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Does Canada “Care” about Migrant Caregivers?: Implications under the Reformed Caregiver Program

Abstract

Domestic and caregiving work have been part of the Canadian fabric since our colonial founding and have long represented one of the most easily accessible routes for migration open to women. Until very recently the Live-In Caregiver Program (LCP) operated as the primary program in Canada facilitating this labour migration. While the LCP has been replaced by the Caregiver Program (CP), it has yet to be determined how these changes will impact migrant caregivers. We suggest that many lessons can be drawn from our knowledge of migrant caregivers' experiences under the LCP that can help us understand the dynamics of new immigration policies. Using the global care chain framework, we consider here whether Canada's caregiver migration policy demonstrates a concern for the wellbeing of migrant caregivers as workers, as family members and as citizens. Our analysis suggests that the CP does not adequately address the concerns raised through the global care chain critique. Rather, the CP continues and deepens the trend of using immigration policy to hold people in substandard employment, with very little care for migrant caregivers whether in terms of their labour rights, their family relationships or their sense of belonging and citizenship.

Résumé

Le travail domestique et le travail d'aide-soignant font partie de la réalité canadienne depuis nos débuts coloniaux et représentent depuis longtemps l'une des voies migratoires les plus accessibles aux femmes. Le Programme des aides familiales résidentes (PAFR) est le principal programme facilitant l'entrée de ce type de main-d'œuvre au Canada. Récemment, ce programme a été remplacé par le Programme des aides familiales (PAF), mais la façon dont ce remplacement va affecter les aides familiales reste indéterminée. Aussi nous recourons à notre connaissance des expériences des aides familiales sous l'ancien programme afin de tirer des leçons susceptibles de faciliter la compréhension des dynamiques se rapportant à la nouvelle politique d'immigration. En faisant appel au cadre de la chaîne globale des soins, nous examinons ici si la politique canadienne relative aux aides-soignants démontre une préoccupation pour le bien-être de ces migrants, en tant que travailleurs, membres d'une famille et citoyens. Notre analyse suggère que le PAF ne répond pas adéquatement aux critiques émises en lien à la chaîne globale des soins. En fait, le PAF poursuit et approfondit la tendance consistant à voir dans la politique d'immigration un outil confinant les aides-soignants dans des emplois précaires, sans égard pour leurs droits du travail, leurs relations familiales et leurs sentiments d'appartenance et de citoyenneté.



INTRODUCTION

Canada's Live-In Caregiver Program (LCP) has a long history of academic scrutiny. Since the 1980s, the program (then known as the Foreign Domestic Movement scheme) has attracted the critique of scholars concerned with the social and labour rights of women who move across the world to labour under this program in Canada (Bakan and Stasiulis 1997). The phenomenon is far from new, however. Since the beginning of Canada's colonial history, domestic and caregiving work have long represented an accessible entry point into the labour market for women who may otherwise have limited opportunities to support themselves, prompting both the internal and transnational migration of many women, particularly from rural communities to urban and from the global South to the global North. This form of labour has always been marginalised due to a range of factors including its location in the private sphere, the precarious immigration status of many domestic workers, employment relationships that are ambiguous and the ongoing devaluation and invisibility of women's work in the home. One of the fundamental underpinnings of the existence of domestic and caregiving work as an occupation is extreme social and economic inequality. Large gaps in wealth and revenue are what allow privileged classes to afford to hire domestic workers and caregivers. A global portrait of their labour and human rights conditions has recently been documented by the International Labour Organization (2010) indicating an ongoing need for global reforms to protect the rights of migrant domestic workers and caregivers.

Many different organizations and projects are loudly advocating the importance of respecting the rights of migrant caregivers and of transforming their working conditions and immigration requirements (Koo and Hanley 2016). The frontline work of informing migrant workers and encouraging them to advocate for their rights is often carried out by personal social networks and religious or ethnic associations active in the community (Choudry et al. 2009; Choudry and Thomas 2013). With the 2014 creation of the Caregiver Program (CP), which, notably, removed the "live-in" obligation, migrant workers and their community advocates are left with many questions about how these changes can be expected to improve the difficult employment and family challenges faced by the individuals (still predominately women) who migrate to do caregiving work in Canada.

This article offers a critical review of the 2014 CP reforms, asking the rhetorical question of whether Canada – as represented through its caregiver migration policy – "cares" about migrant caregivers. While we acknowledge that the conditions structuring the lives of migrant caregivers involve a range of actors, including many Canadian actors who are advocating to improve the situations of migrant caregivers, our specific focus here is the Canadian federal government's role in policy creation

and the choices made at the federal level surrounding immigration reforms and regulations. We will briefly review Canadian migrant domestic work and caregiver immigration programs before introducing the concept of the global care chain (Hochschild 2000) as a framework for understanding the challenges facing migrant caregivers. Using this framework and existing research on migrant caregivers in Canada, we will consider to what extent the CP reforms can be seen as an adequate response to the well-documented critiques concerning the wellbeing of migrant caregivers as workers, as family members and as citizens, both while on the program and after completing it. As the program changes have not been in effect long enough for a substantive number of people to complete the two-year work requirement under the CP, it has yet to be determined the full extent of how these changes will impact migrant caregivers. We speculate, however, that many lessons can be drawn from our knowledge of migrant caregivers' experiences under the LCP to help us understand the dynamics of these new immigration programs.

CAREGIVING WORK IN CANADA AND THE GLOBAL CHAIN OF CARE

Canada was built by successive waves of racialized and gendered migrant labour aimed at addressing the recurrent problem of labour shortage, including in the sphere of domestic and caregiving work (Walia 2010). Today, the flow of domestic workers is regulated by policies similar to those regulating trade with a "just-in-time" logic (Siemiatycki 2010; Valiani 2009), with concerns regarding who can stay in Canada and under what conditions, still resurfacing in subsequent reforms.

From 1992 to 2014, the movement of migrant caregivers to Canada was facilitated via the LCP. Under this program, migrant caregivers were required to provide personal care for children, seniors or people with disabilities while living at the location of care provision, often in the private home of their employer, with a closed work permit tied to one specific employer. After completing 24 months (or 3900 hours) of registered service within a period of four consecutive years, migrant caregivers on the LCP could apply for permanent residency from within the country. The possibility of permanent settlement in Canada for the caregivers and their immediate family members served as an incentive for migrant caregivers to endure unfavourable labour conditions, including a wide range of labour violations, a lack of a private life and long family separation (Atanackovic and Bourgeault 2014; Pratt 2012; Spitzer and Torres 2008; Stasiulis and Bakan 2005). The threat of refused permanent residency or deportation for those struggling to complete their required service operates as a mechanism to ensure compliance with employer demands and generate reluctance to come forward with complaints. This creates a "carrot" or "stick" situation that allows for the possibility for exploitation of migrant caregivers (Valiani 2009).

In 2014, over 23,000 migrant caregivers were working in Canada on temporary work permits obtained under the LCP (CIC 2014a). Just as elsewhere in the world, migrant caregiving work is highly feminized in Canada; over 90% of migrant caregivers working through the LCP are women (Kelly et al. 2011; Spitzer and Torres 2008). This work has also been highly racialized in the Canadian context, with the majority of migrant caregivers under the LCP coming from the Philippines and a growing number coming from Haiti as well as African, Latin American and Asian countries. Most are between 25 and 44 years old and increasingly more are college educated and graduates from professional programs like nursing and teaching (Kelly et al. 2011; Torres et al. 2012).

The global care chain: Migrant caregivers in the middle

The structure of Canada's immigration programs for migrant caregivers can be conceptualized using the global care chain (Hochschild 2000; Kofman and Raghuram 2015). Increasingly, women around the world are put in a position where they must choose between employment and family responsibilities. The ability or inability of a family to address their care needs at home may have direct implications on the labour market participation of certain segments of the population. As a result, full-time care work, especially childcare, has become increasingly recognized as a fundamental part of the economy (Tuominen 1994). Both public and private systems have developed around this need, though ultimately care work is still most often characterized as a familial responsibility.

In Canada, childcare and other family care programs continue to be lacking in the public system, as informal family networks become more strained and women become more involved in the labour market. There was dramatic growth in the formal childcare sector in the 1970s through the 1990s (Tuominen 1994); however, the formal system still largely depends on informal, often familial, arrangements to fill in the gaps. Informal childcare may include relatives, unlicensed centres and home-based care arrangements. Social policies in various sectors structure a certain care regime that impacts a country's approach to child, senior and disability care needs. For example, the government of Canada offers cash transfers to families in lieu of providing adequate national public childcare services. Policies such as these "encourage the development of a particular form of home-based, often low-paid commodified care or domestic help, generally accessed privately through the market" (Williams 2011). In doing such, demand is created for a certain kind of in-home care provision, and therefore for caregivers willing to do those jobs (Hochschild 2000). The provision of accessible public care options is cited as a solution that would allow unpaid familial caregivers to balance their care responsibilities with other aspects of their lives, for example their employment; however, equitable care policies that gen-

inely address the gendered nature of the work-care balance problem have not generally been a popular area of policy development, and care is still predominantly seen as a family matter that takes place in the home.

One response to this crisis has been migrant caregiver programs. As introduced above, the LCP, as well as the current CP (Canada 2002; CIC 2014b), provide routes for Canadian employers to hire caregivers from abroad while providing a pathway to citizenship for qualified migrant care workers. A prominent issue characterizing the care sector, especially for positions involving direct care, has been a consistent lack of workers for paid care work positions (especially for live-in positions), giving rise to an influx of recruitment from abroad to fill the care work need in Canada, most notably in the health care, childcare and elder care sectors. As the demand for care work increases, countries with care regimes relying on market-based care provisions have created policies, such as the CP, that enable a cheap flow of migrant labour to meet the demand.

These labour migration movements are often framed mutually beneficial, providing care solutions to wealthy families struggling to meet caregiving demands, as well as economic and immigration opportunities for women working as migrant caregivers, as in the case of the CP. From an intersectional feminist perspective, programs designed to promote the transference of care responsibilities from Canadian women to relatively impoverished “women from disadvantaged racial and ethnic groups,” should raise questions (Razavi 2007). As Langevin (2007) states, “[B]ringing in underpaid women from disadvantaged countries enables others in industrialized countries to free themselves from household chores, enter the labour market, and achieve a certain degree of economic independence” (199), perpetuating racial, gender, and socio-economic inequalities.

In determining the impact of care work migration programs, the families and communities that migrant caregivers leave behind have to be included as important links in the global care chain (Hochschild 2000). A global care chain is “a series of personal links between people across the globe based on the paid or unpaid work of caring” (Hochschild 2000, 357). When a mother (or any primary caregiver) from a country such as Canada enters into the workforce, the family must find another means to accommodate their care needs—they need to find someone to care for their children, elderly parent or other dependents while they are at work (Parreñas 2012). With the provisions of LCP and other similar programs, they are able to hire a migrant caregiver from another country. This migrant caregiver will likely have care responsibilities in her own family or community in her country of origin that she is leaving behind. She may send remittances home to support her family, which may include wages for another woman she has hired to be a live-in caregiver for her own children. In these circumstances, this woman would most likely be from a less

privileged part of the migrant caregiver's home country and she may also have care responsibilities in her own home, which perhaps an elder daughter will stay home to perform. At each link in the chain, there is an identified care deficit that is filled by the caring labour of another woman who is generally socio-economically less privileged (Hochschild 2000; Parreñas 2001, 2012; Yeates 2004). This chain may take many different forms: it may begin and end in the same country, moving from rural to urban or across socio-economic classes, or it may extend across several different countries; it may be entirely commodified, or it may rely on various familial connections (Hochschild 2000; Yeates 2004). The LCP worker is, in the Canadian context, an important link in this chain.

This framework highlights several key criticisms of the LCP and similarly structured migrant caregiver immigration programs. It demonstrates a need for these programs to take into account these emerging networks, the full range of the distributive consequences of the globalization of migrant caregiving labour and the increasing global inequalities that this exchange of care work perpetuates. These programs have tended to minimize the agency of migrant caregivers as actors within global networks, treating them as commodities rather than workers with equal access to basic human rights. By not accounting for these networks, global inequalities that these programs may perpetuate are left out of the discussion. Further, the families of migrant caregivers and the communities they leave behind are integral parts of this network, which are often ignored or minimized in these programs.

Current context for migrant caregivers in Canada: The new program and the Quebec exception

In November 2014, the federal government announced, with very little meaningful consultation, the reform of the LCP, now replaced with the simply titled, Caregiver Program (CP). The changes came in the wake of public advocacy denouncing the vulnerability imposed by the program and the incredible delays in the processing times for both work permits and eventual permanent residency applications. While the name change introduces the most basic change – that workers are no longer required to *live in* their care recipient's private residence to be on the program – the reform actually introduces a number of important and potentially harmful other changes. And two years later, the full implications of the reform have yet to be revealed and clarified.

The removal of the obligation for migrant caregivers to live in care recipients' homes was lauded to be a gain for caregivers since the live-in requirement has long seen to be at the root of much of workers' vulnerability to such problems as unpaid overtime, lack of privacy and potentially sexual harassment or even assault (Atanackovic and Bourgeault 2014; Bourgeault et al. 2010; Spitzer and Torres 2008).

Workers felt socially isolated living in their care recipients' home and the arrangement limited their ability to pursue other objectives such as education, personal relationships or, quite simply, leisure. A certain proportion of employers also felt uncomfortable with a full-time employee in their home and the result in these cases was often an unofficial agreement that the worker "live out" (Stasiulis and Bakan 2005). While such an arrangement might be more comfortable for the two parties on a day-to-day basis, it actually put the worker in a very precarious situation under the LCP. Were it discovered by immigration officials that the worker was living out, it was possible – although very rarely enforced – that her work not be counted towards her service for permanent residency and could even lead to cancellation of her work visa and deportation because she was not respecting the terms of her work permit. The new CP allows for employer and employee to negotiate whether or not the caregiver will live-in.

The second big change was the division of the program into two streams, one recognized as more skilled ("Caring for People with High Medical Needs Pathway") and one as less skilled ("Caring for Children Pathway"). Under the High Medical Needs Pathway, workers must have at least college-level healthcare training and be employed in a related job for a minimum of 24 months before applying for permanent residency. In essence, the High Medical Needs Pathway is equivalent to the Canadian Experience Class, a recently developed immigration category in Canada that allows high-skill temporary foreign workers to apply for permanent residency after 24 months of service (Valiani 2009). Similar to the previous LCP, under the Caring for Children Pathway, Canada maintains a rare pathway for "low-skilled" workers to become permanent residents after 24 months of work.

Third, there are a number of impediments to accessing permanent residency that are causing worry among migrant caregivers (Tungohan et al. 2016). The first is what happens if a worker switches between workplaces that fall under the different pathways. For example, if a worker comes to Canada to care for an ailing senior who dies after 18 months, the worker cannot, as was common under the LCP, complete six months of caregiving for young children to apply for permanent residency. She must accumulate 24 months in the same pathway. And, secondly, and probably most worrying, is that the government has capped applications for permanent residency for both of these streams at 2,750 per year—that is, a total number of 5,500 CP workers accepted as permanent residents per year which is out of sync with the number of workers entering Canada each year. Already under the old program, the number of caregivers who received permanent residency was significantly below the number beginning the program three or four years earlier (Table 1). What does this mean for workers who have met the work requirement to be eligible for permanent residency who may now find themselves excluded because of the cap?

Finally, the province of Quebec has opted out of this program entirely. Instead, they require migrant caregivers providing health services to apply as high-skill temporary foreign workers, who would qualify for permanent residency under the Quebec version of the Canadian Experience Class after only 12 months of employment – an improvement over the federal program’s required 24 months of employment. However, for those providing childcare or housekeeping services, apart from having a suggested contract for their temporary employment, there is no longer a pathway for immigration to Quebec. Such workers would essentially be coming to Quebec under what is commonly referred to as the Low-Skill Pilot Program (LSPP), the temporary foreign worker stream for low-skilled and/or low-wage employment, and would therefore be excluded from the Quebec Experience Class pathway to permanent residency. Their only pathway to obtaining permanent residency would be to leave Quebec after completing the required 24 months and apply to the federal Caring for Children Pathway with the intention to settle in another province. In Quebec and across all provinces, the language requirements have been increased, creating a greater obstacle to attaining permanent residency and, in the case of English-speaking Filipinas, making it very difficult to envisage passing the tests at all in Quebec.

TABLE 1. Live-in caregivers in Canada: Initial entries and permanent residency applicants accepted, 2003 to 2012

Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Initial entries with temporary work under LCP	5028	6651	7133	9079	12955	11867	8756	7545	5884	6242
Permanent residency given to principal applicants under LCP	2230	2496	3063	3547	3433	6157	6273	7664	5033	3691

Source: CIC 2012.

Notably, many of the core features of the LCP were retained in the CP. The ability for migrant caregivers to transition to open work permits and apply for permanent residency after completing two years of caregiving work within a four-year period is maintained. The use of closed work permits that tie migrant caregivers to a single employer, such that changing jobs means having to apply for a new work permit, is also maintained. Levels of regulation surrounding employers, work environments and third party recruitment and employment agencies are also not addressed in these reforms. As Tungohan et al. (2016) also note, it is unclear whether

provisions such as finishing the program with 3900 hours of work rather than 24 months, as allowed for in the LCP, are applicable to the new program. The main gain, in addition to flexible living arrangements, seems to be that Citizenship and Immigration Canada has committed to processing caregivers' applications for permanent residency within six months rather than the three to four years it previously averaged, placing their applications on par with other Canadian and Quebec Experience Class files.

DOES CANADA CARE ABOUT MIGRANT CAREGIVERS AS WORKERS?

While there have been victories over the past years, migrant caregivers continue to face difficulties related to their work. In particular, migrant caregivers face challenges securing and accessing labour rights, and manage tenuous relationships with placement agencies and employers (Stasiulis and Bakan 2005; Tungohan et al. 2015). Underlying the challenges is the enduring feeling that caregiving, as women's work in the home, is not adequately recognized as work (Duffy, Albelda, and Hammonds 2013). While the 2014 reforms offer some improvements to the working conditions of migrant caregivers, they fail to address the full breadth of challenges these workers regularly face.

Citing a report from the 2009 Parliamentary Standing Committee on Immigration, Brickner and Straehle (2010) describe how policymakers "neglect the gendered conditions of labour that structure caregiving work" (310), treating LCP as a gender-neutral labour and immigration program. Although the opportunity for permanent residency is a positive feature, the isolating nature of live-in care work, the low wages and the lack of recognition of care work as legitimate work experience can present challenges for the integration of post-LCP migrant caregivers (Spitzer and Torres 2008). Reforms that do not address the way in which care work itself is structured and undervalued – through gendered and racialized assumptions regarding who is most suited to do it, through its designated location in the private sphere and through its classification as low-skill, low-wage work – will most likely continue to fall short of providing effective labour protections and relieving settlement barriers (Valiani 2009). Not only do these challenges affect the workers themselves, but they trickle down through the global care chain to workers' families who depend on remittances and anticipate reunification and settlement in Canada.

In terms of the most basic labour standards, domestic workers and caregivers are not included in the regular labour regimes of all provinces, often having a lesser standard of protection (Willows and Schetagne 2011). Most often the sole employee within a household, where there are no witnesses to their treatment, a caregiver may find it difficult to confront an employer on their own – even more so when they can-

not leave to go home. While the LCP and the CP do require employers to register, report earnings and pay payroll taxes, the work still remains on the side of informality, with limited regulation and oversight of the workplace and an ambiguous employer-employee relationship. Wages for caregivers are notoriously low, rarely above minimum wage, and with unpaid overtime and vacation pay a norm (Stasiulis and Bakan 2005; Valiani 2009). If they lose their job, migrant caregivers are in a catch-22 situation regarding access to employment insurance. Although they are eligible for coverage, their first applications are often refused. Without a valid work permit, they are not officially available for work; however, without a job offer, they cannot get a work permit through this program. The delay before accessing benefits is difficult for both themselves and their families who depend on remittances. If they are hurt or become ill from their job, caregivers in most provinces will find themselves either excluded entirely from worker compensation regimes or subject to discriminatory provisions (Carpentier and Fiset 2011; Hanley et al. 2011; Sikka et al. 2011). The possibility of unionization is closed when caregivers are the single employee in the workplace, as they most often are (Valiani 2009). While some migrant caregivers have turned to “association” with a union in order to access their services, such efforts have overall only been moderately successful, if at all (Hanley et al. 2012; Koo and Hanley 2016).

Apart from the workplace conditions themselves, caregivers face other problematic relationships. Placement agencies play a big role in caregivers’ employment experiences in Canada: they are often the ones who link them to their employers, who arrange for their immigration papers and who put them in touch with new employers if things fall through during their LCP experience (Stasiulis and Bakan 2005; Valiani 2009). These agencies have been documented to charge high fees, to misinform workers of their rights and to create situations that oblige caregivers to work for free or under the table while between work permits (PINAY 2017).

Building on the strong documentation of migrant caregivers’ workplace experiences during the LCP, recent scholarship has been directed toward what happens after (Pratt 2012; Torres et al. 2012; Tungohan et al. 2015). In one study conducted by Torres et al. (2012), a survey of migrant caregivers who finished the LCP and were able to settle permanently in Canada gives us some indication. Three quarters of the migrant caregivers surveyed were employed, 28% of them in more than one job. They worked many hours: 39% worked 40-49 hours a week and 41% worked more than 50 hours a week. Their fields of employment confirmed the deskilling that researchers and advocates have long decried: only 28% were working in a field related to their professional training. Their wages were also low. More than half of them (56%) earned under \$20,000 a year and only 8% earned more than \$40,000. Unsurprisingly, then, only 29% reported feeling financially secure. Because the

structure of the LCP requires migrant caregivers to do two years of care work without the opportunity for keeping their education or other work experience current, it can be very difficult for migrant caregivers to maintain their other occupational skills (Pratt 1999).

One of the main critiques provided through the global care chain analysis is that countries of relative global wealth have chosen to avoid the expense of investing in their own public care infrastructure, choosing rather to maintain the migration of a temporary, exploitable workforce to address this need. The labour conditions experienced by migrant caregivers under LCP described above are mostly not addressed through the 2014 reforms. While the removal of the live-in requirement was a positive step for worker protections, the clearly unequal power dynamic between a Canadian employer and an employee whose immigration status is dependent on their work contract precludes the idea that the negotiation of living arrangements would take place on even ground. Furthermore, in cases where migrant caregivers do begin to live out, there is unlikely to be an increase in their habitually minimum wage salaries to compensate for the extra costs of living-out, such as rent and basic provisions. How this new option unfolds in contract negotiation under the different CP streams will be an interesting question for future investigation. For example, will live-in and live-out contracts be mostly a matter of what stream a migrant caregiver is in, with those under the Caring for Children stream mostly remaining live-in compared to those under the Caring for People with High Medical Needs stream who have the option of working in a medical facility? As well as providing a clear live-out option for migrant caregivers, the Caring for People with High Medical Needs stream may also partly address the issue of deskilling that many migrant caregivers with medical training used to face under LCP, by allowing them the option of working in a formal health environment where they are using their training while in the program. While these reforms may provide more opportunities for “high-skill” caregivers, we remain sceptical that these changes will provide substantial labour improvements to working conditions for migrant caregivers, especially those under the Caring for Children stream. Another issue, however, is why nurses who used to be able to access permanent residency directly through the Federal Skilled Workers Program are now being shifted to the more precarious CP.

DOES CANADA CARE ABOUT CAREGIVERS AS FAMILY MEMBERS?

The current expansion of caregiving work takes place within an underlying trend of family reconfiguration that is taking different forms in rich and poor countries. Migrant caregivers who come to Canada are forced to leave their families behind, often leaving young children in the care of family members or other hired caregivers.

Prolonged family separation, a condition which Pratt (2012) refers to as violent, is an ongoing challenge for migrant caregivers, the consequences of which they continue to deal with even after reunification (Parreñas 2001; Pratt 2012). While the CP reforms have included a commitment to reduced processing times, so far the problem has persisted.

Under the LCP, migrant caregivers report very long separations from their families. Although currently CIC projects permanent residency processing times of under six months, up until 2016, roughly two years after the initiation of the CP in 2014, there was still an average minimum of 6 years of separation (two years of work under LCP and an incredible four years for processing for permanent residency application) if the migrant caregiver's LCP experience goes smoothly and their application for permanent residency is accepted in the average time (CIC 2016); however, the separation can be much longer. For example, migrant caregivers under the LCP in Vancouver participating in Pratt's (2012) study experienced separation from their children ranging from three to 15 years, with an average separation of almost eight years.

Lengthy separations can be the result of various factors. First, the separation becomes longer at the outset if the migrant caregiver worked in a third country before coming to Canada, which is one way to gain the required experience, as reported by 97% of the respondents in one recent LCP survey in Montreal (PINAY 2017). Second, it remains difficult for migrant caregivers to accumulate their 24 months of the required period of work within that timeframe with work permits that are tied to specific employers. For instance, one study reported that the required LCP period lasted on average 34 months, with one case reaching 45 months (Koo forthcoming 2016). It can easily take migrant caregivers six months to get their new work permit issued if they change their workplace due to the delays in the immigration processing as well as the time used to search for a new employer. In addition, there are many periods that are not recognized—whether they actually worked or not—as a legitimate period under the LCP (for example, trial periods and the time worked abroad when accompanying the care recipient or employer). Third, there are delays with the processing of permanent residency after the LCP requirement. For example, in 2008, former LCP workers already reported waiting for more than 6 months after completing the LCP requirements for their open work visa, then an additional 6 to 12 months to gain permanent residency status when they may finally begin the family reunification process (Spitzer and Torres 2008). During this lengthy separation, family relationships are strained. While praised as family providers, migrant women from the Philippines, for example, are simultaneously casted as responsible for “broken homes,” and government support systems are not as developed for migrant-mother families as compared to migrant-father families (Parreñas 2001; Spitzer and Torres 2008).

After completing the LCP, the caregivers' family situations can remain very difficult. Migrant caregivers under the LCP reported a high rate of marriage failure. Reconfigurations of traditionally-held gender roles within families after reunification may also put stress on a marriage, where husbands who have previously assumed the role of family leader find themselves dependent on their wives who are better able to navigate Canadian society (Spitzer and Torres 2008). Torres et al. (2012) confirm this troubling picture of family life after the LCP when migrant caregivers are able to obtain permanent residency. While 38% of their study participants were members of a couple (married or common-law), half of these couples remained apart with the women's spouses remaining in the country of origin. Thirteen per cent had divorced after reuniting in Canada. Pratt's (2012) study also documents this kind of marriage breakdown and conflict. Caregivers additionally describe difficult reunification with children who know them more as voices on the phone and the providers of gifts than as parents. Studies examining the effects of prolonged family separation on youth show that upon reunification youth from transnational families struggle with alienation, completing school and overall downward mobility (Parreñas 2001; Pratt 2012; Spitzer and Torres 2008). Furthermore, in the Torres et al. survey (2012), more than half of the respondents had children (56%), but 55% of mothers remained separated from their children either due to immigration delays or lack of means to bring the children to or support them in Canada.

A main critique of migrant caregiver programs highlighted by the global care chain is the lack of consideration given to migrant caregivers as family members within networks of familial care responsibilities. Under the LCP, migrant caregivers are treated primarily as commodities rather than family members with ongoing responsibilities and relationships, in contrast with Canadian families who gain access to both family and hired caregivers to the detriment of families in migrant caregivers' countries of origin. As discussed above, the primary concern is the length and impact of family separation. The CP reforms have specified a commitment to decreasing application processing times to six months for permanent residency, which could ultimately reduce family separation times. However, given these provisions, the question remains as to whether a program that requires a two and a half year family separation has adequately responded to the concerns expressed above. Furthermore, workers who live-out and have more personal expenses, but without a proportionate wage increase, may find it more difficult to send substantial remittances to family overseas. This, coupled with new constraints surrounding attaining permanent residency, may serve to prolong family separation.

DOES CANADA CARE ABOUT MIGRANT CAREGIVERS AS CITIZENS?

In Canada, caregiving work cannot be separated from migration and citizenship issues. It is overwhelmingly an immigrant woman's job, and particularly so for women with the most precarious immigration statuses. Migrant caregivers under the LCP in Canada occupy a space of 'potential' or 'partial' citizen, during which access to certain citizenship rights and benefits is fragmented and challenging (Stasiulis and Bakan 2005) – for example, accessing labour protections, as we have previously discussed. Even after attaining permanent residency and citizenship, migrant caregivers have faced certain difficulties with integration. If, as Tungohan et al. (2015) argue, citizenship means not only having access to certain legal rights, but also to meaningful incorporation and participation in society, then these ongoing difficulties may present significant barriers to citizenship. The CP appears to fall short of meaningfully addressing these concerns, and may in fact limit access to legal citizenship further through its imposition of quotas.

Migration under a temporary foreign worker program increases the vulnerability of migrant caregivers, whose precarious status creates a situation of dependence on their employers (Goldring et al. 2009; Valiani 2009). For migrant caregivers, their work is directly related to their migration status and potential citizenship. When asked about their primary motivations for entering into the LCP, participants in a study by Salami et al. (2014) clearly identified the opportunity for permanent residency and eventual citizenship for themselves and their family. Many of these workers described working first in Saudi Arabia as nurses where their wages were high, but deemed access to citizenship in Canada as important enough to forfeit these wages and their nursing careers. Many migrant caregivers enter into Canada already having sacrificed a lot, making the threat of not gaining permanent residency all the more real. As alluded to previously, they may be more willing to forgo their labour rights temporarily and put up with exploitative condition in order to gain the full rights of citizenship down the road. This is clearly echoed in Pratt's (2012) interviews with migrant caregivers, who speak frankly about tolerating rights abuses in their workplace in order to meet the work requirement and to be able to begin family reunification as soon as possible.

As Stasiulis and Bakan (2005) discuss in their study regarding the negotiation of citizenship for migrant caregivers in Canada, the non-citizen or partial-citizen status that temporary workers have in Canada can make it difficult for them to negotiate the protection of their basic human rights – the unregulated nature of their workplace and dependency on numerous state and non-state gatekeepers make this especially so for migrant caregivers. While community advocates and migrant caregivers themselves have successfully petitioned for various political gains, it has been

uneven at best and involves an ongoing “complex process of navigation of contested relationships with various gatekeepers” (Stasiulis and Bakan 2005, 158). This becomes especially problematic when we consider the role that migrant caregivers play in contributing to the welfare of our society whose work amounts to the fulfillment of crucial social rights of Canadians that contribute to the value of citizenship, while facing many challenges securing these rights for themselves (Arat-Koc 2006).

We are only beginning to get a picture of how the lives of migrant caregivers look as citizens after they successfully attain permanent residency and reunite with their families in Canada. Because of the structure of the program, the distinctions between different immigration, settlement and integration phases migrant caregivers go through is somewhat obscured. Although they may have been working and living in Canada for a number of years, because of the likelihood of them living-in and the challenge to integration that presents, in many ways migrant caregivers must re-settle after the program (Atanackovic and Bourgeault 2014; Spitzer and Torres 2008). As described in Tungohan et al.’s (2015) cross-Canada study, ongoing struggles related to credential recognition, employment transitions and family reunification not only impact people’s lives as workers and family members, but as citizens who are able to meaningfully participate in society as well. These structural barriers inherent in the LCP sustain inequalities, leading Pratt (2012) to refer to migrant caregivers and their families as marginalized Canadian citizens.

The hierarchy of inequality of the global care chain is ultimately maintained even when migrant caregivers gain permanent residency. By the time migrant caregivers are able to reap the full benefits of Canadian permanent residency, the odds have in many ways already been stacked against them. The CP does not address particular issues faced by migrant caregivers due to their precarious immigration status and integration after the program. Instead of increasing access to citizenship rights and belonging, the reforms seem to have limited them by imposing a 5,500 annual limit on permanent residency access. It seems unlikely that those who find their pathway to permanent residency blocked due to quotas will simply go home (Valiani 2009). For many, their precarious status as partial- or non-citizens will continue, prolonging their difficulty in accessing basic rights protections and family reunification.

CONCLUSION: FEW IMPROVEMENTS UNDER THE REFORMED CAREGIVER PROGRAM

Based on this initial assessment, we are sceptical that the reformed CP is likely to offer a caring regime to migrant caregivers. The implications of the reforms are far-reaching yet, disturbingly, these changes are very poorly understood in the community sector and there is a fear that, as more migrant caregivers hit their target of 24

months of service, many may face unanticipated consequences. From the perspective of the global care chain, many of the concerns that researchers, community advocates and migrant caregivers themselves have regarding the LCP over the past 30 years have remained unaddressed by these recent reforms. In this article, we reviewed the rhetorical question of whether Canadian immigration policy “cares” about migrant caregivers. With the 2014 reform of the program, the answer does not seem positive.

Overall, it appears that Canada may still not provide regulations that ensure caregivers have decent work conditions. The reformed CP does little to improve workplace conditions other than to remove the obligation to live-in. As discussed, moreover, the basic power dynamic remains the same with the overarching structural coercion of the threat of deportation or the denial of permanent residency continuing to weight the distribution of workplace power firmly towards the employer.

The LCP required extremely long family separations during which children, spouses and other family members of migrant caregivers experience the caring deficit of their missing loved one. This separation has deep consequences for family relationships and can lead to ruptures in conjugal or mother-child relationships that are very difficult to overcome. The new CP promises to process applications for permanent residency much more quickly, but other concerns about gaining permanent residency are left unaddressed and in the meantime processing times for migrant caregivers applying for permanent residency have not decreased. Further, there remains the question of whether the federal quota system and Quebec’s refusal of childcare applicants will force migrant caregivers to leave at the end of their CP experience without having attained the dream of family reunification in Canada.

We can see that the LCP and CP maintain migrant caregivers in a subordinate position in comparison with permanent residents and citizens (Goldring et al. 2009; Goldring and Landolt 2013; Stasiulis and Bakan 2005) – one of the conditions that maintains the global care chain. Without immigration status as both the carrot (promise of permanent residency) and the stick (threat of deportation), would the current dynamic of caregiving be sustainable? And rather than improve the security of migrant caregivers in terms of status, the reformed CP actually increases precarity through the distinctions between the two types of caregiving (health-related versus childcare) and by capping the level of potential permanent residents through the program well below those able to enter to work.

In conclusion, it would seem that the CP continues and deepens the trend towards using immigration policy to hold people in substandard employment, with very little caring for migrant caregivers whether in terms of their labour rights, their family relationships or their sense of belonging and citizenship. Echoing the policy recommendations put forward by Tungohan et al. (2016), we suggest that, in addi-

tion to removing the live-in requirement, the practice of work permits tying migrant caregivers to specific employers should be lifted and replaced with sectoral work permits. The new caps on access to permanent residency are a step backwards and must be removed; it is unjust to accept workers into the program without keeping the door to permanent residency open and it creates a situation of increased dependency and a sense of competition. It is also unnecessarily restrictive to make the two streams mutually exclusive. It is already difficult enough to accumulate the 24 months of work without imposing such distinctions; workers should retain the ability to switch between types of caregiving. The creation of the High Medical Needs category targeting nurses and other healthcare providers seems to indicate a shift toward two-step migration for trained healthcare workers more generally, reinforcing the devaluation of caregiving work, and provides more barriers to citizenship for a broader range of care workers. And while Quebec's withdrawal from the program overall creates better conditions for caregivers providing for High Medical Needs (with fewer contract conditions and access to permanent residency after 12 months for those who meet the language requirements), they have shut the door to permanent residency entirely to those providing child care. We urge them to accept permanent residency applications from child care providers as well.

Ultimately, however, in order to truly address the concerns and injustices raised by the global care chain and the breadth of scholarship on migrant caregivers in Canada, the value of caregiving work must be recognized and the workers who do it should ideally receive permanent residency upon arrival so they may claim their labour rights without fear, care for their families in their own homes and establish a sense of belonging and equality as citizens.

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