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Feature

Occupational Health and Safety for Migrant Domestic Workers in Canada: Dimensions of (Im)mobility

Nicole Hill, Sara Dorow, Bob Barnetson, Javier Fuentes Martinez, and Jared Matsunaga-Turnbull

Abstract

This study examines the occupational health and safety experiences of migrant workers employed as live-in caregivers in Fort McMurray, Alberta, Canada. Interviews with and surveys of caregivers identify four categories of common occupational hazards, including fatigue, psychosocial stress, physical hazards, and exposure to harassment and abuse. These hazards are systemically perpetuated, made invisible and rendered irremediable by intertwined (im)mobilities. At the macro-level, they include highly circumscribed and precarious conditions of transnational care migration such as indenturing to private and under-regulated recruiters, federal policies that tie status to employers and employment, and changeable, rule-bound pathways to permanent residency. At the meso-level, we find a volatile mix of mobilities and immobilities associated with employment in the oil economy of Fort McMurray, such as high population mobility and turnover, long work and commuting hours, and remoteness. And, at the micro-level, we find the everyday immobilities and highly circumscribed conditions and complexities of working and living with employers in private homes.

Key Words: domestic work, occupational health and safety, migrant workers, Alberta, Canada

Introduction

> "Exploring the working conditions experienced by domestic workers ... requires a consideration of the spaces, relations and practices of the state, as well as those in other sites, notably homes in the erstwhile private sphere."[1]

There are an estimated sixty-seven million domestic workers worldwide, the vast majority of them women and many of them migrant workers.[2] The occupational health and safety (OHS) of these migrant workers remains a fraught and neglected issue. For many workers, the social conditions of migrancy exacerbate not only the incidence and extent of injury and ill health effects but also their invisibility in both the public and private spheres. Those social conditions are multi-faceted, but often include the vulnerabilities of "partial citizenship" status [3], the uncertainty of temporary and low-paid work, the political and economic stresses of immigration, distances from social networks, and the embedded stratifications of mobile work along lines of race, gender, and class. [4, 5] For these reasons, Stephanie Premji argues for the fuller integration of a *mobility dimension* into the study of precarious work and its implications for health and safety.[6]

Migrant domestic work, and live-in caregiving more specifically, is an important site for understanding how OHS and related employment conditions are shaped by intersecting forms of (im)mobility. For domestic workers, transnational mobility is intimately tied to everyday micro-mobilities and immobilities. This is not only because their ability to work is usually tied to one employer, but also because their work is largely spatially bound within private homes and requires intimate everyday contact with employers. [1, 7, 8] As Kim England puts it, "in their workplaces domestic workers must manage the boundaries between 'home' and 'work', and 'public' and 'private', which are too easily blurred and confound their work relation with their employer".[1] There is growing evidence that these conditions of in-home care present a range of health and safety risks, including heightened exposure to sexual, verbal and physical harassment and abuse [9, 10] as well as the physical

and emotional strain of long hours, fatigue, repetitive tasks, intense interpersonal relations, and lifting and transferring of clients. [11-14]

In Canada, most studies of the OHS of temporary foreign workers focus on migrant agricultural workers.[4] The precarious and exploitable conditions of migrant domestic workers in Canada are well documented, but they have rarely been brought to bear in the study of OHS issues.[15, 16] We contribute to filling this gap by applying a multi-scalar (im)mobilities approach to a mixed-method (survey and interview) study of the conditions of precarity affecting the OHS of live-in caregivers in the western Canadian province of Alberta, especially in the context of a northern resource-based political economy. [17, 18] In Alberta, caregivers' and other temporary foreign workers' already compromised "ability to participate freely and equitably in the system" is further compounded by a health-and-safety regime rooted in an ideology of internal responsibility[19]; such a complaint-driven employment law system can be intimidating to both enter and navigate, particularly for people holding precarious work and citizenship status.[20] In this paper, we first situate our research in the context of Fort McMurray, Alberta, and within the existing domestic caregiver literature as it relates to occupational health and safety and temporary foreign workers. A brief explanation of our methods leads to a detailed analysis of our qualitative findings on caregiver experiences of OHS. Our concluding discussion attends to relevant policy issues and reinforces the importance of framing OHS in relation to the (im)mobilities of specific contexts of work.

Case

This study focuses on the experiences of workers in Fort McMurray, Alberta, who participated in Canada's Caregiver Program (CCP), formerly known as the Live-in Caregiver Program (LCP). Fort McMurray (pop 75,000) serves as urban service area to the vast Regional Municipality of Wood Buffalo. Mobile work features prominently in the local economy, which is dominated by the oil and gas industry. As a result, live-in caregivers became the "childcare option of choice" in Fort McMurray during the oil boom years (roughly 2006 – 2014).[21] Although there are no official statistics, there

appear to have been several hundred live-in caregivers in Fort McMurray in 2014 and 2015, the period in which most data for our study was collected. The vast majority of them were female and Filipina. While not the focus of this paper, both the 2015 downturn in the oil industry and the 2016 wildfire affected the conditions of precarity that, in turn, shaped the OHS experiences of domestic workers. [22, 23]

Most caregivers in Fort McMurray are transnational migrants who entered Canada through the LCP or what was changed in 2014 to the two-stream CCP. Versions of this program have existed for decades, with key changes along the way. In 1992, caregivers won the right to apply for permanent residence (PR) after twenty-four months of service. Then in 2014, the Conservative Government capped the number of PR applications, removed the requirement to live in, created two different immigration streams, and enshrined new language requirements. As Jill Hanley and her coauthors argue, this reformed program did little to address the underlying causes of unfavorable workplace conditions, "continuing to weight the distribution of workplace power firmly towards the employer".[24] In 2019, the Liberal Government announced two new pilot programs with potentially positive effects. Importantly, the changes allow for broader occupation-specific work permits (i.e. allowing migrant caregivers to more easily move between employers) and make possible open work permits for spouses and study permits for dependent children, to facilitate their co-migration to Canada with caregivers.

The prominence of employment-related geographic mobility in Fort McMurray enables us to shine a light on gaps and invisibilities in health and safety as they are conditioned by multiple converging forms of (im)mobility, especially at the juncture of productive and reproductive paid labour. Specifically, a set of *meso*-level, spatio-temporal pressures associated with the oil sands industry (e.g., long working hours and commuting times, shift work, high population turnover, a fly-in fly-out workforce, social reproductive crises and shortages, and the uncertainties of boom and bust) combine with the precarious *macro- and micro-* level mobilities associated with the reorganization of carework (e.g., the global commodification and privatization of social reproductive labour; the

formalization of impermanent, home-based, and employer-dependent migrant labour; and the concomitant lack of OHS policy engagement with these realities of migrant domestic work). [21-23, 25]

Together, these factors exacerbate everyday, embodied experiences of health and safety. A study by one of the co-authors found that in Fort McMurray, caregivers' schedules mirrored and buffered their employers' long and varied working hours, including accommodation of employers' round-trip commutes of one to three hours per day. Caregivers whose employers worked in the oil sands reported longer working hours (an average of more than fifty-three hours per week), more frequent schedule changes, and more weekend hours than those caregivers whose employers did not work in the oil sands.[25] In addition, the high incidence of worker turnover and boom-and-bust in the oil economy put caregivers at even higher risk of losing work or having to change employers before their twenty-four months of work were complete. The forms of precarity specific to the conditions of work and life in Fort McMurray were exacerbated by the close, everyday availability of caregivers within employers' private homes. This relationship was deepened even further by the high cost of housing and long winter months, which caregivers reported made "living out"—an option made legally available under the 2014 changes—an unreachable possibility in this northern resource community.[22]

As we argue below, the various scales of spatial relations of (im)mobility entailed in these conditions have serious implications for OHS hazards and lack of recourse in addressing them. What's more, they reveal the deep inadequacies of Canadian employment laws that often exclude migrant workers and of an OHS system that is premised upon the internal responsibility system (IRS).

The conditions faced by domestic workers in Fort McMurray in many respects reflect those of domestic workers elsewhere, even as they carry the unique signature of a somewhat remote, resource-based context. Domestic workers often have fewer employment rights than other workers, both in Canada and globally. [15, 24, 26] Indeed, "[t]he double invisibility of domestic work as not 'real' work and as hidden inside homes, is reinforced by the longstanding exclusion of domestic work from many labor protections such as overtime, rest breaks and appropriate wage rates".[1] There are recent and hopeful

signs of change such as the 2011 adoption of Convention No. 189 by the International Labour Organization (ILO), which lays out strategies for ensuring decent work for domestic workers. While caregivers in multiple Canadian provinces have organized to demand changes, [24, 27] and in 2019 won some important if partial victories, Convention No. 189 has not been ratified by Canada.

Like all Canadian jurisdictions, the province of Alberta's OHS system is based on the IRS. The IRS makes employers and workers primarily responsible for workplace safety while the state's role is mostly limited to investigating complaints and injuries. [28] The IRS's assumption that employers and workers both seek safer workplaces ignores structural conflicts in employment relations as well as the limited ability of precarious workers (such as migrant caregivers) to advocate for their interests. Until 2018, Alberta entirely excluded live-in caregivers from the ambit of its *Occupational Health and Safety Act*.[29] Amendments to Alberta's *OHS Act* that became effective in June 2018 included workers hired to perform domestic work within a private residence.[30] This change granted domestic workers certain OHS rights (e.g., the right to know about workplace hazards and refuse unsafe work); however, domestic workers continue to be excluded from the *Occupational Health and Safety Code*.[31] The Code contains most of Alberta's specific OHS rules, such as the requirement for employers to perform a hazard assessment (i.e., identify and control hazards). Identifying hazards and making workers aware of them is an essential step in injury prevention. Exempting employers of caregivers from this requirement means these workers are less likely to be informed about the hazards that they face. Given this, excluding caregivers from the ambit of the OHS Code means that, while caregivers do indeed have more OHS rights under the 2018 amendment to the OHS Act than they previously did, they remain excluded from the OHS rules that operationalize these rights. Practically speaking, this exclusion diminishes the effectiveness of the new rights and protections available to caregivers. Further, domestic employees—those employed directly by their clients, including participants in the LCP/CCP—continue to be exempt from limits on hours of work and overtime provisions under the *Employment Standards Code*, although the rules around rest periods, days of rest, and minimum wage

do apply.[32, 33] Finally, employers of domestic workers are not required to have workers' compensation coverage.[15]

Unlike many global migrant domestic workers working formally or informally, people participating in the LCP/CCP normally have contracts specifying the terms of employment, some basic legal rights to fair and safe working conditions, and the opportunity to apply for permanent residence.[34] Participants also tend to have good education and language skills. That said, caregivers' employment is often precarious in that they typically have low wages, limited job security, and limited access to employment or social benefits. Caregivers' legal status has historically been tied tightly to their employers (with the 2019 pilot programs allowing the potential for more freedom of movement), reinforcing asymmetries in their working conditions and compromising their ability to exercise their rights.[35] In addition, their work often lacks clear limits and boundaries in term of tasks, schedules, and roles and usually occurs in relative privacy (when compared to other forms of work). Employers are also landlords and roommates and may control caregivers' access to transportation, socializing, medical services, and community support. [36-38]

Two surveys carried out by one co-author's research team in 2014 and 2015 revealed both a diverse array of experiences and a set of common, general conditions under which OHS for caregivers becomes compromised and made invisible, both spatially and socio-politically. As has been found in other studies, caregivers were often asked to conduct work outside of the scope of their contract, from cooking meals for the whole family to cutting the grass and washing the car. [25, 34] They were also sometimes deprived of wages. And as with caregivers across Canada, they faced multiple challenges stemming directly from overly restrictive government policies or poorly managed processes, such as the difficulty of completing the 24 months required to apply for permanent residency if a change of employer occurred, and long delays in receiving work permits and permanent residence. [22, 25]

These daily experiences are inseparable from the broader global reorganization of care work around the migrant labor of racialized women.[1] Under the LCP/CCP, caregivers' ability to stay in the

country and apply for permanent residency is contingent upon completing twenty-four months of full-time employment within the forty-eight months preceding the application. Changing employers requires difficult and sometimes lengthy processes (effects of the 2019 pilot programs remain to be seen).[22, 39] Caregivers may also be pressured to sign illegal contracts or to work outside of the terms of a contract, with little to no government oversight.[15] These contingencies have made it difficult for migrant domestic workers to resist unsafe and otherwise exploitative work [40, 41], curtailing "both personal occupational mobility, and mobility bargaining power, in the destination country." [35]

The enforcement of those employment regulations that do apply is complaint driven. Alberta workers in general are reluctant to file complaints due to fear of retaliation.[42] Precarious workers are generally less aware of their safety rights, less willing to enforce them, and have more difficulty exercising them.[43-46] Practically, this limits the strategies caregivers can employ in order to protect themselves from workplace hazards. Caregivers can share information about hazards and control strategies among themselves, seek to persuade their employer to remedy a hazard, or take personal action to control the hazards (e.g., purchasing personal protective equipment, limiting exposure). The effectiveness of such strategies can be undermined by workers' limited knowledge of hazards: caregivers often have little formal training in health and safety related to the tasks of human care and domestic work, and many of the hazards they face have long latency periods and murky causality. These factors can make it difficult for workers to prevent, recognize, or respond to occupational hazards.[19]

Their precarity also means that caregivers, like other migrant workers, can ill afford to occupy themselves with daily workplace-based occupational health and safety concerns. Rather, health and safety is necessarily defined as having a job that lasts, trying to achieve stable immigration status, providing basic support for distant family relations, and maintaining personal economic and social survival.[19] Hanley et al. found that, given their precarious economic and immigration status, domestic

care workers tended to minimize health and safety problems they encountered and often did not initially identify injuries or illnesses as work-related.[16] Under these conditions, the internal responsibility system threatens to reproduce the very conditions of precarity that shape and make invisible the health and safety problems faced by domestic caregivers.[20]

Given these realities, our analysis of surveys and interviews with domestic caregivers in Fort McMurray aims to build a political economic understanding of domestic occupational health and safety that attends to micro, meso, and macro levels of space and movement in a northern resource economy.[1, 6, 47, 48] ILO Convention No. 189 defines "domestic work" through a spatial lens, as "being employed by and providing services for a private household."[1] Yet clearly, for migrant workers, the scale of the household cannot be divorced from the scale of transnational migration or of the community or regional context in which they work. These intertwined scales matter not only to jurisdictional gaps in employment and occupational health standards[20, 49] and what Rianne Mahon refers to as "the transfer of state-policy responsibilities upward and downward", [50] but also to the likelihood and experience of health and safety impacts. [51]

Method

We draw on mixed-methods research with caregivers in Fort McMurray largely conducted between 2014 and 2016. The study was approved by the University of Alberta Research Ethics Board 1 (ID#Pro00033235); participants provided either written or verbal consent to participate. In late 2017, as the Alberta government undertook a review of the *OHS Act*, we returned to the project data with a specific focus on health and safety. Although OHS issues were not the original focus of the research, they had certainly arisen in interviews and open-ended survey questions as part of caregivers' lived experience. In this way, the data allowed for a rich and contextually sensitive case analysis of OHS challenges as constituted at the juncture of conditions of precarity, (im)mobility, and domestic care. One co-author's research team carried out the study in collaboration with the Fort McMurray Nanny

Network, an organization that supports and informs local caregivers through monthly gatherings, informal social networking, and online resources.

For the purposes of this paper, we rely heavily on the qualitative portions of the study: open-ended survey questions, interviews, and other group-based fieldwork. Two on-line surveys in 2014 and 2015 investigated caregivers' experiences of work and life in Fort McMurray and the impacts of major policy changes to Canada's Caregiver Program (most significantly, the two new streams, the cap on PR applications, and the live-out option), respectively. Each survey involved fifty-six participants (a coincidence; the two groups probably had some overlap, but respondents were not the same). Participants were largely from the Philippines and were caring for young children. A dozen open-ended questions in each of the surveys provided glimpses into the lived experiences behind caregivers' closed-ended survey responses. Providing even further insight into the contextual nuances and complexities of OHS were eight in-depth, face-to-face interviews, one formal focus group discussion, and several workshop events with the Nanny Network that solicited feedback on the project findings. Most of these data were gathered between 2014 and 2016, during the same period the surveys were conducted. Interview participants were women from four different countries, and had mostly been hired to care for their employers' children. They ranged in age, and had been in Canada for periods of less than a year to more than three years.

Caregivers' Experiences of Health and Safety: (Im)Mobility and the Conditions of Employment

Our findings reveal that caregivers experience four main types of occupational hazards: fatigue, psychological stress, physical and psychosocial violence, and physical health hazards and risks associated with job duties (both within and outside of the formal scope of their contracts). Such hazards have been identified in previous research on caregivers' occupational health and safety, albeit largely in urban areas.[15, 16] Our data show how these hazards can be traced to the organization and conditions of work and how (im)mobility can intensify them. Caregivers' desire for permanent residency, the relationship-bound nature of their employment, and the absence of meaningful state

oversight render hazards largely invisible and difficult to remedy. The context of a more remote, resource-based economy adds elements that intensify or extend these shaping conditions: high mobility, changing and stressful economic conditions, isolation, and high cost of housing. These findings suggest the need to expand our conception of OHS beyond the traditional workplace.

Occupational hazards

Caregivers identified four main types of occupational hazards:

1. Fatigue: Caregivers described long daily hours of work (e.g., 6:00 am to 10:00 pm), up to six days a week, which gave rise to fatigue. Fatigue can impair judgment, increase the risk of physical injuries, and increase susceptibility to disease.[28] One caregiver explained that she "can only start thinking of my well-being on my day off." For some caregivers, long hours went hand-in-hand with unpredictable week-to-week schedules, depending on their employers' own changing rotations and shifts. The absence of statutory limits on daily or weekly hours of work interact with the limited mobility and power of caregivers and the complexities of their employment conditions and employment relations to create conditions associated with fatigue, with little recourse.
2. Psychological Stress: A number of caregivers reported social and physical isolation, which can give rise to psychological distress.[52] By virtue of the fact that their employers are often away at work, caregivers generally work alone or are the only adults in employers' homes. Interviewees described barriers to socializing at or after work in Fort McMurray due not only to the fatigue of long and variable hours, but also to the relative remoteness of Fort McMurray, the long cold winters, and limited transportation options. One interviewee explained that during winter they are "stuck" in the basement with the children since it is often too cold to go outside. As other researchers have found, distance from their own families and home countries, along with the uncertain road to permanent residence and family reunification, added to these stresses.[16]

3. Physical and Psychosocial Violence: The physical and social isolation of caregivers, whose workspace is the private home of their employers and also their own living quarters, makes them vulnerable to physical and psychosocial violence.[53, 54] One interviewee described repeated verbal abuse by her employer, who socially isolated the caregiver and threatened to have her arrested and deported. Another spoke of being exposed daily to abuse and violence between the spouses that employed her.
4. Physical Health Hazards: Caregiving duties entail certain physical risks associated with the ergonomic conditions of this work—bending, lifting, and twisting—as well as exposures to chemical and biological agents associated with cleaning or other tasks required by employers.[16] Caregivers regularly reported being asked to do tasks outside of the childcare and "light housework" contractually stipulated, such as mowing the lawn, cooking for the whole family, washing windows, or doing driving errands, exposing them to an expanded array of hazards. One caregiver stated, "I came as babysitter; I did not come here to clean houses as a cleaner." Caregivers sometimes indicated that they lacked experience with such work or work materials and received inadequate training.

As we discuss below, the conditions of caregivers' employment under the LCP/CCP makes them less likely to query or resist such demands. One such condition is, importantly, the almost complete lack of monitoring of caregiver experiences and workplaces by federal or provincial governments. Coupled with physical and social isolation, employer dependence, and temporary legal status, the lack of oversight can make caregivers vulnerable to serious violations such as human trafficking.[35]

Contextual factors affecting OHS

The qualitative data point to three contextual factors that affect these caregivers' experience of specific OHS hazards. While these factors can sometimes lessen the impact of a hazard on the worker, for the most part they appear to intensify the impact. First, caregivers' jobs are much more than just a job. Temporary individual migration promises the opportunity and the prospect of citizenship as well

as family migration and reunion. Second, caregivers' employers are much more than just employers. They are gatekeepers, roommates, landlords, connections and barriers to the community, a source of transportation, and more. Third, and related to the first two conditions, caregivers feel they have little recourse when faced with dangerous or exploitative work.

As we demonstrate below, these contextual factors are integrally tied to several scales of (im)mobility: the phenomenon of transnational 'care deficit' migration and employer-dependent legal status that at the macro level have been enshrined, until very recently, in the LCP/CCP; the high and diverse levels of mobility that characterize the oil economy of the Fort McMurray region at the meso-level, and the uncertainty and isolation they confer on caregivers; and the micro- (im)mobilities of working and living in a private home.

1 - More than a job

During interviews, caregivers indicated their employment was closely linked to the dream of obtaining permanent residency. PR, in turn, meant access to employment and educational opportunities as well as opportunities for family reunification. For example, one interviewee outlined her plan as follows: "As soon as I finish the two years as a live-in caregiver, I will get the open work permit and start to search for opportunities to work as a teacher." Another explained her hopes in the next five years to "finish my contract … get a good job, get a family, get a husband, get a car, have kids, be happy." For these interviewees, caregiving was one step towards a different life, a life with "better chances."

These expectations have been institutionally built into international care migration to Canada at the macro-level. One interviewee explained that the chance to bring her family, especially her son, was "the main promotion of the [recruitment] agency … to be allowed to apply as a permanent resident and to have a chance not to just work as a caregiver or a nanny forever in your life." In some cases, such opportunities were unavailable to caregivers in their home countries. Another interviewee stated, "You are stuck in that [limited choices and financial hardships] forever in your life if you don't make this

decision to come to Canada." Prior to coming, as one caregiver explained, they are told about "very good salaries and very good life conditions" in Canada.

The high stakes associated with migration and with completing the crucial twenty-four months of work toward permanent residence make caregivers potentially more vulnerable to a number of employment standards violations and occupational hazards. Tied to their employers, caregivers often face long working hours, which are in turn associated with fatigue and stress. As described above, long and changing work shifts for their employers in the oil economy deepen the likelihood that the latter will organize caregivers' work around these same conditions of high mobility and variability. Interviewees often framed this OHS issue as a problem of inadequate compensation. "I worked thirteen to fourteen hours a day with three to four times off every month without being paid fairly," one survey participant wrote. An interviewee explained that though she was sometimes underpaid for the extra hours she was working, some of the other caregivers she knew were being paid even less. She stated, "But I'm not the person who's quitting to try to find a new [job]; just two years, so I will go on." This tendency toward accepting conditions of marginalization and risk was described as follows by another participant: "This is life, accepting it. We came for this so we have to accept it, whatever the consequence. And we have to accept that we are not the first citizens, we are the last citizens."

Working toward family reunification—a deferred dream of catalyzing the mobility of others—is associated with psychosocial hazards. Under the LCP/CCP, and before the changes brought by the 2019 pilot programs, caregivers could not sponsor family members' immigration until they themselves achieved permanent residency. Even then, there were often long waiting periods for documentation. Caregivers who previously worked in other countries before migrating to Canada faced even longer periods of family separation. Separation can cause great stress and anxiety. As one interviewee stated,

> Who wants to leave her country? Who wants to leave her family behind? Who wants to go live in a foreign country where you know nobody, you are treated as the lowest, lowest member of

society? If you have a chance to work in your country and be with your family, why would you leave?

Another interviewee had placed a picture of her children over the desk in her room as a constant reminder of why she was there, but also described the daily pain of being fixed in one place so far away, and for so long.

2 More than an employer

The spatial and legal arrangements of caregiving work also mean that employers are more than just employers. Employers serve as gatekeepers to meeting the residency requirement for permanent residency. Interviewees regularly pointed out their dependence on their employers to allow them to finish their work terms, especially given the consequences of lost income and time should they have to change employers. One interviewee explained that she is careful about how she speaks to her employer about work issues. Referring to formal government documents for processing new employment or permanent resident applications, she said, "We need their [the employer's] paper, right, before we submit the other one." Another interviewee said, "We cannot say anything that we want because the relationship is from them not from us so we have to get the, uh, right timing to say something." The degree to which the occupation- rather than individual employer- based work permit instituted in 2019 will mitigate this dependence remains to be seen, but it is certainly a change welcomed by advocacy organizations.

The spatial micro-mobilities and immobilities associated with childcare and the sustenance of a household's day-to-day life also complicate the relationship between caregivers and employers. Caregivers are simultaneously family members, tenants, and employees. One interviewee stated, "I'm the mommy there," explaining that because she was the oldest person in the household, she ended up taking on a matronly role. Caregivers described both closeness and awkwardness in this relationship. One caregiver said, "I feel like a strange family in my boss's house … Yeah, you can do anything that we want, but still …" Or as another caregiver put it, "You have to feel that they are your family, but

still, they are your boss, you work for them, they pay us." Another caregiver explained how her plans to move on at the end of her term exposed her employers' dependence on her availability in their home. "I *promised* them. I gave them a *promise*," she said about her pledge to find a suitable replacement once her term was up.

These blurred relations result in an unpredictable and elastic scope of work. Employers sometimes treated caregivers as flexible employees, adding extra social reproductive tasks as needed. This sometimes stemmed from employers' own hectic lives (e.g., long commutes and shifts). Caregivers would be asked to care for pets, drive family members around, wash the car, go grocery shopping, and mow the lawn; "everything you will see needs to be done," one survey participant wrote. The frenetic pace and pressures of the resource extraction industry can contribute to this expansion of tasks, as employers are occupied with the demands of their own paid employment including commuting. "If they work six days on, six days off, you're [effectively] working twenty-four hours [per day]," said one caregiver. What this meant, as another caregiver pointed out, was that "sometimes we don't know … what's the limit of the work … we don't know if we have to do it or if we don't have to do it." Many such activities were not only outside of the scope of their contracts, but also introduced exposure to a wider range of work-related physical activities with no relevant training or coverage in case of injury.

While the employer-caregiver relationship was sometimes described as pseudo-familial, caregivers noted they were dependent on their employers in many ways. Caregivers noted that employers' greater local knowledge and control over transportation meant that employers sometimes acted as gatekeepers to the community and to any social life outside of the home, especially when caregivers first arrive. "Once you are here," said one interviewee, "you are alone. You don't have nobody. It's just you and your employers." Another caregiver, who had had a particularly bad experience, noted in her written survey responses: "It's very tough to come as a stranger alone most especially your employer doesn't let you feel you're included as a part of family."

Some employers provided support to caregivers beyond the basic employer-employee relationship. One interviewee explained that her employer saw an advertisement for the Nanny Network so she brought a pamphlet home and encouraged her to go to a meeting if she was interested. Others spoke of employers who were careful to give them privacy, regular time off, and rides into town. Nevertheless, other caregivers experienced ongoing isolation, immobilized within employers' homes. As one interviewee put it, "Some girls [caregivers], they don't have freedom, you know? They have to be home like a child." The physical location of caregivers' work (often in suburban homes) contributed to isolation and stress because of distances between the homes and the locations to which caregivers were expected to accompany their charges, coupled with limited public transportation options. Long, cold, dark winters were often cited as further exacerbating the mental health hazards associated with delimited mobility.

It is also worth noting the effects of the high cost of housing, which made living with employers (even after 2014 policy changes that made living out an option) the only viable choice. In response to an open-ended survey question about caregivers' views on the new live-out option, one respondent weighed the cost and difficulty of traveling each day to work (especially amidst fatigue, cold, and marginal bus service) against the freedom from possible abuses, isolation, and fatigue associated with living in the employers' home. Another survey respondent wrote of her employers that she was "afraid with them because they are always screaming and fighting … I work seven to twelve pm without pay… the husband is alcoholic and stay at home."

The overlap between employer and landlord reveals particularly complex ties and challenges associated with multiple scales of mobility. When the relationship between employers and caregivers broke down, caregivers sometimes found their housing at risk or revoked. One caregiver explained that, after being told to leave her employer's home, "I had no place to go; it was winter; I had my luggage package, and I had no house to go … As an immigrant, as someone who has no connections ... It was hard; it was a hard situation." Another stated that after her employer terminated her work, "I

don't know anywhere to go in this Canada. I don't know anybody … And it was troubling for me that the police would catch me and I would be deported … " Fears of deportation or the inability to find new work also followed the downturn of 2014, after which high numbers of oil sands employees were laid off. As one survey respondent wrote, "My past employers were laid off and they released me, too." The stresses of confinement to the home/worksite thus have a flip side: the stresses of possibly losing employment and having no choice but to return to the country of origin if secure replacement employment cannot be found.

3 - Little recourse

Caregivers noted that the absence of any oversight by government or employment agencies combined with the complex contractual, spatial, and contingent conditions of their employment left them little recourse when faced with unsafe or otherwise exploitative work. Caregivers were reluctant to exercise their OHS rights given the high costs to their larger goals of sponsoring the migration of their family members and gaining geographical and occupational mobility for themselves. Furthermore, they did not feel they had the means or that their jobs had the basic oversight required. For example, one caregiver explained that after being rudely told by an employer that her cleaning skills were terrible,

> I kept quiet because I was waiting for my work permit. So there are abuses, abuses, *abuse*s! And this is not regulated. They say that we can go to court, but it takes time and it requires money. How am I going to get the money? ... It doesn't make sense.

Caregivers discussed the challenges of raising unsafe conditions with their employers. A caregiver who was working overtime but not being paid accordingly explained: "It's not easy for me to talk my part … You cannot just go to your employer and say that." Caregivers also reported moderating their response to exploitative conditions. When asked what she would do if her employer asked her to do something outside the scope of her contract, one caregiver summed up the internal conflict many caregivers felt: "I would talk to them. I would talk to them and tell them. Or maybe, I

don't know, depends what, maybe I would just do it and don't say anything." Multiple interviewees explained that, because of their status, they accepted overwork, underpayment, or unsafe conditions. "I had to accept that because I had no other options," said one caregiver, in reference to her employer's expectation that she work 15 hours per day. In some instances, employers seemed to take advantage of loopholes in immigration, employment, and OHS policies. One caregiver described how her employer would regularly say "that I'll be deported from Canada … and I'm enduring it so I can get my permanent resident and go." Another explained that when her employers wanted to terminate her employment, they pressured her to sign a document that falsely confirmed that they had met all of the appropriate program requirements.

Multiple interviewees raised concern that the LCP/CCP and their working conditions lack sufficient government oversight. As one caregiver put it: "I think that Canada has to pay more attention to the live-in caregiver program; the government is reckless and careless about it. I realized when I had problems with the first job, there are not regulations. Nobody cares for it." Interviewees were also surprised and concerned that the private agencies that recruited them to come to Canada (and to which they paid several thousand dollars) generally did little to no follow up after the caregivers started with their employers. One caregiver said of the agency, "They just wanted a contract and the money. The money and that's it!" Another had reached out to a recruitment agency with a concern and was told, "Well, our job was to bring you here, from here on it is your problem." The lack of oversight by both government and recruitment agencies breeds frustration and helplessness: "There is nobody that comes to see if all is okay. Even the agency, they just bring us here and then they call you once … my agency they just call me once, and then, 'bye', no more."

Some interviewees described strategies they used to address unsafe and exploitative employment conditions. Active pursuit of knowledge about contracts and work permits helped them to understand and manage expectations for their work. After talking to other nannies about hours worked, one caregiver said "you go back to your contract," read it again, and realize you should be being paid for

overtime but are not. A caregiver afraid to directly confront her employer about her long hours and fatigue described marking her working hours in red ink on a large calendar visible through the door of her room. Some caregivers emphasized the need to "ask everything in writing: the agreements, your obligations and responsibilities in the house. Also your rights." One explained, "I used to work from 6:00 am to 9:00 pm until my [open] work permit arrived. As soon as I got my [open] work permit, I changed the working hours from 6:00 am to 6:00 pm." Here we can see the opportunity, however limited, to leverage formal documents and regulations to improve working conditions.

Interviewees also pointed to the crucial role of informal social networks within the community, and particularly the important supports stemming from connections with other migrant domestic workers. One caregiver said, "We don't have family here, so they [friends] are our family here!" The Nanny Network and the HUB Family Resource Centre—both welcoming gathering places for caregivers—were described as important local micro-escapes from home-bound immobility. Knowing people who had already migrated to the community as caregivers, and in some cases becoming active volunteers, reduced isolation and stress.[55] One caregiver learned her employer's threats of arrest and deportation were not actualizable. Local friends sometimes provided temporary housing for caregivers who had been laid off or who had to leave difficult situations with employers. Small opportunities to be mobile can become hugely important, given the high financial, social, and status costs of doing so.

In the absence of formal oversight from, or recourse to, public or private entities, caregivers' OHS generally relies on informal supports, learned everyday strategies, and luck of the draw. Caregivers who had good relationships with their employers emphasized feeling lucky to have been paired with "good" families. Such reliance on informal supports and the "luck of the draw" makes it all the more clear that occupational health and safety issues experienced by caregivers in the LCP/CCP remain sorely invisible and unaddressed.

Conclusion and Policy Issues

Caregivers described fatigue associated with long hours, psychosocial stress associated with domestic work, physical risks associated with a variable range of household tasks, and exposure to harassment and abuse associated with private homes. These OHS hazards, and the difficulties caregivers have in remedying them, stem from a complex combination of precarious employment and citizenship that separate them from their families, render a job much more than a job and an employer much more than an employer. A highly asymmetrical relationship between employer and caregiver is exacerbated by the absence of sufficient regulations and enforcement.

In some ways, Fort McMurray and its relatively remote resource economy exemplify these challenges. At the same time, this context foregrounds issues not found as prominently in the urban areas that dominate in the literature on domestic work. Residents here face a high cost of living, lack of flexible childcare options, and distance from extended family, creating a demand for caregivers who can fill the domestic labor gap and operate around the challenging schedules of their employers. Caregivers find themselves at a complex and precarious intersection of demands and opportunities that have significant ramifications for their experiences as it relates to occupational health and safety.

What's more, OHS issues are systemically perpetuated, made invisible, and rendered largely irremediable by a set of intertwined (im)mobilities with a particular Fort McMurray character. At the macro-level, these include highly circumscribed and unpredictable conditions of transnational care migration such as indenturing and indebtedness to private and underregulated recruiters, federal policies that tie status to employers and employment, and changeable, rule-bound pathways to permanent residency. At the meso-level, we find a volatile mix of mobilities and immobilities associated with employment in the oil economy of Fort McMurray: high population mobility and turnover, long work and commuting hours, and remoteness. And at the micro-level, we find the everyday immobilities and complexities of working and living with employers in private homes.

In the absence of appropriate regulation or oversight by the institutions that manage the movements and lives of caregivers, the high stakes associated with being "immobilized mobile"

international workers create the conditions under which these caregivers both experience *and* tolerate hazardous work. This problematic dynamic reinforces the invisibility of the OHS hazards that caregivers face. Put another way, the very conditions of (im)mobility that shape OHS hazards also prevent doing something about them. What emerges are the systemic contradictions of the internal responsibility system: on the one hand, heavy reliance on individual employers and employees to manage OHS rights and responsibilities; and on the other, an employment relationship within the LCP/CCP mobility regime that has largely incentivized shedding those same rights and responsibilities. The limited inclusion of domestic employees in OHS policy regimes and the absence of enforcement of what little coverage they might have (such as we see currently in Alberta) becomes all the more glaring a problem.

There are, however, opportunities to improve migrant domestic workers' occupational health and safety. As suggested below, any such opportunities must tie OHS considerations to other areas of policy including education, employment standards legislation, migration policy, and family care. While we focus on the Canadian context, the types of changes needed resonate with other regional and national contexts because of the shared characteristics of domestic work. The "boundarilessness" of domestic workers' time, lack of labor standards and enforcement that reach into private homes, and the deep shaping power of precarious immigration status and social exclusion were all instrumental to the recommendations in Convention 189 adopted by the ILO in 2011.[56]

Education

At present, government OHS workshops and materials do not address the lived experiences of caregivers. OHS education targeting caregivers would need to include a clear explanation of caregivers' workplace rights (e.g., the right to know about hazards and the right to refuse unsafe work). Hanley et al. suggest that educating caregivers about common hazards and forms of injury helps caregivers avoid minimizing or normalizing their experiences with workplace hazards and injury.[16] Finally, educational efforts should provide practical advice about the ways in which caregivers can

enforce their rights and should address the difficult issue of (typically illegal) employer retaliation and the remedies for it (see discussion of open permits below).

The adaptation of materials should be informed by the experience of civil society groups that have experience and trusting relationships with caregivers.[57] Such materials must recognize that the internal responsibility system's assumption that workers will self-advocate and file complaints with the government when faced with unsafe workplaces is broadly untrue.[42, 58] As ours and others' research has found, it is difficult for caregivers to self-advocate (e.g., file complaints) because of the high stakes and complex and multi-layered relationships with employers brought by the conditions of migrant care work and the LCP/CCP specifically.[27]

Providing this information to all caregivers prior to or upon arrival in Canada poses significant logistical challenges due to the multiple pathways caregivers take and the need for federal-provincial cooperation. Civil society groups may be the most effective mechanism to convey OHS information to caregivers. The cultural differences and social isolation experienced by temporary foreign workers in Canada mean that workers are unlikely to seek out OHS information from government sources. Rather, they appear to rely upon informal networks that exist within occupational, cultural, or religious communities—and these vary by context. The ability for families to accompany caregivers when they migrate, as introduced in the federal government's 2019 pilot program, might go some way toward mitigating isolation or fear.

In addition to the education of workers, the government should provide specific education targeting the employers of caregivers. As noted by Nik Theodore et al., employers often lack knowledge of their obligations as employers, which contributes to unremediated workplace hazards.[34] Particular attention might be paid to providing information about hazards common to caregiver work, the hazard assessment and control processes, and the ways in which spatial (im)mobilities exacerbate these. Information about the consequences of non-compliance may also motivate employers to comply

with their obligations. One way to effectively convey such information is in the form of a broader employer handbook.[59]

Finally, government OHS inspectors and frontline staff might benefit from intercultural learning, anti-racist and anti-oppressive and human rights education. This training could increase the capacity of these workers to better serve the needs of vulnerable workers and inform policy, service and resource development.

Legislative, policy and enforcement change

The exclusion of domestic workers from the ambit of Alberta's *Occupational Health and Safety Code* means that, despite their inclusion in the 2018 Act, the OHS rules set out in the OHS Code still do not apply to caregivers. Removing this exclusion from the OHS Code would strengthen the OHS protections granted to caregivers. Alternatively—and in spite of the federal government's previous assertion that the hazards faced by caregivers are not unique enough to warrant them[15]—the provincial government could adopt industry-specific requirements. Eliminating the caregiver exclusions in the *Employment Standards Code* around hours of work and overtime would also reduce the hazard posed by fatigue—especially but certainly not only in contexts where employers' long or variable work and commute hours (such as in Fort McMurray) exacerbate such hazards. Such changes are consistent with the requirements for domestic worker employment set out in Convention No. 189 that was adopted by the International Labour Organization in 2011.

For these rights to be meaningful, Alberta would also need to enhance its inspection of caregivers' workplaces. Workplace inspections demonstrably reduce injury rates by controlling hazards.[60-62] Alberta's OHS Act already allows OHS officers to enter and inspect private residences (when they are workplaces) with the permission of a resident (which a live-in caregiver would be).[29] However, there are four main barriers to increased OHS inspections for caregivers.

First, like other jurisdictions, Alberta's OHS system has relatively few inspectors (approximately 140 for 1.8m workers). Additional inspections for domestic work would require either the re-

deployment of existing inspectors or additional financial resources to hire new inspectors. Second, policymakers are uncomfortable subjecting caregivers' employers to additional regulation, as evidenced by the 2017 decision to exclude caregivers from the ambit of the OHS Code. This suggests a lack of political will that makes additional enforcement unlikely. Third, the voluntary nature of workers' compensation coverage for caregivers means that the injury data about caregivers is going to be under-inclusive.[16] This undermines the case that caregivers and their advocates can make for more inspections. What this suggests is that mandatory workers' compensation coverage and/or additional research into the injury experiences of caregivers would be valuable.

Fourth, inspectors will have difficulty identifying where caregivers are employed. Alberta's system of workplace regulation is complaint-driven, yet caregivers, like most vulnerable employees, will be reluctant to report violations.[27, 34] Provincial inspectors could make use of federal data (via a data-sharing agreement) about current workplaces. An alternative is requiring employers of domestic workers to register with the provincial government as British Columbia does in order to allow inspectors to target such workplaces, although the effectiveness of this requirement is unknown.[15] A further alternative is licensing civil society groups to perform inspections.[63, 64] Caregivers might be more likely to seek out help from groups with which they already have a trusting relationship. Should these inspections reveal OHS violations, the civil society group may seek remedy themselves, coach the caregiver to do so, or work with the caregiver to draw the issue to the attention of OHS inspectors.

At the federal level, changes to the caregiver program are required. As activists and scholars have long argued, tying the immigration status of caregivers to employers is a form of indenture that can make workers vulnerable to exploitation.[15] The work permits promised by the Liberal Government[65] and announced in February 2019 help to reduce the pressure on caregivers to remain in a bad situation in order to meet the twenty-four month work requirement. While such a program is important, offering fully (cross-sectoral) open work permits[27] and eschewing pilot programs in favor of more stable, permanent policies would be a more effective way to prevent and remedy abuse.

Policies aimed at accrediting recruitment agencies and at pre-employment inspections (such as adopted in BC) could also contribute. Finally, provincial and federal governments could and should cooperate in the creation of worker advocacy hubs that bring a network of social services and resources into newcomer workers' hands. This is especially important in light of the scales of (im)mobility that surround migrant domestic work.

In keeping with our findings, our recommendations suggest the need to expand the conception of OHS beyond the traditional workplace in order to account for the impacts of the global organization of caring labour, Canada's specific caregiver policies, the inadequacies of the internal responsibility system and Alberta's OHS rules, and the particular conditions of the communities in which caring work is performed. This approach takes into account the integral role of multi-scalar mobilities, from transnational migration to everyday micro-(im)mobilities, that both result in and/or exacerbate OHS hazards, invisibilities, and inactions. It is worth noting that the two key changes announced in the 2019 pilot program address (im)mobilities by allowing caregivers to be more mobile across workplaces and to co-migrate with their families. This is a step in the right direction if we are to understand and address OHS challenges systemically.

Because many of the OHS issues associated with everyday spatial confinement, physical micro-(im)mobilities, daily travel, and histories of precarious migration status affect the lives not just of participants of the LCP/CCP but also of other domestic and homecare workers, many recommendations we offer apply to domestic employment more generally as an arena needing an OHS overhaul. Recognizing the converging interests of Canadian and non-Canadian domestic workers may open new avenues for improving their OHS.[57] At the center of these (im)mobilities are people who are separated from families and marginalized by race, class, and gender. At the same time, domestic workers are resilient actors who both globally and in Canada have organized with community and activist organizations, including making demands on government that led to changes to the program in 2019.[16, 57, 66] Indeed, acts of resilience and resistance must be understood within the broader conditions

of transnational migration, and the ways they are anchored with very few degrees of freedom to specific people, places, and policies.

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