

PMC Working Paper Series

**Live-in Caregivers in Rural and Small  
City Alberta**

Dr. Denise Spitzer  
*University of Ottawa*

Working Paper No. WP 03-09

2009



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For additional information contact:

PMC Working Paper Series  
*Attention: Mrs. Lenise Anderson, Editorial Assistant*  
Suite 2-060 RTF Building, 8308 – 114 Street, University of Alberta  
Edmonton, AB T6G 2E1 Canada  
Tel: (780) 492-0635 Fax: (780) 492-2594  
Email: [lenise@ualberta.ca](mailto:lenise@ualberta.ca)  
Web Site: <http://pmc.metropolis.net>

### **Funders**

We are pleased to acknowledge the following organizations that provide funding in support of the Prairie Metropolis Centre: the Social Sciences and Humanities Research Council of Canada; Citizenship and Immigration Canada; Atlantic Canada Opportunities Agency, Canada Border Services Agency, Canada Economic Development for the Region of Quebec, Canadian Heritage; Statistics Canada; Human Resources and Social Development Canada; Rural Secretariat of Agriculture and Agri-Food Canada, Department of Justice Canada, Public Health Agency of Canada, Federal Economic Development of Initiative of Northern Ontario, Canada Mortgage and Housing Corporation; Public Works and Government Services Canada; the Royal Canadian Mounted Police; and Public Safety Canada. The University of Alberta provides PMC with a generous grant and the other participating universities offer supplementary support.

# Live-in Caregivers in Rural and Small City Alberta

*Denise Spitzer*  
*University of Ottawa*

Research is always a team effort and this project benefited from the energy and wisdom of this extraordinary group of people who served on the Research Team, Advisory Committee and as our Community Partner:

Research Personnel	
Dr. Denise Spitzer	Principal Investigator
Ms. Tatjana Alvardj-Korenic	Project Coordinator
Dr Caridad Bernardino	Research Associate
Ms. Ivon Pereira	Research Associate
Dr. Lucenia Ortiz-Marquez	Research Associate
Ms. Janelle Baker	Administrative Assistant
Ms. Diana Reis Cohen	Survey Analyst
Ms. Barbara McLean	Survey Distribution
Advisory Committee Members	
Ms. Noreen Berkes	Alberta Labour
Ms. Leticia Cables	Changing Together . . . A Centre for Immigrant Women
Mr. Kevin Essar	Human Skills Development Canada
Ms. Rashmi Joshee	Health Canada
Ms. Kathy Galloway	Citizenship and Immigration Canada
Dr. Lucenia Ortiz-Marquez	Edmonton Multicultural Health Brokers' Co-operative
Ms. Josephine Pallard	Changing Together . . . A Centre for Immigrant Women
Community Partner	
Ms. Lena Bengtsson	Immigrant Settlement Services (Grande Prairie)

I am indebted to Dr. Lucenia Ortiz-Marquez, Ms. Ivon Pereira, Dr. Caridad Bernardino, Ms. Lena Bengtsson, and Glenna for their particular efforts.

Special thanks to Tatjana without whose hard work, compassion and creativity this project would never have been carried out.

We bear witness and give thanks to all of the women who shared their stories and time with us.

Denise L. Spitzer, PhD  
Ottawa  
Autumn 2008

## **Executive Summary**

We explored the experiences of live-in caregivers working outside of Alberta's two major centres through interviews and focus groups, complemented by a survey of local institutions and organizations, and a discussion with program planners and policymakers. Live-In Caregiver Program (LCP) workers in rural and small city Alberta confront some of the same challenges reported by those in urban settings including contract violations, isolation, vulnerability to violence, and contraction of mobility; however, many of these challenges appear to be heightened for those working outside of larger metropolitan areas.

While the live-in requirement of the LCP constricts the mobility of care-workers and invariably constrains their access to formal and informal social support, those working in smaller centres and rural areas are particularly affected by the paucity of social support to mitigate isolation and loneliness and to aid in their settlement and integration process. Moreover, they can be increasingly dependent on their on employers to transport them to health services, government offices, social gatherings or religious services—sometimes at the employer's convenience rather than the worker's needs or desires. Both lack of control over one's workplace and home life, and the lack of access to formal and informal social support can have critical impact on health and well-being. This relative isolation may also mean that live-in caregivers have less ability to secure information about their rights and about the immigration process.

Entering a close community can be difficult for any newcomers; however, the demographic profile of rural and small town Alberta renders many of these foreign-born workers outside of the social and cultural mainstream marking them as the Other—objects of curiosity if not necessarily derision. Furthermore, the small populace can make it difficult for caregivers to find work if they wish to change employers or to seek help if there are circumstances that has implications for the reputations of individuals involved. Significantly, transportation difficulties and a paucity of facilities make it hard for live-in caregivers who would like to volunteer or take short courses in their spare time to cultivate skills and Canadian experience. Working outside of major centres, therefore, may hasten the deskilling process. The long-term impact of this work trajectory has yet to be fully examined.

## **Introduction**

Awareness of foreign-born live-in caregivers in our society had been limited, yet over thirty-six thousand women and men came to Canada between 1993 and 2000 alone

under the auspices of the Live-In Caregiver Program (LCP).<sup>i,ii</sup> Implemented in 1992 to address the requirements of Canadians who needed caregivers at home to provide services to children, the disabled and the elderly, the LCP enables participants to apply for permanent residency status after fulfilling two years' service living and working in the homes of their employers.<sup>iii</sup>

Until recently, most of the research conducted on live-in caregivers has been undertaken in large urban centres, primarily Toronto,<sup>iv</sup> Vancouver,<sup>v</sup> and Montréal.<sup>vi</sup> To understand the experiences of live-in caregivers in Alberta, I conducted a study at the behest of Changing Together . . . A Centre for Immigrant Women with current and former live-in caregivers, their employers and representatives of employment agencies.<sup>1</sup> While most respondents resided in Calgary and Edmonton, the responses from four informants from the Grande Prairie region in northern Alberta drew attention to some unique challenges faced by live-in caregivers outside of Alberta's two major cities. As the Alberta economy was beginning to draw more people to resource industry towns outside of the major urban centres, the numbers of live-in caregivers moving to these regions was also bound to escalate. Illuminating the lives of live-in caregivers in rural and small city Alberta, therefore, appeared to be a timely as well as necessary initiative. With support of the Prairie Metropolis Centre, the project was launched to address the gaps in our knowledge about the experiences of LCP workers outside of major cities and about the role that civil society organizations in small centres play in helping them integrate into Canadian society.

#### Live-In Caregiver Program (LCP)

The Canadian government has been involved in the recruitment of domestic labour since the late 19<sup>th</sup> century.<sup>vii,viii,ix</sup> Under the current program, the Live-In Caregiver Program (LCP), applicants are required to have the equivalent of a Canadian high school education, six months of training or 12 months of experience in a related field and the ability to speak, read and understand one of Canada's official languages.<sup>1,2,3</sup> Employers must provide a lockable private room for their employees and a key to the home to ensure access.<sup>3</sup> Employers are to allow live-in caregivers to focus their attention on care recipients, but may be assigned light, *indoor*, housekeeping duties. Potential employers may hire live-in caregivers independently, working directly with Human Resources and Skills Development Canada (HRSD) to complete the documentation for work authorizations and contracts.<sup>3</sup> Importantly, minimum wage, overtime payments and worker's compensation legislation differ from province to province, creating disparate working conditions for live-in caregivers across the country.<sup>x</sup> Following 24 months of employment within a 36-month period, live-in caregivers may apply for permanent residency status. Acceptance is not automatic and applicants may be refused if a member of their family has a criminal record or a serious medical problem.<sup>3,9</sup>

### Live-In Caregivers

Over eighty percent of live-in caregivers in Canada are from the Philippines.<sup>2</sup> Due to the exigencies of global markets and pressures from the International Monetary Fund and World Bank, the Philippines has become a major exporter of labour.<sup>xi,xii,xiii,xiv</sup> Families appear eager to send female rather than male family members abroad because they remit proportionately more wages to their families than their male counterparts.<sup>xv</sup> While foreign domestic labourers service the needs of middle and upper class Canadians, their own families undergo disruptions and dislocations.<sup>xvi</sup> Relinquishing their own immediate familial and parental bonds is often a source of stress and anxiety that is often framed by live-in caregivers in terms of female sacrifice and filiality. These sacrifices are often made to ensure familial financial security at home and to reunite family members on Canadian soil where children are expected to have better opportunities.<sup>1,2,16,xvii</sup> Importantly, the desire to fulfill the terms of the contract in the shortest time frame, the need to ensure a steady flow of remittances to their families, and their precarious immigration status result in substantial hesitance to report contract violations to authorities.<sup>1,2</sup>

Living and working with one's employer can create pressures not faced by caregivers who do not reside in their workplace. Lack of control over the pace and implementation of work, concern about family and immigration issues, and lack of privacy can contribute to stress that can have significant health costs.<sup>xviii,xix,xx</sup> Although many employers seek to treat employees as friends, these more intimate bonds—while providing a sense of comfort—can also be invoked to extract additional duties and unpaid overtime from live-in caregivers.<sup>1,xxi</sup>

Despite these challenges, LCP workers search for, and often find, sources of social support that can help mitigate the impact of migration and enable them to more smoothly navigate the institutional minefield of immigration and settlement. Many find succor in religious fellowship and social engagement with co-ethnic caregivers who also provide newly arrived caregivers with information on services, social events and the immigration system.<sup>1,17</sup> Moreover, the heavy workload does not deter caregivers from being active on their days off; many seek ways to find meaning in their labour by volunteering with various institutions and community agencies.<sup>1,xxii</sup> These efforts also serve to maintain professional skills, to network with Canadian institutions, to obtain additional Canadian work experience and to bolster their sense of identity. These supportive coping strategies, however, are dependent on the ability to commune with others on weekends where there are volunteer opportunities and where there is welcoming host community. The question remains whether live-in caregivers in rural and small city Alberta have access to these supportive opportunities that may help them cope with the pressures of their employ and facilitate their permanent entry into Canadian society.

## The Study: Live-in Caregivers in Rural and Small City Alberta

### Objectives of the Study

The objectives of this project were to: (1) *highlight* the experiences of live-in caregivers currently working and living in Alberta outside of the two major urban centres; (2) *illuminate* the relationships between living and working conditions, employer-employee relations, immigration and the health and well-being of live-in caregivers; (3) *investigate* their sources of, and satisfaction with, social support provided by individuals, community agencies, spiritual or religious institutions and others; (4) *examine* the access to, and use of health services (biomedical, traditional and alternative) by live-in caregivers; (5) *determine* how conditions of employment, country of origin, gender, social support, participation in Canadian social life, and personal characteristics differentially affect live-in caregivers' health and well-being; (6) *explore* the role of non-governmental agencies in supporting live-in caregivers in rural areas and small cities; and (7) *formulate* policy and program recommendations that can be disseminated to governmental and non-governmental stakeholders in the Live-In Caregiver Program.

### Methodology

This project was informed by critical and feminist turns in ethnographic research.<sup>xxiii,xxiv</sup> Critical approaches encourage a telescopic—macro to micro-level—approach to issues.<sup>xxv</sup> Moreover, methodological choices—made in consideration of feminist principles—had the added value of facilitating participant networking, reducing isolation, and encouraging social action.<sup>17,xxvi</sup> Within this framework the lives of live-in caregivers were contextualized by sets of social relations that link the personal, communal, societal and global. Also considered were the ways in which gender, class and ethnicity serve to structure and constrain health, economic and social opportunities through various social, cultural and political means; however, circumstances—and the response to them—were also mediated by various coping strategies.

### Research Team

The research team was comprised of the principal investigator, an advisory committee composed of representatives from relevant provincial and federal government departments, immigrant serving agencies and live-in caregivers, and research associates who were familiar with communities of live-in caregivers.

Prior experience conducting research with live-in caregivers informed our choice of methods and recruitment strategies.<sup>1</sup> Qualitative methods (interviews and focus groups) were employed as they allowed for in-depth examinations of topics that are well suited for an exploratory project of this nature. Importantly, qualitative methods allow researchers to develop rapport and trust with informants, elements that were viewed as vital to soliciting participation in previous research with this population.<sup>1</sup> Notably, fear of disclosing experiences to researchers despite assurances of confidentiality and anonymity, demanded that we employ intensive, multi-pronged recruitment strategies including making presentations about the project at churches, social gatherings and immigrant serving agencies, circulating flyers at stores frequented by live-in caregivers

and placing ads in local newspapers. In addition, a survey was distributed to a variety of organizations in rural and small city Alberta to examine the roles that these organizations play in assisting live-in caregivers in their region integrate into Canadian society. Results were shared in two focus groups, one with policymakers and program developers in Edmonton and another with live-in caregivers in Grande Prairie.

### Sample

In consultation with government officials, we identified four major regions of the Province where LCP workers could be found. Thirty-nine live-in caregivers, one man and 38 women, participated in individual interviews (N=18) or one of three focus groups (N=21) in the northwestern (Grande Prairie), northeastern (Fort McMurray), southern (Lethbridge/Brooks) and central (Vegreville/Fort Saskatchewan/Spruce Grove) areas of the Province. Thirty-eight of the respondents were from the Philippines and one was from India. The average age was 37. Twenty-five of the informants possessed a university or college education, while fourteen attended vocational school. Nineteen were married, 18 were single and two identified themselves as “other.” Eighteen respondents had children of their own. Twenty-three were raised in rural areas of their home country<sup>1</sup>; the remainder lived in urban areas. While their care recipients include primarily children and the infirm, their employers are engaged in activities ranging from farming and resource extraction to business and professional occupations.

In addition, we mailed 224 surveys to immigrant serving agencies, extended care facilities, hospitals, religious institutions, performing arts groups and service organizations to examine the roles that these organizations play in assisting live-in caregivers in their region integrate into Canadian society. Based on information from members of our advisory committee about the distribution of LCP work permits around the province, we targeted four regions: North (Fort McMurray and Grande Prairie), South (Brooks, Lethbridge and Medicine Hat), Central (Camrose, Lloydminster, Red Deer and Lacombe), and West (Hinton and Edson). A list of immigrant serving agencies, ethno-cultural groups, voluntary service organizations, churches, performing arts groups, extended care and hospitals in each of these centres was drawn up and surveys (see Appendix) with self-addressed stamped envelopes were mailed out. The results were meant to provide insights into local community contact with and support for live-in caregivers in small cities. Fifty-two surveys were received for a return rate of 23%. Return rates differed according to region from a low of 16% in the West (9/58) to a high of 35% in the North (6/17); fourteen surveys from Southern Alberta were received (21% return) and 15 from Central Alberta (18% return). Eight surveys were not identified per geographical location.

Lastly, two focus groups, one with policymakers (N= 8) and one with live-in caregivers in the Grande Prairie region (N= 5) were held to obtain feedback on our findings and solicit input into recommendations.

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<sup>1</sup>While a rural, village settings in the Philippines may be regarded as densely populated by Albertan standards, informants from these regions were more familiar with animal husbandry and the sense of being on the periphery of urban society.

## Findings: Interviews & Focus Groups with LCP Workers

Like their urban counterparts in Alberta<sup>1</sup> and across the country,<sup>3,5,9,13</sup> live-in caregivers complained of working long hours in violation of their contracts. In addition, many were assigned tasks such as feeding animals or other farm-related duties despite the fact that LCP workers are meant to focus on their care recipients and be assigned only light, *indoor* domestic chores.

Normally LCP workers vacate their employers' homes on weekends enabling them to both secure some privacy for themselves and their employers and to distance themselves from the demands or desires of care recipients. Often they reside with former live-in caregivers who have their own independent living situations or rent an inexpensive hotel room with other LCP workers. Those who are not familiar with others or are unable to avail themselves of these arrangements are often those who are unable to reach a more populous location in an inexpensive or timely fashion. As a result, they are more likely to remain with their employers, often sequestering themselves in their room for the duration of their time off. As Andrea noted, this situation can be unsatisfactory.

. . . my room is close to her [care recipient] room. 'Cause I stay most of the weekends at her place. Like, if I am off, there is somebody to replace me. It is like you can't sleep, something like that you can hear them talking, something like that. I don't really have privacy.

Reliance on employers for transport to a larger centre so they can gain access to social networks on weekends is problematic; however, workers may find it even more difficult to obtain transportation for appointments that take place during weekday business hours including seeing health professionals or government personnel regarding their applications for permanent residency or work permits. Faith resided on a farm, but her employer operated a business in the city. Her work schedule revolved around that of her employer offering neither routine nor adequate time-off as per her contract.

If she [employer] is out of town, I am working seven days a week. When she's coming back. Say, she'll be back on Wednesday, she tells me she'll be back by 9 or 10 in the morning. So, she says, "We'll drop you off somewhere by 11 and I'll pick you up at 4." So what's the (pause), what kind of holiday is that? What's the use? Why I need to go home? I said: "My holiday is Saturday and Sunday. Can I go out?" "Ah no! I am giving you Friday!" or something like that. In other words, she's abusing me. I don't know, correct me if I am wrong, but for me, what I still know is like, she's using my time. They don't pay me and (pause) I don't know.

Lack of transportation constrains interactions, thus physical isolation contributes significantly to social isolation. Isolation is one of the most frequent challenges for live-in

caregivers in rural areas and small cities. The lack of sociality and the inability to create or maintain social networks enhances feelings of seclusion and longing.

It's very beautiful here, but it's just you become homesick because it's not like Hong Kong where it's joyful because there are a lot you there who are together and every time you go walking you can talk to a Filipino or Filipina. But here, after one week or even three days, you won't be able to talk to anyone.

-Saty

As Saty's remarks indicate, the absence of social ties in rural and small city Alberta, contrasts with stories of mutual assistance in their homeland and the linkages they developed readily with other Filipina foreign domestic workers in other countries such as Hong Kong. This contrast can heighten their sense of isolation and have an impact on sense of wellbeing.

Locating others with whom LCP workers can build friendships can be difficult in a smaller centre. Although congregations that serve live-in caregivers are not found in every small city, some are able to find connection with other live-in caregivers and Filipinos through the church.

We usually find friends and meet other Filipinos here it to go to church, because whoever is the first time in Canada, the first thing that comes into mind is to go to church. Find the church first, whatever, and that's the best place where we can find friends and where we can meet others in the community. That just goes on and on. If you miss one, you will be invited. "There's a gathering on Sunday, there's a party on Saturday." That's where you circulate to the community and you are able to get friends.

-Nicken

Some employers tried to facilitate networking to the great appreciation of their employees. Leila had been in Canada a few short months, when she celebrated her birthday.

My employer gave me a surprise party and she had invited other Filipinas and other older Filipinas staying already, and I never know about that and it was a surprise for me, so that was the happiest moment. And I never knew that she likes me to have my friends at home. And she wanted to meet them all and they were open to come in our place and they can stay at our place. That's the happiest moment here.

Social support is an essential to health and wellbeing as is control over the workplace. Even those LCP workers who feel they have a good employer reported high levels of stress because of the pressure to keep performing in the work place where they also reside, their apparent lack of control over the pace of their work and the environment in

which they live, and their desire to not “fail” their families by not completing the program. Many report feeling homesick and long for their family.

Yes, my husband and my kids are back home. It was like hell . . . to be separated from them. Like every minute, every day, I miss them, but I keep telling myself like if I'm going back home, what would I do there? Nothing will happen. Like I cannot give a better education for my kids.

-Cristy

Indy, a schoolteacher in India, poignantly describes the impact of the LCP on her social relations and identity. Although she is working for a family member, in her role as employee she withdraws from familial interaction in the evening as is expected of all LCP workers to allow for private family time. She opined:

While we are taking care of those little people, we miss big people while they're busy at their work. That is very stressful for me. Whenever I work for them, I feel attached. I get attached to the children, and in the evening when their Mom and Dad come and I realize, 'Oh my God, they've gone back to their parents.' And the emptiness you feel. Because the whole day you give them all your love and affection and in the evening all of a sudden, you're nobody.

Indy's comments also resonate with the desire to do meaningful labour and with the need to engage with adults as one would in a normal community where one interacts with a variety of people not just children. As she later stated: “I want to do something for the community. I want to stand up there. I want to do something for people.” Furthermore, like many live-in caregivers who hope to recuperate their former occupational status,<sup>2, 22</sup> Indy coped with the disparity between her current denigrated status as a home-bound caregiver and her identity as a professional who made identifiable contributions to the society.

Even when live-in caregivers have time available and transportation, they often find there is little to do in rural areas and smaller centres. Moreover, it can be difficult to find others with whom they can socialize. Although Alberta is a multicultural society, some of the smaller communities are still relatively homogenous or limited in terms of the range of its cultural diversity. As a result, some informants spoke of being subjected to an Othering gaze that made them feel like an exotic object rather than a member of the community.

Actually I don't experience discrimination in my employers and my employer's family. But I notice in the community, some people would look at you different from them, especially if you're brown skin or some darker skin than them. So I don't know if they're admiring our colour or they're just amazed at how short Filipinos are or how dark we are. I don't know. [So they treat you differently. In what way are you treated differently?] By

just looking or sometimes some people, yes, staring and some people, when you ask questions, you feel like they're rude sometimes.

-Xiaoyu

Residing in smaller cities and rural areas constricts the number of job opportunities available to LCP workers. The longer that individuals are unemployed, the greater the likelihood they will be unable to complete the program within the allotted 36 months which would result in their deportation. The fear of prolonged unemployment may make it more likely that live-in caregivers will remain with employers who jeopardize their safety or contravene contract guidelines rather than risk a delay in securing another employer. Andrea recounted:

My first employer passed away, last 2003, so I had to find another one. And then, after that, the one that I had in [small time]; she does not need my help any more, so asked me to find another one. So, that is how I found this one. [Was it difficult to find another job?] Yeah, it was difficult, especially when you out of the city. There is not much job out there . . . [How long did take in between two jobs?] Four months. I mean the processing the papers that takes a while, like the work permit.

Like their counterparts in urban areas, LCP workers in small centres experience their share of challenges with care recipients and employers, ranging from disobedient children to sexual harassment. One informant was raped by her employer and succeeded in pressing charges. The employer, a well-established individual in the community, warned her to keep the matter to herself. Feeling in her own words, "hunted," she opted to find an employer in an even more remote area, coming into town only rarely to send money to her family and returning to the rural refuge of her new employer, an older woman. While these incidences are not unheard of in urban centres, the availability of formal support services and informal social support for LCP workers seeking help with criminal sexual assault, sexual harassment or even strategies to cope with disobedient children is obviously greater.

## **Findings: Surveys**

Survey results provided some insights into the roles that community institutions and civil society organizations play in the life of small cities and rural Alberta and their relationship with this particular group of migrant workers. Respondents indicated that they offered a wide array of services from worship and spiritual guidance, human rights information, financial services, language training, employment skills, life skills coaching, performing and visual arts, health education and numerous volunteer activities. Immigrant serving agencies, places of worship and health care institutions were most often engaged with local live-in caregivers who were referred to them. Only one volunteer service organization and one educational consortium indicated that they were similarly involved with LCP workers in the area. Their referrals were often associated

with concerted efforts to reach out to live-in caregivers. Outreach activities included providing information on immigration practices and their rights and responsibilities as migrant workers, spiritual and social support, volunteer experiences, networking and socializing opportunities and health education.

Survey respondents noted that live-in caregivers in their community required assistance overcoming language and cultural barriers and isolation due to not only physical barriers, but also to age as the populations of rural communities are often mature, making it difficult for younger people to find a place for themselves. They found that live-in caregivers used local resources such as the food bank and depots where they could obtain free clothing, and were in need of legal advice and advocacy as well as information about their rights, access to health care and the Internet, and information about training opportunities and local services that might be of benefit for their care recipients such as adult care centres and First Aid courses. Moreover, live-in caregivers needed opportunities to meet with other LCP workers and other Canadians to relax, create a social life and integrate into the community.

Several respondents noted that the changing employment and marital status of employers often resulted in live-in caregivers being let go through no fault of their own, yet workers were faced with significant difficulties and delays in securing a new employer and work authorization. As comments from one survey indicated:

When an LIC is between employers there can be up to four months before the paperwork with the Foreign Worker's Unit and the Case Processing Centre can be completed. This is, in my opinion unacceptable. It is understandable that the process of applications takes time, but the LIC is in that time period without a place to live (except generous friends who will offer temporary space. I know of one LIC who slept in a car while waiting) and without an income. It is my suggestion that since the Foreign Worker's Unit has approved the employer and the live-in caregiver is here legally to work, the approval could allow the live-in caregiver to work for the employer that has been approved to hire him/her while waiting for the Case Processing Centre to process and send the Employment Authorization.

### **Findings: Focus Group with Policymakers and Program Planners**

Focus group participants noted that the LCP differs from other temporary worker programs due to the live-in requirement and the gendered and racialized nature of care labour and of the program itself. <sup>c.f. 2</sup> Some informants felt that the Program enabled temporary workers to be "fast-tracked" into the country as some LCP workers could qualify to enter as skilled workers. Instead, some may apparently opt to emigrate under the auspices of the LCP rather than as an independent, skilled immigrant as the application processing is faster. Furthermore, as the LCP is meant to address the gap in

child, elder and disabled-care, one individual suggested revisiting the education criteria for LCP workers, pondering the impact of revising them downwards so LCP workers would be more likely to remain in the field of care work. Others asserted that this “fast-tracking” has its drawbacks; as one respondent noted: “You can chose to become a citizen, but in a short term, you have to be exploited.” Moreover, employers benefit from having an educated individual care for their family member so they may not be prepared to hire lesser-educated individuals.

Respondents shared concerns regarding a host of issues. For example, they decried the paucity of quantitative data to complement the predominantly qualitative studies that have been conducted with live-in caregivers in Alberta to date<sup>c.f.1,xxvii</sup> making it difficult for policymakers who favour the use of statistical information in the process of evidence-based decision-making. The lack of monitoring of employment situations and of contract stipulations was also regarded as problematic, particularly where individuals are potentially isolated in rural settings. Concerns were also raised about the information that LCP workers receive regarding their rights and responsibilities as well as how to navigate the immigration system. In recent years, government supports for immigrant workers have been have been reconfigured reducing, at time of our discussion, the numbers of individuals assigned to designing and delivering informational programs to immigrant workers. Moreover, some information, such as the opportunity for LCP workers to take courses was still unclear for both policymakers and NGO representatives alike.

Focus group participants drew attention to the expectations that newly arriving LCP workers might have pertaining to the definition of rural. The population density of the Philippines is such that a small town or village may have the population of a Canadian city; therefore, unless explained by the agency representative in advance of their assignment, few LCP workers could fathom the relative isolation of rural Alberta. As temporary foreign workers who are able to transition to permanent residents, LCP workers pose a particular challenge for NGOs who are not compensated for providing assistance to individuals who on work permits. Due to their liminal status, live-in caregivers are compelled to as one informant noted “rely on the kindness of churches, agency support. We [NGOs] have to hide them under certain populations.”

Problems associated with long-term separation from family on the health and wellbeing of workers and their kin were also discussed. Some informants noted that there were concerns in the community about the children who have joined their mothers after many years of separation. These youth did not appear to be succeeding in school and some suspected that they were being targeted by gangs for recruitment to their ranks.<sup>cf. xxviii</sup> Focus group respondents emphasized that understanding these issues would be salient not just for the LCP, but also for other temporary worker programs that were, at the time of writing, being expanded and which would require that workers come to Canada as sojourners while offering the possibility of permanent residency status and family reunification for select individuals.

## Conclusion

In the course of the research, we have learned that live-in caregivers working in rural and small city Alberta confront some of the same challenges reported by LCP workers in urban settings including contract violations, isolation, vulnerability to violence, and contraction of mobility; however, many of these challenges appear to be heightened for those working outside of larger centres. For instance, overtime is greatly problematic when lone parent employers for instance live at their workplace as is common for resource industry work sites, leaving the caregiver responsible for care recipients 24 hours a day, five days a week. These responsibilities raise questions about how work hours are calculated and how absentee employers are able to hire a single LCP worker for 24-hour coverage. Additionally, in rural areas, LCP workers are more apt to be delegated outdoor tasks that are in clear violation of the contract.

While the live-in requirement of the LCP constricts the mobility of care-workers and invariably constrains their access to formal and informal social support, those working in smaller centres and rural areas are particularly affected by the paucity of social support to mitigate isolation and loneliness and to aid in their settlement and integration process. Moreover, they can be increasingly dependent on their on employers to transport them to health services, government offices, social gatherings or religious services—sometimes at the employer’s convenience rather than the worker’s needs or desires. Both lack of control over one’s workplace and home life and the lack of access to formal and informal social support can have critical impact on health and well-being. This relative isolation may also mean that live-in caregivers have less ability to secure information about their rights and about the immigration process.

Entering a close community can be difficult for any newcomers; however, the demographic profile of rural and small town Alberta renders many of these foreign-born workers outside of the social and cultural mainstream marking them as the Other—objects of curiosity if not necessarily derision. Furthermore, the small populace can make it difficult for caregivers to find work if they wish to change employers or to seek help if there are circumstances that has implications for the reputations of individuals involved. Significantly, transportation difficulties and a paucity of facilities make it hard for live-in caregivers who would like to volunteer or take short courses in their spare time to cultivate skills and Canadian experience. Working outside of major centres, therefore, may hasten the deskilling process. The long-term impact of this work trajectory has yet to be fully examined.

## Recommendations

The following recommendations emerged from our discussions:

- ◆ Employers should be required to pay LCP workers a remote/Northern allowance to compensate them for their additional transportation and communication costs;

- ◆ The Province should hire an Ombudsman to hear complaints;
- ◆ The Government should establish a system to monitor contracts;
- ◆ Produce single-issue work permits to eliminate the wait for employment authorization before working with a new employer;
- ◆ Compare the LCP with previous iterations to determine whether higher educational standards have aided settlement and integration;
- ◆ Consider removing the live-in requirement;
- ◆ Allow live-in caregivers to enter the country as skilled migrants; and
- ◆ Examine the gendered and racialized context and implications for all immigration policies.<sup>2</sup>

Additional recommendations from the research team:

- ◆ Consider private homes as workplaces for the purposes of occupational health and safety regulations;
- ◆ Recognize and support immigrant serving agencies and community organizations in their efforts to aid migrant workers in their communities;
- ◆ In light of the numbers of live-in caregivers responsible for care recipients 24 hours a day<sup>3</sup> while their employers are working in resource industry work camps or who are otherwise not at home for days at a time, employers and government officials must come together to define *work* within the LCP contract.

### **Post-Script: The Support of Your Colleagues**

Re-visiting one smaller city to share our preliminary findings, we recorded this exchange:

Interviewer: How about you? Do you feel that you are more knowledgeable about your rights? Do you feel more comfortable in your own skin as LIC?

Emma: For me, I think I should know what are my rights and sometimes tell my employer about them what should they do.

Interviewer: Do you feel, Emma, that you have more power now than you had two years ago in your communication with your employer?

Emma: Yes, definitely.

Interviewer: Where do you think that power is coming from?

Emma: From the program...and also, I know this is my life...

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<sup>2</sup> Since the focus group was held, CIC and Metropolis commissioned a gender-based analysis of the LCP responding to specific questions laid out by the organizations. *cf.* <sup>2</sup>

<sup>3</sup> This would be relevant for the increasing numbers of live-in caregivers hired to care for elderly and/or disabled clients.

Interviewer: How about the rest of you? Do you feel that you have more knowledge and power the two years ago?

Faith: I do. Based on exchange of ideas and experiences with the caregivers ...you can get knowledge from your friends.

Interviewer: From the support of your colleagues?

Voices: Oh, Yeah...

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