their lack of status was discovered. Furthermore, according to Lilian Magalhaes, Christine Carrasco and Denise Gastaldo (2011) people with precarious status who are victims of crime or who have witnessed a crime being committed will not report the crime due to fear of exposure and mistrust of police.

Another challenge faced by people with precarious status is their inability to find stable, secure and non-exploitative employment. One organization interviewed stated that precarious status clients will seek aid in paying for hydro and gas payments, because they cannot begin to search for employment due to their documentation not having been processed and the fact that they do not have social insurance number (SIN) card or their SIN card begins with a number that indicates their status. Moreover, in a study by Simich et al., on Spanish speaking migrants with precarious status living in Toronto, it was found that participants generally were formally educated in their country of origin and had traditional, “white-collar jobs”, but were now working in the precarious sector, without benefits or job protection, usually doing informal or underpaid manual labour or domestic/household jobs (2007).

### **The Effects of Fear**

The majority of Hamilton organizations interviewed stated that their clients with precarious status have a fear of accessing services due to an anxiety of being denied, detained and/or deported. Overall, there is a lack of knowledge regarding what can or cannot be accessed and what documents are required when accessing certain services. As previously mentioned, the difficulty in distinguishing between municipal, provincial and federal services creates confusion for those with precarious status in terms of understanding what essential services they can/cannot access. This uncertainty is not only shared by those with precarious status, but also staff at the organizations interviewed, a few of whom claimed that they do not refer their clients to any City services. Goldring et al., (2009), and Nyers (2010) state that social services with public officials pose a threat and create fear, due to the fact that identification is asked for in order to establish what

entitlements one with precarious status has to access services (clinics, social housing, schools, food banks, welfare offices, the police and social services). This fear results in the person not seeking service (Goldring et al., 2009).

This uncertainty regarding which services are accessible, as well as the fear of detention and/or deportation, prevents people with precarious status from accessing health care, recreation, educational systems, going to walk-in clinics and contacting the police in crisis situations or when they are being abused, financially or physically, by those who take advantage of their vulnerability. For example, one caseworker commented on how the fear of deportation stops those with precarious status from reporting situations of bedbug infestations, overcrowded rooms or corrupt landlords. Adding to this fear are the rumours that are circulated in these communities regarding access, as well as the stigma associated with police and City workers from those who came from countries where the two are not trusted. Activists, who supported women and children in the Toronto Immigrant Holding Center, confirmed that many of the women had been detained as a direct result of trying to access City services (Nyers, 2010). This indicates that this fear felt by many with precarious status is legitimate.

According to much of the academic literature examined, fear is an everyday and pervasive emotion felt by people with precarious status (Simich et al., 2007; Magalhaes et al., 2011; Bernhard, Goldring, Young, Berinstein & Wilson, 2007). The constant fear of accessing services and going about day-to-day activities, including simple tasks such as driving a car, may lead to consequences for those with precarious status (Nyers, 2010; Marsden, 2012). Various authors stated that the prevalent fear experienced by people with precarious status has a negative affect on their health. Prevalent fear negatively

affects health by causing many to develop anxiety, as well as hinges on their capacity to fully integrate into a community and infringes on their ability to access services (Magalhaes et al., 2011; Bernhard et al., 2007).

### **Vulnerable Populations**

Precarious status disproportionately affects women through temporary visas and family sponsorship, which in total accounts for a large portion of newly arrived immigrants in Canada (Simich et al., 2007). The majority of the organizations interviewed by the HCLC stated that lack of access affects women and children differently than men. Multiple organizations witnessed situations of violence or manipulation, where women with precarious status were being abused and had a fear of accessing police services, feared deportation and the possibility of losing their sponsorship status. This was reiterated by Magalhaes et al., (2011), who state that women with precarious status are often vulnerable to domestic violence and exploitation. The issues that may arise with sponsorship are situations of manipulation or abuse of women with precarious status. Often women believe they have to rely on a third party for their access to the immigration process and their economic livelihood. According to Goldring et al., (2009) there is no comprehensible data on sponsorship breakdown, however, if a woman leaves the relationship her status may be at risk. Moreover, according to Rupaleem Bhuyan, “women living with precarious legal status have significant constraints on their social rights when responding to gender-based violence” (2012, p.217). Furthermore, Magalhaes et al. (2011), note that not only are non-status women more vulnerable to exploitation and abuse, but also to poverty, social isolation, unemployment and unstable and poor living conditions.

Issues faced by precarious status women on the national scale are similar to those experienced by women with precarious status on a local level. For instance, one Hamilton organization mentioned that one of the primary services women with precarious status seek from them is violence against women counselling, while another case worker cited dispelling myths, used by the abuser to maintain control, as one of her primary focuses for women with precarious status. Women focused organizations stated that women with precarious status did not realize that there is a legal clause that protects women who are sponsored in situations of abuse. An organization mentioned that there had been cases where women who once had precarious status accessed healthcare and discovered that they had post-traumatic stress disorder due to their fear of deportation if they accessed services. Another organization mentioned the burden of not having many resources, citing women who cannot access daycare and therefore cannot be employed or others who are so preoccupied with daily survival that they are not accessing free emotional counselling offered by shelters. One worker stated that women with precarious status tend to have very long shelter stays because they cannot move through the system. This was supported by Bhuyan's literature, which states that women with precarious migrant status were more likely to stay in shelters for a long period of time and often required 'non traditional sources' of support (2012, p.222).

According to Simich et al., (2007), beyond the individual, children are the most impacted by lack of status. Children are impacted by status in various ways, for instance, one interviewee cited lack of proper nutrition due to insufficient funds, as well as lack of access to recreational and daycare activities that promote healthy growth. Ruiz-Casares et al., (2010) speak to the fear of deportation and detention when they state that even if

people with precarious status have children that hold Canadian citizenship, they fear accessing services for their Canadian children due to potential consequences this might have on their own status. Lastly, Bernard et al., (2007) highlight the impact lack of status has on youth who have to negotiate their status in society as well as explain it. Such youth are placed in a position where they have to explain why they do not have key documents, which hinders their ability to lead 'normal' lives.

### **Mental Health Impacts**

Mental health issues due to feelings of uncertainty and the inability to settle are prevalent among those with precarious status in Hamilton. The majority of the organizations interviewed identified mental health as a major concern for their clients without full status, citing stress, anxiety and depression as the most frequent mental illnesses experienced. Studies conducted by Simich et al., (2007) and Magalhaes et al., (2011) concluded that many people with precarious status exhibit signs of trauma, depression linked to family separation, chronic stress and stress-related physical illness due in part to their status. Multiple organizations stated that the lack of dignity due to not being able to provide for a family has had significant mental health effects on their clients. A few organizations cited mental health impacts due to lack of status on children. Children show signs of mental distress, as a result of observing the stress their parents endure. One worker stated that children of parents with precarious status come to their organization with headaches, sleeping problems, eating disorders and stomach pain. Overall, mental health impacts not only adult women and men, but also children with precarious status.

### **Integration into the Hamilton Community**

According to research conducted by Bernhard et al., (2009), a challenge that many with precarious status face is their inability to feel like they belong and feel valued within their community. Moreover, Bernhard et al., (2009) state that precarious status hinders one's ability to develop networks and adequately integrate within both their ethno-racial community as well as society as a whole. All of the organizations whom were asked responded affirmatively to the question: "In your opinion, does limited or non-existent access delay or impair the ability of undocumented residents to belong to a community and integrate fully into Hamilton?" Five of the organizations stated that undocumented residents are unable to integrate into the community because they are in a constant state of crisis, wherein they are trying to survive and therefore, community integration is not a primary need. Multiple organizations used the term "isolating" to describe the situation of their precarious status clients.

Moreover, various organizations stated that undocumented migrants do not have support and this often leads to feelings of insecurity and fearfulness, which impairs their ability to integrate into Hamilton. One worker stated that lack of full integration creates a hierarchy in Hamilton communities, contributing to the marginalization of those with precarious status. Although it is difficult to integrate into the Hamilton Community with limited and non-existent status, it is important to note that organizations did mention the prevalence of informal networks as the primary support for those with precarious status. Overall, having uncertain status affects the ability of migrants to develop formal and informal networks in both communities and Canadian society as a whole (Bernard et al., 2007).



## **Recommendations**

Due to the findings and information outlined in this report, the Hamilton Community Legal Clinic and the Sanctuary City Coalition recommends that the City of Hamilton declare itself a Sanctuary City, which encompasses an ‘Access Without Fear Policy’ that would protect those with precarious status from facing deportation and/or detention orders. A Sanctuary City is a City where all residents, regardless of immigration status, can access City services without fear of refusal or oppression, detention or deportation. A Sanctuary City would not stand in opposition to federal legislation, but rather, would allow those with precarious status to access City services without the fear of being exposed to immigration authorities. This declaration would affect only municipally run services and not those that are provincially and federally funded. The recommendations outlined below are inspired by those produced by the Solidarity City Network for the City of Toronto (2013).

As was noted in the Toronto recommendations produced by the Solidarity City Network on January 21<sup>st</sup>, 2013, all city-funded services and agencies should be internally reviewed and audited with community input and consultation. After such internal audit has been completed, a report on the application of the Access Without Fear policy should be created. Such a report should highlight the contradiction, gaps and inconsistencies, if any are present, within the application of the Access Without Fear policy, and should also establish a system of accountability for the Access Without Fear policy (Solidarity City Network, 2013).

In order to effectively implement a Sanctuary City in Hamilton, it is recommended that the City require that City service providers implement an Access

Without Fear policy as a provision of receiving City funding. This policy should be made consistent across all City run services. Moreover, the City should require that all City frontline workers, managers and any other City employee that provides services to newcomers be required to partake in sensitivity training. The sensitivity training should entail what service providers should ask, how to maintain confidentiality among clients in regards to status in instances where they require status information, as well as a clear policy on repercussions and accountability if service providers refuse to provide services to clients with precarious status. The City should also be obliged to make the consistent application of the policy widely known to the public so that those with precarious status are well aware of the policy and able to access City services without fear. Moreover, the City should create an easily accessible review and complaints procedure. This should be established via consultations with newcomer communities on gaps within the implementation of the Access Without Fear policy (Solidarity City Network, 2013).

In addition to the creation, implementation and advocacy of an Access Without Fear policy, the City of Hamilton should also advocate for an Access Without Fear policy at both the Provincial and Federal levels. The City should encourage the Ontario government to implement a provincial-wide Access Without Fear policy that would allow people with precarious status to access healthcare, policing, community housing, the Ontario Disability and Support Program (ODSP) as well as Ontario Works (OW). On the Federal level, the City should advocate to implement a complete regularization program for all Canadian residents that is easily accessible (Solidarity City Network).

### **Hamilton Experiences: Stories from the Interviews**

A woman arrived in Canada and was working as a personal support worker with a work permit. Upon her arrival, the woman made a refugee claim and was denied, afterwards she completed a humanitarian and compassionate grounds claim which was accepted and she received status. However, her daughter had a health problem, which resulted in a refusal of her daughter's claim, despite having lived in Canada for approximately 6 years. Currently, the case is in the courts and has been so for the past two years. A refusal by the courts to grant the daughter refugee status could potentially lead to family partition.

A Mexican client was denied refugee status as well as humanitarian and compassionate consideration. Immigration called him to ask for a meeting and when he arrived for his scheduled meeting he was detained and deported.

A pregnant woman, who had entered Canada without proper documentations with her husband, tried to give birth in their home, had complications during delivery and had to go to the hospital. Having to give birth in the hospital ultimately made her visible to immigration and resulted in her deportation.

A woman on a visitor visa went to a women's agency for assistance after her partner refused to sponsor her. The partner had given her verbal promises that he would sponsor her, however, after her visa had expired, he kicked her out of the house and kept the child, despite the fact that she was the primary caregiver. She then hesitantly decided to file a complaint with the police despite fearing that access to police services would lead to her detention and/or deportation. However, she felt that it was her only means of

being reunited with her son. The police were cooperative and assisted her without informing immigration about her precarious status.

A family with an autistic child came to an organization seeking assistance with their refugee claim. The autistic child, who had poor communication skills and was showing little developmental improvements in his country of origin, was showing tremendous improvements here in Canada. According to the caseworker, the child was being more receptive than he had ever been. The caseworker believes this is because the child knew he was safe. Although the child was benefitting from his current situation, the family was denied status in Canada. Presently, they are appealing the ruling because they know their son might revert if they were deported back to their home country.

A woman who came to Canada from the Caribbean 12-13 years ago married a Canadian who then exerted his power by manipulating information to control her. She has 3 Canadian-born children all of whom were born with the help of a midwife. The caseworker was exposed to this woman's story because her husband sought assistance from the agency in order to obtain a Child Tax Benefit. When asked where his wife was, the husband informed the caseworker that she was in Canada without proper documentation and as a result feared to seek assistance from any public agency. The caseworker managed to convince the man that he needed to bring his wife to the agency. When the woman arrived at the agency, she was very scared and paranoid, despite the caseworker assuring her that it was a safe-zone. The caseworker concluded that the woman was being manipulated by the husband to believe that she would be detained and deported if she sought assistance from any agency. The woman did not return to the clinic after her initial visit.

A woman, who was seeking assistance because she had Post Traumatic Stress Disorder (PTSD), came as a migrant worker from Mexico to do farm work. Her elderly parents and extended family living in Mexico relied on her income to assist them financially, so she would often send her earnings back home. While working at the farm she fell in love with a man and became pregnant. She explained to her employer that she was pregnant and her employer was supportive and told her that she would not lose her job because of her pregnancy, but she had to give him the date of her return or she would have to be replaced. Since she was no longer in a relationship and alone without a support system, she sought help from a community organization in obtaining a birth certificate and passport for her baby so she could send the baby back to Mexico, while she stayed in Canada to work.

A domestic worker, working in a Canadian home, came to a community organization to seek assistance in reporting a work injury to the Workplace Safety and Insurance Board. She explained to one of the caseworkers that she had broken her arm on the job. However, she later withdrew her report because her employer threatened that if she reported her injury she would lose her job and be sent back to her country of origin. The woman continued to work in the home with a broken arm.

A man brought his child on a visitor visa and when he tried to register his son in school he was denied. They are currently working on a sponsorship application.

Five years ago, a senior couple was in the process of a refugee claim and were waiting for a hearing; however, they were ultimately informed that their claim was rejected. The woman developed depression, during which the man was simultaneously working and acting as a support for her. Finally, they left Canada and returned to their

country of origin because they could no longer deal with the mental and physical anguish that was associated with having no status.

A woman was denied refugee status, but continued to reside in Canada despite her inability to obtain employment due to her lack of status. She performed underground housework and her employer gave her a place to live and paid her, however she had to pay for room and board. She cannot access social housing or other social services because she has to prove income and status.

A Roma family with refugee status went to the immigration office and immigration presumed that they did not have status. Their paperwork was sent to the wrong address and they did not get their claim in on time, which complicated the status of their application.

A caseworker had a seventeen year old client who went to the emergency room because she had a cyst in her ovaries and it was close to bursting. The family went to seek healthcare and although the doctor didn't deny her, the ultrasound technician would not proceed without an ultrasound until her family paid in full. Luckily, her brother was employed and was able to pay the fee.

One caseworker spoke of a client whose heart surgery was cancelled due to not having coverage and he could not afford to pay upfront for the procedure.

One client was on a temporary worker visa, was pregnant and wanted to know if she could get maternity leave if she took time off to deliver the baby and if would she lose her job and ultimately lose her status. The caseworker informed her that she has the right to go on maternity leave for a year because her contract is until 2015 and that her employer would be obliged to take her back until her contract is done.

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### **Non-Governmental Organizations Interviewed**

**Centre de Santé Communautaire de Hamilton/Niagara-** David Mbaya Kabamba  
(Conseiller en établissement)

**Hamilton Community Legal Clinic-** Melissa Loizou, Bilingual Staff Lawyer

**Refugee Health Center-** Terry Bedminster, Director of Operations

**Good Sheppard Family Services-** Angela Akbari, Program Manager

**Good Sheppard Women's Services-** Kristene Vilijasou, Director of Women's Services

**Micha House-** Scott Jones, Executive Director

**Neighbour to Neighbour-** Krista D'Aonst, Director of Family Services

**Interval House-** Umeshaa Pararajasingham, Diverse Communities System Navigator

**True City-** David Witt, Movement Developer

**Wesley Urban Ministries-** Stephanie Taylor, Neighbourhood Development &  
Newcomer Services

**YWCA Hamilton-** Erzsebet Gatfalvi, Settlement Specialist

**YMCA Hamilton-** Veronica Dichoso, Settlement Worker

**3 Organizations Choose to Remain Anonymous**

### **Individual Case Workers**

Nada Tuta

Maria Valderrama

Nora Melara-Lopez