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ACTION RESEARCH FOR THE HEALTH AND SAFETY OF DOMESTIC WORKERS IN MONTREAL: USING NUMBERS TO TELL STORIES AND EFFECT CHANGE

INVESTIGACIÓN-ACCIÓN PARA LA SALUD Y SEGURIDAD DE LOS TRABAJADORES DOMÉSTICOS EN MONTREAL: USANDO NÚMEROS PARA CONTAR HISTORIAS Y PRODUCIR UN CAMBIO

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ABSTRACT

In 2007, a Filipina organization in Quebec (PINAY) sought the help of university researchers to document the workplace health and safety experiences of domestic workers. Together, they surveyed 150 domestic workers and produced a report that generated interest from community groups, policy-makers, and the media. In this article, we—the university researchers—offer a case study of community-university action research. We share the story of how one project contributed to academic knowledge of domestic workers' health and safety experiences and also to a related policy campaign. We describe how Quebec workers' compensation legislation excludes domestic workers, and we analyze the occupational health literature related to domestic work. Striking data related to workplace accidents and illnesses emerged from the survey, and interesting lessons were learned about how occupational health questions should be posed. We conclude with a description of the successful policy advocacy that was possible as an outcome of this project.

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RESUMEN

En 2007, PINAY, una organización filipina en Quebec, acudió a un grupo de investigadores universitarias, en busca de ayuda para documentar las experiencias de los trabajadores domésticos en cuanto a la salud y seguridad ocupacional. Juntas, entrevistaron a 150 trabajadores domésticos y publicaron un informe que generó el interés de grupos comunitarios, políticos y los medios de comunicación. En este artículo, nosotras—las investigadoras universitarias—ofrecemos un estudio de caso sobre la colaboración entre la comunidad y universidad y el uso del método de investigación-acción. Compartimos la historia de un proyecto que contribuyó al conocimiento académico sobre la salud y seguridad de los trabajadores domésticos y también a una campaña política relacionada al tema. Describimos cómo la legislación de compensación al trabajador de Quebec excluye a los trabajadores domésticos y analizamos la literatura sobre la salud ocupacional relacionada con el trabajo doméstico. Datos sorprendentes acerca de los accidentes y enfermedades laborales surgieron de la encuesta y aprendimos lecciones interesantes sobre cómo se deben plantear las preguntas en cuanto a la salud ocupacional. El artículo concluye con una descripción de la abogacía exitosa que fue posible como resultado de este proyecto.

On International Women's Day 2006, several community groups and unions collaborated to form the Workers' Compensation for Domestic Workers Campaign (hereafter, the Campaign). The Campaign is led by PINAY (the Filipino Women's Organization of Quebec), the Immigrant Workers' Centre (IWC), the Association des Aides Familiales du Québec (AAFQ; Quebec Association of Domestic Workers), and the Union des Travailleurs et Travailleuses Accidentés de Montréal (UTTAM; Montreal Union of Injured Workers). The Campaign has garnered the support of over 80 community groups and unions in the province of Quebec. Its strategy has been to combine research (on jurisdictions in other provinces that offer workers' compensation to domestic workers), lobbying (policy briefs, petitions, meetings with politicians and civil servants), and pressure tactics (media events, demonstrations, letter campaigns); a complaint was also filed with the Quebec Human Rights Commission [1]. Campaign activists became frustrated by the reception they received from government officials, some of whom seemed to accept stereotypes about domestic work not being dangerous, and appeared to question whether it is "real work" given that it takes place in private homes.

In the experience of the groups who support the campaign, such attitudes are unfounded. Supporters are witness to domestic workers' health problems and the difficulties they encounter accessing health and safety protection. Lack of scientific evidence on health risks, however, forced community groups to rely on anecdotal evidence to support their political initiatives.

DOMESTIC WORK IN QUEBEC

Although community organizations have long considered domestic workers' rights a pressing issue, few reliable data on the extent and conditions of paid domestic work are available. The very nature of the work—occurring in private homes, often with informal employment relationships and cash payments—makes it difficult to document [2]. Quebec's Ad Hoc Working Group to Promote Decent Work for Domestic Workers (hereafter, the Working Group) reviewed data from Statistics Canada's census to estimate the number of domestic workers in Canada and in Quebec [3]. According to the Working Group, in 2006 approximately 161,000 Canadians reported working in an occupation that can be considered domestic work (child care or home care worker, nanny, caregiver, family helper). In Quebec, the corresponding number was nearly 29,000. The Working Group cautions that these numbers include foster parents (an occupation not included in our definition of domestic work), but suggests that the overall number of domestic workers is probably higher.

If we take domestic work to be paid labor that supports a household (cooking, cleaning, caregiving) and is performed in a private home, it is not surprising to note that 80 percent of Quebec domestic workers are women, with the proportion rising to 93 percent among foreign workers who migrate to Quebec for the purposes of domestic work [4]. There is a certain amount of stigma attached to doing this form of work: it is considered "low-status," in part because domestic work is often the first form of employment available to immigrant women who were hoping for better opportunities. Add to this stigma the fact that the work is often done informally and paid for in cash, and it is not surprising that, despite the relatively high numbers, domestic work remains hidden within the economy and neglected when it comes to research and labor rights.

The Legislative Context

In recent years, there has been an international rise in community organizing around the rights of domestic workers. In Quebec, a 2001 campaign[1] succeeded in having live-in domestic workers covered by the provisions of the *Labor Standards Act* [R.S.Q. c. N-1.1], which stipulates minimum work rights. Currently in Quebec, however, domestic workers employed by individuals to work in private homes are still explicitly excluded from the definition of "worker" under the *Act respecting industrial accidents and occupational diseases* [R.S.Q.

[1] This campaign, under the umbrella of the FDNS (Non-unionized Workers' Defence Front) and coordinated by Au Bas de l'Échelle (Rank & File, a labor rights community organization), managed to have live-in domestic workers covered by the same labor standards as all other workers in Quebec. The details of domestic workers' legal rights can be found at: http://www.cnt.gouv.qc.ca/en/documentation-centre/publications/our-publications/index.html

c. A-3.001], the legislation that addresses compensation and rehabilitation for work-related injuries and illnesses. Accordingly, individuals who employ domestic workers are not required to pay premiums to the Commission de la Santé et de la Sécurité du Travail (CSST), the provincial agency responsible for the prevention and compensation of occupational accidents and diseases. Domestic workers employed in private homes are excluded from automatic CSST coverage, and remain among the few salaried workers in Quebec who are required to pay for their own premiums in order to obtain coverage. In 2003 only 13 domestic workers actually paid a premium to the CSST [5]. Paradoxically, domestic workers are *not* excluded from the purview of the *Act Respecting Occupational Health and Safety* [R.S.Q. c. S-2.1], the legislation that addresses workplace prevention and inspection, although in practice their workplaces are not inspected and no prevention program has yet addressed their work. The fact that their workplaces are private homes complicates the application of this prevention-oriented legislation.

Domestic work can take many forms; a recent study on paid caregiving and domestic work in Quebec describes the different types of employers of home care and domestic workers [6]. Workers who have a clear employment relationship with an agency or company are covered by workers' compensation, although accessing compensation may remain difficult [7].

Migrant Domestic Workers Under the Live-in Caregiver Program

The Live-in Caregiver Program (LCP) is managed by two ministries: it is primarily the responsibility of Citizenship and Immigration Canada (CIC) with some input from Human Resources and Social Development Canada (HRSDC), which is responsible for the labor market opinions (LMOs[2]) necessary for the approval of a work permit. The program allows well-educated migrants, who are overwhelmingly women, to enter Canada on temporary work visas. According to changes introduced in 2010, LCP workers must live in their employer's home and provide care for a child or a physically or intellectually dependent adult for 24 months over a 48-month period (up from a 36-month period). While in the LCP program, they are prohibited from working for any other employer without applying for a new

[2]HRSDC uses the term "labor market opinion" to refer to its assessment of the impact of hiring a foreign worker on the local labor market in terms of employment for Canadians, wages, and union membership. In order for a prospective employer to receive a positive LMO, it must demonstrate that it has tried to hire Canadians and that hiring a foreign worker will have a neutral or positive impact on the local labor market.

work permit[3] and are limited in their right to study. Failing to respect any of the conditions of the program can result in deportation from Canada. Upon completion of 24 months of officially documented live-in caregiving service, LCP workers are eligible to apply for permanent residency and may include members of their immediate family on their application. Having already demonstrated their ability to survive in the Canadian economy, they are led to believe they will have near-automatic acceptance, although the actual rate of success is not publicly available. Although an exact number is hard to obtain, at present approximately 9,000 LCP workers enter Canada per year with an estimated 800-1,200 coming to Quebec [3]. Of these, some 90 percent are from the Philippines [4].

Danger in Domestic Work? What Does the Literature Have to Say?

The working conditions of domestic workers, whether migrant or not, have been the subject of several studies [8], yet few address occupational health and safety. There is evidence that domestic workers who migrate to industrialized countries to fill labor market demands are exposed to psychosocial hazards at work relating to lack of control, insecurity, isolation, racism, and abuse as well as to unfavorable ergonomic and environmental conditions [9]. Other studies have shown that domestic workers have overall poorer psychological and physical health than women in other occupations [10].

Domestic workers' tasks involve cleaning, cooking, and caring for children, the elderly, and the disabled regardless of immigration status. Each type of task has its own inherent risks, which have been summarized by Habib and colleagues and include exposure to factors that affect musculoskeletal, cardiovascular, respiratory, and reproductive health [11]. Some data are available on the risks and health problems associated with home care; these data indicate that violence, musculoskeletal disorders, stress-related conditions, and infectious diseases are common among several groups of care workers: long-term caregivers, home care workers, those who care for elders, child care workers, and unpaid homemakers [12-19].

The available literature is enlightening about the situation in which domestic workers can expect to find themselves, but there is little Canadian research specifically addressing the health and safety of domestic workers (and none on live-in caregivers), a gap that has made it easier for policymakers to turn a

[3]Changing employers is not undertaken lightly, as the process can take months and, in the meantime, any paid work is technically illegal and is not acknowledged in the calculation of the 24 months needed to apply for permanent residency. Any gaps in income can also be very serious for an LCP worker's dependents in her country of origin, not to mention the fact that the LCP worker can be left destitute because she is ineligible for social assistance payments (welfare) and typically has difficulty claiming Employment Insurance.

blind eye to the issues facing domestic workers in Quebec. This was the driving force behind PINAY's decision to go forward with a community-based survey within the context of its campaign for workers' compensation. From an academic perspective, the researchers involved felt that a significant gap in our knowledge about the occupational health and safety experiences of this population could be addressed through such a study.

METHODOLOGY

The *Danger! Domestic Work* project initiated at the suggestion of the Workers' Compensation for Domestic Workers Campaign was centered on a community-based survey developed and carried out by a group comprising 15 PINAY members with support from four academics at McGill University and the Université du Québec à Montréal (UQAM) as well as several McGill students who received course credit for their involvement.

Instrument Development

Starting in September 2007, the survey was developed through a participatory process. The PINAY membership met regularly, deciding first the overall goals of the survey and then choosing specific topics for questions in the areas that needed the most immediate attention. The academics then gave input into the questionnaire, which went through a series of drafts before being accepted by the group. It ultimately consisted of five sections:

1. demographics;
2. labor standards and working conditions;
3. work-related accidents and illnesses;
4. access to health rights; and
5. exposure to physical, emotional, or sexual abuse at work.

The questionnaire was pretested with 17 caregivers, and the wording and arrangement of the questions adjusted for clarity before the survey was launched in the community.

The academics met regularly with the PINAY members during the interviewing stage of the study. They examined the questionnaires as they came in, and noted which questions appeared to be well understood and which needed adjustments in wording. Questionnaire content was adjusted over time. The academics also were able to perceive some problems with the process of recruitment and questionnaire administration. However, correcting these was subject to a delicate balance between community ownership and academic standards. In order for the questionnaire to be useful, the data had to be of high quality. But in order to recruit participants, and especially in order for the process to lead to social change, the community group had to own, control, and feel comfortable with the process. Therefore, excess nagging and criticism had to be avoided.

Data Collection

As a group, domestic workers are difficult to reach. They are employed by individuals in households scattered throughout large urban areas, are rarely involved with community groups, and are fearful of jeopardizing their jobs and the possibility of permanent residency status. These factors posed a challenge to identifying potential respondents to the survey. The recruitment approach used by PINAY was innovative in combining snowball sampling with direct approaches in public places and at events. This labor-intensive approach allowed interviewers to reach 150 domestic workers. PINAY members used their own experiences to help them effectively target the parks, schools, bus routes, restaurants, community events, and stores that domestic workers frequent. Potential domestic workers were approached by members of PINAY and asked if they wanted to answer a survey. Their eligibility was then verified; respondents had to have recently been employed as a domestic worker in a private home (regardless of hours of work, number of employers, or live-in status). PINAY members and students also tapped into their personal social networks of friends, classmates, acquaintances, and family. Most surveys were completed as in-person interviews, but some were done over the phone. Throughout the process of collecting data, PINAY members met regularly with academics to talk about early responses, potential places to reach respondents, tips on approaching and interviewing people, and potential uses of the results in the long run. A few of the survey questions were further clarified during this process.

Data Analysis

After the data were collected in the spring of 2008, PINAY worked with researchers and students from McGill University and UQAM to analyze the data. Students were trained to input the data into an SPSS database, and basic descriptive statistics were compiled. Descriptive data were compiled for all domestic workers and were also divided by live-in status. Chi-square tests were used to examine differences in frequencies or proportions between live-in and non live-in workers, and two-sample Student *t*-tests were used for differences in means.

Interpretation of Results

Two focus groups were held with PINAY members to discuss their interpretation of the research findings. Researchers presented survey results in a descriptive format, and asked PINAY project members for feedback about the validity of the information. This allowed the team to obtain a critical analysis of the data and to inform PINAY members about their rights and how to enforce them. Finally, a report was written by university researchers in collaboration with PINAY.

RESULTS

Socio-demographic characteristics of study participants are presented in Table 1. Three-quarters of respondents were living in their employer's home. Ninety-eight percent (98%) were women, and 84 percent had at least some university-level education. Most were immigrants, overwhelmingly from the Philippines, and a large number had arrived in Canada within the past five years. Many respondents (65/76) reported having one or more children, and at least half of those reported that they had children currently living overseas (33/45) (data not shown). Many (52/90) reported working for their employer for a year or less. About half had had one employer since they became domestic workers, but some respondents had had up to 25 employers (data not shown). The majority (91/115) had one current employer, but some respondents had up to 12 (data not shown). Live-in and non-live-in domestic workers differed on most socio-demographic characteristics, with live-in workers more likely to have a university-level education, to come from the Philippines, to have immigrated recently, and to have children overseas. Live-in workers were also more likely than non-live-ins to have worked and to currently work for only one employer ($p < 0.05$, data not shown).

Working conditions of domestic workers are presented in Table 2. About three-quarters of respondents (104/137) earned $300 a week or less; weekly salaries ranged from $50 to $600 (data not shown). More than half (76/126) worked more than 8 hours a day; the number of daily work hours ranged from 4 to 24 hours. As to work tasks, the majority (99/113) reported caring for children, many (36/58) reported caring for the elderly, and a smaller number (4/27) reported caring for the disabled (data not shown). At least two-thirds of domestic workers reported having daily breaks, government holidays off, and vacation time, and the majority reported having paid sick leave. Interestingly, a large majority of workers reported that their employers provided adequate safety material (such as gloves or goggles) and felt that they had the right to refuse unsafe tasks. Live-in domestic workers were more likely than non-live-ins to earn $300 a week or less, to care for children, and to have governmental holidays off ($p < 0.05$, data not shown).

Table 3 presents data on work-related accidents, illnesses, and abuse as well as on means of recourse used by domestic workers. The data show that although only 18 domestic workers reported having a work-related accident when asked a yes/no question ("Have you ever had an accident related to domestic work?"), 81 checked at least one of the boxes detailing types of accidents. The most frequently cited types of accidents were back pain from lifting (54/81), cuts (37/81), sore muscles (36/81), and burns (35/81). Similarly, though only 34 domestic workers reported a work-related illness when asked a yes/no question ("Have you ever become ill because of your work?"), 77 checked at least one of the boxes detailing types of work-related illnesses. The most frequently

Table 1. Characteristics of Study Participants

Characteristics	Number[a]	Percent
Live in the employer's home	112/150	75
Women	146/149	98
Ages-26-45 years	117/150	78
University-level education	123/147	84
Country of origin		
Canada	2/144	1
Philippines	126/144	88
Immigrated in last 5 years (2004 or after)	73/102	72
Immigration status		
Other[b]	36/146	25
Permanent or citizen[c]	42/146	29
Live-in Caregiver Program (LCP)	68/146	47
Working for current employer 1 year or less	52/90	58

[a]Number of affirmative answers/number of workers who answered the question.
[b]Open or other work permit, student, refugee claimant, non-status, other.
[c]Permanent resident or Canadian citizen.

cited types of illnesses were "stress from the job"[4] (51/77), followed by reaction to chemicals (28/77), and allergic reactions (25/77).

Table 3 also shows that 23 domestic workers (out of 126 who answered the question) reported being subjected to abuse, with insults being the most frequently cited type of abuse. The most frequently cited reactions to mistreatment were "called friends for support" (16/27) and "felt depressed" (15/27). In terms of recourse, only three domestic workers (out of 113 who answered the question) applied to Employment Insurance (EI[5]) because of an illness. Although domestic workers are ineligible for workers' compensation, most do not know this in

[4]Although "stress" would not be considered an illness by medical professionals, PINAY members identified it as a way that they get "sick" from their work. It was retained in this part of the survey as it resonated for the PINAY members who were building the survey.

[5]Employment Insurance (EI) is a federal public insurance program to which all employees and employers must contribute as a percentage of wages earned. If an employee becomes unemployed "through no fault of their own" (i.e., the employee has not been fired or quit) after making at least 600 hours of contributions, they can apply to EI to receive 55 percent of their salary for approximately six months. Different EI programs exist for situations of losing a job, falling ill for more than two weeks, having a child (maternity and paternity leave), and for "compassionate care" for a close family member (usually for a terminal illness). For more details, please visit: http://www.servicecanada.gc.ca/eng/sc/ei/index.shtml

Table 2. Working Conditions of Domestic Workers

Characteristics	Number[a]	Percent
Weekly salary <=$300	104/137	76
Work more than 8 hours a day	76/126	60
Have breaks during the days (including lunch)	108/143	75
Have governmental holidays off	114/145	79
Have vacation time	102/121	84
Have paid sick leave	79/108	73
Employer provides adequate safety material	118/140	84
Feel they have right to refuse work	114/136	84

[a]Number of affirmative answers/number of workers who answered the question.

advance of having a problem. Nevertheless, only three reported having applied for workers' compensation. Table 3 also shows that at least a sixth of respondents had problems with Medicare coverage while fewer had problems with medication insurance. Non-live-in domestic workers were significantly more likely than live-ins to report sore muscles as well as abuses such as slapping, pushing, and hitting. Non-live-ins were also more likely than live-ins to apply for Employment Insurance for an illness ($p < 0.001$, data not shown).

DISCUSSION

The survey results from this project are significant in three ways. First, they served to document the socio-demographic profile of a key segment of Quebec domestic workers and their basic working conditions, information that is useful in the ongoing work of community groups advocating for domestic workers' labor and immigration rights. Second, the study provides a successful model of community-academic research collaboration. Third—and the focus of this article—this is the first study to deal specifically with the occupational health and safety of domestic workers in Quebec, and as such it has provided advocates with powerful ammunition.

Of all the findings, the most striking were those relating to workplace accidents, illnesses, and abuse. Even PINAY members were shocked at the high numbers. The decision to divide the questions first into a general one (for example, "Have you ever had a work-related accident?") and then to follow up with specific questions about types of problems a worker might encounter came out of our early discussions with PINAY members. They felt that, given domestic workers' precarious economic and (often) immigration status, many workers would

minimize the problems they encountered. This perhaps explains why such a large number of respondents who reported experiencing work-related health and safety problems did not identify them as work accidents or illnesses when first asked as a general question. Our study suggests that it may be useful to include definitions of specific events that would qualify as work-related accidents or illnesses.

This early insight allowed us to reveal some striking rates of positive responses to questions about accidents, illnesses, and abuse. And ultimately, it was these numbers that were shocking enough to get the attention first of the media and later, to some degree, of the provincial government.

Although the survey does not provide evidence of how serious these accidents or illnesses were (and thus it is unclear whether those affected would have been eligible for workers' compensation had they been covered by the law), it definitely demonstrates that the job of the domestic worker involves health risks. Respondents did report high rates of feeling comfortable refusing dangerous tasks or refusing to work if they were ill—a situation that may be related to the training LCP workers undergo overseas in preparation for their contracts and also to the respondents' high level of education—but it seems they nevertheless experienced difficulties on the job. For example, all the types of injuries and illnesses reported in the literature among cleaners and caregivers (as cited above) were found among our sample. Since the overwhelming majority of domestic workers have extensive familial and financial responsibilities both in Canada and overseas, the impact of health problems in this population can reach far beyond the individual worker's health.

This study contributes to a growing body of literature documenting an elevated level of risk and health problems in low-income jobs held primarily by immigrant and/or ethnic minority women [20-23]. There are several barriers to the recognition, reporting, and compensation of these risks. Risks in women's jobs in general tend to be less visible because of a lack of research on women's occupational health.[6] Also, women's claims of work-related injury tend to be treated with skepticism when compared to men's [26, 27]. In addition, regardless of gender, exclusion of these workers from coverage for workers' compensation makes their injuries invisible to those who run workers' compensation systems, the same institutions who define priorities for prevention [28].

Even if coverage were available, the vulnerability of these workers and their precarious immigration status could well act as disincentives to reporting an illness or injury [29]. Workers employed by domestic cleaning agencies, covered under the Act, are already known to underreport their injuries even when coverage would be available [7]. Finally, immigrants and ethnic minorities in general appear to work in professions with higher risks of injury [30, 31] and

[6]In addition, the associated health problems tend to be illnesses (i.e., difficult to blame directly on employment) rather than injuries [24, 25].

Table 3. Work-Related Accidents, Illnesses, Abuse, and Recourses among Domestic Workers

Characteristics	Number[a]	Percent
Had a work-related accident	18/141	12
Most frequently cited types of accidents (not limited to those who said yes to having a work-related accident).		
Reported at least one specific type of work-related accident[b]	81/150	54
Accident: back pain from lifting	54/81	
Accident: cuts	37/81	
Accident: sore muscles	36/81	
Accident: burns	35/81	
Accident: injured while playing with the children	17/81	
Accident: fall	12/81	
Accident: injured by pet	9/81	
Accident: injured by the person you are caring for	8/81	
Accident: injury from violence	4/81	
Accident: other	11/81	
Had a work-related illness	34/124	27
Most frequently cited types of illnesses (not limited to those who said yes to having a work-related illness).		
Reported at least one specific type of work-related illness[b]	77/150	51
Illness: stress from the job	51/77	
Illness: reaction to chemicals	28/77	
Illness: allergic reactions	25/77	
Illness: contagious illness	14/77	
Illness: other	6/77	
Subjected to abuse at work	23/126	18
Most frequently cited type of work-related abuse (not limited to those subjected to abuse).		
Reported at least one specific type of abuse[b]	23/150	15
Abuse: insult	18/23	
Abuse: ignoring	12/23	
Abuse: treating like a child	9/23	
Abuse: slapping, pushing, and hitting	3/23	
Abuse: sexual comments or acts	1/23	

Table 3. (Cont'd.)

Characteristics	Number[a]	Percent
Most frequently cited reaction to mistreatment at work (not limited to those subjected to abuse).		
Reported at least one specific type of reaction	27/150	18
Reaction: called friends for support	16/27	
Reaction: felt depressed	15/27	
Reaction: cried	11/27	
Reaction: pretended it did not happen	7/27	
Reaction: informed themselves about system	4/27	
Reaction: called the police	2/27	
Reaction: other	5/27	
Applied to Employment Insurance for any reason (denominator not limited to those needing Employment Insurance benefits)	14/148	9
Applied to Employment Insurance because sick and could not work for more than 2 weeks (not limited to those needing Employment Insurance benefits)	3/113	3
Applied to workers' compensation insurance (denominator not limited to those with a work-related health problem)	3/131	2
Had problem with Medicare coverage (denominator not limited to those needing medical care)	26/137	19
Had problem with medication insurance (denominator not limited to those needing medication)	13/126	10

[a]Number of affirmative answers/number of workers who answered the question (with the exception of "Reported at least one specific type . . .").

[b]Number of workers who reported at least one specific type (of accident, illness, abuse, or reaction)/number of workers who were asked the question.

to underreport their injuries [20], and their claims may be more frequently opposed [32] as well as undercompensated [33]. It is, therefore, not surprising that immigrant women in a vulnerable employment situation find it difficult to gain recognition for their health problems. In light of the International Labor Organization's focus at its 2010 conference on decent work for domestic workers [34], this study documents an important aspect of women's experience of this type of work.

Our study found some significant differences between LCP workers and non-live-in caregivers including income, time off, experience of abuse, and use of Employment Insurance. Differences in the working conditions of live-in and non-live-in domestic workers have previously been documented [9]. The difference in income found in our survey could perhaps be expected given that live-in workers receive room and board in addition to their salary; in fact, the difference of $30 (Canadian) on average is small and would point to some advantage for live-in workers. It is an unexpected finding that live-in and non-live-in workers do not differ in hours worked, and that live-in workers report more holidays and a lower incidence of physical abuse.[7] It is also noteworthy that LCP workers apply less often to Employment Insurance. Although they pay into this public insurance program, in practice they have difficulty accessing it due to a bureaucratic Catch-22. In order to receive Employment Insurance, a worker must be "available to work," yet migrants are required to have a valid work permit in order to work. LCP workers in Quebec were, until recently, refused Employment Insurance on the grounds that they were "unavailable to work" due to their lack of a valid work permit, something they could not acquire until they received a new job offer. In addition to this bureaucratic barrier, LCP workers fear that using Employment Insurance may be held against them when they eventually apply for permanent residency and, even if they have already accumulated the required 910 hours of work,[8] they often prefer to simply put their energy into finding a new job.

We believe that this collaborative project has helped provide meaningful insight into the health and safety challenges of domestic work, though, to be sure, the study has limitations. The recruitment of participants was heavily skewed toward Filipina domestic workers and, with the number of people involved in collecting completed surveys, there is sure to have been variation in the way the questions were posed. Also, because the questionnaire was administered by PINAY members, and despite researchers' repeated insistence on the need to collect positive as well as negative experiences, some sampling bias may be expected.[9] Another issue is that there is considerable variation in the response rate

[7]This may be due to the fact that employers in the LCP are subject to some contact with the government, however minimal.

[8]Nine hundred and ten hours are required for a person whose Employment Insurance claim is based on earnings from a first job, or from a first job after more than two years absence from the labor market. This is often the situation for recent immigrants to Canada. Subsequent claims can be made after around 600 hours, depending on a region's rate of unemployment: http://www.servicecanada.gc.ca/eng/ei/types/regular.shtml#Number

[9] PINAY members were personally convinced that health and safety problems exist in the domestic workplace, and their social networks would tend to be people exposed to a critical assessment of the LCP and domestic work in general. Nevertheless, as domestic workers themselves, PINAY members were able to easily gain the trust and consent of their peers and were likely able to get more honest responses from participants.

across questions; lack of experience among the administrators of the questionnaire may account for the low response rate to certain questions.[10] Nonetheless, given the difficulties in reaching this population, the results constitute a significant contribution to our knowledge about this issue.

Victory in Sight for the Campaign?

PINAY based its report, *Danger! Domestic Work can be Harmful*, on the results of this survey. In November 2008, PINAY organized a public launch of the study at a community center in a neighborhood where many live-in caregivers spend their days off. They were able to attract nearly 100 community members, mostly domestic workers, to hear the results presented through a combination of an academic-style PowerPoint presentation and skits to illustrate the findings. Over a dozen media reports (television, print, and radio)[11] resulted in a wave of interest from government policymakers at the provincial and federal levels asking for the report, as well as interest from community groups and unions to support the campaign.

After months of study, in late December 2008 the Quebec Human Rights Commission released its report declaring the exclusion of domestic workers from workers' compensation legislation to be discriminatory, a violation of equality rights based on gender, social condition, and ethnic origin [1]. Soon afterwards, the Quebec Minister of Labor promised to introduce amendments to the law to ensure protection for domestic workers in case of accident or illness on the job. It took some time, with the campaign having to get over the hurdle of changing ministers, but in spring 2010, amendments to workers' compensation and occupational health and safety legislation were proposed that provide some coverage and protections for domestic workers regularly employed 24 hours or more a week by a single employer. This proposal has several shortcomings, and falls short of the goal of having domestic workers treated equally with other workers (who are protected from the minute they begin working), but the fact that legislation has been proposed is in itself a victory. Consultations on

[10] For example, we believe that in cases where a question didn't apply to a respondent, the administrator often skipped over it instead of checking "no." Thus, if the respondent did not work with the elderly, she might have just skipped that section altogether. This can be explained both due to lack of experience and the rushed settings in which the surveys were sometimes completed (for example, during chance meetings in public places). While the researchers repeated the importance of responding to every question, PINAY administrators were volunteers making great efforts to recruit their hard-to-reach peers. We did not have the resources (and in some cases not even the contact information due to respondents' choice to remain anonymous) to be able to return to respondents whose surveys were imperfectly completed.

[11] Many of these media reports are archived on the site of the Immigrant Workers' Centre: www.iwc-cti.ca

the proposed amendments are expected in fall 2010; PINAY and its allies intend to continue their campaign with qualified confidence that the legislation can be improved with the support of opposition parties and the Human Rights Commission. The feeling is that victory is near, but that there is a need to temper enthusiasm until the final bill is passed. In the assessment of campaign members, the release of the survey was a turning point that generated pressure in the form of media attention as well as concrete data indicating that the idea of domestic work as risk-free or somehow "not real work" is indefensible.

As the academics on this project, we would like to underline the positive potential of true collaboration between university-based researchers and a strong community group with a specific policy agenda. In this particular case, PINAY took a prominent leadership role; they really led the agenda, a fact facilitated by participating academics' aim to be especially respectful of the community process. Although our process and methodology meant that there were limitations to our findings, we view the project as a success in light of the egalitarian process—this particular population couldn't have been reached in any other way.

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