

Changing Together ... A Centre for Immigrant Women

In the Shadows: Live-in Caregivers in Alberta

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with
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Denise L. Spitzer, Ph.D.
“In the Shadows” Project Coordinator

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Executive Summary

The Live-In Caregiver Program (LCP), established in 1992, is designed to address a market need for resident caregivers for children, the elderly or the disabled by recruiting this assistance from overseas. Applicants must meet minimal educational and linguistic qualifications and have secured an offer of employment to enter the country. Employers must follow the conditions outlined in a contract provided by Human Resources Development Canada and supply a lockable private room for their employee. Following 24 months of service, live-in caregivers become eligible to apply for permanent residency in Canada.

To gain a better understanding of how program stakeholders—live-in caregivers, employers and employment agency representatives—view the program and experience the implications of its regulations, we conducted individual interviews with 43 current and former caregivers, hosted four focus groups with 27 participants; surveyed 106 current caregivers, and interviewed six employers and six agency representatives in Alberta. A summary of our findings follows.

Preparing to come to Canada:

- ❖ Most live-in caregivers left their homeland for economic reasons;
- ❖ Canada was a destination of choice because caregivers could later pursue other career and educational opportunities; and
- ❖ Mandatory training programs were viewed with ambivalence.

Living and Working Conditions:

- ❖ Contract violations were reported by a significant minority of live-in caregivers and included non-payment or partial payment for services, refusal to honour holiday/vacation time and inappropriate living conditions;
- ❖ Caregivers working for elderly or disabled clients, single parents and in remote areas were particularly vulnerable to demands that exceeded contract guidelines;
- ❖ Many caregivers feared reporting violations;
- ❖ Employers tried to minimize power differentials between themselves and their employees;
- ❖ Both live-in caregivers and employers viewed open communication as the key to good working relations;
- ❖ Privacy was of concern to live-in caregivers, but not to their employers;

- ❖ None of the caregivers or employers were aware that caregivers could apply for educational authorization to enroll in part-time studies or distance learning; and
- ❖ Most caregivers were engaged in volunteer work as a way of giving back to the community.

Health and Social Support:

- ❖ Spirituality and friendships formed the core of social support for live-in caregivers;
- ❖ Lack of control in their living and working environment was a source of stress; and
- ❖ Most felt healthy despite high levels of stress.

Settling in Canada:

- ❖ Many former live-in caregivers were still employed in low-wage positions; however, these positions were more closely associated with their educational backgrounds; and
- ❖ Despite the many challenges, live-in caregivers, past and present, felt that they had accomplished what they had set out to do.

Participants in the study offered a variety of recommendations to various levels of government, at home and abroad, and to individuals who are thinking of coming to Canada as live-in caregivers.

They recommended that:

- ❖ Local governments accredit training schools and employment agencies;
- ❖ Canada establish local ombudsmen or advocates who could work on behalf of live-in caregivers;
- ❖ The Canadian government create a system of monitoring contracts and screening employers;
- ❖ Changes in base salaries accrue to all caregivers, not just to new hires;
- ❖ Employment agencies form a professional association;
- ❖ Local organizations host informational workshops for employers and live-in caregivers;
- ❖ The Canadian government allow caregivers to begin applying for permanent residency status after 18 to 20 months' of service; and
- ❖ Canadians should conduct more research on live-in caregivers.

As Cindy (a pseudonym) said: "If they can only listen to the voices of caregivers, they can change the laws or policies to help them."

Background

Introduction

Until recently when the high profile deportation case of live-in caregiver, Ms. Leticia Cables, was reported in the media, awareness of foreign-born live-in caregivers in our society had been limited. The invisibility of live-in caregivers in our midst is due both to the private nature of domestic work and to the relatively low profile of women of colour in Canadian society. This study was designed to illumine the life experiences of women who have often been relegated to working—and living—in the shadows of middle-class Canada.

Research on domestic workers has been sporadic. Silvera's (1983) study of West Indian domestic workers in Toronto was one of the first that explored the life stories of this group of migrants in Canada. Most of the research to date has focused on issues such as globalization and migration of labour, employer-employee relations, the value of domestic work and social networks (see Anderson 2000; Bakan and Stasiulis 1997a; Giles and Arat-Kroç 1994; Parrenas 2001; Rollins 1990; Salzinger 1991). This study, which builds on these approaches and incorporates a focus on health in its broadest definition, constitutes the first phase of the "In the Shadows" project. In the second phase, we developed two portable workshops, one for potential employers and one for live-in caregivers, to orient each group to their rights and responsibilities under the Live-in Caregiver Program (see Bernardino and Spitzer 2002; Pereira and Spitzer 2002).

The History of the Live-In Caregiver Program

The Canadian government has been involved in the recruitment of domestic labour since the late 19th century. Regarded as "daughters of the empire," British domestic workers were recruited as a means of shaping Canadian society. British nannies were meant to inculcate children with British values and marry into the populace once released from service (Arat-Koç 1997). Until the 1930s, most domestic workers continued to come from Britain and were granted the right to permanent residency following six months' of service (Bakan and Stasiulis 1997b; Cohen 1994; Silvera 1983). Eastern European women were recruited in the early 1950s. From 1955 until 1967, the government altered its approach and sought the services of 3,000 women from the Caribbean who met health, age and educational criteria as part of West Indian Domestic Scheme devised to bolster economic relationships between Canada and the Caribbean. In the 1970s, domestic workers were granted temporary work visas; however, they were precluded from applying for permanent residency status until amendments to the program were implemented later in the decade (Bakan and Stasiulis

1997b; Cohen 1994; Jakubowski 1997). In 1981, the Foreign Domestic Scheme permitted domestics to apply for permanent residency status after two years of service. While marital status or motherhood were not meant to deter applications, immigration officers were allowed to consider these factors in the application. Moreover, applicants were required to demonstrate that they could support themselves even though wages for domestic labour were insufficient, compelling applicants to seek alternative employment (Macklin 1994). In 1989, a review of the program revealed that 80% of domestic workers left the profession after successfully obtaining permanent residency status (Jakubowski 1997). Stasiulis and Bakan (1997) observe that as partial rights to citizenship were offered, immigration policies became increasingly restrictive. Moreover, the shift from Caribbean to Asian sources of live-in caregivers was concomitant with increasing militancy of Caribbean domestics who lobbied for greater rights in Canada.

With women's participation in the labour force increasing so did demands for quality childcare. The relative paucity of daycare spaces contributed to a childcare crisis that the importation of domestic labour was designed to resolve (Grande 1996). In 1992, the Live-In Caregiver Program (LCP) was established to meet the requirements of Canadians who needed caregivers at home to provide services to children, the disabled and the elderly. A major stipulation to the program is that caregivers live in their employers' homes in recognition that few Canadians wish fill these positions, whereas there are ample numbers of citizens willing to be employed as live-out domestic workers (CIC 1999). Live-in caregivers are required to have the equivalent of a Canadian high school education, six months of training or 12 months of experience in a related field and the ability to speak, read and understand one of Canada's official languages. Reaction to the LCP was mixed. The training requirements in particular were met by immigrant women's organizations with dismay as they severely limited the number of applicants from countries where such courses were not available (Bakan and Stasiulis 1997b). Moreover, individuals can be compelled to attend training courses if their experience as a live-in caregiver is deemed outdated.

Employers are required to provide a lockable private room for their employees and must provide them with a key to the home to ensure access (CIC 1999). The government acknowledges that conditions of employment may vary and that live-in caregivers are vulnerable to exploitation; however, official literature on the program recommends that employees resolve disputes with employers privately. Moreover, the government will not involve itself with monitoring contracts or mediating reputed contract violations (Brigham 1999; 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 (Grande 1996). In Alberta, changes in wage standards do not accrue to all caregivers, but are granted to new arrivals or upon contract renewal, resulting in disparities in salaries with experienced caregivers earning potentially less than employees who have just started. Visas granted under the LCP stipulate that holders may not enroll in educational courses; however, representatives on our advisory committee interpret this to mean that live-in caregivers are required to apply for educational authorization for part-time or distance study for a single institution. Live-in caregivers, however, would be required to pay foreign student fees.

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 (Brigham 1999; CIC 1999; Grande 1996).

The Global Politics of Foreign Domestic Labour

What compels a young woman or man to leave their homeland to work in private households in the North? The literature suggests that most live-in caregivers from all regions have come to Canada for economic opportunities; however, leaving an abusive relationship or separation from a philandering husband also provided the rationale for migration (Anderson 2000; Lazardias 2000; Parrenas 2001a)

Approximately 68% of foreign domestic workers are from the Philippines (Pratt 1997). Due to the exigencies of global markets and pressures from the International Monetary Fund and World Bank to devalue the peso and depress wages, the Philippines has become a major exporter of labour (Lindio-McGovern 1997; Parrenas 2001a, 2001b.) In recent years, the out-migration of female labour has increased such that of the 6.5 million Filipinos who are overseas workers, one half are women, two thirds of whom are engaged in domestic labour (Lindio-McGovern 1997; Parrenas 2001a). Families reportedly are eager to send female rather than male family members abroad because they remit proportionately more wages to their families than their male counterparts (Fernandez 1997). Migration is impelled by high rates of poverty—76% of the population lives under the poverty line—and depressed wages even for university educated professionals (Alcuitas, et al. 1997). Currently over 100,000 Filipinas work as domestic labourers in Hong Kong and 50,000 in Singapore (Alcuitas-Imperial, et al. 2000). Remittances in foreign currencies are required by the Philippine

treasury; therefore, women and men who leave their homeland to toil overseas are regarded as heroes fueling the economy in the popular media (Fernandez 1997; Parrenas 2001a).

The needs of the Philippine government are complemented by the demands of the First World for low-wage labour that can be readily repatriated when they become redundant. Often migrant workers are offered limited protection by labour laws in their host country and are restricted in terms of social and political participation (Lazardias 2000; Parrenas 2001b). With regards to domestic labour, only Canada and Spain allow foreign domestic workers to apply for permanent residency and citizenship (Parrenas 2001b). In Italy, domestic workers may sponsor spouses and children under 18 to join them after seven years of service; however, they are confined to status as guest workers (Parrenas 2001a, 2001b). In most European countries, live-in caregivers work six days a week. Wages are often stratified based on legal or illegal status and country of origin. In Greece, Filipinas are regarded as good Catholic girls while Albanian domestic workers who are predominantly Moslem receive lower wages (Lazardias 2000). Similarly, in Spain, Filipinas are considered the most professional and best organized and command higher wages than counterparts from other regions (Anderson 2000). In France, employer applications to employment agencies may specify *pas personne de couleur* (no person of colour) and in Germany, caregivers seeking employment include phrases such as “no sex” in their advertisements to ward off potential employers seeking such duties (Anderson 2000). Singapore requires foreign domestic workers to undergo routine pregnancy tests meanwhile employers withhold their passports and a portion of their salary for their return home (Bakan and Stasiulis 1997a); furthermore, they have no access to legal protection (Cheng 1996). In both Taiwan and Singapore, employers may terminate contracts and repatriate their employees without recourse (Cheng 1996). In the United States, employers may avoid regulations regarding social security benefits and overtime by paying domestic workers weekly instead of monthly (Lindio-McGovern 1997). Filipino migrants in particular experience a decline in occupational status (Alcuitas, et al. 1997; Lindio-McGovern 1997) and may be situated at the lowest rank of the familial hierarchy even though they may in fact share the class background of their employer and be even better educated than them (Cheng 1996).

While foreign domestic labourers service the needs of middle and upper class Canadians, their own families undergo disruption and dislocations. Family members, elder parents or children left behind must be cared for by either other relatives or hired caregivers, tasks that are often regarded as intrinsic to the female gender role and reinforced by values of filial loyalty and reciprocity (Parrenas 2001a). Indeed the Philippine Constitution enshrines the

centrality of the family to Philippine life and both husband and wife are considered responsible for familial support (Feliciano 1994). Bilateral kinship means that those obligations extend beyond the nuclear family to both maternal and paternal relations (Williams and Domingo 1993). Therefore, the rhetoric of the heroic overseas workers who aid the Philippine economy collides with values of familialism and the gendered division of labour within the family that encourage females to stay close to home (Parrenas 2001a).

Current Context in Canada

Sources of LICs in Canada

Information from Citizenship and Immigration Canada detailing the number of permanent residents who have arrived in Canada under the Live-In Caregiver Program from 1996-2000 is outlined in Table 1.

Table 1: Live-In Caregivers' Last Country of Permanent Residence 1996-2000

Region	Numbers	Percentage
Northern and Central Europe	714	4.35%
Eastern Europe	635	3.90%
Southern Europe	85	0.50%
Near and Middle East	138	0.84%
Sub-Saharan Africa	96	0.59%
Northern Africa	25	0.15%
Caribbean	830	5.00%
Central and South America	337	2.00%
North America	28	0.17%
Australia	103	0.63%
East Asia	299	1.82%
South Asia	141	0.86%
Southeast Asia	111	0.68%
Philippines	12,849	78.00%
Pacific	17	0.10%
Unknown	4	
TOTAL	16,412	99.6%

Hiring LICs

Potential employers may hire live-in caregivers independently, working directly with Human Resources Development Canada (HRDC) to complete the documentation for work authorizations and contracts. Alternatively, employers may seek the assistance of an agency that brokers the relationship between potential employers and live-in caregivers, many of whom are based overseas. Agencies present employers with a selection of candidates who may meet their needs. A study of domestic worker recruitment agencies in Vancouver found that agency representatives played an important role in shaping employers' perspectives of

live-in caregivers. British live-in caregivers were portrayed as professionally-trained nannies. In contrast, Filipinas were constructed as comparatively uneducated housekeepers despite the fact that many were university educated (Pratt 1997). Filipinas were regarded as having an affinity with children, hence caregiving labour was conceived of as “natural” for them (Macklin 1994). Moreover, a two-tier wage system was encouraged whereby recommended wages were tied to the status of the live-in caregivers’ country of origin; therefore, the labour of British live-in caregivers was more highly valued than that of women from the Caribbean or the Philippines (Pratt 1997; Rollins 1990; Stiell and England 1997).

Working and Living Conditions of Live-in Caregivers in Canada

While foreign domestic workers have often been displeased with their employment conditions, live-in caregivers have always expressed higher levels of dissatisfaction and stress. Lack of privacy, restrictions on personal movement and freedom of association, isolation and being on call for their employers 24 hours a day contribute greatly to this distress (Colen 1990; Romero 1994; Stiell and England 1997). Furthermore, despite regulations that require caregivers be allotted a private, lockable room, caregivers report sharing rooms with children or pets, or being provided a bed in a laundry room or living room (Grande 1996). This suggests that conditions have not improved since Silvera’s (1983) study in the early 1980s.

Researchers have long noted that the employment of domestic workers replicates within the household domain the 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 and Sanjek 1990). These dynamics are evident in the Canadian example as most employers are Euro-Canadian and most live-in caregivers are women of colour (Stiell and England 1997). Employers are able to purchase their way out of domestic work, freeing up their time for more preferred roles as parents or professionals (Anderson 2000).

The work of live-in caregivers remains invisible as it is relegated to the domestic sphere; moreover, relations between employer and employee remain problematic, yet hidden. For instance, domestic labour is regarded as ‘naturally’ female work and “a labour of love”, therefore, to contest working conditions or refuse overtime is construed as a rejection of the female role (Anderson 2000; Rollins 1997; Stiell and England 1997). These attitudes can contribute in effect to the exploitation of live-in caregivers. A survey in Toronto revealed that 65% of live-in caregivers were required to work overtime; 44% of whom were not compensated for their labour (Stiell and England 1997). Moreover, the development of

bonds with care recipients, potentially make their own families increasingly invisible. As Anderson (2000) noted, live-in domestic workers are treated as members of the family until they fall ill, when they revert to status as employee.

Often the relationship between employer and employee is reflected in time and space distancing. Live-in caregivers may occupy certain parts of the house during different times of the day. In some instance, caregivers are relegated to their rooms when their employers are home, limiting their access to cooking and bathing facilities and furthering their invisibility to members of the family. These circumstances contribute greatly to the stress of their work/home place (Rollins 1990; Stiell and England 1997). Employers may also limit visitors or the mobility of their employees, in effect reducing the contact that live-in caregivers have with others outside the home. Notably, social contact with other caregivers is important in providing social support as well as assistance in locating new positions and advice in dealing with problematic employers (Hondagneu-Sotelo 1994; McAllister Groves and Chang 1999; Villasin and Phillips 1995). While sexual harassment and assault remain potentially problematic, voluntary intimate involvement with employers is an issue that is seldom addressed; however, the potential slippage between the Live-in Caregiver Program and the mail order bride industry has been highlighted as an area for further investigation (Alcuitas-Imperial, et al. 2000).

Relevance to Population Health Research

Health refers not to the absence of disease, but the ability of individuals and communities to act upon their lives to enhance not just survival, but well-being. From this perspective, income, social status, social support, employment, working conditions, physical environment including housing, personal health and coping styles, access to health service are all important determinants of health status (Federal, Provincial and Territorial Committee on Population Health 1994; National Forum on Health 1997). The pathways through which these determinants may influence health is poorly understood. Access to determinants of health such as proper nutrition, exercise, rest and health services may be limited and thus have an impact on health. In addition, physiological mechanisms may enhance risk of disease as elevated stress levels may impair immune function via neuro-endocrine interactions.

Within this framework, it is not difficult to presume that the health of live-in caregivers may be constrained by their gender, immigration status, working and living conditions, access to social support, and economic and social marginalization. Of particular relevance is

the finding that lack of control in the workplace has been linked to increasing stress levels and subsequent health impairment (National Forum on Health 1997).

Research Objectives

Changing Together. . . A Centre for Immigrant Women has been a witness to the trials and successes of live-in caregivers for over a decade. Their first hand experience and on-going advocacy work laid the groundwork for and informed this project. The literature review, in consultation with live-in caregivers and our advisory committee, helped to further structure our inquiry and were articulated by our research objectives.

Specifically, the objectives of this study were:

1. To highlight the lived experiences of live-in caregivers in Alberta by documenting their reflections on their daily lives, status, expectations and aspirations;
2. To explore the relationships between living and working conditions, employer-employee relations, immigration, and the health status of live-in caregivers;
3. To examine the access to, and use of, health services (biomedical, traditional and alternative) by live-in caregivers;
4. To investigate their sources of, and satisfaction with, social support provided by friends, employers, community agencies and others;
5. To illuminate the coping strategies used by live-in caregivers to improve and maintain their health and well-being; and
6. To determine how conditions of employment, country of origin, social support, participation in Canadian social life, anticipation of citizenship, and personal characteristics differentially affect a live-in caregiver's health and wellness.

Methodology

Our research was informed by critical and feminist turns in research. Critical approaches encourage a telescopic—macro to micro-level—approach to issues (Singer and Baer 1995). Within this framework, we presumed that the health of live-in caregivers is contextualized by sets of social relations that link the personal, communal, societal and global. Gender, class and ethnicity serve to structure and constrain health, economic and social opportunities through various social, cultural and political means; yet, circumstances, and the response to them, can be mediated by various coping resources. The feminist methods grounding this work compel us to situate ourselves as researchers in the research and reflect upon our positions within the research team and the participants (Harding 1991; Wolf 1995). Moreover, in congruence with feminist principles, this work is meant to induce social action amongst the participants and outcomes will be directed not just to officials, but to popular audiences as well (Reinharz 1992).

Research Team and Advisory Committee

Ms. Sonia Bitar, Executive Director of Changing Together. . . A Centre for Immigrant Women, provided the impetus for this study. The Centre's involvement with the high profile case of Ms. Leticia Cables and their advocacy work over the years led them to learn more about the Live-In Caregiver Program and the experiences of its stakeholders. To this end, Ms. Bitar sought a community/university partnership to undertake this project and contacted Dr. Denise L. Spitzer to serve as project coordinator. Dr. Caridad Bernardino, Ms. Idalia Ivon Pereira and Dr. Madeline Kalbach rounded off the research team. The project benefited from the guidance of an active advisory committee (see page 5) comprised of policymakers in federal and provincial governments, academics and advocates. The committee met regularly to provide input into the parameters of the study, assist with recruitment, offer policy information and reflect on the implications of the findings.

Methods

Multiple methods were chosen to portray this complexly textured issue. Methods included a literature review, focus groups, interviews and a survey and included the major stakeholders in the LCP—live-in caregivers, employers and employment agency representatives.

Data Collection

Beginning with a scan of the literature, we then hosted a focus group (Appendix I) to determine the major issues facing live-in caregivers in Alberta. The results of this interaction informed the development of a semi-structured interview guide (Appendix II). Reviewed by members of the advisory committee and pilot tested, the research assistants and project coordinator recruited participants based on a sampling frame devised to include a cross-section of live-in caregivers, past and present. Gender, country of origin, educational and marital background, length of time in the country and care-giving situation were all considered in our efforts to obtain variegated perspectives. Interviews, preceded by the obtainment of informed consent (Appendix III), were taped and transcribed. Most interviews were conducted with individuals; however, where requested or where necessary, group interviews were held. Interpretation of the interviews was verified through another focus group where a composite scenario was used to stimulate discussion and develop recommendations for policymakers (See Appendix IV). The preliminary results of the interviews provided the grounding for a survey that was pilot tested and then sent out to 1,000 households throughout the province.

Recruitment

Recruitment of participants occurred through a variety of means including the placement of public service announcements in print, television and radio and the distribution of posters and flyers at events, offices or stores frequented by live-in caregivers. The most successful means of recruitment involved in-person appeals made at churches or social gatherings frequented by live-in caregivers. Assistance from the Edmonton-based live-in caregiver association, the Calgary Immigrant Women's Association, Grande Prairie and District Multicultural Association and Immigration Settlement Services in Grande Prairie facilitated participant involvement in the project.

Agencies were contacted through advertisements in the telephone directory. Employer interviews were facilitated by advertisements in newspapers and university publications, personal contacts and through agency recommendations.

Data Analysis

Interview data were analyzed using the qualitative research software QSR NUD*IST. Interpretation of the data was verified as reported above. Quantitative data were analyzed for content and frequency at the University of Calgary.

Issues in Data Collection and Analysis

While we consider this project to be successful, we must also acknowledge the many challenges we faced during this process. Firstly, even though this project was conducted by an immigrant women's centre and supported by the local live-in caregiver association, and a thorough discussion of confidentiality in the research process was conducted, we encountered a great deal of reluctance on the part of current live-in caregivers to participate in the study. Some expressed fear that any negative remarks would jeopardize their standing with their employer—or more importantly—the potential to become a permanent resident. At times these fears were allayed, primarily by Dr. Bernardino, whose friendship with many caregivers was of particular benefit in this endeavor. We were, however, not always successful, leading to some frustrating periods when confirmed participants failed to appear to rendez-vous with interviewers. Secondly, the highly circumscribed lives of live-in caregivers made it difficult to arrange times for interviews or even contact individuals who had limited phone access. Weekends were often the only time available for interviews, thus prolonging the period of data collection. Thirdly, a transit strike in Calgary at the time when interviews were planned created significant logistic problems, resolved by the ingenuity of Ms. Catherine Kim who chauffeured participants across the city to the Calgary Immigrant Women's Association office where interviews were being held. Lastly, there is no central registry of live-in caregivers in the province making the distribution of the survey quite problematic. In our efforts to contact individuals throughout the province whom we did not reach through personal approaches, we resorted to the only option which presented itself and that was to utilize the mailing list of employers maintained by Human Resources Development Canada (HRDC). Despite a cover letter from HRDC explaining their arms length relationship to the project and their assurances that they would not see the individual questionnaires that were mailed directly to Changing Together, the results of the survey were undeniably biased by this circumstance. In conclusion, relationship based approaches and personal contacts where trust could manifest facilitated the participation of live-in caregivers in this project. In the future, particular efforts must be made to contact live-in caregivers who are not socially connected to other caregivers and to those who reside in rural areas.

Interviews with Live-In Caregivers

Sample

Twenty-seven live-in caregivers participated in four focus groups held in Edmonton and Calgary. Additionally, 43 caregivers, past and present—26 in Edmonton, 15 in Calgary and two in Grande Prairie—were interviewed individually. An effort was made to recruit participants from different countries of origin, who worked in disparate settings and who were currently occupying different stages in their careers and settlement in Canada. The table following outlines the demographic profile of individual informants.

Table 2: Demographic Profile of LIC Interviewees¹

N=43

Gender	Male			Female			
	2			41			
Country of Birth	Philippines		Jamaica		Sri Lanka		
	39		3		1		
Place of Birth	Rural			Urban			
	27			15			
Age	<24		25-34		35-44		45-54
	2		17		16		5
Marital Status	Married/CL		Single		Widow		Divorced
	9		32		0		1
Number of Dependents	None		1-2		3-5		6+
	32		10				
Education	High School			College/University			
	4			38			
Previous Occupation	Nursing/Health		Caregiver		Professional		Business/Other
	7		14		5		14
Length of Time in Canada	<1 year	1-2 years	3-4 years		5-8 years		>9 years
	11	13	9		7		2

Twenty-seven of the informants had no relatives living in Canada while the remaining had one or two relations in the country. Eight reported annual incomes of \$10,000 or under; 23 listed their income between \$11,000 and \$20,000, three earned salaries in the \$20,000 range and two reported an annual income over \$30,000. Eighty-six percent considered themselves healthy; 12% rated their health as fair and one individual listed her health as poor.

¹ One participant refused to complete the personal data form; therefore, the profile consists primarily of forty-two cases. Some informants declined to complete all of the information on the form, leading to some disparities in total numbers as well.

Findings

Leaving Home

Many described their family life as textured by strong emotional bonds with relations and friends. Education, although often costly, was primary as a means of improving one's economic status and expanding one's knowledge of the world. Economic benefits, however, did not automatically accrue to individuals with college or university education, particularly in the Philippines. High rates of inflation meant that employment was either scarce or poorly remunerated. As Annie² remarked:

I was able to teach for six months and then, you know, the salary is not enough to support even myself and I want to help my brothers and sisters. So I tried and applied in Hong Kong just to earn more money.

In fact, many with professional degrees found more lucrative work as cashiers or caregivers in their home country than in their occupation of choice. Economic strain in the family was not limited to the Philippines. Shanti's primary recollection of her middle class family in Sri Lanka was of economic struggle. Conversely, members of poor families in rural areas were less apt to describe familial life as wholly deprived as most were able to provide for the household's subsistence. Furthermore, financial struggles were often mitigated by material support provided by extended family.

Kinship ties and familial obligations, particularly relating to finance, figured prominently in the decision to emigrate. Funds were needed to support ailing parents, send siblings to school or provide capital for familial enterprises. New opportunities—economic, social and educational—for themselves or their children also provided the impetus to leave one's homeland. Canada was seen for many as a prime destination as it allowed for the eventual reunification with family and built on existing linguistic skills in English.

The Journey to Canada

While the majority of the Jamaican and Sri Lankan informants migrated directly to Canada, many of the Filipina migrants had sojourned initially to one or more other countries including the United Arab Emirates, Singapore, the Bahamas, Taiwan and Hong Kong for employment. Most of these experiences compared unfavourably to working in Canada, in part due to prolonged separation from family with no possibility of permanent residency or reunification, and in part due to working conditions. In Hong Kong, the most common site of former residence, live-in caregivers are essentially on-call for their employers 24 hours a day, six days a week. Moreover, employers may terminate employees without cause,

² All names are pseudonyms.

making them vulnerable to deportation. While wages are considered quite good, work relations are more deferential than in Canada. Some caregivers were not allowed to eat meals with their employers and one was forbidden from washing her own clothes in the washing machine that she used regularly to do her employers' laundry. Brenda describes her experience:

For me and my experience working in Hong Kong and working here in Canada, there's a big difference for me. It's just you have your freedom here. [In Canada] you could talk to them. You could have joke with them. You can tell your problem. That's it. . . . While in Hong Kong, it's hard to talk. You have always the fear, thinking they might, am I going to terminate you?

Ella reflected on her work in the Bahamas and in Canada:

For black people, sometime you have a little class problem. Here in Canada, I see we are too good. The class problem is not there. I haven't seen the class problem, but what I've seen. I've seen some racism.

Information about the LCP came predominantly from friends and relations, contributing to a chain of migration comprised of acquaintances and extended family. The potential opportunities afforded by the LCP were seen as beneficial for the entire family and efforts were sometimes made to persuade a family member to emigrate for this purpose. The transnational condition of Christopher's family influenced his decision to come to Canada:

That life is good and that there are greater opportunities for those who work hard. I basically got this information from an uncle of mine while I was still in the Philippines, who more or less knew about life here in Canada based from what he too has heard from his parents who are my grandparents too. My grandparents have been in Canada for quite a long time now.

Recruitment seminars for live-in caregivers held by agency representatives in the Philippines and Hong Kong also provided a source of information about the program and Canada itself. Canada was routinely portrayed as a land of "milk and honey"; a cold, yet safe, wealthy, multicultural nation where individuals respect human rights and where dreams of economic prosperity and pursuit of better education can be fulfilled.

Seven of the informants were required to enroll in live-in caregiver training in the Philippines to fulfill one of the requirements of the program. Paying from 15,000³ to 18,000 pesos for tuition, students were instructed in topics ranging from First Aid and elder care, to vacuum use, refrigerator cleaning and Canadian cooking. Enrollment in the training program was often onerous in terms of both expenditure of time and money. Some were living in the city where they studied, doing so after working full or part-time. Others coming

³ At writing the exchange rate is 32.28 pesos for \$1 Canadian.

from rural areas, were compelled to find lodging in addition to employment to support themselves during the course. Interviewees differed as to their opinion of the utility of these training programs. Some felt they gathered some valuable information, while others wished for more practical experience. One respondent, however, cynically charged that profit not education was the foremost reason for the existence of the training institutions.

Once these requirements were fulfilled, potential applicants needed to secure an employer either through personal or familial contacts or through an employment agency. With a job offer, school transcripts, birth certificates, professional accreditation, medical clearance and other documentation in hand, one could proceed to the Canadian consulate to file one's application and await an interview. While the consulate in Hong Kong received high praise from live-in caregivers and agency representatives alike for processing applications in a matter of weeks, the office in Manila was not regarded with the same appreciation. Applications took from six months to one year to process. The volume of applicants and the fear that fraudulent documents may have been submitted potentially contribute to the delay. The prolonged wait means that employers in need of a live-in caregiver may in the interim have sought other alternatives and no longer require the applicant once she has arrived. One employer complained of waiting for months for a live-in caregiver who was later rejected at the interview because the training program she graduated from did not meet the requisite number of hours. Only with persistent questioning were they informed as to why their candidate was rejected; however, they remained quizzical as to why the applicant was not informed sooner. For many who came from the Philippines, the immigration process was an arduous one that involved sacrifice for themselves and their families. Michaela describes her final trip from her rural home to the consulate in Manila:

I wake up 4 o'clock. I take a shower and ready and then I gonna take a bus like 5 o'clock because it takes three hours and they want me at the office like 8 o'clock. So you have to get some biscuit in your bag just to you know. "If you really want to come here in Canada, you have to do that", so I said to myself. But sometimes I just cry in the bus. . . Its really hard you know. I don't have any money and you are just doing that and you don't know anything else in Canada. And well then [ride] three hours and then after that you have to line up and wait. And then you have to wait another two hours for your number because lots of applicants. So its really if you don't have any patient, if you don't really want to come here you gonna back out something like that. But I say to myself the Lord give me a chance to apply and to do this so I'm just gonna grab it.

Leaving the country, however, is not inexpensive. Michaela broke down her expenditures as follows: 4,500 pesos processing fee; 6,000 pesos to the Philippine Overseas Employment Administration (POEA), 3,000 for the Overseas Workers Association (OWA)

and 25,000 pesos for her ticket for a total of 38,500 pesos, nearly \$12,000. Additional fees, ranging from \$150 US to \$1,645 US were provided by applicants who sought the assistance of an employment agency to secure a job offer. Most of the live-in caregivers coming from Hong Kong financed their journey to Canada by themselves while others primarily amassed funds from a range of family members.

Working in Canada

Recruited to work in Canadian homes to do childcare, eldercare or care for the disabled, foreign-born caregivers are engaged as private contractors who must reside with their employers. Despite the involvement of the federal government in the handling of visas and employment authorizations, the working conditions of live-in caregivers are not monitored by external authorities. Moreover, as labour standard provisions such as overtime payment do not apply to their work environment in Alberta, any agreements about payment or time off in lieu of additional hours must be negotiated separately. The number of hours worked and overtime arrangements varied amongst our respondents. Some worked a standard 9.5 hour day, while others worked closer to 10 or 12 hours per day. Some were provided with an hourly wage for overtime, while others received no funds or a minimal amount. For instance one woman received an additional \$50 for 60 hours of overtime each month. A number of the respondents who were compelled to share a room with children or whose care recipient was elderly or disabled, reported being on call for 24 hours a day. Most worked five days a week, yet one woman who was compelled to work for an additional day was repeatedly told by her employer that at least her situation was preferable to the seven day a week position she held previously in Dubai. Refusing overtime or asking for more monies was considered problematic, as good employers were “friends” whose requests for assistance could not be denied. Additionally, when employees declined unpaid overtime, they were regarded as troublemakers. One woman’s employer was so incensed by her refusal to work additional hours on Saturday, she phoned a government official to complain that they “shouldn’t hire people from the Philippines with Master’s degrees.”

While current contracts for live-in caregivers range from \$1,400 for childcare to \$1,600 for eldercare, employers are not bound by the legislation in Alberta to exceed the minimum standard of \$1,125 nor are they compelled to raise wages upon contract renewal. Informants earned on average a monthly salary of \$1,004 to \$1,641. Shanti, however, was paid \$250 per month for the first eleven months of employment for which she worked seven days a week. Her workweek was reduced to six days after eight months, and three months later she received a raise to a monthly income of \$350. One other informant received monthly

payments for less than the amount in her contract; two reported receiving partial payments scattered throughout the month and five worked for employers who never paid them.

Often conditions and wages varied with employer; thus, one could resign from unscrupulous or demanding employers. In rural areas, however, the options are more limited as Alice's experience seemed to suggest:

And I work twelve hours a day and she didn't pay my over time so my . . . sister find a job for me here. So after a month I work in [a small town], I transfer here. So she find me a single mum and have one daughter and then I start work there . . . So I work there and then we sign a contract like monthly and then the salary before is twelve hundred something, \$1,280. So after two months my employer is very nice and then she treat me very good like that and then after two months she change everything she didn't follow the contract anymore and then she pay me an hour. Yeah, sometimes every after two months I receive only \$300, \$400. Yeah because that when she is at home she stop me work she says that oh----- you are out now, you done work you can come back at two o'clock and then I go to work like that so in one day I have only four hours, three hours work. Yeah and I work for that for about ten months like that and then she don't want me to stay in the house if she is home. [Asked why she didn't report it, she replied] I am scared because I am new here and my English is very crooked like that. . . So what I gonna do if I cannot quit or cannot stay? Where I gonna live?⁴

Duties of live-in caregivers are meant to centre on the care recipient and can include light housework. Light housework has been interpreted to mean cooking, cleaning and laundry while childcare can encompass activities such as driving children to school or lessons and helping them with homework. One caregiver describes her day:

Every morning at seven o'clock I have to prepare the breakfast for the kids going to school and then after that change them for ready for school, clothes and everything, pack the lunch, pack the snacks and remind them to bring those thing and everything. Sometimes they ask me to sign something to sign. "How come you didn't ask your mum to sign?" "Oh we forget, we can allow you." and I said, "I don't want to sign it, please." Please sometimes the agenda thing and sometimes we need to ask them what you need to bring in school ready for make sure if they are gonna go to school make sure they need what they don't get sick, make sure that everything the gloves, the jacket, everything I make sure I don't want the kids to get sick. That's my first thing to do in the morning. And then after the kids go to school I need to dusting, vacuuming, clean the kitchen wash dishes and then one they have

⁴ Alice's tribulations did not end there. Her next situation was with a single father who paid her \$400 per month for a 12-hour per day shift, followed by employment with another family that did not pay her for three weeks. She completed her two year stint as a live-in caregiver providing for an adult with multiple sclerosis and earning \$1,400 per month. She enjoys the company of the care recipient, but the conditions of her employ are controlled by the care recipient's mother who has denied her vacation time and continually turns down the thermostat, leaving the house too cold for her.

the youngest one when he woke up I prepare the breakfast too, play with him, read a story to him. Play with the boy's stuff even you don't want to play it because he wants because there is no one to play with him so you have to be kid sometimes. Tell the good things about everything in the house not to go there to make sure that safety and then give the kids a bath and then when they want to go to bed I make sure I read them a story.

Outdoor work and caring for others not described under the conditions of the contract are strictly forbidden, yet gardening, cleaning the outdoor swimming pool, feeding the chickens and cows and painting a barn were among the tasks assigned the caregivers we interviewed. Some reported being compelled to include neighbour's children under their care despite protestations that this was against regulations. The fact that the caregiver and not the employer are fined for such violations was regarded as inappropriately punitive.

While caregivers are granted vacation leave, there are no provisions for sick days, moreover, the blurred boundaries between work and home make it difficult for caregiver and care recipient, especially children, to separate themselves when they need to rest. Some employers were highly sensitive to their employees' needs if they were ill, inquiring after their comfort and making alternative arrangements to relieve them of their duties. Although a few had more serious conditions requiring hospitalization, most simply continued working to avoid salary deductions.

Conserving salary was prominent in the minds of our informants as many were remitting a proportion to family members back home. As one mentioned, "she is thinking what her family is eating, Are they wearing enough clothing, enough clothes. Well, as to that case, when you were there in the Philippines, you would know what they are eating and what they are eating, right?" The amount of remittances may vary yet represent a substantial percentage of their salaries with estimates ranging from 30% to 70%. Other expenses in Canada include health care premiums, life insurance, saving for future endeavors such as school tuition and costs associated with applying for permanent residency status, transportation particularly if working in a rural area, and contributions towards rent of weekend accommodations.

Salary alone did not always determine the valuation of one's situation. Jennifer reflects:

Sometimes it's not in money cause like I know money's not the . . . I would get extra days off and . . . they supported my decision to go back take my nursing, a refresher course at Grant MacEwan while I was with them I was doing that. And they were like very supportive. They drive me when I have to take my exams, they would give the days off.

Good relations between employer and live-in caregiver, and between live-in caregiver and care recipient, were key to the well-being of the caregiver. Good relations were primarily engendered by open communication between both parties, a process that demanded caregivers themselves become more vocal in expressing their concerns as well. Good employers were those who included caregivers in family activities, who recalled their birthday, who told them they were doing a good job and who provided gentle suggestions if they wanted some task performed in a different manner. Often relationships between themselves and their employers were described as like those of siblings. Attachment to care recipients and their families was also common and a number of caregivers remained in contact with children who had been under their care for years after their contract ended. Occasionally, close relationships with children precipitated animosity from a parent, most often a mother, who feared a denouement of emotional bonds between mother and offspring. Jaime both liked and admired the woman she cared for:

Well, we usually make jokes with each other, we really, we make fun with each other. We have a good time, we had a good time. She was very nice and she's always very cheerful. She always wears a smile and she's very positive. She always, she doesn't see her disability as a hindrance to anything. She goes to this school, she went, she goes to the concert and everything, she dance, even when she's in her wheelchair, she just move her wheelchair.

A minority, however, preferred more formal relations with their employers as a basis of respect for their professionalism. As Simone remarked:

Oh well actually I call him sir. Yeah, I call him sir, my reason, he didn't want to. My reason was that is a delineation between you as my employer and me as your employee. So I would rather call you sir than call you by your name.

Not all relations with employers were pleasant. Indeed, several informants refused to comment on this matter as the topic was too painful. In addition to problems with contract violations, some employers restricted access to the telephone, refused to allow their employee to eat with them, followed them throughout the day or routinely berated them when they were upset from work. In both rural and urban settings, caregivers have been left with children soon after their arrival with no orientation to the locale and no money for groceries or other essentials. Caregivers also contended with racist comments, sexual harassment and the fear of being terminated with little or no notice. Debbie recounted her experience:

They ... came Monday and she say right away to me, "Oh, we don't need you any more." So I didn't ask her why and then they said, "You can leave now." I said like I feel like I just thrown out. Yeah, so. I don't understand

why she had —she decide like that and I think I have a good response from my first employer and I stay long there and I — they say that — I don't understand why I have to leave.

Delighted to be taken in by an elderly couple, Debbie goes on:

This couple, the old couple, they are different. The old guy, old man. He's so, I don't like ... You know ... because he knows that I don't have a job and he's just offering money for me to take my [sic] to have sex.

After refusing his advances, she was terminated once again. While terminations without apparent reason can proceed without notice early on in the contract, they are not always capricious. Terminations may occur due to unforeseen circumstances such as job loss, maternity leave or a change in household configuration through marriage.

Live-in caregivers also have the right to terminate their jobs and for many this option is exercised to remove themselves from untenable situations. Although finding another position may take anywhere from a few days to four months, conflicts over payment, overtime or harassment provide caregivers the impetus to leave their employ. Notably, not all changes in employment are due to dire circumstances, caregivers may change positions to care for fewer individuals, move into the city from a rural area, or seek a placement closer to friends or places of worship.

Despite efforts to imbue care work with a sense of professionalism, many caregivers recognize the discrepancy between their own educational and professional backgrounds and their involvement in low status labour. As discussants in one of the focus groups shared:

It's really a privilege, serving people but there is that intimidation, there is that what you call, that pride it must be pride in me. I wouldn't like to do that, to me and so it came out to the surface that I still look at my job as a nanny as lower than others. So I keep on putting in my mind that no, no, being a nanny is a noble job. Being a housekeeper is a noble job but at time that thought slips in so

Well I had expressed my feelings in a way that I still believe in my past. And although I am trying to accept that I am here doing an equally noble job as I had before the fact remains that there is still a difference. So the difference I compensate my longingness to do the past job by doing other things here which is commensurate to the demands of that job.

Living in Canada

Employers are required to provide caregivers with a locked room of their own and are allowed to deduct room and board ranging from \$300 to \$350 per month. Often satisfied employers reduced the deductions to reward good service over time; however, none

reimbursed their employees for meals not taken at home as outlined in the program guidelines.

Food became a source of unhappiness for a number of our informants. While some cooked for the family and had input into daily menus; others could not adjust to the “Canadian” diet that lacked rice on a daily basis and regarded sandwiches and salads as food suitable for a meal. While the choice of food was problematic, the paucity of it was even more troublesome. Caregivers reported a number of situations where the familial budget was insufficient for adequate groceries for the family. Often the caregiver bought her own additional food; some of which was consumed by the employer’s family. Others recalled situations where employers hid food and where the caregiver was asked to eat the family’s leftovers after they had finished eating.

Living arrangements also varied dramatically. Few reported having a locked room and most were housed in the basement. The majority of informants were given their own television and VCR. 35% of the interviewees, however, reported difficulties with their accommodation. Beth, who was housed in her employer’s library along with his dog, had to vacate her quarters when he chose to read in the room. The conditions at her earlier employers were less than ideal as well:

Well I was there for four months and after four months they moved to another house. They bought another house. And they didn’t give me a room, cause it’s first kids: two big boys, one is twenty one and one is seventeen and the three children, age eight, three and one. So they put one of the kid’s mattress in the laundry room and put me on the floor in there and I stay there for one month and after I finish cleaning the room, the house that they left I have to stay there by myself and clean that house so that the person who is coming to buy can look. And I have to put all the furniture and everything together. And after I put them together and set up the house one night I came in they meet me at the door and say “sorry somebody else is coming tomorrow to work. So we don’t need you anymore, you know.”

Despite regulations to the contrary, several of the caregivers were compelled to share rooms with children. Furthermore, basement rooms tended to be quite cold and not all had control over the temperature. One woman lived in a basement that had not been cleaned properly since it flooded; another had no window, yet another slept on a small bed separated from the remainder of the basement by a blanket hung from the ceiling and one woman washed up in the laundry room because of the lack of washroom facilities in the house.

Even those with their own room were dissatisfied with their lack of privacy. Children were inclined to want to visit when they are off duty; some adult employers investigated their room when away, one routinely opened the caregiver’s mail. Noise from other

household members, children playing outside one's door, the inability to invite friend's over or to move around the house without feeling obligated to work, all underscored the fact that they were residing in someone else's home, one in which they could assert very little control.

The weekends were often the time when caregivers could remove themselves from their work situation and associate with others freely. Most stayed with friends or relatives on their days off, contributing financially to the rent as well. While leaving their employers' premises was desirable, some employers demanded that the caregiver leave. Caregivers in rural situations, however, often had few options; they were often either isolated socially or physically, making it difficult or costly to make weekly trips into an urban area.

Health and Social Support

Lack of control over one's work environment is associated with increased stress and poor health outcomes, as one focus group participant attested:

It depends, yes it depends but live in caregiver, the word live-in already is connoting or it implies already that you are in a box, right? So that live-in alone is already an implication of stressful life because you are not free. Not really free indeed . . . Yeah of course being in a box while you were not used to that, right would affect negatively your emotional health and because of the emotional health being negatively affected your physical health will also be affected

Other sources of stress included: unfamiliarity with the society and employer, concern about family at home and the inability to fulfill their requests for money, constant reprimands from employers, disobedience from children, juggling the demands of work, worrying about applying for permanent residency status, lack of food and privacy, and profound loneliness.

Teglo shared her experience:

Stress in the sense when the kids go astray (laughs). Tension in the sense that your employee is inconsistent with what she tells you. Pressure in the sense that you are have to finish what is to be done for the day. Because my first employer she had a list of things I do. I write everything I do with the kids and anything and every hour every minute. I do I had to jot it down. I got fed up and explained to her you are just wasting my time. You can see what I did when you come and that gives you an idea of what I do and she learnt from me. She did not home and like here are the pages of the notebook, because its time consuming because I would rather see that kid than write something.

Caregivers for disabled individuals were particularly vulnerable to stress as they were available to their client 24 hours a day and felt unable to leave the house even during their time off. Stress was associated with bouts of depression, insomnia, weight loss and vomiting experienced by some of the caregivers. Most coped with the stress through prayer, walking, writing, talking to friends and family and singing.

Despite these experiences of stress, 78% of the respondents reported that their health status remained the same or improved since coming to Canada. Health was predominantly described as the ability to work and concentrate; good health was achieved through good food, faith, love of friends and family, movement and feeling fulfilled. Improved health status in Canada could be attributed to better nutrition and weight gain. Conversely, lack of sleep, lack of fresh air and worry contribute to worsening health status.

To maintain health, caregivers attended to diet, rest and prayer. Two informants described using traditional herbal medicines sent from home; others resorted to over the counter biomedical medicines and Traditional Chinese Medical preparations such as White Flower Oil. Several had availed themselves of alternative and traditional practitioners such as acupuncturists, chiropractors and massage therapists. Those who sought biomedical services, often relied on information from friends and relatives rather than their employers.

Friends and relatives in Canada provided the most common source of emotional and material social support while employers were seen as potential sources of material support. Spiritual succor derived from prayer and meditation was often regarded as fundamental to well-being. For instance, Shanti explained how she copes with stress: “Actually, I pray. I worship morning and evening and I tell my God, my Lord Buddha, and he is well to me.” The vast majority of Filipina caregivers were members of a prayer group or other church community; thus religious practice was the source of individual strength and fellowship. Although many of the religious organizations were comprised of other co-ethnics, religious services were often the only place where caregivers met individuals from different ethno-cultural communities outside of the work environment.

Members of ethno-cultural communities could also provide support as Ella explained:

When I was in a crisis as you know and this man didn't pay me and they threw me out . . . It was the president of the [Jamaican] association came and take me up and help me all the way through.

Not all members of one's ethno-cultural community, however, were willing to assist live-in caregivers. Several Filipina caregivers felt that some community members “looked down” on them for the work they do. Only a small percentage of informants were dissatisfied with the amount or quality of the social support they received. Additionally, a number felt pleased at their ability to rely on themselves and feel increasingly independent.

The ability to help others was also fundamental to one's sense of well-being. In addition to supporting family members through their remittances, many of the caregivers were also engaged in volunteer activities. Some of these activities were related to their educational

backgrounds and included helping low income persons file tax returns, volunteering in schools, libraries, hospitals, nursing homes and senior's centers and teaching English as a Second Language. Some volunteered as an extension of their faith, working in Sunday schools or missions. Motivation for volunteer work included wanting to help others, having an opportunity to give back to one's community, expanding one's knowledge of Canada and their profession, and feeling rewarded in one's work.

Remaining in Canada

Permanent residency status is the Holy Grail of migrants who have arrived in Canada through the LCP. Working in someone's home for a total of 24 months in an occupation that is denigrated, if even visible, caregivers feel they must keep their eye on the prize. Michaela recounted:

Seems like (sighs) its very hard to live like especially if you are not landed immigrant yet and if you are not citizen yet like if you are living with your employer you have a fear what if you can't you know what if you have to always be nice to them. You always have to always follow the order something like that and sometimes the live in caregiver doesn't have any voice. Don't be rude to your employer (laughs), but sometimes there is a point you have to stand for, you know. And if you create the fear of the live-in caregiver but if she doesn't have to give your record of employment, if she doesn't have to give you, or sign for a letter that you work for the that is the fear of the live-in caregiver. Sometimes if you feel like you are alone, you can feel that like I don't know if you can get like sometimes a live-in caregiver sometimes the kind of self pity because what's gonna find me the something like that and then they are gonna bring me back on the Philippines or somewhere like that so that is the one really big fear if you are not landed immigrant, if you are not citizen your voice. [Interviewer: So you feel powerless?]. Michaela: Yeah.

How has settling in the "land of milk and honey" measured up to expectations? Some of the caregivers felt as though they have achieved some success, in part by making the move across an ocean. Others have felt fulfilled by meeting the challenge of meeting new people and cultures. For many, however, prosperity is postponed. While permanent residency has meant fewer limitations and the dissipation of the fear of being deported, high levels of remittances and low wage employment has meant that standards of living have not improved greatly for the majority of informants. Individuals were employed as personal care attendants, nursing assistants, group home workers, hotel cleaners and in donut shops. A small number were studying. Some of these occupations were regarded as fulfilling as they utilized professional expertise; however, wages were barely sufficient for routine expenses. For many, the lack of recognition of credentials, the costs associated with professional

accreditation, and their perceived inability to engage in educational pursuits while under the LCP effectively stalled their upward mobility.

Furthermore, the image of Canada as a country that embraces cultural diversity was somewhat tarnished as well, although Canada did compare favourably to Hong Kong and the Middle East in this regard. Racism was most commonly experienced in impersonal settings often as avoidance. Cecile noted: "Sometimes I can feel it. Whenever I go to a white crowd. But since I have a white boyfriend now, I think probably it's beginning to fade, but I think it is there, but it's not evident." While all of the live-in caregivers were susceptible to racism and classism, the caregivers from the Caribbean reported the most blatant forms of it. When asked if she experienced racism, Ella discussed her employment as a home care attendant:

Yeah, I experienced it because: "I don't want you... I don't want to see you coming through the front of my house. You have to go through the back alley." And I went to another house and the lady said, "You know I don't want you to bathe in my bathroom." I would be there for five days. "I don't you to no shower in my bathroom." What do you call that?

Regardless of the disappointments, challenges and successes, all of our informants felt that their sacrifices and struggles were worth the effort.

Discussion

In exchange for two years of service, the Live-In Caregiver Program (LCP) offers a means of entering Canada with the immediate goal of remitting funds to family members who contend with uncertain economic circumstances and the long-term goal of securing a more prosperous future in this country. The work of live-in caregivers, caring for children, the elderly or the infirm, is generally regarded as integral to women's roles and responsibilities within the private realm of the household. Women's care work as such is often regarded as "natural" and evidence of women's inherent nurturing behaviour. Such natural activities, embedded in kinship relations and familial obligation, are granted little monetary value and are thought to be best rewarded through their enactment. These features of care-giving labour—the invisibility of the work, the association with female gender roles, and the focus on social rather than monetary remuneration—underlay the transactions of the LCP.

The relationships between live-in caregiver and employer, most often the "woman of the household" whose duties are being fulfilled by the employee, and between live-in caregiver and care recipient, are also informed by these issues. Thus foreign-born caregivers,

predominantly women, are compelled to relinquish intimate relationships with their own family members to meet their material needs by re-composing those bonds, however tenuous, with the families of strangers.

While the LCP enables Canadian families to hire caregivers, the changes in regulations introduced by this program underscore the perceived need for skilled individuals. Thus in some respects live-in caregivers are regarded as professionals who meet educational criteria and are adjudicated in a variety of means; however, this status is routinely eroded by the inclusion of additional duties such as cleaning and cooking, creating confusion over whether live-in caregivers are care professionals or merely well-educated domestic helpers. Considering live-in caregivers as members of the family, can further diminish their professional status by re-framing their labour through the language of affection and familial obligation—attitudes that can enable further the extraction of unpaid labour. Despite the drawbacks, encouraging affective bonds and fictive kin relations may be beneficial to both the care recipient and to the caregiver who is often isolated from others on a daily basis. With minor exceptions, caregivers were most satisfied with these more intimate ties between themselves and their employers.

The construction of familial and affective bonds may serve as ballast against the other potential assaults on the identity status of caregivers. As neither citizens nor permanent residents and as adults who are constrained in their free choice of occupation and accommodation, live-in caregivers occupy a liminal realm for over two years⁵. In this phase of their rite of passage to permanent residency, things are not what they seem—symbols are inverted and highly charged. For live-in caregivers, this period is characterized by family members who are not really your family, a home that is work, a workplace that is not quite home and close friends who may be new acquaintances. Support is sought from spiritual sources that can be beseeched at any time in contrast to contact with friends that may be circumscribed by employers, time and/or geography.

Once status as a permanent resident is established, the consequences of these years of sacrifice is increasingly evident. Most are employed in low-waged positions that may be relevant but not commensurate with their previous educational and employment background. Problems with recognition of foreign credentials leads to a spiral of downward

⁵ According to Van Gennep (1960), rites of passage involve three phases: separation, liminality and re-incorporation. The liminal or transitional phase is often accompanied by shifting symbols and confused identities.

mobility that is common amongst many Canadian migrants (Spitzer, Neufeld and Bitar 2001).

Years spent working abroad prior coming to Canada and over two years service in this country mean that many caregivers have either forgone or significantly reduced their childbearing and childrearing activities. Motherhood, often a source of status and meaning, is relinquished for the common good. Alternatively, careers are also sacrificed in this exile and years of low wage employment make pursuing additional post-secondary education financially impossible for many individuals.

Conclusion

Most live-in caregivers have left their homelands in pursuit of economic stability for themselves and their families. Canada has become a destination of choice because it offers the possibility of permanent residency and reunification with family members. This quest, however, is fraught with potential dangers. The private nature of the employment allowed under the LCP leaves live-in caregivers vulnerable to exploitation and abuse. Care-giving situation (elder and disabled care) and country of origin (Caribbean) are associated with greater potential for violation of contracts and experiences of overt racism. Both the ability to change employment—and “plain luck” as one informant noted—seem to figure in enabling a caregiver to find suitable employment. While the end-goal, settlement in Canada, is often attained with much perseverance, integration into Canadian society is not easy. Despite the hardships and challenges, the process has been considered worthwhile by all of our informants.

Interviews with Employers

Sample

Six individuals, five female and one male, who had employed a foreign-born live-in caregiver in the past five years were interviewed in Edmonton and Calgary. One was born in Iran and the remainder in Canada. All were married; four were university educated, two at the graduate level. Three were employed in the health field, one was an engineer and two were engaged in business. All of them required a caregiver for their children.

Findings

Hiring a Live-in Caregiver

The decision to hire a live-in caregiver was influenced by working conditions, either long or irregular hours, and frequent travel that made alternative childcare arrangements such as daycare or live-out caregivers less practical. Moreover, the price of daycare for more than one child made the cost of hiring a live-in caregiver more financially attractive. Finally, live-in caregivers provided a 'value-added' alternative as they undertook household tasks, freeing up the employer for other activities. As one employer explained why her family chose to hire a live-in caregiver:

It was the flexibility. It was also important for me as a mother to know that—and as a wife—Stuart is coming . . . home from work at 5 o'clock in the afternoon that the kids were fed and there was dinner for him or there was dinner for all of them. That after the kids had eaten, Sara cleaned up everything. Sara would go downstairs. She would have her own personal time and all Stuart had to do was be with the kids. He didn't have to deal with the mundane activities of being a homeowner. . . . Stuart said: "It was actually like having somebody who functions like a wife for a change."

Most employers had friends who had benefited from the experience of having a live-in caregivers; these individuals often provided advice as to the screening process and offered assistance with the variety of work authorization and taxation forms. HRDC's web-site was viewed as helpful in providing information while contact with agencies were regarded with some ambivalence. Some experienced agencies as helpful in getting families to reflect on their needs for a caregiver and brokering the contract; however, few felt the agencies were responsive to their questions about the LCP or their responsibilities.

Careful consideration was given to screening live-in caregivers. Most sought an employee who was focused on interacting with their children. Some were concerned with educational qualifications and first aid experience, while for others experience as a mother was more important than credentials. Mature live-in caregivers or those of similar age were

preferred by a majority of the employers to reduce the unwarranted deference due to age differences. References were consulted, yet those coming from a relative were considered dubious. While employers did not express a specific preference for a caregiver from a particular part of the world, their acquaintances' positive experiences with Filipinas influenced their positive valuation of Filipina candidates. Moreover, having a caregiver of disparate ethnic origin was seen as beneficial to their children. Several, however, did mention declining applicants who adhered to fundamentalist religious practices. Most prepared questions in advance and some developed a rating system to evaluate potential employees; however, despite these efforts to quantify interactions with applicants, they admitted to hiring on "gut" or "instinct."

Being an Employer

Being a good employer was evidenced by live-in caregivers who fulfilled their twelve month contract. Most rewarded their employees with benefits such as reducing the deduction for room and board over time—although none reduced this amount on a monthly basis for weekend meals and lodging spent away from their home. Additional hours or days off, supplemental health insurance, telephone rental and use of an automobile were also offered as rewards for good service. Gifts for special occasions, birthday parties, presents for their children were also provided as mementos of appreciation. Two of the six employers offered plane tickets to the Philippines, one of which was declined as leaving the country would postpone long-term reunification with family members.

Working and living with a live-in caregiver demanded a certain level of organization, reflection and adjustment on the part of the employer. Tasks needed to be explained, discipline discussed, and meals planned. One employer provided live-in caregivers with a procedure manual outlining daily and weekly chores along with meal plans and instructions. Most felt that their household operated at a higher standard that they had been capable of themselves. Some feared that caregivers were hesitant to enforce discipline and were likely to be "pushed around" by their children. A minority of employers maintained that being a responsible employer required some surveillance of their employees, thus surprise home visits were conducted and phone logs were reviewed.

Despite adding a new, unfamiliar member to their household, employers never complained of a loss of privacy. Some informants attributed this to growing up in a large family or having had experience boarding with others or having others board with their families. Most felt they did not adjust their behaviour beyond dressing more modestly around the house; however, one individual, sensitive to her caregiver's distress at being away

from her spouse, had curbed demonstrations of affections with her own partner in her caregiver's presence. Retaining a sense of privacy is made possible by the physical separation of live-in caregiver and household members after working hours. Most caregivers lived in a basement room and spent weeknights there; few entertained friends during their time off.

Attitudes Towards Live-In Caregivers

In the interviews, live-in caregivers were consistently referred to as "girls" regardless of their age. Employers were keen to indicate that live-in caregivers were professionals who were caring for precious family members and were not to be "treated as slaves." Conversely, caregivers were most often regarded as members of the family. Some employers were aware of the power differentials between themselves and their employees.

She'll treat me like that [an employer] in a way, but I do everything I can to try to break that down and I would say she would be a friend more than my nanny.

Overall, live-in caregivers were regarded as hard-working, well-organized and self-sacrificing individuals who were being granted the opportunity to improve their lot in life by settling in Canada. These characteristics were central to the employers' views of caregivers as "good women" who fulfill obligations to their families, making it easier for them to relinquish their children into their care.

One thing she made clear to us was that she wasn't trying to replace me as a mother but she would act as a surrogate mother to our children because she had so much love in her heart to give to her children; she wasn't able to give it to them because they were far away. She would give it to ours in turn. And it was just like, instantly we knew, she would be with us for a while.

Not all employers were eager to include the live-in caregiver in their home as fictional kin.

When the nanny did leave, they never cried or said 'oh that's it.' The nanny is gone because it is a job for her too, caring for your children. You are the child's parent.

While exposing their children to individuals from a different cultural background was conceived of as beneficial in creating "colour-blind" offspring, cultural differences were also acknowledged as a source of some consternation. Therefore, while praising caregivers for their willingness to make untold personal sacrifices to benefit their families, a minority of employers were concerned that the practice of leaving one's children in the care of relatives reflected a lack of emotional bonding even though these arrangements were both economically necessary and necessitated

by LCP regulations. Conversely, some others expressed concern over what they perceived to be too much intimacy. In particular, bed sharing amongst close friends or relations of the same sex, considered wholly unproblematic in many countries where living quarters are at a premium, was considered unusual and potentially suspect by some employers.

Caregivers from different countries of origin were regarded as bearing particular characteristics. Filipinas were “funny cause they are really like chirpy little, they are very family and friends orientated.” Indeed, Filipinas were regarded as good with children, talkative and hence capable of making friends readily; these traits, however, made them susceptible to spending too much time on the phone. Caribbean caregivers were regarded with some ambivalence. While one employer commented that: “These people have been loving and kind with their children and I think that’s one of the things you see in a lot of their own cultures,” while another maintained that they were somewhat belligerent and lazy. Only one employer had witnessed her friend’s experience with an Eastern European caregiver, causing her to conclude that they are primarily untrustworthy due to the legacy of corruption in the region.

Discussion

Interviews with employers provide another perspective on relationships between live-in caregivers and employer and on the LCP. The discourse of equality and multiculturalism that predominates in Canadian society informs employer-employee relations. Power differentials between employer-employee, Euro-Canadian-Other, middle class-working class, citizen-migrant, family member-sojourner are glossed over by recruiting caregivers into the realm of household kin or professional and hence, “not a slave.” There is little acknowledgement that the deployment of the live-in caregiver’s physical and emotional labour enables the employer to purchase her way out of gendered household duties and maintain her standing as a good mother whose children have someone waiting for them with homemade treats after school each day. The fictive kin strategy may function to make caregivers’ own families invisible and allows for the extraction of favours customary in normal family interactions. Moreover, the insistence that live-in caregivers are not slaves, shores up the boundary between Us as good employer and Other as exploitative employer.

Temporal and geographical distancing disrupt the fiction of the live-in caregiver as family member who as a good employee heads to and remains in her basement room after working hours. This segregation also reduces tensions between the employer, most often the

“woman of the house,” and live-in caregiver over mothering roles that are likewise situated around time and place; both appear for their role as nurturers upstairs while the live-in caregiver is supplanted nightly by the “real” mother.

Structural features including racism and LCP regulations themselves influence employer attitudes towards live-in caregivers. Sponsorship by relatives on one hand and prolonged separation from family members on the other, contribute to the notion that foreign domestic workers are either cunning or cold. Changes to the program that have engendered a shift in source countries for live-in caregivers further shapes opinion about caregivers from former major source countries. For instance, West Indian caregivers, once considered desirable, may now be regarded as less educated and hence less skilled than Filipinas due to changes in regulations. Finally, stereotyped constructions of caregivers from certain countries, even reputedly positive ones, can be quite detrimental. Thus while Filipinas are regarded as talkative and “chirpy”—adjectives that may best describe a gaggle of adolescent girls—are thought to meet people readily, these encounters do not always translate into friendships or potential support, nor are disparities within the diasporic community acknowledged.

Conclusion

Lack of flexible and affordable daycare alternatives have compelled employers to turn to the LCP to fill their childcare needs. The LCP allows them to resolve their childcare dilemma and enables them to view themselves as helping someone make a start in Canada. Power differentials between employer and employee are seldom, or only superficially, acknowledged. Most attempt to dissolve these discrepancies by hiring a caregiver of similar age and by considering their employee as a member of the family.

Interviews with Agency Representatives

Sample

Six agency owners who broker live-in caregiver contracts were interviewed. Based in Edmonton and Calgary, all of the informants were university educated and had worked in a variety of fields including health, education, consulting and administration before entering this business. Four of the agency personnel were born in the Philippines and two were born in Canada; two were male and four were female.

Findings

Role of Agencies

Agencies are in the business of facilitating the placement of caregivers, usually both live-in and live-out, into Canadian homes. For a fee, potential employers are invited to peruse the files of applicants pre-screened by the agency or one of its agents abroad. One agency owner describes her business:

[We are a] nanny agency, nanny referral placement type of a business. Nannies, caregivers apply in my office when they are looking a job or when they are transferring from one family to the other. My role at that time would be to assess the qualifications, go over the papers see everything is authentic and in order. I make them fill up an application form. I do a rating as to how I find them in their line of work.: very good, exceptional or poor. I go over the references and those things. If I am convinced that it is a qualified individual both in experience and personality of course I have a look at that too. Then I take them in as amongst those that I will include in my roster of available caregivers. Caregivers in the form of either a nanny taking care of children, caregiver in the form of a person taking care of an elderly individual or even an infirmed or handicapped individual. The positions could be either full time, live-in, a full time live out or a part time live out. So essentially that is how I take in or how I initiate or establish contact with these people who are looking for jobs then on the other hand I have clients who have called me up with requirements and I do the matching of the requirements.

While contracts signed by employers and caregivers are between these two parties, agencies see themselves as providing advice and support to ensure that rights and obligations are defined and fulfilled as required by law. Most agencies guarantee the successful placement of a caregiver in a household; therefore, they may counsel caregivers to negotiate and communicate with their employers before leaving positions due to problems. Additionally, agencies maintained that they provide caregivers with information on Canadian society, local resources and help newly arrived caregivers make contact with others in their vicinity.

Most informants recounted stories of rescuing a live-in caregiver from an untenable situation involving non-payment or physical or sexual abuse. While agency owners admitted that sexual harassment and abuse does occur upon occasion, prompting them to take action in removing the caregiver and encouraging her to pursue legal action, they further acknowledged that employees were hesitant to press charges. Additionally, the majority of agency owners had housed live-in caregivers temporarily when they were in between positions, awaiting initial employment or leaving an abusive situation.

Screening Employers

Screening of potential employers was superficial and few are rejected as clients. Exceptional cases occur when someone has repeatedly hired live-in caregivers who have left due to poor working conditions or if they are overly aggressive to the agency personnel when they were contacted. A few of the agency owners felt they should have the right to examine taxation records or be able to inquire about the employer's employment status to avoid problems with non-payment or placing a caregiver with someone who is seasonally employed who may require services for only a portion of the year. While few examine the homes of the potential employers, most felt that accommodations are generally acceptable.

Screening and Placement of Applicants

Much of the work of agencies is focused on screening potential applicants for live-in caregiver work. Each agency has its own preference for background of its applicants and its own method for recruitment. Some prefer to focus on recruiting applicants who have already arrived in Canada, others recruit directly from Hong Kong where they hold recruitment fairs and interview applicants themselves, others work with agents in other countries allowing them to scrutinize applicants while others assist family members to recruit relatives to join them as live-in caregivers. Those who recruit from Hong Kong feel that their applicants have considerable experience in the field. Moreover, the working conditions are so poor and the status of live-in caregivers so low, that Canada looks quite attractive. There are however challenges. As caregivers may be terminated and deported by employers quite readily in Hong Kong, applicants must judge whether they can risk informing their employer of their intentions to leave. In essence, submitting an employer's name as a reference could jeopardize their current employment status. Furthermore, as agencies recruiting to Hong Kong suggest that employees conceal their educational background and marital status, official documents altered to meet this criteria must be restored to reflect actual circumstances. Those that prefer recruiting from the Philippines feel that prolonged stay in Hong Kong reduces English language skills and inculcates live-in caregivers with the idea that they are "little more than servants."

Changes to the LCP that focus on education and caregiver training were met with ambivalence. The quality of training schools established to meet the new criteria was perceived as variable and also limiting in terms of regions where recruitment could take place. While early childhood education skills were seen as essential to meet the demands of Canadian parents and a nursing background was seen as advantageous for elder and disabled care, some felt that highly educated individuals were ill suited for such low-status employment.

In addition to scrutiny of educational qualifications, applicants are often requested to submit writing samples and undergo an interview to assess attitude and linguistic skills. Personal characteristics and history are also considered important as this respondent shared:

Warmth, you know, compassion, healthy self esteem. Not always possible in some of these women or for some reason considering what they've gone through. Positive attitude, energy, I mean I might get the ones who are like it's been so awful here and my employer you know and I tell this story in my lecture and they all get a good giggle you know because get the girls who tell you that you know my father died of a heart attack when I was eight and my aunt had you know leukemia, my brother was killed in our rice plantation and you know its just goes on and on, and I mean I have to wonder if anyone has endured that much trauma how they are going to care for children? I mean you almost are looking for a relatively, if there is such a term, normal person. You know someone who has not been sexually abused, someone who has not lived in such extreme poverty that they've been forced to do things that compromise their moral or their value. I mean you are looking for someone who still has some integrity because I believe that all comes into play in their job.

Once they have been accepted, agencies must consider where to place caregivers. Most report that rural situations are not readily acceptable for caregivers who feel isolated in such an environment. Moreover, male applicants are difficult to place in certain situations, especially with children.

Attitudes Towards Live-In Caregivers

While the major role of agencies is to broker the labour of live-in caregivers, attitudes towards live-in caregivers were often ambivalent. Caregivers who perceived the LCP as an opportunity for themselves and their families, who maintained good communication skills and were willing to compromise with their employers were generally regarded as those most likely to succeed in attaining their goals. One agency manager went on to explain:

I think that the personality should be such that and I don't know how to measure it or how to gauge it but there has to be an element of willingness to be to some degree subservient. That to me is a key. In an office setting or any other type of work you would want a totally independent individual totally driven, totally forward, totally take charge. Doesn't necessarily work in a

situation like this, that role is that of the wife, that role is that of the employer.

Employers rather than employees were considered by some to be the party most vulnerable to exploitation. Caregivers who tried to assert their rights and who compared themselves with others and found their situation wanting were perceived as being handed misinformation by other caregivers—often regarded as an untoward effect of having caregivers connect with one another.

Country of origin also shaped attitudes about the potential performance of live-in caregivers. British caregivers were regarded as young, “party girls,” who were unlikely to perform tasks in addition to childcare and who were apt to blur the boundary between employer and employee by presuming an equal place within the household. In contrast, Filipinas were regarded as hardworking, willing to assume a multitude of tasks beyond caregiving and uncannily sensitive to the needs of others. One agent said employers often tell him: “she is so light around the house. She is so easy to be in the house. We know she is there, but she is not intrusive. She knows her place.” Caregivers from the Caribbean were regarded with ambivalence. One agency had considerable experience recruiting caregivers from the West Indies, working with some island governments to develop appropriate training programs. They regarded one group in particular as problematic and informed their governmental officials: “Look, we’re not going to place anymore of your girls. They come up here. They’ve got a chip on their shoulder. They’re lazy; they don’t want to work.” Some agencies were beginning to recruit caregivers from Eastern Europe and North Africa; however, they had not yet formed a sense of their performance at this time.

Discussion

Agencies operate at the interface between public policy and the employers within the private sphere. Viewing themselves as private sector stakeholders in the LCP, many have worked to shape policy and influence procedures in Canada and in consulates abroad. Providing a service that for their clients is time efficient, they broker labour power across borders, offering in the language of global capitalism money back guarantees for the service of another person’s labour. While they offer only the physical labour of an individual, the discourse of national behaviour that is embedded in presentations and dossiers can be seen as including the promise of the labour of the person. As the advertising face of the LCP, agencies can be seen as promoting and reinforcing cultural stereotypes and normalizing the nurturing tasks of women and enobling the sacrifice of women for their families.

Conclusion

Agency representatives provide another perspective in the triumvirate of stakeholders associated with the LCP. Viewing themselves as entrepreneurs who also uphold immigration policy, they are also pro-active in influencing policy and in shaping public perspectives of live-in caregivers in Canada.

Survey

Survey Design and Implementation

The employment of multiple methods is designed to elicit perspectives from a wide array of individuals. Moreover, differing methods may be more suitable for the collection of sensitive information and for the inclusion of larger numbers of respondents. To this end, we distributed 1,000 surveys that were intended to reach a cross-section of live-in caregivers in Alberta. Informed by responses from individual interviews and focus groups, the survey (Appendix V) was designed and analyzed by Dr. Madeline Kalbach at the University of Calgary following a pilot test among live-in caregivers. The survey dealt primarily with five main areas: demographic information, working and living conditions, social support, health status and integration into Canadian society.

As indicated earlier, distribution of the survey was problematic and the responses potentially tainted by the necessary involvement of HRDC in the mailing process. Our response rate of 10.6% was poor; therefore, the results can only be interpreted within the context of responses received and cannot be used to generalize about this population of interest.

Sample

Of the 106 surveys received, 102 respondents were born in the Philippines. In addition, individuals from Romania, Thailand, and the United Kingdom also responded. Ninety-eight percent of the sample was female. Sixty-one percent was single, 31% married, 6% separated or divorced and 2% was widowed. Ninety-five percent identified themselves as Christian. Ten percent had immigrated to Canada within the current calendar year, 21% a year ago and 35% two years previous. Twenty-five percent had immigrated between three to five years prior, 3% six to eight years previous and 5% between ten and fifteen years ago. Over twenty-five percent were between the ages of 21 and 36; 34% between 27 to 32 years of age and 22% between 33 and 38 years of age. Fourteen percent were 39 to 44 years of age and 2% were 45 years or older. Seventy-eight percent cared for children while 9.5% were predominantly responsible for elders and 5% for disabled care recipients; the remainder cared for multiple individuals in more than one category. Seventy-one percent resided in a city, 18% in a small town and 9.5% in a rural area.

Findings

Working Conditions

Over 93% of the respondents had changed employers at some point during their career as a live-in caregiver. When asked what they would most wish to change about their working conditions, 56% responded they would like to see a change in salary, 54% would like enhanced benefits, 35% would request a change in hours and 13% would alter the requirement that compels caregivers to reside with their employers. 80% reported that they worked overtime; 90.5% agreed they were happy working overtime and 93% reported that they were paid for the overtime that they worked.

Table 3: Work Conditions

N=106

I like my job					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
40	27	27	6	2	4
I feel appreciated					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
53	21	23	2	2	5
I don't have enough privacy					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
4	11	8	20	60	3
Living quarters are too small					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
1	9	10	16	64	6
My employers are good to me					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
72	12	16	2	0	4
I have been discriminated against in my job					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
2	5	6	19	70	4
I have been experienced sexual harassment					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
1	1	0	0	102	2
I work when I am sick					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
1	4	11	13	73	4
I am asked to do jobs others than caregiving					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
8	10	12	18	54	4
I am paid good wages					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
45	15	29	11	3	3
I have enough money to send home					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
26	13	31	20	12	4

Response to other questions regarding working conditions produces a complex picture. A vast majority felt appreciated in their work, experienced job satisfaction, felt they had a good employer, yet, over 12% have felt discriminated against in their jobs, 15% work when they are ill and 28% have been asked to fulfill tasks other than caregiving. Living quarters and lack of privacy are problematic for nearly a fifth of the respondents. While 84% claim

they are paid good wages and 66% feel they have sufficient funds to send home, changes in wages was regarded as a top priority according to other survey questions.

Health and Social Conditions

Ninety-one percent felt they had time for leisure activities; however, only 66% reported they were able to meet other live-in caregivers during their time off. 34% belonged to a live-in caregiver organization. The vast majority, over 93%, felt they had someone to tell their problems to and were able to attend church, identified in the interviews as a focal point for social support. Table 4 contains the responses to direct questions regarding social interactions.

Figure 4: Social Interactions N=106

I have friends outside the job					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
49	20	24	4	4	5
I have free time on weekends					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
76	12	12	1	2	3
I have free time in evenings					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
61	20	13	5	2	5
I keep in touch with other caregivers					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
36	25	29	9	3	4

80% of the respondents felt that their health has improved in Canada; a percentage similar to that found among the interviewees who reported similar or improved health functioning. Although 50% reported suffering from aches and pains and 40% felt lonely most of the time, overall valuation of health status was affected only in part.

Figure 5: Health Status N=106

I have a good appetite					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
37	30	34	2	0	9
My health has improved in Canada					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
34	24	27	14	2	5
I always have good sleep					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
23	30	30	14	7	2
I am happy most of the time					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
20	32	31	16	3	4
I have a lot of aches and pains					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
7	22	24	22	26	5
I am lonely most of the time					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
9	15	18	32	29	

Other indicators such a healthy appetite and good sleeping patterns reinforced the positive reportage on health for 95% to 79% of respondents respectively; 78% reported feeling happy

most of the time. In another portion of the survey, over 93% of respondents reported they could have access to physician care if required.

The last portion of the survey dealt with future plans and reflections on their place in Canadian society. In the first section, 96% responded that they were interested in pursuing further education in Canada, and as indicated following, 32% felt that their education is not valued at present. Overwhelmingly, informants wish to remain in Canada as permanent residents; however, over 93% intend to change careers. Three quarters socialize with English speakers and 91.5% feel accepted by Canadian society; however, just over half, 54% felt themselves to be Canadian.

Table 6: Reflections on Canadian Society

N=106

My education is valued					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
18	17	32	17	17	5
I want to stay in Canada					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
75	7	19	0	0	5
I will apply to stay in Canada					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
81	7	16			2
I would like to change careers					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
70	13	16	0	3	4
I feel accepted by the Canadian community					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
51	26	20	2	2	5
I speak English well					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
33	41	20	6	1	5
I speak English with my friends					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
18	24	30	19	9	6
I feel like a Canadian					
Strongly Agree	Mildly Agree	Agree	Mildly Disagree	Strongly Disagree	N/A
14	15	29	23	20	5

Discussion of Survey Results

The interpretation of the results must be contextualized by the low response rate for this survey. While dissatisfaction with wages and living quarters, experiences of pain and loneliness and a weak connection to Canadian identity were reported in significant numbers, respondents overwhelmingly felt satisfied with their employer and work, including working and being paid for overtime, and reported improved health status. Some of these responses including comments about living quarters, indications of social support and self-determination of health status were similar to those obtained in individual and group interviews; however, queries about working conditions, in particular, paid overtime were disparate.

Sample bias is inherent in research and the approach made here for the survey was destined to enhance this issue. Potentially live-in caregivers with positive experiences were more likely to return the survey and those with complaints were less likely to do so, particularly if they believed that the government department who controlled their contacts was likely to have access to their response. The resonance with the interview data, however, suggests that the survey results may not be wholly discounted. Moreover, another clue in the data may explain the positive nature of the responses: fully 93% of the respondents changed jobs, a strategy employed by live-in caregivers—and evidence of their own agency—to optimize their living and working conditions.

Conclusion

Quantitative methods are a key component of method triangulation; however, alternative methods of survey distribution and collection must be explored in efforts to elicit the experiences of marginalized individuals, particularly in remote areas. Despite a low response rate, responses to survey questions present a similar, complex portrait of the experiences of live-in caregivers in Alberta.

Reflections

Our findings underscore the tensions inherent in this program. The LCP is both a labour market and immigration strategy with potentially divergent foci. Thus recruiting individuals with post-secondary education is beneficial to both employers who want skilled professionals caring for family members and for the Canadian society if caregivers change occupations. Conversely, caring labour is often ill-regarded and poorly waged in our society, giving rise to the sentiment amongst some stakeholders that educational standards are too high and contributing to the loss of status amongst skilled caregivers.

The program reinforces an international sexual division of labour that has seen the movement of predominantly women from the South to work in private homes in the North, relieving women of the First World from their gendered responsibilities. These dynamics are replicated in homes where predominantly Euro-Canadian women are served by women of colour. The rhetoric of equality that permeates Canadian society compels many employers to try to reduce the power relations between themselves and their employees by claiming them as fictive kin—“one of the family.” Despite the best efforts of individuals and the honest affection between families and caregivers, structural inequalities persist. Caregivers reside and work within the confines of their employer’s home where temporal-spatial divisions circumscribe where they can or should be at different times of the day. Lack of control over food choice, room temperature and guests are indicative of the relative powerlessness of caregivers in their living environment, reducing them to sub-adult status in the familial hierarchy. This powerlessness is associated with high rates of reported stress. Despite these complaints, most caregivers held positive evaluations of their health status. This may appear contradictory; however, in Selye’s classic model of stress, an organism who has adapted to stressors in its environment often feels better than they had in their previous circumstance; unfortunately the organism is soon to experience collapse when the strain of coping proves too much to bear (McElroy and Townsend 1997). Following Selye’s observations, longer-term studies are required to consider the impact of this on-going strain on the health status of immigrants who arrived under the LCP.

The prevalence of contract violations and unsatisfactory accommodations speak to the need for closer monitoring of employers and the working conditions of live-in caregivers. While official policy maintains the government does not interfere in these private contracts unless a labour standards complaint has been issued, the federal government’s role as

midwife to these relations suggests that it cannot abrogate its responsibility to ensure that employees are fairly treated.

Some parties have suggested that the program be eliminated in favour of appropriate inclusion of care giving under the occupations categories for independent migrants. Proponents assert that if care giving is to be filling a labour market niche that cannot be addressed by the Canadian populace, then it should be a rightful category awarded sufficient status under the point system to allow a skilled caregiver to enter the country independently. This would allow caregivers to bring their families and would remove the years of liminality in which they are neither a resident nor a tourist. Those who oppose this approach, suggesting instead that the program be altered, are concerned that care-giving would not be allotted sufficient status and that many female applicants would not meet other criteria such as education or financial security to enable them to secure entry in this manner. They point out that the LCP is one of the few programs that specifically recruits independent female migrants of relatively low socioeconomic status.

Regardless of perspective on the utility of the LCP, some issues require further attention in the near future. Given the aging population of Canada, the demand for elder and disabled care will undoubtedly increase; therefore, the conditions for caregivers in these situations must be further scrutinized. Other situations such as rural placement, working for a single parent especially those engaged in resource industries or shift work should be more closely investigated. Longitudinal studies would further allow us to track expectations, goals, educational attainment, work experience, social relations and health status over time. Most importantly, continuing to listen to the voices of live-in caregivers will help illuminate their experiences, bringing their lives out of the shadows of Albertan society.

Recommendations

All of the respondents were asked to offer their recommendations to improve the LCP. These suggestions directed towards governments of LIC source countries, the Canadian government, employers, immigrant serving agencies and to women and men who are thinking of coming to Canada as live-in caregivers reflect informants' views and are not necessarily those shared by the authors.

Problems with Applications and Regulations

Resulting issues:

- ❖ Inadequate or unnecessary training programs
- ❖ High processing fees for processing application for overseas employment
- ❖ Non-existent job or withdrawn job offer on arrival

Potential Interventions:

- ❖ Source countries should accredit training institutions and employment agencies
- ❖ Source countries should reduce the fees for processing applications to work overseas
- ❖ Pre-screen applicants in overseas Canadian consulates
- ❖ Facilitate better communication between all departments and levels of the Canadian government involved with the LCP
- ❖ Eliminate training school requirement
- ❖ Encourage Canadian employment agencies to form a professional association
- ❖ Keep stakeholders aware of changes to the program and problems with applications.

Problems with Employers and Contracts

Resulting issues:

- ❖ Unpaid and unlimited overtime
- ❖ Holidays are not granted
- ❖ Discrepancy in job description and expectations
- ❖ Inadequate or inappropriate room or shelter
- ❖ No pay

Potential Interventions:

- ❖ Hold information courses for employers hoping to hire a live-in caregiver
- ❖ HRDC should monitor and enforce contracts

- ❖ Levy fines on employers who violate contracts
- ❖ Deny employers who have repeatedly violated contracts the right to hire live-in caregivers
- ❖ Establish a web-site so potential employers and employees can e-mail and discuss conditions overseas
- ❖ Screen employers for financial viability
- ❖ Investigate living quarters before work authorization is granted
- ❖ Monitor situations that may demand 24-hour care.

Lack of Protection for Live-In Caregivers

Resulting issues:

- ❖ Sexual harassment and abuse
- ❖ Fear of speaking out against violations and abuse
- ❖ Isolation, particularly in rural areas
- ❖ Lack of support
- ❖ Lack of information about rights or sources of support

Potential Interventions:

- ❖ Establish live-in caregiver advocate or ombudsman in each province
- ❖ Provide contact list for regional and federal government, health, social service and immigrant agencies along with information package on rights to all new live-in caregivers
- ❖ Create a web-site for information exchange and support
- ❖ Develop information workshops for live-in caregivers
- ❖ Ensure live-in caregivers are covered by Worker's Compensation in all provinces
- ❖ Unionize live-in caregivers and/or form live-in caregiver associations
- ❖ Source countries need to better support overseas workers
- ❖ Source countries need to make potential overseas applicants aware of the difficulties of working overseas.
- ❖ Permit live-out care-giving
- ❖ Local organizations could provide meeting place for live-in caregivers.
- ❖ Keep stakeholders informed of changes or problems.

Financial Concerns

Resulting issues:

- ❖ Costs for training, application, visas and move are exorbitant
- ❖ Contract wages are not a minimum wage
- ❖ Insufficient food
- ❖ Non-payment of salaries

Potential Interventions:

- ❖ Work with source countries to eliminate unscrupulous training institutions and employment agencies
- ❖ Encourage employment agencies to standardize fees
- ❖ Ensure that raises in recommended contract wages accrue to all live-in caregivers
- ❖ Set minimum household income to enable employers to hire live-in caregiver
- ❖ Live-in caregivers in rural situations should receive additional isolation pay
- ❖ Wages for live-in caregivers should be tied to not only situation, but numbers of care recipients as well
- ❖ Encourage employers to be open with caregivers with regards to their own financial circumstance.

Integration into Canadian Society

Resulting issues:

- ❖ Perceived restriction on educational endeavors
- ❖ Lack of recognition of educational and professional credentials
- ❖ Remaining in untenable live-in care-giving situations

Potential Interventions:

- ❖ Inform all stakeholders about the rights of live-in caregivers to engage in educational activities
- ❖ Work with other organizations lobbying to recognize foreign credentials and fast tracking educational upgrading for professions such as nursing.
- ❖ Allow live-in caregivers to apply for permanent residency status after 18 to 20 months' service to permit them to leave their employer after the end of 24 months

- ❖ Reward caregivers who complete their contracts with a single employer by allowing them to apply for permanent residency status earlier than those who repeatedly change employers.
- ❖ Reduce landing and processing fees.

Future Live-in Caregivers

Individuals planning to come to Canada under the LCP should:

- ❖ Be aware of the hardships;
- ❖ Be prepared for culture shock;
- ❖ Be courageous and independent;
- ❖ Ask questions; and
- ❖ Stand up for yourself.

The final recommendation was to conduct more research: As Cindy said:

If they can only listen to the voices of caregivers, they can change the laws or policies to help them.

Action on Recommendations

Changing Together. . . A Centre for Immigrant Women has, with the generous assistance of Canadian Heritage and Status of Women Canada, been able to take action on some of the recommendations from this research. The Centre is in the process of developing an interactive web-site that will encourage information exchange and support. Additionally, two training workshops have been developed for live-in caregivers and their employers (see Bernardino and Spitzer 2002; Pereira and Spitzer 2002). The workshop materials are suited to use in a facilitated session or as self-directed learning modules and may be adapted for local conditions. Finally, Changing Together continues to make itself available as learning centre and a meeting place for live-in caregivers.

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Appendix I: Focus Group Questions

In the Shadows: Live-In Caregivers in Alberta

Focus Group, Changing Together. . . A Centre for Immigrant Women

1. Introduction

2. Introductions & Consent Form

3. What do you think are the most important issues facing live-in caregivers in Alberta?

4. Health & Well-Being

5. Do you think the lives of live-in caregivers are stressful? If so why? How does it affect you? What do you do to alleviate stress?

6. What do you do when you are sick?

7. When and how do live-in caregivers get a chance to meet friends or participate in the community?

8. Is racism and/or discrimination an issue? At work? In the community?

9. Working Conditions

10. Are working and living conditions adequate? Are contract conditions enforced?

11. If you could ask employers, agencies or government officials questions about their ideas and expectations of the live-in caregiver program, what would you ask them?

12. How do you think the government could improve the live-in caregiver program?

13. Additional comments

Thank you for your participation!

Appendix II: Interview Questions

Immigration Experience

- ❖ Can you tell me about how and when you came to Canada?
- ❖ Did you know anyone in Canada when you arrived?
- ❖ If so, who?
- ❖ How and why did you decide to come to Canada?
- ❖ What did you think life would be like here before you came?
- ❖ What were your hopes and fears?
- ❖ What information did you have about Canada beforehand?
- ❖ From whom and where did you get this information?

Life in Home Land

- ❖ What kind of work did you do in your home country?
- ❖ Do you hope to live in Canada?
- ❖ Is this work you hope to do in Canada?
- ❖ What is your highest level of education?
- ❖ Tell me about your home life and the community you grew up in.
- ❖ Who lived in your household? How many people in total?
- ❖ Are you from a rural or urban area?
- ❖ What was your home like?
- ❖ Did you have much spending money after paying for living expenses back home?
- ❖ In your opinion, has your standard of living improved, declined or stayed the same since moving to Canada?

Live-In Caregiver Program

- ❖ Can you tell me how you heard about the Live-In Caregiver Program?
- ❖ Did you receive live-in caregiver training before you came to Canada?
- ❖ If yes, please tell me about the training you received to prepare you for the live-in caregiver program?
- ❖ What did you learn from the training?
- ❖ Who offered the training?
- ❖ Was the training useful?
- ❖ How much did the training cost?
- ❖ What would improve the training course?
- ❖ What kind of assistance did you get in your home country to come here under the Live-In Caregiver program? From whom did you get this help?
- ❖ Was it helpful?
- ❖ Did you encounter any problems?
- ❖ If so, what kind of problems? How did you resolve them?
- ❖ What other assistance would you have liked?
- ❖ How did you feel you were treated by the people who assisted you?
- ❖ Did you work as a Live-In Caregiver in another country?
- ❖ If yes, where and for how long?
- ❖ How does working in Canada compare?
- ❖ How did you secure your first job in Canada?
- ❖ How did you finance your trip to Canada?

Working & Economic Conditions

- ❖ Tell me about the conditions of your current job?
- ❖ What duties are included?
- ❖ How many people of what ages/conditions do you care for?
- ❖ What benefits do you receive?
- ❖ What is your monthly pay?
- ❖ What amount is deducted for room and board?
- ❖ How many hours do you work daily?
- ❖ Describe to me the conditions laid out in your contract.
- ❖ Do the conditions of your work differ from those in your contract?
- ❖ If so, how?
- ❖ Where (from whom) did you learn about employer obligations in the contract?
- ❖ Can you tell me about some of the happy/pleasant experiences you have had with your employer/employers' family?
- ❖ Have you ever received an special bonuses or benefits from your employer?
- ❖ Can you tell me about some of the unhappy/unpleasant experiences you have had with your employer/employers' family?
- ❖ Have you ever changed employers?
- ❖ If yes, please explain why.
- ❖ How difficult was it to find another job?
- ❖ What or who helped you?
- ❖ If your employer is a relative, please tell me how your work might differ than if you were working for a stranger.
- ❖ Are there advantages and disadvantages to this situation?
- ❖ How would you describe your relationship with your employers?
- ❖ If your employer is dissatisfied with your work, how does she or he communicate it?
- ❖ If you are unhappy with your living or working conditions, how do you communicate it to your employer?
- ❖ How would you describe your relationship with the people you are caring for?
- ❖ What other expenses do you have?
- ❖ Are you supporting family members back home?
- ❖ Are you paying a remittance to your home government?
- ❖ Are there any concerns or circumstances which affect your ability to perform your job?
- ❖ If so, please describe.
- ❖ How have you tried to solve these issues?

Living Conditions

- ❖ Please tell me about your living quarters?
- ❖ Does your room have a lock?
- ❖ Is it comfortable?
- ❖ Do you have control over the temperature? Have good circulation (air)? Good lighting? Good and sufficient furniture?
- ❖ In your own opinion, do you feel you have enough privacy?
- ❖ Do you have use of the entire house when your employers are home?
- ❖ Do you change your behaviour, activities, or appearance when in the presence of your employers? For instance, do you wear more modest clothing, act more polite or change your language?
- ❖ If so, how?

- ❖ Have you ever been sexually harassed by an employer? (Unwanted sexual advances, touching, etc.)
- ❖ If so, how did you deal with it?
- ❖ Do you stay with your employer during your days off?
- ❖ If yes, why?
- ❖ If not, where do you go and why?
- ❖ How do you spend your time after work hours? On weekends?
- ❖ Are there other activities you would prefer to be doing?
- ❖ Are you satisfied with the food at your employers' house?
- ❖ How does the food differ from what you would eat at home?
- ❖ What language do you speak with your employer?

Health Status

- ❖ Do you think your health has improved, worsened or stayed the same as it was back home (or before you came to Canada)? Explain.
- ❖ What do you do when you are feeling ill?
- ❖ Tell me about your experiences visiting a physician, hospital or clinic.
- ❖ What was your opinion of the care you received?
- ❖ Did you inform your employer about your illness?
- ❖ Did s/he help you?
- ❖ How did you know where to go to access health care?
- ❖ What do you think makes and keeps you healthy?
- ❖ What do you do to keep yourself healthy?
- ❖ Do you use any home remedies or traditional medicine?
- ❖ If so, did you have any difficulty locating the medicine?
- ❖ Do you engage in any physical fitness activities?
- ❖ Have you visited any other kind of alternative or traditional healer in Canada?
- ❖ Acupuncturist, massage therapy, homeopathy, Traditional Chinese healer, Ayurvedic doctor.
- ❖ What was your opinion of the care you received?
- ❖ How did you find the practitioners(s) you saw?
- ❖ What do you think makes you unwell?
- ❖ Do you experience stress/tension or pressure?
- ❖ If so, how often? Daily, Weekly, Monthly.
- ❖ What do you think causes your stress?
- ❖ Are your stress levels the same, higher or lower than they were back home?
- ❖ What do you do to relieve or cope with your tension?

Social Support

- ❖ Who would you turn to if you needed someone to talk to?
- ❖ How do you communicate with friends?
- ❖ How often and how do you communicate with family back home?
- ❖ Who would you turn to if you needed to borrow some money?
- ❖ Where would you go if you needed help moving?
- ❖ Where could you go if you needed help with your contract, education or professional credentials?
- ❖ Where could you go if you needed help with your immigration or work status?
- ❖ How do you feel about being separated from family members?
- ❖ How do you feel about the support you have received here?
- ❖ Do you feel you have enough avenues of support?

Community

- ❖ What language do you speak with
- ❖ Most of your friends?
- ❖ Your neighbours?
- ❖ Do you belong to an association or group?
- ❖ If so, what kind?
- ❖ Are you involved in any religious activities?
- ❖ Who would you include in your community?
- ❖ Do you participate in community events?
- ❖ Do you associate with friends mostly from this community?
- ❖ Can you turn to this community if you need assistance or support?
- ❖ How do you feel members of your own ethnic community regard live-in caregivers?
- ❖ Do you do any volunteer work?
- ❖ If so, where?
- ❖ What attracts you about doing this work?

Integration Experiences

- ❖ Do you feel you have experienced success since coming to Canada?
- ❖ Do you feel you could have a say in local community issues?
- ❖ Have you ever experienced racism, discrimination or differential treatment in Canada?
- ❖ If yes, in what circumstances does it most frequently occur.
- ❖ How did you respond to it?

(For those on work visa)

- ❖ Are you planning to apply for permanent residency status in Canada?
- ❖ If yes, why?
- ❖ How do you think your life will change once you become a permanent resident?

(For permanent residents/citizens)

- ❖ How has your life changed when you became a permanent resident or citizen?
- ❖ How did you apply for permanent resident status?
- ❖ Did you encounter any difficulties?
- ❖ How did you resolve them?
- ❖ Did you have assistance from others?
- ❖ If so, who?
- ❖ What is the greatest challenge you face as a permanent resident/Canadian citizen?
- ❖ Have you looked for employment other than as a caregiver?
- ❖ If so, is this work that you have prepared for or done in your home country?
- ❖ What employment did you hope to have when you settled in Canada?
- ❖ Does this work make good use your expertise and knowledge?
- ❖ Does your current employment provide you with enough money to pay all your expenses and have some left for savings or special events?
- ❖ Does your current employment offer you benefits such as sick leave or dental care?
- ❖ Have you maintained a relationship with your former employer(s)?

Recommendations

- ❖ How could officials and agencies in your home country, how would you tell them to improve the process of coming to Canada as part of the Live-In Caregiver Program?
- ❖ How could the Canadian government:
- ❖ change the Live-In Caregiver program.
- ❖ improve the living and working conditions of live-in caregivers

- ❖ help live-in caregivers become permanent residents.
- ❖ How could settlement agencies, ethnic organizations and live-in caregiver organizations:
- ❖ support live-in caregivers in Canada
- ❖ help live-in caregivers become permanent residents.
- ❖ What advice would you make to a friend or family member who was thinking of coming to Canada as a live-in caregiver?
- ❖ Do you have any other comments or suggestions?
- ❖ Would you like to receive a summary of our findings?

THANK YOU FOR YOUR TIME

Appendix 3: Consent Form

In the Shadows: Live-In Caregivers in Alberta

The purpose of this study is to learn about the experiences of foreign-born live-in caregivers in Alberta. We are interested in learning about your health, working conditions, and your experiences with others in Canadian society. There are no right or wrong answers; there is only your story and your opinion. Please feel free to ask me any questions you have about the study.

Your participation in the study will involve 1-3 hours in either an individual or group interview. The interview will be taped and we may take notes for ourselves. The research team and typist are the only ones who will listen to the tape or read the transcripts of our interview. The tapes and transcripts will be kept in a safe place. We may also ask you to review the transcript of our interview and comment on other materials we have written.

We will randomly select a false name for you and will use this name on all material we keep and in any public presentations, written or oral, of this project. We may change some details of your life so that you will not be personally recognized in any public presentation of the research.

At all times, you have the right to:

- 1) Refuse to answer questions;
- 2) Stop the interview at any point in the individual interviews or leave the group discussion;
- 3) Withdraw from the study at any time, in this case, we will only use the information you have given us with your permission. If you do not wish me to use this information, we will destroy it or give it to you.
- 4) Ask any questions regarding the study.

I, _____, voluntarily agree to participate in this study.
(Print Participant's Name)

(Participant's Signature)

(Date)

(Researcher's Signature)

(Date)

Appendix 4: Scenario and Recommendations

Stella's Story

Stella's Story

Born to farmers in the Philippines, Stella is the eldest daughter of six children. Growing up, Stella had a lot of responsibility in her home, but her parents wanted her to get a profession. She worked hard and graduated from nursing school with good grades, but there were no jobs to be found.

One of her cousins had gone to Hong Kong five years earlier as a domestic worker and was on her way to Canada under the Live-In Caregiver Program. Her cousin told her that Canada offered lots of opportunities. If she came as a care-giver and worked for two years, she could apply to stay there and become a citizen. Canada needs nurses, so she should have no trouble finding work with good pay and a future.

Friends recommended a live-in caregiver training course in Manila which was hundreds of kilometres from her home. She worried about the cost of tuition, but her parents, who were finding it difficult to make ends meet, encouraged her to go. Borrowing money from her cousin and other family members, Stella headed off to Manila.

The agency associated with the training school told her that for a fee, they would help her secure an offer from an employer. She was excited when a job offer was made after she completed the course. She would be caring for a small girl in a town where her cousin lived. She began the necessary paperwork with the embassy. For months, she heard nothing. Every time she try to inquire about her papers, she had to go to the embassy in person lining up at 5 a.m. to ensure she could get in. Nine months later, she had an interview. Two months later, her papers were approved.

Just as she was to leave, the agency told her the employer could not wait for her, but they had an alternative. She was placed with a single father of four children who worked in the resource industry in rural Alberta. He left for work two days after she arrived. She barely knew where to buy groceries, much less know where emergency services were located or who else she could turn to for help. The father was home only on weekends, so for five days a week. Stella fed, clothed, bathed and organized the children, helped them with school work, did the laundry and cleaned the house. She worked 24 hours a day for five days a week. She knew that her contract stipulated she work only 9.5 hours, but what could she do? She thought she'd make enough in overtime to soon pay off her debts to her family who pooled their monies for her agency fees, visas and plane tickets.

At first when he was home on weekends, the employer was quite respectful, complimenting her on her abilities and how beautiful she was. She wondered if he was flirting with her. She ignored the compliments and anxiously awaited her first paycheck—but there was no overtime pay. While she considered what to do, he went back to work. When he came back the following weekend, he got drunk and made a pass at her. She refused his advances. He threatened her, saying if she said anything to anyone, he would tell the government and would have her deported. How could she bring up the overtime now? She was lonely, scared and very tired. She had difficulty breathing and sleeping.

Months went by. One weekend, the employer invited her to come with the children to a large city a few hours away to buy the children clothes. Walking through the mall, she heard a familiar language, she looked up and saw a group of Filipina women walking towards her. They introduced themselves and quickly exchanged phone numbers. “Come visit us next weekend”, they said, “We have an apartment together.” Stella took a bus to the city the next weekend. Her new friends shared their experiences which were not so different from her own. Stella was grateful to have some people to talk to—things were looking up. What would the next 18 months have in store?

We asked people to record their thoughts, feelings and inspirations for future action on a flipchart.

Participants

<i>Thoughts included</i>	confusion, revenge, the need to think positive in order to survive and pride in Stella’s willingness to sacrifice herself for her family.
<i>Feelings included</i>	anger, pity, loneliness, stress, fear and happiness that Stella met other women who shared her experience.
<i>Wanted to</i>	find and create support for Stella and women like her, get involved in the local Live-in Caregiver association, encourage Stella to demand her rights, ask HRDC and CIC to monitor contracts and encourage networking.
<i>Did not want to</i>	give up!

Appendix 5: Live-in Caregivers Survey

This is a survey about live-in caregivers in Alberta. Your responses will be held in strict confidence and in no way will it be possible to connect them to you. You have the right not to answer questions you do not wish to. This research is being conducted by Changing Together...A Centre for Immigrant Women and is funded by Canadian Health and Status of Women Canada. If you have any questions about this project, please contact Changing Together at 780-421-1076 or e-mail us at changing@icrossroads.com Please complete the survey and return it in the stamped envelope provided by May 11, 2001.

Thank you very much for your help!

Please circle the appropriate answer to each questions or fill in the blank.

1. In what country were you born? _____
2. What is your ethnic ancestry? _____
3. What is your religion? _____
4. In what year did you come to Canada? _____
5. Sex 1. Female 2. Male
6. What is your age? Actual Years _____
7. What is your marital status?
 1. Single
 2. Married
 3. Separated
 4. Divorced
 5. Widowed
8. What kind of training or experience did you have before coming to Canada?
 0. None
 1. Geriatric Care
 2. Nursing
 3. First Aid
 4. Live-In Caregiver Training Course
 5. Worked for 1 year or more as a caregiver
 6. Early Childhood Education
 7. Other (please specify) _____
9. In your current job who do you provide care for?
 1. Child/Children
 2. Elderly person
 3. Disabled person
 4. Other (please specify) _____
10. In your current job how many people do you care for? _____
11. Where do you currently live?
 1. City
 2. Rural Area
 3. Small Town

12. If you could change something about your working conditions what would it be? Mark as many as apply.

1. Working hours.
2. Benefits
3. Pay/Salary
4. Treatment by employer
5. Live-in requirements
6. Other (please specify)_____

13. Here are some questions about your life in Canada and your job. Please circle yes or no.

- | | | |
|---|--------|-------|
| a) If I stay in Canada I will change jobs. | 1. Yes | 2. No |
| b) I work overtime | 1. Yes | 2. No |
| c) I am happy to work overtime. | 1. Yes | 2. No |
| d) I get paid extra if I work overtime. | 1. Yes | 2. No |
| e) I would like to go to school in Canada. | 1. Yes | 2. No |
| f) I have time for leisure activities. | 1. Yes | 2. No |
| g) I often meet with other caregivers on my days off. | 1. Yes | 2. No |
| h) I belong to a Nanny's group | 1. Yes | 2. No |
| i) I have someone I can talk to about my problems. | 1. Yes | 2. No |
| j) I can go to the doctor whenever I am sick. | 1. Yes | 2. No |
| k) I go to church or an another place of worship. | 1. Yes | 2. No |

14. How strongly do you agree or disagree with the following statements about your job and life in Canada?

	Strongly Agree	Mildly Agree	Mildly Uncertain	Strongly Disagree
Disagree				
a. I have a good appetite for food.	1	2	3	4 5
b. My health has improved in Canada	1	2	3	4 5
c. I always have a good sleep.	1	2	3	4 5
d. I am happy most of the time.	1	2	3	4 5
e. I like my job.	1	2	3	4 5
f. I feel appreciated in my job.	1	2	3	4 5
g I have aches and pains.	1	2	3	4 5
h. I feel lonely most of the time.	1	2	3	4 5
i. I don't have enough privacy.	1	2	3	4 5
j. My living quarters are too small.	1	2	3	4 5
k. My employers are good to me.	1	2	3	4 5
l. I have been discriminated against in my job.	1	2	3	4 5
m. I have also been discriminated against in the community.	1	2	3	4 5

n. I have experienced sexual harassment in my job.	1	2	3	4	5
o. I have to work when I am sick.	1	2	3	4	5
p. I have many friends outside my job.	1	2	3	4	5
q. I have free time on weekends.	1	2	3	4	5
r. I have free time in the evenings.	1	2	3	4	5
s. I am often asked to do jobs other other than care-giving.	1	2	3	4	5
t. I am paid good wages.	1	2	3	4	5
u. I have enough money to send some back home.	1	2	3	4	5
v. I keep in touch with other live-in caregivers.	1	2	3	4	5
w. My education is valued in Canada.	1	2	3	4	5
x. I want to stay in Canada.	1	2	3	4	5
y. I will apply to live in Canada.	1	2	3	4	5
z. I would like to change careers.	1	2	3	4	5
aa. I would like to go to school in Canada.	1	2	3	4	5
bb. I get along well with and are accepted by Canadians in the community where I live.	1	2	3	4	5
cc. I speak English very well.	1	2	3	4	5
dd. I speak English when I am with my friends.	1	2	3	4	5
cc. I feel like I am a Canadian.	1	2	3	4	5