

**Culprits of exploitation: An anti-oppression examination of Canada's
Caregiver Program**

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Abstract

This Major Research Paper critically examines the new Caregiver Program released by the Canadian government in November 30, 2014. Its predecessor, the Live-in Caregiver Program, has introduced a significant group of diligent caregivers to work and settle down in Canada since its first official release in 1992. This program effectively remedies Canada's shortage of domestic workers, and offers work opportunities to individuals from abroad who are willing to work in caregiving field and live in Canada. However, problems derived from the program incurred strong criticism for its exploitative and 'disposable' nature. While the live-in requirement has already been removed in the new program, some other issues remain untouched with new problems arising. In my research paper, I aim to synthesize current and ongoing problems with Caregiver Program, and then analyze them through the lens of an anti-oppression framework to reveal the oppressions faced by caregivers. At the end, I evaluate the proposed policy recommendations to improve the current Caregiver Program.

In this paper, I first introduce the contextual information on how the program 'evolved' from Live-in Caregiver Program (LCP) to Caregiver Program (CP), and highlight the changes and modifications made in the new program. Then, I present my theoretical framework and my methodology respectively (Section 2 and Section 3) to explain why and how I advance the anti-oppression framework and undertake a scoping review. In Section 4, I report the results of the scoping review and synthesize the problems of the program with modest analysis being touched on. Next, I scrutinize and analyze all these problems under the lens of anti-oppression framework, primarily focusing on the oppressions caused by sexism, racism, nationalism, classism and their intersection. Finally, I develop a discussion on several policy recommendations, followed by a conclusion.

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1. Introduction

The Live-in Caregiver Program (LCP) has been implemented for over two decades since it was officially established in 1992 under the auspices of the Citizenship and Immigration Canada ¹(Kelly et al., 2011). Given Canada's relatively low fertility rate compared to historical averages and its growing aging demographic, who is to take care of the elderly, the young and the ailing has become an urgent question needing to be addressed (Salvador, 2015). In addition, with many more Canadian women having access to the general labour market and participating in the paid workforce, they are less available to perform domestic and caregiving activities which traditionally were part of their responsibilities (Eric, 2012). Under these circumstances, the LCP was structured to remedy the shortage of caregivers in Canada and address the need for caring of young children and those who are elderly, disabled and ill. This program has been popular among Canadian families due to its provision of relatively affordable and flexible care which alleviates working parents and an aging population's concerns over reliable caretaking (Banerjee et al., 2018).

The LCP serves as a bridge between overseas migrant workers and Canadian needs for caregiving jobs. According to the *Profile of Live-in Caregivers Immigrants to Canada, 1993-2009* (Kelly et al., 2011), women from the Philippines are a majority of LCP principal applicants. Additionally, women represented 94% of the caregiver program in 2016 (IRCC, 2017b), and the vast majority of new caregiver permit holders were from the Philippines (88% or 6910) (IRCC, 2017a). Other countries include India (180), China (135), and Indonesia (40). In total, there are 33 countries that have between 5 to 35 caregiver permit holders (e.g. Nepal, Thailand, Jamaica) (IRCC, 2017a). As such, the work under the LCP is also considered as a highly racialized and gendered occupation, filled with non-white people from developing countries.

¹ Since 2015, CIC changed to immigration, Refugees and Citizenship Canada- IRCC

Moreover, unlike some other programs under Temporary Foreign Worker Program (TFWP), such as the Seasonal Agricultural Worker Program (SAWP), the LCP provides qualified applicants with the opportunity to become a permanent resident in Canada after they complete the 24-month (or 3,900 hour) caregiving work within four years for a government-approved employer (Caregiver Action Center, 2015). The universal pathway to permanent residency used to be a guaranteed ‘reward’ to pay caregivers back for their hard work as well as a ‘lure’ to attract high-quality migrant workers. However, the LCP had various issues and problems about which caregivers and activists have been lobbying the government for years in hopes to implement changes. Under these circumstances, a number of significant changes were finally made in 2014. Among the program changes, the universal pathway was revoked and substituted by two new pathways, which aroused contentions again. Furthermore, many other changes have been made as well to respond to previous appeals. Yet a number of unsettled previous problems and new problems are drawing most criticism. My research will adopt an anti-oppression framework to analyze the problems through connecting them with various types of oppression and presenting the interrelated nature of the sources of the problems and the oppressions (a combination of sexism, racism, nationalism and classism). Also, I will make recommendations after the analysis to provide better solutions and improve the program.

In what follows, I first introduce more contextual information on the changes made to the LCP and provide a detailed brief of my research plan. Then, I present my theoretical framework and my methodology, respectively, to explain why and how I adopt an anti-oppression framework and undertake a scoping review. In the following section, I report the results of the scoping review and synthesize the problems of the program. Next, I scrutinize and analyze all these problems under the lens of an anti-oppression framework, primarily focusing on the oppressions caused by sexism, racism, nationalism, classism, and their intersections. Finally, I develop a discussion on several policy recommendations, followed by a conclusion.

1.1 Context: From “Live-in Caregiver Program” to “Caregiver Program”

The LCP has gone through various changes since 1992 with an important leap happening in 2014. The following summary of the new changes is drawn from a policy brief report released by the Migrant Mother Project (Bhuyan and Valmadrid, 2017).² On November 30, 2014, Citizenship and Immigration Canada released the Caregiver Program with distinct regulations compared to the previous Live-in Caregiver Program. The program includes a “sunset clause” which means it will expire in 2019 (CIC, 2014):

- The live-in requirement was waived (CIC, 2014). However, employers may still charge room and board since caregivers’ minimum salary limits their housing options (Valiani, 2014).
- Two new pathways to permanent residence were introduced – 1) the Caring for Children Pathway, and 2) the Caring for People with High Medical Needs Pathway, with the former set for childcare in Canadian homes and the latter created in order to care of people with disabilities in health facilities and elderly persons (CIC, 2014).

Other changes include:

- Compared to the former Live-in Caregiver Program, the new program has a cap on new permanent resident applications of 5,500 per year: half for childcare providers and half for health occupations (CIC, 2014), but there is no cap for applications for permanent residence for people who entered through the previous Live-in Caregiver Program (CIC, 2015a). Furthermore, the guaranteed pathway to

² The original sources were cited

permanent residency has been revoked, and all participants have to apply under the two categories in the future (Black, 2014).

- Requirements to be eligible for permanent residence include one-year post-secondary study in Canada or a foreign degree, and a Level 7 (High Medical Needs Pathway) or a Level 5 (Caring for Children Pathway) language requirement.
- The 2-year or 3,900 hours of work requirement for PR eligibility is still in place (CUPE, 2014).
- The Liberal government announced plans to repeal the Live-in Caregiver Program in November 2016, closing the program. Live-in caregivers who are currently working in Canada may continue to work and apply for permanent residence if their initial work permit was based on a LMIA requested on or before November 30, 2014. Live-in caregivers under this pathway to PR must continue to live in with their employers (Canada Gazette, 2017).

As shown above, multiple changes have been made in the new program to fix previous LCP's problems, including the trammel of live-in requirement and the slow review process of permanent residency applications. Yet whether the problems are well addressed or not is still questionable as the new problems caused by the new changes, along with the long-term problems complicate the situation. In the existing literature and academic work, the impacts and effects of these changes have been examined in detail; however, the interrelation between the various problems has not been explored to a similar extent. The seeming uncorrelated and independent problems are in fact entangled with one another, exacerbating or alleviating the oppressions caregivers are perceiving. Every social group is likely to face a certain level of combined oppressions due to combined identities they hold, so do caregivers. However, oppressions experienced by caregivers might be different from other groups of migrant workers. Thus, having a systematic understanding of the intertwined problems is essential to uncover

these oppressions and caregivers' real situation, provide policy makers and local employers with a whole picture of domestic workers' real demands, and motivate an effective and continuous amendment of this problematic program.

In my research paper, I will adopt an anti-oppression framework as a theoretical tool to examine how the various problems of the LCP/new Caregiver Program are connected to different types of oppression. I will first conduct a scoping review of the existing literature on the topic in order to synthesize all the problems that the caregivers face that will serve as a foundation to bolster the framework and then to analyze and categorize the various problems and linking them to the types of oppressions at their source. Finally, I will discuss a number of policy recommendations. My three research questions are: 1) What are the new and ongoing problems of the Caregiver Program? 2) What types of oppression are brought by these problems to which caregivers are being exposed? And 3) What are the weaknesses and strengths of granting permanent residence or giving sectoral work permits to caregivers? In the next section, I will present my conceptual framework for this research, which will serve as a 'thread' that connects all the sections together.

2. Conceptual framework

“(Anti-oppression means) giving up power, being inclusive of all groups, of all marginalized groups, have representation from these groups and having joint decision-making about policy, procedure and practice.”

-Consultation Participants, 2009 (Wong and Yee, 2010:2)

An anti-oppression framework will be utilized in this paper to analyze the problems drawn and specified from the selected articles found through the scoping review, including both new and ongoing problems, to better understand how these problems interact and create different types of oppressions, and how caregivers are suffering from them. An anti-oppression

framework is useful to examine the many institutions and policies that work together to marginalize certain groups (EI-Lahib & Wehbi, 2011), and also to understand the power relations that subject people to a minority social group (Blower, 2015). In particular, this framework can be useful to shed light on the structural nature of multiple forms of oppression (e.g., sexism, nationalism, classism, and racism) (Rupra, 2010), as well as the ways in which they intersect. More than simply describing and summarizing the problems, it is imperative to achieve a deeper understanding and awareness of the complex structural processes at the source of caregivers' plight. By utilizing an anti-oppression framework, we will be able to scrutinize all aspects of the program, probing into the deeper commonness that shapes the experiences of different individuals' paths. This approach can help the public to better understand caregivers' situation, urge policy makers to improve the program to eliminate the oppressions, and ultimately help relieve caregivers from their "marginal" status in Canadian society and provide an opportunity for better personal development in the long-term. An anti-oppression framework will serve as an important lens to conduct interpretational analysis, which will help to deepen the discussion and avoid a superficial overview of the results.

The framework has been widely applied within the practice of social work and policy making, but after a detailed search, it appears that no research has utilized it to analyze the oppressions that caregivers face. We are aware that caregivers are mistreated as various problems have been pointed out by many studies; however, problems that on the surface may seem uncorrelated or unconnected to each other actually can be categorized and interconnected. For instance, low salary and inferior financial conditions make not only the live-out option but also family reunification unaffordable, which may further exacerbate caregivers' exploitable situation. The entanglement and interaction of these problems in fact make caregivers more vulnerable than other worker groups in Canada. Thus, an anti-oppression framework serves as a useful frame to organize many diverse problems and to analyze them through combined

theories, including sexism, racism, nationalism, and classism. The application of anti-oppression framework will be based on the guidance of Rupra’s (2010) “Understanding and using a feminist anti-oppression framework”, which demonstrates clear instructions and reveals the significance of this framework in understanding the oppressions experienced by female group in particular.

Table 1. Who experiences oppression (Source: Rupra, 2010)

| Identity | Oppression | Oppressed groups |
|--------------------|--|--|
| Gender | Sexism | Women Trans-gendered women and men |
| Race | Racism | People of color |
| Class | Classism | Working class, people living in poverty |
| Ability | Ableism | People living with disabilities |
| Sexual Orientation | Heterosexism, homophobia, Biphobia | People who are gay, lesbian, bisexual |
| Age | Ageism | Children, Youth, Seniors |
| Nationality | Colonialism | Aboriginal people |
| | Nationalism (e.g. Anti-immigration movements led by nationalism) (Light, 1996) | Ethnic minorities, migrants - Permanent residents, people with temporary visas, sponsored, people with no status, refugee claimants, convention refugees |

An anti-oppression framework can be defined as the lens through which one can understand how “race, gender, sexual orientation and identity, ability, age, class, occupation and social service usage” can result in systemic inequalities for specific groups (Wong and Yee, 2013: 6). In the context of this research, caregivers are the specific group that will be scrutinized. Table 1 shows different forms of oppression (e.g., sexism, racism, etc.) and the groups affected by them. After summarizing all the problems of the Caregiver Program, I will analyze them through an anti-oppression framework, connecting them with various forms of oppressions and examining the complex intersection between them through theoretical concepts (e.g., sexism, nationalism, classism, and racism). Then I will elaborate how the policy recommendations can

help to remove these problems and oppressions. Ageism and ableism will not be discussed in the paper as caregivers must be first identified as being able to conduct caregiving work in terms of age and physical health. According to Kelly et al. (2011), most of caregivers are between 25 and 44 years old, which is a workable and suitable age group for the program.

3. Methodology

I will conduct a scoping review in my research. As illustrated by Rupra's (2010) guidance on how to use the feminist anti-oppression framework, clarifying the situation and issues with which women are dealing in each case is a critical step before analyzing oppression. Therefore, I will first explore in-depth and synthesize the problems caregivers are confronting, and then apply the anti-oppression framework to conduct analysis. Compared to other review methods, a scoping review can efficiently help to identify research gaps and summarize research findings by mapping a body of literature with relevance to time, location, source and origin, which in this context is to synthesize all the problems of the Caregiver Program by reviewing previous studies, then analyze these problems through an effective framework (anti-oppression), and finally develop a valid discussion about policy recommendations. Since each study has its own specific focus and rarely summarizes all the problems of the Caregiver Program, a scoping review is an efficient method to synthesize the problems and to help apply the framework. Moreover, the study scope may shift and evolve during the project; a scoping review is more flexible and enables researchers to tailor it and make it suitable for their own design. By contextualizing the research findings through the scoping review, I will be able to apply an anti-oppression framework to identify how problems correspond to various forms of oppression. My hypothesis is that while the new Caregiver Program seems to be improved and to respond to the caregivers' and activists' appeals, the caregivers' situation has not improved much since the root causes of the problems remain untouched. Thus, caregivers are still struggling on against different kinds of oppression.

Scoping review has become increasingly popular as a form of knowledge synthesis in particular for medical practices (Colquhoun et al., 2014), though its application has been extended to researches in other fields (e.g., social work practice) (Chan, 2015). A scoping review is “a form of knowledge synthesis that addresses an exploratory research question aimed at mapping key concepts, types of evidence, and gaps in research related to a defined area or field by systematically searching, selecting, and synthesizing existing knowledge” (Colquhoun et al., 2014: 1292). Colquhoun (2016) argues that scoping reviews have advantages in conducting a review broadly and flexibly, as mentioned before. My methodological design will be based on the guidance of “Current best practices for the conduct of scoping reviews” (Colquhoun, 2016) which outlines the following steps: 1) formulating the review question, objectives and purpose; 2) identifying/developing the searching strategies; 3) identifying inclusion or exclusion criteria; 4) screening; 5) extraction or charting – the findings of the extraction/charting step of the scoping review will be presented at the beginning of Section 5 (Table 3). The selected articles were organized and categorized in relation to the types of oppression (one or more) that they each cover, which provided an explicit overview of the oppressions and problems in the Caregiver Program; 6) synthesis plan: I will apply an anti-oppression framework to do an analytical interpretation. I will match the problems of the Caregiver Program with different types of oppression that are listed under the anti-oppression framework; and 7) reporting results: I will present the results in a descriptive format (narrative summary) that aligns with the study objectives and scope of the review and conduct data analysis in the following sections. As mentioned, my review question is: *What are the previous, current and ongoing problems of the Caregiver Program?* The objectives of the question are to determine the main problems of the program and to identify potential policy changes to address them. The purpose is to have a greater understanding of the problems as well as their

intersections that oppress the domestic workers in Canada; in turn, the findings may help lead to an improved caregiver program with the potential to protect caregivers' rights in the future.

To locate and review relevant articles and information to answer my question, my searching strategies mainly include three parts: database searching, google/hand searching, and bibliography checking. Additionally, my supervisor Professor Luisa Veronis and my paper examiner Professor Delphine Nakache, two experts in this field, have recommended a number of articles that were also included in my review. I conducted my database searching in three main stages: 1) I first checked the University of Ottawa library for a database; 2) then I located the Canadian Business & Current Affairs Database, from which I could draw a decent amount of pointed articles with rich information. The key words I used for searching relevant articles are: "caregiver program," "work permit" and "Canada."³ I limited the time period from November 30, 2014 to May 23, 2018.⁴ 3) Finally, I reviewed all the articles and selected the most relevant sources of data by using the inclusion criteria below to guide my decisions. The inclusion criteria table was generated based on the instructions given by Peters MDJ et al (2015). Bibliography checking was conducted during the screening process.

In total, 137 articles were found in the process of database searching and examined based on the inclusion criteria (Table 2). The screening process consists of two levels. First, I reviewed the title and the abstract of all these articles, and excluded the sources that were not relevant, most of which were on medical treatment in database searching process; then I did a full text examination on the remaining articles based on the criteria provided below, and finally located sources that closely related to my research questions. In the process of conducting full text examination, four articles (Sharma, 2012; Oxman-Martinex, 2006; Landolt and Goldring,

³ I choose these three key words to include relevant articles as many as possible to have a comprehensive evaluation of the program. The results do include many irrelevant articles but were excluded in the next step by applying the inclusion criteria.

⁴ November 30, 2014 is the date when the Live-in Program was changed to Caregiver Program, and May 23, 2018 is the date of the last search.

2010; Kelly, 2011) were selected from the bibliography due to the abundant relevant information they contained.

Table.2 Inclusion criteria (Peters MDJ at al., 2017)

| Types of participants (Related to the objective) | Concept (Linked closely to objective and purpose) | Context (Depend on questions and objectives) | Types of studies |
|--|---|--|--|
| Caregiver program, Canada | Gender-based, class-based, nationality-based and race-based discriminations and oppressions faced by caregivers (Ability-based oppression will be mentioned as well but only suitable for medical inadmissibility part) | Problems of the program from different perspectives (e.g. exploitation, family separation, obstacles to PR, etc.) Policy recommendations (e.g. open work permit, sectoral work permit and permanent residency.) | A variety of sources and types of studies will be reviewed, such as news, journals, theses and so forth, to include as many relevant studies and diverse viewpoints as possible. |

As a result, 18 articles were selected from the database searching. Among the excluded articles, 57 of them focus on medical treatment, 1 piece of news on 4-in-4-out rules is outdated, 3 articles are duplicate, and 58 sources discuss diverse topics related to child care, general immigration policies, LGBT rights etc., which are not related to my research questions; 4 articles were drawn from bibliography checking. In addition, I located 4 Canadian NGOs by Google searching. They are the Migrant Mother Project, Caregiver Action Center, Migrant Worker Alliance for Change, and Coalition for Migrant Workers Rights. There are two main reasons to select these four NGOs: 1) they are well-known national NGOs – not international or province-specific –, therefore they can provide a complete picture of caregivers in Canada, and 2) they have active databases that include many useful sources and are frequently updated. 15 sources were drawn from their databases after careful scrutiny. 5 articles recommended by Professor Luisa Veronis and Professor Delphine Nakache were also included in the research. In total, 42 were selected for the research. The conceptual framework which serves as a lens to analyze the results will be established based on Rupra’s (2010) feminist anti-oppression framework, with its references playing a supporting role in terms of locating definitions.

4. Reporting results – Data Analysis (Database Sources, NGO reports and Reference Sources)

New changes have fallen short from addressing the multiple contentious aspects of the Caregiver Program, as well as the way in which care work is structured and undervalued (Hanley et al., 2017). Therefore, migrant caregivers are still entangled in various problems and hardships. In this section, I use multiple reports and articles selected through the scoping review method to summarize the long-term problems and the new problems of the Caregiver Program.

4.1 Long-term problems: Closed work permit, ongoing backlog, lengthy family separation, medical inadmissibility, and challenges in the transition/integration process after the program

The Caregiver Program is still contentious even though the Canadian government has been continuously integrating new ideas and suggestions to improve it. First, I will summarize the ongoing problems existing in both the previous Live-in Caregiver Program and the current Caregiver Program, which have been entirely untouched or only partially resolved.

The temporary status that migrant caregivers hold is a key reason that prevents them from reporting the mistreatments and creates various problems. Although activists and caregivers have spared no effort to advocate for the elimination of the closed work permit, it seems that the Canadian government fails to find a better substitution for it. Under the new scheme, the closed work permit remains intact, which means that the changes actually did not touch the most important and basic problem of this program, that is, workers are still being tied to one employer and lack the freedom to change employers when confronting violations.

The debate on the closed work permit for caregivers has long been ongoing. On June 20, 2014, further changes were announced by the Canadian government on the Temporary Foreign Worker Program (TFWP). The TFWP was re-organized into two distinct programs, and the

TFWP will now only refer to those streams under which foreign workers enter Canada at the request of employers holding a positive Labour Market Impact Assessment, while the foreign workers under the new International Mobility Program (IMP) are not subject to an LMIA. In contrast to workers under the IMP who may be on a closed, open or semi-open work permit, caregivers who are admitted to Canada under the TFWP are on a closed work permit (Government of Canada, 2014).

The closed work permit has various limitations. It restricts the employee to performing the specific job that is listed on the permit, for the specific employer who is named on the permit, in the location that is defined on the permit, and for the time period identified on the permit (Faraday, 2012). Any change in employer requires the caregiver to apply for a new work permit and they must wait on average 8 months before they secure a new employer to apply for the LMIA (Bhuyan and Valmadrid, 2018). The temporary closed work permit held by caregivers actually puts them on a precarious status. Goldring et al. (2010) have suggested the term 'precarious status' or 'precarious immigration status' to accurately describe fluidity within the production of exclusion and illegality in Canada's immigration regime. According to Goldring et al., precarious status is associated with absence of features commonly attached to permanent residence and citizenship in Canada, including: 1) work authorization; 2) the right to remain permanently in the country (residence permit); 3) not depending on a third party for one's right to be in Canada (such as a sponsoring spouse or employer); and 4) social citizenship rights available to permanent residents (e.g., public education and public health coverage; Goldring et al. 2010: 214). Based on these descriptions, the closed work permit gives caregivers a temporary tied work authorization, but obviously fails to satisfy the following three conditions. Therefore, caregivers' legal status in Canada is more precarious compared to people holding an open work permit and permanent residency, and are facing a higher potential of deportability.

Wright et al. (2016) have conducted an analysis and comparison on employer-sponsored temporary labour migration schemes in Australia, Canada and Sweden. In their research, this scheme was regarded as enhancing efficiency but compromising fairness. The closed work permit for caregivers is also a type of employer sponsorship. Employer sponsorship can be considered as a way to stratify migrant labour into a controlled and less mobile but flexible and productive workforce (Wright et al., 2016). However, the scheme ignores the profound inequality and potential exploitation that migrant workers may face and tolerate in order to enter or stay in the labour market (Dauvergne and Marsden, 2014, 528). The situation for low-skilled workers such as caregivers can be even worse.

Also, Atanackovic and Bourgeault (2014) argue that temporary status with closed work permit has a number of impacts on caregivers' economic and social integration. A closed work permit for low-skilled workers explicitly hinders them to enroll in study or training courses longer than six months while they are in the program. If they wish to take a course lasting over six months and get credits, they have to pay \$150 for a study permit and also pay international student fees, which is almost three times the cost of regular fees. Apparently, caregivers cannot afford these since they are paid relatively low wages for their work and have to send remittances to support their families back home.

The limitations on learning and training will cause problems once the caregivers complete the program since they lack Canadian credentials as well as "Canadian experience." The barriers to recognizing foreign credentials in Canada are well known (Albaugh and Seidle 2013). Also, employers generally do not consider experience gained under the caregiver program as "Canadian experience." Therefore, it is challenging for former caregivers to transfer from the caregiving path to other fields even if they have prior education and work experience from their home countries (Spitzer 2009; Spitzer et al. 2007). Based on what was mentioned above, it is plain to see that the social network of caregivers can also be a problem

as they spend most of their time working for the family and rarely have the opportunity to set up their own social circles. This situation can limit their job opportunities in the future. Additionally, a secure and stable status is also important for caregivers' social integration. Atanackkovic and Bourgeault (2014) noticed that immigrant live-in caregivers tend to socialize more with people from their own cultural background and those with similar caregiving responsibilities to escape the isolation they felt, but rarely become friends with people from other ethnicities. Thus, the limited social network could hamper live-in caregivers' social integration.

A 2009 report released by Canada's Auditor-General indicates that low-skilled workers are especially impressionable to the problems related to limited free options of employment (Flecker, 2010). Caregivers, who are to be bonded to their employer for two years are vulnerable to abuse, even more so considering most caregivers are female. Female caregivers have been especially reluctant to confront abusive employers for fear of risking their chance of permanent residency (OWJN, 2017). In contrast, workers with permanent status who are being treated unfairly during their work can quit and change jobs readily without worrying about losing their status. Although caregivers are allowed to change employers in principle, the procedure of changing employment is lengthy and suffused with insecurity and uncertainty (Faraday, 2012). In this case, caregivers who are waiting for an amended work permit sometimes have to work without regular status since they still need money to maintain their life and send remittances back home. As a result, caregivers drift around the status/non-status situation while working in Canada, and this situation accelerates the precariousness and instability in caregivers' life (Faraday, 2012).

Oxman-Martinez et al. (2004) indicated that many caregivers may remain silent about their exploitation as they may well in Canada have better conditions and a higher pay compared to their home countries and other countries where they may have worked before. As mentioned

by the caregivers, they tend to feel a debt of gratitude to their employers for giving them a job and offering a free place for them to stay, which might be attributed to the Filipino culture and custom. Although these could be the reasons that many caregivers remain silent, a temporary precarious dependent status, the lack of information caused by limited social practices, and the denial of equal rights are the driving factors of exploitation (Oxman-Martinez et al., 2004).

The closed work permit leaves caregivers no freedom to choose while working, and not only makes them vulnerable to exploitation or abuse by the employer, but also has a negative impact on their economic and social integration in Canadian society. While the live-in requirement has already been removed in the new program, the closed work permit is still in service and remains untouched, and thus continues to represent an ongoing problem.

Apart from the closed work permit, there are a number of other ongoing problems that have not been solved properly. As claimed by the government, the cap on the number of applications for permanent residency was set to accelerate the processing time while dealing with the backlogs. However, a backlog of 27,000 permanent residence applications was still waiting to be processed by 2017 (Bhuyan and Valmadrid, 2017) due to the long processing time which can extend for up to 4 years depending on the country of origin of the applicant, which also intangibly extends the family reunification process as most caregivers are often separated from their families during the 24 months that is required to apply for PR. According to the Immigration Department, foreign caregivers wait an average of 53 months to have their applications processed (Keung, 2017).

Other problems include barriers to PR and family reunification due to medical inadmissibility and the second medical exam. Apart from the delayed family reunification caused by the lengthy PR application processing, Nakache (2018) pointed out that low-skilled migrant workers are facing more 'insurmountable' obstacles in terms of family accompaniment compared to skilled workers. In Canada, the law does not stipulate that caregivers cannot bring

their family members. Instead, they can but they have to convince the immigration officers that they have the capabilities to financially support their dependents while in the country (Nakache and Kinoshita, 2010). In contrast to skilled workers whose spouses can get an open work permit, low-skilled workers like caregivers do not have this work permit privilege because both they and their spouses have to use the closed work permit. The process of getting a new job and obtaining work authorization is very complicated and lengthy for close-work permit holders (Nakache and Kinoshita 2010, 17-18), coupled with the fact that caregivers generally earn less, they are “less likely to be able to demonstrate adequate financial support and therefore less likely to be accompanied by family members” (Tilson, 2009: 14). Therefore, very few caregivers enter Canada with their family members.

Moreover, even after they complete the program and finally get the chance to apply for family reunification, something minor could affect their ability to be reunited with their family when visa officers review their applications, which might need them to reapply and to repay (Bailey, 2017). Apart from the many hardships involved in maintaining relationships between migrant workers in Canada and their family members left behind, the circumstances these workers face are unfair in that they have made significant contributions to Canada’s sociocultural and economic fabric (Nakache, 2018). Long periods of family separation can cause difficulties even after reunification occurs as children may become estranged to their parents after at least a five-year separation (Atanackkovic and Bourgeault, 2014). Also, research done by Kelly (2014) shows that high school dropout rates of children reunited with their mothers who were in the LCP seems to be much higher than those of other Filipino-Canadian children. Even so, to ensure a better future for the whole family, caregivers endure these hardships, wait for permanent status, and try to make enough money to sponsor their family members to come to Canada and to support their family members left behind in their home countries.

Salvador (2015) argued in her research that although the left behind spouse and children are being put on the agenda, the care for left behind parents is rarely discussed. In a culture like the Philippines that values “reciprocal obligation/inner debt” – meaning “pay back one’s non-monetary debts by returning a favor” –, it is essential, though not compulsory, to make attempts to pay back to the parents usually through taking care of them when they grow older. Since the caregivers already left their home countries and their parents, the primary eldercare becomes a responsibility shared by all the members left behind. Thus, caregivers tend to feel guilty even though they send money back, and the long-term separation between caregivers and their elderly parents exacerbates their homesickness.

From the above, it is evident that caregivers are facing various barriers to bring their family with them while they are working in Canada; then, how about bringing the family after they complete the program? The picture is not that rosy either. The first problem is the lengthy processing of caregivers’ PR applications, which was mentioned earlier. Another problem is medical inadmissibility. This problem has long been existing and criticized by many NGOs and activists. Section 38(1)(c) of the Immigration and Refugee Protections Act effectively results in the denial of PR status to an entire family if any member of the family is deemed to be disabled. Many caregivers and advocates shared concerns that migrant caregivers who have completed the program are eventually unable to qualify for permanent residence due to results on a second medical exam or because their dependents are deemed medically inadmissible (Bhuyan and Valmadrid, 2018). According to the evidence presented, 150 caregivers were denied PR status under Section 38(1)(c) in 2014 (MWAC and CAC, 2017).

This rule is unfair and discriminative as it is not only anti-disabled, but also anti-poor. Caregivers have to pay nearly \$1000 for a second medical exam plus the \$500 processing fee each (not counting additional fees for processing a dependent spouse and children), and many caregivers experience a decline in their health due to the pressure of family separation and the

prolonged period working in the program. Many even delay seeking health care because of the limited flexibility during work hours (Bhuyan and Valmadrid, 2018). Although the current provisions of medical inadmissibility allow for PR status to be granted to applicants that can provide a mitigation plan to offset health care and social services costs associated with a disabled person, most caregivers cannot afford the legal counsel to prepare such documents (MWAC and CAC, 2017).

Fortunately, Immigration, Refugee and Citizenship Canada (IRCC) agreed with the call to repeal the policy Section 38 (1)(c). As announced on April 16, 2018 (IRCC, 2018), the new policy on medical inadmissibility finds a middle ground between protecting publicly funded health and social service and amending the policy to bring it in line with inclusivity for persons with disability. The changes include tripling the threshold for what is considered an excessive demand on the health care system and altering the definition of social services by removing references to special education, social and vocational rehabilitation services, and personal support services (IRCC, 2018). In 2017, the cost threshold for a demand to be considered excessive was \$6,655 per year, or \$33,275 over five years; based on this, the cost threshold would now be \$19,965 per year (Smith, 2018). The changes became effective on June 1, 2018 and adequately dispensed with all new cases. These active responses and rapid implementations emancipate caregivers and their families from endless worries on medical inadmissibility, promoting and facilitating the process of family reunification. However, a few applications with a dependent/family member who may have a serious disability that needs high health costs above the threshold would still not be deemed admissible.

The rugged road seems to never end. As demonstrated by Tungohan et al. (2015), live-in caregivers' unique pathway to immigration leads them to face economic challenges that are distinct from other immigrants. Many previous studies have proven that new immigrants in Canada face barriers to their employment integration, including the devaluation of foreign

education and work experience (Aydemir and Skuterud, 2005) and difficulties in obtaining occupational licenses (Girard and Bauder, 2007). Caregivers are actually facing a worse situation compared to other immigrants as their pathways to permanent residence are distinct, not only because of the probationary period they spend during the LCP as ‘citizens-in-waiting’, but also the difficulties of family reunification which present additional barriers hindering caregivers’ settlement in Canada. Moreover, very little is known about the types of jobs caregivers take after the program and whether their time in the LCP leads to job market discrimination and deskilling.

4.2 New problems: Unaffordable and ‘unrealistic’ live-out option, language and education barriers, and cap on permanent residency application

Changes aiming to solve the previous problems actually brought a number of new problems. One important improvement made in the program is the removal of the “live-in” requirement. The name of the caregiver program was changed from “Live-in Caregiver Program” to “Caregiver Program” to reflect the fact that the live-in requirement became optional; this means caregivers can choose whether to “live in” or “live outside” the home of their employers, and the change aims to “protect caregivers from abuse and reduce family separation” (Government of Canada, 2014). Oxman-Martinez et al. (2004) pointed out that in the Live-in Caregiver program domestic workers’ tasks were usually accompanied by other time consuming responsibilities which were not written into the LCP contract such as cooking, house-sitting, laundry, and so forth. In this case, they are on duty almost 24 hours, less likely to go outdoors, and thus more often tend to be isolated due to their work. This is not an uncommon phenomenon according to the research, and the live-in requirement contributes to the working conditions that may create unpaid overtime, low salaries, racial discrimination, verbal abuse, and sexual harassment.

Also, live-in workers are more often exposed to discrimination and abuse through the hiring agencies based in Canada and their home countries than from their employers. Financial, psychological and sexual abuse are main abuses through these agencies (Oxman-Martinez et al., 2004). Additionally, live-in caregivers usually have little time for social life with their families and friends in Canada. The long-term isolation from the broader society and lack of social practices not only negatively affect caregivers' mental health, but also limit the job information sources available to them, which is detrimental to their future employment integration (Banerjee et al., 2018). Although the live-in requirement has been waived from the program, living outside is still an unaffordable choice for most caregivers due to the minimum salary they earn; also, the employers mostly prefer the caregivers to stay with them so that they can approach them on a flexible basis (Caregiver Action Center, 2015). Thompson (2016) indicated that employers' willing to seek a "robot" makes live-out caregiver an unwelcomed option. Therefore, it seems that the removal of the requirement may not work as expected.

With respect to the two new streams, the CAC report (2016) indicates that many caregivers actually shift between taking care of children and the sick or the elderly since some of them will have more than one employer during their program, and some employers may have both elderly parents and young children. The separation of the streams reduces the work flexibility and makes caregivers work longer in any one stream. In some cases, caregivers cannot apply for permanent residency because of insufficient hours in either stream. Apart from that, the one-year post-secondary education and language requirements represent additional rigorous benchmarks for caregivers. Many caregivers under the new program are not even aware of the changes. Additionally, caregivers who have long years of experience as domestic workers in other Asian countries will be blocked outside of Canada's door as they are not considered to be eligible any more according to the new education and language requirements (Panlaqui, 2017).

Also, it is noteworthy that caregivers will no longer have a universal pathway to permanent residence status after completing the program. Instead, they have to apply under the two new categories (Black, 2014). The cap on new PR applications every year implies that unlike caregivers under the old program, caregivers now are no longer guaranteed permanent residency, and they will be more likely to experience a new situation of ‘illegality’ described by Goldring (2010) after the expiration of their temporary work permit. The cap was created to accelerate the PR processing time, but may produce more backlogs because it extends the waiting period for those who have already completed the requirements of the program (Bhuyan and Valmadrid, 2017). Brownell and Don Mills (2015) also noticed that the federal government has been approving as few as three and as many as 63 foreign caregiver applications each month since December 2014 according to statistics drawn from the Association of Caregivers and Nanny Agencies Canada, compared to 700 to 1000 per month under the old rules, leading to growing reports of a “nanny” black market where caregivers are unable to enter Canada on a legitimate work permit and instead get paid under the table. The emergence of such a black market generates a potentially exploitative context while creating work opportunities for the officially rejected caregivers. Being undocumented migrants, these caregivers are unlikely to report any mistreatments such as being exploited, harassed or paid an extremely low salary due to their fear of being deported. Although many caregivers strive for permanent residency and eventually reunite with their families, current regulations not only make it extremely difficult for them to reach the goals but also place caregivers at higher risk of exploitation, abuse and trafficking (Calugay and Manning, 2018). According to Brownell and Don Mills (2015), the invisible cap on Caregiver Program applications worsens the situation of both employers and caregivers in that the bridge between caregivers and employers is being narrowed. Few caregivers can cross it, for which employers’ demand can hardly be met. These facts all rationalized the existence of a nanny black market. Moreover, the cap on PR makes Canada

less appealing to prospective caregivers who often work here as a way to get a foothold in the country before bringing children and husband over.

5. An anti-oppression lens: sexism, racism, nationalism and classism

“Ensuring that anti-oppression is embedded in everything that you do by examining attitudes and actions through the lens of access, equity and justice.”

-Rupra (2010: 13)

Caregivers' pathway to PR in Canada is full of obstacles and even a minor mistake or omission could forfeit their and their family's future status and wellbeing. The physical and emotional hardships experienced by caregivers have long been recognized by the public, yet people's perceptions of caregivers' oppressive life still remain superficial. Based on a synthesis of the problems in the previous section, it can be concluded that only two problems were partially addressed in the new program: the live-in requirement and medical inadmissibility. However, providing an option without considering its practicability is not a real solution. As Thompson (2016) demonstrated, the live-out option is not welcomed by either employers or caregivers. For caregivers enrolled in as live-in caregivers before 2014, they can choose to continue in that stream or apply for live-out option, which nevertheless means going through another “lengthy” re-application process; for caregivers applying under the new program, the living-out option seems unrealistic and unaffordable due to limited financial support and low salary. Moreover, many employers still expect their employees to live with them even if they say they are looking for a live-out caregiver (Thompson, 2016). As Thompson (2016) mentioned in her article, a participant under the old LCP said that there was no respite at the end of the day when she worked with people who were gravely ill as workers were fully immersed in their employers' family (Thompson, 2016). Consequently, the live-out option became a chicken rib, a propaganda showing that the government did take action. It does not mean that the option benefits anyone at all, but the vast majority were undoubtedly left behind

based on the review. The various problems synthesized above are multiple and as such seem less likely to be solved. However, scrutinizing the problems through the lens of anti-oppression will offer a novel and useful perspective to examine the Caregiver Program comprehensively.

Table 3. Overview of oppressions, sources of oppression and problems in the Caregiver Program

| Oppressions | Problems | Sources of oppression | Authors |
|-------------|---|--|---|
| Sexism | Exploitation intensified by unrealistic live-out option; lengthy family separation | Feminine traits; traditional gender roles; deficient program regulations (unrealistic live-out option, closed work permit) | Oxman-Martinez et al., 2004; Salvador, 2015; Thompson, 2016; Callon, 2016; Sharma, 2012; McLaughlin et al., 2017; Keung, 2017 |
| Racism | Exploitation; higher language requirement (a preference towards Filipinos) | Ideology of race; practices of racism | Calzado, 2015; Callon, 2016; Salvador, 2015; Oxman-Martinez et al., 2004; Polanco and Zell, 2016 |
| Nationalism | closed work permit/sponsored status; unguaranteed permanent residency; limited socioeconomic rights; family separation and anti-immigration | Limited social rights and lack of a sense of security as low-skilled temporary workers; discrimination from Canadian society | Callon, 2016; Salvador, 2015; Oxman-Martinez et al., 2004; Thompson, 2016; Tungohan et al., 2015; Black, 2015; Nakache, 2018 |
| Classism | Low wage; devalued work experience; unrecognized education credential; degraded social class | Misinterpretation of caregivers' social status; class disparity; limited chances of upward social mobility chances | Oxman-Martinez et al., 2004; Salvador, 2015; Tungohan et al., 2015; |

As Rupra (2010) indicated, an anti-oppression framework originates from the premise that privilege and oppression exist within society, resulting in unequal access to power. This unequal access to power results in privileged groups gaining greater access to information, resources and opportunities, whereas those groups that are oppressed experience the opposite.

That is, one experiences oppression based on one's belonging to a social group. The concept and nature of oppression are explained in Rupra's (2010) feminist anti-oppression framework:

Oppression occurs at different yet interconnected 'levels'. At an individual level, which is also referred to as the micro level, oppression can be seen through discrimination, or in how people *treat* one another. Examples of oppression at an individual level include degrading jokes, hurtful comments, violence, and excluding someone based on their belonging to a social group.

At a systemic level, also referred to the macro level, oppressive values, thoughts, and beliefs become ingrained or embedded into the various systems that influence our lives including, but not limited to: government, media, education, courts, child welfare, healthcare, military, religion, and even non-profit Organizations. (Rupra, 2010: 15)

Caregivers, as a special group of mostly female, lower-paid and racialized migrant workers hold intersecting identities as defined by Hill Collins and Bilge (2016); that is, they are subject to various forms of oppression, including sexism, racism, classism, and nationalism/anti-immigration among others. Worse still, as closed work permit holders, caregivers are less likely to have the same rights and access to support and services as Canadian citizens, permanent residents or even migrant workers who use an open work permit. Sharma (2012) argues that the Canadian state uses immigration policy to reaffirm a global hierarchy based on race, class, and gender. The state uses different types of immigration status such as "temporary worker," "permanent resident," or "citizen" to categorize migrants and label them as various types of marginalized group. According to Sharma (2012), these levels of differentiation are intimately tied to a perceived level of worth due to the fact that a temporary worker has fewer rights than a citizen; moreover, caregivers' sponsored status gives them little freedom to move geographically, bargain, or express dissent, while giving employers power to reproduce state policy and control in the workplace and home. Thus, "temporary foreign workers' are a creation of the Canadian state...[they] exist within a state bureaucratic classification scheme designed to hold people in a particular relationship of exploitation and social/political subordination" (Sharma, 2012: 35). As such, the 'tied temporary status' endows employers with privileges while oppressing caregivers to some extent.

Rupra (2010) pointed out that different forms of oppression are interconnected; so while the women suffering oppressions have all been impacted by sexism, how they experience this sexism will differ depending on their experiences with other forms of oppression and privilege. In the following subsections, I will present different forms of oppression separately (sexism, racism, nationalism, and classism) and connect them with problems synthesized in the previous section. Then, the intersections between these oppressions will also be discussed. Table 3 presents an overview of the relationships between oppressions and problems in the Caregiver Program, along with the main authors (from the results of the scoping review) that address each issue.

5.1 Sexism: gender-based oppression

In the context of this research, sexism is used to refer to gender-based prejudice and discrimination against female domestic workers. Theoretically, the definitions of gender favouritism/discrimination have been described as either: 1) the unique rewards that men and women receive in the workplace or academic environment due to their gender or sex differences (DiThomaso, 1989); or 2) a process occurring in work or educational settings in which an individual is provided with overtly or covertly limited access to an opportunity or a resource due to sex or is given the opportunity or the resource reluctantly and may face harassment for picking it (Roeske and Pleck, 1983); and/or 3) both of these definitions. Compared to these theoretical definitions, the legal definition of gender discrimination is more limited. Legally, gender discrimination can be proved if pervasive patterns of disparate impact or disparate treatment or the creation of a hostile environment can be documented to impact negatively upon a student or an employee of one sex as compared to the other. Sexual harassment, wage discrimination, and pregnancy discrimination are some of the most common forms of sexual discrimination brought to court (Women's Legal Defense Fund, 1988). In

principle, both men and women are likely to experience gender discrimination; however, mostly female victims have been involved in most of the in-house complaints (not caregiver-specific), legal cases, and documented psychological consequences (Lenhart, 2004:6). For this reason, female caregivers, the major component of the Caregiver Program, are facing higher vulnerabilities of sexual discrimination (e.g., harassment and violence) and exploitation at their work place. As Oxman-Martinez et al. (2004) illustrate in their research, sexual harassment is one form of discrimination reported in their focus group. Noticeably, live-ins are more often exposed to discrimination and abuse through the hiring agencies (based in the country of origin or in Canada) than from their employers, which may reverse the general assumption that employers are the main abusers. According to the same research (Oxman-Martinez et al., 2004), besides the financial and psychological abuses, sexual abuse is another main issue that caregivers suffer through. As demonstrated in the previous section, the removal of the live-in requirement plays a very limited role in abating caregivers' vulnerable situation as only few caregivers can afford the pricey live-out option. Also, employers still prefer live-ins if they are given the choice. Thus, the live-in option is favored by employers and is the only option for the caregivers, implying that live-ins are still predominant in the program. In this case, female caregivers are still at high risk of being harassed or exploited since they have to stay with their employers at their work place 24 hours/day.

In addition, as Salvador (2015) points out, the LCP marginalizes women of all classes and races in Canada as it devalues and continues to feminize domestic labour. Canadian female employers, who are usually the employers of female migrant workers, tend to prefer female domestic workers rather than male workers, which reinforces gender stereotypes that domestic work is female work, pushing more women into the caretaking industry (Hodge, 2006: 64). They naturalize "feminine" traits such as loyal, hardworking and "good with children" that are usually used in patriarchal discourses and practices against women (ibid., 64). The traits

avored by employers imply a sense of seeking “tractability” or “exploitability” as these so-called feminine traits make female domestic workers easier to be abused or exploited for the sake of their employers in some sense. It is no wonder that some employers are seeking ‘exploitable’ caregivers (Thompson, 2016). Female caregivers, who are well aware of the potential exploitations, can do nothing but accept what is offered to them for the responsibility to support their poorly-financed family back home.

Moreover, as Callon (2016) demonstrates, both the SWAP (Seasonal Agricultural Workers Program) and LCP (Live-in Caregiver Program) are highly gendered. Specifically, even though the SAWP is open to both men and women, men account for 97% of the participants (Pelletier & Khan, 2011, p.67). Meanwhile, women are overrepresented in the LCP and in service and domestic work in general (Sharma, 2012: 34). This fact infers different types of expectations of men and women based on their gender roles: men are expected to sustain their families through hard physical labour outside the home that directly contributes to the economy, as they do in the SWAP, and women are required to be ‘housewives’, as they do in the LCP (Parrenas, 2001: 63). However, women under the Caregiver Program cannot take care of their own family, but rather they are taking care of other people’s parents and children in a distant foreign country while leaving their own family behind. Given the perception of traditional gender roles, family separation may produce gendered impacts that influence male and female migrant workers differently. According to McLaughlin et al. (2017)’s research, participants under SWAP – 98% of which are married fathers – are experiencing hard times as well in that long-term family separation weakens their families by estranging them from their children and wife. Female domestic workers are trapped in a similar situation, while the nature of their work tends to touch and remind them more of their own family.

This is not inferring that being “father” and “son” is not comparable to being “mother” and “daughter”; rather they are weighed the same by their family members. One difference is

that “father” and “son” are more expected to be the breadwinner of the family, while “mother” and “daughter” are more considered as the family carer from a traditional perspective. As showed in Keung’s (2017) research, Godroy, a 43 years old caregiver whose marriage has broken down and whose mother – the caregiver of Godroy’s children – passed away during her time away from home said that “I’m taking care of others’ children but can’t take care of my own kids, who are living by themselves,” “Please put yourself in my shoes as a mother” (Keung, 2017:1). This is not uncommon and there are a lot of heartbroken, painful and disappointing stories (Keung, 2017). To raise their family, caregivers have to half ‘abandon’ their traditional gender role of being “mother” and “daughter,” which makes them feel guilty and depressed.

Salvador’s (2015) research, which analyzes the significant impact and oppression of family separation on multigenerational families, provides a convincing interpretation of female caregivers’ feelings of guilt and depression. As Salvador (2015) indicates, “familism” is strongly and deeply rooted in the Philippines (Morillo et al., 2013:5). Generally speaking, family-centeredness, being child-centric, close reciprocal ties to one another, and large family sizes are common in Filipino society (Morillo et al., 2013:6). Since children are raised to be dependent on the family, relatives often assist in childcare when one or both parents are away (Agbayani-Stewart 1994:9). Even though the family network is strong in terms of taking care of a child, the child still needs her/his father and mother as a nuclear unit, which is an important factor in child’s physical and psychological wellbeing (Morillo et al., 2013:5). Thus, a mother/daughter’s absence will definitely inflict a “heavy loss” on a traditional Filipino family. Moreover, due to Spanish influence, women are expected to be the nurturers, and men and women are expected to perform their expected gender roles in the Philippines (Agbayani-Stewart 1994:9). Thus, failing to perform the gender role and not being physically present to take care for the family, including the children and elder parents, generally contributes to the

guilt that the caregivers have to feel. This factor was mentioned and proved by several participants in Salvador's (2015) research (e.g., Participant #5 and Participant #9).

The gender disparity differentiates female migrant workers' experiences from those of male migrant workers, and as demonstrated above, female domestic workers are especially vulnerable to both physical exploitation and emotional abuse due to their feminine traits, traditional gender roles, and deficient program regulations. First and foremost, female workers' reliability and maternal skills are seen as favorable qualities to perform caregiving work, and thus they are highly valued by employers. However, these feminine traits also foreshadow the potential exploitation and harassment caregivers might encounter at the work place. In addition, failing to perform the traditional gender role as a "mother" and "daughter" to look after their own families back home may contribute to make female caregivers feel guiltier and more oppressed compared to their male counterparts, as implied in Salvador's (2015) research.

The sexism oppression that female caregivers experience in their daily life is overwhelming and exacerbated by deficient regulations of the Caregiver Program. When examining the matter in more in-depth, it can be explained that the problems of exploitation, abuse, and family separation actually share the same root cause - a precarious temporary status due to the closed work permit. It is the fear of losing their legal status and a stable job that prevents caregivers from reporting mistreatments, and it is the closed work permit that limits caregivers' source of income, undermining the opportunity for them to bring their families due to their insufficient financial conditions. Moreover, the live-out option seems ineffective and inadequate to extricate female caregivers from a possible exploitative working environment because of its unaffordability and impracticality. Worse still, the ongoing backlog on PR applications and medical inadmissibility postpone family reunification into an indefinite future. These 'visible' and 'invisible' rules of the program apparently set up obstacles on female caregivers' path to a secure working environment and undermine their certainty about their

future in Canada, oppressing and ‘torturing’ them constantly during their work period. From the above, feminine traits and traditional gender roles, exacerbated by the deficient regulations of the program can be considered the main sources of sexism oppression experienced by female caregivers.

5.2 Racism: race-based oppression

Racial identities are not fixed categories in that they are shaped by history, nationality, gender, class, and identity politics. Hence, racial identities often differ from country to country (Alexander, 2008). Racism in Canadian society refers to any aspect that subtly or openly makes Caucasians normal and valuable while, making racialized communities devalued or invisible, stereotyping and labeling people of color as “others” who are different and inferior (Alexander, 2008). Historically, Canada’s ideal citizens or members of its society were white, British or European males (Sharma, 2006; Thobani, 2007; Triadafilopoulos, 2012). As such, Canada has constituted and signified the ideal characteristics of its citizens by attributing these characteristics to a special nationality, race, class, and ethnicity (and gender) through its immigration policies and programs, leaving those deemed to have unsuitable characteristics for Canada and Canadian society excluded (Sharma, 2006; Thobani, 2007; Triadafilopoulos, 2012). This view could be coupled with Callon’s (2016) illustration on the racial hierarchy that persists in the LCP. Unlike lighter skinned workers who are assigned preferential work, darker skinned women “suffer from the most demeaning of racial stereotype” and “are assigned the least desirable and dirtiest forms of domestic labour” (Bakan and Stasiulis, 2012: 216). The fact that most women employed through LCP are from the Philippines implies a clear racial preference towards Filipinos (Torres, 2012: 227). In the case of Filipinos, racism affects them in both positive and negative ways, which will be further discussed below.

Callon (2016) infers that this racial preference could be attributed to Filipinos’ light skin

that makes them more 'like' white Canadians. In the view of this, Filipinos' lighter-skin characteristics are more valued by Canada/Canadian employers, while darker skinned workers are devalued and discriminated. However, it does not mean that Filipino domestic workers are treated the same as white workers. Actually, all the colored caregivers are suffering from racism oppressions, though at different levels, with darker skinned caregivers facing the worst situation. In Salvador's (2015) research, one Filipino caregiver stated in the focus group that despite the fact that she works harder and more hours than her Canadian co-workers, she does not get paid more for it. Some caregivers even believe that they would be treated differently and fairly if they were white, and would be given less work (Salvador, 2015).

Moreover, Filipinos are considered to be a "race" qualified for Canada and Canadian society, or to be more specific, a "race" that is customized for Canada's Caregiver Program. Kelly and Lusi (2006) pointed out that this notion is associated with racialized understandings of Filipino characteristics and aptitudes for both migrants and Canadians. This means that Filipinos are deemed to possess characteristics that both Canada and Canadian employers value, and thus have higher possibilities of being hired. The "positive racism" did benefit Filipino caregiver workers to some extent, but meanwhile it also brings potential exploitation and oppression.

There has been an increasing stereotype of the Filipino as "perfect" for the caregiving job in that they are supposedly positive, caring and loving (Kelly and Lusi, 2006:843). As several caregivers stated in Salvador's (2015) research, one of the main reasons that they get employed is that their employers hold a positive impression on Filipino caregivers due to the fact that previous Filipino nannies did a good job – they are hardworking and loving. In addition, Filipinos' loyalty rooted from their culture and social values is another quality valued by employers. From a Filipino perspective, they tend to feel a debt of gratitude to their employers for giving them a job and offering them "free accommodation." Therefore, they are easily

satisfied with what is offered to them, accept all the circumstances in their work place and remain silent (Oxman-Martinez et al., 2004). Also, Filipinos are always assumed to be able to speak sufficient English based on the Philippines' English-in-education policies, which makes Filipinos more competitive in the global labour market. However, it is worth noting that affluent Filipinos in urban centers are more likely to have grown up bilingual and not all the Filipinos possess this linguistic capital (Polanco and Zell, 2016).

These “positive” stereotypes of Filipinos helped them stand out from other ethnic groups and thus were described as the “positive racism” by Salvador (2015). However, these shining qualities in employers' eyes may also become the culprits causing exploitation and oppression. As mentioned, cultural traditions may help shape caregivers' hard-working, quiet and tolerant image, which can also imply their exploitability. Moreover, Oxman-Martinez et al. (2004) infer that discrimination and abuses in Canada could be somewhat lesser compared with female caregivers' past experiences in other countries, and thus caregivers may be less sensible when being treated as the “second-class” citizens. Due to the assumed qualities linked to their “race,” employers may deem that these caregivers are fine with overtime work and being treated unfairly.

To sum up, stereotypes and practices relating to race and racism are potential sources of oppression that can play a role in the treatment or mistreatment of the caregivers, as shown by several studies. Employers' racial stereotype tends to affect their preference as well as their attitude towards caregivers from different racial backgrounds. Their preference for caregivers with lighter skin quietly shuts darker skin candidates out of the program, and their prejudice may also cause them to lose well-qualified domestic workers. In addition, their race-based attitude towards caregivers contributes to the unfair allocation of work. As mentioned, compared to white or lighter skin caregivers, caregivers with darker skin tend to be given more work, and/or even dirtier work. As a major component of the Caregiver Program, the

experience of Filipinos based on their race is ‘bittersweet’. Stereotypes of the Filipinos as the perfect caregiver could lead either to be devalued, abused, and overworked, or to be very respected, dependable, and accepted as the ideal caregiver who is loving and caring towards the employer/patient or the children (Salvador, 2015). However, even in instances when “race” is related to positive images, caregivers still face the dilemma of being forced to perform in a way they are deemed to be. Thus, they confront the oppression of meeting the demands of their employers which may be out of the scope of the contract to repay the “debt,” and show their gratitude towards their “nice” employers regardless of the exploitative nature of their unpaid work. The favorable qualities shown by previous Filipino caregivers leaves Canadian employers with an agreeable impression on Filipinos, which may grant them more work opportunities on one hand, while unconsciously placing them in a potential situation of exploitation on the other.

5.3 Nationalism: temporary status-based oppression

As stated by Rupra (2010), people with temporary status are deemed to be oppressed by a form of nationalism oppression. However, Rupra (2010) did not give a clear explanation as to what nationalism refers in the context of an anti-oppression framework. According to Kaufman and Williams (2011), citizenship confers a sense of belonging to the nation-state. Citizenship matters because it determines the legal relationship about who is included and excluded in the body politic, and nationalism is intimately tied to citizenship, as it is the nation-state that connects people to a nation through its promotion of nationalism. Caregivers, the temporary work permit holders, or even worse, the temporary **closed** work permit holders, are denied not only rights but also protection in some sense, and have to prepare for a long-term battle for citizenship even after they complete their obligatory work. Thus, the oppression

brought by their temporary status is an especially significant aspect that needs to be taken into consideration and evaluated.

The Canadian state benefits from temporary foreign workers through the workers' contribution to the economy by their filling of unwanted jobs, offering temporary workers a place in the economy but not in the nation (Depatie-Pelletier and Khan, 2011). Many would deem that the Caregiver Program is more inclusive than the SWAP given that participants in this program do have a real pathway to permanent residence and then to citizenship. Yet unlike migrant workers in the SWAP who are well aware of their impossibility of becoming a citizen, caregivers are more likely to grasp this "hope" tightly and invest more time and money in it; this long-term financially and emotionally consuming situation tends to contribute to a long-term oppression. Furthermore, since the guaranteed PR was revoked in the new program, coupled with the cap on PR applications, caregivers are experiencing anxiety and worrisome of their time and hard work devoted to this program ending up being in vain. Although not all the caregivers are willing to get permanent residency and citizenship, most participants in this program do hope to stay and bring their family to Canada for a better living and working environment, and a sturdier benefit and healthcare system. For this reason, caregivers prefer to learn to stay with their employers and not take the risk of changing employers because jumping from one to another along with finding new employment can cause a caregiver to wait longer to apply for permanent residency, struggle with financial and administrative barriers, and can even jeopardize their temporary status (Bourgeault et al., 2010:86).

The employer-tied work permit constrains caregivers' freedom of changing employers, makes them vulnerable to abuse and exploitation, as discussed above, and even pushes them into the nanny black market to work 'under the table' while they are seeking new employment (Oxman-Martinez et al., 2004). Worse yet, the illegal work can also affect their application for PR if caught by the office. They may face deportation and the refusal of their PR status for not

fulfilling the two-year requirement or being caught working illegally (Oxman-Martinez et al., 2004). Hence, trying to stay and get along with one employer becomes the ‘safest’ choice for caregivers as they need a steady income source to support their family back home and a relatively stable status to work legally, which also exposes them to potential exploitation.

Additionally, as Thompson (2016) investigated, the temporary status and unguaranteed citizenship leave caregivers feeling “disposable,” which was also presented in Salvador’s (2015) research, implying that Canadians typically see “temporary workers” as disposable labour that can be sent back home once the labour market signals that it is no longer needed (Broadbent, 2013), or as transient, from migrant worker to Canadian citizen, going through numerous hardships. One example is that the pregnant women who are under the program are not receiving the same treatment and benefits when it comes to maternity leave, employment insurance and medical care as their permanent resident and citizen counterparts, and could be fired because they are viewed as unable to fulfill their job requirements (Oxman-Martinez et al., 2004), thus differentiating caregivers from other types of workers. Also, as Oxman-Martinez et al. (2004) stated, the temporary status that caregivers hold has negative ramifications in terms of health care.

Moreover, caregivers’ vulnerabilities persist even after they complete the program and become permanent residents. Tungohan et al. (2015) argued that caregivers’ transition experiences are not similar to that of other newcomers to Canada as they face multiple transitions from temporary foreign worker to an open work permit, to permanent residence, and finally formal citizenship. They tend to suffer from uneven citizenship as there are other factors beyond legal status that determine their inclusion into Canada. Lack of access to the Canadian labour market, the devalued caregiving work experience, and the unrecognized foreign education credentials, coupled with being citizens-in-waiting period, present barriers

for former caregivers to economically integrate into Canadian society and to become a 'real' citizen; these barriers create tremendous challenges and frustrations to caregivers.

In addition, the fact that caregivers as low-skilled workers are usually denied the right to be with their families is another way of oppressing them from a nationalism perspective. As Nakache (2018) clarified, migrant workers are usually considered under international law as not being in a position to claim a right to family unity in their state of employment, so the state is not obligated to but may still offer them the opportunity to exercise this right. The Canadian government does endow caregivers with the right to apply for family unity, yet caregivers have to show sufficient financial resources to support their dependents to convince the immigration officer (Nakache, 2018). As a result, few low-skilled migrant workers such as caregivers can enter Canada with their families due to lack of spousal work permit privilege and inadequate financial support (Nakache and Dixon-Perera, 2015; Wells et al., 2014). The strict policy towards migrant workers is anti-immigration in a way by preventing caregivers from easily bringing their families with them in Canada.

According to a survey conducted by the Environics Institute for Survey Research, immigration is not a matter that received consensus support in Canada despite the fact that most Canadians hold positive attitudes towards new arrivals regardless of the global growth in anti-immigrant sentiment (Moczulski, 2018). Still 35 percent of survey participants believe that the country takes in too many immigrants, though the whole picture is more positive (see Figure 1). Therefore, anti-immigration attitudes could be a potential problem that these future citizens may face. As Salvador (2015) demonstrated in her research, migrants have also been seen as people who steal jobs, given the lower wages paid compared to Canadians, and even who contribute to increasing rural poverty (Cohen, 2005:92). This line of thinking leads to caregivers being stuck in the caregiving field and prevents them from jumping into a bigger job pool even after they legally become a permanent resident and Canadian citizen.

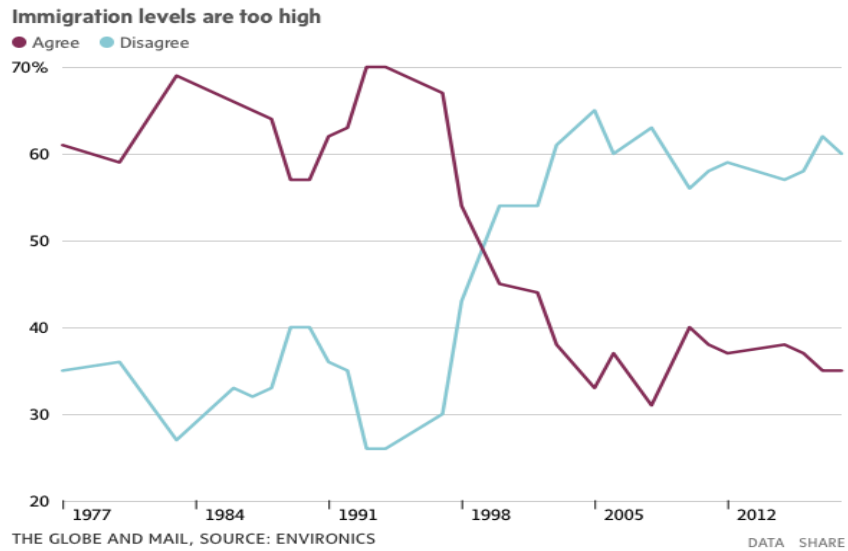


Figure 1. Survey on Canadians' opinion towards immigration (2018)

In conclusion, limited social rights (e.g., not being able to study and to be with their families), a lack of a sense of security, and discrimination from Canadian society are the sources of oppression related to nationalism. As discussed before, the closed work permit not only restrains caregivers' freedom to change employers but also limits their chances to pursue studies and to bring their families with them, which are two crucial factors that will affect their life quality in Canada. Furthermore, the frequent changes of caregivers' status in the process of pursuing citizenship presents various obstacles and leaves them with a sense of uncertainty. They are unsure about their destinies because the new Caregiver Program no longer guarantees them PR, they worry that their family members will be denied entrance by the Canadian government, and they doubt whether they can integrate into Canadian society economically after completion of the program because they lack education and work experience in other sectors. Since there are no standard answers to these concerns, the possible conflict between dream and reality produces a sense of insecurity that can be experienced as a form of oppression by caregivers. Moreover, the discrimination and oppression brought by their temporary status and unique immigration pathway may continue to affect them in the long run even after they complete the program.

5.4 Classism: class-based oppression

Classism is probably one theme that could tie all other oppressions together. Many oppressed people find themselves tend to be affected by several or all of the oppressors that are linked together by class (Moore, 2003). Classism refers to any practices and beliefs that judge and value people according to their social class or the social class that other people assume they belong to, and most workplaces use classist language that reflects and reinforces the social hierarchy (Lopes and Thomas, 2006). Coupled with Rupra's (2010) framework that working class and people living in poverty are the oppressed, it could be assumed that migrant domestic workers have a higher chance of suffering from classism oppression due to their relatively lower-paid job and lower social status defined by their race, nationality, and even gender.

As mentioned, low wage disillusioned caregivers of their live-out option, and "tie" them closely to their employers. More than that, caregivers with wages being so low cannot even afford private insurance that covers regular/minor health issues such as dental and eye check-ups; they may thus seek improper care or be required to pay more than their salary affords (Oxman-Martinez et al., 2004); they cannot afford to pay agencies for consulting (Salvador, 2015); they cannot attend school due to the costly tuition fee and application fee for a study permit; they cannot afford a flight ticket to go back home even when they are allowed to take vacations (Salvador, 2015), and so forth. Therefore, they are still living a relatively poor life in Canada because they have to allocate remittances from the little money they earn. Even so, low wages are rarely enough to support both caregivers and their families, which results in the situation where money is "always tight" within caregivers' pocket (Salvador, 2015). This fact categorizes caregivers to the low-income worker group, and thus shapes people's perception of them. As Peralta-Catipon (2011) argued, the nature of domestic work demotes caregivers'

social class due to the fact that their roles are mostly regarded as poor and/or uneducated, and not being recognized as an educated individual depicts caregivers as being in a clearly-defined subordinate position (Salvador, 2015).

However, according to Tungohan et al.'s (2015) interviews with 627 former caregivers, 86% of them have bachelor's degrees and only 0.2% have less than high school education attainment. Their findings suggest that most caregivers are in fact educated, or to be fair, better-educated than some working groups in Canada that have not received systematic higher education. Yet, they are still judged as uneducated due to the tacit assumption that domestic work is low-skilled. Cheng (2009) also stated that there are many caregivers from the Philippines who are over-qualified for the program. Caregivers acknowledge this fact but ignore it since their desire to come to Canada is stronger. Some of them were well-trained nurses or doctors working for hospitals and government before participating in the program, and a few of them even come from an upper middle class family in their home countries (Salvador, 2015). These over-qualified caregivers see the program more as a stepping stone to gain a permanent status in Canada and then seek a better life and employment either in the caregiving sector or in other fields after they complete the program. Unlike the real poor and uneducated caregivers who can lift their families' economic status and gain more respect back home through performing as a "breadwinner" and sending remittances, the over-qualified participants suffer more from the classism because of their degraded social status in Canadian society. They are well-educated, have had decent jobs and earned relatively higher wages while they were in their home countries, yet working as a "maid" in Canada enshrouds their true values and may give them a feeling of falling from "first-class" to "second-class."

Worse yet, according to Tungohan et al.'s (2015) research, Canadian employers only regard Canadian work experience as being valid, thereby negating caregivers' previous professional work experience abroad. Due to this, former caregivers are likely to stay in this

field regardless of their past experience as a nurse or a doctor. As shown in this research, 68% of the respondents stayed in care work within three to five years after arriving in Canada, and the number is lower at 45% for those who have been in Canada between six and ten years. For those who stay over 10 years, the number finally drops dramatically from 45% to 16.3%. This shows that jumping out of the caregiving and low-paying work is a long-term battle, and for those who are willing to lift their social status and class by seeking a higher-skilled job after gaining permanent status is still very hard because of Canadian employers' denial of education and work experience gained abroad. It is true that caregivers can take classes while they work in Canada, but as mentioned, they have to apply for a study permit if they wish to participate in a program longer than six months, and they have to pay for the study permit processing fee as well as (international) tuition fees. Living expenses and remittances already account for a significant proportion of caregivers' income, it is therefore less likely for them to pay for their education in Canada.

From the above, caregivers suffer from classism in several aspects. First, the disparity between their social class back home and their social status in Canada may disappoint them to an extent. As demonstrated above, most of participants in the Caregiver Program possess higher education, with a small portion of them even belonging to the upper class in their home countries. Therefore, working as caregivers in Canada means they are likely to face the degradation of their initial social class status and they have to surrender some of their privileged rights. Secondly, the devalued attitude towards caregiving plays a crucial role in shaping discrimination and oppression. Caregivers are frequently assumed to be originating from lower-class and be less-educated, which has been proved to not be always true by previous studies. These prejudices may not only affect their social relationship with other people, but also have a detrimental impact on their professional image in the future if they want to work in other sectors in Canada. Last but not least, it is not easy for former caregivers to lift their social

status even after they officially become Canadian citizens. The devalued education background and underrated work experience as a “nanny” weaken their competitiveness as job candidates. Moreover, their limited access to education resources worsens their situation, leaving them with less opportunities to seek positions in other sectors. Without a solid economic integration into Canadian society, hardly can caregivers increase their social status. Therefore, class disparity, misinterpretation of their social class, and limited chances of upward social mobility are the three main sources of class-based oppression to which caregivers are exposed.

5.5 Intersections

Oppression occurs at different yet interconnected ‘levels’ (Rupra, 2010: 14). Rupra (2010) argued that women’s dynamic and fluid social locations determine different levels of privilege and oppression they hold throughout their life, which should be acknowledged and committed to in the practice of an anti-oppression framework. Therefore, caregivers’ combined characteristics as female, non-white, low-paid, temporary workers can contribute toward their relatively marginalized social location in Canadian society, accompanied with multiple sources of oppression (sexism, racism, classism, and nationalism) linked to these characteristics. Yet it is also important to note that they do hold privileges despite the oppressions they are confronting. For instance, they are less likely to face ableism or ageism because the program excludes individuals who lack desired characteristics (e.g., low education and language levels, poor health or limited physical ability).⁵

As expounded in the previous sections, a number of different types of oppressions stem from multiple structural problems that the Caregiver Program failed to address (e.g., closed work permit, impractical live-out option, and other deficient regulations) combined with

⁵ However, caregivers are still likely to face ableism while applying for permanent residence because of the requirement to take a second medical exam. According to the Migrant Mothers Project (2018), caregivers with poor health conditions may be rejected for PR despite the fact that their declining health is probably the ‘remain’ of overload work and delay in seeking health care.

various characteristics of caregivers at an individual level (e.g., gender, ethnicity/race, country of origin, etc.). The categorization and reorganization of the problems and the caregivers' characteristics have shown the relationship between these issues and the oppressions. For example, family separation has been mentioned in both the sections relating to sexism and to nationalism, which infers that caregivers suffer from these two different types of oppression partially due to the same problem and cause (see Table 3 for an overview). Therefore, these problems and characteristics can be regarded as a string that connects various types of oppressions together due to the fact that each problem/characteristic may have contributed to a number of different types of oppression. Even though the oppressions through sexism, racism, nationalism, and classism were discussed separately, they each interplay with the others in multiple and complex ways that affect the caregivers' experiences.

Examples showing how these various forms of oppression interplay include: 1) the racial stereotyping of Filipinas as being caring and nurturing may segregate them into subordinate and nonprofessional occupations in the future (Salvador, 2015). This stereotyping may hinder their mobility to move up the class hierarchy even after they gain permanent status (combination of racism, sexism, and classism). 2) Caregivers' perception of discrimination and oppression caused by classism may be offset by sexism in some situations. Oxman-Martinez et al. (2004) investigated that women are not afforded the same rights as men and are given a "second-class" citizenship in many cultures; as such, some female caregivers may be less sensitive to discrimination and abuses related to their status and work. They may not perceive classism/sexism exploitation in the same way as other caregivers do. Because of this, they will be fettered by exploitation without being aware, and thus may be less likely to report it (combination of sexism and classism). 3) The temporary status and sponsored employment 'cultivate' caregivers' loyalty to their employers since caregivers need a stable source of income and a legal work status. This fact worsens their situation by exposing them to more

potential sexism and racism abuses and exploitation (combination of nationalism, sexism, and racism). And 4) the closed work permit is a main cause that limits caregivers' freedom and accessibility to normal and deserving sources and opportunities. Coupled with their lower financial circumstances, they confront many obstacles when seeking formal healthcare, requesting social services, and upgrading their education. This limited accessibility undermines their capacity to cope with emergencies and constrains their personal development, which will most likely have negative impacts on their future social and economic integration in Canada (combination of classism and nationalism). In addition, multiple studies have shown that immigrant integration in Canada depends on numerous factors, such as type of immigration program (Kelly, Astorga-Garcia, Esguerra, and CASH, 2009), gender (Boyd 1984; Tastsoglou and Preston, 2005), and racial minority status (Reitz and Banerjee, 2007; Reutz, Banerjee, Phan, and Thompson, 2009). Migrants' previous education, work experience and linguistic skills are also primary determinants of their integration (Salvador, 2015; Polanco and Zell, 2016). Therefore, citizenship is experienced unevenly within a given state, and former caregivers' experiences differ from those of other immigrants due to their special situation (combination of racism, sexism, classism, and nationalism).

The superimposed effect of the intersections reveals the inequities caregivers face (e.g., the denial to formal rights) and the combined oppressions they experience in their daily life. To improve the program and impair the impact of different types of oppression as much as possible, eradicating the sources of oppression is the very key to achieve the goal. Although it may appear to be difficult to change or remove the sources summarized before (e.g., traditional gender roles, feminine traits, notions of race, etc.), the goal is still attainable. Rupra (2010) argued that the concept of equity can be interpreted as creating accessibility through offering supports to reduce and eliminate systemic barriers. For example, it is not the color of their skin that causes oppression; it is racism and racial stereotyping. It is not their gender that makes

them feel oppressed, but rather employers' discrimination and prejudice towards female workers. It is not their low social location or temporary status that oppress them; it is the lack of accessibility to social services and the denial of equal rights. These barriers and obstacles impede caregivers from living free from emotional and physical exploitation and abuse, and thus removing systematic barriers is the crux of the matter. Oxman-Martinez et al. (2004) also stated that the structural and systemic problems with the way the Caregiver Program is set up and operates cause the workers to be in a vulnerable position. The fact that domestic workers are dependent upon a closed work permit is the main factor that causes many of these structural problems. In the context of the Caregiver Program, instead of viewing caregivers' social status as the barrier, the system that perpetuates oppression is the very barrier.

As explained above, an anti-oppression framework not only helps to demystify the complexities surrounding various types of oppressions but also provides a useful lens for policy makers and employers to undertake an evaluation of and reflect on their values, beliefs, thoughts, attitudes, assumptions, preconceptions and bias. This reflection process was heavily underscored by Rupra (2010: 16): "People are taught not to recognize their privilege. They are taught to see their access to information, resources, and opportunities as normal, natural and deserving." Employers and policy makers may take caregivers' contributions for granted because they see the work as a contracted one that offers wages and opportunities to settle down as long as the contract can be well completed. Thus, as privileged groups, employers and policy makers may not realize their privileges and are likely to ignore how vulnerable caregivers are. By engaging with anti-oppression theories, the intertwined complex issues that caregivers face can now be uncovered. As a result, it can be seen that the main cause of exploitation and oppression is not so much the 'live-in requirement' – which was removed in the new program –, but rather the conditions related to their immigration status. The analysis from an anti-oppression framework can help improve the public's understanding of caregivers'

lives and ensure that future supports and modifications in this program are truly and fully grounded in anti-oppressive principles. In the next section, a number of policy recommendations will be synthesized and discussed in an effort to address a number of these problems and remove barriers.

6. Discussion and Conclusion

As pointed out in the previous section, caregivers' dependence on the closed work permit is a main factor that causes structural problems in the Caregiver Program. It is the specific culprit that directly or indirectly bolsters exploitation, harassment, unequal social status, and family separation that caregivers experience. Changes made without addressing this problem can hardly perfect the program. In this section, I will analyze two potential policy changes: granting Permanent Residency and the sectoral work permit. I will also discuss the weaknesses and strengths of these two policy recommendations, and how they can help to remove existing oppressions to a large extent.

6.1 Policy recommendations: permanent residency and the sectoral work permit

Although the closed work permit has long been criticized, it is still being utilized in the program because it helps to fulfil the goal of the program—remedying the shortage of caregivers in Canada through binding caregivers to one employer. However, the goal of the program can also be achieved through other, better approaches.

A number of policy recommendations aiming to improve the caregiver program were raised in previous researches. These recommendations can actually play an important role in changing the program to a better one. The removal of the live-in requirement and the

elimination of “four-in-four-out” rules⁶ are examples showing that the voice of activists and caregivers can be heard by the Canadian government, which is an encouragement for us to explore and advocate further for caregivers’ rights.

Activists have not stopped advocating for a stable and secure status for caregivers. One policy change that wins a multitude of proponents is giving permanent residency status to caregivers upon their arrival. This is an ideal, yet contested solution. Obtaining PR status is an important component that can reduce the exploitation risks, but we should also acknowledge that not all caregivers want to become PR. As Salvador (2015) demonstrated, economic reasons are still a driving factor for caregivers to seek work opportunities in Canada. Therefore, caregivers from an impoverished background and a culture that greatly values Familism like the Philippines come for their family (remittances), and are likely to go back for their family (reunification with their extended family) as well. In addition, some participants in the program, especially those who are over-qualified, may only come for experiences in Canada because “working abroad” is still considered to be ‘classy’ in the Philippines, the main caregiver outsourcing country (Salvador, 2015). For example, a wealthy landowner may go abroad as a caregiver, a relatively low paid and under respected occupation, but then comes back home to his/her old class description as a landowner in that money gotten through remittances gains more respect than being a landowner because of the high worth of currency from developed countries (ibid, 55). Hence, the goal caregivers are striving for is not PR-oriented but a secure status in Canada that can allow them to work without worrying about being abused or exploited.

Also, from a Canadian perspective, giving PR status to caregivers upon their arrival means that the government will face difficulty to monitor these new migrant workers. As

⁶ Four-year cumulative duration policy. On April 1, 2011, the federal government introduced a limit on the cumulative duration of a migrant worker’s stay in Canada. Under this rule, foreign nationals cannot be issued a work permit if they have accumulated a total of four years’ work in Canada unless an additional period of four years has elapsed.

indicated above, a significant share of participants in the program are well-educated (Tungohan et al., 2015), well-trained (Salvador, 2015), and possess linguistic capacity (Polanco and Zell, 2016), which implies that those over-qualified caregivers are capable of handling other types of work as well once being given access to formal job market. Furthermore, according to Salvador's (2015) and Oxman-Martinez et al.'s (2004) research, while the caregivers do value the pay, they still see their roles as a gold ticket for a Canadian citizenship (Brickner and Staehle, 2010:316). It is true that some caregivers are not concerned with citizenship as discussed before; nevertheless, the vast majority does care. Canada's decent living and working environment, relatively inclusive society and stable immigration policy make it stand out from other countries. A main reason of Canada being such a popular choice among caregivers is the almost-guaranteed citizenship, and some even use other countries as a stepping stone to come to Canada (Salvador, 2015). Due to these facts, the Caregiver Program may also become a bridge or stepping stone for participants to pursue permanent status in Canada. Therefore, giving permanent status upon arrival may threaten the labour stability in the caregiving sector because participants in the program may leave the sector after getting permanent status, which thoroughly deviates from the original intention and the nature of this program.

The concern expressed above is not meant to emphasize participants' possible "wrong intention," rather it is an attempt to evaluate this policy recommendation in a fair manner. Nearly all the articles and reports selected from the scoping review shed light on caregivers' situation without considering the employers' dilemma; only Brownell (2015) touched on it a little bit, pointing out the difficulty for employers to find suitable caregivers under today's policy. Due to the 'invisible' cap on applications for CP (fewer applications for CP got approved) and the 'visible' cap on applications for permanent residency, it is increasingly harder for Canadian employers to find qualified caregivers through a legal channel (Brownell, 2015). The cost of hiring a caregiver also soared, which according to Brownell (2015) could

reach as high as \$4,000 if a family seeks the help of a professional caregiver agency, and the cost of live-out nannies has skyrocketed. Thus, employers could also become the victim of improper policy, and need a stable supply of caregiving labour. If participants in this program leave the caregiving sector and seek jobs in other fields after getting permanent status, employers' investment in the early stage will be all in vain. Most importantly, it will be more difficult for employers with high demands to find stable caregivers.

Therefore, although granting caregivers permanent residency is the most effective way to eliminate abuse and exploitation, and to endow caregivers with rights and accessibility, in some sense it increases employers' risk of losing stable domestic workers and may be misused by people. It is understandable that caregivers keep requesting this guaranteed status and it is good to notice that activists and NGOs are trying their best to support and help them realize their dream; however, "PR status on arrival" is problematic from the perspective of the employers and the government, and thus needs to be weighed carefully.

Another suggestion winning support is the sectoral work permit. Nakache and Dixon-Perera (2014) advocated for a sectoral work permit for migrant workers. This work permit would allow caregivers to change their jobs within a specific region or sector, which can meet the government's objectives through putting a subtle limitation on the work permit. Since this work permit gives caregivers the right to change employers, the caregivers will be willing to report abuse and exploitation during their work. Atanackovic and Bourgeault (2014) also favor a sectoral work permit but they add an option, suggesting the government to allow caregivers to apply for permanent residence upon their arrival to Canada but at that same time remain tied to the care sector rather than to a specific employer for a specific period. Compared to giving permanent status to caregivers upon arrival and an open work permit, this method is more suitable insofar as it can still guarantee that caregivers will meet the shortage of domestic work. Meanwhile, it can encourage the caregivers to report mistreatment as caregivers do not

need the support from their employers to apply for permanent residency. They can do it by themselves once they start to work instead of asking for the employers' help after the end of the program, and also they can switch employers if they are treated unfairly. Among other benefits, this adjustment would shorten family separation since caregivers can start the family reunification process while in the program. The report "Permanent Status on Landing: Real Reform for Caregivers" released by multiple NGOs (2018) also mentioned that a sectoral permit allowing caregivers to work for any employer in the care sector in a given geographic region would help to address the concerns.

According to what was discussed above, the sectoral work permit seems to be doable and acceptable for both governments and caregivers. However, it is worth considering that the government may need to invest more time and energy to conduct a regional and sectoral assessment to understand current and future labour shortages, as pointed out by the joint report "Permanent Status on Landing: Real Reform for Caregivers" (add reference?). In so doing, caregivers will be less likely to be lost or stuck in the unemployment limbo, the government will be able to allocate appropriate quota to different regions, and employers will be able to find a suitable caregiver more efficiently. Future research could be conducted to further analyze the option of a sectoral work permit. Although several papers (Nakache and Dixon-Perera, 2014; Atanackkovic and Bourgeault, 2014; Caregiver Action Center et al., 2018) discuss this type of work permit, few details were mentioned on how to use it, what kind of new system the government needs to create, and caregivers' perception towards this option. For example, it would be important to know which provinces are popular destinations among caregivers. Thus, research using qualitative methodologies and data collection such as interviews or focus groups – which are effective methods to get detailed first-hand information – can be productive to answer these questions and provide policy makers with a clearer blueprint.

Activists and NGOs have also raised many other valuable recommendations, such as clearing the backlog of permanent resident applications and prioritizing applicants who have been waiting five years or longer, removing caps on the two paths so that all caregivers may apply for permanent residence, and repealing section 38(1)(c) to remove the medical inadmissibility which shows ableism by discriminating and excluding disabled people (CAC and MWAC, 2017). Encouragingly, the Canadian government recently heard the call and agreed to repeal this section step by step (Smith, 2018). Since the Caregiver Program will face modifications again in 2019, the Canadian government should evaluate and contemplate these urgent appeals fairly as a rewarding and responsible action towards both the hardworking contributors (caregivers), and the local employers.

6.2 Conclusion

The results of this research have shed light on caregivers' experiences in Canada through the use of a scoping review to synthesize all the problems raised in the literature. In addition, a significant aim of this research was to reveal the oppressive nature of structural barriers in the new program through the lens of an anti-oppression framework. As discussed, the new Caregiver Program still presents multiple problems and can be the source of significant oppressions. With sexism, racism, nationalism, and classism interacting with one another, caregivers are confronting a complicated situation, and how they experience these oppressions was examined by investigating how these problems intertwine. However, there is room to address the problems and improve the program. To make a qualitative leap, finding a substitution for the closed work permit should be prioritized as it determines whether caregivers' precarious status will be changed. Compared to granting permanent residency to caregivers right away upon their arrival, utilizing a sectoral work permit seems to be a more feasible policy approach from the perspective of the Canadian government. Nevertheless, the

government and policy makers may still need time to weigh in on various possible options and prepare for the release of new policies.

While the new Caregiver Program is still problematic, it is undoubtedly changing in a progressive fashion because the high demand for caregivers in Canada motivates the government to put constant efforts to improve it (Brownell, 2015). As Salvador (2015) investigated, most caregivers considered their journey to Canada as worthwhile despite the hardships they may have experienced, and they also mentioned that they went through less exploitation and discrimination in Canada compared to what they had experienced in other countries. That being said, the program is well-reputed and is on the way to be improved further, and we should not stop questioning and improving it as long as there still is exploitation, abuse and inequalities.

In March 2018, IRCC sent an invitation through email to collect views on the current caregiver program and ideas on how to improve the pathway to permanent residence for caregivers, aiming to conduct more analysis to ensure that caregivers continue to have a pathway to PR after the scheduled pilot end date.⁷ This is a positive sign showing that the Canadian government does care, and that it is listening while observing. Therefore, the future of the program is still potentially positive and could be increasingly legitimate if the government can respond accordingly and implement policies effectively after conducting meaningful public consultation.

⁷ I was able to find out about this information because my supervisor forwarded this email to me. A copy of the email has been attached in Appendix.

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Appendix: An Email Sent by IMRC

On Tue, Mar 27, 2018 at 10:48 AM, International Migration Research Centre IMRC <imrc.wlu@gmail.com> wrote:
Good Morning,

Please find below a call for written submissions for **IRCC Caregiver Pilot Programs** and two calls for papers (see attached documents - **Tabula Rasa Journal** & book, **Going Global? Critical Studies on Global Citizenship**).



Immigration, Refugees
and Citizenship Canada

Immigration, Réfugiés
et Citoyenneté Canada



La version française suit le texte anglais.

Immigration, Refugees and Citizenship Canada (IRCC) invites you to submit your views on the current caregiver pilot ideas on how to improve the pathway to permanent residence for caregivers. Your contribution will help inform analysis and program options to ensure caregivers continue to have a pathway to residence after the scheduled pilot end date.

How to participate

- 1 Review the attached background document and specific questions** on which we are seeking your input.
- 2** Submit your written answers to the consultation questions in English or French by email at IRCC.COMMConsultationsCOMM.IRCC@cic.gc.ca.

Submission guidelines

- Please include your name and the name of your organization in your submission.
- Please send your answers in TXT, RTF, DOC or PDF file formats.
- Limit your submission to a maximum of 10 pages (12-point font).

Your input must be received **no later than 11:59 p.m. (Pacific Time) on April 6, 2018**, to ensure it is provided in time for the development of possible options.

If you have any questions about this consultation, please do not hesitate to contact us at IRCC.COMMConsultationsCOMM.IRCC@cic.gc.ca.

Please feel free to share this with those within your networks who may be interested in providing input on this issue. Thank you in advance for your input.

Immigration, Refugees and Citizenship Canada



Immigration, Réfugiés
et Citoyenneté Canada

Immigration, Refugees
and Citizenship Canada



Immigration, Réfugiés et Citoyenneté Canada (IRCC) vous invite à lui faire parvenir vos commentaires au sujet des programmes pilotes à l'intention des aides familiaux ainsi que vos suggestions en vue d'améliorer la voie d'accès à la résidence pour ces personnes.

Vos commentaires contribueront à alimenter les analyses et les options de programme grâce auxquelles les aides continueront de profiter d'une voie d'accès à la résidence permanente après la date de fin prévue des programmes.

Comment participer

- 1 Lisez le document d'information ci-joint et les questions** à l'égard desquelles IRCC sollicite vos commentaires.

2 Soumettez par courriel vos réponses aux questions de consultation, en français ou en anglais, à IRCC.COMMConsultationsCOMM.IRCC@cic.gc.ca.

Directives

- Veuillez inclure votre nom et le nom de votre organisme en faisant part de vos observations.
 - Envoyez vos réponses dans l'un des formats de fichier suivants : TXT, RTF, DOC ou PDF.
 - Vos observations ne doivent pas dépasser 10 pages (police de taille 12).
- Si vous voulez que vos commentaires contribuent à l'élaboration des options possibles, nous devons les recevoir **avant le 23 avril 2018, à 23 h 59 (heure normale du Pacifique)**.

Si vous avez des questions au sujet de la présente consultation, n'hésitez pas à communiquer avec nous à IRCC.COMMConsultations-ConsultationsCOMM.IRCC@cic.gc.ca.

Nous vous invitons également à transmettre la présente invitation aux membres de vos réseaux qui pourraient s'intéresser à ces commentaires à ce sujet.

Nous vous remercions à l'avance de votre participation.

Immigration, Réfugiés et Citoyenneté Canada

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