

CLINGING TO A KNIFE'S EDGE: THE LIVE-IN CAREGIVER PROGRAM

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Abstract

Since the 1900s, Canada has heavily relied on foreign domestic workers. This program has evolved over the years into what is currently known as the Live-in Caregiver Program (LCP). It is rooted in our colonial history and has reproduced power imbalances between employers and caregivers. Challenging dominance is a difficult task given that immigration policies perpetuate inequalities through the denial of social, economic and political rights to caregivers. I selected this topic based on my experiences as a live-in caregiver with this program. This study uses anti-colonialism and feminist thought to examine the experiences of three former LCP workers. Through narrative interviewing, the findings indicate that the live-in requirement of the LCP has contributed to the abuse, exploitation and marginalization of these caregivers. The study concludes with a discussion of the ways in which the structure of the program can be modified to prevent further exploitation and human rights violations.

Key words: live-in caregivers, marginalization, abuse, vulnerable, exploitation, power, domestic labour, human rights violation.

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To the policy makers - who may not understand how hard and oppressive it is to live where you work. I hope you will read my research study and make necessary immigration policy adjustments to cater for the domestic workers that leave their countries and join the rest of Canadians in development of the country.

DEDICATION

I would like to dedicate this accomplishment to God, and
To my beloved son Christian who endured the long years of separation due to LCP
policy; and
To all the Live-in caregivers in Canada and their families that continue to endure the
oppressive immigration policies.

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Chapter 1 - Introduction

There is a long history of foreign domestic workers in Canada that were brought to serve middle and upper class families in the late 1800s and early 1900s (Trumper & Wong, 2007). Canada has heavily relied on imported domestic workers. During the pre-war years European domestics entered Canada. British women were encouraged to enter Canada to perform domestic labour in exchange for permanent status (Arat-Koc, 1989; Trumper & Wong 2007). English and Scottish girls followed to meet the rising demand (Bakan & Stasiulus, 1997). During the Second World War, Canadian authorities capitalised on East European refugees who were considered less ethnically desirable than British domestics. As a result of continued labour shortage of domestics, the Canadian government established special group movements of German, Italian and Greek domestics (Bakan & Stasiulus, 1997). One hundred ‘coloured’ women from the British West Indies first entered Canada after government approval in 1955. This was a gesture of goodwill; a deliberate effort on the part of the Canadian government to maintain Canada’s preferential trade and investment position in the British Caribbean. During the early 1990s, the Philippines became a major Third World source of domestic workers in Canada through the Live-in-Caregiver Program (LCP). The LCP with an expanded scope that included working with the elderly, disabled and the sick was developed in 1992 to replace the Foreign Domestic Movement (FDM).

Canada has no universal childcare policy and citizens are unwilling to do “live-in-caregiver” work because of the poor conditions and low wages attached to it (Arat-Koc, 2012). The LCP is stereotyped as work for people from the Third World countries who are used to precarious work in spite of low salaries (Anju, 2011). It is with this view in mind that we, as

individuals, are obliged to speak up against injustices, "just as fear is systemic, so is silence" (Benjamin, 2007).

To this end, this research seeks to lend a voice to social justice. It explores the LCP from the perspective of surviving abuse, exploitation and marginalization. The LCP is a federally designed program that allows Canadians to import temporary migrant workers, also known around the world as domestic workers (Valiani, 2009). The term "live-in caregiver" refers to "a person who resides in and provides child care, senior home support care or care of the disabled without supervision, in the private household in Canada where the person being cared for resides" (Langevin, 2007. p. 192). My personal experiences will attest to the abuse, exploitation and marginalization as this research affirms my life story. As Landson-Billing (2003), puts it, "My research is a part of my life and my life is a part of my research" (p. 268).

This research explores the narratives of live-in caregivers, which take place in the context of the temporary status and live-in requirement. I will be using the narratives of the live-in caregivers. The findings will demonstrate that the absence of specific Canadian legislation to address the protection of live-in caregivers allows employers to exploit and abuse this category of workers in many ways that undermine their dignity. The research will also serve to highlight the need for transformative changes in archaic policies, and enactment of new policies to close gaps that have led to oppression. Potts & Brown (2005) succinctly put it thus, "committing ourselves to anti-oppressive work means committing to social change and to taking an active role in that change" (p. 255). Furthermore, this research attempts to create awareness and encourage caregivers to speak up about the program and demonstrate how the same program has negatively affected and contributed to their marginalization (Arat-Koc, 2001; Arat-Koc, 2012). As will be

seen, caregivers are vulnerable to numerous contract violations/exploitation because they live in employers' homes and are often expected to work underpaid overtime (Kalaw & Gross, 2010).

As in the case of British women in the past, in fulfilling the care needs of the Global North, the Filipino women and their colleagues from the Global South responded to the labour demands in great numbers; influenced in part by the social and economic factors inherent in their communities. In addition to the expanded mandate, the Canadian immigration policy maintains that the "live-in" requirement remains the essential feature of the LCP (CIC, 2012). Moreover, "the visible presence of the LCP leaves them susceptible to being on call 24 hours a day which allows employers to demand longer working hours" (Tilson, 2009; Kalaw & Gross, 2010, p. 16).

As a former live-in caregiver, I am intrigued by the oppressive manner in which the program is structured. In the midst of exploitation and abuse, the women workers cannot complain and are reluctant to change jobs for fear that they will not meet the program's requirements (Tilson, 2009). I must admit that my experiences do not represent the experiences of each and every live-in caregiver in Canada, as everyone's experience is unique. However, I strongly believe they are a true reflection of the potential abuse, exploitation, and marginalization that live-in caregivers face on a daily basis. I am hoping that "through the telling and retelling of my story, I am able to reclaim, revise, and rename it so that I come to a new understanding about it" (Absolon & Willet, 2005, p. 101). My story and the stories of other research participants will contribute to existing knowledge and fuel the debate for social change.

In this exploration, I draw from Creswell (2013) who notes that "qualitative research should contain an action agenda for reform that may change the lives of the participants, the institutions in which they live and work, or even the researchers' lives" (p. 26). Therefore as an agent of change, I believe that there is a need to revisit the immigration policies regarding the

LCP. I am challenging the immigration policymakers to allow caregivers to enter Canada as landed immigrants to avoid further exploitation and abuse. As marginalized women, we need to reclaim ourselves, and our own spaces, and through this transformative research, our voices that were silent will now be heard. The isolation that was prevalent is now getting exposed.

Background of the LCP

As previously stated, Canada has relied heavily on imported domestic workers since the 1900s. Due to the fact that Canada was established in part through immigration processes, it becomes necessary to understand some key historical information regarding the importance of domestic workers' policies dating back to the mid-19th century (Armacost, 1995). Canada's immigration policies have a history of discrimination and sexism; as a result, they create challenges, barriers and inequalities that further disadvantage women (Thobani, 2007).

Chowdhury & Gutman (2012) note that since replacing the Foreign Domestic Movement (FDM) with the live-in caregiver program (LCP), the LCP has added "new eligibility criteria of higher education and training requirements" (p. 216). The LCP also addressed the expanded need of Canadian households to offer care for the elderly, disabled or the sick, whereas the FDM recruited migrant workers only for childcare (Langevin, 2007). This program allows Canadians to employ qualified foreign workers in their private residences (Arat-Koc, 1989; Arat-Koc, 1999; Arat-Koc, 2012; Brickner & Straehle, 2010; Giles & Arat-Koc, 1994; Stasiulus & Bakan, 2005) where there are not enough Canadian citizens and permanent residents willing to fill the available positions (Arat-Koc, 2012; Langevin, 2007) for care of children, the elderly, the sick and persons with disabilities for those that are able to afford private care (Chowdhury & Gutman, 2012) for their family members.

The purpose and eligibility criterion of the program was put in place as a response to the need to care for children, the elderly, the disabled or the sick (Giles & Arat-Koc, 1994; Langevin, 2007). Overall, scholars agree that there is a worldwide increase in the demand for this kind of work (Khan, 2009; Lindio-McGovern, 2003; Lindio-McGovern, 2004).

The earlier domestic program policies were geared towards recruiting women solely from Great Britain (Armacost, 1995). British women were preferred as domestic workers for Canadian upper and middle-class families to represent the middle class' self-interest and values that reflected the Victorian role model of women. British women were encouraged to enter Canada to perform domestic labour in exchange for permanent residence status (Trumper & Wong, 2007). In fact, the British government encouraged women to immigrate to Canada and other British colonies because they had the imperialistic notion that the British women would come to Canadian homes to reinforce British morality. As demand increased, foreign domestic workers came from other parts of the world. Although the LCP has been under intense scrutiny of late (Arat-Koc, 1999; Stasiulus & Bakan, 1994) and has received criticism (Stasiulus & Bakan, 2005) from academics, observers and activists (Brickner & Straehle, 2010), however, the number of women recruited to work under the LCP has increased with the vast majority coming from the Philippines (Lindio-McGovern, 2003).

The LCP 'live-in' requirement poses a major challenge for caregivers. They are in a difficult position to resist employers' demands because of this requirement (Bakan & Stasiulus, 1997; Stiell & England, 1997; Stasiulus & Bakan, 2005). This is enforced by the immigration policy that obligates LCP workers to live where they work. There is no doubt that temporary status and live-in requirements further the cause of exploitation. It is worth asking why caregivers are not given landed status upon entry to Canada in order to accord them equal respect

and dignity like other immigrants. And what would be different if a caregiver worked for the employer without taking residence? Interestingly, Giles & Arat-Koc (1994) argue that:

... wherever and whenever domestic work is done on a live-in basis, elements of the master-servant relation persist ... [and] her entitlement to privacy often goes unrecognized or respected, and because the household is considered the paradigmatic realm of the 'private' the protections normally accorded to employees in the workplace are frequently denied to domestic workers on the grounds that state intervention in the private sphere is inappropriate. (p.14)

In order to understand what LCP entails it is important to turn to an examination of the current Canadian domestic workers' policy. In the 1960s, multiple reasons prompted Canada to refocus its immigration lens to non-European countries to welcome immigrants to Canada. Walsh (2012) explains that after WWII the Canadian economy, the rich and middle classes expanded as less European immigrants came to Canada. Walsh (2012) further explains that the Canadian demand for domestic workers remained high with more Canadian families able to afford live-in caregivers. As a result, the government adopted new immigration policies that allowed people from different racial groups to enter the country. The change in immigration policy saw the arrival of the Caribbean and Filipino women to Canada (Armacost, 1995; Walsh, 2012). Thus as history shows, domestic workers have played an important role in shaping Canadian society to - date.

Live-in caregivers are individuals who are qualified to provide care for children, elderly persons or persons with disabilities in private homes without supervision. Live-in caregivers must live in the private home where they work in Canada (CIC, 2012). "It is mandatory that the caregiver lives in the home of her employers during the 24 month period" (Langevin, 2007, p.195). However, there is mixed scholarly reaction towards the LCP where the live-in requirement is mandatory (Langevin, 2007). The 'live-in' requirement is oppressive as it assumes that the live-in caregiver has no family or personal life of her own (Stasiulus & Bakan,

2005). As a result, many of us have had to draw from our inner strengths for survival. Guo & Tsui (2010) note that, “the strength-based model attributes personal strengths as key to the development of resilience to diversity in time of adversity” (p. 234). I identify with this perspective. As a live-in caregiver, each of us has/had strengths that gave us courage to face challenges differently. This is not to universalize the strengths, but to acknowledge the fact that many live-in caregivers respond to their challenges at work depending on their resiliency (Canay, 2014).

Rationale

The rationale behind selecting this topic stems from my personal experiences as a live-in caregiver for four years in Canada following the promise of permanent residency and citizenship after meeting work obligations contained in the contract. Soon after I arrived in the country, I faced disdain, shame, isolation, discrimination, exploitation and uncomfortable situations (Canay, 2010). Like the participants in this research, I want to lend my voice in echoing the message. Although there is some literature about the LCP, I feel that there is a gap as there is no literature about the personal experiences of an insider of the LCP; moreover, most of the scholars that researched the program are outsiders who have not worked in the LCP.

This study creates a space for the voices of caregivers to be heard. I hope that by sharing these experiences, they will generate the interest of policy makers and future researchers.

Chapter 2 - Literature Review

In this literature review the various studies can be grouped into the following themes: globalization, poverty and institutionalized inequality; power, racism and gender; silencing, exploitation, social isolation, separation; and resilience and resistance.

Globalization, Poverty and Institutionalized Inequality

Ferguson and Mansbach (2012) define globalization as “the widening, deepening and speeding up of worldwide interconnectedness in all aspects of contemporary social life, from the cultural to the criminal, the financial to the spiritual” (p. 17). The world has become compressed. The movement of people within the global village is a consequence of globalisation, the LCP being the best and typical. Lindio-McGovern (2003) notes that, “the Filipino domestic workers provide a good case study to examine, on a micro-macro level, the impact of globalization on migrant women and the intersection of gender, class, race and nationality in this process - an area rarely addressed in the mainstream discourse on globalization” (p. 514). Research findings indicate that structural factors such as the International Monetary Fund’s (IMF), structural adjustment policies (SAP) imposed on Third World countries such as the Philippines resulted in the devaluation of the local currencies. The devaluation reduced people’s income, which in turn made them unable to cope with inflation. Privatization is yet another IMF policy that removed government direct role from capital participation, putting it in the hands of private investors that preferred dollars to the local currency (peso) which could be earned from overseas work, making emigration a better option (Lindio-McGovern, 2003; O’Reilly, 2012).

Gatmaitan (1997) argues that Filipino workers are distinguished in the international division of labour as docile and submissive; thus they are ‘ideally packaged’ to be imported by other countries for jobs that “their own citizens will not perform and for wages domestic

citizens would not accept” (p. 247). Though globalization knits nations, people and capital (Baines, 2011), which have brought some advantages, unfortunately the consequences are dire as populations are dislocated. Similarly, Lindio-McGovern (2003) notes that countries and nations have become so interconnected and interdependent that we cannot isolate our work in Canada without having an effect in other parts of the world (p. 513).

In the past, migration was thought to be a male phenomenon. However, now it is increasingly recognized that not only do women have as long a history of migration as men (Ehrenreich & Hockschild, 2003; Lindio - McGovern, 2004; Pickles, 2000) but, they are on the move as never before in history (Anju, 2011). This observation is shared by many scholars, who note that millions of women are migrating from poor to rich countries (Lenard & Strahle, 2010; Sheldon, 2004; Walsh, 2012). The number of women recruited under the LCP have increased with the majority being from the Philippines (Lindio-McGovern, 2004). Meanwhile, O’Reilly (2012) states that the migration from the Philippines has been going on for so long a time that it is seen as a normal practice; but to an extent, it is driven by poverty. Despite the high demand and important contributions of domestic workers, Constable (2007) argues that, “Filipinas have long been a target of criticisms” (p.37), but Skeldon (2004) suggests that the "contribution they make by undertaking low-paid and undesirable work remains important to the economy ... [and] if domestic work is so stigmatized as servitude, it makes sense that individuals would not readily turn to it, even in times of economic downturn. Instead, it appears that the status of migrants may have been affected as a result of recession; poverty and unemployment as foreign workers come to represent ‘stolen jobs’ even while they take on jobs others feel ashamed to do”(Skeldon, 2004, p. 70). Constable (2007) notes that domestic workers from the Philippines often emigrate for economic reasons, because of their desire to

travel to experience a new life and for self-improvement as they make a very important contribution in the domestic care industry.

Domestic foreign work has given rise to undesirable employer attitudes. The LCP has reinforced some employers' superiority complexes for instance, Anderson (2000) argues that "the hired productive worker is reproducing social beings and sets of relationships that are not merely her own but also deeply antagonistic to her own interests ... [and] her presence emphasizes and reinforces her employer's identity as a competent household manager, as middle class, as white and her own as it's opposite" (p. 20). In the same vein Rollins (1985) argues that the presence of the inferior domestic, evidenced by the performance she is encouraged to execute and her acceptance of demeaning treatment, offers the employer justification for materially exploiting the domestic, ego enhancement as an individual, and a strengthening of the employer's class and racial identities. This idea, Rollins (1985) further observes, "provides ideological justification for a social system that institutionalizes inequality" (p. 203). Even more important, such a presence supports the ideal of unequal human worth: it suggests that there might be categories of people (the lower classes and/or people of color) who are inherently inferior to others (middle & upper class whites). Giles & Arat-Koc (1994) too note that "the domestic worker remained invisible ... [and] she neither received full legal protection accorded employees nor the emotional and affective benefits of family membership" (p. 32). Constable (2003), and Spitzer & Torres (2008) argue that the domestic workers are "encouraged to tolerate their employers' attitudes and to remain polite at all times" (p. 119); while women are asked to be polite, why are employers not asked to change their attitudes?

As noted earlier, the LCP has met a lot of criticisms from both the academics and advocacy groups but surprisingly, more caregivers continue to enter Canada under the

same program with no changes. The question is, why do Filipino women continue choosing Canada as one of the preferred destinations to immigrate for work under the LCP despite the unpleasant conditions? The answer can be summed up to originate from the push and pull effect and from the neoliberal policies. The proof is seen in the number of LCP entering the country that surpasses the annual goal set by the government. Such an influx has boosted the Canadian population with the recent census figures indicating that the Filipino community is the third largest population in Canada with the live-in caregivers constituting the majority.

It is worth examining some of the push and pull factors responsible for the influx of Filipino women to Canada. Due to pressing challenges in their country of origin, the Filipino women have been forced to relocate to the diaspora. Lindio-McGovern (2003) quotes the domestic workers she interviewed in Italy as saying, "*makipagsapalaran, kapit sa patalim*" (Tagalog, the National language of the Philippines), loosely translated as "we are willing to take the risks even if it means to cling to a knife's edge", and that they would work in the Philippines if adequate and well-paying jobs were available (p. 518). Emigration is a bitter decision for Filipinos to make, as it was structurally forced on them. Faced with such a dilemma we had no choice but to go abroad.

Power, Racism and Gender

It is important to note that there is an unfair imbalance in immigration policies that puts employers above their employees allowing them to control and suppress the caregiver. Indeed as Lindio-McGovern (2003) notes, sending countries readily supply mobile and cheap labour but cannot effectively negotiate for better protection of their Citizens abroad. I concur with this observation because throughout my service as a live-in caregiver, there was no single moment I felt protected by the government. Due to the peculiarity of the LCP, labour and union laws are

rarely applicable to these contracts. Moreover, the LCP falls under the non-status category that carries significant consequences for the live-in caregivers (Stasiulus & Bakan, 2005). Employees living and working under these circumstances feel less self-worth and often have low self-esteem (Arat-Koc, 2012) as domestic work is stigmatized as servitude (Anderson, 2000; Giles & Arat-Koc, 1994; Lutz, 2000). While Canada is known to advocate for human rights and vehemently criticizes other countries for the way they handle their social justice issues that lead to human rights violations (Khan, 2009) unfortunately, its restrictive laws worsen the domestic workers' living conditions in Canada (Brickner & Straehle, 2010; Khan, 2009). I strongly support Canada in its criticisms of human rights violations in many parts of the world however, it is a wonder why the same government does not look at its own backyard to check its own human rights record.

The Canadian immigration policies have given middle class white women employers' power over the women of colour whom they employ. Racist policies ensured white nationals enjoyed exalted status and the full rights of citizenry along with the access to resources (Thobani, 2007). For example, from 1867 to the 1970s immigration laws distinguished white British people as "preferred races". According to Thobani (2007), "the non-preferred were marked as strangers, unwelcome intruders with inherent deviant tendencies, unchecked fecundity and 'lacked Christian faith' that threatened the nation's survival" (p. 75). Racism entails disparities in the treatment of people based on observable physical attributes. This is best captured by Giles and Arat-Koc's (1994) observation that, "the domestic worker is admitted into Canada but barred from the political membership, employed in a workplace but often excluded from worker protection laws, resident in a household but not a part of the family" (p. 14). Whiteness has

permeated and to a large extent, continues to shape the culture with detrimental effects on persons who are racialized (Razack and Jeffrey 2002).

Another issue worth considering is the gendered nature of the immigration policies as they pertain to the LCP. According to Brickner and Straehle (2010) a “gendered analysis of the program shows that the women who come to Canada as caregivers continue to face vulnerability and exploitation due to the key structures of the program, most importantly the live-in requirement of the program ... [and] they also question why there is such a seeming disconnect on the subject of the live-in caregivers between policy makers on one hand and academics and caregiver activists on the other” (pp. 309 - 310). Similarly, Bakan and Stasiulus (1997) contend that, “as citizenship is negotiated it is therefore unstable, constructed and reconstructed historically across and within geo-political borders” (p. 119). The process of construction as non-citizens is also central to maintaining their vulnerability to abuse, violence and human rights violation (Khan, 2009; Rodriguez, 2007). Thobani (2007) argues that some groups within society have been denied social, political and economic rights and, as for the LCP, the non-citizenship status is one such denial. The conditions they live through hardly connect them with their employers (Arat-koc, 1999) and to make matters worse, they have to pay for board and lodge from their meagre salaries (Ehrenreich and Hockschild, 2002; Walia, 2010).

Silencing, Exploitation, Separation & Social Isolation

An examination of the LCP reveals that caregivers are silenced and are targets of oppression as a result of their social location (Walia, 2010). By law, the live-in caregivers ‘must’ live in the private home where they work in Canada (CIC, 2012). The fear of deportation denies the live-in caregiver the courage to report their employers’ abuses (Khan, 2009). Canada

has relied on foreign workers mostly from less developed countries to provide long-term care service in private households (Lindsay, Martin & Stone, 2012). The caregivers are required to pay for board and lodge from their meagre salaries that are heavily taxed (Tomolva & Tomeldan, 2004). How does a caregiver respond to such dilemmas? The fact that the live-in caregiver is tied with her employer denies her the right to switch jobs unless the employer terminates the contract (Langevin, 2007), which in the end is detrimental to the caregiver who may be deported. In addition, the live-in caregiver's stay depends on the employer's satisfaction with her work, conduct and cooperation. Threats are abundantly meted onto the live-in caregiver who is new in Canada, with often little knowledge about labour market information and/or human rights laws in Canada. Most endure such treatment hoping to overcome it with time, and most do, as I did!

Women of means employ poor women to perform the domestic duties associated with women's labour (Stasiulus & Bakan, 2005) and the tasks that domestic workers do are associated with women's "natural" expressions of love for their families (Hondagneu-Sotelo, 2001). Many scholars observe that exploitation (Young, 2000) is the act of using people's labor to produce profit while not compensating them fairly (Arat-Koc, 2012; Langevin, 2007; Lutz, 2000; Rodriguez, 2007). Silence became the strategy to overcome the exploitation as most caregivers adopted it with compliance as their constant response (Guo & Tsui, 2010) because of the conditions attached to their work permit.

Landed immigrants bring along their immediate family members unlike the LCP workers who do not have such provisions. Families remain separated (Pratt, 2006) for a very long time anywhere from four to eight years (Walia, 2010). As a result, the long family separation leads to family destruction (Cohen, 2000) where roles create serfdom-like situations (Arat-Koc, 2012) which I can identify with; family relations are only maintained transnationally for years

(Langevin, 2007). Studies have shown that prolonged family separation causes strain on the caregiver's family upon reunification (Pratt, 2006). Employment as a domestic worker facilitates status reproduction not only by maintaining status objects which enables the silver to be polished and the clothes to be ironed, but also by serving as a foil to the lady of the house (Anderson 2000). The hired productive worker reproduces social beings and sets of relationships that are not merely her own but also deeply antagonistic to her own interests.

Hortalanus, Machielse & Meeuwesen (2006) define social isolation as the lack of meaningful social networks. "Meaningful" refers to the fulfilment of the individual's social needs. People can have extensive social contacts and still lack something, resulting in feelings of loneliness. On the other hand, people may have just a few social contacts that are quite sufficient and comforting for them. The lack of a meaningful social network can have serious consequences for the well-being of individuals. The LCP denies caregivers the right to meaningful social networks by virtue of the live-in requirement. Bakan and Stasiulus (1997), argue that while the live-in arrangement often makes the domestic worker uncomfortably close to the family of the employer, it isolates her from the rest of society. As a workplace, the home is an isolating place for a domestic worker who toils alone (Daenzer, 1997). The isolation of the domestic worker becomes especially serious if the employer is one who does not respect the working hours of the employee. Since overtime work without compensation is not at all unusual among live-in domestic workers, this abuse of the domestic worker's time conflicts with other requirements for skill upgrading and social adaptation (Stasiulus & Bakan, 2005). Isolation is a major challenge faced by the live-in caregivers.

Social integration, as Atanackovic and Bourgeault (2014) note, is "the social and cultural engagement of live-in caregivers with mainstream Canadian society," (p. 3). In the event that one

does not get the time to socialize freely, such a person will not learn the cultural values of the society and remains isolated/excluded. Unfortunately, studies indicate that most LCP workers experience social isolation in the communities they live-in (Bonifacio, 2008) which impedes their ability to participate in social activities (Giles & Arat-Koc, 1994). What this implies is that the majority of the LCP workers do not or will not fit well in their communities when their contracts end because they missed out on social integration. Most often, employers as well as the Canadian immigration policies leave the caregivers with very few options to resist; only their compliance allows them to survive the test of time and eventually thrive despite these interlocking systems of oppression (Mullaly, 2002). Despite the many hurdles, most, if not all, live-in caregivers are determined to complete their contracts with their employers in order to meet the immigration requirements (Brickner & Straehle, 2010; Rodríguez, 2007); and the thought of having their families join them in Canada inspires them to endure oppression (Cohen, 2000; Pratt, 2006). The live-in requirement also complicates the situation as it socially isolates the LCP workers from the public where they could learn about their rights (Khan, 2009). The above captured my situation.

Resilience and Resistance

The literature reviewed indicates that although the live-in caregiver program is sexist, discriminative and exploitative, the caregivers are resilient in responding to the oppressive challenges. To them, their mindfulness, that is, their creativity in responding to the challenges, became a source of empowerment on how they perceived their personal experience of oppression. For the Filipino Christian domestic workers in Israel, spirituality enabled them to overcome the predicament of domestic work (Liebelt, 2011) their faith served as a form of resilience strategy. Above all, they have a sense of recognition that despite the exploitation, their

families' livelihood depends on them. Resistance to the status quo that unjustly favours privileged groups is key in dismantling systems of privilege and oppression so that one does not fall prey to thinking that inequalities are just a function of how the world is (Benjamin, 2007). The caregivers face complex responsibilities that overstress them as a result of their marginalization and invisibility (Arat-Koc, 2012; Balakrishnan, Ravanera and Abada, 2005; Langevin, 2007). Different forms of resistance are employed in pursuit of social justice. Social justice is a broad and malleable term that can take place at the individual, organizational and societal level (Benjamin, 2007).

Gap

The literature review consists of articles that discuss the living conditions, struggles and challenges that the live-in caregivers face in their employment in Canada. However, there is a gap in academic research, in that the personal narratives and lived experiences of live-in caregivers are missing. Instead, most studies use positivist interviewing methods such as surveys and structured interviews. Further, I found that most of the research scholars who write about the program are outsiders. However as an insider, I am able to tap into the personal experiences of the live-in caregivers, as well as lending my experiences to this research. Brown & Strega (2005) observe that, "the overwhelming presence of positivism in knowledge production coupled with emerging questions about the exploitative nature of research creates an opportunity to challenge the established research paradigm" (p. 22). Hence this qualitative research utilizes the narrative model to create space for the voices of the caregivers. I hope to shape social justice through a caregiver's lens and within a framework of advocacy which helps to address the injustices embedded in the LCP.

Chapter 3 - Theoretical Framework

Anti-colonial and feminist theories are best suited to this research as they help me to critically understand the dynamics of LCP and the contradictions of how the same country, that promotes social justice and peace elsewhere, maintains inequality and oppression at home by policies that deny individual rights. Anti-colonial theory addresses race and the relationship of domination, power and superiority. I will draw attention to the LCP through a feminist framework that highlights the gender segmentation within the labour market through this program because the LCP is predominantly a woman's program in a man's world.

Absolon and Willet (2005) state that, "it requires courage to resist the rules and rigours of the dominant culture; and it requires faith that can be made for the betterment of the society as a whole, qualities that ought to be reflected in the location of the researcher" (p. 123). The feminist framework exposes the interlocking oppressions and how racism and colonialism have impacted the women's experience (Lawrence & Dua, 2005; p. 122).

Feminist research also embraces many of the tenets of postmodern and poststructuralists' critiques as a challenge to the injustices of the current society ... [and] it examines women's social roles and lived experience, and feminist politics in a variety of fields (Agger, 2006). From a feminist perspective, Giles & Arat-Koc (1994) tell us that "the most glaring and problematic reason for resisting the fusion of wife and servant is that it is most frequently the woman of the household who directly supervises the domestic worker to identify her oppression ... [and] it also ignores the way domestic service functions to reinforce social hierarchy along other dimensions of inequality" (p. 33).

Anti-Colonialism

The LCP is founded on colonial practices. Its structure is based on an element of control where government policies determine whether one can be deported or not. Sinclair, Hart, & Bruyere (2009) argue that “anti-colonialism questions institutional power and privilege and the rationale for dominance, and acknowledges the intertwining role state, social and institutional structures play in producing and reproducing inequalities” (p. 30). The LCP has been designed in ways that further marginalize individuals who have previously been exposed to oppression, inequality and discrimination. Sinclair et al. (2009) further argue that, “anti-colonialism resistance is cultural revitalization for social transformation” (p. 31). The dominant structure that makes up the LCP requires that the individual who have experienced it speak up.

This research represents the multitude of live-in caregivers who suffer in silence. It is the voice of the voiceless. Research is usually done on caregivers, however my research is done with them. Quijano (2000) argues that “coloniality of labour became a new technology of domination/exploitation, in this case race and labor was articulated in such a way that the two elements appeared naturally associated ... [and] it determined the geographic distribution of each one of the integrated forms of labor control in global capitalism ... [and] through these measures Europe and European constituted themselves as the center of the capitalist world economy” (Quijano, 2000, p. 537-539). His assertion affirms the notion that the foreign domestic worker programs reinforced a systematic dominance that has led to “master and servant relations” (Arat-koc, 2012).

Within the anti-colonial discourse, the live-in caregiver program (LCP) raises the questions of rights, identity and citizenship. Canada was historically designed as a “white-settler nation” (Thobani, 2007), which deprived the Indigenous people their identity and culture as they

faced dominance and exploitation through a systemic process of oppression. Thobani (2007) further argues that the historical exaltation of the national subject has ennobled this subject's humanity and sanctioned the elevation of its rights over and above that of the indigenous peoples and immigrants. Similarly, the Canadian state has denied caregivers under the LCP access to social, economic and political rights by creating and nurturing a colonial space.

Access to social citizenship for the 'live-in-caregivers' continues to be regulated through the foreign worker regulations of the immigration system. Undeniably, the live-in requirement of the LCP reinforces control and exploitation. This observation prompted Dei & Kempf (2006) to ask, "Why is it necessary for us colonized peoples to think and reflect collectively about a problem not of our creation i.e., the problem of colonization?" (p. 1). As the LCP shows, such a question is central since colonialism has not ended and we see around us today various examples of colonial and neo-colonial relations (Dei & Kempf, 2006). My research seeks to achieve among other objectives the creation of knowledge that could influence policies for the greater good. Moreover, Smith (2000) suggests that colonialism is still alive and well in society today:

I do not believe for an instant that we are in post-colonial period. I do not think we have seen the last of colonization; on the contrary it is very much alive and well. What has happened in recent years is the creation of an illusion that colonization is no longer practiced – that somehow the "white" world now understands this phenomenon and is able to desist from it. This of course is a myth ... [and] what has happened is that the processes of colonization have been reformed in different and more subtle ways. Many of these new information are insidious and many of them have yet to be fully exposed. (p. 215)

The LCP is a direct and practical reminder of colonialism and its racist, oppressive and discriminatory agenda.

Feminist Theory

Feminism is broadly taken as both a body of knowledge and a political movement that aims at understanding and alleviating inequality that women face in society (Comack, 1999). The broad understanding of feminism makes all persons that cherish the ideals of such movements, feminists, irrespective of their positions in society. Although feminism has made huge contributions to social work theory as well as other disciplines, however, more needs to be done. Feminist theory extends feminism into theoretical, or philosophical discourse and aims to understand the nature of gender inequality. It examines women's social roles and lived experience, and feminist politics in a variety of fields (Agger, 2006; Chodorow, 1989). There is no single, universal form of feminism that represents all feminists (Cott, 1987; Payne, 2005); a view also held by Neuman (2000) who notes that, "Feminist researchers use multiple research techniques in attempting to give a voice to women as a way to correct the predominant male-oriented perspective" (p. 116). In my research, feminist theory provides a framework for explaining the complex connection between the lives of 'live-in-caregivers' and the larger social, political and economic forces. It offers an analysis of the LCP and the systems of power in society that shape the policies within which it has been designed.

Feminist social work and approach to practice are rooted in the principles that personal is political as a way of achieving change to the social system, reconceptualising power, valuing difference and challenging separations (hooks, 2000). For feminists, there are many approaches to deal with the issues and oppressions of women. A common ground can be found in an intersectional approach that considers other factors such as race, class, sexual orientation, sexual identity, ability and age (Payne, 2005). A common thread tying feminist together is the contributions it has made to other disciplines.

Calixte, Johnson and Motapanyane (2005) assert that feminist theory seeks to identify the source of women's oppression and develop effective ways for social change. It is this commitment to change that is required to address and eradicate oppressive policies within the LCP. The live-in space is in itself a site of oppression (Calixte et al., 2005; Stasiulus & Bakan, 2005). With regard to understanding patriarchy, feminists have refused the traditional separation of private and public spheres arguing that the personal is political (hooks, 2000; Payne, 2005; Rebick, 2005). They also argue that patriarchy is constituted in and through various social structures and is reproduced in everyday relations, having impacts on a global scale (Calixte et al, 2005). Feminists also exposed the notion of the sexual division of the labour market, politics and culture, arguing that it mimics and accentuates their subordination in the household (hooks, 2000; Payne, 2005; Rebick, 2005). They highlighted the argument that the sexual division of labour makes way for the objectification of women as objects for men in the family, acting as both helpmates and sexual partners and translated to their being objectified in the public sphere. The theoretical contributions of feminists are integral to influencing change within the LCP.

Consequently, anti-colonialism and feminist thought provide the theoretical perspectives which allow me to fully develop and interrogate the LCP. These perspectives also allow me to situate and understand my experiences and those of my participants.

Chapter 4 - Methodology

My research design is a narrative approach. The narrative approach is a qualitative approach to research that is both a product and a method (Creswell, 2013). It is a study of stories, narratives or descriptions of a series of events that account for human experiences (Pinnegar & Daynes, 2007). All qualitative research is grounded in an interest in the meanings people construct in their social worlds (Creswell, 2013). Research that does not give meaning to social constructs reproduces dominance ... [and] a possible danger of mis-interpreting the interest of the community (Madison, 2005). Narrative inquiry is the interdisciplinary study of the activities involved in generating and analyzing stories of life experiences (e.g., life histories, narrative interviews, journals, diaries, memoirs, autobiographies, and biographies) and reporting that kind of research (Schwandt, 2007.p. 204). According to Denzin and Lincoln (2005), “the urgency of story-telling arises from the need and desire to have others hear one’s story ... [and] they further argue that for some people, the act of narrating significant life events itself facilitates positive change” (pp. 667- 668). Thus, it is safe to argue that narrative inquiry is very important for social change/transformation. Narrative inquiry often focuses on the experiences of one or few participants rather than those of a larger group. One of its goals is to give voice to those whose stories have been previously unheard in educational research (Chase, 2005; Creswell, 2008).

In this narrative research, the research participants and I will discuss our personal experiences as live-in caregivers. Narrative principles inform my approach and as guided by Chase (2003), I organize the interview questions around the life story the narrator has to tell (p. 83) as it is her experience that I want to listen to (p. 87). Every voice counts as it situates individual stories within participants’ personal experiences, for example, their culture, jobs and homes (Chase, 2003; Creswell 2013). This will deepen our understanding of the voices of live-in

caregivers. It is important to consider the ways in which power and privilege affect the LCP as we begin to unpack and address the issue of oppression within migration and transnational identities. In this way, the “voices” of the participants become heard throughout the research process (Creswell 2013, p. 27).

Research Method

The narrative approach begins with experiences as expressed in the lived and told stories of individuals (Creswell, 2007). The term “narrative” carries many meanings and is used in a variety of ways by different disciplines, often synonymously with a “story”. Chase (2005) notes that “a narrative may be oral or written and may be elicited during field work, an interview or a naturally occurring conversation” (p 652). In this study, the participants who are Filipina former live-in caregivers were asked to share their LCP experiences in Toronto, Canada. Having been a live-in caregiver myself, I am encouraged to carry on this narrative project in hopes of motivating others as they read about our resistance and resiliency stories that brought us this far in the struggle of liberating ourselves. I am particularly interested in the relationship they established, the nature of work, responsibilities and duties they did, as well as the connections they made and other aspects of their time as live-in caregivers.

As a narrative research, it is necessary to focus on the stories that emerge recognizing that all people have stories to tell (Creswell, 2007). The research findings will create awareness and bring further attention to the issues. It will also demystify the notion that LCP workers are incompetent and the view of their knowledge being “folklore” (Landson-Billings, 2003) which rendered it as illegitimate knowledge. Historically, the marginalized populations (Pe-pua, 1989) from the Global South are perceived as only consumers, not producers of knowledge (Connell,

2006; Schreiber, 2000). However, I argue that we become part of ‘knowledge-creation’ as experience itself is knowledge.

As a narrative study, I collected stories from three individuals. Stories bring therapeutic healing (Baskin, 2011), hope and resistance as they help relive the experience and develop strategies and coping mechanisms (Chase, 2003). In a collaborative manner the participants and I built a good relationship as we shared our experiences about the LCP. Through our “dialogues” (Pe-pua, 1989), we established evidence of the challenges of the LCP. After the data collection, I analyzed the themes that emerge from our dialogue (Riesman, 2008). Creswell (2013) notes that “all stories may not be applicable to all participants” (p. 114); however, as a researcher, I highlight specific tensions that arise in each of the themes; and discuss the place or the context where most of the incidents occurred that are reported in the narrative. Furthermore, the above points out what a researcher should do. The stories are collected from participants when they respond to the research questions during the interview. The interview questions are open-ended, general and focused on understanding the central theme of the study; and participants will be asked to share only their experiences about the program (e.g. How did you come to be a part of the program?).

Significance of Stories

Stories have meaning (Chase, 2003) and are not one-dimensional (Cruikshank, 1999) but are told in order to convey several different lessons depending on when and where they are told and by whom (as cited in Baskin, 2011, p.205). The participants may talk about their past, their present and their future (Clandinin & Connelly, 2000) but when we listen carefully to the stories people tell, “there are always teachings in those stories” (Sinclair, et al., 2009, p. 94). We learn how people, as individuals and as groups, make sense of their experiences and construct

meanings and selves (Chase, 2003). According to Baskin (2011), “Stories also serve as important links to the past and provide a means of surviving into the future” (p. 205). I am hoping to highlight the experiences and lessons in the unique stories of these women.

Besides, knowledge is transmitted through stories that shape and shift in relation to the wisdom of the storyteller at the time of telling (Kovach, 2005). From the stories, we also learn about the complexities and subtleties of the social worlds they inhabit (Chase, 1996); and, "we gain deeper understanding of the social resources such as cultural, ideological and historical, from which they draw, resist, and transform, as they tell their stories" (Chase, 2003, p. 81). The stories heard are transcribed and retold; re-storying therefore is a process of re-organizing the stories into some general type of framework (Creswell, 2013). Narrative inquiry framework consists of gathering stories, analyzing them for key elements of the story and then re-writing the stories to place them within a chronological sequence. As transformative inquirers, in this study, the research participants lent their help with the designing of further questions, collecting data, analyzing it and shaping the final report of the research (Creswell, 2013).

My interest is listening to the ways the women construct their narratives. What were their experiences? What were their stories of hope, struggles and the strategies of resistance? Why does the program target mainly women but not men? Could it be because women are weak and are easy to exploit?

Recruitment

I was able to recruit participants through the cooperation of a local church where I placed a flyer. Though there were many interested respondents, I only selected three female former live-in caregivers who met the criteria on a first come, first serve basis and with whom I had no personal relationship. The eligible participants are individuals with a “live-in experience” under

the LCP who identified as Filipina, aged 30-64 years, who have recently completed the program 1 to 3 years ago. All others that did not meet these eligibility criteria were excluded as some of them came as immigrants but not through the LCP while others were from other geographic locations other than the Philippines. I selected the eligible participants for the study in a manner that I would achieve diversity. The three participants come from different parts of the Philippines. It was very important to get the details of the research right from the beginning, so I made sure that the research participants understood the details of the study and their responsibilities in participating by explaining to them in English and Tagalog. Common experience informs me that first language interferes with understanding of the second language so I had to take care of such possibilities.

The Participants

Daisy is a 47- year old Filipina with a degree in accounting from the Mountain Province in the Philippines. Daisy described herself as the eldest among her six siblings. Prior to coming to Canada, Daisy had already experienced care-giving work in Singapore and Hong Kong where she spent four years. Her husband of three years had been aggressively abusive so she decided to escape abuse by going abroad. In Hong Kong she and her friend applied to relocate to Canada. She completed her contract 3 years ago. She now works with an accounting firm serving members of the church congregation/community in their neighbourhood.

Jenny is a 42- year old Filipina from Manila, Philippines with a degree in engineering. She was married, had a modest home where her family of six lived, that is, her husband and their four children. Jenny indicated that she left the Philippines to look for a better future for her children. Jenny had never expected to go out of her country and least of all to do caregiving

work; she had several maids of her own despite the little salary she earned. She completed her LCP contract two years ago and now works with seniors in a Toronto facility.

Karen is a 40 year old Filipina from the central province in the Philippines. She has a nursing degree, is still married and has 2 children. Karen never imagined she would leave her country for abroad but the excruciating poverty forced her to seek better avenues for her young family. She said that for most of the time she was home, she always worried of what would become of her family in the future especially when the children went to college, which was already expensive. She discussed her plan with her husband who agreed that she should go abroad and he would take care of the children with the hope that she would sponsor them after three years. Karen just completed her LCP contract one year ago and her PR is in process, she now works as a full-time personal support worker and attends a community college to upgrade her nursing credentials.

Dialogues

In this study, I conducted an unstructured, open-ended interview similar to a ‘dialogue’ (Pe-pua, 1989) and digitally recorded the interviews which I transcribed as they were narrated. The dialogue flowed smoothly as the researcher and participants were fluent in both spoken and written languages (English and Tagalog). Such knowledge of the medium of communication fostered appreciation of our shared values, sentiments and personal experiences. The one-on-one interview/dialogue sessions were audio-recorded. The research participants welcomed the information about the community counseling services and planned to use it for their personal benefits if and when need arose. I felt that already some informal campaigns for social justice had begun and what was exciting was the fact that the initiative came from the participants themselves to actively engage in self- help. The interview lasted approximately 1 to 1.5 hours

each. This was followed immediately by de-briefing, which allowed us time to clarify certain concepts and questions; and also to generally share light moments on specific and non-specific issues affecting LCP. In order to ensure privacy and confidentiality, all sessions were conducted in a private room in Ryerson University.

Insider/Outsider

In this research study, I position myself as both an insider and outsider. Although I am an insider of the ‘live-in caregiver’ program because of my four years’ work experience, that is, from 2002 to 2006 in Toronto, I have also become an outsider after I left the program to become part of academia. This stage of my life separates me from my former vulnerable self. As an insider-outsider of the program, it means I now represent the other voices of ‘live-in caregivers’ who went/go through a similar predicament but at the same time I represent researchers, which makes me an outsider.

Yes, even though I am an insider to LCP, I must remind myself of being an outsider as well due to my intersectionalities. As I dialogue with the participants and by their eligibility, I was again put in another position of hierarchy. Also, I had lived in Canada much longer than any of the participants I interviewed. As a Canadian citizen it meant that I shared responsibility in the immigration policies that affect LCP since I vote policymakers in. I participate in political elections while the participants do not. I was taken aback when a participant asked me why I decided to go back to school; I was shocked by the power of that simple question, not because I did not know why I went back to school but rather, I did not expect such a question. I struggled to give an answer: stating that I was still discovering what I wanted to be and it seems that discovery was almost over. That simple question was an eye-opener to me, a reminder that

although I am a former LCP, I was a little different from my fellow participants as I had somehow reached self-actualization, which puts me a few stages ahead of them.

All that helped to remind me to aim at a balance while conducting research. There is no strict demarcation between the insider/outsider, oppressor/oppressed and privileged/unprivileged; there is fluidity and any of the positions are mere extreme ends of a continuum; what separates individuals is the position one takes in the continuum at a certain time and place. Life situations change depending on time and place; I was considered successful and admired by many, well-educated and a home-owner with maids. However, time, place and being in Canada changed all that. I became a 'live-in caregiver' occupying the very position my maids used to occupy in my house back home. As live-in caregiver, I became powerless with no privileges but now as a social worker, I have regained some of the powers I had lost. Such is the situation a researcher has to constantly remember.

The LCP membership and experience is not homogenous (Greenfield, 2008; Ralston, 1991; Stevens, Hussein & Manthorpe, 2012) as some caregivers are white while others are people of color from Barbados, Guyana, Jamaica and West Indies with the majority hailing from the Philippines. The employers are also diverse in their ways of treating employees for example, some employers are white while others are people of colour; some are good to the caregivers while others are oppressive. Elsewhere, Lindio-McGovern (2003) observed that caregivers in Italy faced the same or similar experience. Therefore, my positionality in this research is of great importance as I have a wealth of experience, which invariably is a source of knowledge, and in turn power; however, I have to acknowledge several different experiences of those many colleagues.

As a feminist woman of color, my personal is always guided by my political, and my political by my personal (Mullaly, 2002). Thus, as I am a part of this program, I have to establish a collaborative and non-exploitative relationship with the research participants (Creswell, 2013) by placing myself within the study hoping that “it will eliminate or minimize objectification and to conduct a research that is transformative” (p. 29). Collectively, we can achieve positive change and as observed, it is “a lens that brings into focus particular questions” (Fox-Keller 1985, as cited in Creswell, 2013, p. 29) hence my research..

Positionality & Reflexivity in Process

As an insider and outsider of the program, I am aware that my position as a researcher may have created power differentials between the participants and my privileged position as a student researcher. Informed by Pe-pua’s (1989) approaches to research, I was cautioned not to treat the participants as objects of research but to treat them as active participants in the study. Thus, during the data collection, I engaged research participants in a dialogue on equal footing, which is also in line with qualitative research methodology where participants should be treated as co-authors of the research (Creswell, 2013). I tried my best to minimize the power imbalance as much as possible by acknowledging that the research participants were my co-researchers in knowledge production. Reflexivity/positionality is crucial when we work in diverse settings (Langhout, 2006) as we have different interpretations due to our positionality, informed behaviours and experiences. Similarly, Baines (2011) concurs that reflexivity is an important aspect of anti-oppressive practice, as “it involves not only reflecting on my own personal experience and social location but also on feminist values and beliefs about power that I have when participants are sharing with me their experiences” (Kovach, 2005, p. 27). As an insider, I needed to be reflexive by being aware of my own biases, beliefs and assumptions regarding the

program to eliminate or minimize any interference/influence. I am not the ‘expert’ of the program as I am both insider and outsider. Such a position or location may hinder free and open interaction as I might be viewed as someone who has power, forcing participants to choose what to disclose.

I sought permission from the participants in recording their stories/voices before turning-on the voice recorder; luckily, my request was willingly granted. Sometimes a researcher may assume that the interview is going on smoothly whereas it is not, so throughout the interview, I was on the lookout for signs of discomfort as we dialogued. I prepared counselling resources and showed respect by letting one participant wonder away in her thoughts as she gazed at the ceiling and only proceeded when she turned to face me. I ensured that my privileged position as an insider and researcher did not overshadow participants’ experiences. Similarly, though there were heart-wrecking experiences, I avoided the temptation to over empathize.

Due to the nature of the study, there were potential psychological risks, such as discussing emotionally difficult experiences and re-living past experiences, which may be painful. Therefore, I kept the risks to a minimal by informing the participants that they were only required to share their LCP experiences according to their comfort level. Even though such risks were minimal, two of the participants showed signs of discomfort as a result of their participation. As we dialogued, I observed that the participants were a little bit hesitant and emotionally distressed while disclosing their experiences. I did inform them to share only what they considered sharing and emphasized that they were free to stop, pause and or withdraw from the study any time with no repercussions. As a precaution however, I proactively prepared two community counselling services to refer them for counselling in the event that their emotions were triggered beyond their comfort zone. In the end however, I ensured that they regained their

comfort and were prepared/willing to continue before proceeding. I applauded their brevity in their willingness to lend their voices and complete the study. According to Kovack (2005), those who live their lives in marginal places experience silencing and injustice ... [and] “within the realm of research and its relationship to the production of knowledge, this absence of voice is significant and disturbing” (Kovack, 2005, p. 21); and I certainly agree.

Limitations and Areas for Further Research

Interviewing only three former LCP as a sample size limits this study as it only speaks to a small population. Besides, other researchers argue that three as a sample size is adequate (Czarniawska, 2004; Pinnegar & Daynes, 2007) but I wish I were able to interview many more former LCP in order to highlight how the CIC policies in place impact the lives of the women who work and live with their employers. Another hurdle was time allocated for the interviews with participants. During the interviews, we felt the time allocated was not enough for participants who had much more to share but could not say it all. Filipinos like to tell stories so much which sometimes derailed our discussion out of my focus. If one had more time, then such derailments could be allowed for a while before bringing back the discussion to the former direction. In addition, I feel there was some geographic limitation on the participants interviewed for the study. For instance, the federal government handles immigration matters while generalized labour regulations are provincially administered (Stasiulus & Bakan, 2005), such that it would have been a welcome idea if other participants from other provinces could have been interviewed to reflect what occurs at their work place. Finally, we have not heard the voice of the live-in caregivers working in the rural communities; their perspectives would have also enriched our understanding of the ways in which the LCP is experienced by these various LCP workers.

Chapter 5 - The Narratives: Experiences with the LCP

Narrative research as a methodology is a serious assignment for me as a researcher because I am dealing with peoples' lives. Narrative inquiry gives researchers the capacity to recognize people's strength and engage people in meaning making dialogues (Frazer, 2004). In sharing our stories of oppression, we (researcher and research participants) help each other to reframe, re-look, reconstruct, and empower each other, which is of great significance as it gives voice to the experiences of former live-in caregivers who recently completed their contracts. Despite their past experiences, all the three participants were eager to join in the study. They either directly or indirectly shared many things in common. Through their narratives this study highlights the challenges experienced in the LCP; it exposes existing gaps, and gives women voice and opportunity to be heard as they narrate their experiences that may contribute to future or further research.

The themes that emerged from the interviews conducted with the three Filipino women who had worked under the program were all supported by the literature reviewed; these themes included; 'abuse', 'violation of contract terms', 'marginalization', 'isolation', 'labour migration', 'gendered immigration policies', 'vulnerability', 'structural problems', 'invisibility', 'poor/harsh working environment' and 'intense scrutiny'.

According to Stasiulus and Bakan (2005) "the process of recruitment of migrant women workers to perform paid domestic labour in developed capitalist states is global in dimension and is structurally linked to the uneven process of international economic development, international migration patterns and regulations as well as racially and ethnically specific ideologies" (p. 43). I concur with Stasiulus and Bakan (2005) and with Pratt (2012), who hope that the narratives will finally find an audience and evoke an affective and effective response from policy makers who

thus far seemed unmoved by critiques of the LCP. It is my sincere hope that this study would lead to the development of new and alternative policies that protect live-in caregivers adequately.

Poverty as the Push

One result of escalating poverty, income inequality and unemployment is increased pressure to migrate in search of employment (Stasiulus & Bakan, 2005, p. 44). Various reasons were stated to explain how they ended up joining the LCP; they varied from family violence, poverty and high cost of living back in the Philippines. The participants had this to say:

My marriage life was not good, my husband became abusive and this forced me to go abroad. [Sighed ... Long silence] ... I send money to my relatives every month for the care of my daughter. (Daisy)

Even if I am an engineer, my salary was very little in the Philippines, everything is so expensive there in our country. Life is not easy. [Silence] ... I have a big family and you know my children, they are all growing up very fast. (Jenny)

My salary as a nurse in a hospital where I was working was very little so I tried my luck in abroad. It was hard for me to leave my family but poverty forced me to. I said to myself, if there is a way to give my children a better future, I am willing to make a sacrifice for them. (Karen)

For these women, going abroad was dictated upon them by micro and macro circumstances and the choice of Canada as a destination was also influenced by several factors such as having friends already here and the readily available employment. What they did not expect or imagine was that the work conditions would be different.

Experience of the LCP

The participants all shared a similar fate with regard to working conditions citing abuse/insult, intimidation, over supervision, less food intake, risk of living-in:

My second employer overworked me. I take care for three children, two boys and a girl. There was no rest at all; nothing seemed to please the children and the parents though I

did my best but all my effort went unappreciated. My employer was very irritable, she gets angry all the time for no apparent reason. (Daisy)

My first employer had two nannies. One nanny is white and me. The white nanny was very intimidating, she acted as if she was my second boss. [Teary eyed] ... I am always insulted because you know, there are some Filipina caregivers at the park and they think that the white nanny was my boss. [Wipes her tears] ... The way the white nanny talk to me is very rude ... [bites her lips] ... she is worse than my real employer. You know, she likes insulting me in front of other people, if she ask me to do something and she was not pleased 'she say oh Filipinos then she rolls her eyes' [she clenched her fists, then wipes her tears]. (Jenny)

I pay my board and lodging as a caregiver but you know the food is not good in the house. They always eat bread. There was no store nearby for me to buy something to eat. Their house is very far from the road. Every day is the same, I eat only what is given and there is too much work in the house like cleaning, washing, ironing, vacuuming, cooking and so many more. I am sure you know that because you say you were also like me before. I think my employers already ate something before they even come back home so they are not very hungry like me. Every day I work so hard, of course I need lots of energy to move on so because of that I lost so much weight and became sickly after that, you know, when I left that place, oh! it was like a heaven for me, I was so happy. At last, I ate what I wanted. (Karen)

It was not surprising to hear from the three interviewees similar work predicament as caregivers because of the "live-in" requirement. There is no way one can refuse to undertake any tasks required and no excuse can be given when you are seen around at a moment's call, you are expected to respond.

Humiliation

On humiliation and disrespect, all three indicated that there was a gross violation of their human rights at different stages of their LCP contract, for example, Daisy felt oppressed, disrespected and publicly humiliated. She said:

My first employer was very kind and considerate but my second employers were rude and nasty people. I feel so embarrassed walking/working in uniform especially when I go to the grocery with her. She keeps walking around, keeps picking things, put it in the cart and then when we are near the counter and about to pay, then she asks me to take out all the things she put until there is nothing left ... [sighed!] ... I think she just want to show everyone in the neighbourhood that she can afford to hire a caregiver ... [Looking up on

the ceiling and sighing] ... I also do not like her for being unappreciative of the works I do inside her house. You know, I clean the whole house, I cook for the whole family, I take care her children but she was mean ... I did my best but she always see something to complain about me. (Daisy)

Jenny too felt a combination of humiliation, culture shock and disrespect from her employer. She was surprised by the behaviour of her employers who freely dispensed their “gas” without respecting her, as is the practice in her culture. She said:

Of all my employers, my last employer was mean to me. She is very impolite and very disrespectful too. You know they have two children, 10 and 8 and 2 dogs, an aquarium, and a lovely cat. There is a lot of work in the house ... and you know they expect more from me, for example: they love to party in their backyard coz they have a big swimming pool, and you know, I need to clean that too. Oh let me tell you this one, there is something I will never forget ... [She laughs] ... I really hate when the man and the woman pass gas so loud in front of me and then they both laugh. I feel so insulted. Really? I am shocked with their characters coz they have no decency at all, even when they eat, no manners on the table. (Jenny)

Fear, culture shock and oppression are some of the reactions Karen faced:

My other employers were very disrespectful and verbally abusive. I was over worked and though I want to say something, I cannot say anything. I am afraid she will terminate my contract. Oh! Every moment I pray ... I really want to receive my PR [permanent residency] immediately so I could go out from this employer ... [Sighed...Silence] ... I know that some employers are really good but mine was verbally abusive. You know their house is like hell, they are always fighting and swearing even in front of their children, and of course when their children disagree with one another, they will imitate what their parents do. It is so hard to be a live-in caregiver but I am grateful that my third employer was very appreciative and kind. She gave me a key for the house, I am so happy ... you know I have many friends, they don't have their keys. I love my third employer, she is so nice, we always eat together and she also encouraged me to go out and make friends. She is the only employer who respected me that much. May God bless her. (Karen)

For people who were socialized to respect their superiors at work and elders in their communities, it is an assault to their dignity when there is no reciprocity of respect. As the literature notes (Arat-Koc, 2012; Stasiulus & Bakan, 2005), the caregiver pours her love, respect and attention to the family and to the child(ren) under their care, so it was surprising to these

three caregivers to be treated in such a humiliating manner. I concurred with this narrative because on many occasions, I experienced same if not worse level of humiliation.

Surveillance

All the three participants shared the feeling of being spied upon either directly or indirectly. For some, they wondered whether they were some kind of prisoner or some suspect that needed to be monitored at all times:

I felt like a prisoner, she never allowed me to lock my own room so she can freely enter anytime she wanted. (Daisy)

I feel that my employer were constantly watching me. It makes me feel very uncomfortable ... It seems all your movements are being controlled ... It is like I am in jail. (Jenny)

During my day-off, she ask me where I am going and what time am I coming back, How I wish I could say to her, Hey it is my day-off you know! [Laughs] ... But I cannot do that out of respect. (Karen)

To a greater extent, the surveillance results from lack of trust and stereotypical attitudes about people of colour and women from the South, who are considered poor and needy. I concur with the experiences of these women. This is our common experience. The employers might have experienced traumatizing episodes in the past with previous caregivers but this is not a good excuse to treat all other caregivers in the same way; had they all been bad to the extent of not being trusted, then it would have made sense if they did not employ caregivers at all.

Fear of Reprisal

Fear ruled the participants' lives at work; they endured the hardships without reporting for fear of reprisals that would result in termination of the contracts and deportation. Sometimes, the fear arose from uncertainty of what exactly the employers wanted. The caregiver needs to

please her employer otherwise she will face a bitter consequence. The fear of termination of the contract seemed to be the greatest of all. For example:

I know that they are exploiting me but I keep quiet. I am afraid they will terminate my contract. Even though I was treated badly, I looked upon the day when I receive my permanent residency as it is my only weapon or freedom, it is the only best defense.
(Daisy)

One day I was shocked, my employer terminated my contract for no reason. [Sighed!] You know when you are living with your employer, you are always afraid of many things, well especially if employers are very abusive. If you are a live-in caregiver, of course you have no right at all ... [Silence] ... you do not have any privacy and you are isolated too. Even if you live with them in the same house, you can feel that you are out of place. When they say anything bad to you, just let it enter in the other ear and get it out to the other ear coz you can't speak back because of course you are afraid.
(Jenny)

I chose to keep quiet. I never said a thing until now because I needed to finish my required hours and I did not like my contract to be terminated. (Karen)

There is a well-founded fear due to a series of events that often follow such termination; for example, the immediate effect is that the loss of the job means a loss of income and inability to provide for daily needs and the hard task of finding another employer followed by delayed completion of the contract and/or the possibility of deportation, which would be the shattering of the caregiver's original plan of migration to Canada.

Culture Shock

Under the LCP, there are cultural differences at play under the same roof. It would not be any surprise in the workplace of the Canadian employer and the Filipino caregivers who live under the same roof to see such cultural differences. The former is from an individualistic culture while the latter comes from a collectivistic background. In collectivistic cultures, the whole community is expected to guide the youngsters in matters of communal/family values. So, matters of disciplining children take two different angles. Where there is consciousness about

differences in culture, there is usually understanding and respect of persons in the transaction, and challenges minimized; but that is only the case when the two parties are either equal or have complementarities of needs. However, as seen earlier, there is a power imbalance between the employer and employee, so there is not much respect considered. For example, participants had this to say:

In the Philippines children are very respectful but here in Canada, I was shocked to see the children swearing and answering back their parents disrespectfully; and the children never respected me as an adult. Some children here lack respect to elderly people. The children are so naughty. They spit, kick, pinch and punch me and when I tell to their parents, the parents just laughed off the matter and say “Come on Daisy, they are just kids, just ignore it, they will learn when they grow. (Daisy)

They [employers] love to party in their backyard, they smoke, drink and swear a lot when they talk. (Jenny)

My employers always fight over something. They love swearing words, I’m sorry but I see them as poor role models to their children who are growing up. You know when they look for each other, they say” where the fuck are you?” Even the children too, when they do not like the food, they say, “what kind of fucking food is this?” Oh my goodness! It is so shocking, it is so terrible. (Karen)

Such is the impact of globalization that has brought people of different cultures either to live together or to serve under the same management rules.

Long working hours

All three participants expressed experiencing exploitation, they expressed that they were over worked and had long working hours. To many caregivers, this is not an extraordinary happening, as it has become normalized, validated and reinforced by the mainstream society. Again, this can be linked to the “live-in” requirement of the LCP. Had the caregivers been living in separate quarters or locations, there would not be as much exploitation in terms of working hours. Below is what the women argue was their experience:

I am always very tired, even if I am going to bed at night, if she is on the phone, she will call me to take care of the children because she does not want her children to disturb her while she is on the phone. Of course, I resent, but what can I do? I try to ignore many things because this LCP is just my stepping stone. Besides the household chores which is too many, every day I end up working long hours. By the end of the day, I feel worn out after caring for five unruly children, my employers' children plus her sister's children. (Daisy)

For me, my every day routine is I wake up at 5:30 to vacuum the floor, prepare their breakfast, wake up the children, bathe them, feed breakfast, pack their lunch, and walk them to school, go back home and make beds, bring them home, feed them snacks, bathe them, teach them, cook dinner, feed them dinner, wash the dishes, while I put the washing machine to wash their uniforms. In an hour they are ready to iron, I throw the garbage etcetera, etcetera. They will ask me for anything and everything that is why I am always very tired because they call me for when they want to use anything like tissue, socks, shirts, and keys ... [Big sighed!] ... Even if they know where it is, they still ask because they are so lazy. I was also asked clean their cars at night, maybe they do not want their neighbours to know that they are exploiting me. (Jenny)

I had several employers before I completed the program. Being a live-in caregiver is actually a very difficult job, always working long hours with no compensation at all, not even one dollar coz there is no "overtime work" but of course my mouth is sealed. I cannot complain or speak out. Who will listen to me anyways ... I am in a fix so I just keep on praying to God to give me strength to carry on. (Karen)

It is very depressing when one sees no end to such over work and exploitation; what is left is nothing other than going to one's room to grab the last few hours of sleep before one starts the routine again. One cannot even get her sleep right away, thinking of her family back home, tears flow until they dry up on one's pillow. Such is the experience of many caregivers.

Early rising / late sleeping

This is the chief characteristic of the live-in caregiver program: being on call all the time, late sleep and early rising, less sleep, over work resulting into accumulated fatigue.

I feel that I was on call for 24 hours a day, even I am sleeping, and she calls me. Anytime. (Daisy)

I wake up at 5:30 and finish my work at 9:30 -10pm, every day, the same too much work. (Jenny)

I wake up at 5 am and sleep at 11pm, so even when I wake up I still feel very tired. (Karen)

Some caregivers (stay-out) who do not reside with their employers start their work at a standard time and end the day's work at the agreed time depending on the shift. In most employment settings in Canada, morning shifts start either at 7:00 am or 8:00 am; afternoon shifts start at 3:00 pm and night shift starts at 11:00pm till 7:00 am. Thus, we notice from these narratives that there is no clear separation of shifts and they are paid for only 8 hours. Such experience is harmful to the employee's health and equally dangerous for the children cared for in terms of accidents that may occur due to lack of sleep or rest. I believe, the body can only tolerate these conditions up to some extent.

Contract violation

Participants talked about contract violation when their employers brought more children to be cared for; while the contract was for a specific child(ren), employers brought relatives' or friends' children to be cared for without any compensation. Basically, the employment contract was violated the moment employers deviated from what they had agreed to with the employees.

My employer always asked me to baby-sit the two kids of her sister. (Daisy)

My employer usually invites her friends' children to come and play with her children in their house basement and she asked me to watch for their children too. (Jenny)

I always worked long hours but no compensation, not even a thank you. (Karen)

It could be argued that the employers accepted to sign the contracts as a formality while fully aware that they would not be bound by such terms. Moreover, the employees could not report them for breach of the contract for fear of repercussion. In many cases, the employers violated

the contracts on the very first day of work. If the caregiver had options, they could easily reciprocate by either walking away from the work or filing cases against their employers. Unfortunately, the caregivers lack such options as immigration policies are one-sided in favour of one party, the employers. The caregivers are left with no choice and thus continue working even when the contracts had been violated.

Homesickness/isolation/loneliness

Immigration policies create years of separation for the caregivers and their families, even though the program offers them the opportunity to immigrate to Canada. While conditions under the LCP may be unimaginable and unacceptable to Canadians, many Canadians assume that they compare favourably to life in the Philippines (Pratt, 2012, p. 78). Immigration policies put immigrants and their families in life stressing and straining courses. Family separation is a huge problem among newcomers who relocate from their social comfort zones to unknown areas. The experience is worse with live-in caregivers who leave behind their immediate family members especially children left with relatives while the caregivers give their love to other children of their employers. The three participants had young children back home and they reported 'homesickness', 'isolation' and 'loneliness'. The participants narrate their heart wrenching experiences:

I miss my daughter terribly, there is no time I would not think about her, this so hard for a mother, I wish she is here with me, I wish I will see her every time I finish working. (Daisy)

It breaks my heart every time I think about my children back home, trust me, it is so hard to swallow my food whenever I think about them. (Jenny)

I have two children and God only knows how I missed them. I feel so homesick. Why is it that they are so rich here in Canada and we are so poor there in the Philippines? (Karen)

One participant (Karen) wondered why there are global economic disparities that forced them to go abroad in search of better earning potentials at the expense of their families.

I am not stupid!

LCP creates deeply exploitative working and living conditions and leads to the long term deskilling of many educated women (Stasiulus & Bakan, 2005) who eventually migrate and often sponsor their families after completing the LCP. But it seems fair to say that this stream of critique over the last fifteen years has done little to improve the lived conditions of domestic workers registered in the LCP (Pratt, 2012, p. 76). From their narratives, I sensed there were two issues at play: cultural differences and feeling undermined. Culturally, the Canadians have a tendency of stating informally “You know what I mean,” when speaking to another. The participants took offence over this because it is not the way we speak in Philippines. This is how they put it:

When my employer talked, she thinks I do not know anything as if I came from a country where there is no education at all. (Daisy)

My employer talks to me like I am a stupid person. She knows I am more educated than her because she saw it in my application forms but whenever she makes a statement, she always ask me “do you know what I mean”. For me, this is very annoying and very insulting. (Jenny)

My employer looks very descent when she dressed up, but if you live in her house you will find out how she badmouth everyone, including her own husband’s family and you know when she asks me to do something, she will say, “do you understand what I am saying?” and if I say yes I understand, then she will ask me to repeat what she told me. Maybe she thinks I have no brain! I almost went cocoo. (Karen)

The most offending message was that they were not intelligent enough to understand instructions. Ironically, one requirement before a visa is issued is that all the applicants were university/college graduates hence, and able to understand complex issues let alone simple

instructions. However, these caregivers were considered stupid as requiring repeated instructions and that's insulting to their dignity and intelligence.

Live-in requirement experience

When it comes to live-in requirement, the following are the recommendations of the women.

Live-in requirement is the worst, it is like 24 hours a day in a prison it should be removed. (Daisy)

When one lives with employers, the caregiver cannot say no to the wishes of the employer. This is why abuse happens because they always see you around. When they fight and swear to each other, you hear everything, so there no more privacy. (Jenny)

Live-in work should be a choice not mandatory. Protection and supervision is needed, there is too much abuse going on inside but of course we don't speak up because of fear ... Protection and supervision is needed. (Karen)

Indeed, given these experiences, the LCP needs to be revisited. The live-in caregivers face many challenges as a result of oppressive immigration policies however, the participants particularly singled out the "live-in" requirement as the worst and want it immediately removed. All the participants recommended the removal or elimination of the "live-in" requirement, arguing that employees can manage their own affairs without interference from the employers. After serious considerations, I agree with their recommendation, as the removal of the 'live-in' requirement would also minimize other negative experience of abuse, exploitation and marginalization. The three women also stated that if possible, the entire LCP needed to be scrapped and replaced with a better one that addresses human rights.

Chapter 6 - The Narratives: Envisioning Change

As I listened to the narratives, we all came to the conclusion that the manner in which Citizenship and Immigration Canada (CIC) structured the LCP created the hardships of the program, especially the 'live-in' requirement. This concern was echoed by many scholars (Brickner & Straehle, 2010; Lindio-McGovern 2004; Stasiulus & Bakan, 2005) as emanating from colonialism and patriarchy, resulting in exploitation and oppression of the colonized people especially the women and as a colonized country, the Philippines was forced to adopt the colonial masters' policies through several mechanizations such as acculturation, but mostly through neoliberal policies which forced the destruction of the welfare state that our communities had experienced prior to colonialism. Such policies created poor economic survival of the masses as transnational corporations took over the economic activities in the country. There arose unemployment and/or reduction in pay that together resulted in the rise in cost of living. Many Filipino families could no longer manage to pay for the services they needed, such as tuition for their children, medical and many other demands; so they had to go abroad in search of better earnings (Arat-koc, 2012; Daenzer, 1997). Yes, colonialism took and still takes a huge toll in our lives with regard to unemployment and low pay. When I asked the women how they came to be a part of the program, all three stated that they had to go abroad to fend for their families:

Well, I came from Hong Kong before I came to Canada. The promise of permanent residence and citizenship has attracted me to come and also my hope and desire to go further with my studies. You know in the Philippines even if one is working the salary is too little that is why most of us come here even if the work is not good at all as long as we can get a little more money to uplift our way of life. I always think about the future of my children that is why I am here in Canada today. (Karen)

Actually, I went with a friend in a Hong Kong hotel, the place where they interview women who aspire to become LCP, I just went there to see how they interview people but while I was sitting and waiting the lady talked to me and she asked me, do you want to apply for Canada? I said I do not knowing how to and she said we will

guide you as long as you pay the down payment now. I was reluctant to give my hard earned money but she was very persuasive, so I closed my eyes and prayed, and finally gave my money to the agency. After three months of application someone called me from Canada saying that they are my future employer and they are happy to meet me as soon as possible. I said 'wow I am so lucky'. (Daisy)

I applied from the Philippines to go to Saudi Arabia and from Saudi Arabia I applied to come here in Canada. It took me about 15 months to get my visa to come here. I was encouraged to come because of the promise of permanent residency which is the only way for me to give my kids a better life if they will come here and live with me. (Jenny)

On immigration policies and the future of the LCP, all three participants made very important observations of what they envision. As discussed in the findings, the CIC policies are constructed in such a way that the white employer gets highly skilled employees at the cheapest pay possible and that the employees have no or limited room to negotiate. Due to its 'live-in' requirement, the employees remain at the mercy of their employers and cannot complain or make a report about the abuse meted onto them. Again, we see the underhand of colonialism in these immigration policies: the 'sending countries' (Lindio -McGovern, 2003) such as Philippines play a very little role in the design of the immigration policies. The conditions created by the immigration policies foster fear throughout the lives of the live-in caregivers, who are abused but cannot complain. They are over-worked without proper pay, but just keep quiet and cannot report the matter. The narratives indicate that for most of the time, fear was experienced throughout ones' contract time. The employers seem to understand exactly how to keep their employees glued to their work even if the contracts were violated. I lived a similar life and wondered when I would ever be able to stop the exploitation or report it. When I asked the women to describe their initial experience with the program when arriving in Canada, this is what they said:

Well ... [sighed!] [Tears rolled in her eyes] ... it is hard, it is very hard. My employers were very abusive, they did not pay me what I deserved. There is so much exploitation going on when you are a live-in caregiver but I am afraid to say anything because they can terminate my contract anytime so for me I just closed my eyes and I

keep my mouth shut. I never said anything just so I could finish my contract. I really tried to be strong for my kids. I am determined to reach my goal, to bring my kids over. (Karen)

My initial experience was full of excitement and fear, I could not believe I have reached Canada. Many people say that this country is very good. It was very cold when I arrived because it was January and I cannot see anything from the window but snow. It was such a sad and lonely place. It was not easy for me especially we are all observing each other till we get accustomed with one another and then my employer started trusting me with their kids. My first employers were very kind people but the second one was the opposite. (Daisy)

It is very hard ... [Sighed] ... It's very different because my employers were not happy people. (Jenny)

Sadness was clearly noticeable in the faces of the women and I felt the same recalling my past experience as a live-in caregiver. When I asked about the nature of their job pattern in their employment specifically, the women had this to say:

With my first employer, I wake up at 5 am and sleep at 11 pm, sometime if they have visitors I even stay so so late. When employers leave for work, I wake up the kids, bathe them, served their breakfast and get them ready for school. I always walked them to school and picked them up too. After dropping them to school I rush to grocery market then go home quickly to prepare for their dinner. As soon as they come back home I need to teach them their homework and play with them and do some arts activities with them. So here I am not only a housemaid, I am also a tutor, a teacher. It is a very hard role. I always worked long hours but no compensation, not even a thank you. My employers always fight over something. They love swearing words, you know when they look for each other, and they say where the fuck are you? Even the children too, when they do not like the food, they say, what kind of fucking food is this? You know when she asks me to do something, she will say, "do you understand what I am saying?" and if I say yes I understand, then she will ask me to repeat what she told me. Maybe she thinks I have no brain! I almost went coocoo. (Karen).

The first one was very good, but she went to the UK so I needed to get a new employer and the second employer I got was unfortunately a bad employer. The children spits and kicked on me and if I tell to the mother then she just laugh and they tell me that they are just kids ... sigh!!! [Looks up to the ceiling ... Silence] When I feed the kids and they do not like the food they push their plates on the table and if it spills then I get the blame. They treated me badly because I live with them and they know I have no other place to go. I am sure there will be more respect for each other if the caregiver lives away from their employer. I am always very tired, even if I am going to bed at night ... if she [employer] is on the phone, she will call me to take care of the children because she does not want her children to disturb her

while she is on the phone. Of course, I resent, but what can I do? Besides the household chores which is too many, every day I end up working long hours. By the end of the day, I feel worn out after caring for five unruly children, my employers' children plus her sister's children. I feel that I was on call for 24 hours a day, even I am sleeping, and she calls me anytime. (Daisy).

Among all my employers, I did not like how I was treated in the house where there was a white nanny. For me, her presence was so intimidating. I know that she was the cause of the termination of my contract but what can I do, they are white so they like their own color. Too much work and still they expect more from me. I wake up at 5:30 to vacuum the floor, prepare their breakfast, wake up the children, bathe them, feed breakfast, pack their lunch, and walk them to school, go back home and make beds, bring them home, feed them snacks, bathe them, teach them, cook dinner, feed them dinner, wash the dishes, while I put the washing machine to wash their uniforms. They will ask me for anything and everything that is why I am always very tired because they call me for when they want to use anything like: tissue, socks, shirts, and keys. [Big sighed!] ... I was also asked to clean their cars at night, maybe they do not want their neighbours to know that they are exploiting me. I wake up at 5:30 and finish my work at 9:30 -10pm, every day the same too much work. My employer usually invites her friends' children to come and play with her children in their house basement and she asked me to watch for their children too. (Jenny).

Chase (2005) notes that, “when someone tells a story he or she shapes, constructs and performs the self, experience and reality” ... [and] the stories that people tell affect how they live their lives (p. 657-658). LCP workers from the Philippines have a culture of submissiveness, hospitality and respect, which may be the reason we are easily exploited. The narratives showed similarities among the three women and I bear witness to these experiences. While I sort of initiated with the hope of modification of the program, the recommendations of the participants were more radical:

I would recommend that the ‘live-in’ requirement should be removed. The caregivers can still work as caregivers even if they do not live with their employers. And how I wish the government will grant permanent residency to caregivers who comes to work here as caregivers. The reasons why we are abused and exploited is because employers know that we have no choice but to live with them. It is very bad to live where you work especially when the family treats you badly on top of the homesickness you feel being away from your loved ones. The way the man sits with his wife cuddling each other while I am in front of them is very insulting to me. If I was living alone in my own place I won't be seeing that. Not unless it is the choice of the caregiver to live with the family. (Karen)

I feel that living in your workplace is the worst, unless the caregiver choose to stay where she works but for me, being there 24 hours a day is like a prison, they constantly watch your movement and everything you do. Even if I pay board and lodging, but I have no choice but to eat the food they give in order to survive. I am not used to bread and pasta all the time. It makes me feel weak. I am used to eating rice, so during my days - off I make sure to eat what I want, unfortunately I was not allowed to bring any food. Also, there is no privacy. I cannot even call my family because they are listening. If you want to call, wait for your day-off and call when you are out of the house. How I wish the government will grant permanent residency to caregivers who comes in to work as nannies. In that way there is more respect and less abuse. There should also be a mandatory orientation once caregivers arrived in Canada to learn their rights. When employers notice that you know your rights then there is a lesser chance of maltreatment and abuse because they know that you know your rights. (Daisy)

I don't like the idea of living in my workplace. It makes the employers control all that I do. I hope the government will not be very strict in their policy, the 'live-in' requirement should go away. Living in your workplace should be a choice and not mandatory. I just don't like it because I know I was abused because of this issue of living in where you work. (Jenny)

Daenzer (1997) earlier on noted that, "another consequence of the live-in arrangement is that while it often makes the domestic worker uncomfortably close to the family of the employer, it isolates her from the rest of the society. She further points out that, "As a workplace, the home is an isolating place for a domestic worker who toils alone ... [and] the isolation of the domestic worker becomes especially serious if the employer is one who does not respect the working hours of the employee" (p. 111). The live-in requirement is the major source of the hardships of the caregivers in the program as living in the place of work allows greater exploitation, over time work without pay, monitoring and/or violation of personal privacy. All the participants decried the harsh conditions that the live-in requirement gave them and all pointed out that had they been given a choice where to live, they would prefer to rent outside the workplace so that they could negotiate other terms. Living with the employer denied them such opportunities.

Thus, my goal is to help remove or diminish oppressive structures that bring and sustain the power imbalance between LCP workers and their employers. I don't know whether it was out of timidity or lack of awareness that informed my initial idea of seeking modification to the LCP and the immigration policies addressing the program. As I listened to all the three research participants with their recommendations I realized how wrong I had been for seeking modification; now I emphatically join the participants to demand for the total abolition of the live-in requirement of the program. We have been marginalized for too long. If in fact live-in requirement is abolished then the other change would be that LCP workers be granted landed status just like the British women in the early years of the program. Given all the considerations that the Filipino community has made; don't you think it's time to review the policies and re-affirm the human rights of these workers? These rights are not compatible with the live-in requirement and the delaying for landed status for 3 to 5 years.

Finally, I asked the women why they felt it was important for them to share their experiences and what they said showed me that social justice could be attained if participants were given chance:

To share my experience is like sympathizing with my fellow live-in caregivers who are also suffering in the hands of their employer. There are employers out there that are good to their live-in caregivers but there are many who are terrible. I want the government to know that most caregivers are suffering and that they need to do something about it. (Karen)

Many caregivers are going through abuse but they do not want to speak up. They choose to keep quiet because of great fear to be terminated and not fulfilling the required hours. Most of us are afraid because we want to finish our allotted time. When you are a caregiver, you are like a prisoner you know! Like my second employer, she was always intimidating me, she said, well better do a good job so that I will give you a good report to the immigration. I really hate when she says that because at the same time she does not know how to discipline her kids when they treat me badly. When I was with them I always had black and blues in my body but because of my faith in God, I was determined to finish my contract. (Daisy)

The live in caregiver program is good if employers are good to their caregiver but it is bad for the caregiver if employers are mean and bad people. For us Filipinos, it is very easy for us to get along with everyone but it is very sad that some employers take advantage of us. Some of them think that we are ignorant and not educated, sometimes the way they talk to us shows how low the way they look at us. So I believe, it is very important for me to share my experience. (Jenny)

Chapter 7- Implications

As our narratives reveal, it is imperative that the colonial practices of the LCP must be removed. The fundamental changes identified and implied by the experiences above include the following:

1. Caregivers should be allowed to enter Canada as permanent residents, thus removing the two-year wait period to achieve immigration status as permanent residents. The requirement to work as a caregiver would still be in effect for the initial two-year period, and employers should be able to continue to sponsor caregivers as they require but with the job description and work requirements clearly outlined.
2. The “live-in” requirement should be removed. It is the only employment relationship in Canada that incorporates this degree of surveillance and oppression. As made evident by the narratives, this requirement leads to isolation, exploitation and marginalization, above all, human rights violations, including the degradation of human dignity that stem from the manner in which this requirement is interpreted by individual employers.
3. The LCP should include an Association of Live-in Caregivers, with the following functions: advocacy, employment rights, settlement services, citizenship rights, and other support as required. This Association should also encourage the development of a LCP employment union, so that caregivers will have protection just like other unionized workers.
4. Caregivers need to take the issue of self-care very seriously as it affects their well-being and work performance. Most families hire caregivers to assist them with their children, parents, as well as with their pets because they are away from home due to employment. As social workers, we can help to engage employers in various organizations to create

awareness of the value of their workers. This would be an opportunity to address the issue of self-care for LCP workers and others engaged in employment related work. As a former caregiver, I recall how much I neglected personal self-care as I was told to take care of my employers' children even on my day-off, and as a result, I had no time for myself.

We envision an expanded LCP that incorporates the various aspects of both the settlement process and the employment experience. For example, settlement workers associated with the program, and not the employers, should assist with all aspects of the transition in order to ensure better safety of the female LCP workers. This would also include mandatory orientation workshops on employment rights for new caregivers upon arrival in Canada.

These changes would strengthen the LCP by institutionalizing and centralizing these employment protections and settlement services. These changes would also reconnect the program with its historical legacy of granting permanent status upon arrival of the early domestic workers from Great Britain. Finally, these changes would weaken the colonial powers that have eroded the original intentions of the program.

Addressing these changes requires the actions of many, particularly social workers and policy makers. As social workers that are committed to anti-oppression and social justice, we have an obligation to stand with vulnerable populations and provide support at the individual, community and policy levels. Social workers are uniquely positioned to be able to work in these various capacities because they can create conditions for the voices of caregivers to be heard and ensure that the voices and experiences of caregivers inform policy changes. Social workers can also play an important part in designing and providing settlement and employment services that

are inclusive and transformative. Such involvement by social workers would render them active in social justice and transformative practice.

Chapter 8 –Final Reflections

Potts and Brown (2005) observe that “research can be a powerful tool for social change” (p. 260) and as an anti-oppressive (AOP) researcher, I need to see myself having “the capacity to act and alter the relations of oppressions in my own world” (p. 258). Without question, the suffering the live-in caregivers endured as they performed their work is painful and hard to rationalize. This research reveals the importance of their experiences. Each of them took their time to participate because they firmly believe that they need to be heard through this research study, so this was an opportunity for their voices to count. Although I was hurt, disappointed and frustrated as a former live-in caregiver with no power and knowledge to do research, Potts and Brown (2005) do encourage researchers to gain confidence in doing research and set aside the idea of research being something that “only experts can do” (p. 257). With such encouragement and with graduate studies exposure, I have become ready to actively engage in research work. In the past, I used to wonder why there were very few researchers from the Global South and what is more, I never imagined I would ever participate in research. Now, I understand how marginalization excludes some groups of people that have been pushed to the edge of the wider society.

Linda Tuhiwai Smith (1999) notes that “feminism has challenged the deep patriarchy of western knowledge and opens up new spaces for the examination of epistemological difference ... [and] third world women and other minority groups of women have added immensely to our understanding of the intersections of gender, race, class and imperialism and have attempted to describe what that means for themselves as researchers choosing to research in the margins ... [and] Smith further notes that, as commodity, knowledge is produced under capitalist labour market conditions: it can be bought and sold and it is private rather than public property.

Researchers are knowledge workers who produce new knowledge. In this environment new and unique knowledge products becomes highly prized objects of capitalist desire” (as cited in Denzin & Lincoln, 2005. p. 88-93).

Moosa-Mitha (2005) states that “research that results in social change, particularly in relation to the material realities of the participants, is considered the primary criteria of validity as long as it is emancipatory in nature.”(p. 51). I was strengthened by Moosa-Mitha (2005), who has ignited a fire in me to take seriously the value of lived-experience, as it is wisdom itself, and it is liberating to know that lived-experience counts in knowledge production, which I can contribute to. Similarly, Absolon and Willet (2005) note that we write about ourselves and position ourselves at the outset of our work because the only thing we can write about with authority is ourselves. In the same vein, Spivak (1990) argues that “the third world intellectuals have to position themselves strategically as intellectuals within the academy and within the western world in which many intellectuals actually work. The problem, she argues, for Third World intellectuals’ remains the problem of being taken seriously. For me, the question ‘who should speak?’ is less crucial than ‘who will listen?’. ‘I will speak for myself as a Third World person’, this is an important position for political mobilisation today. However, the real demand is that, when I speak from that position, I should be listened to seriously; not with that kind of benevolent imperialism” (as cited in Smith, 1999. p. 71).

I chose to focus this study on the stories of Filipinos and former LCP, which has given us voice. Denzin & Lincoln (2005) observe that “giving voice to marginalized people and naming silenced lives” should be a primary goal of a researcher. I took into consideration all the above to inform the selection of this population because as their narratives and the literature review reveal, these women are marginalized due to their intersecting identities that impact their self-

confidence and self-esteem. The goal of AOP research is to bring about change, and it is the most dominant tool for addressing systemic and structural issues. As a former live-in caregiver, I consider myself now to be in a better position to move into the world of transformative actions to bring meaningful change to the lives of other live-in caregivers.

As noted by the anti-colonial and feminist frameworks, this narrative has revealed gaps and systemic oppression meted onto live-in caregivers and without hesitation, one can affirm that the LCP reinforces the notion of white superiority over people of colour. As has been evidenced by the stories above, the Canadian government designed a policy that provided the elite in society with cheap labour with minimal supervision and state intervention. I hope this research and subsequent research of this nature will implicate policy makers to remove the oppressive structures of the program.

As evidenced above, marginalization combined with discrimination and social exclusion offends human dignity. This research focuses on the precarious challenges immigrants face in general and live-in caregivers in particular. As I looked at each of the participants, listened to them, and recalled my personal life experiences, I realized how easily life and roles could change. I still vividly recall the number of times my employer drilled into my head ‘how useless she felt I was’, always reminding me that I ‘would never go anywhere nor amount to anything’. She felt and expressed that I would remain poor in life, and for a moment, I almost internalized what she said about me, but those sad words of oppression continue to push and move me forward. I took those words not with bitterness but as a challenge for me to make my life better. Looking back, I have come to appreciate that I am endowed with great gifts: patience, passion and perseverance, which have shaped me into who I am today. I am now a stronger advocate for

LCP workers and other marginalized populations because my experiences have sharpened my vision to spot and recognize injustice wherever and whenever it rears its ugly head.

Finally, the sharing of the stories and experiences rekindled my own experiences that had been suppressed in my subconscious, where I had “pushed and locked” them. This goes to show that there is a need to explore how some people with stigmatized identities respond to oppression, enabling some form of intervention to be identified and implemented by those with the power to do so. Moreover, it is an invitation to reflect and act together on the processes of globalization and marginalization and their impact on societies.

Appendix A: Recruitment Flyer

The logo for Ryerson University, featuring the text "RYERSON UNIVERSITY" in white capital letters on a blue rectangular background with a yellow vertical bar on the right side.

FILIPINA FORMER LIVE-IN CAREGIVERS NEEDED

For Student Research Study

Topic: Understanding the Complexities of the Live-in Caregiver Program

My name is Leona Carmelita P. Canay. I am a Filipina, a former live-in caregiver who later worked in the community in the field of advocacy and as mentor to live-in caregivers. I am conducting a study of the experiences of live-in caregivers as a partial fulfillment of the Master of Social Work degree at Ryerson University.

- I am recruiting three former live-in caregivers aged 30-64 years who have recently completed the program (1 to 3 years ago)
- As participants you will be asked to share your experience about the program. I am particularly interested in the relationship you established, the work you did, the responsibilities, duties as well as the connections you made and other aspects of your time as live-in caregiver
- I hope that this research will raise awareness and add to our understanding of the experiences with the program.
- The first 3 participants who meet the criteria of the study will be asked to spare from 1 to 1.5 hour(s) of their time in the study
- Recruitment is on first come, first served basis
- Two TTC tokens will be reimbursed for travel costs

If you are interested in participating in this study, please contact me at: lcamay@ryerson.ca

Please be assured that if you agree to participate in this research study, any information that you choose to share will be kept confidential.

Appendix B- Interview/Dialogue Guide

Understanding the Complexities of the Live-in Caregiver Program

PI: I would like to thank you for agreeing to be a part of this research study. My name is Leona, a former live-in caregiver. Before we start, I would like you to know that this interview will take approximately 1 to 1.5 hours. I also want to assure you that everything you say here is confidential and that only I will have access to the information that you provide, with the exception of my research supervisor. All identifying information will be removed from your transcript and a pseudonym will be used if you are quoted. Before we begin, I would like to ask permission to record the interview. At any point during the interview, you may ask to stop the recording or take a break. You can also terminate the interview at any point if you feel any discomfort or you decide to change your mind about being a part of this research study. Do you have any questions before we begin? If there is no question, let us proceed with the interview:

1. Tell me about your family back home?
2. How did you come to be a part of the program?
3. Can you describe your initial experiences with the program when arriving in Canada?
4. Can you describe your relationship with your employers?
5. How many employers have you been employed with since you became a caregiver?
6. What was the pattern of your job experience like?
7. What are the opportunities/challenges as a live-in caregiver?
8. What are your hopes and aspirations?
9. Why is it important to you to share your experience?
10. What would you recommend to change and/or to keep?
11. What advice would you like to give to a new live-in caregiver?
12. Is there anything else you would like to share? Anything I didn't ask about that you think is important? Do you have any questions for me?

First participant (1-1.5 hours)

(Break for snacks and stretching legs)

Concluding remarks: This is a wonderful experience. Thank you very much for your participation and sharing your experiences. Take care and have a great day. Thank you.

Appendix C: Consent Form

The logo for Ryerson University, featuring the text "RYERSON UNIVERSITY" in white capital letters on a blue rectangular background with a yellow vertical bar on the right side.

School of Social Work

Faculty of Community Services

Accredited by the Canadian Association for Social Work Education

Understanding the Complexities of the Live in- Caregiver Program

You are being asked to participate in a research study. Before you give your consent to participate, it is important that you read the following and ask as many questions as necessary to be sure you understand what you will be asked to do.

Investigator:

Leona Carmelita P. Canay; I am a graduate student and I am conducting the study as partial fulfillment of my Master of Social Work degree.

Supervisor:

Susan Silver, PhD, Associate Professor, Ryerson University School of Social Work

Purpose of the study:

The purpose of this study is to explore the experiences of live-in caregivers who recently completed the program. I am particularly interested in the relationship you have established, the work you took, the responsibility, duties as well as the connections you have made and other aspects of your time as live-in caregiver. The goal of this study is to create awareness about the Live-in Caregiver Program.

Use of Data:

The information which participants share will be used for two purposes. The first purpose is for Major Research Paper submitted to Ryerson University in partial completion of a Master of Social Work degree and secondly for publication in a peer-reviewed journal. Data from all participants will be included in this manuscript. Both the major research paper and the manuscripts will have the same focus.

Description of the Study:

The data collected during this study will involve a one-on-one dialogue in a private room at Ryerson University. If you agree to be a part of this study, you will be asked to participate in a digitally recorded, approximately 1-1.5 hour dialogue where you will be asked to reflect on your experience. Topics explored will include your experience working as live-in caregiver, your

relationship with employer, work hours, duties, day offs, pay, how long you have worked; respect of the contract terms and any other information you may want to share with me.

Risks or Discomforts: You might experience discomfort during the interview/dialogue because of the emotional and psychological nature of the discussion. Please note that you can stop the interview, take a break, or withdraw at any point during the interview process or after it has taken place. If you decide to withdraw, all data collected from you will be destroyed immediately and will not be included in the study. If you become distressed, the interview will be stopped and where needed, you can go for counseling in any of the following counseling centres:

Distress Centre

P.O. Box 243, Adelaide P.O.
Toronto, Ontario M5C 2J4
Telephone: [416-598-0166](tel:416-598-0166)

Crisis Line: 416-408-HELP (408-4357).

YWCA, Toronto

80 Woodlawn Avenue East
Toronto, Ontario M4T 1C1
Phone: [\(416\) 961-8100](tel:416-961-8100)
Fax: [\(416\) 961-7739](tel:416-961-7739)

Benefits of the Study: I hope that this study will allow you the opportunity to reflect on and share your work experiences as a former live-in caregiver. I also hope that the findings from this study will raise awareness about the Live-in Caregiver Program.

Confidentiality: Only the student investigator and her supervisor will have an access to the data collected. The data from interviews will be audio recorded and transcribed. In order to maintain confidentiality only the PI will transcribe the data. All identifying information will be removed from transcripts and only pseudonyms will be used. Transcripts and electronic recordings will be stored in a Social Work locker at Ryerson University and deleted after three years.

Voluntary Nature of Participants: Participation in this study is voluntary. Your choice of whether or not to participate will not influence your future relations with Ryerson University. If you decide to participate, you are free to withdraw your consent and to stop your participation at any time during the interview. At any point in the study, you may refuse to answer particular questions or stop participation. You will be provided with two TTC tokens as a reimbursement for travel costs upon your arrival.

Future Contact: Should you need a copy of the results of the study, please feel free to contact me by December 1st, 2014.

Questions about the Study: If you have any questions about the research now, please ask. If you have questions later about the research, you may contact:

PI/Study Coordinator:

Leona Carmelita P. Canay

lcamay@ryerson.ca

Study Supervisor:

Susan Silver (416) 979 5000 x 6216

ssliver@ryerson.ca

If you have questions regarding your rights as human subject and participant in this study, you may contact the Ryerson University Research Ethics Board for information:

Toni Fletcher, MA
Research Ethics Co-Ordinator
Office of Research Services
Ryerson University
(416)979-5000 ext. 7112
toni.fletcher@ryerson.ca
<http://www.ryerson.ca/research>

Agreement:

Your signature below indicates that you have read the information in this agreement and have had a chance to ask any questions you had about the study. Your signature also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You have been given a copy of this agreement. You have been told that by signing this consent agreement you are not giving up any of your legal rights.

Name of Participant (Please print)

Signature of Participant

Date

Signature of Investigator

Date

Please indicate with a signature below if you give your consent to have this interview audio taped:

Name of Participant (please print)

Signature of Participant

Date

Signature of Investigator

Date

Please indicate with your signature below if you give your consent to be contacted regarding the study results:

Name of Participant (please print)

Signature of Participant

Date

Signature of investigator

Date

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