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GENDER-BASED BARRIERS TO SETTLEMENT AND INTEGRATION FOR LIVE-IN-CAREGIVERS: A REVIEW OF THE LITERATURE

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Gender-Based Barriers to Settlement and Integration for Live-In-Caregivers: A Review of the Literature

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EXECUTIVE SUMMARY

Thousands of individual migrants, primarily women, have entered Canada under the auspices of the Live-in Caregiver Program (LCP). The LCP enables qualified foreign applicants to enter the country to care for children, the elderly, or persons with disabilities in their own homes. After working for a period of 24 months, LCP workers are eligible to apply for permanent residency status and, ultimately, citizenship (Citizenship and Immigration Canada (CIC) 1999; Citizenship and Immigration Canada (CIC) 2006). What do we know about this group of migrants? What kinds of challenges do they face? How are they integrating into Canadian society? The primary objective of this literature review is to *identify and analyze the gender-based barriers experienced by live-in caregivers* in Canada from 1990 to 2007.

The literature suggests that live-in caregivers are most definitely disadvantaged in their efforts to settle and integrate into Canadian society. Significantly, the challenges they face emerge from both their status, primarily as women from the global south, and from the policies and characteristics of the LCP itself. As the demand for domestic care workers has increased, so, too, have opportunities for women, who appear, on average, to be more faithful remitters than men to make contributions from Canada to the subsistence of their families in their home country. Carework, particularly when conducted in private households, is generally regarded as "natural" to women and granted little value as skilled labour. The private, gendered, and flexible nature of the labour appears to render the work outside of the conventional association of paid labour with the public domain and the more structured job descriptions of industrial labour. Resultantly, domestic care work tends to evade the realm of standard labour legislation and social protection. The consequences of these realities are that those who undertake this labour undergo a process of de-

skilling and erosion of social status. Separated from family, and working and living in the private household of their employer, their freedom of association and, likewise, their access to social support is diminished. Temporary status and lack of access to professional educational opportunities under the LCP contribute to a sense of liminality and stall, if not defer, dreams for a better life for themselves in Canada.

Few studies (Pratt and PWC 203; Spitzer, Torres, et al 2007) have followed former LCP workers with regards to their labour trajectories; however, these studies found that many informants were downwardly mobile in terms of social status, although it appears that younger, single migrants may be more apt to re-train for a career. As for many other newcomers, exclusion from opportunities to meet Canadian professional criteria, and lack of recognition of foreign credentials and experience are major barriers to labour-market participation commensurate with their educational and employment backgrounds.

Evidence of the exploitation and abuse of live-in caregivers abounds. The time constraints of the LCP appear to play a role in workers' decisions to remain with abusive or exploitative employers, because any time lost between contracts delays completion of the Program and, thereby, threatens either longer separation from their families or deportation. Again, the private nature of the work, its ambiguous coverage under labour legislation, the lack of monitoring of contracts which places the onus on the temporary worker to file complaints, and lack of awareness of their rights and support services, further a link between LCP regulations and vulnerability to violence. Importantly, the behaviour of individual employers who may well value their employee and honour their contracts, can but only slightly mitigate, rather than eliminate, the systemic and symbolic violence that is structured by the LCP, and which contributes to de-skilling, erosion of self respect, loss of control over their immediate environment, and enforced separation from family and friends.

KEY WORDS: Immigration, Women, Live-in Caregiver Program (LCP), Gender-Based Analysis, Care-Giving

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INTRODUCTION

Thousands of individual migrants, primarily women, have entered Canada under the auspices of the Live-in Caregiver Program (LCP). The LCP enables qualified foreign applicants to enter the country to care for children, the elderly, or persons with disabilities in their own homes. After working for a period of 24 months, LCP workers are eligible to apply for permanent residency status and, ultimately, citizenship (Citizenship and Immigration Canada (CIC) 1999; Citizenship and Immigration Canada (CIC) 2006).

What do we know about this group of migrants? What kinds of challenges do they face? How are they integrating into Canadian society? Importantly, the LCP attracts primarily women performing something that is widely regarded as "women's" work, namely, domestic and care-giving labour (Armstrong and Armstrong 2001; Brewer 2001; Luxton 2001). These questions, therefore, must be refracted through a gender lens in order to illuminate the differential impact of the policy on women and men from disparate ethnic/national backgrounds. The Integration Branch of Citizenship and Immigration Canada (CIC), in cooperation with the Metropolis Project, commissioned this literature review to identify and analyze the gender-based barriers experienced by live-in caregivers in Canada from 1990 to 2007 focusing on following four questions:

- 1. Are live-in caregivers disadvantaged in their efforts to settle in Canada, and what are the gender dimensions of these difficulties? How are these barriers to settlement and integration unique to their status as live-in caregivers?
- 2. What proportion of live-in caregivers pursue second careers, and do their success rates differ by gender? What affects their success or failure? Are there connections between their success or failure to immigration policies or settlement policies and programs?
- 3. Are live-in caregivers exploited and/or abused by employers? Do live-in caregivers stay in abusive employer/employee relationships and why? What are the gender dimensions of these situations? Are there connections between exploitation of live-in caregivers and particular immigration or settlement and integration policies?
- 4. What areas warrant further research?

We begin this review with a description of our methodology, including its analytical framework, search strategy, and limitations. Next, we provide a brief overview of Canada's policies for foreign domestics and a description of the current context in which LCP workers are operating. We then consider the literature that has addressed the challenges of living and working under the LCP, and the impact of the LCP on the integration of former live-in caregivers and their families. We conclude with a discussion of the applied policy and theoretical implications, recommendations culled from the literature, and our own reflections on directions for future research.

METHODOLOGY

Gender-Based Analysis

Researchers have long noted that the transnational movement of domestic workers from South to North replicates the traditional sexual division of labour within the household domain that relegates women to the private home and that reflects gendered and unequal relations that persist between public and private realms. Moreover, the value of domestic labour is predicated upon existing inequities of gender, class, race/ethnicity, and immigration status (Colen 1990; Colen and Sanjek 1990; Colen and Sanjek 1996; Hondagneu-Sotelo 2002). As one researcher has argued:

Examining the integration outcome literature from the perspective of caregiving or kin work not only provides for a more comprehensive picture of why immigrant women's integration outcomes may be different from that of immigrant men but is also more informative for teasing out the interrelatedness of outcomes, the establishing of priorities and the promotion and production of gender sensitive programs and policies (VanderPlaat 2007, 18).

Rejecting the notion that policies and programs evoke uniform responses, gender-based analysis (GBA) is a process that considers the differential impact of these matters on women and men (Women's Health Bureau 1999; Status of Women Canada (SWC) 2002; Women's Health Bureau 2003). Although attention to gender is obviously central to this framework, social location is critical to understanding the uptake and relevance of policies and programs. GBA, even at its most elemental form, is also meant to include consideration of ethnicity, socioeconomic status, sexual orientation, geography, age, (dis)ability, and migration status (Spitzer 2006). Complicating our views of gender by situating it in the context of intersecting categories of social markers is vital to understanding the heterogeneity of experiences, identities, and trajectories that are contained within the dichotomous categories of female and male. Intersectional analysis views interlocking dimensions of gender, ethnicity, class and other social indicators in a matrix of domination (Whittle and Inhorn 2001; Weber and Parra-Medina 2003; Varcoe, Hankivsky, et al. 2007) and moves beyond the most basic application of GBA. Such an approach privileges gender as an analytical entry point and allows us to:

examine how factors including socioeconomic status, race, class, gender, sexualities, ability, geographic location, refugee and immigrant status combine with broader historical and current systems of discrimination such as colonialism and globalization to *simultaneously* determine inequalities among individuals and groups (CRIAW 2006, 5).

GBA has been central to the Canadian government's efforts to place gender in the mainstream of the policy arena; to this end GBA is a requirement for governmental programs,

policies, and training efforts (Hankivsky 2007). MacPherson, Gushulak, et al. (2007) have offered that gender-based analysis is particularly salient for female migrants, who outnumber men is all labour categories and are over-represented in certain fields, including domestic service and sex work. Indeed, CIC has committed itself to conduct GBA analysis of the LCP (Citizenship and Immigration Canada (CIC) 2007) noting that:

As a public policy tool, GBA focuses on important social and economic differences between men and women, and different groups of men and women, over their life cycles. The IRPA requirement to report on gender-related impacts is unprecedented in federal statutes. The integration of gender-based analysis into policy and program development is a means of strengthening the quality of public policy and programs, and ensuring they meet equity and effectiveness criteria (CIC 2007, 1).

Search Strategy

This review and synthesis reflects current knowledge, and is based on both academic work and the so-called "grey literature" of community-based research and popular journalistic sources published in Canada in English and French from 1990 to 2007. Throughout, the focus has been on the most recent literature. Publications not addressing the Canadian context, or dealing with migrant workers other than live-in caregivers were excluded from this review.

Relevant academic sources, including books, book chapters, and peer-reviewed journal articles, in both English and French, were sought from online databases. For the English-language literature, the following online databases were employed: Academic Research (EBSCO), Sociological Abstracts/Sage Sociology, The Sage Political Science Abstracts, Dissertations and Theses (Proquest), E-Journals @ Scholars Portal, Gender Watch, JSTOR, Studies on Women and Gender Abstracts, Social Work Abstracts Plus, Women's Studies International, PubMed/MEDLINE, and Termium Plus. Academic sources in French were retrieved from the following online databases: Biblio Branchée (Virtual News Library), Repère, Thèses Canada, and Système universitaire de documentation (SUDOC). The Metropolis Project website, both in French and English, also was examined for references and articles related to live-in caregivers. Bibliographies of selected key articles were also perused and additional references extracted and retrieved. Government publications were obtained from Citizenship and Immigration Canada (CIC), Human Resources and Social Development Canada (HRSDC), and Status of Women Canada (SWC). Grey literature was located through the Internet, and by directly contacting non-governmental organizations working on settlement, lobby activities, or advocacy on behalf of live-in caregivers in three major cities:

¹ Given that the majority of the live-in caregivers in Canada come from the Philippines and that the Philippines is considered one of the largest exporters of labour in the world, we felt that it was important to provide some contextual information about it. This is why we included some texts that were not directly about Canada, but that address the Philippines.

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Montreal, Toronto, and Vancouver. Lastly, the following websites of national research institutes were also searched: the Canadian Research Institute for the Advancement of Women, the Canadian Council on Social Development, and the Canadian Women's Health Network. The keywords that guided the search in English were: Foreign domestic workers, Live-in caregivers, live-in caregiver program (LCP), foreign workers, foreign migrants, Canada, women domestics. Keywords that guided the French search were: travailleuses domestique, aide(s) familiale(s), domestique étrangère, Canada, employés domestiques étrangers, Québec.

Overall, publications addressed four major areas: 1) the demographics of live-in caregivers in Canada; 2) the historical evolution of domestic work in Canada, and its global context; 3) the working conditions of live-in caregivers under the LCP and the links to immigration and labour policies; and 4) the work done by organizations working on behalf of live-in caregivers. English literature comprised 87 per cent of all items and French literature 13 per cent. Both the French and English literature addressed the conditions on live-in caregivers in Canada. A certain percentage of French literature focused solely in Quebec; however, this sample was insufficient to warrant a separate section about live-in caregivers in that province. A total of 141 items are included in this review. Academic sources comprise 71 per cent of the items (peer-reviewed journals 46 per cent, books and book chapters 34 per cent, working papers 20 per cent); grey literature makes up 15 per cent, and government publications eight per cent. The bulk of the literature was published between 1994 and 2004. A quarter of the authors contributed the vast majority of the academic publications. The methods of data collection for academic pieces included primary sources (qualitative in-depthinterviews, case studies, life histories) and secondary sources (content analysis of government documents, and/or literature reviews). Only one academic piece reported solely on quantitative data, and this dealt with Philippine migration to Canada. Demographic data on live-in caregivers (see statistical profile) was obtained from Citizenship and Immigration Canada. Grey literature, such as magazine articles or submissions to government agencies by non-governmental organizations, reported mainly on secondary data, and on the experiences of organizations lobbying or advocating on behalf of live-in caregivers.

Limitations of the Review

To date, the literature has been focused on the conditions faced by live-in caregivers due to the impact of a federal program. Notably, we do not have sufficient data on the impact of the provincial context on LCP workers' experiences. This is particularly important as policies relating to labour standards and the protection of labour rights, access to health services, and educational accreditation are mandated by provincial legislation. As the majority of the data have been generated by qualitative methods and we had no access to comparable data from quantitative sources to triangulate the results, the findings cannot be generalized to the entire live-in caregiver population. In addition, this review did not find any comparisons between the gender dimensions of the LCP and other migrant worker programs in Canada. Finally, the literature review does not exhaustively cover the grey literature. While we made efforts to contact organizations to obtain their materials and

searched the Internet for additional sources, we acknowledge that we were limited in our ability to capture the entire sample.

Definitions

Live-in Caregivers: Live-in caregivers are individuals who are qualified to provide care for children, elderly persons, or persons with disabilities in private homes without supervision. Live-in caregivers must live in the private home where they work in Canada (CIC Website 2008).

Foreign Domestic Workers: Foreign domestic workers enter Canada to work as live-in caregivers. To work as live-in caregivers, workers must make an application to the Live-In Caregiver Program. If the worker's application is successful, she/he will receive a work permit. Workers applying to work as a live-in caregiver in the province of Quebec, must obtain a certificate d'acceptation du Québec (Certificate of acceptance) (CIC Website 2008).

Live-in Caregiver Program: Caregivers are required to live in the employer's home and must apply for a new work permit if they want to change employers. Under the IRPA, a foreign live-in caregiver may apply for a permanent resident visa after working for a total of 24 months within a 36-month period, a unique provision among temporary work programs (Elgersma 2007).

Temporary Work Permit: According to Human Resources and Social Development Canada a foreign live-in caregiver who wants to work in Canada must have received a job offer from a Canadian employer and apply to Citizenship and Immigration Canada (CIC) for a work permit. The caregiver's application must include proof that the employer received a positive labour-market opinion from Service Canada. Live-in caregivers who want to extend their stay in Canada must apply to Citizenship and Immigration Canada for an extension to their work permit (Human Resources and Social Development Canada (HRSDC) 2008).

Integration: CIC defines integration as "a process of mutual accommodation between an individual and society" (CIC n.d.,2). The process is fluid and broadly experienced, involving a multiplicity of spheres of experience.

Settlement: Settlement refers to the initial adjustment of newcomers to their new homeland, and includes the processes of locating employment, housing and other resources necessary for survival (CIC n.d.)

CONTEXT

In order to examine the challenges faced by LCP workers, we need to provide a brief description of the economic, social and political context shaped by globalization within which their struggles are taking place. Globalization can be regarded as a process characterized by the flow of people, ideas, material goods, and capital and informed by neo-liberal doctrine that encourages measures such as increased privatization of public resources and reduced health and social spending to make countries more amenable for corporate investors (Appadurai 1991; Cognet 2003). In countries such as Canada, the neo-liberal agenda has resulted in a reduction of public spending in areas such as auxiliary health care including home care, and in stalling the institution of a national daycare strategy (Armstrong and Armstrong 2001). As a result, care-work, long considered the "natural" domain of women, has been increasingly off-loaded onto individual families, most often the women in those families, despite their own engagement in paid labour (Brewer 2001; Armstrong and Kits 2004). The resulting demand for domestic/caregiving labour in countries of the global North and the more-prosperous nations in the global South has resulted in the establishment of global care chains whereby women from less affluent southern countries forego the care of their own family members to service the care-work responsibilities of women in wealthier settings (Neysmith and Chen 2002; Yeates 2004). Furthermore, globalization has contributed to the "feminization of out migration" from poorer countries (Moors 2003) and has incorporated the family into the commodified sector where services and relationships are purchased (Zaman 2006). Importantly, "unequal relations within households have to be situated within an international division of reproductive labour that is structured by social class, 'race'/ethnicity, as well as gender inequalities" (Yeates 2005, 232).

Foreign Domestic Care Work Programs in Canada: A Brief Overview

Canada has been engaged in the importation of domestic care workers for over one hundred years (Schecter 1998); the LCP, therefore, is but the latest iteration of such an immigration program. The authors cited in this section have generally employed historical examination as a means of situating foreign domestic workers and their importation within a social and political context as a way of sensitizing our analysis of the current context.

Between 1884 to 1914, 8,500 women entered Canada under the aegis of the British Women's Emigration Agency (Schecter 1998). As caring for children invariably includes some responsibility for enculturating one's youthful charges, British domestic workers helped entrench British culture and values. In the aftermath of World War II, displaced persons' camps became the recruiting ground for domestic workers. Single women or widows between the ages of 18 to 40 in good health, and preferably non-Jewish, who would be willing to reside with their employer for one year, were welcomed (Arat-Koç 1997). East European women continued to be recruited as foreign domestic workers until the institution of the West Indian Domestic Scheme in 1955 that was designed, in part,

as a means of enhancing relations with the region and that saw the in-migration of approximately 3,000 women from the Caribbean who met health, age, and educational criteria (Silvera 1983; Tousignant 1992; Cohen 1994; Arat-Koç 1997; Jakubowski 1997; Schecter 1998; Tastsoglou 2001; Oxman-Martinez, Hanley et al. 2004). Most of these women were between 18 and 35 years of age and possessed an average of a Grade 8 education (Silvera 1983).

The immigration system was liberalized in the 1960s with the introduction of the point system; however, regulations appeared to offer differential access to Canada based on country of origin (Tastsoglou 2001). In the 1970s, foreign domestic workers were offered short-term visas as part of the Temporary Employment Authorization Program, and could remain in the country as long as they were employed in the field; however, they were precluded from applying for permanent residency (landed immigrant) status until amendments to the program were implemented in the late 1970s. Furthermore, European applicants were more likely to be able to enter Canada as landed immigrants, while Caribbean domestics were primarily granted temporary visas (Macklin 1994; Schecter 1998; Tastsoglou 2001). In 1981, the Foreign Domestic Movement (FDM) granted workers who had a minimum of one year's experience working as a domestic, or who had obtained a certificate as a trained domestic worker, the right to apply for permanent residency status after two years of service if they were deemed to be suitable candidates (Macklin 1994; Jakubowski 1997). Women were required to demonstrate that they were financially self-sufficient in order to obtain permanent residency status; as the wages for domestic work were (and are) notoriously low, most sought employment in other fields (Macklin 1994; Jakubowski 1997).

The current program, the LCP, was established in 1992. In comparison to the FDM, eligibility for the LCP became more restrictive. Applicants were required to possess the equivalent of a Grade 12 education, the ability to speak, read, and understand English or French, and six months, later changed to 12 months', of full-time training in the field or in a related occupation within three years of the application (Bakan and Stasiulis 1997; CIC 2006). In recognition that native-born Canadians were more likely to fill positions as live-out caregivers, the live-in requirement that was instituted with the FDM was carried through in this program (Bakan and Stasiulis 1994; Bakan and Stasiulis 1997). Notably, many immigrant women's groups and others protested these changes because they limited applicants to countries where the requisite training was available and where women could readily obtain the equivalent of a Canadian high-school education (Bakan and Stasiulis 1997; Jakubowski 1997).

The focus of the LCP has been to provide for in-home care-workers to meet the requirements of Canadian households who need assistance caring for children, the disabled, and the elderly (CIC 1999). Applicants must have a *bona fide* employment contract with a Canadian employer before entering the country (CIC 2006). Employers who wish to hire live-in caregivers are required to demonstrate that they have not been able to find a suitable Canadian or LCP worker already in the country for the job. Once they have located a caregiver, they are required to complete an offer of employment under the auspices of Human Resources Centre Canada. Employers are advised that they must "provide acceptable working conditions, reasonable duties, and fair market wages" (CIC 2006). In addition, they are required to provide a lockable private room for their employees, and are

reminded that they should not enter their employee's room without permission (CIC 2006). Importantly, while the government acknowledges that conditions of employment may vary, and that live-in caregivers are vulnerable to exploitation, employers and employees are encouraged to resolve disputes privately, especially as the government will not involve itself with the monitoring of contracts or with mediating reputed contract violations (CIC 1999). Minimum wage, overtime payments, and worker's compensation legislation differs from province to province, creating disparate working conditions for live-in caregivers across the country (Grandea 1996). In some provinces, live-in caregivers are excluded from standard labour legislation including minimum wage requirements and overtime pay. Even where labour laws apply, surveillance and enforcement are difficult due to the private nature of domestic work and the liminal status of caregivers who may fear reprisals or deportation for voicing complaints (Spitzer, Oxman-Martinez, et al. 2002). Following 24 months of employment within a 36-month period, live-in caregivers may apply for permanent residency status. Acceptance is not automatic, and applicants may be refused if a member of their family has a criminal record or a serious medical problem. If LCP workers fail to complete the service requirement within the allotted time frame, they may be deported regardless of circumstances.3

Lessons from Historical Examination

According to the literature consulted, shifting immigration policies reflect the changing balance between economic and humanitarian interests as well as political and community influences that may have precedence at any given time (Daniel 2002). As Abu Laban and Gabriel (2002) have argued, immigration policies have historically privileged certain types of newcomers identified by ethnicity (European), class (skilled labour), and gender (men). To this end, numerous authors have noted that as source countries of foreign domestic workers coming to Canada have shifted from Europe to the Caribbean and Asia, citizenship and residency rights have become more restrictive (Bakan and Stasiulis 1994; Bakan and Stasiulis 1997; Blomley and Pratt 2001).

 $^{^2}$ Currently, consideration is being given to extending work permits from 36 months to 39 months (CIC 2007).

³ An LCP worker in Montréal is currently facing deportation and a massive health-care bill after she fell into a coma for several months during which time her work visa and health coverage lapsed. Her case is being appealed to the Minister of Citizenship and Immigration on compassionate grounds with support of the local Filipina community. (www.cbc.ca/story/canada/national/2006/50/10/nanny-permit.html) Accessed 16 May 2006.

Live-In Caregivers in Canada

Globalization and its neo-liberal prescriptions for economic restructuring have impelled high rates of out-migration from some countries. Subject to market forces, migrant workers are obliged to cross multiple borders to find employment, often landing in countries where they are excluded from legal protection or social programs (Alcid 2004). The Structural Adjustment Programs (SAPs) imposed upon the Philippines by the International Monetary Fund (IMF) have resulted in increased costs of living, coupled with devaluation of the peso, and the erosion of social programs (Fernandez 1997; Chang 2000). Migration has become a plausible option for women and men in their efforts to sustain their families and create investment opportunities in enterprises and education (Barber 2004). By the late 1990s, there were an estimated 2.5 to 3.5 million Filipinos working overseas in 140 countries, and currently more than 2,500 Filipino workers, on average, emigrate each day (Barber 2004).

Approximately 60 per cent of Philippine migrants are women, and nearly 95 per cent of them are working as foreign domestic workers (Grandea 1996; Lindio-McGovern 1997). Filipina foreign domestic workers are found in 130 countries (Parrenas 2001). They provide such a large amount of funds in terms of remittances that care can be regarded as the Philippines' largest single export product (Grandea and Kerr 1998; Parrenas 2005). Between 34 per cent to 54 per cent of the Philippine population is dependent upon migrant remittances, and as women appear to remit a larger proportion of their wages to their families at home than men who earn more, female migration is encouraged (Fernandez 1997; Chang 2000). Dreaming of a better life for themselves and their families, women often feel the need to support families who have themselves sacrificed for their children's education (McKay 2005). Indeed, the 1986 Philippine Constitution affirmed that the family is the core social institution of Filipino society (Feliciano 1994). Despite the fact that there are many transnational families where mothers are working abroad, and women are regarded as the "heroes" of the Philippine economy, they are, nonetheless, often disparaged for working outside of the home and country which conflicts with the ideal image of the nuclear family. Migrant mothers, thus, also are suspected of undermining the very moral fabric of the country (Parrenas 2001; Parrenas 2005; Kelly 2006).

Many émigré foreign domestic workers from the Philippines are well-educated women seeking better economic opportunities (Chen 1998). As Kofman (2004) has noted, domestic workers around the world are stratified by nationality, religion, racialized group and language skills; therefore, skilled and educated women who work as domestic workers disrupt those categories. Despite their educational status and experience in professional, educational and other careers, portrayals of caregivers offered by representatives of employment agencies who broker the labour of live-in caregivers often from overseas to prospective Canadian employers, frequently construct a racialized hierarchy that situates Western/Northern European workers on top, Caribbean caregivers on the lowest rung, with Filipinas occupying the middle status. In particular, Filipino workers are regarded as hardworking, compliant, and good with children and domestic work (Pratt 1997; England and Stiell 1997). In an article that appeared in the *Globe and Mail* in 1996, one

employment-agency spokesperson remarked that: "Filipinas are [so] prized as nannies around the world and that workers from other countries of origin complain that they can't get hired any more because the Filipinas are in such great demand" (Vincent 1996, A1). As Barber (2000) observed, the association of obedience and service with Philippine women can be economically powerful marketing tool. A similar hierarchy reflected not only in attitudes towards foreign domestic workers, but also their salaries, has been found in the European Union and the United States (Anderson 2000; Anderson 2002). The "visibility" of female LCP workers from the Philippines has served to create more opportunities to reinforce the association between Philippine women's bodies and being a "nanny" or "domestic," at times resulting in the response from some Filipino-Canadians to distance themselves from LCP workers. Moreover, this image has come to dominate the discursive construction of the foreign domestic-care worker in Canada, potentially rendering women from other countries invisible (Barber 2000; McKay and Philippine Women's Centre 2002).

A STATISTICAL PROFILE OF LIVE-IN CAREGIVERS IN CANADA

Statistical Profile

This statistical profile about live-in caregivers in Canada was developed from 2006 data obtained from Citizenship and Immigration Canada for the years 1993 to 2006. The profile included demographic information pertaining to: immigration trends, knowledge of Canada's official languages (English/French), location of settlement in Canada, age, gender, marital status, education (skill level), country of citizenship, and country of permanent residency before arriving in Canada.

A total of 36,640 women and men came to Canada between 1993 and 2006 under the auspices of the LCP. The overwhelming majority, 35,719 (97.5 per cent), were women, whereas only 919 men, 2.5 per cent of the total, entered during that period. Almost all live-in caregivers (98 per cent) spoke English upon arrival, with both men and women following the same pattern. Of the remainder, about 0.7 per cent spoke only French, and 1 per cent spoke both official languages. Approximately 0.3 per cent did not speak an official language when they arrived in Canada.

During this period, the majority of live-in caregivers and their dependents settled in either Ontario (49 per cent) or British Columbia (25 per cent). Much smaller percentages settled on the Prairies (17 per cent) and in Quebec (8 per cent), while only 0.2 per cent located in the Maritimes and 0.3 per cent in one of the Territories.

The vast majority (84 per cent) of female live-in caregivers were between 25 and 44 years of age. Six per cent were between 15 to 24 years old, and 9 per cent were aged from 45 to 64 at the time of their arrival in Canada. Age group trends for the male live-in caregiver population were similar. For the 2002 to 2006 portion of the study period, the proportion of live-in caregivers in the age group from 45 to 64 years increased slightly compared to the older and younger age groups.

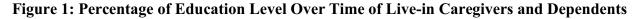
With regards to marital status when entering Canada, two thirds (68.8 per cent) of both male and female live-in caregivers were single, while a quarter (24.5 per cent) were married or in a common-law relationship, and only 6.7 per cent could be categorized as separated, divorced, or widowed.

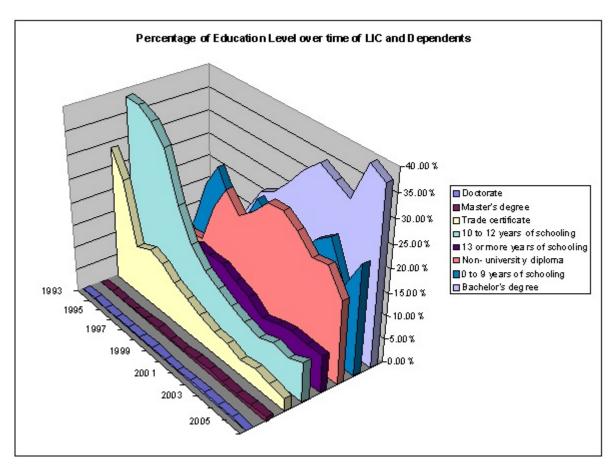
The skill level of live-in caregivers who entered Canada during this study period varied: sixty-seven per cent of the live-in caregivers fell under the category of Skill Level C- intermediate and clerical level of education; almost another third (29.8 per cent) fell under the category of New Workers - 15 years of age or older. Of the remaining 3 per cent, 566 workers (1.5 per cent) could be identified as Skill Level A – professionals, 1 per cent were included in the Skill Level D category of elementary education and labourers, and 0.5 per cent could be labelled as belonging to Skill Level B - Skilled and technical. The level of education of male applicants and their dependents was notably lower than the level of education for their female counterparts.

Figure 1 represents the percentage of education levels across year of immigration for live-in caregivers and their dependents. The percentage of live-in caregivers and their dependents having 10 to 12 years of schooling and having a trade certificate decreased notably over this period. While the percentage of people with bachelor's degree increased, the percentage of people with nonuniversity diplomas remained high. A large proportion of live-in caregivers and their dependents also were found in the category of 0 to 9 years of schooling. It seems likely that a large number of dependents might have been school-aged children, which would go a long way towards explaining these high figures. The percentage of people with 13 years or more of schooling, after increasing by 5 per cent during the first two years (1993-1995), slowly decreased. Overall, the levels of schooling of live-in caregivers and dependents in Canada, has increased during this time period, and the proportion of applicants with less schooling has decreased. A possible source of error in the interpretation of these data arises from the fact that the currently available data lump live-in caregivers' education levels with those of their dependents, making it difficult to determine, with any degree of certainty, which education level corresponds to which group. Access to separate data for each group and further analysis would be required to fully comprehend trends in the educational achievements of live-in caregivers and their dependents.

⁴ CIC defines Skill level C as: clerical occupations; assisting occupations in health services; intermediate occupations in sales and services; transport, equipment operations, installation and maintenance; primary industries; as well as processing and manufacturing machine operators and assemblers. Educational or training requirements: one to four years of secondary school education, or up to two years of on-the-job training, training courses or specific work experience. New workers: Permanent residents who are intending to work in Canada but who are without a declared occupation. Occupational skill level cannot be assessed.

(http://www.cic.gc.ca/english/resources/statistics/facts2005/glossary/index.asp) Accessed 28 March 2008.





In examining the citizenship of LCP workers, the majority of women (83 per cent) possessed Philippine citizenship, followed by British (2.3 per cent), Slovak (1.6 per cent), and Jamaican (1.7 per cent) affiliation. Within the male live-in caregiver population, 90 per cent indicated the Philippines as their country of citizenship, with all other citizenships below 1 per cent. The last country of residence overlapped with the citizenship held by live-in caregivers before entering Canada; 78 per cent of all men and women came from the Philippines, while 2 per cent were from the United Kingdom, 2 per cent from the Slovak Republic and 1.5 per cent from Jamaica. The remaining percentage includes a host of other countries around the world.

Profile Summary

In summary, almost all live-in caregivers who came to Canada between 1993 and 2006 were women from the Philippines. Only a very small percentage of live-in caregivers were men, and almost all male workers also came from the Philippines. Almost all workers spoke English at the time of their arrival in Canada. With respect to place of settlement in Canada, over two-thirds of live-

in caregivers and their dependents have settled in Ontario, British Columbia, Alberta, and Quebec, while the remaining one-third spread throughout the other provinces and territories. The predominant population age range for all workers was between 25 to 44 years of age. In regards to marital status, two-thirds of all live-in caregivers were single, less than one-third were married or in a common-law relationship and only a small number were separated, divorced, or widowed. The predominant level of skill fell within the category of Skill Level C - intermediate and clerical of education (one to four years of secondary school education, or up to two years of on-the-job training, training courses or specific work experience), followed by the category of New Workers (15 years of age or older). Overall the levels of schooling of live-in caregivers and their dependents in Canada, increased during the period in question, and the number of applicants with less schooling decreased between 1993 and 2006.

LIVING AND WORKING UNDER THE LCP: GENDERED BARRIERS TO IMMIGRATION AND SETTLEMENT

Economic Violence

Coming to Canada under the auspices of the LCP often requires a substantial outlay of funds. While some applicants who had worked in countries, such as Hong Kong, may have been able to save sufficient money to pay for their own expenses; others, particularly those coming directly from the Philippines, often had to rely on monies from family members, friends, and even loan sharks, to help to defray costs of training courses, airfare, and other fees associated with immigration (Alcuitas, Alcuitas-Imperial et al. 1997). Additionally, many were forced to secure their job contracts through engagement with employment agencies that recruited live-in caregivers overseas and then matched them with an employer in Canada. While agencies usually obtained their fees from employers, some have been known to also extract funds from applicants. Indeed, Bonifacio (2007, 27) found that these:

exorbitant placement fees [...] are often undeclared or made secret among its Filipino clients to circumvent the Fair Trading Act in Alberta. In many cases, it is alleged that recruitment agencies in host countries like Hong Kong or Taiwan demand fees that links them to employment agencies in Canada.

Downward Mobility and De-Skilling

Exemplified by the comment captured by Pratt (2004, 38) that an LCP worker goes "from registered nurse to registered nanny," most live-in caregivers are likely to experience downward mobility with regards to their occupational status. Although their education may make them desirable

for employers, domestic care work is low status, as well as low waged; therefore, caregivers understand that they must "lower their pride" (Lindio-McGovern 1997) and imbue their duties with the virtue of hard work and excellence (Salzinger 1991; Spitzer 2002). These sentiments are not always sufficient to mitigate the inherently hierarchical relationship between employer and domestic worker that echoes with servitude and its resulting sense of stigma (Parrenas 2001). Despite the fact that domestic work has become commodified through these processes, it has not become professionalized. In fact, it is still routinely marketed as a labour of love (Arat-Koç and Giles 1997).

De-skilling refers to the systematic erosion of a person's skill or mastery and is a not uncommon experience for all categories of immigrants (Kofman 2004; Kelly 2006). Invariably, LCP workers come to Canada with the intention of recovering their careers or continuing their education after they have completed the Program; however, policies that constrain opportunities for re-training while under the Program, and financial pressures stemming from the need to place familial priorities ahead of their own, often mean that many must put their own dreams on hold. In a study conducted by Pratt and the Philippine Women's Centre (Pratt and PWC 2003), only one of the fifteen participants was able to return to her previous occupation as a nurse. The years of delay under the program can result in a desperation that can be described in Tagalog as "trapped: holding on to the knife's edge" (Alcuitas, Alcuitas-Imperial, et al. 1997), and may invariably have an impact on their labour-market outcomes (Parrenas 2001; Kelly 2006). Some women declined to disclose they worked as foreign domestic workers in order to enhance their opportunities for occupational mobility (Bals 1992a).

Contract Violations and Employment Standards

Throughout the literature, complaints regarding contract violations have been commonly reported. These complaints range from non-payment of salary; unpaid and unlimited overtime; the inability to take sick leave; substandard housing arrangements, including being housed in a laundry room, an employer's office, or a child's room; insufficient food, to being compelled to do tasks prohibited by the contract including farm-work and caring for additional children and being discharged from employment without just cause (Alcuitas, Alcuitas-Imperial, et al 1997; Bakan and Stasiulis 1997; Grandea and Kerr 1998; Schechter 1998; Chang 2000; Diocsan, Sayo, et al. 2001; Spitzer, Bitar, et al. 2002; Pratt and PWC 2003; Stasiulis and Bakan 2003; Kofman 2004; Pratt 2004; Spitzer, Torres, et al. 2007; Spitzer 2008). In some instances, live-in caregivers have been informed that they must undergo a trial period during which time they are either not paid or paid at a dramatically reduced salary. Although these arrangements are not legitimate, fear of being unemployed, lack of awareness of their rights, and threats of deportation often mean that many will acquiesce to these demands and maintain their silence regarding contract violations in order to complete the program in as fast a time as possible (Grandea and Kerr 1998; Association des aides familiales du Québec (AAFQ) 2002; Spitzer, Bitar, et al. 2002). Nor have live-in caregivers who are employed by family members been exempt from exploitation (Spitzer, Bitar, et al. 2002). Additionally, employers who develop personal ties and regard live-in caregivers as members of the

family are apt to be able to extract additional work from their employees. Indeed, live-in caregivers in this type of situation have been found to be less willing to refuse requests to perform unpaid overtime and additional duties that come from someone who is consider to be a "friend" as well as employer (Rollins 1997; Stiell and England 1997; Spitzer, Bitar, et al. 2002). This phenomenon is grounded in the discomfort that employers have with paying employees for work that is generally emotional and takes place in the home, a refuge from the world of commerce (Anderson 2006).

Some LCP workers have been distressed by their lack of access to paid sick leave, restricted use of space in the household when their employers are at home, lack of privacy, and prohibitions regarding their movements and time spent outside of work hours (Grandea and Kerr 1998; Langevin and Belleau 2000; AFFQ 2002; Spitzer, Bitar et al.2002; Beaulieu 2005; CRIAW 2006). As mentioned earlier, there are no official mechanisms to monitor the living and working conditions of live-in caregivers to determine if contract regulations are being followed. Instead, disputes are meant to be settled privately between the employer and worker (Brigham 1999; CIC 2006). Given the power differentials between the two, employers have the upper hand in interpreting the contract to their benefit, if they so choose (Beaulieu 2005, 4).

Federal and provincial inter-jurisdictional issues have been identified as key factors related to the lack of response to the protection of live-in caregivers' labour rights and personal freedoms. Immigration is primarily a federal responsibility, while labour legislation is a provincial matter. Given this complexity, working in the private realm of their employer's homes, can leave live-in caregivers without adequate legal protection (Langevin and Belleau 2000). Labour standards are devised and regulated by provincial governments, thus creating disparate working conditions across the country (Blomley and Pratt 2001; AFFQ 2002). Furthermore, if homes are not considered to be places of work, provinces may not have jurisdiction to investigate labour standards complaints. In some provinces, live-in caregivers pay into Employment Insurance; however, they are not generally eligible to draw from those funds (Brigham 1999). In Quebec, enrolment in CSST (la Commission de la santé et de la sécurité du travail), Worker's Compensation, is not mandatory, as it is in Ontario and British Columbia (AAFQ 2002; Oxman-Martinez and Hanley 2007).

The Live-in Requirement

While foreign domestic workers often have been dissatisfied with their employment conditions, live-in caregivers always have expressed higher levels of dissatisfaction and stress due to pressures pertaining to both work and residency in comparison to those who live independently. Live-out caregivers generally have more latitude to structure and set the pace of their work (Romero 1994). Amongst foreign domestic workers, live-in domestic/care work is regarded as the least desirable and least rewarding. Indeed, some have remarked that they feel like they are in prison (Parrenas 2001). Lack of privacy, restrictions on personal movement and freedom of association, isolation, and being on call for their employers 24 hours a day all have been found to contribute greatly to this sense of distress (Colen 1996; Stiell and England 1997; Rivet 1998; Blomley and Pratt

2001). Importantly, by limiting visitors or curtailing the mobility of their employees, employers constrain access to social support that is essential to integration and well-being (Villasin and Phillips 1995; Hondagneu-Sotelo 1998; McAllister Groves and Chang 1999). LCP workers may find they have little control over their environment, including such things as food choice, control over room temperature, and use of space. For some, the latter problem means that they may use different areas of the house during the day, but retreat to their quarters, often a basement room, in the evening (Spitzer, Bitar et al. 2002).

Normally LCP workers vacate their employers' homes on weekends, thereby enabling them to both secure some privacy for themselves and their employers and to distance from the demands or desires of care recipients. Often they resided on their days off with former live-in caregivers who had acquired their own independent living situations. In other circumstances, some have been known to rent an inexpensive hotel room with other LCP workers (Spitzer, Bitar et al. 2002). Isolation has been identified as one of the most frequent challenges for live-in caregivers in rural areas and small cities. Those who are not familiar with the whereabouts of other live-in caregivers are unable to avail themselves of these sorts of arrangements, and those who do have acquaintances, but who are unable to reach them due to transportation problems, are likely to remain with their employers during their days off, often sequestering themselves in their rooms for the duration (Spitzer 2008).

The lives of live-in domestic workers are generally withheld from public view, rendering them invisible to dominant social life and those who enforce labour law. In essence, live-in status erodes the rights of workers with regards to their employers and the state (AFFQ 2002; Bals 1992b; Langevin and Belleau 2000; Martin Spiegelman Research Associates 2000). Work conducted behind the doors of a home is often regarded as private and, hence, not subject to the same commodified relations that are associated with a public work environment. As the household is not generally regarded as a workplace, from an informal perspective, it lacks clear work hours and job descriptions and eludes labour standards regulations and examinations. Notably, living with one's employer means that the power dynamics are inescapable (Cheng 1996). Furthermore, it has been argued that:

LCP workers who reside within their employer's home are also hard-pressed to defend their work-related rights out of fear that they will jeopardize their future application for permanent residency, or even be deported if they complain too much or over-utilize available services (Oxman-Martinez, Hanley, et al. 2005, 39).

Those who are employed by relatives may find it difficult to navigate between their roles as a family member and that of an employee (Spitzer 2008).

Violence

Much of the literature suggests that the live-in requirement enhances LCP workers vulnerability to violence, ranging from financial, physical, and psychological abuse to sexual assault

and symbolic violence that is evidenced by employer-employee relationships (Tousignant 1992; Alcuitas, H., L. Alcuitas-Imperial et al. 1997; Barber 2000; AFFQ 2002; Loiselle-Léonard 2002; Spitzer, Bitar et al. 2002; Oxman-Martinez and Davis 2007). Live-in caregivers also have been found to be vulnerable to systemic violence that is shaped by the juridical system and structural violence wherein the dominant cultures and values construct norms that serve to exclude the "Other," such as live-in caregivers (Oxman-Martinez, Spitzer et al. under consideration). Brigham (1999) has noted that even though governmental agencies were aware that some LCP workers were being mistreated, no efforts have been made to monitor their situations. Moreover, the time lines associated with the Program, compel women to make choices about staying in an abusive household because of their fear that a poor reference, or a period of unemployment while changing employers, could delay their completion of the Program (Stiell and England 1997).

Health Status

Systemic and structural violence exposure have been found to contribute to a deterioration of health status, and to foster conditions such as mental stress, depression, and alienation (Oxman-Martinez, Spitzer et al. under consideration). Anxiety, low-self esteem, as well as physical injuries, burns, and falls are also not uncommon (Tousignant 1992; AFFQ 2002; Loiselle-Léonard 2002). LCP workers also have been known to complain of diffuse pains and headaches that originate in stress and concerns about family, finances, and immigration (Spitzer 2007).

Relegation to low-wage employment often means a lack of control in the workplace and limited access to supplementary health benefits. Taking time off work for medical appointments can be decidedly difficult, especially for LCP workers in rural areas. Without question, delayed access to health services means that health conditions can potentially become attenuated (Spitzer, Torres, et al. 2007; Spitzer 2008).

Three factors, in particular, may have a negative impact of a live-in caregiver's mental health, including the social, cultural, and emotional isolation that can be linked to their living arrangements, their precarious work and immigration status, and the devaluation of their skills and qualifications (Bals 1992a). This argument has been echoed in the works of other authors (AFFQ 2002; Loiselle-Léonard 2002; Spitzer, Bitar, et al. 2002; Oxman-Martinez, Hanley et al. 2005; Oxman-Martinez and Hanley 2007; Spitzer 2007). Furthermore, developing emotional bonds with care recipients and their families can be troubling as well as beneficial (Spitzer, Bitar, et al. 2002). In such circumstances, the live-in caregiver must learn to cope with conflicting messages about being a member of the family, but one who is not welcomed to partake in all activities (Bals 1992a).

Temporary, Precarious Status

LCP workers are burdened with precarious immigration status that makes them more vulnerable than other economic migrants to deportation (Tigar McLaren and Black 2006). In this liminal period, one that can extend beyond four years as workers await permanent residency status, individuals are haunted by feelings of uncertainty and vulnerability that can contribute to stress, and hinder their ability and desire to integrate into Canadian society (Bals 1992a; Pratt and PWC 2000). Furthermore, temporary workers are granted little protection under the law, and they are ineligible for certain government programs (Rivet 1998). Such a state has implications for one's sense of identity and, thereby, one's well-being (Parrenas 2001). Indeed, Oxman-Martinez, Hanley, et al. (2005, 248) maintain that:

The other important element in defining precarious immigration status is that the status conferred by Citizenship and Immigration Canada can leave the immigrant dependent on a third party, usually a spouse, family member or employer who has sponsored the woman's entry into Canada. Such precariousness is experienced differently depending on gender, age, race, ethnicity, religion, language, social location, and the health and/or migration path followed.

AFTER THE LCP: GENDERED BARRIERS TO (RE) SETTLEMENT AND INTEGRATION

The demarcation between the phases of immigration and settlement, and integration, as these processes pertain to live-in caregivers, has been difficult to discern. To some extent, former LCP workers must re-settle in Canada after a period of becoming acclimatized to the physical and social environment for more than two years. Once their obligations to the LCP have been completed, they are forced to commence a second transition that recalls aspects of their initial migration process, including filing applications, locating employment and housing, and expanding social networks. This new phase is predicated upon first receiving an open work visa and, then, permanent residency status. Some informants have reported waiting for upwards of six months or more to obtain their open visa, during which time they must continue to work as live-in caregivers. Often this is followed by an additional wait of six to twelve months for the receipt of their permanent residency status, which enables them to enrol in post-secondary education and commence the family reunification process. The process can be even longer for informants with children, because medical and security examinations are required for each additional family member (Spitzer, Torres, et al 2007). Obtaining information about how one navigates the system, can be problematic depending on location. According to Bonifacio, in southern Alberta:

...there is a lack of awareness among Filipino live-in caregivers in the study group about existing services provided by SPOs [service provider organizations] in their

communities. Perhaps the relative isolation from the community brought about by the nature of their work contributes to the non-utilization of services. For example, live-in caregivers are usually at work during regular hours from Monday to Friday which coincide with the business hours of many organizations" (Bonifacio 2007, 22-23).

Most of Bonifacio's informants relied on their own social networks of friends and families for information.

Remittances

Remittances play a significant role in the lives of LCP workers. To fulfil the role of being a "good daughter" who supplies her family with income (Bakan and Stasiulis 1997), a significant proportion of monthly salaries are remitted to family members at home to assist with subsistence as well as educational expenses. Remittances entail not only the flow of financial resources, but emotional attachments as well (Burman 2002). As McKay and the Philippine Women's Centre (2002, 33) have stated:

Through work abroad, self-sacrifice and the accumulation of economic and cultural capital, Filipino circular migrants create new roles for themselves as the benefactresses and heroines of their families and communities at home.

The funds are also deployed in local business and investments, some of which fail; however, some enable households to both become upwardly mobile and enable other female family members to emigrate (Barber 2004; McKay 2005). Remittances, however, cannot guarantee financial stability for recipients, as policies and practices governing the funds are vulnerable to shifts in political and economic pressures, both inside and outside the Philippines (Barber 2004). By remitting a percentage of their income to others, migrant LCP workers are constrained in their own career and educational opportunities as monies are needed for family at home and, once they become permanent residents, for application and landing fees to bring family members to Canada (Pratt and PWC 2003; Oxman-Martinez, Hanley, et al. 2004; Spitzer, Torres, et al. 2007).

Dreams Deferred

Researchers generally agree that the dreams that many live-in caregivers have to reclaim their careers, earn a comfortable living, and reunite with family members on Canadian soil often must be altered after two to three years of service in the LCP, encounters with systemic discrimination, and continued demands for financial support. Even though the proportion of Filipinos with a university education is higher than that of the Canadian-born population, their employment and earnings

seldom are commensurate with their qualifications (Pratt and Ugnayan Ng Kabataang Pilipino Sa Canada/Filipino Canadian Youth Alliance 2003/4).

As Bals (1992a) and all other authors have acknowledged, recognition of foreign credentials and foreign work experience can become substantial barriers to obtaining employment commensurate with one's background and training. Moreover, potential employers do not generally regard working under the LCP as "Canadian experience" and, thus, numerous LCP workers engage in volunteer work, both as a way of giving back to their local community and to gain Canadian experience in professional settings (Spitzer, Torres, et al. 2007). Many LCP workers are eager to undergo whatever training is necessary to work in their careers in Canada. While working under the LCP, however, they cannot enrol in any course of longer than a 6-month duration, which precludes most post-secondary and professional programs. Although live-in caregivers may be granted a special permit to study, such workers have be found to be generally unaware of this provision (Martin Spiegelman Research Associates 2000; Spitzer, Bitar, et al). For more mature migrants, the hopes of reclaiming their careers here in Canada often become diminished. Indeed, long years working outside of their professions fuels the spiral of de-skilling (Diocson, Sayo, et al. 2001; Spitzer, Torres, et al. 2007). Given the unlikelihood of reclaiming previous career status, many former LCP workers rely on social networks to find jobs (Pratt and PWC 2003). A qualitative study that followed up with former LCP workers in Toronto, Vancouver, and Montreal, found that most were employed in one or more low-waged, part-time jobs as cashiers, babysitters, house cleaners, live-out care workers, or live-in caregivers until they were able to be reunited with their families (Spitzer, Torres, et al. 2007).

Impact of Separation on Women and Their Families

Program regulations that require live-in caregivers to migrate as sojourners, that establish time limits by which LCP workers must complete their service, and that command low wages, making trips home to visit family too costly, all serve to enhance familial separation (Pratt and Philippine Women's Centre 2003; Tastsoglou 2001). Live-in caregivers in Canada maintain strong ties with their families at home in terms of regular communication and remittances (Hiebert and Ley 2003); however, women can only be reunited with their families when their commitment to the LCP is completed and the worker has obtained permanent residency status, a process requiring a minimum of three to five years (Cohen 2000; Loiselle-Léonard 2002).

Women generally rely on extended kin, mostly other women, to take care of their children at home. Despite the ubiquity of migrant labour, and the fact that women are regarded as heroes of the economy, transnational households with migrant mothers are regarded as "broken" homes in popular Philippine discourse. Furthermore, while there are supports in place for families with migrant fathers, this is not the case for households with migrant mothers (Parrenas 2001; Parrenas 2002). Parrenas' (2002) study of these "children of globalization" revealed that both foreign domestic workers and their children experience a profound sense of loss. Moreover, while some

children are supportive of their mothers' efforts to provide for the family, and to maintain relationships through frequent communication, some admit to being jealous of their mothers' charges who are the daily recipients of their mothers' care and presumed affection.

Prolonged familial separation has been found to contribute to personal and social costs in Canada (Bernhard, Landolt, et al. 2005). For example, concerns have been raised about the alienation and high dropout rates of young people who have been reunited with their mothers (Cohen 2000; Spitzer, Torres, et al. 2007). In her examination of the family reunification experiences of 23 Vancouver households who were separated from one another, on average, for nine years, Pratt (2006) uncovered three common experiences: 1) marital problems, 2) intergenerational tensions, and 3) poor job prospects for the youth. Youth are moved by their parents' experiences of racism, de-skilling, and struggle. Moreover, they have to face their own struggles in terms of coping with their own downward mobility; problems associated with having their educational backgrounds, including university experience, accepted as per Canadian standards; and with their own sense of separation from their caregivers at home (Pratt and Ugnayan Ng Kabataang Pilipino Sa Canada/Filipino Canadian Youth Alliance 2003/4). In addition, husbands may find it difficult to settle into a Canadian society where their wives are the more expert navigators. Furthermore, if they have difficulty finding work, they may become incensed with their partners because of their superior earning abilities (Vincent 1996).

TAKING ACTION TOWARDS INTEGRATION

Research on migrant women may portray them, at times, as victims; however, despite the myriad challenges they face, LCP workers have been discovered to display considerable agency in their actions and contribute significantly to economic stimulus and social support of kin near and far (Barber 2000). They have often made pragmatic decisions to subvert surveillance, seek support from others, reconfigure professional and personal desires and identities, build confidence, engage in a critical analysis of their current social location, and gather an arsenal of resources to help them survive (Spitzer 2002; Spitzer, Hughes, et al. 2006).

Cohen (1991) identified three major coping strategies employed by foreign domestic workers. These included mobilizing community resources, utilizing resources from within work situations, or redefining the situation. Domestic worker organizations and immigrant women's organizations play significant roles in working towards both better treatment for LCP workers and facilitating their integration into Canadian society. Such groups have undertaken lobby and advocacy efforts on behalf of these workers (see, for example, Fong 1996; Diocson, Sayo, et al. 2001; WCDWA 2001; AFFQ 2002; PINAY 2004; Garcia 2007; Community Alliance for Social Justice (CASJ) 2008; INTERCEDE n.d.), and many have been engaged in participatory research projects (Grandea and Kerr 1988; Arat-Koç 2001; Spitzer, Bitar, et al. 2002; Oxman-Martinez, Hanley, and Cheung 2004). Importantly, such organizations also frequently provide for in which LCP workers can socialize; exchange informational, material, and emotional social support; learn new skills and enhance

community capacity; and collectively unpack the political-economic ramifications of globalization and their location within the broader framework (Stiell and England 1997). In this regard, Kelly (2006, 3) has observed that:

Much of the advocacy and activism around the Live-In Caregiver Programme, for example, has come from Filipino groups in Vancouver and Toronto in particular, which have come to identify the problems with the programme as a *Filipino* issue.

Both ethno-specific and domestic worker/immigrant women's organizations have succeeded in the creation of more sophisticated perspectives of the LCP, while, at the same time, pressing for gender equality and social justice (Grandea and Kerr 1998), and the development of programs that can help facilitate entry into professional programs (Herizons 2002).

THEORETICAL FRAMES

Several authors have argued that discussion of the LCP and its impact on migrants cannot be extracted from a discussion of the larger transnational socioeconomic political context in which these processes occur (Kelly 2003; Moors 2003; Kofman 2004). Many others concur that the LCP must be regarded through the lens of intersectional analysis to examine how the experiences of this globalized force of domestic care workers have become racialized and genderized in the context of contemporary neo-liberalism (Stasiulis and Bakan 2003; Stasiulis and Bakan 2005; Tigar McLaren and Black 2005; CRIAW 2006). As racialized workers, live-in caregivers are perceived to lack education and have been subject to racism based on both colour of skin and country of origin (Bals 1999; Martin Spigelman Research Associates 2000; Anderson 2002; Stasiulis and Bakan 2005), while exploitive conditions have further reinforced gender, class, and race discrimination (Cohen 1991; England and Stiell 1997; Oxman-Martinez, Hanley, and Cheung 2004). As a colour-coded hierarchy of live-in caregivers has been identified (England and Stiell 1997; Tastsoglou 2001; Anderson 2002; Spitzer, Bitar, et al. 2002), Filipina migrant women invariably have come to be associated with domestic work, regardless of their immigration status (McKay and Philippine Women's Centre 2002).

Since domestic work is regarded as women's natural labour, it is neither well remunerated nor respected (Macklin 1994; Grandea and Kerr 1998; Stasiulis and Bakan 2005). Bals (1992b, 171), for example, has argued:

Travailler dans une famille et y habiter en permanence situe le travail domestique dans la dynamique particulière, quelque part entre la sphère publique du travail salariée et le travail gratuit dispense par l'épouse au nom de l'amour et du désintéressement.

Some authors have come to associate the LCP with trafficking, not in terms of being smuggled, but in recognition that trafficked individuals remain under the control (physical, financial, and/or psychological) of their traffickers once in Canada (Oxman-Martinez and Hanley 2001; Oxman-Martinez and Hanley 2001 October). From this perspective, both live-in caregivers and mailorder brides have begun to be viewed by researchers as "trafficked" (PWC 2000; Langevin and Belleau 2000).

Legal Considerations

A number of researchers have condemned the LCP and the treatment of live-in caregivers both as evidence of systemic racism and as practices contrary to international labour and human rights standards (Bals 1992a; Bakan and Stasiulis 1997; Langevin and Belleau 2000; WCDWA 2001). For example, Oxman-Martinez and Hanley (2004,12) have indicated that:

CEDAW encouraged Canada 'to assist victims of trafficking through counselling and reintegration' and to 'take further measures to improve the current live-in caregiver program by reconsidering the live-in requirement, ensuring adequate social security protection and accelerating the process by which such domestic workers may receive permanent residency' (UN CSW 2003, paragraph 366).

Furthermore, lack of access to labour and social protection legislation is regarded as a violation of the human rights of workers (Nakache 2007). Moreover, concerns have begun to be raised that, despite these issues, the LCP is being held up as potential model for temporary worker programs under consideration by the federal government (Pratt 2006).

POLICY IMPLICATIONS

Government sources indicate that increasing numbers of foreign workers will be needed to fulfill jobs in various sectors of the economy. According to Human Resources Development Canada, the demand for child care will continue to expand (Cognet 2003). Regrettably, the policy environment often becomes fractured when issues straddle the policy domains of numerous departments and various levels of government, each with its own culture of decision-making and areas of responsibility. This can make it difficult to both influence policy development and to determine the impact of policies on selected populations (Spitzer 2007). Furthermore, the trajectories of live-in caregivers differ from those of other voluntary migrants to Canada. For the latter, it is reasonable to anticipate they will undergo the processes of immigration, settlement, and integration in that general order, and the Canadian government has organized its policies and bureaucratic structures accordingly. In the case of LCP workers, the order of these processes is different. They appear to immigrate, settle rather rapidly, and, perhaps, integrate partially into a household and,

potentially, a community. These processes must be repeated when, upon completion of their LCP obligations, they apply for an open visa and permanent residency status, seek different employment, and begin to live independently from their employers. Policymakers must, therefore, begin to consider this unique iterative process in order to determine where policies and programs might best be inserted. Finally, the literature indicates that live-in caregivers have been over-exploited and treated inhumanely in many parts of the world, such as Hong Kong, Malaysia, the United States, Indonesia, Taiwan, and Greece (Constable 2002; Hondagneu-Sotelo 2002; Lan 2002; Hugo 2005). Canada's government can provide leadership in protecting and respecting the labour rights and personal freedoms of live-in caregivers world-wide. At the same time, there is a need to examine how Canadian immigration policies ensure that the labour rights and fundamental freedoms valued under the Canadian Charter are, or can be, deployed to protect the rights of these migrants and future citizens to facilitate their integration and settlement in Canada.

RECOMMENDATIONS

Numerous studies have included recommendations to alter the LCP to improve the lives of live-in caregivers, both while working under the Program and as they settle and integrate into Canadian society. Importantly, recommendations may represent comments from study participants and therefore may not necessarily reflect the views of the authors themselves. In general, the recommendations contained in the literature regarding ways to improve the LCP have fallen into three broad categories.

1) Address barriers to settlement and integration unique to their status as live-in caregivers by:

- Placing a higher value on domestic care-work, thereby allowing care workers to enter Canada as independent migrants (Grandea 1996; Arat-Koç 2001; Spitzer, Bitar, et al. 2002). This means, above all, recognizing that care-work is valuable, complex, and requiring of skill, and not the natural or innate domain of women. This is key to addressing one of the major gender issues associated with the LCP that is inevitably linked with the process of de-skilling and the erosion of self-esteem and professional status.
- Repealing the mandatory live-in requirement (Grandea and Kerr 1998; Arat-Koç 2001; Oxman-Martinez and Hanley 2001; West Coast Domestic Workers Association (WCDWA) 2001; Pratt and PWC 2003; Spitzer, Torres, et al 2006). The live-in requirement inevitably contracts one's social networks and limits access to formal and informal social supports that are vital to not only health and well-being, but also to connecting with resources that can assist with both settlement and integration after the completion of their LCP commitments.

- Hiring more staff to help process applications for open work permits and permanent residency status (Spitzer, Torres, et al 2006). Delays in processing prolong the liminality of LCP workers, and obstruct re-settlement and integration, including their ability to live and work independently, study, obtain additional employment, and reunite with their families.
- Providing adequate funding to NGOs who provide services for individuals on temporary work visas such as LCP workers (Arat-Koç 2001; Bonifacio 2007). As NGOs serve as vital arenas of support, resources, information, and networking that can facilitate both settlement and integration, they need to be prepared and compensated for their efforts to meet the unique needs of current and former LCP workers.

2) Enhance opportunities for live-in caregivers to pursue careers by:

- Enabling LCP workers to study in their time off (Grandea and Kerr 1998; West Coast Domestic Workers Association (WCDWA) 2001). Many live-in caregivers are eager to upgrade professional credentials, or even re-train, but are frustrated by the apparent obstacles to studying that profoundly delays, and often de-rails their ambitions. Allowing LCP workers to enrol in distance learning, evening, or weekend courses, regardless of their length or professional designation, would enable them potentially to obtain more remunerative positions and integrate more readily into the Canadian labour market.
- Repealing or reducing landing fees that are levied when LCP workers apply for permanent resident status (Arat-Koç 2001; Oxman-Martinez and Hanley 2001; Spitzer, Bitar, et al. 2002; Pratt and PWC 2003). The costs associated with immigration can be daunting, particularly if workers are being joined by family members. As such, many LCP workers forego their own educational or professional pursuits in favour of working at any job that will allow them to accumulate sufficient funds for these expenses. Moreover, because LCP workers have been paying taxes in Canada since their arrival, some writers have questioned the ethics of these levies in such circumstances.
- Assisting LCP workers with accreditation of their education and credentials (Grandea 1996; Spitzer, Bitar, et al. 2002). By offering early, accurate, and honest assessments of their educational backgrounds and credentials, LCP workers will be better positioned to map out strategies for entering the labour market as quickly as possible following the end of their LCP commitments.
- Facilitating the re-entry of LCP workers into their professions in line with a recent program developed with nurses in British Columbia (Herizons 2002). Working with professional organizations, unions, and professional schools to bridge Canadian

standards and procedures would help address labour shortages in some professions, and could reverse the process of de-skilling and downward social mobility.

3) To eliminate the exploitation of live-in caregivers by:

- Requiring employers to undergo an orientation program before they hire foreign livein caregivers (Grandea 1996; Spitzer, Bitar, et al. 2002). An orientation session would ensure that employers were apprised of their rights and responsibilities. Moreover, employers, at such a session, could be made aware of local resources to help their employees settle and integrate into the local community (see Bernardino and Spitzer 2002).
- Screening employers for financial viability (Spitzer, Bitar, et al. 2002). This provision would compel potential employers to assess whether this option is affordable and viable for them and to reflect on their financial responsibilities towards the LCP worker.
- Denying employers who have repeatedly violated contracts from hiring additional workers (Spitzer, Bitar, et al. 2002).
- Issuing work permits that are not linked to a specific employer (Grandea and Kerr 1998; Arat-Koç 2001; West Coast Domestic Workers Association (WCDWA) 2001). This provision would facilitate the movement of live-in caregivers out of unwanted situations, thus allowing them to accept new employment without processing delays. This would benefit both the worker and new employer.
- Quantifying workloads and standardizing wages, working hours, and benefits in standard contracts (Grandea and Kerr 1998; Arat-Koç 2001). At present, the ambiguity of workloads, and the patchwork of wages and labour legislation coverage enhances the vulnerability of live-in caregivers to exploitation.
- Monitoring situations that appear to demand 24-hour care (Spitzer, Bitar, et al. 2002). There is potential for increasing numbers of live-in caregivers to be hired in situations of this nature. Some care situations, particularly for the elderly or persons with disabilities, can require attention throughout the night. In other cases, single-parent families, where the parent is employed in a resource industry and resides in the industry setting for days at a time, are also hiring live-in caregivers to care for children while the parent is at work for an extended period.
- Ensuring that LCP workers have access to employment benefits, workers' compensation, and employment standards regulations (Grandea 1996; Arat-Koç 2001; Spitzer, Bitar, et al. 2002). This may require identifying the home as a workplace in order to facilitate the investigation of labour standards complaints.

- Monitoring contracts to ensure that all contract stipulations have been met (Grandea 1996; Spitzer, Bitar, et al. 2002).
- Ensuring that live-in caregivers in rural areas receive additional, isolation pay (Spitzer, Bitar, et al. 2002; Spitzer 2008). This would enable them to pay for transportation to expand social networks and gain access to resources and social supports.
- Reducing the time needed to apply for an open visa or permanent resident status (Grandea 1996; Spitzer, Bitar, et al. 2002; Spitzer, Torres, et al 2006). Currently, we have found that some LCP workers in abusive situations are hesitant to leave because it would delay completion of the Program. Reducing this period could obviate the need to remain in an untenable or unsafe situation.
- Linking wages to the number of care recipients and not only to type of caregiving situation (Spitzer, Bitar, et al. 2002). Currently, wages differ for child care as compared to care for the elderly or for persons with disabilities. Live-in caregivers should not be expected to care for multiple care recipients without any additional compensation.
- Sanctioning employers, rather than LCP workers, if they are found to be working before their permit has been processed (AFFQ 2002). At present, LCP workers who begin work before their permit has been issued are sanctioned, even though it is usually for those employers who are in need and most anxious to avail themselves of the services of a care-worker. A single-issue work permit would eliminate the need for this point, as it would refer to changing employers and not the initial contract in Canada.
- Establishing an LCP ombudsperson in each province (Spitzer, Bitar, et al. 2002). Given the power differentials between employers and employees, and the disparate jurisdictions between different levels of government, an ombudsperson could assist LCP workers in efforts to claim their rights under their contracts.
- Ratify the United Nations International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (Arat-Koç 2001).

SUMMARY

We return to the original questions set out in this literature review.

1. Are live-in-caregivers disadvantaged in their efforts to settle in Canada, and what are the gender dimensions of these difficulties? How are these barriers to settlement and integration unique to their status as live-in-caregivers?

The literature suggests that live-in caregivers are most definitely disadvantaged in their efforts to immigrate, settle, and integrate into Canadian society and that these challenges emerge from both their status primarily as women from the global south and from elements of the LCP itself. As the demand for domestic-care workers has increased, so, too, have opportunities for women, who appear, on average, to be more faithful remitters than men in terms of contributions to the subsistence of their families back home. Care-work, particularly when conducted in private households, is generally regarded as "natural" to women and granted little value as skilled labour. The private, gendered, and flexible nature of the labour appears to render the work invisible and outside of the realm of standard labour legislation and social protection. As a consequence of these realities, those who undertake this labour, regardless of education or skill, undergo a process of deskilling and erosion of social status. Separated from family, and working and living in the private household of their employer, their freedom of association and, likewise, their access to social supports usually is diminished. Temporary status and lack of access to professional educational opportunities under the LCP contribute to a sense of liminality, and stall, if not defer, dreams for better lives for themselves in Canada.

2. What proportion of live-in caregivers pursue second careers and do their success rates differ by gender? What affects their success or failure? Are there connections between their success or failure and immigration policies or settlement policies and programs?

As there have not been many studies that have systematically followed up with former LCP workers with regards to their labour trajectories, this question is difficult to answer.⁵ The few studies conducted on former LCP workers (Pratt and PWC 2003; Spitzer, Torres, et al 2007) have suggested that many are downwardly mobile in terms of their social status, but that younger, single migrants were more apt to re-train for a career. Exclusion from opportunities to meet Canadian professional criteria, and lack of recognition of foreign credentials and experience, common to all newcomers, are major barriers to these pursuits. Moreover, prohibitions with regards to educational opportunities appear to stall, or even de-rail, plans to reclaim or obtain professional credentials once the LCP commitments have been fulfilled. Ultimately, the labour market is exposed to "brain waste,"

⁵ As of 2007, the Government of Quebec was undertaking a large-scale study of LCP workers in the province. The results have not been released at time of writing.

whereby trained, albeit perhaps differently trained, individuals who wish to meet Canadian standards are unable to employ their knowledge or meet their potential due to formal and informal regulations.

3. Are live-in caregivers exploited and/or abused by employers? Do live-in-caregivers stay in abusive employer/employee relationships and why? What are the gender dimensions of these situations? Are there connections between exploitation of live-in-caregivers and particular immigration or settlement and integration policies?

Evidence of exploitation and abuse of live-in caregivers abounds in the literature. The time constraints of the LCP appear to play a role in workers' decisions to remain with abusive or exploitative employers simply because any time lost between contracts would serve to both delay completion of the Program and threaten either longer separation from their families or, in the worst-case scenario, deportation. Again, the private nature of the work; its ambiguous coverage under labour legislation; the lack of monitoring of contracts, which places the onus on the temporary worker to file complaints; and lack of awareness of their rights and support services, serve to underscore the link between LCP regulations and the vulnerability of LCP workers to violence. Importantly, the behaviour of individual employers, who may well value their employee and honour their contracts, cannot but slightly mitigate the systemic and symbolic violence that is structured by the LCP, and which contribute to de-skilling, erosion of self respect, loss of control over their immediate environment, and enforced separation from family and friends.

4. What areas warrant further research?

Most of the work conducted on and with LCP workers has been qualitative in nature. Qualitative research can amplify the voices of the subaltern, and explore depth of meaning. Given the uniformity of results from a host of research projects undertaken in the past twenty years with academics from different disciplines and community organizations in numerous locations across the country, it has been possible to compose a reliable picture of the impact of the LCP on migrant workers. Further research, however, is warranted in a host of areas. Importantly, the participation of current and former LCP workers and domestic worker/immigrant organizations is vital in all research endeavours. From our review of the literature, it is apparent that three broad areas require further study.

a) Barriers to Settlement and Integration

• Longitudinal, mixed-method (qualitative and quantitative) research is required to assess the long-term impact of the LCP on former live-in caregivers' integration into Canadian society. Due to privacy guidelines, this type of research will need to be conducted in collaboration with Government departments, as academic and community researchers lack access to a central registry of current LCP workers and are less able to follow informants after completion of the Program.

- More information is also required on the impact of familial separation on families and communities in both Canada and the source country.
- Furthermore, while the vast majority of live-in caregivers are women from the Philippines, more work is needed to capture the experiences of male live-in caregivers and those of both genders from other countries, including their relationships with employers, care-recipients, and access to social networks, NGOs, ethno-cultural communities and other resources that may assist in their long-term integration.
- Using a population health approach, we need to know more about the long-term health outcomes of former-live in caregivers to ascertain if temporary workers' precarious immigration status and working conditions have implications for Canada's health-care system. Information on coping strategies and access to health services and outcomes for pregnant LCP workers is also needed.
- Settlement agencies are mandated to support newcomers, but it is not clear how much those agencies are supported to gear their services to helping the unique needs of live-in caregivers in their transition from temporary status to permanent residency. Research is, therefore, required to better understand how settlement agencies can be supported and structured to meet the transition needs of former live-in caregivers.
- Consideration must also be given to the unique doubled pattern of immigration, settlement, integration typically followed by live-in caregivers, and how it coheres with governmental processes that are predicated on aiding immigrants through a singular, unidirectional trajectory from immigration to integration.

b) Careers and Economic Stability

- Longitudinal and national studies are required to follow-up with former LCP workers to examine their educational pursuits and labour trajectories.
- Research is needed to ascertain whether the degree of fluency in an official language or accent serve as additional barriers to the occupational integration of LCP workers in order to determine if language-training programs are required to facilitate their ultimate settlement and integration.
- Further investigation is also required to unpack the discrepancies between perceived and adjudicated skills and valuation of education, and to examine the impact of these disparities on attitudes towards Canadian society and on their future plans.
- The number of live-in caregivers has declined over the years, however, labour shortages compel Canada to bring in more and more temporary workers who are

ineligible to claim permanent status. Are Canadian immigration policies shifting towards more temporary workers to avoid keeping these workers from claiming permanent status? What is the value that the government of Canada gives to raising these new generations of workers and their families?

c) Live-in Caregivers, Employers and Vulnerability

- With some exceptions (for example, Bonifacio 2007; Spitzer 2008), most research has been conducted in urban areas; however, LCP workers are recruited across the country, including Canada's northern territories. We require a greater understanding of how geography impacts the experiences of these migrant workers, particularly with reference to social support.
- Greater attention to the type of care-giving (elder, child, disabled) situation and its impact on the experiences of caregivers is needed, especially given our aging population.
- Workers` labour rights are provincially legislated, but employers sign contracts with Citizenship and Immigration Canada, which is mandated by federal government legislation. Research is needed to better understand how provincial labour laws can be synchronized with federal immigration policies to protect the rights of the workers.

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CERIS - The Ontario Metropolis Centre is one of five Canadian Metropolis centres dedicated to ensuring that scientific expertise contributes to the improvement of migration and diversity policy.

CERIS - The Ontario Metropolis Centre is a collaboration of Ryerson University, York University, and the University of Toronto, as well as the Ontario Council of Agencies Serving Immigrants, the United Way of Greater Toronto, and the Community Social Planning Council of Toronto.

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The Metropolis Project

Launched in 1996, the Metropolis Project strives to improve policies for managing migration and diversity by focusing scholarly attention on critical issues. All project initiatives involve policymakers, researchers, and members of non-governmental organizations.

Metropolis Project goals are to:

- •Enhance academic research capacity;
- •Focus academic research on critical policy issues and policy options;
 - •Develop ways to facilitate the use of research in decision-making.

The Canadian and international components of the Metropolis Project encourage and facilitate communication between interested stakeholders at the annual national and international conferences and at topical workshops, seminars, and roundtables organized by project members.

