

**Claiming a life of permanence:  
Filipina caregivers' migration experiences in Canada's  
Live-in Caregiver Program**

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## **ABSTRACT**

Drawing on in-depth interviews with migrant caregivers, community workers and government employees, this thesis explores the dream among Filipina women working in Canada's Live-In Caregiver Program (LCP) to build a life in Canada. Uncovering the actions they take on the path to realizing this dream, I first examine the common challenges caregivers encounter while working as temporary workers in the LCP. The analysis deepens to reveal the struggles caregivers engage in to improve their lives, despite institutional obstacles to exercising their rights. Ultimately, the analysis addresses the wider institutional context by examining Canada's contemporary citizenship regime. Throughout their journey to claiming a permanent home in Canada, caregivers are confronted with vulnerabilities rooted in this regime. However, those who experience greater social inclusion in the local community find strength and courage to overcome adversity.

## **RÉSUMÉ**

Basée sur des entrevues approfondies avec des aides familiales immigrantes, ainsi que des employés provenant des milieux communautaire et gouvernemental, cette thèse explore le rêve des femmes philippines travaillant dans le cadre du Programme des aides familiaux résidants (PAFR) de s'établir au Canada. Tout en retraçant les actions qu'elles entreprennent pour réaliser ce rêve, j'examine d'abord les défis auxquels ces femmes sont confrontées et ensuite les épreuves qu'elles tentent de surmonter pour améliorer leur vie malgré la présence de plusieurs obstacles institutionnels à l'exercice de leurs droits. Finalement, l'analyse se concentre sur le contexte institutionnel plus général en examinant le régime de citoyenneté du Canada. Tout au long de leur parcours vers l'obtention de la résidence permanente, les aides familiales sont confrontées aux faiblesses de ce régime. Par contre, celles qui sont mieux intégrées à leur communauté locale trouvent la force et le courage de surmonter l'adversité.

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## **CHAPTER 1: Overview of the Research Problem, Literature, Methods, and Thesis**

### **INTRODUCTION**

Every year foreign caregivers<sup>1</sup> fill over 20,000 jobs as temporary workers in Canada's Live-In Caregiver Program (LCP) (HRSDC 2010a). A majority of these foreign workers entering Canada through the LCP are women and on average, between 1998 and 2003, ninety-two percent of LCP participants were from the Philippines (CIC 2005). These caregivers perform in-home services for Canadian families seeking care for children, people with disabilities, and the elderly. While there are many reasons as to why these individuals come to Canada to perform this labour, a driving motivation is their dream of building a permanent life in Canada. In order to do so, LCP caregivers are required to complete 24 months of documented, full-time, live-in domestic work within 4 years of arrival in Canada. On completion of this requirement, they become eligible to apply as permanent residents to Canada (CIC 2010a). Therefore, the LCP presents a chance to make the dream of building a life in Canada a reality. However, along the path to realizing this goal, caregivers encounter numerous hardships. This is why in the spring of 2010, during a roundtable discussion at an international seminar on *Regulating Decent Work for Domestic Workers* held in Montreal, Quebec, a Filipino woman was motivated to approach the microphone to share her experience with Canada's LCP.

The Filipino woman told the audience that she wished to share "the real situation under the [LCP]" and began to recall her experience in the program. Her story began with an employer who sponsored her to come to Canada to work as a live-in caregiver, only to discover when she arrived that she would never meet this employer. She spent the following four months in Canada attempting to obtain a new work permit with a second employer without success and then several more months finally securing the necessary documents with a third potential employer. After finally beginning work, she learned that her employer was moving to South America and that she would be released from the job.

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<sup>1</sup> The term "caregiver" will be used to identify the group of interest in this study. While several of the women involved in the research identify by other professional titles, such as "nanny," I adopt the term "caregiver" as an umbrella term to include women working in domestic services under Canada's LCP as nannies or aid providers to people with disabilities or the elderly. "Caregiver" is a term used frequently in research and policy on the LCP.

In recounting her story, she also spoke of the difficulty transitioning from her career as a high school chemistry teacher in the Philippines to scrubbing tiles in her employers' home and to working 10-14 hour days without receiving her overtime pay (to which she was legally entitled) in Canada. She questioned why there is a difference between the rights of a worker employed in an office and the rights of a worker employed in a home. She then directed her attention toward the government representative on the seminar panel and made the following appeal:

I received a deportation letter telling me to leave Canada immediately because I did not complete the 24 months. Now, where is the problem? Is it in the part of the caregiver? Or is there something that needs modification under the LCP? ...When I came here I had a disastrous experience and I do not want this to happen again in the next generation. So let's do something about it. (Noami 2010)

This testimony highlights several issues and tensions at the core of this thesis. First, it exemplifies some of the challenges Filipina caregivers face when they migrate from the Philippines to Canada under the LCP, such as the inaccessibility of labour rights and the loss of professional status. It further signals the complexities associated with navigating through the bureaucratic migration process. It also illustrates the will of some caregivers to deal with the problems that stand in their way of achieving their dream of building a life in Canada. Underlying her expressed frustrations, this woman raised questions about her exclusion from certain rights; that is, the right to be protected by labour laws, the right to practice one's trained profession and ultimately, the right to claim a permanent home in Canada. Entitlement to such rights is evidently contested. In making these claims, this woman raised this debate. As she shared her story, she made her experience known, asking the audience to consider the "real situation" caregivers face while working under the LCP, thereby challenging the invisibility of these women's experiences.

In this thesis I take up the following questions: *What challenges do Filipina caregivers experience in the LCP and what barriers do they face in confronting these challenges? Despite these obstacles, why do some caregivers claim their rights and how does this action take shape?* Highlighting the steps they take on the path to realizing their dream of a life of permanence in Canada, I first examine the common challenges caregivers encounter while working as temporary workers in the LCP. The analysis



deepens to reveal the implicit and explicit struggles these women engage in and the strategies they rely on to improve their lives, despite systemic obstacles. In exploring the challenges caregivers face, I seek to emphasize the fortitude of migrant workers' agency in confronting the institutions that regulate their lives and how, in some instances, their actions can be transformative to the system.

I approach this task by starting from the experience of caregivers, as a source of insight into their common struggles. There is a risk that when women draw on their experience as a source of knowledge their accounts will be delegitimized. Such a risk becomes particularly relevant when accounts are provided by women of marginalized backgrounds. This notion speaks to the power dynamics behind what is heard and unheard, as well as how accounts are received by the listener (Code 1995). However, hearing the accounts of marginalized groups often yields insights into the experience of oppression as well as resistance to it (Jaggar 2008). Between July 2009 and May 2010, I met with Filipina caregivers, community workers, and government employees to hear about the workings of the LCP and the experience of working as a live-in caregiver. I conducted formal interviews and participated in caregiver community events. As I listened, in interview after interview, it became apparent that the challenges faced by LCP caregivers are not of an isolated nature. The challenges that caregivers face may be experienced on an individual level, but these challenges are very much patterned and shaped by macro processes, notably through the migration and labour policies that regulate caregivers' lives. The analysis therefore takes the experience of caregivers as a point of departure, but moves beyond these experiences to address the connections between the state and this migrant community. These connections shed valuable light on the challenges of regulating the domestic arena as a workplace (Ally 2009), as well as provide insights into the changing nature of citizenship in an era of globalization. Contemporary scholars have noted that as migrant communities take on a transnational character, new modes of migrant incorporation are developing, blurring the lines between different classes of citizenship (Castles 2002). The debate sparked by such transformations calls the nation-state system into question, in regard to its role as a primary basis of community formation in which citizenship is embedded (Levitt and Jaworsky 2007). This thesis should not be mistaken as a challenge to the efficacy of the

nation-state system. Rather, the aim is to examine the relationship that exists between the state and migrant community, to gain insight into how migrants form communities of support in response to state policies. In so doing, I aim to highlight the strategies that migrant caregivers in the LCP use to overcome barriers of access to rights. An awareness of caregivers' strategies can inform changes in policy that are in harmony, rather than incompatible, with the efforts of caregivers to reach their social and economic potential within Canadian society. In order to contextualize my analysis, in the remainder of this chapter I provide an overview of scholarship on gender and migration, with particular attention to the migration experiences of Filipina migrant women and the Live-In Caregiver Program. Additionally, I discuss methods of data collection and analysis.

### **SITUATING THE ANALYSIS:**

#### **LINKING SCHOLARSHIP ON GENDER, MIGRATION AND CITIZENSHIP**

##### **The Feminization of Migration and the Globalization of Care**

As scholars have begun to recognize that a growing proportion of labour migrants are female, a body of literature has developed examining this feminization of migration. According to Piper (2003), the normative view that women migrate as dependents and as secondary earners in the family does not reflect reality. Therefore, the feminization of migration can be seen as a theoretical correction to more conventional assumptions about gender and migration. In particular, this literature has emphasized how migration policy may overlook the needs of female migrants, by assuming a traditional male migrant norm (Fincher 1997). Kanaiaupuni argues that migration is a gendered process and that “conventional explanations of men’s migration in many cases do not apply to women” (2000:1312). Kanaiaupuni’s work further stresses that migration decisions are mediated by gender relations both within the family and the wider society. Therefore, an examination of gender is necessary to understand who migrates and why.

An approach to understanding the ways in which migration is gendered involves an examination of the push and pull factors of migration. In countries that provide a source of migrant labor, there are a number of push factors rooted in gender inequality. To begin, gendered segmentation of labour markets (to women’s disadvantage) and lower earnings decrease women’s occupational opportunities and the potential for economic

security. Consequently, some women are turning to opportunities to work abroad (Hill Maher 2004). Although there are financial costs associated with migration, the opportunity to earn wages in a foreign currency to remit to family members motivates many potential migrants to go abroad (Asis, Huang, and Yeoh 2004; Lauby and Stark 1988). However, it is important to disentangle the influences of occupational opportunities and earnings in women's motivations for migration. For instance, studies on Filipina migrant workers show that many of these women held higher status occupational positions prior to leaving the Philippines than they have found abroad. Yet, the purchasing power of wages offered in lower prestige occupations abroad is greater than that of the wages these women are able to earn in the Philippines. The motivation for migration among many women in the Philippines is therefore rooted in a desire for remittances, thereby improving the standard of living for their families who continue to reside in the Philippines. This fact that many women are employed prior to migration poses a challenge to the policies of sending governments, such as in the Philippines, which use migration policy as a means of eradicating unemployment. In this case, rather than creating opportunities for the unemployed, migration removes qualified workers from the Philippine labour market. In essence, the skilled labour force is being removed, leaving skilled positions open in the Philippines and creating the problem of finding comparably skilled workers to fill these jobs (Constable 2007).

The encouragement that source countries, such as the Philippines, provide to migrant women in the form of national discourses that cultivate migration presents another push factor for understanding women's migration. In the Philippines the government has constructed a discourse that labels migrant workers as 'national heroes' (Rodriguez 2002). Such discourses function to promote migration as a viable means of achieving economic security. This push for migration by source country governments not only opens opportunities to individuals wishing to migrate, but also opportunities for these governments to boost their economies through migrant remittances (Meerman 2001; Parreñas 2001a). Although women and men both experience this push to go abroad, it holds gendered consequences. According to Parreñas (2001a), the 'national hero' reflects an image of a male migrant worker. This image, while promoting a general value for migration, downplays the prominence of women leaving the Philippines and the

vulnerabilities that female migrants face while working abroad in industries such as domestic work and entertainment. This male image functions to make the vulnerabilities experienced by female migrants less visible, diminishing the need for state intervention to protect these women's rights while abroad.

Additionally, although patriarchy can limit women's migration in contexts where it is unacceptable for women to leave their families for work, patriarchal relations in the family can also cause women to migrate as they seek opportunities for greater freedoms and independence (Asis 2005; Hill Maher 2004). Women who migrate gain status by increasing their economic contribution to their households and through the freedom of greater participation in public life while they are living away from their families. As some scholars note, migration provides a way for women to escape problematic relationships with spouses and gain status in the source country (Asis 2005; Parreñas 2001a; Sorensen 2005), such as through 'national hero' discourses. Yet there is also evidence that women may feel pressure from family to migrate as an obligation of care. Women often migrate as a family survival strategy, taking on the role of economic breadwinner through migration, as a means of caring for their families (Asis 2005; Asis, Huang, Yeoh 2004; Lauby and Stark 1988; Pedraza 1991). Ultimately, the research is mixed regarding the freedoms that women obtain through migration, however it remains clear that women's decisions to migrate are influenced by gender inequalities and expectations associated with their gender roles.

There are also several pull factors from countries that seek migrant labour, which contribute to the feminization of migration. Women who leave their countries due to limited occupational opportunities encounter further restrictions on the roles available to them through migration. Migration is often based on ties to occupations such as nursing, sex work, entertaining, and domestic work (Kofman 2004; Schaeffer 2009). These various types of labour migration flows are heavily dominated by female migrants due to the association of these occupations with women (Schaeffer 2009). One occupation where there has been a surge in demand is domestic work. As women in industrialized nations have moved into the labour force, there has been a corresponding increase in demand for services related to child care and household maintenance (Constable 2007; Ehrenreich 2003; Hochschild 2000; Parreñas 2008; Romero 2002). Shifting lifestyle norms among

the middle-class also contribute to this rise in demand, as families expect greater leisure time and higher standards in the cleanliness of households and child development (Hill Maher 2004). Increasingly, a concern for eldercare in industrialized nations, where aging populations are placing greater demands on care professions, fuels the demand for foreign workers. It is likely this demographic shift in industrialized nations will also continue to contribute to higher demands for migrant caregivers (Lyon 2006).

The demand for domestic services in the Global North is being met with a flow of female migrant workers from the Global South. As such, several researchers describe this phenomenon as the globalization of care. For instance, Hochschild (2000) has developed the theory of global care chains. A typical global care chain consists of a family in the Global North receiving care services from a migrant woman from the Global South. The migrant woman's children remain in the Global South and receive care from another woman in the Global South, whose children in turn receive care from extended family. Essentially, this theory seeks to describe the tension that emerges between women's competing roles as migrant workers and as family members with reproductive responsibilities, as well as signal the shifting of care responsibilities onto populations with fewer means of economic survival. Similarly, Parreñas (2000) discusses the international transfer of caretaking. Her aim is to draw attention to an international division of reproductive labour. By essentially mapping the relationships between care providers and receivers in both developed and developing nations, she shows how this global division of labour is based on structural class, race, gender, and citizenship inequalities, as care responsibilities get passed down an international social hierarchy. Accordingly, the domestic workers hired in the Global South to care for the children left behind by those with the means to go abroad for work shoulder the greatest weight of the international transfer of care. Isaksen, Uma Devi, and Hochschild (2008) confront this issue by calling for changes in social policy that would either allow for family reunification for the families of women who migrate, or the redistribution of economic opportunities from industrialized countries to less industrialized countries so that the need for migration as a family survival strategy would subside. Family separation is a little considered issue that has yet to be addressed by viable policy solutions.

### **The Partial Citizenship of Filipina Domestic Workers**

The increasing demand for domestic workers in industrialized nations has been met largely through a particular immigrant group – women from the Philippines (Cheng 2003; Constable 2007; Schaeffer 2009). Since 1998, over 800,000 Filipinos have gone abroad for work every year and as of 2003 there were 7.8 million Filipinos working outside their country. By the 1990s, Filipino women were outnumbering their male counterparts in migration, finding work in fields such as domestic services, health, and entertainment (Asis 2005). With two-thirds of these women concentrated in domestic services in over 130 countries, they constitute one of the largest flows of female migration around the world today (Parreñas 2001b, 2008). A research agenda has therefore developed among scholars who seek to understand the migration experiences of this population. While these studies consider different immigration contexts, such as the experiences of Filipinas in Hong Kong (Constable 2007), the United States, Italy (Parreñas 2001a, 2001b), and Taiwan (Cheng 2003), there are many commonalities in the experiences of Filipinas migrating as domestic workers. Parreñas (2001a, 2001b) offers a particularly insightful examination of their experiences. Focusing her study on two locations – the United States and Italy – she identifies the common “dislocations” experienced by Filipina domestic workers, despite different destinations. Parreñas identifies these “dislocations” as partial citizenship, family separation, contradictory class mobility, and non-belonging.

A “partial citizen” is defined by Parreñas (2001a) as a migrant who lacks full integration in the destination country, yet is not fully protected by her nation of origin. Partial citizenship can restrict the lives of Filipina domestic workers in different ways depending on the nation to which they migrate. Despite this variability, a number of commonalities can be identified. To begin, Filipina domestic workers face several restrictions on their labor rights. Parreñas contends that they are often not protected by labor laws and that their citizenship rights are tied to employers through temporary contracts. Nicole Constable’s (2007) study of Filipinas in Hong Kong exemplifies the problematic nature of these issues. In Hong Kong, migrant domestic workers are granted work visas that are tied to a specific employer. In the event that a contract is terminated, the migrant worker must leave Hong Kong within a period of two weeks. Changes of employment are not permitted during the first two years of a Filipinas work in Hong

Kong, which essentially binds these women to their employers, rendering them vulnerable to exploitative labour practices (Chang and Ling 1999; Constable 2007).

Another restriction that Filipinas typically face is the denial of the right to marry, have children, or bring their families with them when they migrate (Parreñas 2001b). For example, Filipina domestic workers in Singapore must undergo mandatory pregnancy tests every six months. Should a test be positive, the consequence is deportation (Chang and Ling 1999). A similar policy exists in Taiwan where foreign workers are not permitted to bring family or marry and women are required to undergo pregnancy tests every 6 months, facing deportation if they are found to be pregnant (Cheng 2003). Such restrictions enable receiving governments to avoid the responsibility of reproductive costs associated with incoming migrants, while also avoiding the costs of reproduction for citizens by securing a private source of care for purchase in the market (Parreñas 2001a).

Ultimately, Parreñas (2001a) argues that Filipina domestic workers cope with the dislocation of partial citizenship by reasserting their sense of belonging to the Philippines. The consequence of this is that by claiming such an affiliation with the Philippines, these women turn away from fighting for full membership in receiving states. As such, they perpetuate the position that they have been placed in through receiving states' immigration policies. Parreñas therefore interprets their acceptance of state policies as a passive response to oppression. However, other research on Filipina domestic workers highlights a variety of actions demonstrating greater agency toward partial citizenship. Some of these responses play out on subtler levels in day to day interactions. For instance, Filipinas in Hong Kong will meet on their days off in Statue Square – a space that has historically been contested between the migrant women and locals who frequent the Central District of Hong Kong – to tell jokes of their experiences with employers and offer advice in dealing with immigration or workplace issues (Constable 2007). Other examples show how migrant women's efforts to claim greater rights culminate in collective actions. For instance, Melca Salvador, a Filipina domestic worker in Canada, fought for the right to gain permanent residency on humanitarian grounds after failing to meet the government's requirements for immigration. Her efforts were supported by the members of Pinay, an organization for Filipino women in Montreal, who demonstrated for four months until her deportation order was cancelled (Hanley and Gal 2009). These

cases suggest that despite restrictions on Filipina domestic workers' rights in receiving nations, some women are exercising their agency by choosing to claim their rights. How then can the range of strategies that Filipina domestic workers draw on to confront restrictions on their rights be better understood? In this thesis, I seek to contribute a deeper understanding of this problem, by explaining why and how Filipina domestic workers are contesting restrictions on their citizenship rights in Canada's LCP.

### **Citizenship Regimes and the Boundaries of Inclusion and Exclusion**

Research on citizenship often focuses on political, civil and social rights.<sup>2</sup> However, as Yuval-Davis argues, any contemporary study of immigration must also include an examination of the right to reside in a nation other than one's origin:

Debates around issues of the citizenship of ethnic and racial minorities have concentrated on all levels of citizenship - civil, political and social. However, the primary concern of many relevant struggles and debates has been around an even more basic right - the right to enter, or, once having entered, the right to remain in a specific country. (Yuval-Davis 1991:61)

Perhaps the most pertinent right that Filipina caregivers seek is to set down roots and build a life in Canada – in other words, the right to live a life of permanence in a nation of their choosing, in contrast to living as a partial citizen. As Yuval-Davis (1991) notes, this right fails to be considered in Marshall's (1950) citizenship framework, which is often taken as a starting point for research on citizenship. While several types of rights are addressed throughout this thesis, particularly the labour rights of caregivers, the right to establish a life of permanence is a central theme of the analysis, for this right must be taken into account in contemporary citizenship studies.

To understand the citizenship position of LCP caregivers, this thesis presents an analysis of the LCP as a product of Canada's citizenship regime. Citizenship regimes are composed of four key dimensions. First, a nation's citizenship regime defines the

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<sup>2</sup> Studies on citizenship often begin with the influential work of T.H. Marshall (1950). Marshall identified a tripartite definition of citizenship to include civil, political, and social rights. Civil rights pertain to individual freedoms, such as the freedom of speech, rights to own property and access to justice. Political rights refer to the right to engage in the political process, such as through the right to vote. Social rights correspond to one's economic welfare and shared heritage. Associated with each component of citizenship are specific state institutions that provide access to these rights, such as courts of justice, parliament, the educational system, and social services.



“responsibility mix” – that is, it defines who is responsible for the provision of welfare in a nation, whether it be the government, the market, families or communities (Jenson 2007). Second, citizenship regimes construct and legitimate categories of citizens, non-citizens, and second-class citizens, as well as social relations within and across these categories (Jenson and Phillips 2001). Third, and related to the second, citizenship regimes contribute to definitions of membership and thus reinforce the borders of a regime. This speaks to notions of who is included and excluded from the political community and consequently who has the right to belong (Jenson 2007). However, the categories of inclusion (or exclusion) and the state’s power in defining them face pressure in times of crisis. According to Jenson and Phillips, a crisis is an “intensification of contradictions always present in a regime” (2001:72). Such crises provoke change in a citizenship regime’s institutional arrangements, leading to the formation of new citizenship regimes that better match the political economic context of a nation. Such transformations are evident in the institutions governing immigration to Canada. As I will discuss in the following section, the LCP is a particular institutional arrangement resulting from a number of transformations in immigration policy concerned with nation building and shaped by Canada’s political economic agenda. As LCP caregivers’ status as non-citizens has become more precarious compared with that of foreign caregivers from the past (Bakan and Stasiulis 1997), it is apparent that the contemporary citizenship regime draws a clear line between those born within and outside Canada, as well as between desirable “higher-skilled” workers and undesirable “less-skilled” workers. Yet this is also a context in which the boundaries of inclusion and exclusion from citizenship are contested, as migrant communities make claims to both give substance to their existing rights as well as expand their entitlement to additional rights. This reflects the fourth and final dimension of a citizenship regime, that is, the prescribed democratic rules of a society. Specifically, the democratic rules of a society are defined by how citizens can access the state through institutions, participate in public and civic life, and the construction of legitimate types of claims making (Jenson and Saint-Martin 2003).

Stasiulis and Bakan (2003) suggest that citizenship is being defined not only through the nation-state, but also through claims made in civil society. According to these authors, the boundaries of membership in a state are continuously contested among

citizens and noncitizens. Citizenship is a dynamic process, as opposed to a static condition, in which migrants seek to renegotiate their citizenship and make claims to inclusion in the political community. Similarly, Fairclough, Pardoe, and Szerszynski (2006) note that the practices of citizenship are performed not only through the formal processes associated with the state, but also beyond the state within the media and the public sphere. For instance, the previous example of the Filipino woman approaching the microphone at the international seminar on *Regulating Decent Work for Domestic Workers* demonstrates an instance of enacting one's citizenship. Although this former caregiver faced exclusion from full membership in Canada, her actions at this public event challenged normative prescriptions about her role as a participant. She took time to state the situation facing caregivers, rather than simply ask a question. The questions she posed spoke more to the challenge of creating changes in the institutions governing migration than seeking information. Public demonstrations, community meetings, and press releases are other avenues through which citizenship can be practiced and negotiated. Fairclough et al. suggest that conceptualizations of citizenship must account for this, for to restrict the spaces through which we study citizenship would limit our understanding of how it is enacted.

This is particularly important considering that foreign domestic workers are a population that is marginalized from the formal institutions necessary for accessing their rights due to their gender, occupational and citizenship statuses. While membership in a political community is a central component of citizenship, there are migrants all around the world who are excluded from the communities in which they reside (Yuval-Davis 1997). In fact, the very definition of community is becoming increasingly contested in a context of globalization (Yuval-Davis 1991), with new modes of migrant incorporation and new meanings of citizenship (ex. multilayered citizenship) arising from the transnational character of migrant communities (Castles 2002). Do such communities offer a new avenue for migrants to enact their citizenship? Furthermore, feminist scholars have long argued that women's association with the domestic sphere has the consequence of restricting issues affecting women to "private" matters, thereby marginalizing women from accessing political processes necessary for the recognition of their rights (Lister 1997; Phillips 1993). In order to give greater visibility to how migrant women employed

in the domestic sphere negotiate their citizenship, it is necessary to take a broader view of the routes – private and public, state and civil society – through which they lay claim to their rights. As such, the analysis presented in this thesis addresses the ways that Filipina caregivers make public the issues affecting them, through both formal state institutions as well as within civil society.

### **Filipina Caregivers in the LCP: Contesting the Limits of Partial Citizenship**

Over 150,000 temporary foreign workers enter Canada every year (CIC 2010b). These workers come through several channels of Canada's Temporary Foreign Worker Program (TFWP) according to their various skill levels and occupations. The TFWP is designed to address the labour demands of Canadian employers (HRSDC 2010b). Foreign workers in pursuit of caregiver positions come into Canada mainly through the LCP. In 2008, 12,878 live-in caregivers were admitted to Canada under the LCP (CIC 2009a). Other programs exist for the agricultural industry (The Seasonal Agricultural Workers Program (SAWP)), other "less-skilled" occupations (The Pilot Project for Occupations Requiring Lower Levels of Formal Training), as well as special streams for skilled workers (HRSDC 2010c). Data available for the years 2006 to 2009 indicate that across Canada the second highest number of positions available for foreign workers under the TFWP were in the in-home caregiving field. In 2009, there were 20,875 positions for foreign workers in this field (HRSDC 2010d). The only industry which surpassed this number of available positions was the agricultural sector, with 27,654 positions for the SAWP in 2009 (HRSDC 2010e). Third in rank, were positions for food counter attendants and kitchen help, with 6,692 positions opened to foreign workers in 2009 (HRSDC 2010d).

In terms of its importance across Canada, the LCP brings the greatest number of caregivers to Ontario, British Columbia, Alberta, and Quebec. Quebec is among one of Canada's provinces to demand larger numbers of LCP caregivers, with Human Resources and Skills Development Canada approving 1,174 positions for these foreign workers in Quebec in 2009 (exceed by Alberta with 3,534 positions, BC with 4,355 positions, and Ontario with 11,211 positions), compared with fewer than 10 to 200 positions in each of the other Canadian provinces and territories (HRSDC 2010a).

There is clearly a large demand for foreign caregivers relative to other occupations, making this an important policy to understand. As researchers have begun to

see, Canadian immigration policy is undergoing a shift away from settlement migration and toward these temporary labour migration programs, along with an increasing reliance on “two step” migration programs (Lowe 2010). According to Lowe (2010), the emphasis in these programs is on market driven immigration that places workers into Canadian workplaces faster than through permanent immigration streams. Lowe urges us to consider how such programs may have the consequence of making employers responsible for providing settlement services to migrants, despite employers lacking the same resources or expertise as the government. As employers play a greater role in migrant workers’ integration, this shift can be interpreted as a change in the “responsibility mix” of Canada’s citizenship regime (Jenson 2007), as responsibility for the welfare of migrants is transferred to employers. The LCP stands apart from the other channels of migration in the TFWP because it is both a temporary worker program and a means for permanent migration. The LCP is a “two-step” migration policy, in that caregivers arrive as temporary workers, but may become eligible down the road for permanent settlement. This option is not available in other streams of migration, such as the SAWP. The growing predominance of temporary and two-step migration policies in Canada makes it crucial to study the effects of such programs, to assess the impact that the expansion of the TFWP is having on Canadian society.

Canada has historically been a nation that has turned to immigrant labour to fulfill its need for domestic workers. However, the conditions under which such migration has occurred have evolved through various historical contexts. Prior to World War Two women from the United Kingdom and Western Europe came to Canada as domestic workers and were granted landed immigrant status, providing them with an immigration experience that was less restrictive than for today’s foreign caregivers. During the World War Two era, Canada began turning to other nationalities as a source of labour for domestic work. In particular, East Europeans began migrating to Canada as domestic workers, due to their displacement caused by the war. Although East Europeans were deemed less desirable for nation building than West Europeans they were nevertheless afforded similar citizenship rights. It was not until after the war that Canada turned to migrant groups consisting of third world women of colour for domestic labour. It was during this post-war period that a number of transformations occurred in the policies that

regulate the incorporation of migrant domestic workers into Canadian society. In the more immediate post-war period, an agreement was made between Canada, Jamaica and Barbados that granted full landed immigrant status to women coming to Canada as domestic workers. Yet it reserved the right of the Canadian government to deport any woman found unsuitable for the work. In 1973 greater restrictions were formalized in the Temporary Employment Authorization Program, in which domestic workers were no longer afforded the right of permanent residency. Rather, the Canadian government began issuing temporary employment visas. In 1981 this program was modified, becoming known as the Foreign Domestic Movement (FDM). Under the FDM migrant domestic workers were granted the right to apply for permanent residency upon the completion of two years of live-in domestic work. This change therefore offered the opportunity for eventual increases in citizenship rights to migrant domestic workers (Bakan and Stasiulis 1997).

However, in 1992 further requirements were added to the criteria for obtaining permanent residence, such as higher educational achievements, demonstrated financial security, and social adaptation through volunteer work. These requirements were institutionalized in the creation of the Live-In Caregiver Program. In addition to the added criteria for permanent residency, the LCP maintained the two most repressive aspects of the FDM – the temporary immigration status of incoming domestic workers and the mandatory live-in requirement for their work (Bakan and Stasiulis 1997). In April, 2010, changes in the LCP were once again put into effect, modifying the program but not transforming its underlying logic. Under the new regulations, LCP caregivers are required to complete 2 years of live-in domestic work within 4 years of arrival in Canada, or 3900 hours of work in no less than 22 months, in order to become eligible for permanent residency (CIC 2010a). This change provides an additional year to caregivers to complete their work requirement. In addition, the other criteria for applying as a permanent resident have been loosened. However the basic workings of the program, as a two-step migration program, remain unchanged.<sup>3</sup>

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<sup>3</sup> At the time that the research in this thesis was conducted, this regulation was more restrictive. Caregivers were required to complete 24 months of work within 36 months. As the basic premise of this regulation has not changed I discuss the new regulation throughout the thesis. However, the reader should be aware that my findings pertain to caregivers who faced greater time limitations.

If these transformations in the governance of migration are considered with reference to the citizenship regimes in place, it becomes apparent that throughout different historical contexts the role of the state in defining categories of citizens and non-citizens has been pertinent. For instance, during the World War Two period, concerns about immigrants' dual loyalties called for greater caution in policy decisions (Jenson and Phillips 2001), with British subjects being the preferred immigrant group (Bakan and Stasiulis 1997). The immediate post-war period was characterized by efforts to build a Canadian identity and to expand the state's role in providing for the economic and social rights of citizens (Jenson and Phillips 2001). As such, foreign domestic workers were granted inclusion in this national identity through the extension of landed immigrant status, albeit with the state reserving the right to reject any workers deemed unsuitable for membership (Bakan and Stasiulis 1997). In more recent history however, Canada's citizenship regime has become characterized by a neoliberal agenda, concerned with cutting back government expenditures. The new citizenship regime calls on individuals to be responsible for their welfare, which was previously the responsibility of the state (Jenson and Phillips 2001). Under this citizenship regime we are witnessing a transformation in the institutional arrangements governing immigration and citizenship. Today, just as in the past, Canadians rely on foreign workers to meet their care needs. Yet, the institutional arrangements for providing employers access to foreign caregivers and for recognizing these workers as members of Canadian society have been transformed. The shift toward temporary worker programs that are responsive to employers' labour needs signals an institutional arrangement that corresponds to the current neoliberal context. However, these shifts come at a cost, in the form of limited rights, borne by the migrant workers coming to Canada.

Although LCP caregivers hold a temporary status in Canada and therefore must endure such costs to their citizenship rights, this program is nonetheless recognized by governments, such as the Philippines (Stasiulis and Bakan 2003), as well as researchers (Anderson 1993, as cited by Stasiulis and Bakan 2003), as a leading policy for its success in regulating the workplaces of migrant domestic workers. It is hailed as an exemplary policy at the international level while the policies of other nations are scrutinized for restricting the rights of domestic workers. Yet scholars such as Khan (2009) candidly

explain how the very pillar of the LCP that receives recognition as a best practice serves as the basis of domestic workers' exploitation; the opportunity for caregivers to apply for permanent residency upon completion of 24 months of employment as a live-in caregiver. This pillar of the LCP is both an opportunity and constraint for caregivers. It is the most attractive feature propelling women to come to work as live-in caregivers in Canada, for it offers a chance to gain greater citizenship rights than in other countries. Yet it is also the most controlling feature of migration, for it deters these women from rejecting abusive labour practices and violations of their human rights due to the fear that speaking out may jeopardize their chance to complete the 24 months of work needed to apply for permanent residency.

While Canada's LCP is recognized for going a long way in protecting the rights of migrant domestic workers, this finding must be understood relative to the working conditions and citizenship rights of foreign domestic workers in other nations, the citizenship rights of Canadians, and the gap between LCP caregivers' legal rights on paper and the practical implementation of these rights. For instance, as previously noted, in Hong Kong migrant domestic workers are granted work visas that are tied to a specific employer. In the event that a contract is terminated the migrant worker is required to leave Hong Kong within a period of two weeks. Changes of employment are not allowed within the first two years of a Filipinas work in Hong Kong, which essentially binds these women to their employers (Chang and Ling 1999; Constable 2007). Whereas in the LCP, caregivers are entitled to change employers so long as they apply for new work permits (CIC 2010a). LCP caregivers are also afforded the same labour rights as Canadians (CIC 2009b), however as this thesis will explore, LCP caregivers may face barriers to the recognition of these legal rights. In other countries, foreign domestic workers' reproductive rights may also be limited, such as in the case of Singapore where foreign domestic workers must undergo mandatory pregnancy tests (Chang and Ling 1999). Such control over women's reproductive rights in the LCP does not occur through mandatory tests, however LCP caregivers are separated from their children while working in Canada (Pratt 2009) and they have difficulty accessing their entitlements to parental leave benefits if they become pregnant during their work in the program (CNT Representative, 2010). Therefore, while they fair better than Filipina domestic workers in other countries,

there are nevertheless restrictions on their rights associated with reproduction in comparison to legal residents and Canadians. Another issue facing caregivers in the LCP is that a gap exists between the legal rights afforded to them on paper versus the practical implementation of these rights. Basok (2004) explains that from a legal perspective the position of migrant workers around the globe has advanced, as states have begun to extend greater rights to migrant workers. However, when citizenship rights are understood on a more practical level the position of migrant workers appears very different. While legal rights may be extended to migrant populations there may be barriers of access to these rights and limits to their enforcement. This issue became particularly relevant in my interviews with caregivers and community workers.

Finally, and perhaps most importantly, in interviews with LCP caregivers I was informed time after time that Canada was a coveted destination among Filipina domestic workers. Canada provides a particularly strong pull factor to women willing to migrate as caregivers, for migration in the LCP leads to a chance of applying for permanent residency. In comparison to other countries, caregivers expressed that this opportunity for permanent residence was only available here. Canada is therefore perceived as the “golden ticket” among Filipina caregivers looking to build a life for themselves and their families outside of the Philippines. In reference to Parreñas (2001a, 2001b) discussion of Filipina domestic workers’ partial citizenship, migration to Canada through the LCP can be interpreted as an attempt to escape a life of partial citizenship. All but four of the fifteen caregivers I interviewed had previously worked in a country outside the Philippines as domestic workers. When they heard of the LCP they grabbed the opportunity as a step toward building a stable life and eventually reuniting with their families. However, through interviews with caregivers it also became apparent that this attraction towards Canada comes with large sacrifices such as time, money, well-being, and further separation from family. The pressure these women face to prove their worth for membership in Canadian society deters them from seeking recourse when rights they are legally entitled to are violated. The paradox here is that caregivers sacrifice some of their rights in order to obtain the ultimate right – that is, the right to remain permanently in Canada. While the LCP may be portrayed as a best practice in comparison to other countries that demand foreign domestic workers, the picture changes when comparisons



are drawn between the legal rights of caregivers on paper and their rights in practice. As the analysis in this thesis will demonstrate, further steps toward the protection of LCP caregivers' rights in Canada are demanded by advocates and caregivers themselves.

The LCP is a relevant case for studying how migrant women react to their partial citizenship. This program has been cited by researchers, including Parreñas (2001a), who use it as an example of the restrictions that Filipina domestic workers face in migration. As previously noted, the very act of migrating to Canada in the LCP can be interpreted as a means of escaping partial citizenship. However, throughout the first portion of this two-step migration process caregivers find themselves again in a position of partial citizenship. Ethnographic research on the LCP, while limited, indicates that this population of Filipina domestic workers is more active in negotiating their rights with the government than research in other contexts has portrayed this population. For instance, as previously mentioned, the case of Melca Salvador's fight to gain permanent residency demonstrates a collective action challenging the exclusion of a migrant woman from Canada (Hanley and Gal 2009). Stasiulis and Bakan (2003) also show how Filipino migrant workers have been involved with recent political activities to advance the rights of domestic workers in Canada. These examples suggest that this context is one in which migrant women seem to be laying claim to citizenship rights. It therefore serves as a relevant case to empirically consider how and why Filipina caregivers respond to limits on their citizenship rights within receiving states.

### **RESEARCH METHODS: A QUALITATIVE APPROACH**

In-depth semi-structured interviews were used as the primary method of data collection in this thesis, because this method best yields empirically-rich data, invaluable in uncovering the meanings underlying respondents' thoughts and actions (Charmaz 2004). Additionally, I chose semi-structured interviewing, as opposed to focus groups, due to the logistical difficulties involved with convening focus groups for an isolated population with largely inflexible schedules (Morgan 2004). I triangulated my methods of data collection, with data also gathered through participant observation at public events, as well as through community organization and government documents. Berg (2007) highlights the popularity of triangulation in qualitative research for providing a means of

mutually-validating findings. It does so by providing a way to confirm findings and by revealing inconsistencies that the researcher must address. For instance, interviewing community workers and government employees who provide services to LCP caregivers enabled me to ask questions regarding the frequency and severity of problems identified in prior interviews with individual caregivers. In comparing the data from these two samples, I was able to separate broader problems from particularities. Similarly, by drawing on written documents, I verified the policy information provided to me by my various respondents.

### **Gaining Entry and Developing a Research Sample**

Between July 2009 and January 2010, I carried out interviews in Montreal with 15 Filipino LCP caregivers, three community organization<sup>4</sup> workers, and two employees of the Quebec provincial government<sup>5</sup>. Additionally, I consulted with one employee at the federal level of government<sup>6</sup> through written means. In the sample of caregivers, I focused on those who had yet to become permanent residents – excluding those who had already become permanent residents. This purposive sampling strategy (Berg 2007) allowed me to collect data pertaining directly to the period of temporary migrant status. Additionally, throughout the summer of 2009 and into the spring of 2010, I participated in a number of social and fundraising events, campaigns, and information sessions within the Filipino caregiver community. These events provided venues where I could recruit respondents, as well as opportunities to observe the issues and concomitant actions central to the community. I took detailed field notes during and immediately following the public events, which served as another source of data. Most importantly, my attendance in these events was valuable in gaining trust and respect from respondents and community gatekeepers.

In addition to community events, caregivers were referred to me by community gatekeepers (that is, those responsible for the operations of the community organizations I approached) and, to a lesser extent, I was also referred to caregivers by employers. I further expanded my sample through snowball sampling by asking respondents to refer

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<sup>4</sup> Association des aides familiales du Quebec, Pinay, Filipino Caregivers Association of Montreal

<sup>5</sup> Commission des normes du travail, Commission des droits de la personne et des droits de la jeunesse

<sup>6</sup> Citizenship and Immigration Canada

me to caregivers they knew in the community. While snowball sampling has limitations in terms of the generalizability of research findings, it is nevertheless an important sampling technique for reaching isolated populations and research dealing with sensitive issues (Berg 2007). It was therefore a necessary strategy for recruiting LCP caregivers, a group that is widely known to be difficult to access for research purposes (Oxman-Martinez, Hanley and Cheung 2004).

The caregiver sample contains 11 women working under the LCP and four women holding open work permits awaiting a decision on their permanent residence applications, at the time that interviews took place. In addition, I purposively recruited caregivers who were involved to varying degrees with community organizations. I was most concerned with creating a balance in my sample of caregivers, from those who were very active in responding to problems with the LCP to those who were not so active, if at all. I used their participation in the community as an initial means of assessing where they fell on this spectrum. This balance in the sample was necessary to collect data on a range of caregivers' response to their precarious status. The caregiver sample consists of three respondents who were very active, six respondents who were somewhat active, and six respondents who were not active at all in community organizations.<sup>7</sup> Most of the caregivers who I invited to participate in the study were enthusiastic about sharing their experiences. However, some were reluctant to participate as a result of the vulnerability they felt in exposing their situations to me. Others explained that they did not have the time to participate. These were the common reasons as to why some women declined participation, however for the most part caregivers expressed that they wished to make their experiences known through my research.

Finally, I recruited the community organization workers and government employees through cold calling and e-mailing, as well as received referrals to key employees in different branches of the government from these respondents. Most of the professionals I contacted were open to my research and willing to participate, however

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<sup>7</sup> Very active refers to women who played a role in the operations of an organization, by holding formal positions, attending committee meetings or volunteering. Somewhat active refers to women who described themselves as non-active members of an organization, attended community events, or sought advice from organizations but had no role in an organization's operations. Non-active refers to women who had no connection or experience with a community organization whatsoever.

challenges were encountered with accessing respondents at the federal level of government. For this reason, I relied on responses to a brief written questionnaire from a CIC representative, documents and web-pages, as well as observations at a public information session on the LCP, to inform a perspective on the role of the federal government and the objectives of the LCP. Government documents and web-pages at the provincial level and community organization materials were also used for the analysis. I gathered these materials through internet research as well as directly from respondents who had access to informational documents.

### **Data Collection: The Research Setting, Building Rapport, and Interview Structure**

Interviews with the sample of caregivers centered upon their life histories prior to migrating to Canada, their employment experiences in the LCP, their immigration experience, their participation (or lack thereof) in community organizations, and their hopes and aspirations. These broad themes translated into specific topics, such as the experience of family separation, the intimacies of working as a caregiver, and the particular struggles experienced by caregivers. The interviews took place in various places in Montreal, Quebec that were chosen by the respondents, such as in the spaces of community organizations, in public spaces such as food courts, and in respondents' homes or their friends' apartments. I made every effort to meet with respondents at a location and time that was comfortable for them to ensure the environment would be conducive to speaking freely. Most interviews took place on the weekend during caregivers' days off. The interviews lasted from 45 minutes to 2.5 hours and often involved me spending additional time sharing meals and answering their curious questions about my life. These meals always initially provoked my concern that our differences would set us apart, especially with regard to my ability to share a meal with them. Having consumed a vegetarian diet since childhood, I sat at table after table enjoying my bowl of rice while the others enjoyed the Philippine meat dishes. Yet these moments led to jokes about Canadians and their vegetable-based diets, which then led to more intimate discussions about living with employers and expressions of longing for the customs and lifestyle they held in the Philippines. This willingness on the part of caregivers to joke with me and to share the challenges of living with an employer signaled, in my estimation, their comfort with me. When I visited respondents in their

homes, I often brought snacks to contribute to a meal and in instances where we met in public spaces I provided beverages or snacks. At the end of each interview, respondents were given small gifts such as journals, tea, or candles along with a handwritten thank-you card. These gifts were not advertised during recruitment and were given with the intention of expressing gratitude to the respondents for sharing their time and experiences.

Due to the sensitive nature of the interviews and the vulnerability felt by respondents, I gave respondents a choice to have the interviews recorded through a digital audio recorder or through written interview notes. All but four respondents consented to having the interviews audio-recorded. For the other four respondents diligent interview notes were taken and typed up after each interview. The interviews were done on an individual basis; however there were instances where I would meet with a group of women and do interviews back to back and two instances where I was required to interview women in pairs. This last situation was not ideal for it creates an inconsistency in the collection of data. However, given that respondents would have otherwise declined participation in the study, I made these exceptions in order to include women in the sample who were less eager to participate and less involved in the community.

The interviews were a semi-structured format that lent flexibility to allowing caregivers to bring up issues that they saw as relevant to their experiences. This allowed respondents to speak in ways that were meaningful to them and was conducive to fostering a dialogue. Sprague (2005) suggests that such an approach avoids the bias of dominant conceptual frameworks that researchers bring to their studies. Furthermore, this flexibility also makes it more likely to see when marginalized groups “have experiences that lead them to develop critical perspectives on their circumstances” (Sprague 2005:77). A few caregivers who were more reserved during the interview process followed the interview structure rigidly and did not try to depart from my questions, however most respondents would recount their personal histories early on in the interview, departing from the interview guide to bring up issues that were relevant to these histories. This usually lasted for the first 15-20 minutes of each interview after which point the respondent would conform more closely to the interview guide. When caregivers made efforts to depart from my questions and re-orient the discussion to situations or topics

more relevant to them, I followed their lead while probing for how these departures related to the overall themes of the research.

The interviews with the smaller sample of community organization and government representatives took place in respondents' workplaces, homes, and cafes. These interviews ranged from approximately 45 minutes to 1.5 hours and were audio-recorded. The purpose of these interviews was to gain contextual information on the operations of the LCP to supplement the interviews with caregivers. A semi-structured format was used, again allowing room for respondents to discuss issues relevant to their work in the LCP. Interview guides were also tailored to the backgrounds of these respondents' organizations and government branches. While different issues arose in these interviews, there were some common themes in each interview. These themes were the mandate and implementation strategy of each institution, the institutions' stance on the LCP, the operations of the LCP, and particular issues relevant for caregivers in Quebec, such as the enforcement of labour standards or problems with recruitment agencies. These interviews also provided a check on the validity of data when examined in conjunction with the data collected through interviews with the sample of caregivers.

### **Data Analysis**

For the purposes of analysis, I transcribed each interview with the support of Express Scribe transcription software. Transcribing proved helpful in that it enabled me to re-listen to the interviews and reflect on the emergent central themes. Reflecting back, I can say that it is crucial to begin working with the data right away. I did not wait to finish interviewing my full sample before I was listening to, transcribing, and coding completed interviews. Beginning this process early heightened my awareness of the challenges caregivers shared with me and helped me to refine the focus of interviews as I continued to collect data. After transcribing, I relied on MaxQDA qualitative data analysis software as a tool to break the interview data down into a workable form. Using open coding, I read through the interviews and coded the text into categories related to the research themes, such as a category for caregivers "challenges" or "strategies". I then read through the coded segments of text to further break down the data into subcategories. For instance, the main category of "challenges" eventually included subcategories such as "loneliness/homesickness," "health problems," "family challenges," "verbal abuse,"

“contract violation,” and so on. This coding process helped to break the data down into a workable form that made it easier to see central themes.

However, in building the analysis it was necessary to continue working with the data to understand how the categories related to each other. It was at this stage that I faced the challenge that many qualitative researcher experience; how does one best handle a mountain of data? Having read the candid discussion of this very issue addressed by Lareau (1996), I relied on her experience in qualitative research as a guide and used a number of data displays to achieve my goal. I began by making basic charts that recorded the challenges experienced by each respondent, from which I could see the extent of the various problems experienced by caregivers. In a series of memos, I collected caregivers’ discussions of the common challenges to identify the issues they discussed in relation to these challenges, particularly looking for the causes they identified. This led me to an examination of how each of their experiences connected to the immigration and labour policy regulating their lives. Following this stage of the analysis, I made a data display by transferring coded interview segments for each caregivers’ history in the LCP, their responses to challenges, and their demographic characteristics onto index cards. This allowed for me to easily begin looking for trajectories in each caregiver’s migration experience and for patterns across the sample. As such, the factors that contributed to caregivers’ actions while working in the LCP became more apparent.

### **STRUCTURE OF THE THESIS**

The growing significance of female labour migration raises questions regarding the social and economic impacts of the globalization of care. Scholarship that focuses on the citizenship experiences of Filipina domestic workers points to the vulnerabilities this population experiences due to restrictions on their rights. The task at hand now is to advance an understanding of their experience that can account for their various responses to partial citizenship. Interpretations of Filipina domestic workers as passive migrants in this system of international care may fall short of proving a full portrait of how these women lay claim to their rights. By asking why and how Filipina caregivers respond to their temporary status in the LCP, I expand on a theory of their inactions and actions.

The following chapter begins this analysis by addressing the first component of the research problem, *what challenges do Filipina caregivers experience in the LCP and what obstacles do they face in overcoming these challenges?* In so doing, I link the experiences of caregivers and the challenges they identified in interviews to the Canadian and Quebec governments' regulation of their workplace and migration. I present a discussion of the logic behind the three main policy pillars of the LCP and how they impact caregivers' citizenship rights. As such, the analysis reveals how the LCP, as a particular institutional arrangement embedded in Canada's citizenship regime, forms the underlying structure of the challenges caregivers experience. Chapter Three turns to a discussion of the second component of the research problem, *despite these obstacles, why are some caregivers choosing to claim their rights and how does this action take shape?* This chapter highlights how caregivers, despite their marginalization from citizenship rights, claim protection through the state and within civil society. Caregivers' membership in the local community intersects with the institutions of migration to create a variety of strategies – formal and informal – on which caregivers can rely when facing problems. Further, this examination of the struggles that caregivers engage in through communities of support reveals the challenges of regulating paid labour in the domestic arena. Finally, in Chapter Four I conclude the thesis with a summary of the theoretical insights derived from the analysis, raising questions about the nature of immigration under Canada's contemporary citizenship regime and the implications of temporary and two-step migration for migrant communities and Canadian society.



## **CHAPTER 2: Three Core Pillars of the Live-In Caregiver Program**

### **INTRODUCTION**

In the spring of 2010, researchers, domestic worker associations, and government officials convened an international seminar in Montreal, to discuss setting standards to ensure decent work for domestic workers globally. It was at this seminar that a lawyer speaking on the situation of migrant domestic workers in Canada proclaimed:

We have deliberately structured relationships in a way that makes these women subject to very real oppression. And the fact that they are unable to enforce their rights is not an accidental byproduct. We've created relationships that very deliberately privilege employers, create incredible flexibility, and create very little leverage and voice for women in that relationship. And I think that is a place for us to have a very honest discussion about what kind of structures do we want? (Fay Faraday, Lawyer, March 2010)

These words resonate strongly with the analysis I present in the following pages. In this chapter, I address the three main policy pillars of the LCP, specifically the live-in nature of caregivers' employment, work permits tied to specific employers, and the two-step migration process. By analyzing the three main pillars of the LCP and how they shape Filipina caregivers' migration and labour experiences, the following analysis reveals how this immigration policy creates particular challenges for caregivers, as well as limits their strategies for claiming their rights. Such an analysis roots the challenges faced by caregivers not in their individual experiences, but as collectively experienced problems created by the specificities of this immigration policy. I further highlight particular connections between the LCP and Canada's citizenship regime. Thus, the analysis provides insight into how the LCP is a particular institutional arrangement stemming from Canada's contemporary citizenship regime.

To begin, relying on government documents, interview data, and literature, I explain the logic behind the three policy pillars. I then present an analysis of the relationship between each pillar of the LCP and the challenges caregivers face in securing their labour and human rights. Ultimately, the challenges overlap, placing these caregivers in precarious positions. The most influential pillar of the LCP that deters caregivers from exercising their rights is the two-step migration process, which provides

caregivers with the opportunity to eventually become permanent residents. This pillar of the LCP is both a blessing and a curse. There is the opportunity to become eligible for permanent residency if requirements are met under the LCP, yet there is a perception among caregivers that this opportunity is not secure and one wrong move can take it away, thus deterring them from challenging their employers or their place in Canadian society more generally. As such, at times, caregivers will sacrifice rights under the LCP in order to secure their rights in the future.

### **THREE CORE PILLARS OF THE LCP**

Three core pillars of the LCP are frequently cited by researchers and advocates as the sources of live-in caregivers' precarious position. The first is the live-in requirement of the work, the second is work permits that are tied to a specific employer, and the third is a period of temporary resident status with the possibility of attaining permanent resident status after completing 24 months of work within 48 months (or 3900 hours). These three pillars set the parameters of Filipina caregivers' membership in Canadian society under the LCP. These parameters often result in situations in which caregivers face great difficulty in exercising their rights, as the director of AAFQ explains:

The live-in caregivers, because of the [live-in] residency, because of the 24 months, and because of the work permit that identifies their employer, they have way less space to negotiate anything with their employer. If a live-in caregiver loses her job, she loses partly her status, or her status is in danger because if she is here she is supposed to be working. She loses her home, because she's a live-in. And she loses time because she has to go through the 24 months. So, whatever happens in the house, she will think twice or more before she has to say "I'm gone." (Alexandra Pierre, Director of AAFQ, 2009)

Due to the way the LCP is structured, caregivers not only face restrictions on their rights, but are in a precarious position in terms of seeking remedies to their hardships and recourse when rights which they are entitled to are violated. As the following sections demonstrate, each of these pillars of the LCP creates a specific set of challenges for caregivers, as well as limits their strategies for claiming their rights. Table 1 summarizes these challenges, which are discussed in greater depth throughout the chapter.

**Table 1 • LCP Policy Pillars and Associated Challenges for Caregivers**

<b>Policy Pillar</b>	<b>Description</b>	<b>Challenges</b>
<b>Live-In Requirement</b>	Caregivers are required to live in the home of their care recipient/employer.	<ul style="list-style-type: none"> <li>• Overtime without compensation</li> <li>• Harassment (physical, psychological, sexual)</li> <li>• Isolation, loneliness, mental health problems</li> <li>• Substandard housing and food</li> <li>• Lack of privacy</li> <li>• Difficulty negotiating with employers</li> <li>• Difficulty leaving an employer</li> </ul>
<b>Employer Specific Work Permits</b>	Caregivers are issued work permits that specify the name of the employer. Caregivers may change employers, however they are not authorized to work for a new employer until a new work permit is issued.	<ul style="list-style-type: none"> <li>• Decreased job mobility</li> <li>• Employment gaps and associated challenges (undocumented work, difficulty accessing health and social services, financial strain)</li> </ul>
<b>Completion of 24 months or 3900 hours of full time live-in work within 48 months</b>	Caregivers become eligible for permanent resident status if and when this requirement is achieved.	<ul style="list-style-type: none"> <li>• Prolonged Family Separation</li> <li>• Additional stress, mental and physical health problems</li> <li>• Barrier to seeking recourse when rights are violated due to anxiety around perceived costs of asserting rights</li> </ul>

### **Living-In: A Core Pillar of the LCP**

Caregivers in the LCP must live in the home of the recipient of their care. Failure to do so can result in disqualification from the program (CIC 2010a). This is a central component of the program, established on the basis of a shortage of *live-in* care services available for Canadian families. The explanation that there is a shortage of live-in caregivers to meet Canadian families' care needs is evident in the following instance. At an annual information session for caregivers jointly organized by community organizations Pinay and AAFQ, a panel of government employees was asked if caregivers are allowed to rent apartments to go to during their off hours. The Program Advisor of the CIC Quebec Regional Office, Madame Nicole Grenier, explained that caregivers may reside in their own apartment outside of the 40 hours of work performed each week that is required in

their contracts – for instance, during their two-day weekend – but during their 40 hours of work they must live-in with their employers. Upon explaining this, there was a buzz of whispers throughout the room, one caregiver stood and asked if this meant that after their work hours ended each day and they were on their off-hours they could leave. The CIC representative reiterated the statement and explained that during the 40 hour work week caregivers must live in and stay at the employers’ home overnight, because this is the *live-in* caregiver program. If caregivers were not living-in, Canada would have no need for them. With this statement, the issue was settled (Field Notes, May 16, 2010).

This instance reveals two issues that require further examination. First, the CIC representative’s response to the question on living-in highlights the rationale behind this pillar of the LCP. The government has long situated the LCP as a program designed to fulfill a demand for *live-in* caregivers, for which a supply of Canadian caregivers is lacking (Hanley and Gal 2009). This shortage of live-in caregivers, not live-out caregivers, explains why this pillar is a necessary component of the LCP. However, this rationale of a live-in caregiver shortage is highly disputed by researchers. Opponents argue that the live-in requirement functions to maintain low wages for employers (Stasiulis and Bakan 1997). Such an argument becomes relevant when considering the predominance of unpaid overtime performed by live-in caregivers, an issue to which I will soon turn. Others also argue that the LCP allows the government to avoid taking responsibility for a more general shortage of care services in the Canadian economy (Hodge 2006; Khan 2009). The LCP is a policy designed to ensure that Canadian families can meet their care needs. This particular institutional arrangement for responding to Canadians’ care needs demonstrates that “childcare is a private issue to be dealt with by mothers, not a public issue to be dealt with by the government” (Hodge 2006:65) for it makes labour available for purchase by individual families, rather than public investment in care services. The AAFQ adopts a similar position, as the director explained, “our analysis is that it is the privatization of health and social services. The individual has to hire this caregiver, they have a tax refund, but while they are doing that we are not investing in the collective services” (Alexandra Pierre, Director of AAFQ, 2009). These arguments reframe the issue as a problem of access to affordable care services in general, rather than a shortage of live-in care services in particular. Furthermore, these arguments

provide insight into the LCP as an institutional arrangement stemming from Canada's contemporary citizenship regime. Citizenship regimes not only have implications for defining who belongs to a nation, but also for defining who is responsible for providing welfare to citizens – governments, markets, families, or communities. In other words, citizenship regimes define the “responsibility mix” (Jenson and Saint-Martin 2003). Currently, the care needs of Canadians are being addressed by families through the market. This is a particular division of responsibility made possible by the LCP, for it makes available an affordable and flexible supply of labour for Canadian families.

Indeed, research has shown that employers sometimes use the LCP to satisfy a demand for live-out care services, by hiring a live-in caregiver under the LCP but then requesting to her that she live-out (Stasiulis and Bakan 1997). Further evidence of this misuse of the program by both employers and placement agencies is apparent in my research findings, exemplified by the following caregiver's migration experience:

When I arrived in Canada, I never met the employer who sponsored me. Then I went to that agency who processed my papers to come and they told me that, “the employer is willing to keep you if you agree, the employer requests that you will live-out.” So I said, “how can I? The program is LIVE-IN caregiver.” So of course I am scared because I want to be legal, because I apply to come in Canada as a legal one, you know? (Interview, Caregiver 2, 2009)

The frequency of instances where employers and agencies call on caregivers to live-out cannot be addressed here due to the limitations of a non-representative sample, but these findings do indicate that the LCP is being used to address employers' more general needs for care services. This warrants further investigation into the scope of this issue and where the shortage for care services genuinely exists. Such an investigation is necessary to adequately address Canadian families' care needs and the necessity of the mandatory live-in requirement in the LCP.

The second issue that must be examined from the CIC representative's explanation of the live-in requirement is that despite being on their off-hours caregivers must stay at their workplaces overnight – an odd requirement considering that the work day is, in theory, complete. One must question why this is required of caregivers when contrasted with the challenges it creates in the workplace. The live-in requirement is problematic because it creates an ambiguous line between work and home for caregivers.

This ambiguity is widely known to subject caregivers to a number of challenges, such as working overtime without compensation, as well as difficulty escaping physical, psychological, and sexual harassment in the workplace. The private nature of caregivers' workplaces renders such abuses invisible, subjecting live-in caregivers to practices that would be unacceptable in other work environments. The live-in requirement is also associated with other problems such as isolation and loneliness that can lead to mental health problems, substandard housing and inadequate food, as well as difficulty negotiating working conditions with employers (Grande and Kerr 1998; Hanley and Gal 2009; Hodge 2006; Khan 2009).

Working overtime without compensation is a labour rights violation that was frequently cited by respondents in my sample. Evidence of working overtime (i.e. beyond 40 hours of work per week) was apparent in every caregivers' experience, with 80% of the sample indicating that their employers failed to fully compensate them for this overtime and recognized this as a violation of their rights. The other 20% of the sample explained situations of working overtime with either no compensation or inconsistent compensation, but did not perceive this as a problem. A former study on Filipina caregivers in Quebec similarly found that not all caregivers recognize working overtime without compensation as a violation of their labour rights. The explanation for this, based on focus group findings, is that Filipina caregivers lack a sense of entitlement when they are not fully incorporated into Canadian society. Caregivers may believe that they have fewer rights than Canadian citizens, when in fact they are entitled to many of the same rights and services (Oxman-Martinez, Hanley, and Cheung 2004). Based on the findings of my interviews, it is clear that in addition to feelings of disempowerment, caregivers may be reluctant to perceive violations of their rights in situations that they deem bearable or view as an improvement from working conditions experienced in other countries prior to migrating to Canada.

Regardless of how caregivers perceive this issue, employing a caregiver and requiring her to work overtime without compensation is an abusive labour practice. It is made possible due to the live-in requirement of the LCP, for it creates the ambiguous line between working hours and off hours that exists when the caregiver's workplace and home share the same space. Employers can easily take advantage of this ambiguous line,

whether they intend to or not. Additionally, live-in caregivers face an ambiguous relationship with their employers, such that work relations may become coercive when governed by “family” relations if a caregiver is assumed to be more like one of the family than an employee (Bakan and Stasiulis 1997; Constable 2007; Romero 2002). Carole Fiset, Education and Cooperation Agent at CDPDJ, explains this ambiguity as unique to the work of live-in caregivers:

We know that most of them do work at night, during the night, in the evening, every time. It’s difficult for her to have respect for her rights regarding the labour standards. It’s difficult to prove that they are working until midnight. We say that it’s a place where the law is not correctly protecting the live-in caregiver, because when a family receives a live-in caregiver like a member of their family, when do you work and when do you help like a member of the family? Somebody who does 8 hours by day and goes to their own home doesn’t have this problem. (Carole Fiset, CDPDJ representative, 2010)

Caregivers too identify this ambiguous line between workplace and home as a condition that allows employers to violate their right to compensation for their work. The following caregiver’s recollection of an interaction with her employer demonstrates this clearly:

When we signed the contract, I thought that [my employer] knew the law that you are being paid for your overtime, beyond 8 hours you will be paid, but she said that she can’t do it, she can’t pay me, because she said it’s too much for her. And that’s why she said to me, “I get a live-in caregiver because of that.” She wants that my time will be flexible. They say, “That’s why we get a live-in caregiver, because you’re living with us, so you have flexible time, so you have a break, you can take your break anytime.” Since you are living there, you’re time will be distributed. But still, if you distribute it, it still exceeds the 8 hours work.

This caregiver later went on to explain a typical work day and the “flexibility” required of her to clean the house, care for the child, and prepare meals:

If you’re cleaning the house every day, in one day you spend 5 hours cleaning and all the laundry, ironing, you spend 5-6 hours. And the dinner at nighttime, so you spend another 2 hours...So if you start 7:00, 8:00, 9:00, 10:00, 11:00, 12:00, 1:00 you finish the chores. But you’re not taking a break at all because if the kid is there you will be with them, so if you finish your work and the kid is there then after 1:00 you don’t have a break. And after that, you will prepare the dinner. So where’s the break there (she laughs)? See. Even though he’s sleeping, the monitor

is there, so anytime the kid will wake up you have to be there. So, I don't see the point where they're talking about the break. (Interview, Caregiver 11, 2009)

This extended work day with fictitious “breaks” is commonly experienced by live-in caregivers. Their workdays are expected to conform to the needs of their employers and care recipients, requiring flexibility of their time and work schedules that exceed a 40 hour work week. If these caregivers were to live-out, an extended workday would be clearly recognizable by the time the employee spends in the employer's home. Yet for live-in caregivers, this is not the case.

Severe abuses in the form of physical, sexual, or psychological harassment have also been linked to the live-in requirement because it can erode a caregiver's right to privacy and isolate her from accessing information and resources to cope with abusive practices. Furthermore, the “private nature of the workplace conceals practices that are not acceptable in a regular work environment” (Grande and Kerr 1998:10). As Carol Fiset, a representative of CDPDJ explains:

The obligation where a live-in caregiver should live where she works is a problem too regarding harassment, sexual harassment or ethnic harassment or racism. Many women are alone at the place where they work and live, and the MICC [Immigration Quebec] gives to the live-in caregivers who come to Quebec the legal rights and human rights, the health rights, and what kinds of measures that they can have if they have a problem. But we think that when the caregiver is alone in her employer's place she doesn't know how to find a solution if she has a problem. (Carole Fiset, CDPDJ representative, 2010)

According to the Quebec Labour Standards Act, as of June 1, 2004 every employee in a Quebec workplace, including LCP caregivers, is entitled to a workplace free of harassment. Harassment is defined as:

[V]exatious behavior which may take the form of conduct, verbal comments, actions or gestures characterized by the following four criteria: they are repetitive, they are hostile or unwanted, they affect the person's dignity or psychological integrity, and they result in a harmful work environment. (CNT Quebec, 2009:7)

While LCP caregivers are entitled to workplaces free of harassment, respondents shared experiences of continuous and hostile verbal comments and actions by their employers and care recipients. For instance, one caregiver recalled a workplace where she was



frequently insulted and shouted at by her employers, as well as experienced being threatened with a knife by the recipient of her care (Interview, Caregiver 2, 2009). Another recalled how her employer would frequently raise her voice and issue insults, she explains:

She was yelling at me, insulting me. Calling me stupid, idiot, crazy. “You have a diploma, you’re a college graduate you claim,” she said I claim that I am like this, a graduate, “you shouldn’t be working here at home, you should be working in a factory.” (Interview, Caregiver 1, 2009)

A third example provides insight into how some caregivers try to rationalize the maltreatment they experience, which comes as a shock and leaves them feeling alienated and alone:

You know, the kids here, sometimes they imitate what the old people say, and whatever they heard from outside they say it to you... Like, f-u-c-k. You know? “You’re a pain in the ass,” they will say. When they [the employers] heard it they stop the child from saying it. But [he] pushes you like that, when you’re at your back and you don’t see [him] (she makes a motion to signify someone pushing her from behind)... So I’m not – sorry (she begins crying). I’m not used to that, you know? Because the kids in the Philippines are very very respectful to the old ones (she is speaking through tears, voice shaking). So I found myself very disrespected, that’s why when the child does that to me, I cried and the father saw it. Even though he saw it, he doesn’t listen to his parents, he just laughs. So maybe that’s part of being a caregiver. You know? Maybe I’m just really adjusting to the situation. Because (pause) the kids here are very, very far from the kids in the Philippines. We don’t experience that from the kids there. That’s all. (Interview, Caregiver 11, 2009)

I quote this interview segment at length because it demonstrates a situation common to live-in caregivers in which they are required to handle situations in their workplaces that cause psychological and even physical harm. This caregiver revealed several times throughout the interview that she did not receive adequate support from her employers in handling such situations. Furthermore, this interview excerpt demonstrates both the psychological shock the experience of abuse causes for live-in caregivers, as well as the acceptance that taking abuse is just part of the job requirement. This is a direct contravention of protections offered to all employees in the province of Quebec, and it is clearly an area where the law is failing to be applied.

A 2007 survey of 148 live-in caregivers revealed that 16% of respondents experienced abuse in their workplaces in the form of insults (11.7%), being treated like a child (7.1%), being slapped (2.6%), being pushed (2.6%), being hit (3.2%), and being ignored (9.1%). Aside from being subjected to harassment, it is important to note that those experiencing this problem reacted by calling a friend for support (10.4%), developing feelings of depression (9.7%), crying (7.1%), pretending it did not happen (4.5%), and calling the police (1.3%) (Pinay 2008). These reactions to abuse suggest that live-in caregivers are not properly equipped to address harassment in their workplaces. In fact, only one respondent in my research sample indicated that she had filed a complaint through CNT for psychological harassment, in an attempt to exercise the right to recourse that all LCP caregivers hold. However, the claim was denied on the basis of lack of proof that harassment had occurred. This also exemplifies how the private nature of the workplace renders abusive practices invisible.

While the frequency of abuse cannot be generalized from my study's non-representative sample, these abuses are nevertheless known to be widespread among the government and community organization representatives I interviewed. For instance, a representative of CNT explained the following, "In info sessions when I explain the concept of psychological harassment and I ask them, how many of you think you've lived this? *A lot* of hands are raised" (CNT Representative, 2010, emphasis in original). Harassment based abuses are common in the LCP. Furthermore, when such abuses occur, the isolation faced by live-in caregivers creates a barrier to exercising their right to seek recourse. A caregiver explained this relationship as follows:

[The employers] know that [the caregivers] do not have the chance to gain more friends. Because you are staying in your employer's 7 days a week. So at the back of your employer's mind, even if they abuse you, you have no one to talk to about it, right? (Interview, Caregiver 10, 2009)

Caregivers may also feel dependent on their employers to break free from this isolation. For instance, one respondent shared the following experience:

With my first employer I didn't have a lot of leave. I would tell the employer if I needed a fair or a lift, but the employer wouldn't help. They were nagging at me every time I asked for help. My first winter was very hard. Sometimes they would help me to go out but other times, just no. (Interview, Caregiver 6, 2009)

Caregivers' reliance on their employers complicates the issue because caregivers are placed in a position of dependency in an already vulnerable employment relationship. By working and living in an isolated environment, caregivers are dependent on their employers to assist them with integrating into the local community. This relates also to concerns held by Lowe (2010) that the shift in Canada's immigration policy toward two-step migration programs places greater responsibility on employers for providing settlement assistance to newcomers, shifting responsibility away from the state. Many of the caregivers in my sample expressed situations of dependence on their employers for assistance with integration – whether to find out about training, education, and language programs, assistance with migration, or simply meeting people in their new community. Again, it is clear that the “responsibility mix” of Canada's contemporary citizenship regime requires actors aside from the state to take on greater responsibility for the provision of welfare. This is particularly problematic in the case of the LCP, because caregivers are dependent on employers for their successful integration, yet for many caregivers this is already a vulnerable employment relationship. Due to the nature of live-in care work, which can erode privacy and conceal abusive practices within the confines of a private home, as well as the isolation that live-in caregivers face, the live-in requirement creates conditions for abuses to occur and go unnoticed.

Lack of privacy as a result of living-in can also make it difficult to seek recourse. According to the Quebec Charter of Human Rights and Freedoms every human being has the right to respect for his or her private life and a person's home is inviolable (CDPDJ 2008a). For live-in caregivers, their home is the room provided by the employer, which must have a lock and be respected as the caregiver's private space. However, cases have been documented in which employers do not provide a secure and private space to caregivers in their home by failing to provide locks, checking the space periodically, or even displacing the caregiver and using the dwelling as a guest room when hosting visitors (Pratt 2001). Furthermore, lack of privacy deters caregivers from seeking information on their rights and causes anxiety when they do try to inform themselves on how to handle a problematic employer because lack of privacy serves the function of surveillance. Some of the caregivers I interviewed expressed their fear of being caught seeking information on their rights, as the following interview segment demonstrates. “A

friend told me about [a community organization] and that's how I went to them. At first I just called them, but I couldn't talk because I was in the employer's home, so I would whisper in the phone" (Interview, Caregiver 6, 2009). In this situation, the caregiver felt uncomfortable accessing information on her rights over the telephone from her home, because it was also her employer's home. The caregivers in my sample expressed the need to lie to their employers about where they were going when they left the workplace to visit community organizations or access other services to learn about their rights. Regardless of whether or not employers are actually watching their employees, there is a high degree of surveillance perceived among caregivers due to the fact that their home and workplace are integrated. Limits on caregivers' privacy and the surveillance they feel due to the live-in requirement can therefore be understood as constraining caregivers from exercising their rights.

Finally, due to the live-in requirement, it is difficult for a caregiver to leave an abusive employer, because when she leaves her employer she must also leave her home. Such a move is difficult to make if the caregiver has no place else to stay. This is why Pinay has identified a need to establish a transition home for caregivers who are between employers, as no emergency housing exists for this population in the event that a caregiver needs to leave an unsafe or abusive workplace (Evelyn Calugay, President of Pinay, 2009). Again, it is apparent that the live-in requirement positions caregivers in a situation in which great difficulty will be faced if they try to gain the mobility necessary to search for an employer that will respect their labour rights.

While the live-in requirement has been justified by policy makers on the basis of a labour shortage for *live-in* care services, it is clear that the live-in requirement creates a number of injustices for caregivers. The ambiguous line between workplace and home leaves caregivers subjected to working overtime without compensation. The live-in requirement can erode caregivers' right to privacy and their ability to seek recourse when facing harassment. Furthermore, because the caregiver's workplace is also her home she is less likely to leave an employer that violates her rights. Caregivers' workplaces are private work environments known to be plagued with practices that would not be tolerated in public workplaces, and the live-in requirement further exacerbates caregivers'

vulnerability. These problems, as well as the fact that some employers are using the LCP for live-out domestic services, bring the rationale for this pillar of the LCP into question.

### **Employer Specific Work Permits: A Second Core Pillar of the LCP**

Coming to Canada as an LCP caregiver requires a joint effort among employers and caregivers, as well as Citizenship and Immigration Canada (CIC) and Human Resources and Skills Development/Service Canada (HRSD/SC). First, an employer must apply for a Labour Market Opinion (LMO) through HRSDC. The LMO is carried out by the government to check that no Canadian is available for the position, to ensure that a foreign worker is not taking a job opportunity that could be filled by a Canadian. If the employer receives a positive assessment, they are able to hire a caregiver from abroad (HRSDC 2010f). The caregiver may then enter Canada to work for this employer under a temporary work permit issued by CIC. The work permit specifies the employer's name and duration of time the caregiver may work in Canada for this employer (currently, up to 4 years and 3 months). Caregivers are allowed to switch employers during this time, but they must first obtain a new permit with the new employer's name to legally work in the new position (CIC 2010a). An additional step is required for caregivers working in the province of Quebec, as immigration policy is shared with the federal government and this province. In Quebec, caregivers must also apply for a certificat d'acceptation du Quebec (CAQ) before a work permit can be issued (CIC 2010b). The issuance of temporary work permits to caregivers that specify a specific employer is therefore a core pillar of the LCP.

This method for issuing work permits links caregivers to specific employers on the basis that doing so will allow government employees to assess the genuineness of job offers made to foreigners, a foreigner's intention of fulfilling the work, and an employer's ability to comply with prevailing labour conditions and wages in the industry (Government of Canada 2009a; Government of Canada 2009b). Issuing employer-specific work permits is a common practice for other foreign workers coming to Canada under the TFWP as well. However, it is not an inevitable arrangement for allowing the entry of temporary workers into Canada. Immigration officers are able to vary or cancel the various conditions specified in work permits, including the name of the employer (Department of Justice Canada 2010). However, standard practice for the LCP is to include the employer's name in the permit.

This policy of issuing employer-specific work permits to foreign domestic workers was initiated in the Temporary Employment Authorization Program of 1973 and was further institutionalized in the 1981 Foreign Domestic Movement policy (the policies preceding the LCP) (Bakan and Stasiulis 1997). It was an element of the FDM that was widely critiqued for creating an indentured-like relationship between employers and caregivers (Arat-Koc 1990). Schechter (1998) has critiqued the justification for issuing employer-specific work permits to caregivers for giving the illusion that it will ensure that employers will be held accountable to their employees. Schechter suggests that in the absence of regulations to enforce compliance with labour standards and caregivers' fears to step forward and make claims against employers, compliance is not achieved by the issuance of employer-specific work permits. It has been decades since this policy was institutionalized and is still a pillar of the current LCP policy, despite the problems associated with it persisting today. Community workers testify that rather than improving caregivers' working conditions, employer-specific work permits restrict their mobility, therefore making it more difficult to change employers as an attempt to escape abysmal conditions. For instance, the President of Pinay explains:

If it's a temporary work permit that you are going to give, at least don't make the work permit employer specific, but occupation specific, at least that way there will be mobility and they will not become a prisoner of one person... So if you put it as occupation specific, there will be mobility for them, if they don't agree with each other they can just move, they don't have to wait for another work permit to work [for a new employer]. (Evelyn Calugay, President of Pinay, 2009)

Concerns regarding the employer-specific permits are also held within the provincial government. Take the following excerpt from an interview with a CNT representative for instance:

The fact that [the permit] is restricted to one employer creates, in our opinion, because the employee lives at his employer's, and has the possibility of working only for one employer, it kind of brings up the vulnerable position of the employee that's living in an abusive situation with the employer... Because of that they'll diminish the chances that an employee will leave an abusive workplace because they have to find another employer, get their papers in order and move... It kind of narrows down the possibilities for the employee, because not only is it one workplace where they can work for and earn their life, but it's also their living

situation. So it makes it a little harder for the employee to leave an abusive workplace. (CNT representative, 2010)

This excerpt further demonstrates concerns that employer-specific permits, in conjunction with the live-in requirement, will reduce caregivers' freedom to move from one employer to another if they are facing problems in their work environment. Such concerns have prompted CDPDJ to recommend a change in the program that would allow for the issuance of occupation-specific permits, rather than employer-specific permits:

Closed permits [employer-specific] are problematic too because we can have a delay from 4 weeks or 6 months, depending on the treatment of the time that is taking behind both governments to give another permit. It's so problematic. These kinds of delays put this live-in caregiver in the kind of situation that they are illegal if they work somewhere to have a little money to live! And it's a big problem. And it puts the live-in caregiver in the situation where she has a bigger vulnerability regarding the trade and traffic. And in these times, it's a very precarious period regarding the rights of these women. We recommend that the permits are open... open to the industry of live-in caregiver, no matter which one employer has this live-in caregiver; her permit should be delivered regarding the industry of live-in caregiving. (Carole Fiset, CDPDJ Representative, 2010)

The reason that job mobility is decreased is because if a caregiver leaves her employer, she is not entitled to begin work for a new employer until she receives a new work permit (CIC 2010a). She therefore faces an employment gap, has difficulty accessing services such as health care and employment insurance, and is forced to work 'under the table' to support herself and family in the Philippines (Hanley and Gal 2009; Oxman-Martinez, Hanley and Cheung 2004). These employment gaps are supposed to last only up to 90 days, calculated by a 19 day job search, 44 days for a positive HRSDC labour market assessment, and 27 days to receive a new work permit from CIC. This 90 day period may vary slightly from province to province (Cheung 2006), for instance in Quebec caregivers must also wait to receive the CAQ. However, many caregivers experience employment gaps exceeding this time frame (Cheung 2006). In my research sample, employment gaps were experienced by 73% of respondents, with the duration of some gaps reaching as high as 10 months. Employment gaps are therefore deterrents to exercising the right to change employers while working under the LCP, not only because it leads to a precarious situation in regards to status, but also because prolonged employment gaps can jeopardize

a caregiver's chance of completing the work required to become a permanent resident, an issue that will be discussed in the following section.

In fact, the House of Commons Standing Committee on Citizenship and Immigration recently proposed to the federal government that permits no longer be issued with employers' names specified as a condition of the permit, but be opened to a province and sector specific permit (Standing Committee on Citizenship and Immigration 2009). This government committee made this proposal after in-depth consultations with various stakeholders and research into the LCP. Had this recommendation been accepted, it would have changed the LCP to allow caregivers the mobility needed to find employers that respect their labour rights. However, the recommendation was not approved. Rather, the federal government's decision is to take measures to further ensure the genuineness of job offers to temporary workers (Government of Canada 2009b). As this decision is recent, whether or not this will be achieved will become apparent with time.

### **Temporary Status & Eligibility for Permanent Residency: A Third Pillar of the LCP**

The third and final core pillar of the LCP is the requirement that caregivers complete 24 months of full-time live-in care work within a period of 48 months upon arrival in Canada, or 3900 hours of work in no less than 22 months, before they are eligible to apply for permanent residency (CIC 2010a).<sup>8</sup> This requirement means that caregivers must undergo a period of temporary residency before they will be considered for permanent residency. While the chance to become a permanent resident was stated by respondents as the main motivator behind their participation in the LCP, it is also the most far-reaching pillar in terms of deterring caregivers from exercising their rights while working in the LCP. This pillar of the LCP is therefore both a blessing and a curse.

Before addressing how this pillar shapes caregivers' migration experiences and deters them from exercising their rights, it is important to first establish how and why this pillar of the LCP came to be, for historically Canada did not place such a requirement on foreign domestic workers. Prior to World War Two, women from the UK and Western

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<sup>8</sup> At the time that interviews were carried out, this regulation was more restrictive. Caregivers were required to complete 24 months of work within 36 months. The reader should be aware that my findings pertain to caregivers who faced greater time limitations at the time of the interviews because this new requirement had not yet been adopted. Further research will be needed in the future to determine if the additional year to complete the work requirement is enough to overcome the problems caregivers face.



Europe came to work in Canada as domestics. Unlike today, these women received landed immigrant status when they arrived in Canada. During the war, Canada turned to Eastern Europe to secure a supply of domestic workers. Although East Europeans were seen as less desirable immigrants than West Europeans they continued to receive the same citizenship rights. It was after the war period, when Canada began turning to other regions to secure a supply of labour, that restrictions on the citizenship rights of foreign domestic workers became apparent in policy. This shift in source countries resulted in a demographic change in the domestic workers coming to Canada, from desirable Europeans to less desired third world women of colour (Bakan and Stasiulis 1997). Many researchers have pointed to this association between domestic workers' demographic characteristics and the citizenship restrictions placed on workers to argue that immigration policy governing the migration of these women has been shaped by racism and sexism (Arat-Koc 1997; Bakan and Stasiulis 1997; Macklin 1992; Stiell and England 1999). Restrictive immigration policies are not only informed by ideas about the ideal immigrant, but also by the value accorded to the field of domestic work. Macklin's study of the FDM highlighted this connection between the low value of care work and restrictive immigration policy:

A 1980 government task force admitted that domestic workers are "underpaid because domestic work - when it is done by our relations as well as by our employees - is seriously undervalued." In effect, the FDM scheme exists because domestic work is undervalued *and* it exists in order to keep it that way. (Macklin 1992:703)

Restrictions on the citizenship rights of foreign domestic workers have gone through a number of evolutions throughout the 20<sup>th</sup> century, yet the basic premise that women migrating to Canada to work in the domestic service industry are not initially entitled to the same rights as other Canadians persists in the LCP policy today. The current citizenship regime is one which marks these women as second class citizens.

A contemporary analysis of the citizenship restrictions placed on LCP workers today suggests that discrimination against this population persists. For temporary workers coming to Canada there are several entry classifications associated with the various skill levels of occupations that these workers fill, based on Canada's National Occupational Classification. LCP caregivers enter Canada as a category D classification, which

signifies a lower level of skill than other occupations (CDPDJ 2008b). Despite this low-skilled classification of their work, the Filipina caregivers coming to Canada are a well educated and skilled population. In my research sample, all 15 respondents had pursued post-secondary education prior to immigrating, in addition to training and experience in fields related to caregiving. 60% of respondents had pursued post-secondary education in the fields of nursing, education, and midwifery. According to the Quebec Ministry of Labour (1998), two thirds (69.5%) of caregivers registered under the LCP have a university degree or a college certificate and another 11% have completed 13 years or more of schooling. Canada is attracting experienced workers through the LCP due to the requirements for participation. Caregivers must have the equivalent of a Canadian high school diploma and at least six months of recent full-time training in fields such as early childhood education, geriatric care, pediatric nursing, or first aid, or one year of recent full-time experience (including six months with one employer) in a field related to live-in care work (CIC 2010c). Yet, in the classification system used to bring caregivers to Canada this training and education is not recognized to the same extent as the credentials for other foreign workers, because domestic work is constructed as a low-skilled occupation through Canada's National Occupational Classification. On one hand, Canada demands trained caregivers, but on the other hand it fails to recognize these skills in the occupational classification of care work. Carole Fiset explains the CDPDJ's position on this lack of recognition for caregivers' skills and their concern with the discrimination that caregivers encounter coming to Canada:

Another piece of the problem is that most of the ladies who are coming as live-in caregivers have university diplomas or college diplomas and we think that we should, as a society, recognize these competencies, these diplomas. The Live-In Caregiver Program invites these women to come here and they are considered as a D Category, like non-specialized, non-qualified workers. But we think that they are qualified... Our Board of Human Rights of Quebec, we said to the government many times that it appears like a systemic discrimination regarding these women because there is not recognition of the diplomas. (Carole Fiset, CDPDJ Representative, 2010)

It becomes apparent from taking a closer look at the competencies of caregivers and the social construction of skill that the LCP is shaped by discriminatory measures regarding the value of domestic work and by extension, the value of caregivers' skills, which in turn

has consequences for the extension of citizenship rights to this population. Not only do caregivers face a period of temporary status while trying to complete the work requirement for permanent residency, they also face restrictions on accessing their rights due to their classification as “low-skilled” temporary workers.

In particular, caregivers face challenges with regard to family separation. As category D temporary workers they are not able to bring their families to Canada while they work (CDPDJ 2008b), a fact which must be understood on a practical level. Although live-in caregivers are allowed to apply to bring their families to Canada while they work, their family members would need to prove they hold adequate funds for their stay. Since caregivers’ credentials are not recognized and their occupation holds a low classification for required skills, the earnings LCP caregivers receive for their labour is typically at the minimum wage, making it difficult to provide support to family members wishing to reside in Canada. Unless caregivers can find an employer willing to allow the caregiver’s family to stay in their home, this option is effectively out of reach for caregivers. Whereas for temporary workers who come into Canada under category A or B and do not face a live-in requirement for their work, the feasibility of providing support to family members wanting to come would be more attainable due to higher compensation in a “more skilled” profession and the possession of a home in which family members can reside. While the rights extended to different categories of workers are the same, actual access to these rights differs due to the live-in requirement of the LCP and the devaluation of caregivers’ credentials and occupation. Like Filipina domestic workers in other countries (Parreñas 2001a, 2001b), this family separation that caregivers experience interferes with access to their reproductive rights.

In my research sample, 73% of respondents were married with children. These women had left their families behind in the Philippines in order to earn money to support their children’s educations, pay for housing, start up family businesses, and ultimately to establish a life in Canada for the family. All interviews took place before families were reunited, therefore the length of family separation experienced by respondents cannot be determined. However, research indicates that family separation in the LCP lasts, on average, 5-8 years (Pratt 2008). If you include the time many women spend working in other countries before coming to Canada this number would increase. For instance, one

respondent explained the difficulty of being separated from her family for 17 years, 5 of which had been spent in Canada (Interview, Caregiver 2, 2009). Family separation was a difficult challenge identified by the caregivers I interviewed. The following excerpt demonstrates the transformations that it can cause in family relationships:

Ohh, until now, it's really hard. That's why I have a laptop, because that's one form of my communication to them. I have SKYPE (she laughs) so I could see them, they could see me, we can chat. But it's not enough. ...We're apart for 5 years. And, I do not know what they're feeling, what's inside their mind, what they are thinking of. Are they upset, are they happy, or whatever, to me? I feel like strangers to them actually. Same as [I am] to them also. I say I have feelings of... there's a gap, and a vacuum, and... no human touch! The sense of human touch. Nothing. It's hard. (She is close to tears) And it's not my fault what happened. I was supposed to come because financially, but anyway. Later on they could realize that. (Interview, Caregiver 1, 2009)

This absence of “human touch” between mothers and their children, wives and their spouses, challenges the bonds within families. While the feelings of guilt felt by women who leave their families in order to provide for them make this particular challenge appear to be a seemingly individual struggle, it is important to consider the societal impact of family separation (Hochschild 2000; Isaksen et al. 2008; Parreñas 2000). For instance, family separation can be understood as having consequences within Canadian society. As a result of the LCP policy, family breakdown is occurring as families reunite and struggle to re-adjust, sometimes resulting in marital conflict, domestic violence, and troubled youth (Cohen 2000). Given that the Filipino community is one of Canada's largest and fastest growing immigrant populations (Lindsay 2001; Statistics Canada 2010) such conflicts can be situated as a broader social problem. Family separation, a challenge which is caused by the temporary status given to caregivers in the LCP, and specifically the lack of recognition for their skills as temporary workers, must therefore be understood as both an individual struggle among caregivers, as well as a problem within the broader Canadian society.

Additionally, due to the 24 month work requirement necessary to become eligible for permanent residency, caregivers face stresses to complete this work, which can result in mental and physical health problems. In their review of research on LCP caregivers, Spitzer and Torres (2008) found that the health status of LCP caregivers deteriorates

under this program. According to Spitzer and Torres, the negative impact on caregivers' mental health, and physical pains associated with it, is caused by their isolation, the devaluation of their skills and labour, as well as their precarious migration status. The stress associated with a precarious status may become exceedingly difficult to bear in the event of an employment gap, as the following incident exemplifies:

I was in between jobs... One time I passed out. Because you know, I had a terrible headache. And my landlady came along with me to the hospital for the check up, because my head was really heavy, so aching. I passed out and my landlord called an ambulance. But anyhow, the doctor told me it's just the result of a very high level of anxiety (she laughs). (Interview, Caregiver 1, 2009)

It is apparent that the stress of completing the work requirement to become eligible for permanent residency hangs over caregivers throughout this initial stage of immigration under the LCP. Moreover, this concern for completing the work requirement is not only a stress inducing experience, but it also limits caregivers' responses to the challenges they face.

### **Dangling a Carrot: How the Chance to Attain Permanent Resident Status Deters Caregivers from Claiming their Rights**

Not only does this pillar of the LCP create a number of challenges for caregivers such as the deterioration of their health and family separation, it also limits their opportunities to respond to the many challenges they face through formal institutions, for it creates feelings of anxiety among caregivers that deter them from taking action to claim their rights. For this reason, while all three pillars of the LCP discussed throughout this chapter create challenges in caregivers' migration experiences, the requirement that caregivers complete 24 months or 3900 hours of work to be eligible for permanent residency is the most influential pillar in deterring caregivers from claiming their rights. As the caregivers I interviewed recalled their migration and work experiences in the LCP phrases such as, 'I was just thinking about my papers' became all too familiar:

I worked overtime but I was only paid for 8 hours... It is hard to talk to the employer about it. As a contract worker I want to finish my 24 months. I don't want them to say I am complaining. I want to complain, but it is hard as a contract worker. (Interview, Caregiver 7, 2009)

I know it's wrong, you know, because we're tolerating the employers who do that to us right? But since we need our paper, we are bound to them and what we have to do is just to obey them and say yes to them. (Interview, Caregiver 11, 2009)

These excerpts clearly show a dynamic in which temporary status deters caregivers from confronting violations of their labour rights. Caregivers are reluctant to take action to claim their rights because they fear it will jeopardize their chance of completing the 24 months of work required to become a permanent resident. While caregivers are working towards the completion of this requirement there is an obvious difference in the power that employers hold to set the conditions of employment and the power (or lack thereof) of caregivers to seek a remedy to problematic labour practices. This powerlessness is not an individual characteristic of caregivers; rather it is a direct consequence of this policy pillar that maintains a situation of vulnerability.

There are varying degrees of precariousness in the status of caregivers migrating to Canada in the LCP, which in turn varies caregivers' responses to challenges. Goldring, Berinstein and Bernhard (2009) argue for a conceptualization of status that allows for greater fluidity. They use the term 'precarious status' to overcome binary conceptualizations of status (ex. legal/illegal) that do not reflect instances in which migrants have authorized entry into Canada, but lose work or residence authorization once in the country. Using the conceptualization of precarious status, it is possible to see how the LCP creates varying degrees of precariousness in caregivers' status throughout the migration process. While working under the LCP caregivers hold temporary work authorization and temporary residence authorization. However, their status becomes more precarious if they lose employment, because this also entails losing work authorization, although not residency authorization. Furthermore, once caregivers complete their work requirements in the LCP, they may apply to become permanent residents. Through this procedure, caregivers receive an open work permit which allows them greater freedom to choose and change employment. In each of these scenarios the status of caregivers varies in its precariousness. As the following discussion demonstrates, these changes in caregivers' status throughout migration create different responses to challenges.

As has already been discussed throughout this chapter, caregivers who experience employment gaps face a particularly precarious situation, having to perform

undocumented work in order to support themselves (and family in the Philippines) while they transition to a new employer and wait for a new work permit to be processed. Since caregivers do not hold the right to be employed by anyone other than their sponsoring employer (CIC 2010a), engaging in undocumented work provokes further anxiety among caregivers due to fears that they will be found out by the government and deported. For instance, one caregiver who was interviewed during an employment gap explained that she had been working with her new employer while waiting for her papers to be processed. She was working over 40 hours per week, yet was not provided payment for overtime. When asked if she had tried discussing the issue with her employer she responded that she is not paid overtime because she does not have papers. At the time she needed to maintain her relationship with the new employer so that her papers could be processed and she could continue her 24 months of work. She was therefore reluctant to address the issue. However, she explained that once she receives the papers she planned to discuss the issue with her employer. This exemplifies how despite retaining the right to reside in Canada, the loss of work authorization creates greater precariousness in the status of caregivers, which increases their marginalization from formal mechanisms for seeking recourse in the event of a labour abuse. The pressure that caregivers face to find new employment in order to finish their 24 months intensifies this vulnerability.

In another interview, I was told by a caregiver who held a valid work permit and was working towards the completion of her 24 months that she was recording her overtime in a journal. She planned to wait until completing the 24 month requirement, at which point she would discuss payment of her past overtime wages with her employer. The journal was being prepared in anticipation of a problem in receiving the payment, for it would serve as proof of her work hours in the event that a claim would need to be filed at CNT (Interview, Caregiver 14, 2010). In this situation, despite having access to formal mechanisms to process a claim for overtime wages, the caregiver was refraining from taking action in the present due to the need to complete her 24 months of work. However, she was nevertheless looking forward to how she could respond to the situation once she becomes eligible for permanent residency.

These examples illustrate a more general pattern in the responses caregivers employ to cope with challenges to their rights. The varying degrees of precariousness in

status, and in particular the ability to complete 24 months of work, influence the types of strategies that are available, on a practical as well as legal level, to caregivers for claiming their rights. For those who are forced into undocumented work due to the loss of the right to hold employment if a valid work contract is terminated, it is especially difficult to establish a new employment relationship that adheres to provincial labour standards. In such instances there is little room for caregivers to negotiate their working conditions with employers, as they face pressure to begin legal work as soon as possible. This is clearly a problem linked to the employer-specific work permits, in addition to the 24 months of work requirement. For those who hold a work permit, there is more room for negotiation within the employment relationship, although caregivers continue to be reluctant to engage in such negotiation due to the pressure to complete their 24 months. Once the 24 months requirement is completed however, and an application for permanent residency is underway, caregivers gain the power needed to confront violations of their labour rights by addressing the situation directly with their employers, by accessing formal channels such as CNT, or simply by leaving the employer for a better workplace. Claims filed through CNT may also be made against former employers in the event of a terminated contract, as in such cases caregivers are no longer dependent on the employer for their 24 months of work. Ultimately, this pattern of action associated with the 24 months work requirement for permanent residency was evident throughout the research sample, as respondents explained their reluctance to act due to their fears that it would jeopardize their ability to complete the work and they would become ineligible for permanent residency. This pillar of the LCP is therefore a widespread deterrent against caregivers' will to claim their rights. There is a paradox in this pillar of the LCP, for it can lead to the eventual attainment of the ultimate right these women are seeking; the right to stay and build a life in Canada. However, in order to reach this right, these women often make sacrifices in many of their rights along the way, such as by tolerating abusive labour practices.

## **CONCLUSION**

In this chapter, an analysis of the three core policy pillars of the LCP was presented to highlight the challenges caregivers grapple with throughout migration. These challenges



are a product of the institutional arrangements of Canada's contemporary citizenship regime. The "responsibility mix" for providing care services to Canadian families is weighted toward the market, with the government's role primarily that of ensuring low cost. The construction of live-in caregiving as a "low-skilled" occupation and the sourcing of labour through temporary workers sustain this responsibility mix by maintaining a lower cost of labour, and thus improving the feasibility for individual families to purchase care in the market. Citizenship regimes also define the boundaries of inclusion and exclusion in a political community, defining and separating citizens from second class and non-citizens (Jenson and Saint-Martin 2003). In discussing the challenges caregivers face and their association with the three LCP policy pillars, the analysis makes apparent how caregivers' partial citizenship restricts their access to rights. While there is some formal recognition of caregivers' rights under the LCP, such as the right to be protected by labour standards, caregivers are nonetheless excluded from full membership in Canada. My effort in this chapter has been to show how this exclusion renders access to formal rights on paper unattainable in practice. For example, although caregivers are entitled to labour rights, their precarious status deters them from seeking recourse when their rights are violated. On paper, they hold this right, however in practice they face barriers in accessing it. This is a product of how the current citizenship regime defines these migrant women's membership in Canada.

Overall, the analysis illustrates why many caregivers choose not to exercise the rights they do hold. The analysis shows that Filipina caregivers' seemingly passive responses to the challenges they face are a product of the institutions that regulate their lives. While this analysis explains why many do not take action in the face of adversity, it does not explain the other side of the problem. Despite the precariousness of their position, some caregivers do choose to act. The remainder of the analysis seeks to explain why, in the face of the challenges and obstacles outlined in this chapter, some caregivers are taking action by seeking recourse, negotiating improvements in their working and living conditions with employers, and making claims to additional rights. The following chapter addresses this dilemma by examining why some caregivers choose to act and how this action takes shape. This missing piece of the puzzle, which I make apparent in the next chapter, is the importance of caregivers' social membership in the local community.

### **CHAPTER 3: Claiming Rights through Social Membership**

#### **INTRODUCTION**

This chapter turns to a discussion of social membership to address the question of why some caregivers choose to assert their rights in the face of the challenges outlined in Chapter Two and how this action takes shape. The analysis reveals that caregivers who seek recognition of their rights, whether it be through formal or informal ways, share the trait of holding ties to a trusted source in the local Montreal community. Integration in the local community through connections with friends and family who previously migrated allows caregivers to access information and develop informal strategies for negotiating their rights at work. However, in regard to taking more direct actions to claim rights through the state, caregivers' participation in and access to community organizations is paramount. Therefore, the nature of caregivers' connections within the local community and the presences of particular actors (i.e. community organizations) shape their strategies. These strategies can take several forms, which I detail throughout this chapter. In particular, caregivers respond to the challenges they face by gathering information on their rights to informally negotiate with employers, making use of their local network to secure better employment, approaching community organizations for support, forming self-help support groups (as in the example of Pinay), filing claims through the labour standards board (CNT), and mobilizing for the extension of rights (as in the example of the CSST campaign).

Basok's (2004) work on temporary workers in the Seasonal Agricultural Workers Program demonstrates how social membership improves workers' abilities to seek recourse when their rights are violated, by improving their knowledge of the legal system, assisting with language barriers, and providing support from others in claiming rights. Basok (2004) raises the question of the relevance of these findings for other temporary worker programs, although an answer to this question is beyond the scope of her work. In an effort to contribute to this query, I rely on Basok's findings on social membership as a foundation for understanding caregivers' rights under the LCP. In so doing, I formulate the analysis by discussing caregivers' integration in the local community and participation in community organizations as a mechanism for gaining information on

rights, strategies for informal negotiation with employers, access to the legal system, and space to challenge the limits placed on their rights as temporary workers. As such, I reveal how caregivers' responses to the limits on their rights are a product of their social capital and inclusion in civil society. I demonstrate how citizenship is a practice that one must enact, in order to access and claim rights. This analysis is particularly insightful because migrant domestic workers are a group typically rendered invisible by their association with the private sphere. This invisibility reinforces a lack of recognition for the economic contributions that these workers make to a society and contributes to the absence of regulation in the profession (Hondagneu-Sotelo 2001; Romero 2002). In contrast to this invisibility, the following analysis reveals the routes – public and private, state and civil society, formal and informal – through which these women are claiming and negotiating their rights as migrants and as workers.

Although I draw on Basok's (2004) research on social inclusion as a point of departure, I expand my analysis to address how social membership intersects with the institutional context. While caregivers' social membership in the local community is necessary for caregivers to overcome barriers to their rights, ultimately the significance of their integration must be understood in relation to the institutional context rooted in Canada's citizenship regime. The prescribed democratic rules of a polity are a product of its citizenship regime, which defines the institutional mechanisms that give citizens access to the state (Jenson and Saint-Martin 2003). Access to the state under Canada's contemporary citizenship regime is characterized by an emphasis on partnerships between state and non-state actors to deliver public services and enforce rights (Jenson and Phillips 2001). It is from this context that caregivers' strategies for accessing and claiming their rights must be understood. As will be demonstrated, inherent in the current regime is an emphasis on the role of the individual caregiver to take responsibility for her rights. This process is made possible through government-community partnerships, with community organizations acting as a bridge to the state. Yet this overall institutional arrangement comes with limitations, which caregivers are countering through their community mobilization.

## **INTEGRATION IN THE LOCAL COMMUNITY VIA PERSONAL RELATIONSHIPS**

Caregivers' abilities to respond to the day to day challenges they face in the LCP can be understood with reference to their social capital. In his review of scholarship on social capital, Portes articulates a growing consensus that social capital can be understood as, "the ability of actors to secure benefits by virtue of membership in social networks" (1998:6). When caregivers confront problems in their work environment or migration process, as a first course of action they most frequently turn to connections in the local migrant network for advice and support. Similarly to other studies on female migrants (Curran, Garip, Chung, and Tangchonlatip 2005), trust in these connections is particularly important for caregivers. The degree and nature of caregivers' integration into a local migrant community is crucial for understanding how caregivers gain access to and make use of network resources, such as knowledge on their rights, strategies to negotiate with employers, opportunities for changes of employment, and access to community organizations. These network resources form the basis of caregivers' efforts to negotiate their rights as temporary workers.

### **Gathering Information and Sharing Strategies**

I am lucky I have my sister [here], but when you come here and you do not know anybody, [there is] no one to tell you your rights. You will just say "yes" if the [employers] say, "Oh your overtime will be \$5 per hour." You do not know. I always tell [my employer] the experiences of my sister and her friends. I just tell her that, "Actually on the experience of my sister and her friends, the sponsors were the ones who paid," so she said "Okay I'll pay." (Interview, Caregiver 10, 2009)

This interview segment signifies the importance of connections in the local community for gaining information on labour rights and developing strategies to negotiate with employers, for it highlights how caregivers share and draw on experience as a base of knowledge for negotiating their rights as temporary workers. As this caregiver explains, these exchanges of experience and informal discussions on rights amongst caregivers would not be possible without caregivers' integration in the local community. Since caregivers typically have little time or means for meeting people outside of their workplace due to their long work hours and the live-in requirement, this integration is

often facilitated by a connection with at least one close contact in the local community, such as a family member or friend, as well as the duration of time caregivers have been in the local community.

Hondagneu-Sotelo's (1994) study on undocumented Mexican domestic workers in the United States similarly demonstrates how migrant domestic workers are able to draw on network resources to deal with challenges at work. Hondagneu-Sotelo found that social networks provide a basis for collectivizing an otherwise autonomous work environment by providing a means of sharing strategies for negotiating work conditions and creating a work culture that contains values of basic standards among domestic workers. Caregivers in the LCP rely on their social networks composed of current and former caregivers as a valuable source of information and means for judging the acceptability of their employers' practices. Take the following situation for example, in which a caregiver recalled the role that other caregivers played in her decision to leave her employer:

At first, my friends were telling me to just stay there [with the sponsoring employer], but then they changed their opinion because the situation didn't change. A friend told me about [a community organization] and that's how I went to them. ...I talked to the supervisor and the secretary of the organization to ask them what would happen if [my employer] cut the contract. I told them about the pressure. They said, "you cannot stay, because you are not happy, and you still have a lot of months." So I wrote a letter and spoke to [my employer]. (Interview, Caregiver 6, 2009)

This situation illustrates that integration into a local migrant network can provide a source of support that enables caregivers to judge and take action on negative employment practices, but it also hints that social networks can constrain caregivers by promoting a culture of tolerance of abusive labour practices. Initially, the caregiver was advised by her colleagues to be patient with her employer. It was only with persistent problems that they supported her in seeking a solution. This tolerance of poor work conditions is connected to the issues of how caregivers perceive their status and chance of becoming a permanent resident, for there is a shared sense that the most important issue to consider when facing a problem at work is finishing the 24 month work requirement. This institutional context shapes the effect of social capital, as caregivers often strategically choose not to confront abuses of their rights due to the requirements for immigration. In interviews with

caregivers, I was informed that for this very reason, friends would encourage them to avoid confrontations with their employers and be patient with the situation. Therefore, caregivers' networks can at times reinforce this behavior. Yet, as the above excerpt indicates, fellow caregivers also provide support and information in situations that exceeded the scope of what a caregiver is able to tolerate. Therefore, the role that integration into a local migrant network plays works in two directions; it may provide a base of information necessary for caregivers to negotiate with employers and decide when to leave a bad work environment, and it can also promote a work culture that tolerates abusive practices. Furthermore, the information on rights that circulates in caregivers' networks does not necessarily reflect their legal rights. Misinformation and questions about the application of legal rights in their daily lives were raised by the caregivers I interviewed. It is important to recognize that integration in the local migrant network can have a negative, as well as positive, impact on caregivers' efforts to seek recourse, in light of what Portes refers to as "negative social capital," understood simply as the negative consequences that social capital can cause (Portes 1998:15). Indeed, having connections with current or former caregivers in the local community provides support and information for caregivers to negotiate with employers and seek recourse, but this is not a complete analysis. While caregivers share information about their rights, they do so from the same experience and do not always have a full understanding of what their rights mean in practice. Additionally, a shared work culture characterized by tolerance for abusive labour practices was evident in the experiences caregivers shared with me. This work culture of tolerance has developed as a strategic adaptation to the LCP policy and is reinforced through the encouragement caregivers receive from their peers to be patient with labour abuses so as not to jeopardize their chance of becoming a permanent resident. This is however being challenged by activities within the community, particularly through the work of community organizations, a topic which I turn to in the coming pages. These organizations play a key role within caregivers' networks, by improving the dissemination of information about caregivers' rights and acting as brokers between the state and caregivers, thereby facilitating caregivers' access to the state.

### **Finding Decent Work**

Despite a culture of tolerance that can be promoted through the local network of caregivers, in the event that caregivers do decide to leave an abusive workplace, access to network resources is crucial in caregivers' efforts to secure future employment with better working conditions. Former studies indicate that domestic workers rely on employer networks to secure employment opportunities (Ally 2009; Hondagneu-Sotelo 1994, 2001). Similarly, when making changes in employment, caregivers in the LCP rely on fellow caregivers to tap into their employers' social networks to find new opportunities.

Interestingly, the caregivers I interviewed typically entered Canada through placement agencies, many of whom had negative experiences in their workplaces. After a period of integration however, they relied on their new local migrant network to switch employers and often found that upon switching employers their work conditions improved. This suggests that securing employment through network resources allows caregivers to secure more desirable jobs than are available through recruitment agencies. Why it is that their working conditions improve is difficult to discern from the interview data. However, a possible explanation may be that in cases where caregivers can make reputable referrals of potential employees for their employers' friends, employers' desires for reliable and trustworthy employees can be used by caregivers as an informal source of power in defining the employment relationship. Ally (2009) describes such a process in her ethnographic study on domestic workers in South Africa. Ally found that domestic workers negotiate on behalf of one another and use employers' dependence on them to find reliable employees as a source of power. Domestic workers would therefore negotiate on behalf of their colleagues to define basic labour standards before making the match.

Another possible explanation is that when employers find caregivers through their own social networks, rather than a placement agency, they give up some of their privacy. If a problem occurs in the work environment this news could be easily transmitted back to another household and cause unwanted social attention regarding the employer's practices. Certainly, employers and caregivers do share information regarding employment relationships, as the following example of a caregiver interviewing for a new job demonstrates:

You know what I told the employer that interviewed me, “this is [my former employers’] number, give them a call, ask them what happened, maybe you can ask them what’s the reason behind [why they fired me] and tell me.” I told the employer like that. And then the employer called them and they said that I never had a connection with the kids. So this employer who interviewed me told me that I didn’t have a connection with this family, with the kids. And then, when I was interviewed by someone aside from this employer that I have right now, it happened that these people who interviewed me had a connection with my former employer. And I told them that, “well, [my former employers] said that I didn’t have a connection with their kids.” So this employer told [my former employers] about it and [my former employer] called me on the phone and she said, “Why did you say that you didn’t have a connection with my kids?” (Interview, Caregiver 3, 2009)

In this instance, it is apparent that the former employers held a preference for keeping the details regarding the termination of the caregiver’s contract private, so private that even the caregiver was unsure of why she was dismissed. However, through potential employers the caregiver was able to make sense of why she was dismissed. Although, when this information was obtained by someone within the former employers’ social network, it caused unwanted social attention. It is therefore possible that when employers tap into their social networks to find reliable employees they may be more conscious of their labour practices, as word of employment problems travels and causes negative attention. Thus, these employers may offer better workplaces than employers who rely on placement agencies.

While it is difficult to pin point the exact mechanisms through which finding employment through connections in the community leads to better employment situations than finding employment through recruitment agencies, the informal power that caregivers hold in these situations and the potential that employers are more conscientious of their practices when hiring through their social network are possible explanations. The fact that caregivers’ experiences improve upon finding employment through personal connections is an interesting finding in itself and warrants further consideration as to why this is and how caregivers can best capitalize on their networks to secure decent work.

### **Gaining Access to Community Organizations**

Many of the caregivers I interviewed who sought support from a community organization gained access to these organizations through fellow caregivers. Among those I



interviewed who had not had any contact with these organizations, one reason provided for their lack of access was that they were new to Canada and did not yet have a circle of friends to give them information about the organizations. The other reason that caregivers cited was that they were reluctant to go to an organization for fear that seeking advice would require them to disclose information they wished to keep private and that they would feel pressured to confront their employers. The latter explanation is tied up in caregivers' status and the 24 month work requirement, which deters caregivers from taking action to claim their rights. Again, it is evident that there is an institutional component deterring caregivers' from taking action. What is important to note about this reluctance to seek help from an organization is that there is a perceived threat in contacting an organization, yet this threat can be mediated by support from trusted sources in the local community. For instance, one caregiver facing problems with the payment of her wage was referred to a community organization by her aunt who had previously worked as a caregiver. When she went for her appointment with the organization she was accompanied by a friend for additional support (Interview, Caregiver 15, 2010). In another instance, a caregiver accessed an organization for help with her immigration process after receiving encouragement from her employer, she explains:

She [the employer] is the one who said, "find a community organization who can help you, because I support you." So I'm lucky. She gives me more support and I find this employer through a friend, not that agency. (Interview, Caregiver 2, 2009)

While instances like this were rarely cited by the caregivers I interviewed, it nevertheless demonstrates that employers hold the potential of creating a climate that can encourage caregivers to seek assistance from community organizations to secure their rights. However, in this case, the problem requiring a remedy was not a threat to the employer. Given that many instances that spur caregivers to seek help from organizations relate to employment problems, it is unlikely that employers will provide such encouragement. As discussed in Chapter Two, caregivers often felt the need to lie to their employers about where they were going when they left the workplace for appointments at a community organization. In facing such a difficult step, access to a supportive and trustworthy

network of caregivers can be a crucial source of encouragement for caregivers to access the services offered by community organizations. This importance of trust in network ties is consistent with other research on female migrants. For instance, Curran, Garip, Chung, and Tangchonlatip (2005) found that due to high risks in migration for women (such as sex or labour exploitation) strong ties to a migrant network are more important for female migrants than male migrants when making decisions to migrate. In regard to LCP caregivers who have already made this decision to migrate, it is clear that strong ties also play an important role at later stages of migration.

### **Summary**

The preceding sections illustrate how caregivers' social capital, via integration in the local migrant community, influences their responses to the challenges they face in the LCP. Experience is drawn on and shared amongst caregivers as a base of knowledge regarding working conditions and migration procedure. The exchange of experiences creates a shared work culture across autonomous workplaces and caregivers rely on this knowledge to informally negotiate with employers. A culture of tolerance of abusive conditions does exist, but there are limits to how much abuse can be tolerated. When caregivers choose to act more directly by seeking support from a community organization or leaving an abusive employer, their contacts in the local community are fundamental to their ability to exercise these actions. Perhaps most remarkable is how the exchanges of experiences among caregivers has led to more formalized efforts to provide mutual support. The next section of this chapter addresses this phenomenon by presenting one organization, Pinay, as an example of the emergence of community organizations in response to the challenges caregivers face. A more general discussion on community organizations working with this population follows to highlight the ways in which caregivers claim citizenship rights with the support of these organizations. As such, the analysis moves beyond a micro focus, to address systemic issues resulting from the institutional context and the role of caregivers' organized collective responses. Ultimately, the analysis demonstrates how under the current citizenship regime, emphasis is placed on individual caregivers to take responsibility for their rights, in place of state regulation of their workplaces. This process is facilitated through collaboration between the government and community organizations. However, caregivers are claiming greater

protections of their rights from the state. These claims are made possible through the inclusion of caregivers within civil society, via the space that community organizations create. These organizations therefore hold contradictory roles, simultaneously reinforcing and challenging the current citizenship regime.

#### **FROM INDIVIDUAL TO SHARED PROBLEMS: THE FORMATION OF PINAY**

In 1990, Thelma C. de Jesus, a Masters Student at the McGill School of Social Work, completed an exploratory study of the work and life experiences of Filipino domestic workers in Montreal. It was through this research that Pinay was founded, initially as a small support group that later evolved to a community organization, currently run entirely by volunteers, with over 200 registered members, most of whom are current or former LCP workers (Evelyn Calugay, President of Pinay, 2009). The group originally formed as a consequence of C. de Jesus' study, for the research process connected domestic workers and unearthed their shared challenges, as the current President explains:

[The researcher] gathered women, domestic workers, as her focus group, and based her thesis on the information. So they found out, the focus group realized that they needed each other, to support each other in their struggle as a temporary worker. So that's why they formed a group. It started as a support group and then they decided to make it Pinay. (Evelyn Calugay, President of Pinay, 2009)

Similarly to my findings, C. de Jesus (1990) identified that Filipina domestic workers turn to family, relatives, and self-help groups as the most relied upon source of support when facing problems. According to her study, this is a consequence of lack of access to services appropriate for this population. Self-help groups emerged to "fill the vacuum, providing services to meet the needs of Filipinos which should be provided by the state" (C. de Jesus 1990:70). C. de Jesus' study not only identified this trend, but also contributed to the formation of such a self-help group dedicated to providing support for this community.

Currently, Pinay's activities are run by two committees, an Organizing and Finance Committee and an Education Committee. The committees organize activities ranging from social events to fundraise and provide opportunities for socializing, to educational workshops that address the political-economic conditions of migration from

the Philippines and the rights of workers in Canada. The organization also actively campaigns on issues that would improve the situation of caregivers in Canada, involving its members in these struggles. Furthermore, the members of Pinay are dedicated to providing support to current caregivers that is sensitive to their precarious position. For instance, in the absence of a transition home to provide emergency housing to caregivers that lose employment, Pinay volunteers have opened their homes to those with nowhere to go (Evelyn Calugay, President of Pinay, 2009). Several of the caregivers in my sample received support from Pinay, as well as other organizations. These caregivers spoke positively of the support they received, emphasizing the importance of being able to discuss their challenges with women in similar positions and of the same ethnic background. Some were hesitant about the politicized nature of the organization, explained as being different from how they were raised in the Philippines, yet they embraced the activities as opportunities for meeting people and learning about their rights in Canada. Others were more open to embracing a political awareness of the roots of their seemingly personal challenges. The following caregiver explains how “rooting the problems” helped her to cope with the reality of working as an LCP caregiver, in contrast to how she had imagined her life would be in Canada:

When I came [to Canada], it’s really a shock. Culturally a shock, and also of course the conditions – when I see the realities, it’s really the opposite of what our concept is there at home.

*How did you deal with that?*

That’s why I’m joining Pinay! Because they have this education, to let people know why these things are happening, rooting the problems, you know? (Interview, Caregiver 1, 2009)

Another caregiver explains her experience with finding Pinay, which similarly highlights the importance of understanding one’s seemingly individual experience with reference to common struggles:

It changed my experience, especially when I found Pinay. A lot of changes. I meet a lot of Pinay [Filipino migrant women] and then I hear some experiences, some of their experiences, so I learn how to adjust also, how to study my experience, to adjust and to change. (Interview, Caregiver 2, 2009)

In fact, the migration experience of the above caregiver highlights the success of Pinay's efforts to connect caregivers, foster a shared understanding of the roots of the challenges, and respond to specific cases in which caregivers' rights are violated or are under threat of being taken away. At the time of the interview, this respondent was out of time to complete her 24 months of work, yet she lacked 5 months of work needed to become a permanent resident. In the following interview excerpt she explains how finding Pinay helped her to respond to this challenge:

God guide me to find Pinay. That is also amazing that I found Pinay, because of my key. I lost my key. I forgot my key in my employer's home, my recent employer, then I call my friend to open my apartment. They said, "I am here at an open forum, a Filipino open forum with our ambassador." So I went there, and then I open my problems because it's getting worse. I mean, I went to another organization before I found Pinay. I went to that organization and when they help me they said okay do this and do that, so I follow what they ask me to do. It doesn't work. And the immigration sent me the letter that asks me, "you live in Canada until the end of your work permit then you have to go back to your country of origin." So it's another depression, because they said I cannot really complete my 24 months, so I am not able to apply for my permanent residence (she sighs). So when I went to that open forum, I shared my problem to the open forum and then one representative of Pinay asked me a question, "what happened, how come it happened like that?" So I explained to them, so they ask me for another appointment just to see the papers. Look at my requirements, look at everything, the papers for what happened. So that's it. They help me, how to do the papers and say, "don't worry we do our best to help you to stay in Canada." So we try to apply for permanent residence although I'm lacking of 24 months requirement for applying. (Interview, Caregiver 2, 2009)

Several months following this interview, I received word that this caregiver's application for permanent residence was accepted.

Overall, it is apparent that Pinay's activities bridge the gap between caregivers in their isolated workplaces by creating a space for caregivers to share their struggles. Additionally, the organization bridges the gap between caregivers and the state by supporting caregivers who seek their rights through the state, whether it is due to the threat of deportation or cases of violated labour rights, as well as organizing campaigns that create a space for caregivers to claim greater rights within Canada. The remainder of this chapter continues to demonstrate the role that community organizations play in bridging this gap between the state and caregivers. Ultimately, the analysis demonstrates

how the role of community organizations can be understood with reference to Canada's citizenship regime, in which these organizations are positioned as brokers between the state and migrant community through government - community organization partnerships. It is through these partnerships that caregivers are able to gain information and access to the state, necessary for engaging their citizenship. However, this institutional arrangement holds limitations, which caregivers are responding to through community mobilization.

### **INTEGRATION IN THE LOCAL COMMUNITY VIA COMMUNITY ORGANIZATIONS**

Through the example of Pinay, it is apparent that caregivers' participation in community organizations provides a set of responses to challenges that would otherwise not be readily available to caregivers. While Pinay has been discussed as an example to highlight the significance of caregivers' access to community organizations, it is one of many organizations supporting migrant domestic workers in Canada. Furthermore, at the time of C. de Jesus' (1990) study, this researcher found that self-help groups, such as Pinay, were forming in the absence of services delivered by the state. Today, the government is collaborating with these groups to provide access to services and rights. In general, community organizations bridge the gap between caregivers and the state in several ways. Notably, community organizations mediate caregivers' access to formal legal mechanisms for claiming rights, provide information through educational initiatives and advice, and collectivize the problems faced by caregivers within a framework of empowerment. Through these functions, caregivers gain access to the legal system, knowledge on their rights to discuss with employers, and opportunities for involvement in activities that seek to redefine their access to rights in Canadian society.

#### **Accessing the Legal System and Gaining Knowledge of Rights**

According to Basok (2004), the exclusion of migrant workers from social membership in the local community marginalizes migrants from opportunities to gain necessary knowledge and support to claim their legal rights. Essentially, Basok argues that the protection of migrants' legal rights is contingent on social membership, and her study illustrates how community organizations are coming to play a crucial role in providing a basis for the social inclusion of migrant workers in Canadian communities. Similarly, community organizations that work with migrant caregivers can be seen as providing an

opportunity for social membership in the local community that extends beyond local migrant networks. These organizations act as a bridge to governmental institutions and the public sphere. As such, caregivers are gaining the support and knowledge necessary to access the legal system to claim their rights, as the following caregiver explains through her experience filing a claim at CNT for payment of wages:

I have become brave, with [the community organization]. I have been talking to the labour office (she laughs). I tried receiving letters from the lawyers of my employers and I got scared, but then at the end, I won the judgment. I got my 4% and they gave it right away. I said to myself, “if you fight for your right, and it’s really your right, you can get it.” And I don’t have lawyer, my employer has a lawyer, I don’t have lawyer. I just go to [the community organization] and the labour office and I got it. I got the courage. (Interview, Caregiver 15, 2010)

While claims such as this are made to the labour standards board (CNT) with the support of community organizations, they are the exception from the norm. More frequently, the caregivers in my sample expressed a preference for using community organizations to simply inform themselves of their rights. Therefore, aside from mediating caregivers’ access to the legal system, community organizations play an important role in providing awareness and education on the conditions and rights of caregivers, a finding that has been reflected in other research on foreign domestic workers (Ball and Piper 2002). Community organizers are aware of this need to disseminate information to caregivers and they take an active role in fostering awareness in the community:

We do workshops, it’s empowering for them. You see, the Philippines is a country where the male is very dominant over the female, and these Filipino women just close their eyes. And they always think, oh it’s okay because I may miss 4 or 5 months if I go to another employer, so I better close my eyes. That’s how, why, these kinds of abuses still go on. ...Lately, I see that there’s a lot of empowerment now, with the information seminars. (Joan Junio, Representative of Filipino Caregivers Association of Montreal, 2009)

We do a Pinay orientation, like the history of Pinay, what our activities are, what are the campaigns, what are the accomplishments, challenges, and all those things. And then labour regulations, immigration policy, migrant organizing, we have a primer on the history of migration from the Philippines to other countries and what were the conditions in different countries. So they will understand why we are here, you know? Why is it happening, our conditions, so they will not feel guilty, why it’s happening to them. They are blaming themselves, or blaming the wrong person for what’s happening. So they will have more political awareness

and ask “why are our conditions like this?” (Evelyn Calugay, President of Pinay, 2009)

The provincial government has also tried to collaborate with these organizations’ efforts by forming partnerships, as the director of another community organization explains:

We also have a partnership with the Minister of Immigration (Quebec). This partnership is to try to ensure that every caregiver that comes into Quebec knows that we exist. So that we can give them the information about the labour standards, the immigration law, and the few services that immigration Quebec can give to the caregivers, but basically to inform them about their rights. (Alexandra Pierre, Director of AAFQ, 2009)

This collaboration between the state and community organizations is centered on the need for improved dissemination of information pertaining to labour standards, services, and immigration law, while it does not touch on the lobbying issues and political awareness that community organizations try to foster. The provincial government has also aimed efforts at directly providing information sessions for caregivers through community organizations, as an educator at CDPDJ explains:

When I meet [the caregivers] I talk about the fundamental rights they have in article 10 regarding discrimination and discriminatory harassment and I do educational activities. Like we place together in a little illustration and we ask them, is it sexual harassment or not? Is it ethnic harassment or not? What can we do when it happens to you? And what kinds of recourse you have. And it’s very interesting and the women like it. They can understand that the Human Rights Charter is concrete, it’s on the floor, it’s not abstract, it’s in everyday life. I recognize that they are very satisfied to learn what we talk about, the Human Rights Charter, because they didn’t know that. Oh they receive papers before coming here, but it’s not the same thing as to talk with somebody, to say to them how in real life it happens. (Carole Fiset, CDPDJ Representative, 2010)

There is evidently much optimism surrounding these educational initiatives, as a representative of the Quebec labour standards board (CNT) explains:

When you inform workers directly, there are two positive outcomes. One, they know what their rights are and they can go talk with their employer and say, “listen, I found out: 1,2,3. Now, would it be possible to rearrange the way I’m giving my work in order to comply with the Labour Standards Act?” That’s the first thing. So you know, it makes the work relationship sometimes more equal, because the worker knows his or her rights and they can go talk to the employer. The second thing is, it reduces impunity, in terms of, if the worker is constantly in



a situation where, for instance a) they haven't been paid their overtime or b) they are going through a huge psychological harassment context, they know that they have somewhere to file a complaint. So I'd say that's most of the positive outcome of it all. I know for a fact, because I hear what's going on in that field of activity, that they are more and more aware of the existence of the commission, and of the act. (Representative of CNT, 2010)

While these educational initiatives are certainly a commendable effort on the part of the provincial government and community organizations, it is necessary to recognize that the knowledge caregivers acquire is often used only after a problem occurs; if their rights are violated in the future they may use their knowledge to seek recourse. Alternatively, the knowledge they acquire may be used indirectly to bring up already occurring labour abuses with employers in the present, as the actions of the caregiver in the following example demonstrate:

I know the [minimum wage] increased last May, but [my employer] never told me that the salary increased. I know already, but I don't want to argue with them. I just wait, wait, until she will know if my salary is going to increase. But I just wait until when we went for Apple Picking [with the community organization] and they had a paper distributed by the association, that this is your tabulation of your salary, they increased last May. Then when I came back to my employer, I said "Madame excuse me, because last Sunday somebody gave me this paper," then I just say, "I have no idea the salary has increased already, I don't know if it's true or not." I said like that. And she says, "I will just ask the Immigration." Until last week she talked to me about the salary and she said the increase is \$9 but just started this month, September (she laughs).

*So she's not going to pay you from May?*

Yeah, from May to August. (Interview, Caregiver 13, 2009)

In such instances, the outcome of these indirect actions is dependent on how the employer receives the information. Use of information in this indirect manner may therefore not always be effective in bringing about a legally appropriate outcome. It is also often used in a remedial way, not as a preventative strategy for protecting their rights. The perspective among caregivers on the importance of the dissemination of information is summed up by a caregiver who explains:

Actually, it's very informative and it's very helpful, but I just don't have the courage to complain because I don't want my 24 months to be disrupted. And then, it's good to have the information because you hear many, many different interpretations, so attending an orientation can help us recognize what is really

[the law], so that we know what is the real interpretation of what you read and what you hear. (Interview, Caregiver 14, 2010)

This caregiver's account of her experience receiving information through an orientation session is consistent with the optimism expressed by the government employees cited above. However, it also draws attention back to the issue of temporary status as a primary influence on the willingness of caregivers to respond to problems. The dissemination of information through community organizations is simply not enough to ensure that rights are protected because the wider institutional context continues to shape the use of this information. Due to the power differentials between the employers and the employees, dissemination of information is only half of the battle. As the representative of CNT explains:

In a work relationship, the employer and the employee, it's never on an equality based relationship, that's what labour law tends to put back – it's the equilibrium that labour law tries to put back into place... We have basically two mandates. One mandate is a mandate of prevention, so in order to prevent employers from breaching the Labour Standards Act, and then there's another level of activity, which is when the Labour Standards Act is breached, we take action. So we're acting on both sides, because it's important to prevent, but it's also important to take action when the law is breached. (Representative of CNT, 2010)

The dissemination of information through community organizations and the provincial government serves the function of informing caregivers on how to address situations in which their rights have been violated so that when acts such as the Quebec Charter of Human Rights and the Labour Standards Act have been breached action is taken. However, due to the power differences between employer and employee and the lack of regulation in these workplaces, there remains a gap between the legal rights caregivers hold and how they are practiced in everyday situations. This gap between citizenship as a set of legal rights on paper and citizenship as a set of rights accessible in practice has been identified in additional scholarship on the rights of temporary workers in Canada (Basok 2004). Community organizations are playing a central role in encouraging caregivers to seek recourse. However, what is needed now is an improvement in the enforcement of rights and responsibilities in these workplaces to *prevent* employers from violating the rights of caregivers. While the collaboration between the state and

community organizations is commendable for providing an avenue to seek recourse, it also currently holds limitations in terms of enforcing rights within workplaces. There is therefore a deeper issue underlying this analysis – that is, how can these workers' experiences provide insight into the current limitations and challenges of regulating the domestic arena as a workplace? It is clear that responsibility is placed on the individual caregiver to come forward once her rights have been violated. This is made possible through the bridging function that community organizations play between caregivers and the state, a process which is reinforced by partnerships and community-government collaboration. Under the current regime, recourse is being pursued in favour of prevention due to limitations on resources to regulate the home as a workplace. Yet, caregivers are drawing on their links in the community to mobilize for the extension and recognition of their labour rights, in an effort to counter these limitations.

### **Challenging the Limits on Citizenship Rights**

Community organizations play a role in questioning the power differentials between employers and employees by including caregivers in campaigns that challenge the institutional features of the LCP that exacerbate this uneven distribution of power, as the President of Pinay explains:

Another thing is when we are doing campaigns we try to involve [caregivers] in the activities so they will understand, what is this campaign, what benefits are we going to get out of this, and learn how to be able to face the people that we are scared to face, because they are powerful, they have the authority. But they are not dangerous if you are able to communicate properly. (Evelyn Calugay, President of Pinay, 2009)

Through campaigns that target immigration and labour policy, organizations are creating awareness on the roots of the problems that caregivers face, thereby collectivizing the seemingly individual challenges that caregivers experience in isolated workplaces. At the same time, they are creating opportunities for the empowerment of caregivers by tooling them with the skills and courage to speak out and seek change. Courville and Piper's (2004) examination of labour migrants' organizing reveals that migrants, in positions of limited power, must invest more in their social capital in order to create momentum for change. They opt for an examination of migrants' *empowerment*, as a concept

encompassing how migrants' social capital can encourage hope for social change and present opportunities to foster individual as well as collective agency. Community organizations working with LCP caregivers are contributing to this empowerment process through efforts that bring marginalized groups into the political arena.

An example of such efforts is a coalition of immigrant and workers organizations that formed to target the provincial government for the extension of CSST, workplace health and safety protections, to domestic workers across the province. Under the current policy, domestic workers are excluded from CSST coverage, as the director of AAFQ explains:

Workers in Quebec are automatically covered by the CSST when they're employed. In the case of caregivers, they are excluded from this automatic insurance. They can register by themselves but it's too expensive. Almost none of them do this. (Alexandra Pierre, Director of AAFQ, 2009)

Research into this policy by CDPDJ identified the logic behind this exclusion as being based on discriminatory ideas about the nature of domestic work. Caregivers have been excluded from CSST on the basis that their work is not legitimate work for coverage, for it is not deemed to be unsafe or hazardous to workers' health because it is done in the home (Carole Fiset, CDPDJ Representative, 2010; Alexandra Pierre, Director of AAFQ, 2009). A caregiver involved in the campaign explains her thoughts on this logic behind caregivers' exclusion from health and safety protections at work:

During illnesses or accidents at work, we're not covered. ...Because it's in the definition you know! The CSST, domestic work is not considered work! ...We're here to work! We have work permits! We're paying taxes! We are not here for fun. We are here to survive. So, where's (she laughs), where's the logic there? Why is that? Because women are working like this, and it's work at home, and it's not considered work. (Interview, Caregiver 1, 2009)

As Chapter Two demonstrated, LCP caregivers face risks to their physical and psychological wellbeing from care recipients and employers, as well as health problems associated with the stress of their work. There is also little job protection in the case of illness, as indicated by the experience of two respondents in my research sample who were fired upon illnesses requiring hospitalization. While caregivers' work environments may be concealed within private homes, they nevertheless have the need for health and

safety measures as workers in other settings do. This exclusionary policy exemplifies how the separation of domestic work from more traditionally understood “productive” work is institutionalized in the structures that regulate (or fail to regulate) caregivers’ workplaces. According to Arat-Koc (1997) domestic work has always held a low status in industrial capitalist societies. Even today, domestic work is frequently marginalized from the category of “real” work. Consequently, women working in this industry are marginalized from the protections associated with more visible, valued, productive forms of labour. Yet, domestic workers, like any other workers, exchange their labour for a wage and are subject to the same employer-employee relations as workers in other industries, despite these relations being obscured by the privacy of the home. Domestic work must therefore be understood within the sphere of production (Romero 2002). As the above interview excerpt demonstrates, caregivers are critically aware of the misconceptions about their work. The campaign for CSST coverage further demonstrates caregivers’ claims to rights as workers.

The campaign to include domestic workers under the CSST involves migrant caregivers who are active in claiming this right. For instance, a group of caregivers along with supporting organizations such as the Immigrant Workers Centre, Pinay, the International Migrants Alliance, and AAFQ rallied outside the Ministry of Labour on December 18, 2009 to demand the extension of CSST to domestic workers. The event culminated with the delivery of a letter to the Labour Minister, Sam Hamad, made by two migrant care workers who personally expressed their demands to the Minister (Field notes, December 18, 2009).

Instances such as this exemplify how caregivers are stepping forward to claim their rights and improve their working conditions with the support of community groups. These organizations create a space for caregivers to engage their citizenship as temporary workers, challenging the limits they face due to their citizenship and occupational status. It is evident that caregivers are in fact critically aware of the problems they face in the industry and some may strategically act to improve their situation. Caregivers are mobilizing to claim recognition of their workplaces as such – workplaces. While progress is slow, gains are being made and LCP caregivers are at the forefront of claims to recognize domestic work as work, thereby claiming recognition for their rights as workers

contributing to the Canadian economy. In the following interview excerpt Pinay President, Evelyn Calugay, summarizes some of these advances made as a consequence of caregivers' collective organizing:

The successes that we have include the inclusion of the domestic workers in the labour regulations of the government [the Labour Standards Act]. This is already a giant step for Pinay. And now, hopefully they will stand behind their statement, the Labour Minister has announced that he is going to announce the inclusion of live-in caregivers and domestic workers in the CSST.<sup>9</sup> So it's another giant step that we have taken. The biggest step that we could take is to change the live-in caregiver policy to a better one. So, it's small steps, but it's a small giant step – to us it's a giant step (she laughs). It's empowering also. (Evelyn Calugay, President of Pinay, 2009)

## CONCLUSION

This chapter has advanced an analysis of caregivers' citizenship status as being composed not only of rights granted by the state, but also of the social membership that enables caregivers to access and negotiate these rights. In this chapter, I showed that many caregivers take action to claim their rights through their social membership in the local community. The particular strategies that they employ are a product of the nature of their connections in the local community, whether through personal relationships or the community organizations that have formed to respond to their collective needs. While their actions are shaped by the institutional context, caregivers are mobilizing within the community for the recognition and protection of their rights.

The analysis demonstrates how under the current citizenship regime, caregivers are made responsible for their rights, in place of state regulation of their workplaces. This process is facilitated through collaboration between the government and community organizations, as these organizations act as a bridge between the state and caregivers. This analysis provides valuable insight into the limitations of ensuring access to labour rights through this current arrangement. It reveals that given the power differentials between migrant caregivers and Canadian employers, caregivers continue to face

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<sup>9</sup> Live-in Caregivers continue to campaign for CSST inclusion. In the summer of 2010 the Quebec government was tabling a bill to include these workers in CSST provisions. The results of this process are yet to be known.

vulnerabilities in acting on knowledge of their rights. In the absence of state enforcement of their rights in their workplaces, caregivers remain susceptible to abuses. However, caregivers are claiming greater protections of their rights. These claims are made possible through the inclusion of caregivers within civil society, via the space that community organizations create. Therefore, within this context community organizations hold contradictory roles, by simultaneously reinforcing and challenging the current citizenship regime. These organizations engage in partnerships that maintain the institutional context, while also providing momentum to challenge this system. Jenson and Phillips (2001) suggest that contradictions in the institutional arrangements of a regime, when intensified, lead to transformations in the overall citizenship regime. The outcome of such transformations is not discernable in advance, but results from the particular struggles within a regime. In the current context, the position of community organizations, as intermediaries between state and migrant workers, exemplifies such contradictions. The maintenance of the LCP, as an institutional arrangement, therefore rests upon the outcome of this relationship.

While the analysis presents an overall optimism for the gains caregivers have made on both an individual and collective scale, this is not meant to overshadow the struggles that remain. The three policy pillars of the LCP continue to influence caregivers' willingness to act, contributing to a culture of tolerance of abusive labour practices. Furthermore, as some community groups have indicated, despite efforts to push for change in the policy and for inclusion in Canadian society, the Filipino community continues to be marginalized within the broader Canadian social fabric due to the deskilling caregivers experience through the LCP and their resulting occupational ghettoization (Diocson 2010). Gains have been made, but long strides to advance the rights of the community remain. Ultimately, the women migrating to Canada through the LCP do so in order to claim a life of permanence, to set down roots and call Canada home. They often do so after many years of working in other nations as partial citizens. In light of this, the final chapter summarizes the analysis with reference to this overall migration goal, giving voice to the concerns caregivers hold along the way.

## **CHAPTER 4: Conclusion**

**“I am a worker here, a foreign worker, a beloved mother. I am helping my family for a better future.”**

Filipinos make up the second largest pool of economic migrants around the world. They are the most geographically dispersed migrant group, constituting a truly global workforce (Courville and Piper 2004). Additionally, economic migrants from the Philippines form a feminized labour source, with more women than men migrating as of the 1990s (Asis 2005). In the introduction to this thesis, a review of literature on the feminization of migration and globalization of care made apparent the push and pull factors propelling this migration – such as the occupational positions of women in developing economies (Hill Maher 2004), governments’ encouragement of labour exportation (Meerman 2001; Parreñas 2001a; Rodriguez 2002), family survival (Asis, Huang, Yeoh 2004; Lauby and Stark 1988; Pedraza 1991), and demand for domestic service workers in the Global North (Constable 2007; Ehrenreich 2003; Hochschild 2000; Parreñas 2008; Romero 2002). For Filipino women migrating to Canada, by far the most widespread pull factor is the opportunity to become a permanent resident. It is important to recognize that this migration objective stems not from their desire to leave their nation of origin. Rather, the conditions in the Philippines and their ideas about life in the “first world” convince these women that they and their families will not only be able to survive, but also thrive, if they decide to migrate. Their migration is rooted in a system of global inequality. It is from this context that many of my respondents saw the LCP as the obvious choice for providing security and opportunity to themselves and their families:

When my friend asked me, “you want to come here to Canada?” I think to myself, yeah, because I work already in Hong Kong. I receive a much higher salary than in the Philippines, but we’re apart – my husband and my daughter. Even though I make big money in Hong Kong, we’re apart, we are not together. So when my friend asked me if I want to come here to Canada, first come to my mind, I work in Canada and I bring my family here. We live here together. So I work and I receive better salary than the Philippines and at the same time my family belongs to me. And I said, yes. Very fast, yes. Here, I’ll give the best to my daughter. I thought to myself, it’s easy here [in Canada] to give to my daughter my dream for my daughter. When in the Philippines it’s very hard to give the dream life to my daughter. (Interview, Caregiver 12, 2009)



When I was in Taiwan I heard already that Canada gives what we call a high salary monthly. So I know how much before I applied, I'm always thinking, this is the rate in Canada, whereas in Taiwan it's like this. And also I can file a permanent resident application, so I choose here because my family also, I can bring my son and my husband if I'm a permanent resident. I can bring them and then my son has a good future – about the education, about the health care. (Interview, Caregiver 5, 2009)

In the Philippines now, it's becoming difficult. Now I'm thinking not for my sake, but for the sake of my kids. Because I believe that they will be having a better future here. ...Even if it is difficult to start here as a caregiver, I still made a decision to be in the program and become an immigrant. (Interview, Caregiver 10, 2009)

I heard that [the LCP] is a good opportunity for you if you have a family that you want to bring with you. So, I grab that opportunity (she laughs), I try to apply to come to Canada, because of my children and also my children said, "okay ma' can you try to apply to Canada so we can settle our family in Canada." (Interview, Caregiver 2, 2009)

You work as a foreign worker in other countries. In Canada you get a better future. In Canada you can bring your family. In other countries you work in, you stay as a worker and only a worker. (Interview, Caregiver 6, 2009)

Ultimately, the chance to apply to become a permanent resident, coupled with the ideas that these women and their families hold about opportunities in Canada, influence their decision to enter the program. In contrast to staying in the Philippines, they believe that migration will open doors to a better future for themselves, and in particular for their children.

### **A Temporary Migration Program with a Twist**

Our purpose is to have permanent residency, because in Asia it is just contract work and agency fees. (Interview, Caregiver 7, 2009)

While the LCP exists to secure a pool of labour for a shortage of live-in caregivers in the Canadian economy (HRSDC 2010f), this temporary worker program is also a two-step migration program (Lowe 2010). Thus, the LCP is unique from traditional guest worker programs, such as Canada's Seasonal Agricultural Workers Program, which do not provide opportunities for permanent settlement. Yet the LCP is also unique from

traditional streams of settlement migration, such as through Canada's skilled worker point system in which qualified workers are accepted as permanent residents from the start (CIC 2010d). Throughout their journey to realizing their goal of attaining permanent residency, LCP caregivers are confronted with the reality of migrating to the Global North as temporary workers. Although they eventually become eligible for greater citizenship rights, initially they face a number of restrictions tied to their temporary status. Chapter Two of this thesis outlined the main challenges caregivers encounter, demonstrating how the three core policy pillars of the LCP shape these issues. The live-in requirement of their work is associated with challenges such as working overtime without compensation, harassment, lack of privacy, substandard living arrangements, and difficulty negotiating with or leaving employers. The work-permits tied to specific employers are associated with decreased job mobility and the problem of employment gaps. Finally, the temporary status with the chance of eventually becoming a permanent resident is not only associated with the challenges of prolonged family separation and heightened stress, but also creates an obstacle to seeking recourse when rights are violated. This pillar of the LCP is the most widespread institutional feature deterring caregivers from asserting their rights. Since becoming a permanent resident is the main motivator for participation in the LCP, caregivers exercise extreme caution so as not to disrupt their chance of achieving this goal. Rather than confront issues with employers, caregivers often strategically choose silence, for fear that speaking up will cost them their job and their chance of attaining permanent residency. For many caregivers, the challenges that they experience with migration come as a shock in contrast to their original migration expectations:

When I was in Hong Kong I'm imagining (she laughs) that my [future Canadian] employer is good and they treat me as a member of their family and they're kind, because you know, that is what I am thinking is Canada. Everybody in Canada is kind, Canada is a generous country, the people are kind. I never expect that it was going to happen to me, the worst experience, I never expect that. It feels bad to me, I mean it happened that my expectation is not (she laughs) the same as reality. (Interview, Caregiver 2, 2009)

Before, when I came here, it was more difficult. I was not used to the job – all the household tasks. It was different from the work I was doing in the Philippines.

Each year I am more used to it, but it is more tiring. (Interview, Caregiver 4, 2009)

[I imagined] it's nice, the weather, culture, is different. So I was very amused – it was an adventure, I want to go there [to Canada] someday. But when I came here it was hard. It's very different. For us, as Asian women, it is hard. The culture shock, the weather. (Interview, Caregiver 6, 2009)

While the challenges discussed in Chapter Two were evident throughout the research sample, the migration experiences of caregivers are not black and white. For some, migration expectations better match the reality they find here:

I pictured Canada in my mind, it's beautiful, because they said Canada, I heard always, I heard a long time "Canada, Canada, Canada, very good to live, very rich country, very nice people" because English people are very good. So in my mind it's very good to live here it's very nice. And when I come here, because it was April so there's some snowing, so the picture in my mind showed to me in front of me, so it's a dream come true, to come here to experience a different world a different lifestyle, everything. It's different yeah. It's some kind of enjoyment in my life yeah. (Interview, Caregiver 12, 2009)

There are evidently inconsistencies in the severity of challenges caregivers are confronted with through migration. However, all caregivers undergo a process of integration, requiring them to adapt to their new position in Canada. When asked what advice she would give to other women wishing to migrate through the LCP, the following caregiver responded:

First is, before coming here they should know their job. They have to accept that, you know, if their job [in the Philippines] is easy, then here it's not. They have to be strong, because they will be far from their family. They should know how to adjust with the climate, with the work, with everything. Beforehand they must be ready, otherwise coming here, they will just be finding out. I used to hold pen, I used to hold paper, I used to face a computer. But now, once a week, I hold a mop, I use a mop, right? I use a vacuum. So that's something that you have to accept, otherwise it will be difficult. Because you know why, most Filipino who come here are those who can afford to pay. They have money. Usually they have a good life. Because we pay. If you don't have a good job there you cannot afford to pay that much to come here. So, the realization of what kind of work you will have here is something that they should know prior to coming here, otherwise adjustment will be difficult. (Interview, Caregiver 10, 2009)

This response indicates that women coming to work in Canada's LCP face several transformations, requiring adjustment to family separation, domestic work, and a foreign country. Additional challenges, such as in the form of labour rights violations or abusive recruitment agencies, create further difficulties in the migration process of some.

Overall, the challenges caregivers experience under the LCP are rooted in Canada's contemporary citizenship regime. This regime is characterized by an emphasis on individual responsibility for welfare, market responsive policy, and cutting back on government "waste" (Jenson and Phillips 2001). The introductory chapter to this thesis highlighted how a shift in Canada's migration policies, with the growing popularity of two-step migration programs, corresponds to this wider context. Two-step migration programs, such as the LCP, place emphasis on market needs and may also shift responsibility for immigrants' integration from the state to employers (Lowe 2010). The introductory chapter further articulated the shifting definitions of citizen and non-citizen throughout Canada's history of receiving foreign domestic workers, describing how inclusion in the political community has become more restrictive over time. The current citizenship regime, in which the LCP is embedded, is one that presents a number of challenges to foreign caregivers. Their partial citizenship has implications for accessing the rights to which they are entitled. However, as Chapter Three discussed, caregivers are laying claim to their rights through social membership. Community organizations play an important role in facilitating caregivers' access to the state, and thus access to their rights. However, this dynamic reinforces pressures on caregivers to be responsible for their rights in the absence of state regulation of their workplaces. Given the current institutional arrangements, caregivers are being called on to take responsibility for their rights, yet the institutions governing their lives create extreme vulnerability, deterring them from taking action.

### **"We put our heart in our work": Regulating Paid Labour in the Domestic Arena**

Arguments abound that paid work in the home is qualitatively different from work in any other setting. England (2005) presents theoretical frameworks that tackle such notions of care work as distinct from labour performed in the market. For instance, the love and money framework asserts that providing care and self-interested economic action need not be understood as dichotomous. Smith (2000) affirms that domestic service work is

often viewed as peculiar compared to traditional employment arrangements and therefore suffers exclusion from legal protections. In listening to the experiences of my respondents it became apparent that live-in caregivers hold many of the same needs for protections of their rights as workers in “productive” industries. For instance, Chapter Three outlined the recent campaign in Quebec to extend CSST coverage to domestic workers on the basis that, similarly to other industries, domestic workers also face risks to their health and safety at work. While the primary objective of this thesis has been to present an analysis of the challenges caregivers face under the LCP and to understand their responses to these challenges, there is a further underlying theme – that is, how can the experiences of LCP caregivers provide insight into the challenges of regulating the domestic arena as a workplace? As Chapter Three explained, in regard to the LCP in Quebec, caregivers’ rights are being addressed through the dissemination of information via government-community organization partnerships. While this arrangement equips caregivers with a better understanding of their rights, it does not adequately address employers’ compliance with the Labour Standards Act. This thesis asserts that in order to better address the problem of regulating the domestic arena as a workplace it is necessary to begin from the perspectives of caregivers. Ally’s (2009) study on the regulation of domestic work in South Africa warns of the danger of devising policies for regulation that do not reflect the strategies – whether formal or informal – which workers employ to improve their work arrangements. Following this line of thinking, consideration must be given to workers’ experiences. In an effort to provide insight into such strategies used by caregivers in the LCP, Chapter Three highlighted their common response to problems in the migration process and their workplaces.

Ultimately, the concerns caregivers frequently raised in interviews corresponded to the three policy pillars outlined in Chapter Two. However, in addition, a fourth concern was shared. This was the issue of employers’ compliance (or lack thereof) with the rules of the program and a desire for the government to take greater actions to inform employers of their obligations. As a caregiver explained to me, “You know, if the employers really followed the program, every caregiver is very happy” (Interview, Caregiver 11, 2009).

The Quebec government has made efforts to inform employers of their role and responsibilities under the LCP. In particular, the provincial government made an attempt to host a dinner for LCP employers to provide education about the program and employers' responsibilities. Several hundred employers were invited to attend, whereas a mere two to three guests arrived for the event (Carole Fiset, CDPDJ representative, 2010; CNT Representative, 2010). When asked why the turnout was so low, a government employee replied that unless such events are made mandatory the government will not be able to get employers to attend (CNT Representative, 2010). While labour standards are regulated and enforced at the provincial level of government, the LCP is a federal labour migration program. In order to ensure that employers are properly informed and complying with their obligations under the program, both levels of government will need to combine their authority to achieve this goal. Overall, caregivers expressed their desire for the government to understand the challenges they face as live-in caregivers and to intervene in the employment relationship, due to caregivers' vulnerabilities in doing this for themselves. It seems that in the current context, if caregivers' rights are going to be protected, either the institutions need to change to give caregivers the autonomy necessary to assert their rights, or the government must play a greater role in ensuring that employers comply with the program regulations.

**“At the end of it all you have to ask yourself, was it worth it?”**

The women I interviewed were in a sense waiting to begin their lives in Canada. Their temporary status kept them from feeling established. As they wait to complete the program however, this phase of the two-step migration process is already shaping the direction of their lives as new immigrants to Canada. This can have consequences on several levels, such as transformations in families as they wait to be reunited:

I picture, I'm imagining that my family will arrive here in Canada. I think that we are all happy because we are excited you know, they are excited to see me in how many years that they don't see me. You know, when I call my family they're crying, "when, when are we going to arrive in Canada?" I say, "I don't know, I'm not the immigration!" (Interview, Caregiver 2, 2009)

As well, this phase of migration shapes caregivers' struggles to regain an occupational status that corresponds to their training:

Actually my plan is, whenever I have my card, I want to go to school... to enhance or upgrade my diploma. Because I was in the equivalence office and my diploma was evaluated and the equivalent here, my 4 years study at home, I was an accounting graduate, the equivalent here is first year university only. So I have to, they said if you want to practice your course, you have to do the retraining. (Interview, Caregiver 1, 2009)

Many women who held different professions in the Philippines informed me of their plans to study upon receiving permanent residence. They wished to enroll in courses to gain recognition of their skills in fields such as teaching, nursing, and accounting. However, they also expressed concerns about the burden of pursuing additional training while dealing with family responsibilities and budget constraints. This is a problem that requires further examination, as it is beyond the scope of this study which focused on the first phase of migration. However, this thesis nevertheless shines light upon the difficulties caregivers experience due to a lack of recognition for their skill from the onset. While caregivers may take courses to learn an official language or apply for student visas while under the LCP, many feel that while working under the LCP their responsibility is to their employer and thus pursuing relevant additional training early on is not a possibility. Additionally, caregivers expressed concerns regarding the future integration of their family members:

The way I see the situation, from the experience of other people coming here, and they tell me their husband is not working because they have been laid off, you know. So I'm worried about that too because living here is expensive, right? (Interview, Caregiver 11, 2009)

The long term integration of these migrants into Canadian society should be on the future research agenda in order to assess how their incorporation through a two-step migration program impacts their integration outcomes – whether it is based on social, health, or economic indicators. What consequences do two-step migration programs hold for migrant communities in the long run? What does this mean for Canada as a whole? As lawyer Fay Faraday (2010) urged, it is time to have a very open and honest conversation about the kinds of institutions on which we want to build our nation. This thesis has begun to address these concerns by offering a closer look at the first phase of Filipino women's migration to Canada under the LCP. However, given that the end goal among

these women is to claim a life of permanence in Canada, the research agenda must further consider the long term successes and challenges of migration through the LCP. As these women make their way to the finish line and claim Canada as their home, new challenges are sure to arise.

On a cool fall day, I sat across from a former caregiver who now volunteers in the community. After sharing her migration story with me, she told me that at the end of it all you have to look back and ask yourself, was it worth it? For many caregivers, the dream of attaining permanent residency in Canada is worth the risk at the onset. However, as the process unfolds, expectations and reality collide. Caregivers are overcoming adversity and finding strength in the local migrant community. Organizations are creating bridges to the broader society. However, the struggle persists within this community to give substance to their rights and gain recognition for the actual and potential contributions they offer to Canadian society.



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