

ASSESSING THE CHANGES TO CANADA'S LIVE-IN CAREGIVER PROGRAM: IMPROVING SECURITY OR DEEPENING PRECARIOUSNESS?

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Executive Summary

Using surveys and focus group discussions with Filipina women who arrived as caregivers through the Live-in Caregiver Program (LCP) and subsequently attained permanent resident status in Canada, we gathered quantitative and qualitative data about the experiences of former caregivers after they transitioned from temporary foreign worker to permanent resident and eventually Canadian citizen. The aim of the study was to understand the experiences, issues and barriers faced by former caregivers, and investigate how recent changes in the Live-In Caregiver Program may affect caregivers. In October 2014, the federal government announced significant changes to the Live-In Caregiver Program (LCP), creating new categories and conditions for the granting of permanent residency and removing the requirement to ‘live-in’.

Some have welcomed at least some of the changes, but many caregiver advocates see the revised program as highly problematic. We faced challenges in locating participants who had been personally affected by the legislative changes in the program due to the recency of the changes. Therefore, we focused our analyses more broadly on the transition experiences of caregivers who had attained permanent resident status. While we were not able to provide significant insights into the impact of the recent legislative changes on the caregiver program, we did receive some feedback from participants. Our sample included LCP immigrants who had become permanent residents more than 10 years earlier, those who became permanent residents between 5 and 10 ago and those who had just received permanent resident status 3 to 5 years ago. Due to this range of years since arrival, we were able to get a variety of perspectives on the transition and settlement process. We found a number of noteworthy results from our survey data:

1. Most caregivers worked in a third country before coming to Canada from the Philippines. Hong Kong was the most common country of residence prior to arrival in Canada.
2. Caregivers were highly educated with a wide variety of educational backgrounds.
3. A large proportion of caregivers were unemployed in the Philippines prior to coming to Canada. Among those who were employed, nursing, teaching and administrative jobs were the most commonly held.
4. About half of the caregivers took courses in Canada. The most common program of study was Personal Support Worker (PSW). Most of those who began educational programs completed them.
5. Most caregivers transitioned out of caregiving work over time, but 90% remain within a few select, low skill occupational categories even after 10 years or more in Canada.
6. Caregivers start off with very low union membership rates. But over time, they tend to assimilate into unionized jobs. For those in Canada for more than 10 years, unionization rates are similar to the Canadian mainstream.

From our focus group data, a number of pertinent themes arose:

1. There was a significant power imbalance between caregivers and employers and many caregivers reported experiencing abuse and exploitation while living with their employer.
2. Many experienced difficulties with labour market integration after completing the LCP due to perceived stigma of caregiving work and discrimination.
3. A sense of obligation and emotional ties to those they looked after often held caregivers back from changing jobs or seeking further educational courses.
4. Other challenges with taking educational upgrading courses included financial and time constraints.

5. Caregivers felt immense pressure as their families' sole breadwinners, both before and after the family arrived in Canada, which limited their ability to invest in their own career aspirations.

From our data, we identify a number of key recommendations that are relevant in the context of the legislative changes in the caregiver program:

1. Give caregivers open work permits that are not tied to their employers.
2. Eliminate the quotas limiting the numbers of caregivers who can be granted permanent residency.
3. Give all caregivers landed status upon arrival.

Introduction

For several decades, Canada has had a temporary worker program for migrant caregivers that offered the possibility of open work permits and permanent residency at the end of a ‘live-in’ period in the home of their employer. The Foreign Domestic Movement (FDM), established in 1981 and the Live-in Caregiver Program (LCP), established in 1992 have been popular among Canadian families since these programs provided relatively affordable and flexible child-care for working parents and elder-care for an aging population (see Kelly, Park, de Leon and Priest 2011). However, these programs have received significant criticism from scholars. The gendered and racialized nature of caregiving work and some of the legislated requirements of the LCP and FDM before it made caregivers particularly vulnerable to exploitation and abuse (Spitzer and Torres 2008). Studies found many instances of contract violations and breaches of employment standards legislation, but caregivers rarely voiced complaints due to their precarious immigration status and the perceived powerlessness of living within their employers’ home (Bakan and Stasiulis 1997; Stiell and England 1997; Chang 2000; Spitzer 2008). The sense of isolation was exacerbated by the deskilling and downward occupational mobility that many caregivers experienced (Pratt 1999). These factors also had negative effects on the caregivers’ physical and mental health (Bals 1992).

One of the primary motivations for most caregivers to endure these difficult conditions was the opportunity to apply for permanent resident status in Canada. In October 2014, the federal government announced significant changes to the Live-In Caregiver Program (LCP), and renamed it the Caregiver Program (CP). The CP consists of two streams: the child-care stream and the high medical needs stream. Unlike the FDM and the LCP, which gave caregivers the opportunity to automatically apply for permanent residency upon their completion of a two-year

live-in contract, the CP restricts caregivers' ability to transition to permanent residency by imposing new language and licensing requirements and a quota for the numbers of permanent residency spots given per year. Unlike the LCP, the CP abolished the mandatory live-in requirement. Some have welcomed at least some of the changes, but many caregiver advocates see the revised program as highly problematic.

The current study examines the experiences of former caregivers, who arrived under the Live-in Caregiver Program (LCP), after they transitioned to permanent resident status. Although we had hoped to collect data from those who arrived under the new Caregiver Program (CP), we were not able to locate enough of a sample to conduct a thorough investigation of the impact of the legislative changes on participants. Instead, we broadened our research question to examine the experiences of former caregivers who completed the LCP, with a particular focus on employment and labour market experiences. We did also hear, however, many important insights from our participants which have direct relevance in light of the recent changes to the program.

The question of whether caregivers' vulnerabilities disappear after they finish the program requirements remains. How do caregivers transition to life in Canada upon becoming a permanent resident? Are caregivers' transition experiences similar to that of other newcomers to Canada? Very little is known about the types of jobs caregivers hold after the LCP and whether their time in the program leads to labour market discrimination and deskilling.

Review of the Literature

For caregivers, working in Canada with temporary status creates a situation of vulnerability to exploitation and abuse (Faraday 2012; Tungohan et al. 2015). While many caregivers have a positive and supportive relationship with their employer, the prospect of

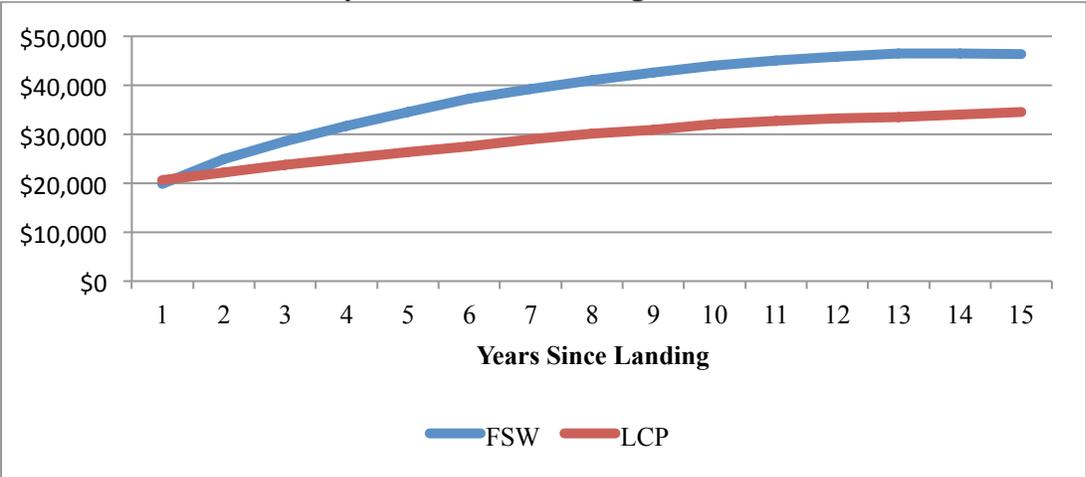
deportation if they fail to meet the requirements of the program means that caregivers are always susceptible to abuse, and fearful of reporting it. The fear of reporting, and thereby jeopardizing the chance to attain permanent resident status and bring family members to Canada, is particularly acute (Bakan and Stasiulis 2005; Stiell and England 1997; Chang 2000; Spitzer 2008). Numerous qualitative studies have documented cases where caregivers suffer financial, psychological, sexual or physical abuse, or breaches of their employment contracts (see for example Arat-Koc 2001; Bakan and Stasiulis 1997; Oxman-Martinez et al. 2004; Granda and Kerr 1998; Pratt 1999).

In addition, as temporary work permits are linked to an employer, caregivers often remain with abusive employers due to concerns about both the costs and time associated with obtaining new work permits, as they are obliged to meet the program requirements within a set period. Prolonged family separation also influences some caregivers to remain with employers rather than wait for months to obtain another work permit to ensure that they are able to complete the LCP before their children are considered too old to join them in Canada (Spitzer and Torres 2008).

Given the precarious labor market position of caregivers while they are in the caregiver program, it is likely that most would want to improve their working conditions as soon as possible after they attain open work permits or permanent resident status. Furthermore, although a high level of education is not formally required for participants in the program, caregivers are nonetheless increasingly highly educated. The proportion with a university degree or higher at the time of immigration has risen from just 5 per cent in 1993, to nearly 60 per cent in 2013 (Kelly et al. 2011; Permanent Resident Data System 2016). This far exceeds the proportion of principal applicants entering Canada through other 'economic' immigration categories who are

university educated (41.4 per cent) (CIC Facts and Figures 2011: p49). Therefore, it is expected that most would seek to upgrade their occupational status and find employment in line with their educational credentials once they attain legal permanent resident status. However, we know from previous studies that new immigrants in Canada face a multitude of obstacles in the labor market, including the devaluation of foreign human capital (Aydemir and Skuterud 2005) and barriers in accessing occupational licenses for those within regulated occupations (Girard and Bauder 2007). LCP immigrants likely face many of these same obstacles, in addition to a number of other issues given their unique path to immigration. Indeed, the employment earnings trajectories of LCP immigrants tend to be lower than those of immigrants arriving through other ‘economic’ immigration categories. Figure 1 presents the mean employment earnings of Federal Skilled Worker (FSW) and Live-In Caregiver Program (LCP) immigrant women landing between 1993 and 2012 by years since arrival¹. From this data, we can see that LCP and FSW immigrant women have comparable earnings initially (one year after arrival), but over time, FSW immigrants’ wages tend to grow at a faster rate so that after fifteen years in Canada, there is a sizeable annual earnings gap of nearly \$12,000 between the two groups.

Figure 1: Mean Employment Income for FSW and LCP Immigrant Women Landing Between 1993 and 2012 by Years since Landing, 2013 Constant Dollars



Source: Statistics Canada. Table 054-0001, CANSIM database.

Several features of the LCP are expected to have direct influence on the labour market experiences of caregivers even after they have completed the program and achieved permanent resident status. First, the LCP requires participants to perform a particular type of work for an extended period of time, and to live in their employer's home. Both of these conditions clearly shape the type of work experience that a released caregiver brings to the labor market once she completes the program and is free to look for other kinds of work. This is exacerbated by the fact that many caregivers spend years working as domestic workers or nannies in other countries such as Hong Kong, Singapore and Saudi Arabia before coming to Canada (Spitzer and Torres 2008). LCP immigrants often report that being a nanny or caregiver narrows their subsequent occupational opportunities and ghettoizes them into a few low skill occupations (Pratt 1999). This is also tied to racialization and discrimination based on employers' stereotypes about caregiving work (Tungohan et al. 2015).

Second, the social networks available to LCP immigrants are often limited to others who entered Canada in the same way – as caregivers on temporary visas. These truncated networks are a reflection of the specific working conditions experienced by such individuals, which often involve isolation in the homes of employers and socializing with other caregivers in public places located in residential neighborhoods. The result is that the networks available to provide information and advice on diverse forms of retraining and job search are often absent. Third, caregivers face restrictions on their access to public services while they are in the program. As long as they are considered temporary foreign workers, they are denied entry into most government-financed immigrant settlement programs and services, such as free English-language classes and employment counseling. They gain access to these programs only once they have attained legal permanent resident status. The few notable organizations that provide caregivers

with settlement services and programs, such as the Kababayan Community Centre in Toronto and the West Coast Domestic Workers Association in Vancouver, are usually found in urban centers that remain inaccessible to caregivers living in suburban and rural areas.

Fourth, under LCP regulations, workers are not permitted to engage in educational courses longer than six months without a separate study permit. In addition, even with a study permit, as temporary foreign workers, caregivers must pay international student fees at all post-secondary educational institutions. This means that most live-in caregivers are unable to pursue further education or re-certification while in the program.

Fifth, the LCP requires that family members stay back in the home country. Therefore, remittance obligations limit caregivers' ability to afford the fees and lost earnings that would be needed to pursue further education or re-certification even after attaining permanent resident status (Oxman-Martinez, Hanley and Cheung 2004; Kelly, Astorga-Garcia and Esguerra 2009). Once caregivers receive permanent resident status, they must go through the process of family sponsorship and reunification. This process is often long and difficult and takes a psychological and financial toll on LCP immigrants. Many report significant levels of stress, first during the process of bringing spouses and children to Canada, and then afterwards as the family adjusts both to reunification and to life in Canada (Cohen 2000; de Leon 2009; Tungohan 2012; Pratt 2012). This psychological and financial stress may also serve as a barrier to further education/training and job search. Since the vast majority of LCP immigrants are women, there may also be the additional burden of household and childcare responsibilities once the family arrives, which limits their ability to invest in their own careers. Previous studies have found that female immigrants disproportionately take on dead-end jobs to support their families so that their

husbands can invest in their human capital (Baker and Benjamin 1997; Cobb-Clark, Connolly and Worswick 2005), and this may be true for LCP immigrants as well.

Lastly, the nature of caregiving work involves a unique level of emotional labor and attachment as caregivers live with and become close to the families (and especially the children or elderly) under their care. This emotional bond may affect a caregiver's employment decisions long after she receives an open work permit that would allow, at least in a legal sense, movement into other types of jobs.

Methodology

This research study was completed as a partnership between researchers at Ryerson and York Universities and Gabriela-Ontario, Migrante Canada and the Community Alliance for Social Justice (CASJ). The tenets of Participatory Action Research (PAR) inform this study. Since PAR stresses collaboration and the “incorporation of local knowledge”, the use of “eclectic” and “diverse” theories and methods and “linking scientific understanding to local action,” (Greenwood, Whyte, and Harkavy 1993, 178-180), the research team ensured that the study reflected these ideals. This meant that research methods workshops were held with Gabriela-Ontario members, culminating in a final workshop on PAR and research ethics. The purpose of this workshop was to make sure that all of the researchers were aware of how to lead research sessions, which involved asking research participants to first individually answer the survey and then participate in the focus group. The community partners played an active role at every step of the research process. We called the study the Gabriela Transitions Experiences Survey (GATES). Once the survey and focus group data had been collected, collaborative data analysis workshops were held in Toronto, Edmonton, and Vancouver, with GATES research team members and research participants who indicated at the end of their research sessions that they

wanted to be part of these workshops.

The material for this paper's analysis was gathered from two sources: survey data and focus group discussions with Filipina women who have completed the requirements of the Live-in Caregiver program. The data was collected between December 2012 to May 2016 in Toronto, Montreal, Vancouver, Calgary, Edmonton and Ottawa. We collected data from 631 paper surveys which asked the former caregivers about their educational backgrounds, migration history, occupational profiles before and following the LCP and workplace characteristics. We used the survey data to create a number of descriptive tables illustrating the experiences of LCP immigrants who have transitioned to permanent resident status.

The sample size of survey respondents in each geographic location corresponded roughly with the proportion of LCP immigrants in that location. There were 209 respondents from Toronto, 88 from Montreal, 193 from Vancouver, 70 from Calgary, 32 from Edmonton and 39 from Ottawa. Our sample included LCP immigrants who had become permanent residents more than 10 years earlier (20.5% of the sample), those who became permanent residents between 5 and 10 ago (39.8% of the sample) and those who had just received permanent resident status 3 to 5 years ago (29.7% of the sample). Due to this range of years since arrival, we were able to get a variety of perspectives on the transition and settlement process.

Our focus group sample was drawn from the survey respondents. All survey participants were invited to take part in a subsequent focus group discussion. A total of 47 focus group discussions were conducted. The focus group discussions were semi-structured, included between 3 and 6 participants and were facilitated by 1 or 2 community facilitators and/or academic researchers. The focus group discussions provide the narratives behind our quantitative results. Many of the focus group discussions were conducted in a mixture of

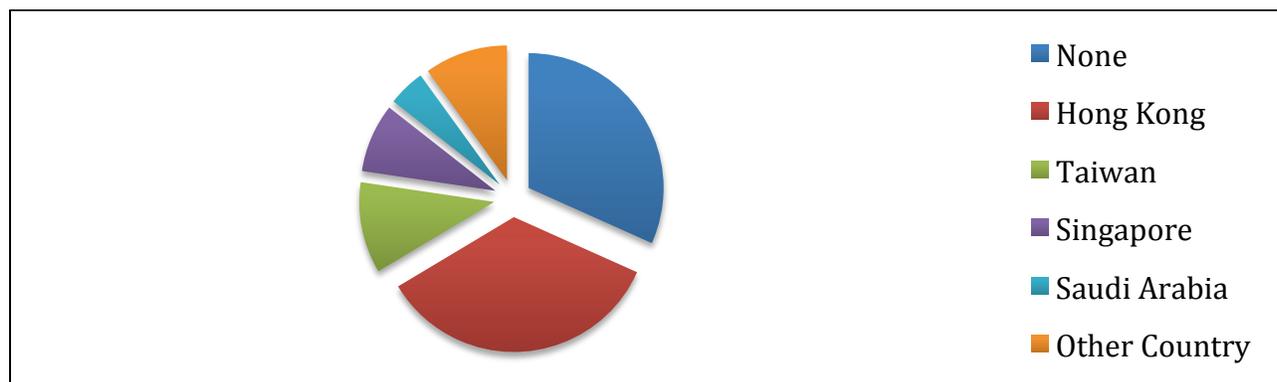
English and Tagalog. All focus group discussions were audio recorded and subsequently transcribed and translated into English by graduate students fluent in Tagalog. The salient themes within the focus group discussions were then analyzed using NVivo software.

Results

Survey Data

The survey data provide us with a detailed picture of the characteristics of LCP immigrants in Canada, as well as their labor market experiences after transitioning to permanent resident status. Figure 1 shows the migration paths of the caregivers. On average the caregivers had been working outside of the Philippines for 12.37 years. About 68% worked in a third country before arriving in Canada. Another 14% worked in two countries before arriving in Canada. Very few (less than 3%) worked in three or more countries. The most common path to migration is through Hong Kong (35%), followed by Taiwan (11%), Singapore (8%).

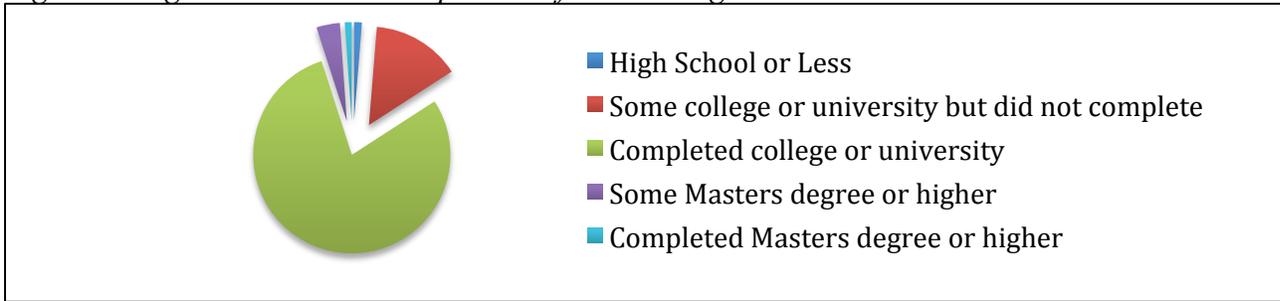
Figure 1: Paths to Migration



Source: Data from the GATES survey of LCP immigrants in Canada

Figure 2 presents the highest level of education completed prior to arriving in Canada. From this figure, we find that a large majority of respondents (about 80%) have completed a college or university degree in the Philippines.

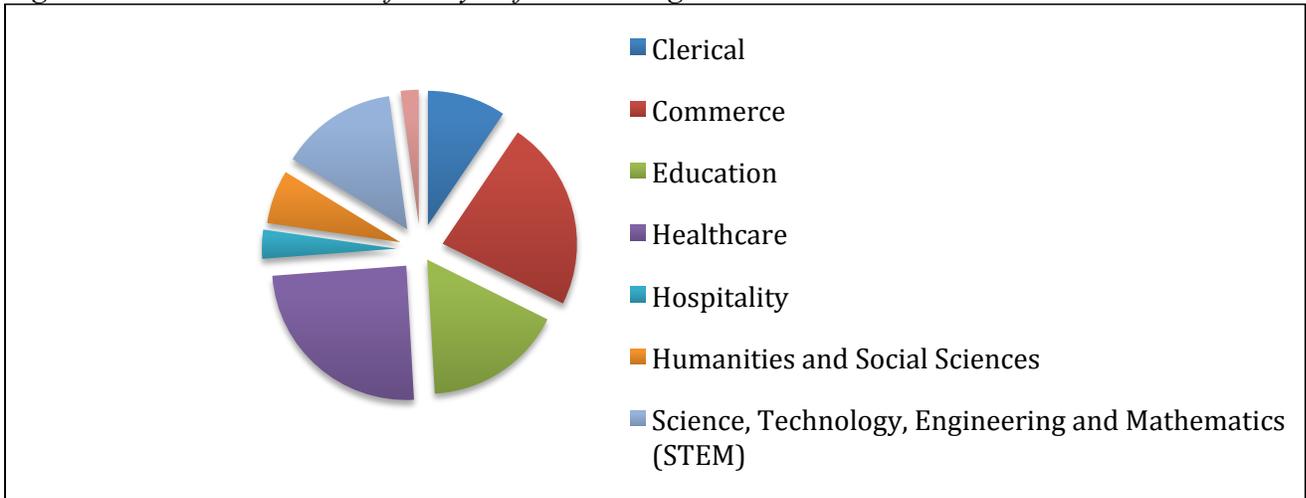
Figure 2: Highest Education Completed Before Arriving in Canada



Source: Data from the GATES survey of LCP immigrants in Canada

Figure 3 shows the educational fields of those who have completed a college or university degree or diploma. Among those who have completed college or university, some common fields include healthcare, commerce and education. Clerical fields are also fairly prevalent.

Figure 3: Educational Field of Study Before Arriving in Canada



Source: Data from the GATES survey of LCP immigrants in Canada

Table 1 presents the most common job titles of caregivers while living in the Philippines. From this table, we note that about 26% of caregivers reported being unemployed in the Philippines. Among those with a job, the most common occupations were nursing, teaching, administration and sales. Others worked in the financial industry or owned their own business. About a third

(32.1%) of respondents worked in a regulated occupation in the Philippines, which required a professional license.

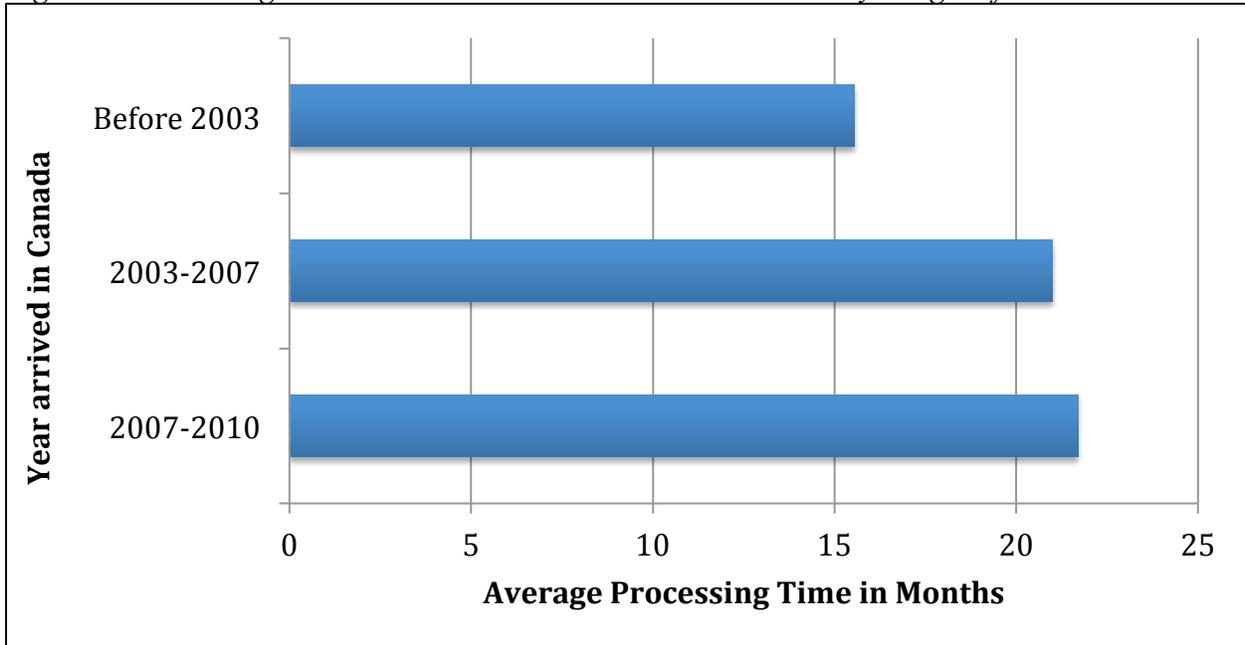
Table 1: Occupational Titles in the Philippines

Nurses, midwives, nursing aides, medical lab technicians	13.0%
Teachers; includes tutors - NOT day care teachers or university professors	10.6%
Accountants/book keepers and bank employees	6.8%
Sales and customer service: including retail sales, cashiers, call centre employees	8.1%
Administrative assistants: including receptionists, phone operators, payroll clerks	10.5%
Retail managers and business owners	4.8%
Manager in a professional occupation	0.3%
Factory/Warehouse/Distribution occupations	2.2%
Hotel and Food Services: wait staff, front desk, food services	1.3%
Cleaners; hotel housekeepers, domestic workers, housekeepers	1.0%
Childcare workers, caregivers (including elderly), day care workers, babysitters	2.1%
Medical professionals; dentists, optometrists, physical therapists	0.6%
Government professionals, social workers, university researchers, professors	2.4%
Artists, designers, tailors, beauty salon workers	1.0%
Engineers, scientists, computer programmers	2.5%
Unemployed	26.3%
Missing/no answer	6.7%
	100.0%

Source: Data from the GATES survey of LCP immigrants in Canada

Figure 4 presents the processing time to attain permanent residence status after completing the requirements of the LCP. On average, respondents waited about 19 months to receive permanent resident (PR) status, after completing all requirements. However, the processing time seems to be getting longer over the years. Live-in Caregivers who arrived in Canada before 2003 waited an average of 15 months, while those who arrived Canada between 2007 and 2010 waited over 21 months.

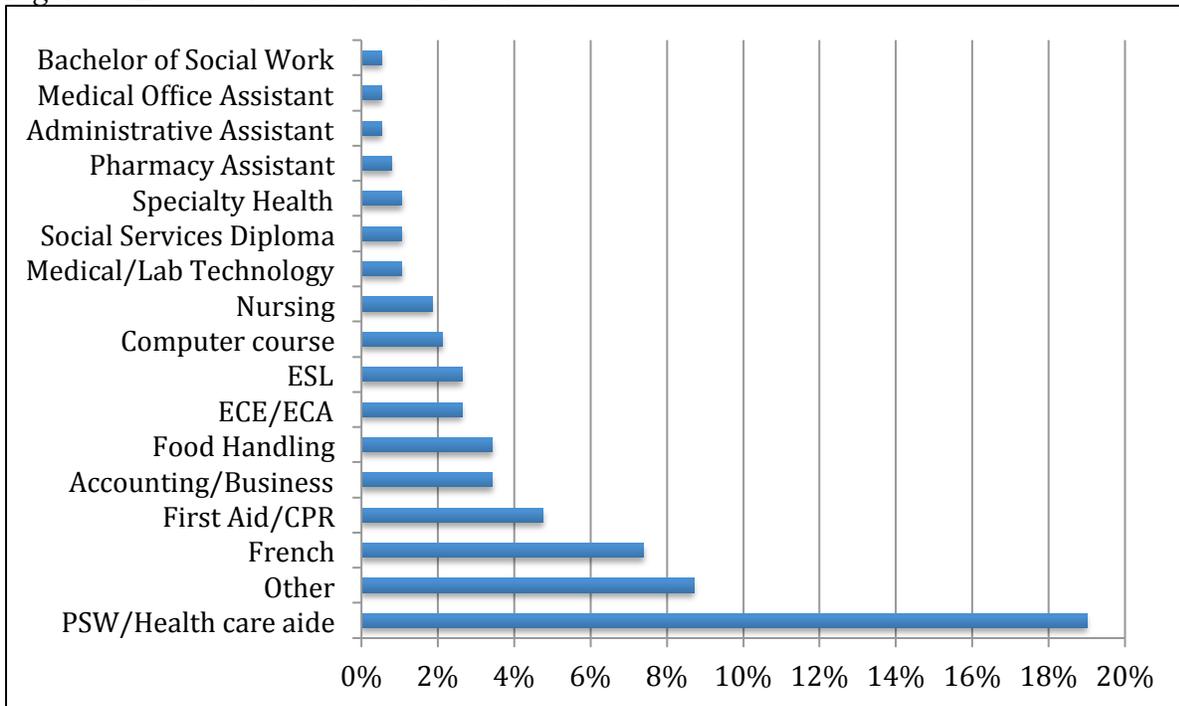
Figure 4: Processing Time to Attain Permanent Residence Status by Length of Time in Canada



Source: Data from the GATES survey of LCP immigrants in Canada

Figure 5 shows the educational courses taken by caregivers after becoming permanent residents. About 51% of respondents indicated that they took at least one course or educational program in Canada. The most common educational program pursued was Personal Support Worker/Health Care Aide. Many others undertook short courses such as First Aid/CPR, and French language training. The table below shows the types of courses taken by caregivers who have been in Canada for more than 5 years. About 8 percent of those who pursued educational or training courses in Canada reported that they were unable to complete those courses. The most common barriers to completing courses were financial constraints and lack of time because of work and other obligations. Respondents also indicated that having to send remittances back home made it difficult to save the money to pay for educational upgrading.

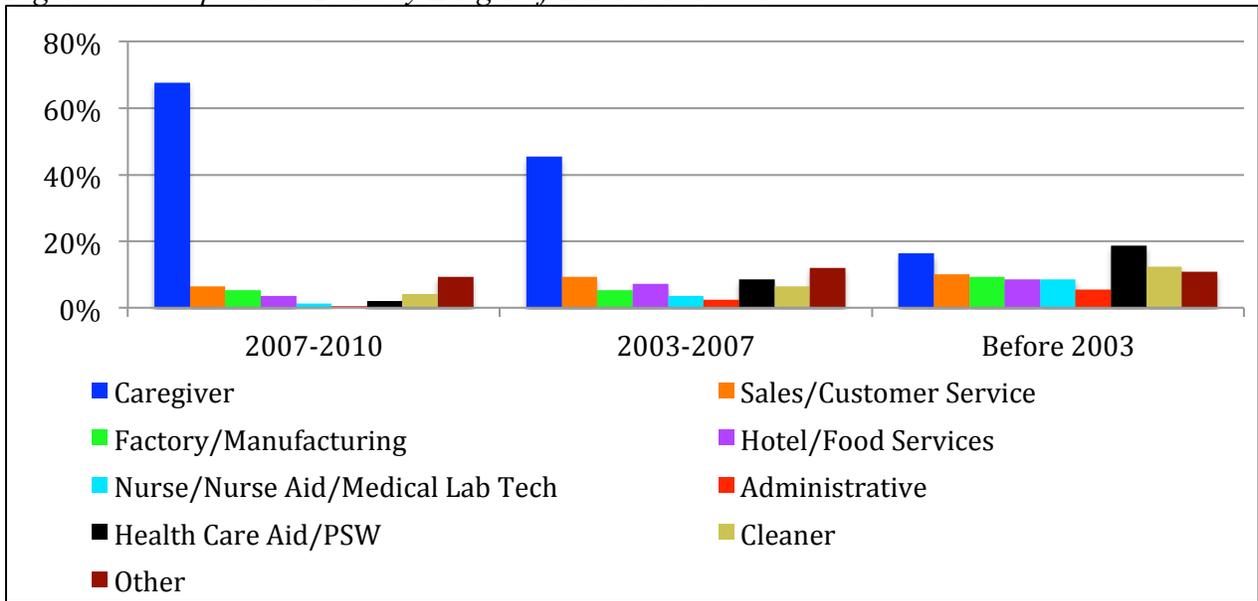
Figure 5: Educational Courses Taken in Canada



Source: Data from the GATES survey of LCP immigrants in Canada

Figure 6 presents the occupational profiles of the respondents by length of time in Canada. With time in Canada, respondents tended to move out of caregiving jobs, and move into Health Care Aid/Personal Support Worker jobs. About 90% of respondents worked within 8 broad low skilled occupational categories, after 10 years or more in Canada. Over 16% of respondents continued to work as caregivers, even after many years in Canada.

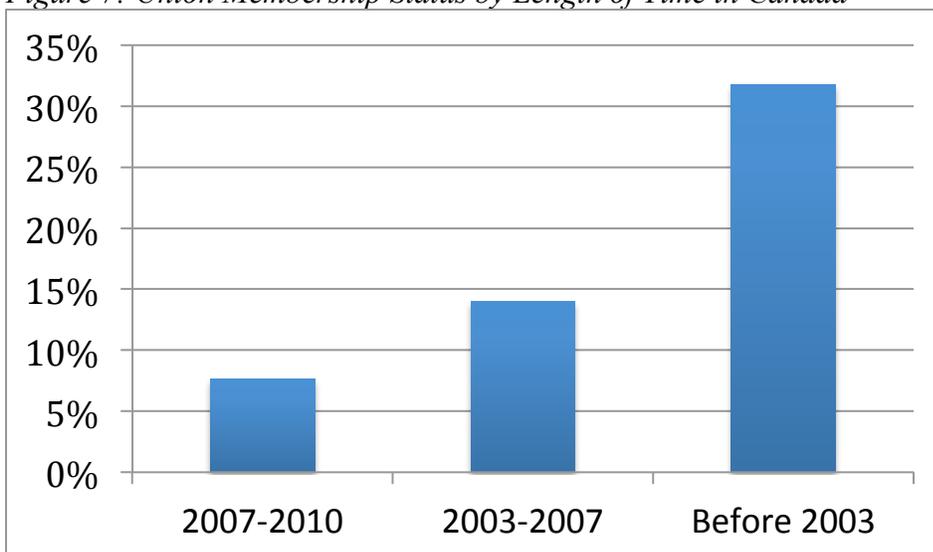
Figure 6: Occupational Field by Length of Time in Canada



Source: Data from the GATES survey of LCP immigrants in Canada

Figure 7 presents trade union status over time in Canada. We find that newly arrived caregivers are very unlikely to be a member of a union within their workplace. However, with time, they tend to assimilate into union membership. In fact, for those who have been in Canada for 10 years or more union membership rates are similar to mainstream Canadian union density rates.

Figure 7: Union Membership Status by Length of Time in Canada



Source: Data from the GATES survey of LCP immigrants in Canada

1. Many experienced difficulties with labour market integration after completing the LCP due to a perceived stigma and discrimination.
2. There were many challenges with taking educational upgrading courses.
3. Caregivers felt immense pressure as their families' sole breadwinners, both before and after the family arrived in Canada.

Focus Group Data

The focus group discussions illuminated a number of salient themes and provided the narratives behind the quantitative survey results. Four themes emerged from the focus group discussions. First, LCP immigrants felt the significant power imbalance between themselves and many reported experiencing exploitation and abuse from their employers while in the LCP program. Many felt that their work as a nanny or caregiver was stigmatized and devalued making it difficult to transition to other types of work after completing the program. Working as a nanny in various countries for extended periods of time exacerbated this sense of stigma. Second, LCP immigrants frequently felt a sense of obligation to remain with their employer even after receiving permanent resident status, and they have often developed an emotional bond with the individuals for whom they are caring. This limited caregivers' ability to invest in further education and transition out of care work. Third, caregiving work, especially when living in the home of an employer, lead to very truncated social networks that were mostly restricted to other caregivers, or caregiving settings, and provide limited opportunities for job searches in more diverse occupations. Finally, financial obligations to support relatives back in the Philippines, and to sponsor and support family members who will arrive as part of an immigration application, forced LCP immigrants to remain in low skill jobs rather than investing in

educational or training programs to improve their occupational status. We elaborate on each of these factors below.

a) Power Imbalance and Stigmatized Employment

Many respondents reported enduring abusive situations during their tenure as a live-in caregiver. Some of our respondents' employers were aware of the amount of power they wielded over their employees. As one woman stated:

“They were maltreating me. She would tell me, "you will never get your child. Never."

When I left them and went to live with my friend, they went to see me. I didn't give them my address but they found me. I called the cops and I told them I wasn't going back to them because I was being emotionally abused. They kept forcing me. They told me, ‘we'll tell immigration about you and tell them that you left us even when you are under me.’”

Focus Group Participant, 2014

Being terminated also placed live-in caregivers at risk of homelessness:

“They just released me without any reason...what they told me was that they were selling their house and downsizing to a smaller house. And then, without any forewarning, they just released me. Then they asked me to leave, telling me that the next day at noon, I needed to vacate the house. It was that fast! So my tears were falling so hard. I didn't know where to go. It was a good thing I had friends who I could go to. They just gave me the cheques for compensation.”

Focus Group Participant, 2014

Most focus group participants felt that their work experience as a caregiver or nanny was not valued as Canadian work experience. Many sensed that they were discriminated against in the labour market because of this work experience:

“I notice that they wouldn't even look in your direction. As soon as they see that you are a caregiver or a nanny in your resume, they don't give attention to it already. ...[T]hat's the saddest part of being in the Live-in Caregiver Program. I just really feel that opportunity's just not there.”

Focus Group Participant, 2014

“If you're a caregiver and you change work, you can't get a job right away. It's like you apply to so many jobs, but your recent experience is taking care of kids and the elderly. It's hard.”

Focus Group Participant, 2013

Because of this stigma, the importance of Canadian education and training for improving occupational status was a common theme among our focus group respondents:

“Because I worked many years as a caregiver. I worked as a caregiver for five years in Singapore. I decided to study to be a resident care attendant because it would be easier for me to find a job after the course.”

Focus Group Participant, 2013

b) *Emotional Ties and Sense of Obligation to the Employer*

Many caregivers described the emotional entanglements that they had developed with their employers and the difficulties they faced in leaving once they obtained an open work permit or permanent residence. For some employers, the prospect of losing their caregiver led them to offer incentives and to extend more independence and respect to their employee:

“I just got lucky. My employers are good people. Automatically, they gave me a salary increase because they wanted to retain my services. They know that my status has changed so they have to increase my salary. This was my experience but this wasn't the case for everyone.”

Focus Group Participant, 2013

In other cases, caregivers can find themselves faced with employers who hinder their ability to move on, by withholding reference letters, discouraging further training, or applying emotional pressure:

“For me, my employers are afraid. I asked them for a referral so I can get another job - I asked them to serve as my reference. It's almost like they were reluctant to do so. "Just write down in a letter what you want me to say and I'll sign it," is what they said. "Oh, I'll do this later." They keep saying that until nothing ever happens.”

Focus Group Participant, 2013

In many cases, the bond with the employer's family becomes quite genuine and a concern for the well-being of those under her care will drive a caregiver's decisions.

“For me, it was like a thorn was excised from my body. As in, it was really...Oh My God...I can really find another job. The thing is, I couldn't really leave because I was still working for them. I didn't want to leave until my family came here and also until my replacement got here. Also, I felt bad for the kids. I *could* leave but if I did, no one would be taking care of them. So I stayed put.”

Focus Group Participant, 2013

Whether through an employer's non-cooperation, or a sense of indebtedness for several years of employment, or an emotional bond with an employer's family, caregivers can find themselves locked into caregiving work long after they are legally allowed to pursue further education and training, and look for work in other sectors.

c) *Truncated Social Networks for Job Searches*

Given the distinctive working conditions imposed on caregivers, their social networks in Canada will sometimes be limited to the families of their employer and to other caregivers they meet in public spaces or in caregiving settings (school playgrounds, healthcare facilities etc.). This means that the social capital that is often needed to navigate the labour market and identify opportunities is limited. Many of our respondents described the personal contacts that were their pathway into the wider labor market:

“It was easy for me to look for a job in housekeeping. My sister-in-law helped me. She gave me a referral.”

Focus Group Participant, 2014

“...my employers recommended that I work for their sister, who needed a nanny, because she had a new baby. I worked for this second family for two years.”

Focus Group Participant, 2014

These experiences speak to the networks that led to further employment opportunities, but in all cases they were limited to caregiving work. This sectoral focus arose largely because the networks available inevitably guided caregivers to that kind of work. Whether it was through a friend or relative of the caregiver, a friend or relative of her employer, or through staff at the nursing home, the social capital available to the caregiver did not facilitate access to other

segments of the labor market and instead reproduced her placement in domestic and caregiving work.

d) Financial Obligations and Insecurity

Many caregivers reported that financial difficulties did not improve and in fact worsened after they received permanent resident status. Although they were now legally able to take educational courses, change occupations, move into their own accommodations and sponsor their families, the costs associated with each of these steps were prohibitive, and many caregivers stayed living and working with their employer in order to send remittances back home and save up to accomplish their long term goals of reuniting with their families:

“...I'm open now and I have the choice to leave, but the thing is, I need to save money because if you get your family, when they arrive you need to pay for this and that. And then I have plans to study, so I can't leave.”

Focus Group Participant, 2013

“...It was really hard for me. We are sending almost 50% of our income to the Philippines...or even 75%. Whatever left is only 25%. You are here because of them.”

Focus Group Participant, 2013

It is not surprising that many caregivers find themselves locked in to their existing employment and cannot afford either to move out and live independently or to enroll in expensive courses. For many respondents, covering the costs associated with sponsoring family members' migration to Canada was their first priority. Once relatives arrive, however, the financial stresses may deepen as costs of living increase further. Many remained in low-skill survival jobs to support

their families. In fact, in the short term at least, remaining in domestic caregiving work may be the only economically viable option, as other entry-level unskilled jobs may pay even less than caregiving (as well as being both temporary and part-time):

“...some people don't like to leave caregiving because the salary is larger than being a clerk outside – [where] it's just minimum [wage]. Caregiver, if you have 3-5 experiences, you can ask for \$17 net per hour with bus passes, you know, which you can't get from private companies - clerk or something else. [There] you'll start with minimum wage. It will take you another 5 years to make \$15 per hour. So sometimes, other people - even if they're already citizens - they're in caregiving still.”

Focus Group Participant, 2014

“[I]f you want to sponsor your family, you need to stay with your employers because you don't want to lose money!”

Focus Group Participant, 2013

Thus, even if other career paths or sectors have longer-term prospects, and some may even reflect the earlier professional training of caregiver immigrants, the exigencies of immediate financial needs mean that they are not viable options. This is not, however, a universal story and as seen in the survey data, many caregivers do manage to retrain, especially if they can access student loans and are joined by a spouse who is able to find work in Canada:

“(My husband) was working full-time while I went to school full-time. I had a babysitter. I had loans so it covered everything - my rent, my bus, my babysitter, my allowance.”

Focus Group Participant, 2014

Recommendations and Conclusions

Based on our survey and focus group data, there are a number of key issues to note. First, tied work permits lead to worker abuse. The new caregiver program continues to tie workers' permits to their employers. As a result, there is immense power discrepancy between employers and workers, making it difficult for workers to be forthcoming about abuse. The continued provision of tied work permits for caregivers means that despite measures eliminating the live-in requirement under the caregiver program, worker abuse still continues. In 2014, the Canadian government imposed heavy fines on abusive employers, created a temporary foreign worker tip-line for temporary foreign workers to anonymously report abusive employers, and established a system of random workplace inspections (ESDC, 2014). However, these measures are unlikely to work as long as workers' immigration status is tied to their employer. When workers' statuses are tied to their employers, there is no incentive for workers to be forthcoming about abuse, since reporting abuse means that they risk becoming unemployed and thus, being asked to leave the country.

Second, there are multiple barriers that make it difficult for caregivers to attain permanent residency. Our focus group data reveals that when asked whether their experiences were 'worth it', the majority of our respondents said yes, emphasizing that they saw their futures in Canada. Despite the challenges they faced during and after the LCP, they understood that living and working in Canada presented better economic opportunities for themselves and their families. They were committed to working hard to make this possible. By introducing quota limits and making it more difficult to achieve permanent resident status in the new caregiver program, the Canadian economy is missing out on much needed labour and skills. Canada is suffering from a childcare and elderly care crisis. Our study shows that many workers who finish the caregiver

program are likely to stay in care work, thereby providing Canada with a solution to its burgeoning care crisis.

Based on these key findings, we offer the following recommendations:

1. Give caregivers open work permits that are not tied to their employers.
2. Eliminate the quotas limiting the numbers of caregivers who can be granted permanent residency.
3. Give all caregivers landed status upon arrival.

By giving all caregivers landed status upon arrival, the problem of worker exploitation will be lessened, and caregivers and their families will be able to more fully participate and contribute to Canadian society.

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Notes:

ⁱ Data compiled by Statistics Canada and Immigration, Refugees and Citizenship Canada. We focus on the period after 1993 since this is when the Live-In Caregiver Program was introduced and we restrict the analysis to female immigrants since the vast majority of LCP immigrants are women.