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**Grade: A**

**Canada's (Live-in) Caregiver Program: Perceived Impacts on Health and Access to Health Care among Immigrant Filipina Live-in Caregivers in the Greater Toronto Area, Ontario, Canada**

Submitted to

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by

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**Abstract**

The growing population of foreign live-in caregivers in the Greater Toronto Area (GTA) has raised the question of whether there is a relationship between employment as a live-in caregiver under the (Live-in) Caregiver Program and health and access to health care services in the GTA. The literature has noted instances of abuse which can affect overall health and wellbeing. Little research has observed how employment as a foreign live-in caregiver affects access to health care services. This research proposes a cross-sectional study using semi-structured interviews to examine how perceptions of health and access to health care services are impacted by employment conditions among Filipina live-in caregivers. In particular, this research asks, "How do live-in Filipina caregivers residing in the GTA perceive changes in their health as well as barriers to accessing health care services while participating in the Temporary Foreign Worker Program?" Participants will be recruited through convenience and snowball sampling. The interview data will be recorded, transcribed, and analyzed based on a grounded theory approach. There are ethical concerns related to fears around employment and residency status as well as the potential trauma of discussing difficult experiences. Limitations include the use of snowball sampling and the researchers' positionality. (199 words)

## **Introduction**

The number of global migrants (i.e., people living in a country other than their country of birth) reached an all-time high of 244 million in 2015 (IOM, 2016). Many developed countries rely on international migrants to strengthen national economies, population growth, and to fill labour shortages (Canada, 2017). In addition to permanent migration, migration can be temporary. For example, in Canada, individuals can immigrate as permanent residents under four categories: economic class, family class, refugees and other. Individuals can also migrate temporarily under the Temporary Foreign Worker Program (TFWP) as live-in caregivers or agricultural workers (Canada, 2017). A large and growing body of research has focused on the health and wellbeing of mainly permanent immigrants across the globe. While important for documenting changes in health associated with migration and comparisons in health between permanent migrants and native-born populations, less is known about health and health care experiences among temporary migrants. In particular, very little is known about the health experiences of individuals working under the TFWP as live-in caregivers. The objective of this proposed research is to address this gap by examining the health experiences of temporary international migrants in Canada working as caregivers. Specifically, this research asks, “How do live-in Filipina caregivers residing in the Greater Toronto Area (GTA) perceive changes in their health as well as barriers to accessing health care services while participating in the TFWP?”

## **Literature Review**

The large body of literature focusing on the links between immigration and health is largely quantitative in nature and relies on national survey data (Alegria et al., 2008). This work demonstrates the existence of a ‘healthy immigrant effect’, wherein recent immigrants are observed to initially have superior health compared to the native-born population. Research also clearly demonstrates that the health advantage of recent immigrants disappears with increased length of stay in destination countries (Alegria et al., 2008).

An expanding body of qualitative research examines the link between immigration and health for specific subgroups of the immigrant population (Akhavan & Karlsen, 2013). Qualitative research on immigration and health tends to focus on understanding health status and barriers to accessing health care services faced by permanent immigrant populations. For example, immigrants in Mississauga, Ontario, Canada identify geographic, socio-cultural and economic barriers to accessing health services (Asanin Dean and Wilson, 2008).

While there is a large body of literature documenting health issues among migrant workers in the United States, only a small number of health studies have focused on temporary foreign workers living in Canada (Hanley et al., 2014). This small body of literature on Canada's temporary migrant workers mainly focuses on seasonal agricultural workers providing important insight into their health experiences (Hanley et al., 2014). In contrast, the health of migrant caregivers has not been as extensively studied.

Understanding the health of temporary foreign workers is important as a number of countries rely on this subgroup to fill labour shortages. To date, the bulk of the research on the health of temporary foreign workers focuses on seasonal agricultural workers. However, due to differences in work experiences among various groups of temporary foreign workers, it is important to study the health experiences of other temporary foreign worker groups, particularly caregivers.

### **Research Design and Methods**

The research study will use a cross-sectional research design in order to get a 'snap-shot' of the experiences of Filipina live-in caregivers at one moment in time in order to establish a baseline for future research. Semi-structured interviews have been chosen as the primary method of data collection to allow in-depth discussion between researcher and participant and to ensure that participants have the time and opportunity to describe their experiences in as much detail as they prefer. In addition, semi-structured interviews allow for the interview to have a conversational feel while also keeping the focus on key research themes. Interviews are anticipated to last one hour but the researcher will be flexible in order to adjust to the level of interest and desire to share experiences expressed by each participant.

A major concern associated with interviews as a research method for the live-in caregiver population is recruitment as caregivers are dispersed across the urban landscape. However, following the success of researchers who have recruited live-in caregivers and newcomers from community centres (Asanin Dean & Wilson, 2008), recruitment posters will be placed at appropriate organizations across the GTA and at churches frequented by Filipina caregivers. The recruitment poster will be published in English and Tagalog in the *Philippine Reporter*, a free newspaper circulating 12,000 physical copies in the GTA and to online subscribers. A snowball recruitment approach will be used wherein at the conclusion of each interview research participants will be asked if they know other potential caregivers interested in participating. In addition, there may be some convenience sampling as a result of the research and her project being known to individuals with contacts in the live-in caregiver community.

Interviews will be conducted at community centres or other locations identified by participants as comfortable and safe spaces to talk. No interviews will be conducted at participants' places of employment so as to avoid the concern that their employers will hear their concerns related to their working conditions. To further encourage a feeling of comfort and familiarity, interviews will be conducted in *Taglish* (a mix of Tagalog and English). An honorarium of \$25 will be provided to each participant at the conclusion of the interview as a means of appreciating and valuing their time.

Interviews will be audio recorded and transcribed verbatim. In addition, the researcher will write field notes following each interview to capture non-verbal communication and context – such as a caregiver's change in posture or hesitancy to speak when a particularly difficult topic arose during the interview. Field notes will also be used to capture the interviewer's responses to the participant as a reflective exercise to ensure the dynamics of the interview are acknowledged as part of the research process. Both transcribed interviews and field notes will initially be coded using a word processing program before being further analyzed using qualitative data analysis software (e.g. NVivo). The data will be analyzed using a grounded theory approach in which the themes and theories of the research will be derived from participant data.

## **Positionality**

In regards to recruiting and interviewing participants, the research is conscious of her 'insider' and 'outsider' status. Van den Hoonaard (2014) states that being an insider can lead to more credible interpretations of data because participants are more likely to talk freely and the researcher is more likely to understand participants' perspectives. In terms of this research, the researcher straddles the line between insider and outsider. Similar to the caregivers being interviewed, the researcher is female, of Filipino heritage, can understand the native language, and is connected to the Filipino community. However, being a Canadian-born, university student from a middle-class family who does not have experience working abroad as a live-in caregiver positions her as an outsider.

Considering positionality in the design of a research project is relevant to the research process because how one acknowledges common and divergent positionings in terms of social locations such as gender, race, class, or age can influence the level of trust and co-operation between the researcher and research participant. To build trust with the participants, the researcher will spend time conversing about her positional locations, discussing her Filipino heritage prior to commencing the interview. In emphasizing similarities with respect to cultural upbringing, how she wanted to shed light on an important issue, conduct meaningful research, and build stronger ties with the Filipino community she anticipates building greater trust between herself and the participants. To further connect with the participants, the first author would often conduct the interviews in *Taglish* (a mix of Tagalog and English). This language choice not only acknowledges commonalities between the researcher and research participants, it also ensures that the research participants are not disadvantaged in expressing their views in an English-dominated society.

## **Ethical Considerations**

The research involves a medium risk level because although there are no physical or legal risks to this research, there are potential psychological/emotion risks for some participants. For example, psychological/emotional risks include the possibility that sensitive or personal matters may be brought up

in relation to negative employment experiences in Canada, perceived health status, and access to health care in Canada. To mitigate these risks, the researcher will provide support information to participants.

The group vulnerability is medium risk because some immigrant Filipina caregiver participants may have conflicts with their employer in terms of the caregiver's participation in the proposed project. Because they are also temporary foreign workers, their visas are tied to their employment situation and therefore any conflicts with their employers could lead not only to difficult working conditions but also to the loss of their job and potentially their legal status in Canada. While there is a very low probability of this happening, this research does acknowledge that caregivers are in a vulnerable situation due to the constraints of the TFWP.

Informed consent is always a concern in research projects. In this case, the consent forms will be written in Tagalog to ensure that the participants are fully aware of the risks and benefits of this particular research. No interview will proceed without a signed consent form. In summary, informed consent addresses the respect for persons research ethics concern, the provision of support materials and networks for participants if they become upset or are concerned about their relationships with their employers addresses the welfare concern, and there is no particular concern related to justice given that the research is being done on the very population that the research will potentially benefit.

### **Limitations**

Semi-structured interviews have many strengths, but the research must also take into account their limitations. Interviews are limited by what a participant can remember on the particular day of the interview. Interviews also tend to be limited by their artificial setting; they do not capture the complexities of people moving through their everyday lives. Similarly, the researcher is not able to observe the participant's behaviour to see if it is in line with what they are describing in the interview. Despite these limitations, however, interviews provide the best balance of efficiency and comprehensive data collection for this research.

Recruitment is another potential limitation for this research because if the research relies primarily on snowball and convenience sampling, it is most likely that most participants will be caring for children or the elderly and not caring for individuals with special needs as those individuals tend not to participate in the same social spaces do to the constraints of their work. It is possible that live-in caregivers who are responsible for caring for others with special needs may have different employment experiences, which in turn may have differential impacts on health and access to care. Along the same lines, it is important to note that the research may not have access to those caregivers who are more isolated (i.e., not strongly linked to Filipina organizations or other caregivers in the GTA). The employment and health experiences of more socially isolated Filipina caregivers may be unique as compared to those who are better connected and this population therefore represents an important group for future research.

As a vulnerable population, Filipina caregivers may fear employers discovering they participated in the research and/or that they said negative things with respect to employment experiences. Therefore, they may not be completely forthcoming in their responses to interview questions if they are concerned that their employers will learn about what they said. There may also be elements of social desirability shaping the participant's responses as they try to say what they think will please the interviewer as well as what they think will make them look like a good candidate for Canadian citizenship if citizenship is their goal.

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## **Appendix A: Research Instrument – Interview Script**

### Pre-Migration / Integration

1. How did you decide to work as a caregiver?
  - a. Do you know someone who is a caregiver?
    - i. In the Philippines?
    - ii. In Canada?
    - iii. In other countries?
  - b. Did you have any training as a caregiver in the Philippines?
2. Have you worked as a caregiver in other countries?
  - a. Where?
  - b. How was working as a caregiver in other countries compared to Canada?

### Employment

3. How many employers have you had while working as a caregiver in Canada?
  - a. If one, how long have you worked for that employer?
  - b. If multiple, how long have you worked for your employers? Why did you change employers?
4. How did you come into contact with your employer(s)?  
Agency?  
Referral?
5. Do you live in the household of your employer or do you live outside the household of your employer?

### Health

6. How would you describe your overall health?
  - a. Why do you say that?
  - b. Physical health?
  - c. Emotional and mental health?
7. How has your health been since moving to Canada? (stable, improved, declined)
  - a. What do you think caused this change/stability?
  - b. Has it been easy to maintain being healthy in Canada? Why/Why not?
8. During the 3 month wait period to receive OHIP coverage, did your employer provide third party health insurance?
  - a. What did your third party health insurance cover?
  - b. Is there anything you needed that was not covered by this insurance (Dental? Prescription Drugs?)?
    - c. Did you require any health services during the 3 month wait period? Type? What did you do?
    - d. If not: Are you aware of the third party health insurance to be provided by employers during the three month wait period?
      - i. Has anyone checked to see if employers provide third-party health insurance? I. Agency: to follow up with you about health care coverage? Government agency?
      - ii. If you needed health services/prescriptions, etc., were you able to afford it? Pay out of pocket?
9. Do you currently have extended health benefits?
10. Do you have a regular health care provider?
  - a. Who (family doctors/walk-in clinic)?
  - b. How did you find this health care provider?
  - c. Was it easy/difficult to find this provider (identify if they say doctor etc)?
  - d. If no doctor: Any reason why you don't have a family doctor?