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Economic and Social Integration of Immigrant Live-in Caregivers in Canada

Jelena Atanackovic and Ivy Lynn Bourgeault

Major changes to the Live-in Caregiver Program are required in order to improve the economic and social integration of these migrant workers before and after their participation in the program.

D'importantes modifications doivent être apportées au Programme concernant les aides familiaux résidents afin d'améliorer l'intégration économique et sociale de ces travailleurs migrants, avant et après leur participation au Programme.



*Diversité, immigration et intégration
Diversity, Immigration and Integration*

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Summary

Unlike most other temporary foreign workers in Canada, participants in the Live-In Caregiver Program (LCP) are eligible to apply for permanent residence after completing 24 months of paid employment within a period of four years. The LCP was introduced in 1992 to address a lack of live-in workers to care for dependent people. It is estimated that a total of 17,500 former caregivers, their spouses and dependants will be admitted as permanent residents in 2014.

Few studies have addressed the economic and social integration of LCP workers after the program or explored how different types of caregiving — for children, disabled people or older adults — affect integration. This study helps fill these gaps through extensive qualitative research, including interviews and focus groups with 58 live-in caregivers.

One main finding is that caregivers' temporary status and the live-in requirement often lead to inequitable working conditions and even exploitation (e.g., no extra pay for working overtime). The authors show that caregivers of children deal more often with employers who fail to comply with their contracts than do caregivers of older adults. However, caregivers of adults experience more restrictions on their personal movement and are more socially isolated, given that they have to attend to their clients all the time.

Key factors that prevent live-in caregivers from successfully being integrated economically after they complete the LCP include losing recognition of previous training/skills, long and expensive upgrading processes, and limited use of settlement services. Successful social integration of LCP workers after the program seems to be hampered by their attachment to ethno-specific networks, and their difficulties with the procedures for obtaining permanent residence and family reunification.

To improve the economic and social integration of live-in caregivers during the LCP, the authors call for removal of the live-in requirement. In their assessment, caregivers would thus be less likely to experience some of the inequitable working conditions that they reported. The authors also suggest that consideration be given to allowing caregivers to apply for permanent residence upon arrival in Canada.

Noting that the federal government introduced regulatory changes to the Temporary Foreign Worker Program in 2013, the authors call for stronger enforcement of employment and labour standards, including on the part of provincial governments. They further suggest the removal of the requirement that caregivers obtain a study permit for credit courses longer than six months while in the program; and they recommend increasing funding for immigrant organizations to make their services more widely available to caregivers in the LCP and to make former LCP workers more aware of such services after completing the program.

Résumé

Contrairement à la plupart des autres travailleurs étrangers temporaires au Canada, les participants au Programme concernant les aides familiaux résidents (PAFR) peuvent faire une demande de résidence permanente lorsqu'ils ont totalisé 24 mois de travail rémunéré sur une période de quatre ans. Le PAFR a été créé en 1992 pour remédier au manque d'aides familiaux résidents prenant soin des personnes dépendantes. On estime que 17 500 anciens aides familiaux, y compris leurs conjoints et personnes à charge, seront admis comme résidents permanents en 2014.

Pourtant, on trouve peu d'études consacrées à l'intégration économique et sociale des travailleurs après leur participation au PAFR ou à l'incidence des différents types de soins (aux enfants, aux personnes âgées ou aux personnes handicapées) sur cette intégration. La présente étude vise à combler cette lacune par une recherche qualitative approfondie, fondée notamment sur des entrevues et des groupes de discussion avec 58 aides familiaux résidents.

Selon l'une de ses conclusions clés, le statut temporaire des aides familiaux et l'obligation d'habiter chez leur employeur s'accompagnent souvent de conditions de travail inéquitables et même d'exploitation (des heures supplémentaires non rémunérées, par exemple). Les auteures démontrent aussi que les aides familiaux qui s'occupent d'enfants sont plus souvent confrontés à des employeurs qui ne respectent pas leurs obligations contractuelles que ceux qui prennent soin de personnes âgées. Ces derniers sont toutefois moins libres de leurs déplacements et plus isolés socialement, puisqu'ils doivent rester en permanence auprès de leurs clients.

Parmi les facteurs qui entravent l'intégration économique des travailleurs après leur participation au PAFR, citons la perte de reconnaissance des formations et des compétences acquises, la durée et le coût des processus de perfectionnement professionnel, et le faible recours aux services d'établissement. Quant à leur intégration sociale, elle semble freinée par leur attachement à leurs propres réseaux ethnoculturels et par la complexité des procédures d'obtention de la résidence permanente et de réunification des familles.

Pour améliorer l'intégration économique et sociale des aides familiaux pendant leur participation au PAFR, l'étude propose de supprimer l'obligation qui leur est faite d'habiter chez leur employeur. Les aides familiaux seraient ainsi moins susceptibles de subir certaines des conditions de travail inéquitables qu'ils ont signalées. Les auteures suggèrent aussi d'examiner la possibilité de permettre aux aides familiaux de faire une demande de résidence permanente dès leur arrivée au Canada.

Notant que le gouvernement fédéral a apporté en 2013 certaines modifications réglementaires au Programme des travailleurs étrangers temporaires, les auteures plaident en outre pour une application renforcée des normes d'emploi et du travail, y compris par les provinces. Elles recommandent enfin de supprimer l'obligation pour les aides familiaux participant au PAFR d'obtenir un permis d'étude pour des cours à unités de plus de six mois, et de mieux financer les organismes d'aide aux immigrants afin que ces travailleurs, tout comme les anciens aides familiaux, aient plus facilement accès à leurs services.

Economic and Social Integration of Immigrant Live-in Caregivers in Canada

Jelena Atanackovic and Ivy Lynn Bourgeault

The Live-in Caregiver Program (LCP), a stream of the Temporary Foreign Workers Program (TFWP), was introduced in 1992 to address a specific labour shortage in Canada: the lack of workers to care for dependent persons while living in these persons' private homes. The living arrangement differentiates the LCP from other streams of the TFWP. The LCP has a special appeal to potential applicants because live-in caregivers are eligible to apply for permanent residence after they have completed 24 months of work in the program.

The economic and social integration of immigrant live-in caregivers in Canada has been a long-standing topic of interest. However, most of the available research on their integration during the program was undertaken before the policy changes to the LCP introduced in 2010 (described below). In addition, most research to date does not differentiate among different types of caregiving — for children, disabled persons or older adults — thus failing to explore how different care arrangements affect caregivers' working and living conditions and, in turn, their integration. Also, few studies have addressed the economic and social integration of former LCP workers after the program. With the increasing demand for live-in caregivers for older adults and the growing emphasis in health policy on aging at home, this is an important gap in our knowledge.

To help provide a fuller picture of the experiences of live-in caregivers, this study addresses two main questions. First, we examine the economic and social integration of live-in caregivers while they are in the LCP; we consider specifically how the 2010 policy changes may have affected their social integration, and how the working and living conditions of these workers vary according to the type of care they provide (in our studies, child care or elder care).

Second, we look at the economic and social integration of former live-in caregivers after completion of the LCP, with a focus on their labour market outcomes and their transition from temporary to permanent resident status, including issues related to family reunification.

For the purposes of this study, we use the term *economic integration* to refer to the labour market participation of live-in caregivers, including their ability to earn a living wage during and after the program, their working conditions (including issues related to employers' compliance with the terms of job contracts such as unpaid overtime and inadequate wages) and recognition of their credentials and previous work experience. *Social integration* refers to the social and cultural engagement of live-in caregivers with mainstream Canadian society.

We begin the study with background information on the LCP. After reviewing the relevant literature on the integration experiences of live-in caregivers and describing the data we draw upon, we report our key findings with regard to economic and social integration both during

and after the program. We conclude with reflections on the policy implications of our research and a number of recommendations.

The Live-in Caregiver Program

The demand for domestic care workers in Canada has developed over the last five decades, arguably paralleling the trend of women's increased workforce participation and the restructuring of health care. These trends have led to a nationwide demand for live-in care workers for children and older adults (Cohen 2000). The term "live-in caregiver," as outlined in the *Immigration and Refugee Protection Regulations*, refers to "a person who resides in and provides child care, senior home support care or care of the disabled without supervision in the private household in Canada where the person being cared for resides" (ESDC 2013a).

Those wishing to work as live-in caregivers must apply to Citizenship and Immigration Canada (CIC). The current requirements of the LCP are a positive Labour Market Opinion from a Canadian employer,¹ a written contract with the employer, successful completion of the equivalent of Canadian secondary school education, at least six months' training or at least one year of full-time paid work experience as a caregiver or in a related field or occupation (including six months with one employer) in the past three years, good knowledge of English or French, and a work permit issued by the Canadian government. After accumulating 24 months of authorized full-time employment under the LCP within a period of four years, or 3,900 hours over a minimum of 22 months (with a maximum of 390 overtime hours), live-in caregivers are allowed to apply to become permanent residents (CIC 2012c).

In April 2010, changes were introduced to make the transition to permanent residence easier and to remedy certain difficulties with regard to worker protections. Among other changes, the time limit for caregivers to complete their work requirement in order to qualify for permanent residence was extended from three years to four. Also, caregivers who work overtime were given the opportunity to apply for permanent residence sooner; the 22-month option described above was not previously available (CIC 2010a). As well, the employment contract was modified to cover new employer-paid benefits;² accommodation arrangements, including room and board; hours of work, including overtime hours; wages; holiday and sick leave entitlements; and terms of termination or resignation (CIC 2010a, CIC 2010b).

Although significantly fewer people come to Canada through the LCP than through some other streams of the TFWP, the data confirm its popularity. At its peak, in 2007, 12,955 people were admitted through the program (CIC 2012a). By 2011, annual admissions had fallen to less than half that number (5,884); in 2012 they increased slightly to 6,242 (CIC 2012a).

In 2009, 90 percent of LCP workers were from the Philippines, perhaps reflecting the greater knowledge of the program among this applicant pool. The self-reported educational level of LCP workers is quite high. In 2009, 63 percent had a bachelor's degree or higher (Kelly et al. 2011).

The number of live-in caregivers who became permanent residents increased from 3,433 in 2007 to a high of 7,664 in 2010 (CIC 2012a). This dropped considerably to 3,690 in 2012 (CIC 2012a), a decline

that some attribute to the effects of the post-2008 economic downturn (5,322 spouses and dependants were also admitted that year). CIC expects that in 2014, as a result of efforts to reduce the application backlog, a record will be broken with the admission as permanent residents of a total of 17,500 caregivers, their spouses and their dependants (CIC 2013c) — close to double the 9,012 admitted in 2012.

Overview of Existing Research

Previous research has documented a number of difficulties in the economic and social integration of workers in the Live-in Caregiver Program. In particular, it has been shown that their temporary status and the live-in requirement can negatively affect their working and living conditions, which in turn can impede their economic and social integration.

Workers' precarious migration status and their desire to become permanent residents can make them vulnerable to exploitation or abuse by employers. In addition, live-in caregivers are not allowed to sponsor their families while they are in the LCP. Research has documented the emotional challenges this separation from their families poses, not only for the caregivers but also for the family members who remain in the home countries (Arat-Koç 2001; Bonifacio 2013; Cohen 2000; de Leon 2009; Kelly et al. 2009; Parrenas 2005; Spitzer 2013).

The obligation to live in the employer's home also makes live-in caregivers vulnerable. Researchers have reported workers not being fully compensated for their work; feeling compelled to work overtime for which they are not reimbursed; being requested to take on additional tasks not stipulated by their job contracts, such as housekeeping or taking care of additional family members or even pets; being denied sick leave and days off; and having their contracts ended without justification (Grande and Kerr 1998; Kofman 2004; Oxman-Martinez, Hanley and Cheung 2004; Pratt 2004; Pratt and Philippine Women Centre 2003; Schecter 1998; Spitzer 2008; Spitzer et al. 2007; Stasiulis and Bakan 2003; Stiell and England 1997; Zaman 2006). Their immediate availability to their employers means workers may have longer than an eight-hour day, which limits their opportunities for socializing (Grande and Kerr 1998). In addition, live-in caregivers report a number of other sources of stress because of their living conditions. These include lack of privacy; prohibitions on visitors, personal movement and freedom of association; isolation; and, in some cases, abuse (verbal, physical or sexual) (Cameron 1999; Grande and Kerr 1998; Parrenas 2001; Spitzer 2008; Stasiulis and Bakan 2003).

It is important to note that the bulk of this research was done before the 2010 changes. Thus, it is difficult to assess whether the changes have had any influence on working and living conditions of workers in the program and on their economic and social integration. For example, when live-in caregivers want to leave unsatisfactory working conditions for a better employer, they must obtain a new work permit, which takes some time. When they had only 36 months to accumulate the hours of work required to become eligible for permanent residence, many were deterred from changing employers (Bourgeault, Parpia and Atanackovic 2010; Grande and Kerr 1998; Oxman-Martinez, Hanley and Cheung 2004). The extension of the time period to achieve this requirement from 36 to 48 months may help address this issue.

As noted earlier, most of the available research has not considered how different types of caregiving may affect caregivers' working and living conditions, and in turn, their integration.

Another question that has received less attention in the literature is the economic and social integration of former live-in caregivers after they have completed the LCP. The few studies that have examined their labour market outcomes indicate that, although many hope to upgrade their skills and go back to the occupation for which they trained in their home countries (often nursing or teaching), few manage to do so (Pratt and Philippine Women Centre 2003; Spitzer et al. 2007). Instead, many caregivers end up in other service sector jobs, working as cashiers, babysitters, house cleaners and live-out care workers; this shift is often labelled *deskilling*.

These are the main reasons cited in the literature for the deskilling of live-in caregivers:

- ▶ *Program rules that hinder opportunities for upgrading.* Certain stipulations of the visa granted under the LCP discourage live-in caregivers from taking any courses longer than six months while in the program. In fact, they are allowed to take only non-credit courses unless they apply for a study permit. Generally, the study permit is not needed for “distance learning, audit courses (where a student is permitted to attend an academic course without obtaining credit for it), following a course that is not academic, professional or vocational in nature that can be completed within the period authorized upon entry into Canada, and following a course or a program of study which is six months or less that can be completed within the period authorized upon entry into Canada” (CIC 2013a). For credit courses longer than six months, live-in caregivers must pay a fee of \$150 for a study permit. Also, if they decide to pursue longer study, live-in caregivers are required to pay foreign student fees. Such obstacles to studying frustrate live-in caregivers, often profoundly derailing their ambitions (Spitzer and Torres 2008). More broadly, it is onerous to take upgrading courses while working long hours providing care (Macklin 1992).
- ▶ *Lack of recognition of foreign credentials and Canadian experience.* The barriers to recognizing foreign credentials in Canada are well known (Albaugh and Seidle 2013), and potential employers often do not recognize experience gained through the LCP as “Canadian experience.” With these obstacles, it is challenging for former live-in caregivers to find jobs in line with their educational and employment backgrounds (Spitzer 2008; Spitzer et al. 2007).
- ▶ *Reliance on coethnic networks.* Depending on networks within their own ethnocultural communities in their search for employment can lead former live-in caregivers to limited job opportunities, often in low-paid sectors (Pratt and Philippine Women Centre 2003).

Although we know little about the economic integration of immigrant live-in caregivers after the program, even less is known about their social integration. Obtaining permanent resident status is an important component of social integration, but available studies have shown that this procedure can be long and expensive (Alcuitas et al. 1997; Grandea 1996; Grandea and Kerr 1998). For 80 percent of all cases processed between October 1, 2012, and September 30, 2013, the average processing time was 39 months (CIC 2013d). For applicants with children, the process is even longer since each family member is required to pass medical and security examinations (Spitzer et al. 2007). Long periods of family separation can lead to difficulties after reunification occurs. For example, research done by Pratt (2012) shows that high school dropout rates of children reunited with their mothers who were in the LCP seem to be much higher than those of other Filipino-Canadian children (see also Kelly 2014). Applicants for permanent residence currently have to pay a processing fee of \$550 and a \$490 right of permanent residence

fee (the latter was reduced from \$975 in 2006; CIC 2006). Additional processing fees are \$550 for family members 22 years of age or older; the right of permanent residence fee of \$490 is charged for spouses or common-law partners of applicants (CIC 2012b). Dependent children of a principal applicant or sponsor, children to be adopted, orphaned family members and protected persons are exempted from paying the right of permanent residence fee (CIC 2012b).

Methodology

To begin to fill some of the knowledge gaps discussed above, we drew upon findings from our previous research. We carried out three studies (which we will call studies 1 to 3). Studies 1 and 2 consisted of interviews and focus groups with a total of 53 live-in caregivers. We augmented these in Study 3 with a systematic literature synthesis, five new interviews with LCP participants and telephone interviews with selected key policy informants (see table A1 in the appendix).

Study 1 on the role of immigrant care workers in the older adult care sector included two focus groups with a total of 7 live-in caregivers of older adults, conducted in 2007 and 2008 in Quebec; and 12 personal interviews — 8 with live-in caregivers of older adults and 4 with live-in child caregivers — conducted in 2007 and 2008 in Ontario, British Columbia and Quebec. Study 2 was based on 34 in-depth, personal and telephone interviews: 19 with live-in child caregivers, 12 with live-in caregivers of older adults and 3 with caregivers who had experience in both types of care. These interviews were conducted during 2010 and 2011 in Ontario.

Because Studies 1 and 2 took place before the 2010 changes to the LCP, in Study 3 we aimed to assess the impact of those changes.³ To that end, we interviewed five current and former live-in child caregivers in Ontario. In addition, we interviewed five key policy informants: one representative each of Citizenship and Immigration Canada, Human Resources and Skills Development Canada,⁴ an immigrant settlement services agency, a live-in caregiver organization, and academia.

Among the 58 current and former LCP workers in the three studies, 95 percent were female. Nearly 80 percent (46 workers) came to Canada from the Philippines. (More information on the participants in our three studies — their age, highest level of education and country of origin — is provided in figures A1 and A2 and table A2 in the appendix.)

The interview guides for caregivers for the three studies explored their working, living and settlement experiences with the aim of assessing economic and social integration during and after the program. The interview guides for key policy informants explored their views on issues related to the economic and social integration of live-in caregivers, as well as their recommendations on how some of the integration problems faced by live-in caregivers could be addressed.⁵

Economic and Social Integration during the LCP Temporary status, live-in requirement and economic integration

Caregivers' temporary status has a number of impacts on their economic integration. As one key policy informant put it, their status "puts live-in caregivers in the position to be...vulnerable to abuse" (Key Policy Informant 3). Because live-in caregivers do not want to

compromise their chances for permanent residence, they are often reluctant to confront an employer's abuse. One caregiver expressed it this way:

I think because of the kind of working visa that we have, we have a closed work permit. So the tendency is that we try to just, you know, we try to overlook the things that we are not happy about. Like taking advantage of or being overworked and underpaid, and, you know, being asked to do things that were not included in the contract just so we can finish the program and we can apply for permanent residency as soon as possible. (Filipino former live-in child caregiver, Study 3, Participant 37)

Our interviews suggest that temporary status also impedes caregivers' access to education, health care and some immigrant settlement services. Commenting on the prohibition on taking courses longer than six months without obtaining a study permit (also referred to as a student visa), one worker said:

[The] live-in caregiver program was...an unfair program for me because at that time, I was not allowed to go to school. If I go to school, I have to apply for an international visa, a student visa. And...they won't allow you to change your visa to an international student. And being an international student, you have to pay three times the cost of the regular fee. So for me, being under the program...the only way for me to learn is just reading books or going to the library or going to those high school courses. (Filipino former live-in child caregiver, Study 3, Participant 36)

Key policy informants agreed that the prohibition limits caregivers' ability to upgrade and return to the occupations for which they were trained in their home countries.

Employers are required to buy health insurance for workers until they are covered by provincial health insurance plans (in some cases, not until three months after arrival in Canada). Key policy informants told us that employers often breach this rule, meaning that live-in caregivers are without health coverage during that period. It was suggested that this occurs because of the lack of monitoring to ensure employers' compliance.

Live-in caregivers are officially eligible for all immigrant settlement services,⁶ except language training, while they are still temporary foreign workers in the program. While many immigrant settlement organizations offer live-in caregivers services such as orientation before they arrive to help them adapt to life in Canada and after they arrive to help them build essential employment skills and build a community network, the organizations often have very limited funds and must turn down some requests for service. Assistance in completing permanent resident and sponsorship applications is not an eligible service under the Settlement Program. As Key Policy Informant 4 explained, her immigrant organization assists live-in caregivers but only once their applications for permanent residence have been initially approved. She added that the agency sometimes organizes information sessions for live-in caregivers. Thus, while officially their temporary status should not hinder live-in caregivers from being eligible for some settlement services, it was her experience that priority is given to those with permanent resident status.

Our interviews revealed that live-in caregivers face challenges with regard to their living and working conditions due to the live-in requirement. Even though the LCP obliges employers to provide live-in caregivers with adequate accommodation (which includes a separate, lockable room), our research suggests that employers do not always meet these standards. Caregivers' rooms are often in dark and cold basements, without access to appropriate fire exits. One live-in

caregiver recalled that her room was in the basement, beside the employers' gym, which made it hard for her to fall asleep, as they often worked out at night.

Violation of privacy is a common complaint voiced by live-in caregivers of both children and older adults.

And sometimes kids would want to even sleep in my room because they just loved me. I mean they just loved me. So privacy, I didn't have privacy. And yes, they always...And as I said, there's always like shouting in the house. Of course, well, the kids, the older one would shout at the younger ones. So the whole day, the whole afternoon. And when I'm done with my work, I cannot really do much when they are there. So what I do is sometimes I would try to go out. (Filipino former live-in child caregiver, Study 3, Participant 36)

I have my own room, yes, but it's always open...because my room and her [old lady's] room are facing. I can see in her room from my room. And I would know what she is doing. (Filipino former live-in elder caregiver, Study 2, Participant 17)

The live-in requirement makes caregivers available to an employer essentially 24/7. As one former live-in child caregiver put it:

When you're at your employer's house you tend to work overtime. You tend to work overtime without pay because you're just there with the kids. (Filipino former live-in child caregiver, Study 3, Participant 36)

Some live-in caregivers believe the live-in requirement should be eliminated.

There should be the freedom of the person. At least the person should have an option to live in or live out. I mean the work permit should not be...There shouldn't be a live-in requirement. Because the thing is it feels like even if you're done with your work, your work ended at 5:00 pm, but you live in the house, you live in the employer's house, and it feels like you're still supposed to work...You don't feel that you have that freedom. (Filipino former live-in child caregiver, Study 3, Participant 37)

Key Policy Informant 1 said she was not "totally convinced that employers really, really want to have somebody available in their homes 24 hours per day." She explained that sometimes people want greater flexibility. For instance, they would like to have someone who takes care of their children or elderly relatives for a certain number of hours and then leaves.

According to another key policy informant, the live-in requirement "creates a power imbalance between employer and employee, making it hard to negotiate working and living conditions" (Key Policy Informant 3). She added that such an arrangement creates an "environment of dependency," especially for live-in caregivers residing in rural areas, who fully depend on their employers to give them a ride to a bus station or the closest town or city.

It is difficult to monitor employers' practices to ensure that they comply with the rules. Those we spoke to did not seem to sense that any formal monitoring was being undertaken. As a result of policy changes announced in April 2013 and August 2013 that apply to most temporary foreign workers covered by LMO rules, the federal government has increased its authority to suspend and revoke work permits and LMOs if the program is being abused (HRSDC 2013a, ESDC 2013b). The government also introduced regulatory changes in late 2013 that require employers to provide a workplace that is free of abuse to temporary foreign workers who have an LMO (ESDC 2013c).

Temporary status, live-in requirement and social integration

Our research suggests that immigrant live-in caregivers tend to socialize mostly with those from their own ethnocultural communities and those with similar caregiving responsibilities. They discuss job-related and private problems and seek advice about their immigration papers or other issues. Some live-in caregivers reported that by volunteering in ethnocultural organizations or by attending meetings or events offered by these organizations, they were able to escape the isolation they felt.

Even though they had some acquaintances of other ethnicities, they rarely became friends with them. This lack of wider connections can hamper live-in caregivers' social integration.

I don't have Canadian-born friends. Like acquaintances, a lot. Like our neighbours here, they're very...We just moved here last September. So they're very accommodating, they're very friendly. They invite me sometimes for a walk. You know, walking here. Not like really close, close friends. (Filipino current live-in child caregiver, Study 3, Participant 35)

Although caregivers are generally aware that they should contact the provincial ministry of labour (or the equivalent) or the CIC hotline for job-related problems (such as abuse), most are afraid to do so. Only some approach the organizations serving specifically live-in caregivers (formal support networks of live-in caregivers) for assistance, as most are not aware of their existence. Moreover, these organizations are sometimes quite a distance away, so caregivers may be unable to attend meetings or other events. Key Policy Informant 3 reported that because the live-in caregiver support organization for which she works is the only one in the area, she and her colleagues are overwhelmed with work. She believes there should be more organizations helping live-in caregivers who need information and legal help.

Live-in caregivers' visas do not allow them to bring their family members with them, and live-in caregivers often feel guilt about leaving their spouses and children back home. One caregiver reflected on the social isolation she felt as a result of her limited social life in Canada and separation from her family:

Well, sometimes. You know, because your family is back home and there are times. There are times that you really feel isolated. You know, this is not our country. There's not much of me time. You know, it's always work, work and more concentrated on earning money and sending it back home...Isolation for me is always going to be there as long as my family is not here. (Filipino current live-in child caregiver, Study 3, Participant 35)

Still, live-in caregivers endure these hardships because they believe that their work in Canada can ensure a better future for the children they left behind. Also, they know that after two years of work under the program they will be able to apply for permanent residence and sponsor their family members to come to Canada.

Due to the live-in requirement that confines live-in caregivers to their employer's home for the greater part of the day, the majority of live-in caregivers have very limited social lives. Most can meet with their friends only on weekends, as these are the days off for the majority of them. While some shop or go to movies or social events with friends on their days off, others reported that their meagre incomes made it impossible for them to engage in such activities. It can be hard to develop close friendships because of lack of time and money.

My friends are in the church. We just see each other during the church service. Other than that, I'm at work Monday to Friday, and I don't go out at night. I stay home and do my exercise and do reading, like that, or chat with my family back home through Facebook. And I can just count my friends, maybe four. But I mean like a friend whom I can speak with most of the time...I have no friends like that. I don't speak too much because, yeah, I think I'm busy. Like, and it costs going out with friends. (Filipino former live-in child caregiver, Study 3, Participant 38)

Key Policy Informant 1, who did research on immigrant live-in caregivers, stated that the live-in requirement has a long-term effect on caregivers' ability to integrate because it hinders their access to local sources of social support. She explained that employers are in near total control of live-in caregivers' lives.

Type of care and economic integration

Our research shows that whether live-in caregivers work in elder care or child care is largely determined by education and the experience they bring from their home countries, as well as by the networks — formal (such as recruitment agencies) or informal (friends or family members) — they rely on when looking for jobs. However, some who were initially assigned to one type of care had to switch to another if they were released right away or not long after arrival.

Although live-in caregivers of both children and older adults are affected by their status as participants in the LCP, it seems that live-in child caregivers experience more challenges with employers failing to comply with their contracts than those caring for older adults. Many live-in child caregivers we spoke to revealed that, even though their job contracts are fair, employers tend to breach them. The main issues with regard to their working conditions are denial of benefits such as sick leave; being required to work overtime without proper compensation; being expected to perform additional work not outlined by their job contracts; and not being appropriately compensated for the amount of work they perform.

I actually never had a chance to take sick leave. Even if I was sick my employer started screaming at me that she cannot just stay with the kids because she had to go to work so I had to work even when I was sick. (Slovakian former live-in child caregiver, Study 2, Participant 15)

For me, when I was working, I should have been finished till 4:00. But then the kids kept on coming to my room. So really if I'm helping them with their homework, I should be paid overtime. I should be, you know, compensated for those times. But I don't really ask my employer. A live-in caregiver is exploited. (Filipino former live-in child caregiver, Study 3, Participant 36)

Once I got my permit for that specific family, I started working for them. So we had a sit-down conversation, and I realized that it's a little different from what we had agreed before. So now they're asking me to do other things that we never discussed before like cleaning all the washrooms, cleaning their entire house. And it's the first time I saw their house. It's so big. But I'm supposed to be a live-in caregiver. You're supposed to take care of a child or children, elderly or disabled. The cleaning part, it's not really an obligation to clean in their house. But what is related or connected to the person you're taking care. So if it's children, it should be the common area or their bedroom or their washroom but it shouldn't be like the entire house, no parking, no ironing or anything like that, right. (Filipino former live-in child caregiver, Study 3, Participant 37)

I don't think the wage I get is enough. I mean with the kind of job and responsibilities that we assume in the absence of the parents. And there are so many things that they ask us to do. I don't think it's enough. (Filipino former live-in child caregiver, Study 3, Participant 37)

Although some live-in caregivers of older adults work overtime without pay, many do not consider this a major problem because they believe that the type of care allows them to have flexible hours with fairly long breaks.

Basically if you're working for an elderly, you know that you work flexible hours because sometimes there are troubles at nighttime. Sometimes they make a fall. Sometimes they cough like crazy. Sometimes they have diarrhea. So I think you should be ready any time to run to give assistance. So it's mostly long hours. Actually right now, if I have to count the hours, it goes up to 15 hours a day. But during the day when the couple is napping, you can nap too if you want. There are break periods. Like every day I have some few hours for myself. (Filipino current live-in elder caregiver, Study 2, Participant 19)

Moreover, only some live-in elder caregivers report having additional responsibilities not outlined in their job contracts. Employers can allocate additional roles to live-in caregivers incrementally until they have a wide range of tasks to undertake.

You know, um, usually you will only do what they ask. And then later on they will want your fingers and then they will want your hands, then they want your arm, then they want your whole body. So initially I was just doing companionship. I was cooking dinner at night. I put it in the dishwasher. And then later on I need to learn how to cook because she would have guests over and I don't know how to cook. It's the only thing I don't know. So that's okay. She sent me to school for free and I thought that's part of my job. And then later on I found out that she would need a nurse and they would have to pay \$65 an hour to Bayshore and the nurse would just come in to do assessment, show us how to do the colostomy bag, show us how to clean the wound, and give her medication. But, you know, they know that I am a nurse. (Filipino former live-in elder caregiver, Study 1, Participant 40)

Some live-in elder caregivers described their salaries as unsatisfactory. One live-in caregiver reported that, although she was caring for a couple, she was paid as if she were taking care of only one client.

Even though the live-in elder caregivers we interviewed generally experienced fewer contract compliance problems than those taking care of children, there were some exceptions. The majority of elder caregivers reported that old people were often left in their care during the families' holidays. Although some saw working on statutory holidays as problematic, others did not object if they were specially remunerated (for instance, paid twice their regular rate).

Live-in caregivers of older adults told us that the most common challenges they encountered related to the age of their clients and to medical conditions such as dementia, depression, aphasia or Alzheimer's disease. Some clients were disabled by aneurysm or stroke. Given the poor physical and mental health of most of their clients, many caregivers working with old people have to stay awake during the night. It is also possible that such clients may die. If a client dies before a live-in caregiver completes the two-year work requirement needed for permanent resident status, she or he needs to find another employer, which may take months. This can complicate the procedure for obtaining permanent residence because of the requirement to accumulate two years of employment within a four-year time frame.

Most of the challenges that live-in caregivers working with children face stem from early age factors, particularly behavioural and disciplinary issues. These problems are exacerbated in children who suffer from a disorder, such as hyperactivity or autism. Another challenge is that caregivers are sometimes left to make important decisions in the absence of parents, and such decisions may not correspond to the parents' wishes. Finally, some live-in child caregivers

experience cultural shock because relationships between parents and children in Canada may be different than what they experienced in their home countries.

Type of care and social integration

Because of the live-in requirement, personal movement is seriously restricted for both types of caregivers. Even though live-in child caregivers are usually allowed to leave the house right after they finish their work, employers often impose curfews. Caregivers of older clients can face even greater restrictions. While those taking care of children can rest and socialize during the evening, those taking care of older adults often do not have that option because they have to attend to their clients all the time. Asked whether she is allowed to leave the house other than on her days off, one caregiver taking care of an old couple answered:

No, I'm not because, you know, it's elderly couple. They need me all the time. So I'm not allowed.
(Filipino current live-in caregiver, Study 2, Participant 20)

Although both types of caregivers have limited social lives, child caregivers are better off. They can meet with friends after work; older adult caregivers have fewer such opportunities, leading to greater social isolation.

Economic and Social Integration after the LCP

Our research findings suggest that immigrant live-in caregivers face many barriers to both economic and social integration once they have completed the program.

Labour market outcomes and economic integration

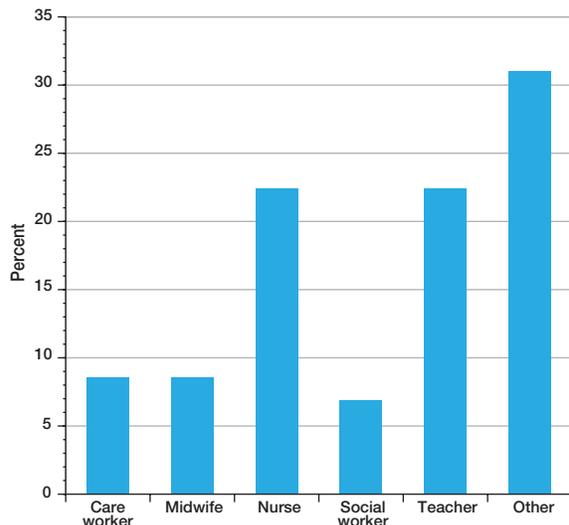
One of the important indicators of successful integration in the labour market of a host country over the longer term is workers' ability to enter the field where they were employed earlier. By this measure, most of the live-in caregivers we interviewed did not achieve successful labour market integration after they completed the LCP. Even though 95 percent of the respondents had some post-secondary education (see figure A2), few decided to go back to the occupation they practised in their country of origin. Instead, they experienced more or less permanent deskilling. Key Policy Informant 3 commented that such "limitation to mobility in a Canadian job market of former LCP workers is often passed down to their children," who themselves end up working in low-paid, low-skilled jobs.

During their time in the program (which often ranges from two to four years), live-in caregivers do not practise their skills from their previous occupation, and afterwards it may be too late to have professional credentials recognized. For instance, nursing credentials obtained more than three years earlier no longer count toward qualification. Deskilling is further exacerbated by caregivers' inability to take courses longer than six months — such as professional bridging programs that assist in licensure — without a study permit.

Further, when live-in caregivers apply for jobs in their original field after the program, employers often ask for Canadian experience in that field. Live-in caregivers may not have any, and their experience as a live-in caregiver is often not considered relevant. One live-in caregiver who was an accountant in the Philippines said:

I'm not really looking for a glamorous job, I just want to start working in office again. But it seems that everybody wants to...they want someone who has Canadian experience. And the only Canadian experience I have is caregiver experience, right. So it's quite difficult. And I can live here in Ottawa. Because it's a bilingual city, a lot of office jobs mostly require bilingual. So it makes it much harder to find a job. (Filipino former live-in child caregiver, Study 3, Participant 37)

Figure 1. Study participants' occupations in their countries of origin



1), few planned to upgrade those skills. In addition to the cost and duration of the licensing process, the number of teaching vacancies is small.

Well, I am thinking of pursuing my education as a teacher here. But as I weigh right now, the competition is more. Like teachers, the competition is much higher. So I need, you know, I need to be bilingual as well. Like French and English. So I am feeling like a little bit scared about it. Like sometimes I feel like okay, I think I can compete. (Filipino former live-in child caregiver, Study 3, Participant 38)

Upgrading is even less affordable for those with dependants. One former live-in caregiver working as a PSW planned to bring her three children to Canada. She reported that, because of the cost of doing so, it was impossible for her to upgrade her nursing skills.

Like nursing upgrading is a lot of money. I will think first before I will go to school. I am not sure yet because I have my children and husband to bring here. It's a big amount of money so I hope I will upgrade. I have my priorities so I cannot do this one this time. (Filipino former live-in elder caregiver, Study 2, Participant 22)

Our interviews with live-in caregivers revealed that they relied extensively on informal ethnocultural networks (family and friends) in their search for employment after the LCP. This finding is consistent with the vast body of literature showing that Canadian immigrants (including refugees and immigrant entrepreneurs) are often helped by family and friends in getting employment (e.g., Goel and Lang 2009; Lamba 2003; Walton-Roberts and Hiebert 1997). Clearly, finding a job through a friend or family member has advantages. Employers trust a referral from someone they know, and this may enable former caregivers to find jobs relatively quickly.

A few live-in caregivers upgrade their skills after leaving the LCP. But for many, the length and expense of upgrading programs to meet Canadian requirements are too discouraging. Although close to a quarter of live-in caregivers in our studies had worked as nurses in their country of origin (figure 1), few intended to upgrade their nursing education. Instead, many chose to train as personal support workers (PSWs). This brought them some satisfaction, because they remained in the health care field.

Similarly, although many study participants had a teaching background (figure

However, live-in caregivers who rely on informal networks may limit their prospects and often end up in low-paid jobs. For instance, one current Filipino live-in caregiver, with a background in teaching, called on a coethnic friend to help her find a job so that she could save money to study later.

When I get my PR [permanent residence] card I will go to school. I want to take up Early Childhood Education because of my experience for almost three years in the child care, so I just want it to be formal and to work in more formal institutions just like in a nursery. In the meantime, I'll take some job to save money for courses. ..I have a friend from Philippines, she's working in the Tim Hortons right now and she can help me with application. (Filipino current live-in child caregiver, Study 2, Participant 23)

Although they often intend these low-paid jobs to be only temporary, many get stuck in such work permanently.

Only a few live-in caregivers in our research found good jobs by relying on coethnic networks. One former live-in caregiver who obtained a bachelor of science in engineering in the Philippines and found work as an IT administrator in project management explained how her Filipino friend helped her get that job.

I found this job from networking like with another friend. A friend of mine who's also a caregiver, a caregiver of the owner of the company told the owner, I have a friend who is, well, I would say, smart. [laughs] I have a friend who I would highly recommend if there's a job opening in your company. And then so that was the start of it. (Filipino former live-in child caregiver, Study 3, Participant 36)

By contrast with their heavy reliance on coethnic networks, interviewees indicated they made very limited (if any) use of immigrant settlement services in looking for employment. These organizations can help former live-in caregivers find information about upgrading their skills and can assist with job searches (e.g., through interview coaching and workshops on resumé writing). Even though these services are widely available to those who have become permanent residents, it seems that very few former live-in caregivers take advantage of them.

This pattern may reflect caregivers' experience while in the LCP. If they have been turned away by these organizations during those years, they may be less inclined to seek their support afterwards. But it is more likely that live-in caregivers are simply unaware of such services. Those who do know about them are often unsure which organization they should turn to for the specific type of help they need. For instance, one respondent explained that she did not know which immigrant organization to contact for assistance with language and computer skills. It is unfortunate that, for whatever reason, these services are not sought out when they are available.

Permanent residence, family reunification and social integration

A number of factors may hamper the successful social integration of live-in caregivers after they complete the LCP. In particular, they often remain tied to their coethnic networks, which may hinder their full integration into Canadian society. Moreover, they can face challenges in the immigration procedures for permanent resident status and family reunification.

The interviews revealed that after live-in caregivers completed the requirements of the LCP, their opportunities for socializing remained very limited. In order to support the family members

they were bringing to Canada, they often had to work at two or three jobs, which left little free time. Indeed, one key policy informant from an immigrant organization spoke of the difficulty of organizing social events for live-in caregivers, given their busy working schedules. Even though social support is provided by her organization, “it’s up to them to participate” (Key Policy Informant 4). Social events have been scheduled at varying times, including evenings, but participation has not increased.

In the limited time former live-in caregivers have for socializing, they tend to cluster in their ethnocultural groups. Many attend ethnically oriented churches. Some volunteer in ethnocultural organizations or join advocacy groups to fight for rights of live-in caregivers. Key Policy Informant 1 told us, “This provides them with some sense of well-being.” Coethnic friends and family often provide advice and financial assistance on matters ranging from the application process for permanent residence to information about upgrading skills. One former caregiver described how she learned from her friends about the reductions in tuition fees for PSW courses at the college.

Oh, lots of my friends living in this building they introduce me [to the idea of upgrading] and one of them helped me. She brought me to the school and then she really...Actually I still have no plan because I said I don't think so that I can go to school at this time. I have no job. I don't think so I can pay. But she really encourages me. You need to start because they are still honouring your caregiver course in the Philippines. You will just pay half, around thousand and nine hundred. So I think you need to... She really try hard to convince me. You need to enrol, you need to enrol. I said okay, okay, I go. And I go. (Filipino former live-in child caregiver, Study 2, Participant 8)

Coethnic networks play an important role in the social life of former live-in caregivers and are a source of support. But they may also impede social integration by preventing caregivers from improving their skills in one of Canada’s two official languages and adapting fully to Canadian culture.

Some live-in caregivers have benefited from changes to the LCP that allow those who have worked overtime to apply sooner for permanent residence.

You have to be living here for 24 months, exactly 24 months [in order to qualify for PR]. And then they said if you go on a vacation for a month, only 2 weeks were paid so you have to work for an additional 2 more weeks aside from that 24 months because it has to be exactly 24 months. But now in my case, they have an Option 2 now. I don't know if you hear about Option 2. Like 3,900 hours or 22 months. The thing is because my boss' sister is an immigration lawyer so she told me about all this when I came here. And we started very nicely with all my paperwork and she helped me with the requirements. (Filipino current live-in child caregiver, Study 3, Participant 35)

Live-in caregivers nevertheless face many challenges with the procedures for obtaining permanent residence and for family reunification. First, the processes are quite long. Although some live-in caregivers in our studies obtained permanent resident status in less than a year, for others the wait was much longer. Processing the papers to bring family members to Canada may take two or three years, beginning only after the caregiver has already been in the LCP and away from the family for two years. The long separation takes a toll. Key Policy Informant 4 explained the difficulties for caregivers upon reunification with their children: “After at least five years of separation from their children, they become strangers to them.” Relationships may be hard

to reconstruct after the family is reunited in Canada (Kelly 2014, 22). CIC's announcement in October 2013 that it was taking action to address the backlog in applications that has grown in recent years (CIC 2013c) suggests the federal government is concerned about the delays many caregivers face before they become permanent residents.

Second, the paperwork required for the applications can be very demanding. Live-in caregivers have to gather many documents before they can apply for permanent residence and family reunification. These include birth certificates, police clearances, records of medical examination and marriage certificates for themselves and each of the family members they wish to bring to Canada. Because the bulk of the required paperwork has to come from the country of origin, collecting it can be difficult, often extending the length of the process.

The challenges are just those paperworks and, you know, sometimes it's hard to secure this paperwork, licences, marriage contract, it takes time to get them from back home...There are challenges, of course, with obtaining that paperwork that they require for a couple. If you are married you need to prove the relationship, like that it is continuing and genuine. Like, you know, because the purpose of that is reuniting a family so how could you reunite a family that is not genuine relationship between the spouses, you know. So that's all a bit hard for us because we need to take photos and marriage contract, uh, history...So yeah, like it's just more of the paperwork. (Filipino former live-in child caregiver, Study 2, Participant 10)

Third, live-in caregivers applying for permanent residence and family reunification face high application fees. We learned from key policy informants that the 2006 reduction in the right of permanent residence fee did not significantly decrease the overall cost for those who seek to bring two or more family members to Canada. Moreover, documents such as police clearances and the results of medical examinations can expire before live-in caregivers or their family members obtain their visas. As a result, they have to renew these documents and pay additional costs.

For some applicants, the process is further complicated by changes in their family situation. For instance, one participant in our studies got divorced between the time she initially applied for permanent residence and the time her application for family reunification was assessed. The change prompted immigration officials to ask for her husband's approval to bring their children to Canada.

Family and friends play another significant role by helping live-in caregivers with the many challenges of the immigration procedure. Many live-in caregivers told us that friends and family loaned them money, assisted them in filling out the application for permanent residence and helped to collect the required documents from their countries of origin.

Policy Implications and Recommendations

Our findings suggest that the challenges live-in caregivers face with regard to economic and social integration during the Live-in Caregiver Program stem from elements of the program as well as the specific type of care they perform. As we have seen, live-in caregivers' temporary migration status and the live-in requirement adversely affect their work experiences. Because these elements can impede the economic and social integration of immigrant live-in caregivers while in the program, modifying some constraining elements of the LCP could be beneficial.

The 2010 policy changes do not seem to have improved the economic and social integration of immigrant live-in caregivers (or have not yet done so). The changes did not eliminate the elements of the program deemed to be most challenging, namely, the live-in requirement and live-in caregivers' temporary migration status. These rules continue to adversely affect their working and living conditions, in turn impeding their economic and social integration while in the LCP.

Current and former caregivers and various policy stakeholders have suggested a number of policy options (e.g., Arat-Koç 2001; Grandea and Kerr 1998; Oxman-Martinez and Hanley 2001; Pratt and Philippine Women Centre 2003). These suggested changes remain relevant despite the 2010 changes. We begin with options for fundamental change, followed by other improvements that could be made whether or not any of the major changes are implemented.

One fundamental change would be to allow caregivers to live outside their employer's residence. If they had this option, caregivers would be less likely to experience some of the inequitable working conditions they have reported (such as working overtime without being compensated). This would require, however, that the caregivers have the financial means to house themselves outside their sponsor's home and travel to and from work. There are some indications that the government is considering such an option. In late 2013, Immigration Minister Chris Alexander stated that his ministry was "studying whether it was necessary to keep the 'live-in requirement'" (Fisher 2013).

Moving to a live-out option could be a step toward actually ending the LCP as presently configured. The latter possibility was suggested at the Roundtable on Temporary Migration and the Canadian Labour Market in April 2012 (Institute for Research on Public Policy 2012). If that option were undertaken, child and older adult caregiving could be listed as one of the in-demand occupations (perhaps with an annual quota) for applications under the Federal Skilled Worker Program.

Proponents of such a reform argue that giving live-in caregivers the option to apply as skilled workers "would remove the years of liminality in which they are neither a resident nor a tourist" (cited in Spitzer et al. 2002, 52). However, it has been argued (e.g., by Pratt and Philippine Women Centre 2003) that if this shift occurred, wages would need to be sufficient to allow caregivers to live independently away from employers' homes. Proponents have argued that such a major change "requires a broad feminist coalition working towards a radical transformation of the value that Canadians place on childcare, and a national childcare policy" (Pratt and Philippine Women Centre 2003, 24). Opponents of this approach 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 [to Canada] in this manner" (cited in Spitzer et al. 2002, 52).

A less fundamental change would be to allow live-in caregivers to apply for permanent residence upon their arrival to Canada but remain tied to the care sector, rather than to a specific employer, for a specified period. Such entries would still require a positive Labour Market Opinion. Among other benefits, this adjustment would enable caregivers to start the family reunifi-

cation process while in the program and to shift from one employer to another. This option would be best combined with the live-out option, given that it would be challenging for live-in caregivers to live with their employer as well as with their own sponsored children.

Whether or not major reforms such as these are made, other policy changes should be considered. If caregivers continue to be required to live in the residences of their employers, the enforcement of employment and labour standards will be critical. As noted, the federal government has made regulatory changes intended to ensure that employers provide a workplace free of abuse (ESDC 2013c). Under the new regulations, monitoring officials will have the authority to verify an employer's compliance for six years after the worker's visa is issued. One of the ways they will assess whether an employer is complying with the regulations is through interviews with live-in caregivers (ESDC 2013c). Although it would still be uncomfortable for caregivers to report abuse or noncompliance with standards in interviews with monitoring officials, it should be an improvement on the present system. Employers found in noncompliance will be ineligible to hire foreign workers for two years and will be issued negative LMOs in response to any pending LMO applications. These changes should improve working conditions not only for live-in caregivers but also for other workers who live out but work in the homes of clients (e.g., midwives, home care workers). Labour standards are a provincial and territorial responsibility (Worswick 2013), so action by these governments (some of which have taken important steps in this regard)⁷ is also essential.

Because each type of care raises unique challenges for the working and living conditions of live-in caregivers, future policy interventions to promote economic and social integration should be sensitive to these differences. For instance, because live-in caregivers of older adults face uncertainty about their immigration status if their clients die before they fulfill the requirement for permanent residence, they could be given a longer time to achieve the minimum working months required to apply for permanent residence.

Additionally, medical conditions in either children or older adults can require special care by live-in caregivers. These greater needs, however, are not reflected in current wages or in the education and training of live-in caregivers of children or older adults. As provincial and territorial governments are responsible for labour legislation, they could increase the wages of live-in caregivers who care for people with more complex health issues.

Our findings suggest that live-in caregivers working with older adults experience more restrictions on freedom of movement and are more socially isolated, given that their clients are often less mobile. This means that caregivers often have few activities outside their working life and cannot take part even in social events designed for them by live-in caregiver or immigrant organizations. In order to help these caregivers to lead richer social lives, and thus have better chances of achieving social integration following the program, other forms of social interaction, such as online meetings with other live-in caregivers or other immigrants, could be arranged.

Some changes could also be made in order to improve the economic and social integration of immigrant live-in caregivers once they have completed the program. To encourage educational

upgrading while in the program, the requirement to obtain a study permit for credit courses longer than six months could be removed. In addition, the process of upgrading, which is expensive on a live-in caregiver's salary, could be subsidized. Employers could contribute to an account that the caregiver could draw upon at the end of the contract, providing a bursary to be applied to credential recognition and skills upgrading. Such an arrangement could be introduced into the Live-in Caregiver Program.

More funding could be allocated to immigrant organizations so that their services become more widely available to live-in caregivers while they are still in the LCP. Also, following their term in the program, live-in caregivers should be made aware of and encouraged to take advantage of immigrant settlement services.

In sum, a range of policy alternatives could be undertaken to address the challenges current and former live-in caregivers continue to face following the 2010 changes to the LCP. Whether incrementally or through more substantial reform, steps need to be taken to improve the economic and social integration of this significant segment of Canada's migrant population.

Appendix

Studies 1 and 2 consisted of interviews and focus groups with a total of 53 live-in caregivers. They were augmented in Study 3 with a systematic literature synthesis, new interviews with LCP participants and telephone interviews with selected key policy informants (see table A1). In Study 3, one of our aims was to assess the impact of the 2010 changes to the LCP. To that end, we interviewed five current and former live-in child caregivers in Ontario. In addition, we interviewed five key policy informants: one representative each of Citizenship and Immigration Canada, Human Resources and Skills Development Canada, an immigrant settlement services agency, a live-in caregiver organization, and the academic community. As the figures below show, among the 58 current and former LCP workers in the three studies, the great majority were from the Philippines.

			Type of care			Status in LCP	
	Interviews	Focus groups	Child care	Elder care	Both types of care	Current	Former
Study 1 (2007-08)	12	7	4	15	N/A	7	12
Study 2 (2010-11)	34	N/A	19	12	3	19	15
Study 3 (2013)	5	N/A	5	N/A	N/A	1	4
Subtotal	51	7	28	27	3	27	31
Total	58			58		58	

Note: N/A = not applicable.

Figure A1. Age of participants when the studies were conducted

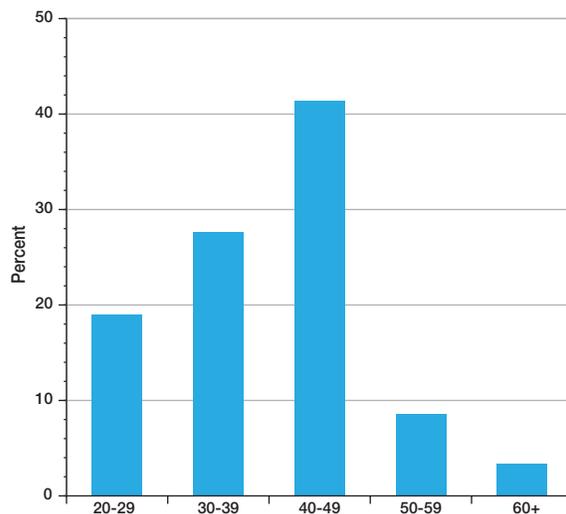
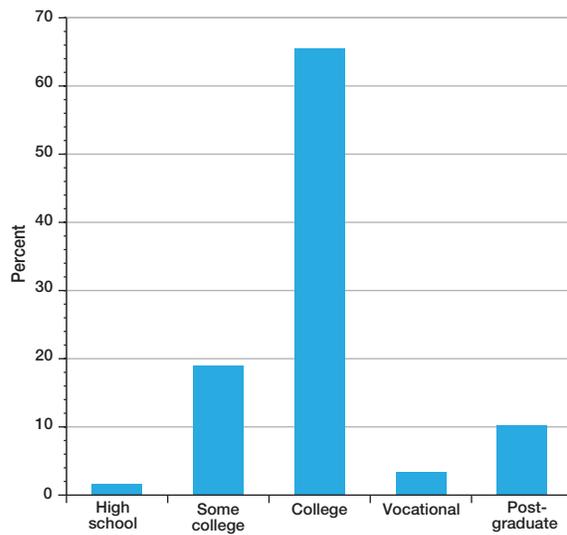


Figure A2. Highest level of education of participants when they participated in the studies



Country	<i>n</i>	Percent
China	1	1.7
India	1	1.7
Kenya	1	1.7
Peru	2	3.4
Philippines	46	79.3
Poland	1	1.7
Russia	1	1.7
Singapore	1	1.7
Slovakia	3	5.2
Ukraine	1	1.7
Total	58	100.0¹

¹ May not equal 100, due to rounding.

Notes

- 1 A Labour Market Opinion (LMO) is issued by Employment and Social Development Canada. In order to obtain a positive LMO, prospective employers must demonstrate that “there is a need for the foreign worker to fill the job and that there is no Canadian worker available to do the job” (CIC 2013b).
- 2 These include “transportation to the place of work in Canada from the live-in caregiver’s country of residence; private medical insurance, prior to activation of provincial health coverage; workplace safety insurance, or equivalent insurance if the former is not available; and all recruitment fees associated with hiring a live-in caregiver” (CIC 2010a).
- 3 Study 1 and Study 3 were done by both authors; Study 2, on which this paper draws extensively, was conducted by Jelena Atanackovic alone as research for her dissertation, “The Migration, Working, Living and Integration Experiences of Immigrant Live-in Caregivers in Ontario, Canada,” which will be defended in 2014 at McMaster University.
- 4 Now Employment and Social Development Canada.
- 5 The tape of each interview and focus group was transcribed verbatim (with participants’ approval). A thematic content analytic coding scheme including both descriptive and interpretive codes was developed and subsequently applied using the NVivo qualitative data analysis software program for coding to relevant segments of the interviews. The data then were compared and contrasted utilizing constant comparative analytical techniques.
- 6 Settlement services in Canada are intended to help newcomers with their integration. They include assistance with “initial settlement, including reception and orientation to Canada... [.] language instruction, ranging from beginners to employment-related[.] employment services including orientation, job-search skills, job experience placement, employment counselling and placement, and specific skills upgrading and certificate programs[.] and long-term integration through education, community development, multicultural, citizenship, anti-racism, organizational change and development.” These services are mainly delivered by a network of community-based, non-profit organizations with volunteer boards of directors (Canadian Council for Refugees 1998).
- 7 On the role of provincial governments in this field, including Manitoba’s *Worker Recruitment and Protection Act* (which some analysts consider a best practice), see Nakache and Kinoshita (2010) and Farraday (2014, 87,89). In October 2013, the Saskatchewan government introduced legislation to protect immigrants and foreign workers from exploitation and mistreatment (Saskatchewan 2013).

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Jelena Atanackovic is a Ph.D. candidate in the Department of Sociology, McMaster University. Her research interests lie in the areas of immigration and integration as well as health policy and health care delivery. She has been involved in several research projects on internationally educated health care professionals in Canada. Her dissertation explores experiences of immigrant live-in caregivers in Ontario.

Ivy Lynn Bourgeault is a professor in the Institute of Population Health and the Telfer School of Management at the University of Ottawa. She holds the Canadian Institutes of Health Research Chair in Gender, Work and Health Human Resources. She is also the scientific director of the pan-Ontario Population Health Improvement Research Network, the Ontario Health Human Resource Research Network and the pan-Canadian Health Human Resources Network. Her research is on health professions, health policy and women's health with a recent focus on health worker migration.

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