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ORIGINAL ARTICLE

Responding to the Structural Violence of Migrant Domestic Work: Insights from Participatory Action Research with Migrant Caregivers in Canada

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Abstract
This study explores international domestic workers' response to employer abuse and exploitation following changes to Canada's Live-in-Caregiver Program in 2014. This research followed an interpretive policy analysis research design, using feminist, participatory, and action research methods. University-based researchers, advocates, and peer researchers collaborated to develop and implement the project's research and advocacy goals. Thirty-one caregivers in Toronto and Calgary participated in individual and/or focus group interviews to discuss access to permanent residence, working conditions and forms of support. Many shared examples of labor exploitation and psychological hardship due to precarious work conditions and long periods of family separation. Barriers to accessing services and fear of losing status led the majority of caregivers to rely primarily on informal networks for mutual aid and support. This paper identifies how changes in Canada's temporary foreign worker program for live-in-caregivers exacerbates the structural violence of migrant care work, where the risk for abuse, exploitation, and risk of losing status is normalized. Migrant caregivers accept the precarious work conditions with the promise of permanent residence and the chance to improve their lives for themselves and their children. Towards envisioning improvements in social service delivery, our research highlighted the need for social services to increase outreach and safety planning for migrant workers who are vulnerable to abuse, exploitation, and the loss of legal immigration status. Our research also supports grassroots advocacy to call for all migrant workers to be granted permanent resident status upon arrival to ameliorate the structural violence of migrant labor.

Keywords Migrant · Domestic workers · Human trafficking · Abuse · Participatory action research · Precarious immigration · Violence against women

Introduction

People working as migrant workers in Canada's Live-in-Caregiver Program or Caregiver Program (herein referred to as "migrant caregivers") represent a vulnerable group of workers who are part of the global migration of gendered care work from lower income countries to middle and higher income countries in Asia, the Middle East, Europe and North America (Human Rights Watch 2014; Velasco 2002). Parreñas (2017) estimates that 80% of the 53 million domestic workers worldwide are female migrants (p. 114), forming what Walia (2010) calls the "'perfect workforce' in an era of evolving capital-labor global relations: commodified and exploitable; flexible and expendable" (p. 72). While Canada stands out as the only nation to offer migrant caregivers a path to permanent residence, shifts in Canadian immigration policy under the Conservative Harper government, between 2009 and 2015, have produced longer periods of temporary and precarious immigration with more restrictions on who can qualify for permanent residence (Banerjee et al. 2017; Bragg and Wong 2015). As a consequence, an increasing proportion of migrants living in Canada are denied the rights of

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citizenship, including protection from labor exploitation and employer-related abuse.

This study explores migrant caregivers' working conditions and access to permanent residence following changes to Canada's caregiver policies in 2014. Using participatory action research methodology, we sought to understand how the structural violence of precarious immigration shapes migrant caregivers' response to workplace abuse and exploitation. Structural violence refers to institutions and practices, including immigration policies, that prevent people from meeting their basic needs (Anglin 1998). Feminist theories of gender-based violence consider how social constructions of gender embed male domination within social institutions, norms, and practices to produce and maintain intersecting forms of inequality through historic and ongoing racism, sexism, classism, ableism and the production of precarious immigration (Crenshaw 1995; Sokoloff 2008). The structural violence of migrant care work is a form of gender-based violence produced through gendered migration of domestic workers from the Global South to wealthier nations that lack protection for migrant workers who are financially and legally dependent on their employer (Parreñas 2017; Walia 2010). In the context of migrant care work, specific forms of workplace abuse and exploitation include physical harm (e.g. physical and sexual acts), psychological harm (e.g. verbal threats, emotional abuse), deprivation of basic needs (e.g. privacy, nutrition), and exploitation (e.g. unpaid work) (Arat-Koc 2001).

This research was conducted by university-based researchers in collaboration with non-for-profit service providers, migrant workers and community advocates. Building upon decades of activist scholarship in Canada, we employed a feminist, participatory, and action research design to mobilize knowledge across the partnership, to build capacity among caregivers who are often de-skilled through transnational migration, and to advocate for migrant caregivers' rights. The study aims were to: (1) document working conditions for migrant caregivers in the Live-in-Caregiver Program or Caregiver Program since the 2014 policy changes; (2) interview migrant caregivers about their experiences renewing their work permits or applying for permanent residence; and (3) identify strategies for social action to improve access to services and inform policies that protect the dignity and rights of all immigrants in Canada.

In the following sections, we provide an overview of Canada's Caregiver Programs and scholarship that links the structural inequalities of migrant domestic workers to their risk for abuse and exploitation in their employer's homes. Towards theorizing the agency of migrant caregivers, we discuss the role of communitarian networks among migrant workers in Canada. We present our research collaboration and methodology, then discuss key findings from our interviews with migrant caregivers living in Toronto and Calgary.

Literature Review

Policy Context: Growing Precarity in Canada's Migrant Caregiver Programs

The production of precarious immigration status for migrant caregivers in Canada is part of the transnational migration of gendered care work from countries in the Global South to the Global North (Parreñas 2017; Stasiulis and Bakan 2003) coupled with Canada's shift towards temporary resident permits (as opposed to permanent residence) for international workers, students, and business travelers (Goldring and Landolt 2013; Sharma 2006). Canada has a long history of recruiting migrant domestic labor and caregivers. At the start of Canada's formation as a white settler state, Western European women were recruited as wives of new settlers, indentured servants, or live-in domestic workers; they were granted citizenship and quickly incorporated into the emerging Canadian society (Bakan and Stasiulis 1994).

The racialization of international domestic workers in Canada shifted after World War II through a series of "domestic worker schemes" designed to recruit young female migrant caregivers, initially from Caribbean countries (e.g. Jamaica and Barbados), who were eligible for permanent residence after one year. After 1973, migrant caregivers were incorporated into Canada's Temporary Employment Authorization Program, first through the Foreign Domestic Movement and later renamed the Live-in-Caregiver Program in 1992. Live-in-caregivers, the majority of whom originate from the Philippines, were admitted on temporary permits with the option to apply for permanent residence after 24-months of work. Many workers ultimately sought to sponsor their children and spouses, despite Canada seeking to bar their family reunification (Brickner and Straehle 2010).

In November 2014, Citizenship and Immigration Canada (CIC) closed the Live-in-Caregiver Program to new applicants and created a Caregiver Program as a five-year pilot. While the new Caregiver Program removed the controversial "live-in" requirement, workers in the Caregiver Program must now qualify for permanent residence based on language proficiency (in English or French), and educational achievement equivalent to four years of post-secondary education overseas or one year of post-secondary education in Canada. The new Caregiver Program also limits the number of migrant caregivers who are admitted as permanent residents to 5500 per year; much lower than the previous average of 23,447 migrant caregivers granted permanent residence annually between 2005 and 2014 (Immigration Refugees and Citizenship Canada 2015). Although demand for care work remains high, since 2014 the number of new caregiver work permits has dropped significantly. In 2017, 6869 work permits were approved in the new Caregiver Program (Government of Canada

2017) versus 32,601 Live-in-Caregiver permit holders in 2008 (Immigration Refugees and Citizenship Canada 2015).

There are some similarities to both the new and old Caregiver Programs; under both programs, migrant caregivers are issued a closed work permit which authorizes the migrant to work for a designated employer (in contrast to an open work permit which is not employer or job specific). Migrant caregivers with a closed work permit may change employers, but must apply for a new work permit for each employer. Since 2014, employers in both programs are required to submit a Labor-Market Impact Assessment (LMIA) with a fee of $1000 (waived for families earning less than $150,000) before they can hire a migrant caregiver. In 2014, CIC stopped issuing work permits under the "old" Live-in-Caregiver Program but allowed caregivers to either continue working under the old rules or change to the "new" Caregiver Program.

On February 2, 2018, the Federal government quietly posted online that the current Caregiver Program would expire in November 2019 (Nicholas Keung 2018). Prior to this announcement there was no indication that the newly elected Liberal government would cancel the program. Although the federal government also announced plans to revise the caregiver program, people who currently work in the Caregiver Program have been told they need not apply for permanent residence if they have not met the 24-month requirement by November 2019. In response, grassroots groups and caregiver advocates across Canada are calling for the federal government to issue "status on arrival" (i.e. permanent resident status) for all migrant workers; underpinning the long-term goal that migrant workers receive rights that reflect their contributions to the social and economic well-being of Canadian society (Caregivers Action Centre et al. 2018).

Migrant Worker Organizing & Communitarian Networks

Throughout the twentieth century, migrant caregivers have mobilized in Canada, embracing a feminist politics of self-determination (Bonifacio 2013) to fight isolation, enhance safety, and take action against intersecting oppressions, including the right to permanent residence (Tungohan 2017). In her research with migrant activists in Alberta and Ontario, Tungohan (2017) illustrates how migrant worker organizing in Canada is informed by transnational feminism, which critiques "intersecting vulnerabilities faced by migrant domestic workers as a result of the policies of sending and receiving states, policies designed to maximize the economic benefits from migrant domestic workers' labor at the expense of protecting their human rights" (p. 483). Under the mantra "Good enough to work, Good enough to stay!", caregivers have lobbied consistently for "status on arrival" like other economic immigrants in Canada who are granted permanent residence based on their ability to contribute to Canada's economy based on their skills, education or finances (Arat-Koc 2001; Tungohan 2017).

Migrant caregivers today are also excluded from many publicly funded social and health services thus rely on informal networks, faith-based organizations and grassroots groups for advice on immigration paperwork and help with finding employment (Tungohan 2017). Grassroots groups also provide safe houses to help a caregiver leave an abusive situation and, in some instances, accompany women to retrieve belongings from a hostile household from which they need to escape. Banerjee et al. (2017) noted that communitarian networks, while strong, may limit the knowledge and social capital these workers can leverage if they only interact with fellow caregivers. Caregivers are also dependent on recruitment agencies during pre-migration and soon after arrival in Canada, before they develop personal networks.

Limited Protection from the Structural Violence of Migrant Care Work

Academic and community-based research conducted with caregivers in the 1990s called attention to the "social relations of indenture-ship" that are reinforced by the live-in requirement (Bakan and Stasiulis 1994, p. 14) including depersonalized and dehumanizing work conditions that restrict personal freedoms; inadequate food and shelter; and financial, emotional, and sometimes physical threats and abuse from employers (Arat-Koc 2001). Protection for migrant caregivers, however, currently falls outside official definitions of gender-based violence or human trafficking; leaving migrant caregivers who are facing employer abuse and exploitation without access to services, housing, or legal protection from deportation.

Federal and provincial funding for services to address domestic violence typically focus on intimate partner violence or abuse that takes place among familial relations (e.g., spouse, partner, child, parent); constructions that often ignore the abuse that domestic workers may face from an employer. The Canadian Criminal Code does not have specific crimes associated with domestic work but does identify a range of acts (e.g., physical assault, sexual assault, uttering threats, extortion) which may be criminalized within the domestic sphere. Canadian labor laws also have limited protection for people employed in households, leaving domestic workers without the protections offered to other workplaces for sexual harassment, exploitation and other forms of abuse (Faraday 2014).

Regulations for human trafficking similarly overlook the vulnerability faced by migrant caregivers who are exploited by employers. The Canadian Council for Refugees (CCRC) connects the root causes of trafficking to global inequities and lack of opportunities for migrants in their home regions. Control and abuse from immigration consultants and

recruitment agencies also contribute to trafficking conditions and are difficult to regulate as they operate transnationally (Faraday 2014). Temporary foreign workers who are housed by their employers are often vulnerable to coercion, deception, fraud, and abuse by their employer or an immigration consultant. In most cases, however, migrant caregivers are not abducted and may retain control of their identity and travel documents (Langevin 2007). Migrant caregivers, thus, fall outside the policy and service delivery models for victims of trafficking, including access to transitional housing.

Description of the Research Collaboration

In this section, we provide an overview of our collaboration and the roles people played in different stages of the research. With the exception of the Principal Investigator (who is of South Asian origin), all the members of the *Caregivers' Journeys* research team were immigrants from the Philippines and multilingual in English and several Filipino dialects. This study also received oversight from a Research Advisory Committee (RAC) for the Project comprised of migrant caregivers, service providers, and legal advocates. The research team roles included:

Peer Researchers—people with prior or current experience as a migrant caregiver;
Co-Researchers—university-based researchers and graduate students;
Community Advisors—community leaders with experience working with caregivers.

One of the co-researchers include a University professor who secured a multi-year research grant which supported all research and community engagement activities. Co-researchers included paid research assistants in Toronto and Calgary who supported data collection and coordination of all aspects of the research. The community advisors (one of whom is a co-author on this paper) have several decades experience as grassroots leaders in the Filipino caregiver community. Their commitment ensured that we considered the broader impact of our work at every stage. Peer researchers, two of whom are co-authors, drew upon their experience as caregivers when connecting with potential participants and during their interviews. One peer researcher achieved citizenship and two achieved permanent residency during the project. Others were working on either a closed or open work permit. The peer researchers' ability to share their own vulnerability created a space for authentic conversation. While each person contributed their unique perspectives to the research, this paper represents our shared learning.

During the first year of funding, co-researchers connected with community leaders who have expertise in supporting migrant caregivers in Toronto and Calgary to share the goals of the project and invite them to join the RAC. RAC members also recruited migrant caregivers. In the fall of 2015, the RAC formed a working group which met monthly from October 2015 to June 2016 (usually on Sundays to accommodate caregivers' schedules); then quarterly thereafter, to clarify the research and advocacy goals, data collection protocols, and our approach to data analysis and dissemination.

The working group made many decisions by consensus including the study name (i.e. Caregivers' Journeys), participant honorarium ($30 cash and two transit tickets), recruitment methods, interview questions, and priorities for dissemination the findings at professional and community meetings. In recognition of frustration among grassroots organizers that university-led research did not benefit caregivers, the RAC developed the following principles to ensure the research process to be "trustworthy," or what Schwartz-Shea (2006) defines as "self-consciously deliberate, transparent, and ethical" (p. 101). Our shared principles included: consideration of "woman" as a fluid category that includes trans and non-gender binary ways of being; attention to gender inequality as systemic, and reflecting overlapping and intersecting forms of discrimination, including but not limited to gender, race, class, sexual orientation, religious affiliation, immigration and family status; and an understanding that social justice requires the participation of women in the decisions that affect their lives, families, and communities.

Considering the hierarchical structure of university-based research, the research team and RAC worked to distribute the project resources equitably. Co-researchers and community advocates were paid by their respective employers to participate in the project, therefore we established a $30 honorarium for peer researchers for participation in RAC meetings as a modest compensation. During the developmental stage, the research team also committed to prioritizing capacity building among migrant caregivers, many of whom experience de-skilling and underemployment in Canada. With the leadership of our community advisors, we hired five peer researchers (three in Calgary and two in Toronto) on hourly contracts to assist with data collection and analysis. During the data transcription and translation stage, we also recruited from the Filipino community in Toronto to hire people with prior translation experience and demonstrated knowledge of the Filipino caregiver community. The transcriptionists worked closely with our research team to produce high-quality original language transcripts and English translations. At the dissemination stage of our project, we organized community forums to share our research findings in Toronto and Calgary. The project funding also supported peer researchers and community advisors to co-present at academic and policy conferences related to immigration, migrant workers, and health.

Method

Research Design

This research followed a qualitative research design for interpretive policy analysis (Yanow 2000). Our interpretive approach combines critical and feminist theories of gender and migration with attention to meaning-making (Chavez 1997; Oktar 2001) and how meaning is constructed intertextually (Fonow and Cook 2005). Using this framework, our research questions include: 1) how do migrant caregivers make meaning of changes to Canada's caregiver policy? 2) how do the policy changes impact their access to permanent residence? and 3) how does migrant caregivers' precarious status shape their response to workplace abuse and exploitation?. To address these questions, we used a mixed-methods ethnographic approach that included: a) participant observation at public forums and b) individual and focus group interviews with migrant caregivers. Our ethics protocol was approved by the University's Office of Research Ethics.

Observation at Public Forums As part of our participatory action research approach, the research team worked with our community partners to organize five community forums to share information about the study, solicit feedback on the study goals, report preliminary research findings, and foster knowledge exchange and co-learning. As noted earlier, the migrant caregiver community in Canada is well organized, with several grassroots groups who share information and collectively advocate for workers' rights. The community forums were organized with support from legal and community advocates who shared updates on the caregiver program policies. We also invited migrant caregivers to share from personal narratives of working as a caregiver, the challenges they are facing, and their strategies for applying for permanent residence. The first three forums took place in Toronto, Edmonton, and Calgary at the start of our study in 2015. The final two forums were hosted in Toronto and Calgary in early 2018 where we presented our study findings, policy recommendations, and where we honored long-time activists from the caregiver community.

The forums were publicized through RAC members and advocacy networks with 25–80 attendees including grassroots leaders, migrant caregivers and service providers. At these forums, coresearchers took fields notes on the general topics that were discussed and the concerns advocates and caregivers raised regarding changes to caregiver policy. We did not record identifying information in our field notes other than the role the attendee disclosed about themselves with regard to the discussion (e.g. lawyer, service provider, former or current caregiver). Co-researchers also generated post-forum reflection memos regarding the topics that were discussed. Our fields notes from the forums informed our targeted recruitment, development of interview questions, and analysis of interview and policy data.

Individual and Focus Group Interviews Between August and December 2016, we conducted 21 individual interviews and two focus groups with a total of 33 migrant caregivers in Toronto or Calgary; two regions with high numbers of migrant caregivers. Individual and group interviews followed a semi-structured, conversational format. Focus group interviews were structured to foster an environment of co-learning and knowledge exchange such that peer researchers shared their experiences as migrant caregivers along with participants. The focus group conversations provided an illustration of social norms among migrant caregivers with regard to disclosure of abuse and exploitation, advice giving practices, and forms of mutual aid and support. Individual interviews involved one-on-one conversations which allowed for in-depth exploration of sensitive topics related to abuse, exploitation, and hopes to achieve permanent residence or reunify with their families. At the start of both the individual and focus group interviews, we collected basic demographic information to assist with targeted recruitment (i.e. country of origin, gender, age, immigration status).

Recruitment Targeted recruitment took place in the Greater Toronto Area of Ontario and in Calgary, Alberta via word of mouth and distribution of flyers over email through peer researchers' and RAC members' professional and personal networks. Inclusion criteria focused on: a) people currently working on a Live-in-Caregiver or Caregiver work permit; b) former migrant caregivers who have an open work permit and are waiting for their permanent resident application to be processed; and c) former migrant caregivers who no longer have a valid work permit (i.e. non-status). We did not have any other exclusion criteria, however, eligibility for a work permit in Canada's migrant caregiver programs restricted recruitment accordingly; all migrant caregiver work permit holders are adults who are foreign nationals with some prior education and/or experience in care work. In 2016, over 90% of people in Canada's Live-in-Caregiver Program identified as women and 88% originated in the Philippines (Immigration Refugees and Citizenship Canada 2017).

Peer researchers served as the primary contact for research participants who were given the option to take part in individual or group interviews (or both) and to be interviewed by a peer researcher or co-researcher in a location of their choice (e.g., university office, café). Co-researchers conducted two interviews in English; the remaining nineteen were conducted by peer researchers in English or Tagalog. The focus groups were co-facilitated by two peer-researchers, a community advisor, and a co-researcher.

Interview Guide The semi-structured interview guide used in both the focus group and individual interviews included: "What first brought to you Canada?", "What are some of the things that are going well in your current work?", and "What are some challenges you are facing in your current job or in seeking employment?" Towards understanding how migrant caregivers make meaning of the 2014 changes to caregiver policy, we provided participants with a brief overview of the policy changes that we prepared in partnership with our community partners as stimulus material. The one-page policy brief included information about the policy changes, eligibility for permanent residence, and the number of migrant caregivers with work permits and/or waiting for the permanent resident application to be processed. We also invited participants to draw or write a timeline of key events in their lives to document when they arrived in Canada, changes to their employment and immigration status, and other key events in their lives. The use of stimulus materials facilitated participants to explore and co-produce meaning regarding their experience (Leung 2010), in this case as migrant caregivers.

Mid-way through the interviews, we specifically asked about experiences of abuse or exploitation: "Have you ever experienced any workplace harassment or abuse (unpaid overtime work, threats of losing your job/immigration status, name calling, unwanted sexual advances, etc.)?" To gather information about sources of support, we asked, "Who did you seek help from when you first arrived?" and "Have you received help from other networks like family, community or religious institutions?" We closed all interviews by asking about participants' hopes for themselves and their families.

Participants The majority of participants (31 of 33) identified as women; two as male. The average reported age was 37, ranging from 26 to 58 years. Of the participants who disclosed their marital status, sixteen were married; two were separated; nine were single. Twenty participants reported that they have children, eleven have no children and the remaining two did not disclose (Table 1).

All but two participants were from the Philippines. Twenty-two participants (67%) had previously worked as a migrant caregiver in Asia or the Middle East. The majority of participants (63%) have lived in Canada between 2 to 5 years; 27% have been in Canada for five to ten years; 10% for two years or less. Thirteen participants (39%) held a closed work permit at the time of the study. Fifteen (46%) had finished the program and were working on an open work permit while they waited for their permanent resident application to be processed. Three participants had recently become permanent residents. Two were applying for permanent residence on Humanitarian and Compassionate grounds (which applies to people who can demonstrate that removal from Canada would be unjust): one of whom held an open work permit and one who was non-status.

Data Analysis

Participant Data All interviews were audio recorded with the participants' permission. Most participants spoke a combination of English, Tagalog, and Filipino. Tagalog and Filipino interviews were transcribed into the original language first, then translated into English. We represent English translations of interview data below in *italics*. We followed Brislin's (1970) translation method of decentering as described by Willegerodt and colleagues (Willgerodt et al. 2005) to enhance semantic and content equivalence. Our transcripts include some non-lexical notations (e.g., laugh, sniff). We also used ALL CAPS to indicate sounds that were louder than the preceding or following speech. Significant Tagalog or Filipino phrases were retained in the original language with translation notes. All transcripts were reviewed by at least two people to clarify content.

Interview notes, field notes, and interview transcripts were entered into HyperRESEARCH, a qualitative research software for data management. We assigned pseudonyms to all participants and removed identifying information to preserve anonymity.

Data Analysis Methods We employed an intertextual frame to analyze how meanings constructed in one genre of text (i.e. interview transcripts) reflected discourse that appears in other genres (i.e. field notes from community forums). Using

Table 1 Admission of permanent residents in the live-in-caregiver & caregiver programs by category, 2014–2016

	Year			
Immigrant Category	2014	2015	2016	2017
Caring for Children Program[a]	n/a	10	200	
Caring for People with High Medical Needs Program[a]	n/a	25	55	555
Live-in Caregiver Program	11,445	10,920	6380	n/a

[a] Indicates one of the "new pathways" created in 2014. Data retrieved through an information request to the IRCC Statistical Reporting Group (Immigration Refugees and Citizenship Canada 2017). In 2017, IRCC only reported the combined total for new permanent residents in both the Caring for Children and Caring or People with High Medical Needs Programs

discourse theory, we assume that actors use and position themselves within discourse to practice citizenship—construct identity and a sense of belonging, negotiate rights, and make meaning of their lives (Gee 2001; Oktar 2001). Discussion within our research team and with RAC members during the data analysis period generated rich and nuanced interpretation of the key findings reported in this paper. Engagement with our RAC also increased what Lincoln and Guba (Lincoln and Guba 1986) have called "trustworthiness," such that our key findings were immediately translated to real-world applications in service delivery and policy advocacy.

Codebook Themes We approached data coding as form of data analysis and organizational process. The research team worked collaboratively to develop a codebook with 36 theoretical and in vivo codes that were identified through repeated reading and listening of the research proposal, interview guide and a sample of field notes and transcripts. Some codes reflected our theoretical framework regarding precarious migration and migrant care work (e.g., reasons for immigration, immigration status, immigration consequences) and forms of employer abuse and exploitation and how caregivers responded to situations of abuse (e.g. abuse, exploitation, types of support, access to services). Examples of data driven codes included: community (i.e. how caregivers receive and give support to one another), time (i.e. the way caregivers referred to dates and periods of time while working or waiting), and recommendations (i.e. advice caregivers offered to each other). The code book was tested by two coresearchers on a selection of data. Once the codebook was finalized, one co-researcher and one peer researcher performed the data coding, which involved selecting passages from the field notes and interview transcripts and labeling those categories with one or more codes (Edwards and Lamper 1993).

The analysis in this paper focuses on interview data that were labeled with the codes "access," "community," "abuse" and "exploitation" towards understanding how migrant caregivers talked about forms of abuse and exploitation in relation to their immigration status and to what extent they sought support from formal organizations and community networks when responding to gender-based violence (including the threat of deportation). Interview transcripts and field notes related to these codes went through a second stage of hand coding to identify sub-themes while maintaining our attention to each individual's entire narrative. The coresearchers took the lead in organizing the identified themes for presentation in this paper, while consulting with the peer researchers and community partners throughout the analysis and writing stages. We organized the results to include illustrations from our interview data in concert with our analysis of the following topics: a) work conditions as a migrant caregiver; b) the symbolic violence of permanent residence backlogs; c) producing "illegality" through closed work permits; d) types of abuse; e) ways of responding to abuse and exploitation; f) knowledge, use of, and barriers to services; and g) support and stigma from informal networks.

Results

Work Conditions as a Migrant Caregiver in Canada

The transnational context of international domestic work served as a backdrop when caregivers discussed their work conditions in Canada. Most of the caregivers in our study had prior overseas work experience in Taiwan, Hong Kong, Saudi Arabia, or Libya for a range of one to sixteen years. All but one of these caregivers stated that work conditions in Canada were "better" than their prior overseas work with regard to having some time off or being treated with more respect. One caregiver stated she felt more "protected" in Canada because she could call the police in cases of emergency. The one person in our study who described her situation in Canada as worse, was a caregiver in Alberta working with an elderly stroke patient. She stated:

> *I prefer my work in Taiwan more. Because there… you could actually practice* handling[1] *the patient* [referring to work in a nursing home], *and then caring for the patient…. You wouldn't be* degraded *because I felt that when I first came here, I felt* degraded*… Here it's like you're a maidservant* (Maria, Individual Interview).

Though the majority have advanced degrees in nursing or other health care professions, migrant care workers in our study are de-skilled through the Caregiver program.

Even if the conditions in Canada were deemed better, this was only a relative assessment for participants in our study. When asked if they had a "good employer," Fe replied frankly: "Not really… Compared to what you have signed in the contract. It's not really followed. But as I said it's better than Hong Kong." (Fe, Individual Interview). Work contracts differ substantially from how most employers behave. Work outside the contract could include taking care of other children who came over for "play dates" or preparing food for the entire family. Though the contract includes "light housekeeping" most caregivers reported doing laundry, ironing, mopping, painting, gardening and dish washing; one caregiver had to clean her employer's place of business and other family members' homes. One caregiver who lived in a rural community was required to wash the family's cars and boat in extreme weather. As noted in previous studies, several

[1] *Italicized* text indicates something spoken in Filipino or Tagalog which was translated into English. Non-italicized words were spoken in English and transcribed verbatim.

participants reported working fourteen to fifteen hours per day, six days a week, without overtime pay. In addition to the potential for exploitation, immigration and social justice lawyer Fay Faraday (2014) observes that the migrant workers risk losing their immigration status when they perform any work duties that are not outlined in their official work contract.

Caregivers in this study noted that the removal of the live-in requirement improved the quality of life for a small number of migrant caregivers to have "a life of their own." In our study sample, however, all but two of the caregivers lived with their employers—one lived with an aunt, and one lived in transitional housing—because the employers required them to "live-in", or the caregiver could not afford the high cost of living on their own. For live-in caregivers, power and control dynamics surface in caregivers' lack of basic privacy or autonomy. Most did not have their own car, so were geographically isolated especially if the employer lived in a suburban or rural setting. As noted by Remy below, lack of privacy negatively impacts caregivers' ability to prepare for the language test to qualify for permanent residence:

> *I don't have privacy. When my employer said that I should lock the door upstairs,* [the children] *would still kick it* [voice breaks]. *Then while I review, they would run around upstairs playing basketball* [crying]. *Isn't it, I just hoped the parents are there too, that they would talk to them, right?* (Remy, Individual Interview).

Although employers are required to submit a floor plan of their home in their LMIA application, several caregivers reported living in a common space in the basement without a door or windows. Not having privacy contributes to the psychological burden on caregivers—they cannot turn "off"—which may disrupt their efforts to have a life outside of caregiving. The removal of the "live-in" requirement in the Caregiver Program, thus, did not lead to increased autonomy and privacy for the majority of caregivers in our study.

The Symbolic Violence of Permanent Resident Application "Backlogs"

Long processing times for permanent resident applications—colloquially known as "backlogs" in Canada—arose as a key concern during our interviews and community forums. In December 2017, 23,000 caregivers had open work permits and were still waiting for their permanent residence applications to be processed (down from 62,000 in 2014) (N. Keung 2017a). Delays in processing applications only applied to people in the old program where the average waiting time is 56 months. People in the new Caregiver Program, who met the eligibility requirements for language and education, typically wait eight months. This differential treatment exacerbated confusion among caregivers in the old program, who though they would be better off switching programs, even though work time in the old program does not transfer to the new program. Caregivers in the new Program, however, faced challenges with not being able to meet the language and education requirements. At least one participant struggled to find time and money for a post-secondary program so she could qualify for permanent residence (Table 2).

The "backlog" impacted fifteen people in our study who had completed the Live-in-Caregiver program and were waiting to reunify with their families in Canada. Seven participants had been waiting over five years for their applications to be processed and all were required to renew their open work permits on an annual basis and submit repeated medical exams for each of their dependent family members (i.e. spouse and/or children). Delays in processing meant they had to renew their work permits and insurance each year and pay renewal fees. Several participants experienced lapses in their status due to administrative errors (i.e. IRCC lost their documents). In some cases, participants made mistakes on their applications (e.g. paying the wrong fee) which led their application to be delayed or rejected. Two caregivers in our study lost their status due to administrative errors. Myrna, recalls redoing her paperwork several times: "So much trouble working with my permanent residency and my open work permit especially if you don't have any idea about it. Ay! Just makes me crazy.... My paper came back to me [were denied], I'm not sure, I think three times" (Myrna, Individual Interview).

The disruption of the work permit also created tensions with employers who were worried about breaking the law. In the following excerpt, Agnes shares how she had to convince her employer that she was still able to work legally, because she had an "implied status," which refers to the 90-day period after a valid work permit has expired, where migrant workers may continue to work for the same employer if they have already submitted a work permit renewal:

> I asked, "what is implied status?" Because my employer said that, "my friend is telling me that you are already illegal," So, I said, "No, I have to call Immigration" so the Immigration gave me the correct word, of how to explain to my employer that I can work legally. That is "implied status." There's no expiry of my implied status. Until such time that I receive my new work permit. Or, my PR status. (Agnes, Individual Interview).

Agnes, who has been waiting 51 months for her permanent residence application to be processed, was successful in getting information from IRCC about her status to alleviate her employer's concerns. Other participants in our study were discouraged by the long wait and fearful that contacting immigration too often would lead to their applications being delayed further.

Table 2 Interview participants' characteristics

Pseudonym	Age	Gender	Place of Origin	Years in Canada	Immigration Status
Lucy	33	F	South Americ-a[a]	2	Closed work permit
Agnes	46	F	Philippines	7	Open work permit; waiting for PR
Minda	32	F	Philippines	4	Open work permit; waiting for PR
Rhea	N/A	F	Philippines	7	Permanent Resident
Jen	30	F	Philippines	2.5	Permanent Resident
Nicole	58	F	Philippines	9	Open work permit; PR application denied; applying for H&C[b]
Alayna	56	F	Philippines	8	Open work permit; waiting for PR
Rey	28	M	Philippines	2	Closed work permit
Carol	31	F	Philippines	2	Closed work permit
Ben	50	M	Philippines	3	Closed work permit
Li-Anne	49	F	Philippines	8.5	Open work permit; waiting for PR
Julia	51	F	Philippines	7.5	Open work permit; waiting for PR
Dawa	33	F	Philippines	2	Closed work permit
Norma	34	F	Philippines	7.5	Non-status; Applying for H&C
Fe	N/A[c]	F	Philippines	6	Permanent Resident
Myrna	33	F	Philippines	4	Open work permit; waiting for PR
Aida	31	F	Philippines	3	Open work permit; waiting for PR
Lorna	36	F	Philippines	4	Open work permit; waiting for PR
Mila	N/A	F	Philippines	8	Open work permit; waiting for PR
Belen	43	F	Philippines	3.5	Open work permit; waiting for PR
Ana	28	F	Philippines	2	Closed work permit
Maria	26	F	Philippines	2	Closed work permit
Joan	47	F	Philippines	2.5	Closed work permit
Clara	51	F	Philippines	4	Open work permit; waiting for PR
Rica	31	F	Philippines	1.5	Closed work permit
Cathy	36	F	Philippines	3.5	Open work permit; waiting for PR
Lisa	31	F	Philippines	2.5	Open work permit; waiting for PR
Gregoria	42	F	Philippines	4	Open work permit; waiting for PR
Mayette	40	F	Philippines	2.5	Closed work permit
Reena	40	F	Philippines	2-5[d]	Closed work permit
Remy	39	F	Philippines	< 1	Closed work permit
Ester	37	F	Philippines	< 1	Closed work permit
Seema	36	F	South Asia[a]	3	Open work permit; waiting for PR

All names are pseudonyms chosen by the participant and/or one of the peer researchers

[a] Regions rather than country names were provided for individuals who were not from the Philippines towards protecting their confidentiality (e.g. South America, South Asia)

[b] H&C refers to application for permanent residence on Humanitarian & Compassionate grounds

[c] N/A is indicated for participants who did not provide their age

[d] An estimated range of years in Canada (based on the participant's narrative) was provided in cases where this information was not disclosed during the interview

Grassroots organizers have made repeated efforts to call on the IRCC Minister to reduce the backlog, through protests outside IRCC offices and online petitions imploring the government to process permanent residence applications as soon as possible. Vilma Pagduan, a Filipina TV host and former migrant caregiver describes the pain and disappointment of having to wait for permanent residence as "killing families" (Nicholas Keung 2017b).

Producing "Illegality" through Closed Work Permits

Processing times for the LMIA application (submitted by employers) and closed work permits also created hardship for several caregivers in our study. Closed permits are tied to a specific employer. If the migrant worker seeks to change employers, or are "released" by an employer, they must apply for a new work permit with a new employer. Some caregivers are "released" upon arriving in Canada (i.e. the employer notifies immigration that the caregiver is no longer working with them). Some employers have a change in their family life and no longer require a caregiver (e.g., the employer loses a job or goes on parental leave). Some caregivers shared that they were "released" after asking for better pay or work conditions.

Once "released," caregivers must first secure a new employer, then wait for the new employer to submit an LMIA which takes an average of four months to process. Only after the LMIA is approved can the caregiver apply for a new work permit, which takes an additional four months to process. Therefore, caregivers who must change employers must wait an average eight months for a new work permit. Most caregivers who experienced interruptions in their work permit continue to work "under the table," to make ends meet. Any work performed outside the permit leaves the caregiver vulnerable to loss of their immigration status. This work also does not count towards the 24-month work requirement, such that long processing times for the LMIA and work permit automatically delays when a caregiver can apply for permanent residence.

Types of Abuse

Within the context of precarious work conditions and longer periods of precarious status, most caregivers in our study shared similar stories of financial and psychological abuse from their employers to previous research with migrant caregivers. Financial abuse took place on a spectrum; some were required to do extra unpaid work. In more serious examples, caregivers were threatened with debt, required to pay back the LMIA processing fees which the employer is required to pay. Caregivers who were hired by a family member (e.g., an aunt or cousin) were particularly vulnerable to exploitation under the guise of *utang na loob* (i.e. a Filipino concept for indebtedness). Carol, who was hired by a cousin had left a "good" job in the Philippines to work as a caregiver in Canada to improve her life. After arriving in Canada, she became depressed because her cousin only gave her a minimum "allowance." Carol remained with her cousin for several months out of familial obligation, before moving to a different province to seek a new employer.

In one focus group, a participant shared her experience of being sexually assaulted by an employer. She was working with the police who encouraged her to speak out about this violence. Her disclosure led to other people in the group to share stories of sexual harassment from employers or other family members in the home—from being groped to having an elderly person they were taking care of kiss them when the caregiver brushed their teeth. In an individual interview, one participant shared that she had to quit after an employer made advances on her; offering to divorce his wife to marry her.

Participants also discussed the inability to eat adequate food as a symbolic form of violence. While many caregivers were responsible for preparing food for the family, they either were prevented from eating the family's food or preferred not to eat with the family. In some cases, when caregivers purchased their own food, this was used by the employers' children without reimbursement. Food insecurity was also linked to stress and poor health. Remy described the stress of hunger after she suffered a work-related illness:

> *I bought a* kettle*, what you boil water with. Just for when, when hunger is too much. Because isn't it at night when you haven't had any food, your stomach grumbles… I have a bowl there, I can just pour boiled water over the* noodles*. Then I also bought* oatmeal*. So that when I get hungry, because I really don't want to get sick again, because, I don't really have… like who will take care of you but only yourself, right?* (Remy, Individual Interview)

The lack of adequate food is illustrative of the structural violence of domestic care work, where caregivers' health is compromised due to their precarious work conditions.

Ways of Responding to Abuse & Exploitation

In consideration of the structural impediments to leaving an abusive employer, caregivers in this study discussed a range of strategies when faced with different forms of exploitation and abuse. A few caregivers acted proactively to collect information about employers and community resources before migration (e.g., transitional housing); some were able to connect with a faith community in advance who assisted with their transition and settlement.

The majority of caregivers, however, spoke of "enduring" abuse or exploitation at work in order to finish the program. One participant shared:

> *Because you want to finish YOUR PAPERS, even though you get abused, that,* by words or by touching*, become strong, because you want to finish your papers, right?* [voice breaking markedly louder] *You always follow Immigration, right? Even if you get abuse, you accept it, right?* (Nicole, Individual Interview).

Another participant shared, "I'm really struggling for two years, just to, just to get my papers. So, I just close my eyes anyway. Time will pass" (Ben, Focus Group Interview).

In addition to the goal of competing the program, many caregivers expressed the desire to get along with their employers; they wanted to avoid conflict, and in some cases wanted to demonstrate to their employers that they were hard-working, "good" people. Some attributed this ability to endure and work hard as a cultural trait: Ana stated, "*We Filipinos don't want to give grudges because of your coworker or employer. That's just like my* mentality *or something* (Ana, Individual Interview). The familial ideology also surfaced in comments where caregivers spoke about being "part of the family," suggesting that if they were to cause conflict, they might lose the closeness they had with some members of the employers' family.

Caregivers often expressed the need to rely on themselves or their faith (in God) to survive. Carol explains that many caregivers would not access services because they feel uncomfortable or consider it a sign of weakness to seek help from an organization:

> Even though there are… lots of offices… helping those in need, especially one of the participants [in the focus group] before mentioned about having this [shelter] for women, um, you know for me, I feel no, I feel uncomfortable. I am not used to ask out, for any organization, because all I know is, I need to survive no? I need to be strong, especially that I don't have family in Toronto (Carol, Individual Interview)

The need to "be strong" is a common mantra among caregivers in the Filipino community. In the Philippines, Overseas Filipino Workers (OFWs) are labeled as "national heroes" for the billions of dollars they contribute to the country in remittances each year (Gibson et al. 2001; Rodriguez 2002). OFWs are praised for the sacrifices they make (i.e. being with their family) to pursue better economic opportunities in countries like Canada.

While expressions of "endurance" reflect cultural norms and the complexities of transnational care work, caregivers' talked about endurance as an active not passive position that included weighing options or negotiating with employers to improve work conditions. As noted above, some caregivers tried to "bargain" with their employers, to increase their pay or to get paid for overtime work, with mixed results. Some were "released" as a result of their efforts. At least one caregiver we interviewed was able to negotiate higher pay when her work contract was renewed. Another shared that she was able to get the employer to sign documents absolving her of debt (which the employer was tallying from items broken during her employment) before she resigned. In some cases, employers adjusted their expectations, though these changes were not long lasting. Myrna, who fell ill after two-week period due to working long hours, talked about how her employers responded to her request for better work conditions:

> So, they said they feel sorry for me and then, I even asked about my overtime, 'because I had overtime for three and a half hours. My employer just give me 30 dollars… and then said "I'm sorry for being cheap." And so, we talked. We talked a lot, I also bargained. I told them that, "Okay, here's my condition. If you're going to change, this is my condition," so I give them my condition. And I stayed with them. And after few months, they returned to their old ways (Myrna, Individual Interview)

Some caregivers did quit. Agnes recalls when she decided to quit, "We all argued, but ultimately I just didn't say anything. In my head, what's important is for this to be over, for me to be free. So, I decided to leave" (Agnes, Individual Interview).

Social Services: Knowledge, Use, and Barriers

During our community consultations, we regularly heard that many social services were not accessible for people working in the Caregiver Program. In both Toronto and Calgary, most social services—defined as government-funded or not-for-profit organizations that provide settlement, health, legal, employment and other social services—exclude temporary foreign workers or operate during work-day hours when caregivers are fulfilling their work duties. Structural barriers to accessing services, thus, are a directly result of policies that exclude temporary foreign workers from Canada's social safety-net (Bhuyan and Smith-Carrier 2012).

As Alayna recalls being turned away when she sought help from a settlement agency; "I went to ask them if I can get some help for employment.... When [the worker] heard that my Social Insurance Number starts in 9 [which indicates an individual has temporary status in Canada], she said 'No we cannot help you'" (Alayna, Focus Group Interview). Despite the limited number of services, a few caregivers in our study access social services for social and recreational programming (e.g. group hikes, public swimming pools), information workshops, and one-on-one support in filling out immigration forms. Considering the importance of completing their immigration papers, caregivers often pay expensive legal fees or rely on informal networks to complete their paperwork.

The threat of "getting in trouble" with immigration can also deter caregivers from accessing social services or filing a grievance against their employer. When Carol's cousin refused to pay her a fair salary, she chose to find another employer in another province. When she injured her back, she decided not seek health care for fear of losing her immigration status:

> I got into an accident, but I did not ask for help because my employer is in Edmonton… so I'm still using the Alberta health card. But I cannot use it here. So, I did not ask, I did not seek help in Ontario, because you know, immigration, they might find out. "Why are you here, your employer is still in Edmonton?" So, I said, I cannot do anything. (Carol, Focus Group Interview).

For many caregivers, the threat of losing status surpasses their health needs. Additionally, both structural (e.g., funding constraints, service locations and hours) and individual factors (e.g., cultural norms and stigma) serve as barriers to social services for caregivers.

Support and Stigma from Informal Social Networks

Caregivers in our sample were more inclined to seek help from personal networks than from social services. A few caregivers gave examples of employers who supported them by providing cash gifts or loans so the caregiver could better support their family members back home. Most of support, however, came from fellow Filipinos or migrant caregivers that participants met in parks, malls, at church, and online. There is an expectation that Filipinos are willing to help each other – a concept referred to as *bayanihan* – that underlies the strong networks of support in the caregiver community.

In this era of technological globalization, social media, more specifically Facebook, serves as a popular platform for migrant caregivers. Caregivers use Facebook to share information about application requirements and forms, policy changes, and social services. Caregivers also share their personal experiences and timelines, posting updates like "Hey, I'm PR now!" (Dawa, Individual Interview). Caregivers also talked about forming and maintaining relationships and friendships through online forums, especially for people who were geographically isolated in their employer's homes. Facebook, thus, provides a way for caregivers to have a sense of community and to exchange information about their rights. As one peer researcher put it, "It pays a lot to have a lot of friends" (Individual interview with Fe).

While connections in the caregiver community can have many benefits, being visible among a network of peers can expose caregivers to peer judgment, stigma and insecurity. Caregivers often share their personal stories to learn from one another. However, a negative by-product of sharing is that people may judge their experiences against each other. During the focus group interviews and community forums, we noted that misinformation and confusion about policy changes could circulate quickly among caregivers as well as among professionals working with caregivers. We also noted regional differences in our study in community members' access to up-to-date information; groups based in Toronto—Canada's largest city—were more likely to have access to current legal information versus those in rural communities or even urban centers in Alberta.

The stigma associated with precarious immigration status may also cause caregivers to isolate themselves when they are most vulnerable to avoid judgments from others. Agnes, whose work permit expired due to long processing times, was unsure if she could continue working for her employer and afraid to tell her friends, many of whom had already become permanent residents. During periods of vulnerability, caregivers in our study shared that they sometimes hid their problems from friends or even family back home, in part because they feared that others would discover their status but also to avoid being the subject of community gossip. Informal social networks, thus, represent important sources of mutual aid for migrants who are separated from their family support system. The benefits of these networks, however, may be limited for caregivers who isolate themselves to avoid scrutiny.

Discussion

Following the mandate of the project's research advisory committee, this research sought to understand the impact of Canadian policies introduced in 2014 on migrant caregivers' work conditions and access to permanent residence. Despite the potential benefit of removing the "live-in" requirement, conditions of the "new pathway" reinforced broader immigrant trends that restrict access to permanent residence and produce longer periods of precarious status; conditions which increase vulnerability for abuse and exploitation for migrant caregivers. Using a participatory action research methodology, migrant caregivers shared their aspirations for obtaining permanent residence and the hardships they encounter due to long periods of separation from their own children and families. Our research also documented how the bureaucratic management of the new Caregiver Program forces caregivers to go for long periods without work authorization, while they wait for their work permits to be renewed; conditions which exacerbate financial insecurity, exploitation, and the loss of immigration status.

As noted in previous research, Canada's Caregiver Programs normalize conditions of "indentured labor" while limiting options for migrant caregivers to leave abusive employers. Caregivers in our study reported that the challenges of renewing their work permit coupled with their desire to avoid "conflict" with their employers deterred them from leaving

abusive employers or negotiating with employers for better pay. In our small sample, only one caregiver reported being sexual assaulted by her employer to the police. The majority relied on friends and family, through their faith community, or via social media platforms like Facebook. This speaks to a dangerous gap in social and health service delivery for migrant caregivers in Canada. Furthermore the shame and stigma associated with precarious immigration status and care work contributes to social isolation for migrant caregivers who have fallen out of status.

Immigration policies that produce longer periods of precarious status for migrant workers also increase the chances that caregivers will fall out of status altogether, thus contributing to the production of "illegality" (De Genova 2002). The tens of thousands of migrant caregivers who remain in a liminal state as their applications for permanent residence are processed experience the trauma of prolonged family separation, which previous research has shown to have long-term negative impacts on caregivers' and their families' well-being (Pratt 2012). While processing times for permanent resident applications are not legislated in immigration policy, the resources the government allocates to review applications reflect political priorities and who is seen as a desirable immigrant. The so-called processing "backlogs," thus, represent a type of symbolic violence for caregivers; delaying their right to reunify with their families is normalized as an administrative burden. Meanwhile people working in the Caregiver Program face the additional challenge of completing their 24-months of work before the program expires in November 2019.

Reflections on the PAR Process

The participatory and action design of our research increased the quality of our study and enabled our research process and findings to respond directly to concerns raised by migrant caregivers in Canada. Immediately following the news that the Caregiver Program would terminate in November 2019, we mobilized with our community partners to develop policy recommendations to inform the government's review of the Caregiver Program (Author Publication). Our research team convened caregivers and service providers to identify policy recommendations and advocated for migrant caregivers to be directly involved in policy development process. During this period, grassroots leaders raised concerns that university-led research would overshadow caregivers' concerted efforts to voice concerns on their own terms. We continue to evaluate how to mobilize our research in ways that will not reproduce oppressive dynamics and remain committed to supporting migrant workers' organizing. As one of our community partners noted, research cannot stop with analysis, but must translate to meaningful action, especially with those directly impacted by the research.

Limitations of University-Led PAR

There are limitations to our research and our capacity to mobilize for transformative change. Firstly, the funding did not adequately budget for a "peer research" model which required creative use of work-study funds from the university and in-kind support from community partners. The structure of this funding also places all of the responsibility with the principal investigator; reproducing a hierarchy of power and access to resources. While the RAC sought to distribute resources equitably, the funding did not adequately support the community engagement goals that we identified. Research funders must adequately compensate the contribution of community leaders who currently "volunteer" their services on advisory boards.

Our limited resources also produced few opportunities for "paid work" among community partners or migrant caregivers who were involved in the research process. We received numerous applications for the peer researcher roles, but were only able to hire five peer researchers. Completing our analysis and writing within a deadline also "rushed" the collaborative approach, especially considering that peer researchers work full-time in caregiving jobs, thus could only talk in the evening by phone or on the weekends.

Conclusion

This paper examines how conditions under Canada's Caregiver Programs exacerbate migrant caregivers' vulnerability for employer abuse and exploitation, force long periods of family separation, and impose bureaucratic processes that set-up many for failure. Despite Canada's ratification of international conventions for migrant workers' rights, the Canadian government has yet to acknowledge how temporary labor schemes expose migrant workers to abuse and exploitation as a result of their precarious immigration status. Migrant caregivers, mobilizing through informal networks and grassroots organizations, call for all migrant workers to be granted permanent resident status upon arrival as the only means to avoid conditions of "bonded servitude" through immigration policy. As the #METOO movement has amplified public consciousness of sexual harassment and assault in the workplace, meaningful support for low wage and vulnerable workers must address the structural factors that prevent migrant workers from seeking help from gender-based violence.

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