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Migrant Nurses and Care Workers Rights in Canada

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Addressing Multiple Forms of Migrant Precarity:
Beyond "Management" of Migration to an Integrated Rights-Based Approach

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Addressing Multiple Forms of Migrant Precarity: Beyond "Management" of Migration to an Integrated Rights-Based Approach

This paper is part of a Working Paper series that synthesizes research that was presented at a workshop convened by UNRISD and members of the World Universities Network (WUN) in Geneva in September 2015.

At the workshop, researchers from an international consortium presented new empirical research findings from Asia, Africa and America from a recently concluded study of migrant precarity. The research project focused on intraregional migration, looking in particular at the linkages between migration and social protection from a rights perspective. It considered policies and practice related to three key groups of migrants: unaccompanied children, refugees and labour migrants.

For further information on the workshop visit http://www.unrisd.org/migrant-precarity-workshop.

The main workshop discussions were summarized in an UNRISD Event Brief, which is available at www.unrisd.org/eb3.

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Acronyms

CCP	Canada Caregiver Program
CCRNR	Canadian Council of Registered Nurse Regulations
CIC	Citizenship and Immigration Canada
CRNE	Canadian Registered Nurse Examination
ESDC	Employment and Social Development Canada
IEN	Internationally Educated Nurses
IENCAP	Internationally Educated Nurses Competency Assessment Program
LCP	Live-in Caregiver Program
NAFTA	North America Free Trade Agreement
NCLEX-RN	National Council Licensure Examination – Registered Nurse
NNAS	National Nursing Assessment Service
OSCE	Objective Structured Clinical Examination
TFW	Temporary foreign worker

Summary

Between 2000 and 2014, there was increasing mobility of migrant workers to Canada, especially through temporary migration streams. However, the large expansion of the Canadian Temporary Foreign Worker Program from 2000 to 2014 has been curtailed over the last one to two years with more restrictive policies. In this paper, we will discuss care worker rights within the changing policy landscape in Canada, with a focus on individuals who migrate as domestic caregivers and as nurses. The paper illustrates the systemic barriers to the enforcement of rights and access to the profession for nurses who migrate to Canada as migrant caregivers. It finds that the Canadian government has restricted access to citizenship rights for some groups of care workers, increased the role of employers in the selection of immigrants to Canada, and created a pathway for skilled healthcare professionals to migrate to Canada through the Canada Caregiver Program. This has made their legal status in Canada more precarious as healthcare professionals who migrate through the Canada Caregiver Program must now first reside in Canada for two years and meet specific eligibility requirements before becoming a permanent resident in the country.

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Introduction

Over the past two decades, there has been increasing movement of migrant workers to North America, especially through temporary migration streams. As of 1 December 2012, there were 338,221 temporary foreign workers (TFWs) in Canada (CIC 2013). Care workers[1] (including nurses and domestic caregivers) constitute an important group of migrant workers in Canada.[2] Major programmes which facilitate migration streams for care workers to Canada include the Canada Caregiver Program (CCP) and its predecessor, the Live-in Caregiver Program (LCP), Canada's Temporary Foreign Worker Program, the Provincial Nominee Program, and the newly-created Canadian Express Entry System (see table 1).

In this paper, we will discuss care worker rights within the changing immigration and labour market policy landscape in Canada. We are particularly interested in individuals who migrate as domestic caregivers and as nurses. Furthermore, we explore migrant precarity as it relates to nurse migration in Canada. By migrant precarity, we mean the increasing temporariness, uncertainty, pernicious risk, and lack of access to full citizenship for some groups of migrants in Canada (Schierup et al. 2015).

The large expansion of temporary migration streams over the last two decades was curtailed in 2014 with successive changes to Canadian immigration policy, especially for individuals who migrate to Canada as domestic caregivers. The Canadian government has restricted access to permanent resident status (and subsequent citizenship) for some groups of care workers, increased the role of employers in the selection of immigrants to Canada, and created a pathway for skilled healthcare professionals to migrate to Canada through the CCP that makes their legal status in Canada more precarious. Their increased precarious status stems from the fact that healthcare professionals who migrate through the CCP must now first reside in Canada for two years and meet specific eligibility requirements before becoming a permanent resident in the country. Previously, there was no requirement for any healthcare professional to first reside in Canada for two years prior to becoming eligible for becoming permanent residents of Canada. In the Canadian social science literature, much attention has focused on the rights of individuals who migrate through the LCP. However, despite the fact that nursing constitutes a significant group of care workers, little literature within nursing takes a rights-based perspective to analyse care worker migration through a variety of care work programmes. Also, limited literature has linked contemporary domestic worker migration to nurse migration.

In this paper, first, we will present the changing immigration policy for care workers in Canada. Second, we will discuss the experiences of "lower-skilled" caregivers in Canada, including their experiences of exploitation and social exclusion. We further address the challenges to the enforcement of rights for this group of migrant workers. Third, we will focus on nurse migration by shedding light on the systemic barriers to nursing registration in Canada and the implications for the economic and social rights of migrant nurses in Canada. To further situate our work within the nursing policy landscape in North America, we link our discussion here with the move towards harmonization of nursing credentials across North America, including the introduction of the NCLEX-RN (National Council Licensure Examination – Registered Nurse) as an

[1] For this paper, we adopt the Oxford Dictionary's definition of care workers. A care worker is "a person employed to support, (care for) and supervise vulnerable, infirm, or disadvantaged people". We include individuals who are paid to provide paid care to children, the elderly, persons with disability, and the sick in our definition. Our paper is focused on two groups of care workers: 1) nurses; and 2) domestic workers.

[2] There is no data on the total number of care workers who migrate to Canada every year.

entry into practice requirement. Lastly, drawing from research conducted on nurses who migrate to Canada through the LCP, we discuss the rights and obligations of diverse actors towards the integration of this group of nurses. Some of the actors involved in the integration of nurses include Canadian immigration policy makers, Canadian labour policy makers, immigration policy makers in sending countries, recruiters in source countries and Canada, nursing educators, nursing employers, and nursing policy makers. We will shed light on the perspectives of some of these stakeholders. Using Canada as a case example, our paper will highlight the challenges in enforcing care worker rights and present implications for health, immigration, and labour policy.

Changing Immigration Policy in Canada

TFWs are increasingly being constructed as a highly disposable workforce in Canada, which is reflected in changing policy frameworks determining the conditions and rights of this group of workers. Key migration programmes that will be analysed in this paper are presented in table 1 below.

Temporary residents in Canada include those who migrate through the CCP, the International Mobility Program (for example, North America Free Trade Agreement [NAFTA] and reciprocal agreements), the Seasonal Agricultural Workers Program, and those with a positive Labour Market Impact Assessment (where there is shortage of workers in Canada) (CIC 2013).

Table 1: Description of Key Migration Programmes Analysed

Name	Description	Policy Changes 2014–2016
Canada Caregiver Program (CCP)	The Canada Caregiver Program allows caregivers (including health professionals, nannies, and low-skilled caregivers) to migrate to Canada to provide care to either children or individuals with high medical needs. Caregivers who migrate under this stream can choose to live-in or live-out of the employer's home. They are eligible to become permanent residents in Canada after a minimum of two years of work in Canada. They must meet specific language requirement prior to being eligible to become permanent residents in Canada.	This is a new programme that was introduced in 2014.
Live-in Caregiver Program (LCP)	Through the Live-in Caregiver Program, families could hire foreign caregivers to provide eldercare, childcare and care for persons with disabilities in a private residence. Live-in caregivers must also live in the client's home. Live-in caregivers are eligible to become permanent residents in Canada after a minimum of 22 months of work in Canada.	The LCP was a precursor to the Canada Caregiver Programme. It was implemented from 1992 to 2014.
International Mobility Program	The International Mobility programmes comprises all streams of work permit applications that are exempt from obtaining a labour market impact assessment prior to migrating to Canada. This includes those who migrate through North American Free Trade Agreement (NAFTA) and reciprocal agreements.	This is a new programme that was introduced in 2015. Most individuals who migrate through this programme are high-skilled workers. They are temporary residents of Canada.
Federal Skilled	The Federal Skilled Worker Program is the main permanent migration stream for immigrants to	An express entry immigration processing system was introduced

Name	Description	Policy Changes 2014–2016
Worker Program	Canada, including nurses. Individuals migrating through this route must meet minimum requirements based on six selection factors: language, education, work experience, age, evidence of valid job offers, and adaptability. They must also demonstrate proof of sufficient funds.	in 2015. Under this system, individuals who are nominated and supported by employers have an increased chance of being able to migrate to Canada.
Temporary Foreign Worker Program	The Temporary Foreign Worker Program allows foreign nationals to migrate temporarily to Canada. Between the year 2002 and 2014 there was an increase in the number of low skilled workers who migrate through this route.	Some of the changes to the programme in the year 2015 include a higher processing fee for labour market impact assessment, a cap on the percentage of low wage workers that an employer can hire, a limitation on the length of time TFWs can remain in Canada, and a distinction of TFWs by wage level (rather than skill level). Low wage workers have limited pathways to permanent resident status. Previously, individuals who migrate through the International Mobility Program were housed under the Temporary Foreign Worker Program.

Source: Authors' elaboration.

Over the last 15 years, there has been a drastic increase in the number of people who have entered Canada through the Temporary Foreign Worker Program. The programme is seen as desirable from a policy perspective because it allows the Canadian government to respond to short-term demands to meet economic and employer needs (Lowe 2010). Recently, however, the growth of Canada's Temporary Foreign Worker Program has been curtailed by policy changes that discourage the recruitment of TFWs. On 20 June 2014, the federal government announced an overhaul of the programme, including limiting the length of time TFWs are allowed to remain in Canada. Other changes to the Temporary Foreign Worker Program include a shift to high-wage TFWs, capping the number of low-wage workers, and limiting access to Canadian permanent residency for low-wage TFWs (Employment and Social Development Canada [ESDC] 2014).

As expected, these changes have negatively impacted TFWs in Canada.[3] The federal government implemented the aforementioned changes ostensibly to encourage businesses to train Canadians for available jobs. Evident within these changes is an emphasis on the class status of TFWs as there is a greater distinction between high wage and low wage TFWs; with the latter having more restricted access to permanent resident status. In short, these changes mean a closed door for low-skilled TFWs to gain permanent resident status in Canada. Furthermore, recent changes in Canadian immigration policy resulted in the expiration of work visas for 25 percent of current migrant workers on 1 April 2015. Under the "4 and 4" rule, TFWs are allowed to work in Canada for a maximum of four years and must remain outside of Canada for a minimum of four years before they can reapply to work in the country. This speaks to the disposability of this workforce and attempts by the Canadian government to restrict

[3] Spratt 2015; Lye 2015; Macklin 2015.

access to citizenship rights for these workers, especially for lower-skilled workers. While some TFWs have left Canada as legally required, focus groups with 35 TFWs by the authors suggests that many remain in the underground economy as undocumented migrants (Salami et al. 2016). Several news agencies in Canada have also reported that some migrant workers who faced deportation planned to become undocumented migrants.[4]

TFWs who perform domestic labour were hosted under Canada's LCP until the overhaul of the programme in November 2014. The LCP was created in 1992 to allow individuals to migrate to Canada to provide care to children, the elderly, and persons with disability while living in the clients' home. While live-in caregivers initially migrate temporarily to Canada, they have been eligible to transition to permanent resident status after completing 22 months (or 3900 hours) of work in Canada. A majority of individuals who migrated to Canada through this route are women from the Philippines (Kelly et al. 2009). Prior to 2014, a majority of these caregivers worked as nannies. In 2014, several changes were made to the programme, including its conversion to CCP (CIC 2014). Under this new version of the programme, caregivers can either live in a client's home or live out, depending on arrangements with the employer. The new programme also allows individuals to work in healthcare institutions, such as long-term care centres. These changes have been made possible, in part, by the creation of two streams of caregivers: those who provide care to children, and those who provide care to individuals with high medical needs. 50 percent of individuals who convert to become permanent residents through the new caregiver programme will be healthcare workers providing care to individuals with high medical needs (CIC 2014). Individuals who migrate under this category must be a registered nurse, registered psychiatric nurse, licensed practical nurse, nurse aide, or low skilled home support worker. After 24 months of full time work experience in Canada within a 4-year-period, these professionals can apply to become permanent residents through the care for individuals with high medical needs pathway after meeting additional requirements, including related to language competence.

These changes have essentially restricted access to the programme. Since its implementation in 2014 and as of 2015, the number of migrant caregivers entering Canada has declined by over 90 percent, as only 10 percent of applicants who apply to the programme are accepted (Tungohan 2015). In addition, the cost to an employer for a Labour Market Impact Assessment more than tripled in June 2014 to USD 1,000. These factors make it challenging for caregivers who face exploitation or abuse to leave their employers, as they know the enormous barriers they will face in finding a new employer. Also, a new language requirement and annual quota restrict access to permanent resident status for caregivers (CIC 2014; ESDC 2014). Migrant caregivers are now required to pass an English or French language exam. This is an equivalent of Canadian Language Benchmark 5 for those who provide care to children and an equivalent of Canadian Language Benchmark 7 if the caregiver is a registered nurse or registered psychiatric nurse. In addition to the option to live-in and live-out as well as this language requirement there is now more restricted access to the programme. The maximum quota that will be admitted each year is 5,500 individuals. The implementation of an option to live-out of the employers home as well as attempts by the Canadian government to close pathways to migration through the CCP was spurred by the well documented cases of abuse and exploitation of live-in caregivers by

[4] Spratt 2015; Lye 2015; Macklin 2015.

employers and recruiters.[5] While these changes were meant to reduce exploitation, they also create a vulnerable status for caregivers.

An immigration processing system, the Express Entry System, has been recently introduced by the government for permanent resident migration pathways. This system was introduced in January 2015 as the main system for application for skilled worker migration in Canada. Under the new Express Entry System, to migrate to Canada potential migrants complete an online express entry application that details their skills, education, language ability, and work experience (CIC 2015a). Like before, candidates are selected based on a point system; those who have an offer of employment from a Canadian employer and those who are nominated by provinces are given the highest priority. According to Citizenship and Immigration Canada (2015b), "with the new Express Entry Canadian employers have a greater and more direct role in economic immigration." Applicants who have employers that pay for and successfully gain a labour market impact assessment have a higher chance of selection under the Express Entry System. There has been an increasing role of employers in immigrant selection over the past decades (Lowe 2010; Nakache 2010). Reitz (2010) and Nakache (2010) emphasize that the increasing power of employers should be granted with great caution as it may increase the possibility of exploitation of migrants in Canada.

In summary, all policies created over the last two years in Canada have increased the role of provinces in the selection of immigrants, emphasized the role of employers in selection, and restricted permanent residence status for TFWs from low-skilled categories.

Experience of Live-in Caregivers and Low-Skilled Migrant Caregivers in Canada

While limited literature exists on the newly created CCP, a large body of research exists on its predecessor, the LCP. Like migrant domestic workers in the United States (Parrenas 2001) and Hong Kong (Constable 2007), live-in caregivers in Canada experience marginalization, exploitation, social exclusion, and non-citizenship.[6] The negative experiences of live-in caregivers in Canada are influenced largely by the policies of the LCP, including the two-year temporary immigrant status, the inability to live with one's children, and the support live-in caregivers require from employers to become a permanent resident in Canada (Philippine Women Centre 2000; Stasiulis and Bakan 2005). Similarly, in a report outlining the situation of migrant domestic workers worldwide, the International Labour Organization (2010) argues that a contributing factor to the maltreatment and exploitation of domestic workers is the absence of policies or laws that protect these workers in receiving countries. Not only are migrant domestic workers frequently excluded from labour legislation in destination countries, they also face several practical barriers, some related to domestic workers' lack of knowledge of their rights and the lack of enforcement of existing legislation pertaining to their rights. Even when domestic workers are aware of their rights, they fear jeopardizing their job and immigration status; hence, it is not uncommon for migrant domestic workers to work awkward schedules to satisfy their employers, who have some control over the domestic workers' immigration status. For instance, in Canada, employers often do not comply with labour regulations or clauses in their employment contract regarding hours of work, wages, and vacations.[7] Migrant caregivers often do

[5] Cohen 2000; D'Addario 2013; Pratt 2005, 2009; Stasiulis and Bakan 2005; Spitzer 2009.
[6] Cohen 2000; D'Addario 2013; Pratt 2005, 2009; Salami and Nelson 2014; Stasiulis and Bakan 2005; Spitzer 2009.
[7] Dorow, Cassiano and Doerksen 2014; Philippine Women Centre 2000; Zaman 2006.

not want to challenge their employers because they risk losing their job and not being able to get another job without employer references. They also fear that they will not be able to become a permanent resident in Canada if they are unable to find a job in Canada. Again, the role of employers in immigrant selection and integration complicates the ability of migrant caregivers to exercise their rights.

Recruitment agencies are also implicated in the exploitative pattern that characterizes the experiences of migrant caregivers. Recruitment agencies often misinform migrant caregivers about the ease of gaining permanent residence status or access to the nursing profession in Canada (Salami et al. 2014a; Nakache 2010). Agencies commonly charge high fees, supposedly for permanent migration, with no guarantee that migrants would receive this status (Nakache 2010). Addressing this misinformation is critical for many individuals who migrate as live-in caregivers to Canada, as the main appeal of the LCP is eventual acceptance as permanent residents in Canada.[8] Furthermore, of concern to the Canadian Department of Justice is the human trafficking and exploitation by recruitment agencies that may occur in the recruitment of live-in caregivers. In a project commissioned by the Canadian Department of Justice, Oxman-Martinez et al. (2005) interviewed several community agencies and found human trafficking to be very common in the LCP. Representatives from community agency groups described how many live-in caregivers endured "forced labour and slavery-type practices" (Oxman-Martinez et al. 2005: 7) as well as sexual exploitation by recruitment agencies on arrival in Canada. Employers and recruitment agencies, including in sending countries, are two major players in the migration and settlement of migrant care workers in Canada; unfortunately, there is little recourse when these players exploit or violate the rights of migrant caregivers in Canada.

Nursing Policy Landscape and Experience of Internationally Educated Nurses in Canada

Internationally educated nurses (IENs) are a major group of health workers in Canada. Regulations affecting the migration and integration of IENs in Canada have been in line with cyclical changes in response to nursing shortages in Canada. According to Tomblin-Murphy et al. (2009), Canada is currently experiencing a shortage of nurses.[9] Considering past trends in the healthcare needs of Canada's growing population, the shortage is expected to increase to 60,000 full-time equivalent registered nurses by 2022 (Tomblin-Murphy et al. 2009). One strategy to address Canada's nursing shortage is the full utilization of IENs who currently live in the country (Baumann et al. 2006). However, IENs have a more difficult time than their Canadian educated counterparts in becoming registered to practice in Canada. Data from the College of Nurses of Ontario (2013) illustrates this disparity. In 2012, the college received 5,517 new applications from IENs, but only 1,761 (32 percent) were able to successfully register to practice that year. The challenges that numerous IENs face in becoming registered to practice in Ontario have serious implications for the loss of global nursing human capital at a time when there is a global shortage of nurses.

IENs in Canada experience several barriers to integrating into the healthcare workforce, including credential recognition and assessment, cyclical changes in immigration and nursing policy, passing language and nursing examination requirements, and cost.[10]

[8] Oxman Martinez et al. 2005; Pratt 2009; Salami 2014.

[9] In Canada, several authors have argued that the health human resource shortage, including the nursing shortage, stems from geographical and health systems distribution rather than a real shortage (Landry et al. 2010; Wilson 2013).

[10] Baumann et al. 2006; Hawkins 2013; Higginbottom 2011; Sochan and Singh 2007.

These barriers contribute to the difficulties they face in obtaining registration to practice in Canada. Credential assessment is particularly an issue for IENs from the Philippines, who are increasingly facing difficulties in becoming Registered Nurses in Canada. Indeed, various authors have discussed the existence of exploitative and low quality private nursing schools in the Philippines (Masselink and Lee 2013; Valenzuela and Caoili-Rodriguez 2008). This is likely to contribute to outcomes in credential assessment and recognition.

Cyclical changes to the national immigration policy and the streamlining of nursing provincial requirements combine to complicate the experience of integration for IENs in Canada. Nursing and health policy in Canada is mainly within provincial jurisdiction. In 2011, the Canadian Council of Registered Nurse Regulators (CCRNR) was created to promote excellence in professional nursing regulations and harmonize credential recognition across provinces (CCRNR 2015). The CCRNR made two major reforms to the registered nurse licensure policy requirement for IENs in the past year. First, the process of credential evaluation and examination was centralized on 26 August 2014; all IENs are now required to submit their documents and credentials to the National Nursing Assessment Service (NNAS) for assessment and verification before applying to become registered to practice (NNAS 2015). Second, on 5 January 2015, the NCLEX-RN replaced the Canadian Registered Nurse Examination (CRNE) as Canada's national examination for those applying to be registered nurses. While some authors have commended the move towards the harmonization of Canadian nursing credentials with their American counterparts—a move that could ensure easier mobility of Canadian and American nurses (Rietig and Squires 2015)—nursing unions, educators, and associations in Canada have largely denounced the policy in fear that an exam created in the United States may not be relevant to nursing practice in Canada (CTV News 2015). The released results of the first batch of the exam demonstrated a significant drop in the examination success rate. Since the introduction of the new exam, the pass rate on the registration exam has decreased by 10 percent in Canada and up to 30 percent in some provinces (CTV News 2015). The lack of engagement of major stakeholders, including nursing educational service providers, associations, and unions, prior to the implementation of the new policy serves as a challenge.

Passing the language and nursing registration exam in Canada is a significant challenge for many IENs. Our analysis of the Health Professions Appeal and Review Board – Ontario reveals that around 200 registration appeals were made to the board on issues of licensure (Canadian Legal Information Institute 2015). Most of these appeals were made by IENs who had failed the nursing registration examination three times and were therefore no longer eligible for registration as a nurse in Canada.

Challenging the systemic injustices experienced by IENs in Canada through collective action is limited as they are not yet a part of the nursing profession in Canada. Largely, nursing unions in Canada focus their efforts on protecting occupational rights and access to employment for registered nurses in Canada—not those of IENs who are not yet in the profession. Furthermore, the potential for unfair active recruitment in source countries with limited human resource capacities has meant that international organizations have largely focused on the ethics of international migration as it relates to active recruitment practices rather than the integration of IENs in destination countries. Some efforts have been made in Canada to address the systemic injustices faced by IENs. Of particular note is the role of Fairness Commissioners which have been set up in several provinces in Canada, including Ontario and Manitoba, to ensure that registration practices and access to regulated professions are fair and transparent.

Furthermore, nurse migration researchers propose furthermore that policy interventions should be assessed in terms of how they influence the integration of IENs (Walton-Roberts et al. 2014; Salami and Nelson 2014).

Internationally Educated Nurses Who Migrate to Canada as Live-in Caregivers

CCP and its precursor, the LCP, provide a path for internationally educated nurses to migrate to the country—albeit with limited rights. We note however that the data on how many live-in caregivers are nurses is mixed. In a survey conducted by Kelly et al. (2009), they found that 23 percent of live-in caregivers had a health care qualification, while only 7 percent had a nursing degree. Data obtained from CIC for the doctoral study of first author of this paper indicate that only around 1 percent of live-in caregivers have a nursing degree (Salami 2014). However, there is well documented evidence that live-in caregivers are often encouraged by recruiters to falsify the information they provide to immigration officials, including on their qualifications (Cohen 2000). Multiple studies find much higher proportions of trained health workers among migrant caregivers in Canada.[11] In Bourgeault's (2010) survey of 75 migrant care workers across Canada providing low skilled elder care, including live-in caregivers and personal support workers, 44.12 percent were nurses prior to migrating to Canada.

In this section, we will draw on the doctoral work of the first author on the rights of nurses who have migrated to Canada through the LCP and the obligations of diverse stakeholders towards the integration of this group of nurses. For her doctoral work, the first author used a case study of Ontario nurses informed by the transnational feminist concept of global care chains. The study included document analysis of pertinent nursing and immigration documents, interviews of fifteen Philippine-educated nurses who migrated to Canada through the LCP, and interviews of nine policy stakeholders, including immigration policymakers, nursing educators, live-in caregiver recruiters, and live-in caregiver support groups. Live-in caregiver participants were purposefully recruited through an educational service provider, newspaper advertisements and Facebook advertisements. In addition, participants were recruited through snowball sampling. Open ended semi-structured interviews were conducted at a time and place that was convenient for participants including in live-in caregivers weekend homes, coffee shops, workplaces, and over the telephone. All interview data were audio recorded and analyzed using critical discourse analysis aided by NVivo 10 qualitative software.

The results of the study reveal that nurses interviewed mainly migrate from the Philippines to the Middle East (especially Saudi Arabia) and then to Canada in hope of gaining Canadian citizenship for themselves and their families.[12] After migration to Canada, IENs experience barriers to workforce integration, including the cost and stress of passing language and registration exams. Two major barriers specific to this group of nurses is the contradictory support they receive from their employers and the requirement related to demonstration of safe nursing practice within the last three years (Salami et al. 2014b). In order to retain a "good" live-in caregiver, employers often maintain a contradictory stance on whether or not to support the caregiver's pursuit of nursing registration, as this often implies that the caregiver will leave the employer for a nursing position. This is particularly the case for live-in caregivers who continue

[11] Bourgeault et al. 2010; Philippine Women Centre 2000; Pratt 1999; Zaman 2006.
[12] Further discussion on motivations for nurse migration is reported in Salami et al. 2014a.

working for an employer after completion of the programme and while they are waiting to become permanent residents in Canada. In addition, there are often contradictions between nursing and immigration policy that create a barrier for the caregiver. Live-in caregivers must become a permanent resident in Canada—a process that takes two to four years—before they can become a registered nurse in Ontario. During this time, nurses who migrate as live-in caregivers are not engaged in active nursing practice. On the other hand, the regulatory body in Ontario mandates that nurses must have not been out of practice (e.g., working as a caregiver) for more than three years at the time of registration. With this requirement, most live-in caregivers in the province experience challenges with nursing registration upon completion of the LCP as they are unable to provide evidence that they have practiced as a nurse within the last 3 years at the time of registration.

Given the challenges highlighted below, the first author further sought to examine the obligations of diverse stakeholders towards the integration of these IENs in Canada. Below, we outline diverse stakeholders' perspectives on their obligations to help integrate migrant nurses.

Even before the conversion of the LCP to the CCP in 2014, which allowed specific entry points for nurses, policymakers were aware that nurses and trained professionals migrate as live-in caregivers. A December 2009 statement by then Minister of Citizenship and Immigration, the Honorable Jason Kenney, makes this clear:

> Many of them [live-in caregivers] have training as medical practitioners, as nurse assistants, and as nurses, and they come from different backgrounds. Many, if not, in fact, the vast majority, originally are from the Philippines (Previous Minister of Citizenship and Immigration, Honorable Jason Kenney; Kenney, 2009)

While the rights of live-in caregivers are clear under policies and laws in Canada, there is a dissonance between the views of live-in caregivers and other stakeholders on the rights of nurses who migrate to Canada through the LCP. The stakeholders interviewed did not perceive any rights specific to nurses who migrate to Canada through the LCP or the obligation of policymakers to them, as the purpose of admittance to Canada is to work as live-in caregivers and not as nurses:

> Well their obligation is to work as a live-in caregiver, right, because they want to come here and they want to finish the programme… So the obligation is to do such that they do qualify for permanent residence, right. The obligation is there for them to finish the 24 months to stay within the programme. (Jessica, Recruiter 1)[13]

While recruiters and immigration policy makers stressed that the obligation of live-in caregivers is to work in the home, and thus emphasized the short-term obligation of these workers, live-in caregivers and advocacy organizations tend to emphasize the long-term obligation of the Canadian government towards their socioeconomic integration. While the LCP has a definite pathway to citizenship, there is also the short-term goal by the Canadian government of fulfilling labour market shortage of live-in caregivers as well as a long-term goal of migrant caregivers of achieving permanent residence status in Canada. In this study, live-in caregivers consistently expressed the view that immigration policymakers, especially CIC, have a significant obligation related to their integration in Canada. Furthermore, the live-in caregivers and nurse

[13] Interview with Jessica, recruiter, held in October 2012 in Toronto, Canada.

educators argued that the government has an obligation to ensure faster processing time for their permanent resident applications:

> I think they have to change the immigration rules. They have to speed up the rule because according to them, you cannot work as a nurse unless you are a permanent resident here. They will not issue your licence unless you are a permanent resident. They should start with the immigration.…They should issue us the papers, the permanent residency. Because that is the cost that will cause us to be so slow in the [nursing registration] assessment. We don't have a lot of chances if you don't have a permanent resident in Canada. (Amy, Live-in Caregiver)[14]

As illustrated, the prolonged time period to gain permanent resident status after the completion of the LCP is a major point of frustration for live-in caregivers. Permanent residency is especially important for nurses who migrate to Canada through the LCP as it allows them to enrol in educational programmes at domestic student fee rates as well as work in other occupations. At the time of data collection (February to October 2012), Citizenship and Immigration Canada had just issued open work permits to several live-in caregivers and implemented measures to ensure live-in caregivers receive an open work permit immediately upon completion of their work obligations. An open work permit allows live-in caregivers to work in another occupation, although they remain temporary migrant workers until they become permanent residents. Nonetheless, lack of permanent resident status still posed a significant barrier to the long-term integration of this group of nurses. This is particularly problematic because the obligation of live-in caregivers is to provide care in the home for a minimum of twenty-two months. However, participants interviewed had lived in Canada for up to seven years in the process of waiting to complete the permanent residency application process.

Migrant caregiver advocacy groups have recently cried out against the tighter restrictions on pathways to permanent residency and the demonstration of language proficiency within the CCP. One major point of frustration is that those who migrated through the programme (when there was no language requirement) who need to change employers after the implementation of the change must now demonstrate language competence—a requirement that did not exist at the time they were admitted to Canada.

As previously stated, migration to Canada as live-in caregivers creates added challenges to nursing workforce integration as they must wait until they complete their work obligations of a minimum of twenty-two months and maximum of forty-eight months before they can become registered to practice as nurses in Canada. After this waiting period, live-in caregivers who want to take additional courses to fulfil registration requirements at domestic fee rate wait on average an additional thirty-six months to become permanent residents in Canada and thereby become eligible for permanent resident tuition fees (as opposed to international student fees). As Nurse Educator 2 explained, as a consequence of this long waiting period they become "de-professionalized" on arrival in Canada as they do not work in their profession for a significant period of time:

> So they become de-professionalized, they lose their skills… From a nursing perspective when they come into our programme they seem to have forgotten about nursing. There is that keen desire to become nurses again, but they seem to have lost the knowledge and skills that they previously learned from their programmes and that's a big challenge. My heart goes out to these IENs

[14] Interview with Amy, Live-in Caregiver, held in February 2012 in Toronto, Canada.

> regardless of their country of origin because you can see how much they worked for. And some of them actually approached me and said, [name], "I don't know these anymore; I haven't worked as a nurse for more than ten years." (Nurse Educator 2)

Further complicating the professional integration of this group of nurses is the restriction on their participation in educational programmes during their occupation in the LCP.

Conclusion

Nurses who migrate through TFW programmes, including the LCP, face additional challenges to access to the nursing profession. If policymakers in Canada want to avoid deskilling and brain waste of educated migrants, in particular health workers and nurses where a demand exists, they should design policies which harness the human capital of these migrant workers.

The rights of migrant care workers in Canada is highly affected by immigration policy. The increasing role of employers in the selection of migrant caregivers and the jurisdictional policy silos in policymaking (for example silos between immigration and health human resources policies) complicate the professional integration of migrant nurses in Canada. Researchers have argued that the siloed nature of health and immigration policy formation makes it challenging to find effective solutions to health human resource policies.[15] Even at the provincial level, policies across departments are not always harmonious (Baumann et al. 2010). Canadian lawyers and researchers, Nakache and Kinoshita (2010) argue that there is too much complexity in the administration of the Temporary Foreign Worker Program (including the LCP). While the Canadian federal government is in charge of most aspects of immigration, provincial governments are largely in charge of economic and social rights regarding employment, healthcare, housing, and education. Each level of government is restricted in its ability to solve the programmes' flaws.

Of major concern is the shift from permanent to temporary migration for IENs i.e. through the pathway for skilled professionals under CCP. In the future, this move has the potential to increase the precariousness of migrant nurses in Canada and increase the disposability of these skilled professionals in the country. Moreover, the creation of a pathway through CCP without addressing the barriers to nursing registration may further ghettoize nurses into unskilled labour with limited access to citizenship rights. Furthermore, given that the CCP ensures a path to permanent residency, these workers have a long-term plan for their lives in Canada, with family reunion, socioeconomic mobility, and professional reintegration as major goals (Salami 2014). However, programme requirements, including restrictions on taking courses during the programme, oblige these workers to focus on the short-term objectives of the Canadian government in relation to the programme (to fulfill a perceived labour market shortage) rather than on their long-term economic potential to contribute at a higher level to the Canadian health workforce as regulated nurses. Sager (2009) argues that, from a normative point of view, temporary worker programmes are dubious with respect to their goals as they treat people as a means (to fulfilling labour market shortages) rather than as ends (by ensuring their full integration in potentially transformed roles in Canada).

[15] Baumann et al. 2010; Nelson et al. 2011; Tzountzouris and Gilbert 2009.

We must note a limitation in the research conducted by the first author, especially as it relates to stakeholders interviewed. We believe that policy makers in source countries are important stakeholders which were not interviewed for this study. The Philippines is a major source country of nurses around the globe. The Philippine government has had an explicit caregiver and nursing export policy since the 1970s (Masselink and Lee 2013). A high number of Filipino professionals working in other countries equates with high remittances sent back to the Philippines, which boost the economy and support receiving households (Lorenzo et al. 2007). Migrant Filipinas are viewed by the Philippine government as national heroes for their economic contribution to the country through remittances (Rodriguez 2002). For Filipina caregivers who migrate through the LCP, their deprofessionalization begins before they arrive in Canada as the decision to work as a lower skilled migrant worker is made in the Philippines. Such decision must be considered in light of the explicit policy regarding production of migrant caregivers for export.

Also, further research is needed to shed light on the de-skilling of IENs globally as well as the stepwise migration process of IENs as they migrate from source countries to the Middle East and then to final destination countries in Europe and North America. Also, policy is needed on an international stage on issues of precariousness of both high- and low-skilled migrant caregivers. Formulating effective policy will require the engagement of state and non-state actors in both source and destination countries to attend to the complex dynamics related to care worker migration. Immigration and human resource policies should take into consideration issues of gender and class by considering the dual role of care workers as both workers and (largely) as mothers. In this regard, facilitating family reunification will help to improve the well-being of these migrants. Granting permanent residence for migrant care workers upon arrival in destination countries will help to reduce abuse and systemic barriers in destination countries. There is also a need to address the gaps between labour policy, health human resource policy, and immigration policy in destination countries. Evidence-based policy making is needed to resolve the contradictions between health human resource and immigration policy in destination countries. Also, there is a need for political debates, bargaining, and a strong advocacy coalition to enhance evidence based policy on the issues of rights to access to the profession and precariousness of IENs who migrate to Canada through temporary migration streams, such as the LCP.

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