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Intersectionality in Canada's "Caregiver Program": The Impact of Race, Class, and Gender on Filipina Women in the "Global Care Chain"

Taylor Simsovic

INTRODUCTION

Canada, along with other countries in the Global North, has a long history of bringing racialized women from the Global South to do the caregiving and domestic labour that more racially- and class-privileged women have been able to outsource (Hanley 2017:122). Through a literature review, I examine the ways that the intersecting factors of race, class, and gender shape the experiences of migrant Filipina caregivers in Canada who come under what was the Live-in Caregiver's Program (LCP) and is now the Caregivers Program (CP) (Lightman et al. 2021). I argue that Filipina migrant caregivers occupy a distinct and precarious position in the country due to their intersecting identities that continue to be marginalized by the Canadian government. I explore Aggarwal and Das Gupta's (2013) framework of the 'global care chain' and Parreñas's (2000) concept of the 'international transfer of caretaking' to highlight how 'women's work' is particularly devalued, especially that done by migrant Filipina (and other non-white) women. This devaluation is exemplified through the insubstantial changes made to the program in 2014 as highlighted by Hanley, Larios, and Koo (2017).

SIGNIFICANCE

Critically analyzing caregiving immigration streams offers insight into how the internationally esteemed Canadian immi-

gration system is implicated in the production of global inequality through the 'global care chain' (Aggarwal and Das Gupta 2013). This is important since the Canadian immigration system has been pointed to internationally as a 'model' immigration system for other countries to emulate (Lightman et al 2021:31). Moreover, the focus on Filipina women is important because Canada has a particularly large number of Filipina women who migrate to Canada to work as caregivers. The Philippines is one of the overall top sending countries of migrants to Canada and Filipina women making up a significantly larger proportion (60%) of the migrant population than women of other immigrant groups (Lightman et al. 2021:30).

NEOLIBERAL GLOBALIZATION AND THE INTERNATIONAL TRANSFER OF CARETAKING/ 'GLOBAL CARE CHAIN'

In her work investigating the structural relationship between the politics of reproductive labour and Filipina domestic worker migration, Rhacel Parreñas (2000: 561-563) uses Saskia Sassen's concept of the

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'Global City' (cities where specialized professional services are concentrated) to establish the links between globalization and the feminization of migrant labour. She discusses how Global Cities in advanced, capitalist countries require low-wage labour in typically feminized vocations in order to sustain the lifestyles of the "professional inhabitants" (Parreñas 2000:563-564). Low-wage migrant labourers from the Philippines migrate based on filling niches in particularly gendered labour markets. Migrants who are women typically take up work in the domestic sphere, whereas men typically take up manual labour in fields such as construction and oil (Parreñas 2000: 564).

Using Evelyn Nakano Glenn's framework of the "racial division of reproductive labour," Parreñas (2000: 562) highlights how while reproductive labour has typically been assigned to women, racially- and class-privileged women have been able to outsource this labour to less privileged women. Thus, low-paid women of colour (typically migrants from the Global South), become a way for (mostly white) upper-class women of the Global North to "buy themselves out of their gender subordination" (Parreñas 2000:562). In this way, they are able to escape from what Aggarwal and Das Gupta (2013:81) call the 'double day', where married women are expected to work at their waged jobs and then come home and perform the duties expected of them as wives/mothers. What allows these women to hire domestic workers and caregivers is the extreme social and economic inequality which has marked globalized capitalism (Hanley, Larios, and Koo 2017:122).

There are two dominant frameworks to describe the situation which I have discussed above, that being the 'international transfer of caretaking' (Parreñas 2000) and the 'global care chain' (Aggarwal and Das Gupta 2013; Hanley, Larios, and Koo 2017). The 'international transfer of caretaking' is a term

coined by Parreñas (2000:561) to describe the three-tiered transfer of reproductive labour across borders. As women from the Global North hire the labour of women from the Global South, those women who migrate must hire even poorer women to perform the reproductive labour that they leave behind (Parreñas 2000:561). Thus, there are three groups of women implicated in this multi-tiered transfer of reproductive labour: (1) the women who in the Global North who hire domestic workers, (2) migrant domestic workers, and (3) domestic workers in sending-countries who do not have the financial resources to migrate (Parreñas 2000:569).

The framework of the 'global care chain' that Aggarwal and Das Gupta (2013:79) employ in their study on the reproductive labour performed by Punjabi grandmothers in Toronto who migrate to take care of their grandchildren further demonstrates the gendered and racialized transnational chain of carework. While the experiences of these grandmothers are different than that of the Filipina migrant workers coming under the LCP/CP, this concept draws attention to the "series of personal links between people across the globe based on the paid or unpaid work of caring" (Aggarwal and Das Gupta 2013:79). Further, it highlights the hierarchal relationship which places white 'professional' women at the top of the chain, migrant domestic careworker women in the middle, and the women left behind to care for the migrants' children at the bottom (Aggarwal and Das Gupta 2013:79).

FILIPINA MIGRANT CAREGIVERS IN CANADA

Canada, since its conception, has relied on racialized and gendered migrant labour from the Global South in order to address the persistent issue of labour shortages (Hanley, Larios, and Koo 2017:123). Domestic and caregiving work has thus been an entrance

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point into the labour market for women lacking other opportunities to support themselves and their families (Hanley, Larios, and Koo 2017:122). The racialized labour hierarchies that I discussed earlier shed light on why white (mostly British, Irish, and other European) women who came to Canada as domestic workers in the mid-19th to mid-20th century were generally granted automatic Canadian citizenship (Lightman et al. 2021:31). Whereas the mostly Caribbean and Filipina migrant domestic workers coming to Canada post-1950 have been required to fulfil additional criteria before being granted Canadian citizenship (Lightman et al. 2021:31). As demonstrated in the quantitative analysis done by Lightman et al. (2021:36), today Filipina women make up the vast majority (89.7%) of women migrant careworkers in Canada.

Hanley, Larios, and Koo (2017:124) apply the concept of the 'global care chain' to the context of Filipina migrant caregivers in Canada. Because of the way that patriarchy stratifies household work by gender, when most mothers and primary caregivers in Canada enter the workforce, they must find someone to take care of their dependents while at work. This may be other family members or someone who they hire through a program such as the LCP or CP (Hanley, Larios, and Koo 2017:125-126). This migrant caregiver, being in the middle of the care chain and unable to bring their family members to Canada, then must find someone else to take care of the family members who they leave in sending countries. She may send remittances back to the Philippines in order to pay for the wages of another (less privileged) woman who becomes a live-in caregiver for these children (Hanley, Larios, and Koo 2017:125-126). These women oftentimes themselves have families, and being less economically privileged, it is usually other family members, such as the eldest daughter who fills the gap in reproductive labour. These

authors argue that at each link in the care chain, there exists a gap in care that is then filled by another woman who generally holds a lesser socio-economic status (Hanley, Larios, and Koo 2017:125-126).

In the Canadian context, migrant domestic work is facilitated at the federal level through immigrant labour programs such as (what was) the LCP and (is now) the CP (Hanley, Larios, and Koo 2017:123). From 1992 until 2014 the LCP facilitated the migration of caregivers into Canada. This program required caregivers to live in the location where they are working (most often the private home of their employer) and had "closed work permits" meaning that they were tied to only one specific employer. Once these women had completed 24 months (3900 hours) of work over a period of four consecutive years, they could finally apply for permanent residence (Hanley, Larios, and Koo 2017:123).

In November of 2014 the Canadian government announced that they had 'reformed' the LCP and replaced it with a new CP (Hanley, Larios, and Koo 2017; Lightman et al. 2021). This reformation came in the wake of public advocacy which denounced the vulnerability that was produced by the program (Hanley, Larios, and Koo 2017:126). The change in name highlights the most basic change made to the program: the removal of the requirement to live in their employer's private residence (Hanley, Larios, and Koo 2017:126). However, the new program introduced additional (and potentially harmful) criteria such as language and licensing requirements and has thus been criticized as simply continuing the racialized hierarchy in migrant care work in Canada (Hanley, Larios, and Koo 2017; Lightman et al. 2021:31).

The devaluation of reproductive labour is clear here as migrant Filipina careworkers still receive low wages (rarely over minimum wage) and work in a loosely regulated field with little oversight as they are usually the

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only employee in the home (Hanley, Larios, and Koo 2017:130). Furthermore, despite many Filipina migrant caregivers being trained in health occupations such as nursing, these women's credentials are devalued and they are pushed into 'less-skilled' and more precarious and lower-paying labour immigration streams such as the CP, rather than the Federal Skilled Workers Program (Lightman et al. 2021:33). Although, the province of Quebec has opted out of the program entirely and instead requires migrant caregivers to apply as high-skill temporary foreign workers, meaning that they would qualify to apply for permanent residence after only 12 months of employment as compared to the federal 24 months (Hanley, Larios, and Koo 2017:128).

An intersectional analysis, like that provided by Lightman et al. (2021), provides insight into how interlocking structures of domination and subordination produce the experiences and challenges that migrant Filipina women careworkers face. Racism, sexism, and settler colonialism are the underpinnings of both Canadian nation-building and immigration policies and these factors contribute to racialized and gendered labour hierarchies (Lightman et al. 2021:31). These authors argue that as immigrants, women, and racialized minorities, these women are at a "triple disadvantage" (Lightman et al. 2021:31). Furthermore, as argued by Hanley, Larios, and Koo (2017:125), an intersectional perspective shows that programs such as the CP which are designed to "promote the transference of care responsibilities from Canadian women" to less-privileged women in the Global South are problematic. The high numbers of Filipina women in 'less-skilled' immigrant entry streams in Canada can be explained by the gendering and racialization of hired carework (Lightman et al. 2021:33).

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The framework of the 'global care chain' provides the critique that countries of the Global North have chosen to maintain the precarious migration of a "temporary, exploitable workforce" in order to sustain necessary reproductive labour, rather than investing in public care infrastructure (Hanley, Larios, and Koo 2017:131). The newly 'reformed' CP does not adequately address the issues that migrant Filipina careworkers face in their precarious immigration status and long-term economic integration once they gain permanent residence status (Hanley, Larios, and Koo 2017:135).

CONCLUSION

Underlying the issues that migrant Filipina careworkers face in Canada is the enduring and international devaluation of women's domestic work as well as the labour market 'deskilling' of racialized immigrant women in Canada (Hanley, Larios, and Koo 2017; Lightman et al. 2021). An intersectional analysis of the LCP and CP demonstrates that migrant Filipina domestic workers are positioned in a precarious position in the hierarchal 'global care chain' (Aggarwal and Das Gupta 2013; Lightman et al. 2021). The changes made to the program in 2014 have not adequately improved the workplace or labour market conditions that these women face (Hanley, Larios, and Koo 2017; Lightman et al. 2021). To comprehensively address the injustices discussed in this paper, the government should invest in public child-care, reproductive labour must be recognized as 'real' work, and the migrant workers who perform it should be given permanent residency status on arrival so that they can lay claim to their labour rights (Hanley, Larios, and Koo 2017:137).

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